

Government of West Bengal
OFFICE OF THE DISTRICT MAGISTRATE, COOCH BEHAR
জেলাশাসকেরকরণ, কোচবিহার, পশ্চিমবঙ্গ
RSBY & Health Sec.

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Memo No.: RSBY/85.....

Dated: 19/08/2015.....

NOTICE INVITING EXPRESSION OF INTEREST (EOI)

Date of Issue: 19th August, 2015

Date and time of closing : 24th September, 2015

EOI are invited from eligible NGOs to run the “ Rogi Sahayata Kendras” for the RHs/BPHCs of the following Sub-Divisions in the district of Cooch Behar.

No applications received after the date and time specified would be entertained.

| Sl. No. | Name of the Sub-Division | Name of RH/BPHCs | No. of Rogi sahayaks to be provided by the agency |
|---------|--------------------------|---------------------|---|
| 1. | Cooch Behar , Sadar | Pundi Bari BPHC | 2 |
| | | Dewanhat BPHC | 2 |
| 2. | Tufanganj | Natabari BPHC | 2 |
| | | Boxirhat BPHC | 2 |
| 3. | Dinhata | Gosanimari BPHC | 2 |
| | | Bamanhat BPHC | 2 |
| | | Sitai BPHC | 2 |
| 4. | Mathabhanga | Sitalkhuchi BPHC | 2 |
| | | Ghoksadanga BPHC | 2 |
| 5. | Mekhliganj | Changrabandha BPHC | 2 |
| | | Haldibari RH | 2 |
| Total | | 11(eleven) BPHCs/RH | 22 (twenty two) |

Applications will have to be made for all RH/BPHCs of a Sub-Division and Rogi Sahayaks will have to be provided by the NGOs as per prescribed norms.

NGOs having requisite qualification as mentioned below and minimum 01(one) year continuous working experience of the Organisation in the health sector will be allowed to participate in the EOI. NGOs should have the following qualifications.

1. NGO with valid society registration certificate.
2. They have to submit audited accounts of the last three years.
3. NGO with regular office set up in Cooch Behar district.

Applications in sealed envelope will have to be dropped in the Box kept in the District RSBY Cell, DM's Office Building Cooch Behar or may be sent by Registered Post of Indian Postal Department to the Office of the District Magistrate, Cooch Behar super scribed with the following words “ **APPLICATION TO RUN THE ROGI SAHAYATA KENDRA FOR RH/BPHCs OF SUB-DIVISION** ”.

“Additional Rogi Sahayata Management Committee” for the concerned Sub-Division will screen the applications and award the work in due course to the selected agencies.

For details visit www.coochbehar.gov.in or office notice board.

Additional District Magistrate(G)

Cooch Behar

&

The District Key Manager ,RSBY

Cooch Behar

Application Form

*For Running Rogi Sahayata Kendra AtBPHC/ Rural Hospital
Under Sub-Division Of Cooch Behar District*

To
The Sub-divisional Officer
..... Sub-Division &
Member Secretary
Additional Rogi Sahayata Management Committee
..... Sub-Division

1. Name of the NGO :
2. Registration No.:
3. Full Office address in the District :
4. Name & Designation of the responsible person with contact no. & e-mail ID :
5. Annual return submitted to the Registrar of Societies for the financial year:
6. Last three years External Audit done :
7. Experience in similar nature :
8. Nos. Of years of work experience in health sector in the district :
9. No. Of years of work experience in other development works related to Health, Education, sanitation, Nutrition, Mother & Child Welfare :
10. Brief history of NGO detailing the work done before :
11. Details of staff for the programme:
Documents submitted in support of Sl. No.(2),(3) ,(6) & others
 - i.
 - ii.
 - iii.
 - iv.

Declaration

I do hereby declare that the aforesaid information is true and certified I do agree to abide by the all the norms & regulations as per the Government Guideline and accept the terms & conditions, in any time, any situation, if the aforesaid information prove not true, I must be penalized as per the decision of he local authority if the organisation is being selected by the concerned authority, the MOU will be signed by the concerned RKS abd organisation as detailed in the document.

(Name of the Signatory) (In Block letters) :

(Designation of the Signatory In Block letters):

Date:

Place :

.....
Signature of the head of the organisation with seal

NB: Separate applications must be submitted for each Rogi Sahayata Kendra.

Guideline for Setting up of
Rogi Sahayata Kendra
under
**National Rural Health
Mission**

I. Introduction and Rationale

One of the major grievances of the patients and their relatives while attending a hospital is that they have to move from pillar to post to get information regarding any service or about availability of a doctor/staff or about any patient admitted. There is no earmarked person to listen to their queries and so they usually fall prey to the touts. It gives rise to frustration among people with increasing occurrence of hostility and violence in hospitals at one hand and loss of faith in the Government health care system as a whole on the other. It may be mentioned that the posts of Social Welfare Officer, the person who often served this purpose, are mostly vacant and seem to have little chance of being filled up in near future.

Instituting a system of disseminating necessary information to patients and relatives will not only help the patients, but also increase the credibility of that health facility. Easy access to information about all the services and their details may serve to reduce the problem of touts also. Decreasing the communication gap eases the strain in doctor-patient relationship and move towards better work environment. Within the system constraints and ever increasing demand, this small action may lead to a much greater rise in patient satisfaction.

The information centers would be called 'Rogi Sahayata Kendras' (RSKs). This name has to be publicized in and around the hospital campus. The personnel working in the RSKs would be designated as 'Rogi Sahayaks'.

II. Objectives of the Programme

The main objectives of the project are to set up information centers at Medical College Hospitals, District Hospitals, Sub divisional Hospitals and State General Hospitals to:-

- provide accurate information about the services available in the health facility to all clients and stakeholders;
- disseminate all patient related information to patients and relatives on a real time basis so that they may access the available services fully and without delay; and,
- assist the service providers of the health facility by appropriately guiding the patients/visitors.

III. Roles & Responsibilities of the personnel attached with RSKs

Responsibilities of the Rogi Sahayaks:

- provide information sought for by the visitors in a friendly manner.

- provide guidance to the visitors/ patients.
- maintain and update the information database.
- receive complaints/ grievances/ suggestions, record them in appropriate registers, issue a receipt, and forward the complaints/ grievances/ suggestions to the Superintendent at the end of each shift.
- maintain and update list of high-risk/ serious patients.
- take other necessary steps to ensure optimum functioning of Rogi Sahayata Kendra.
- maintaining the checklist for Doctor-Party meet.
- Provide knowledge on different NRHM schemes to the mothers on JSSK.
- Statutory announcement from time to time in Public Address System.
- RSBY registration, reception & processing.

Responsibilities of the Superintendent/ Rogi Kalyan Samiti are:

- To set up and furnish the Rogi Sahayata Kendra;
- To maintain the RSK and the furniture, fixtures and equipment therein;
- To select a suitable NGO according to the criteria given and sign a Memorandum of Agreement (MoA) with it;
- To provide all necessary documents for smooth operation, as well as drinking water & toilet facilities for the Rogi Sahayaks;
- To undertake capacity building of the Rogi Sahayaks;
- To monitor regularly and extend all possible support to the RSK

IV. Activity-wise detailed recommendation:

A. Establishment of Information Centre:

- Location:** preferably, in close proximity to the Emergency or the main entrance of the hospital block. A room or specified space of at least 100 sq. ft. should be provided by the hospital in a suitable place as indicated above.
- Facilities in the Information Centre:**
 - Spacious cubicle with two counters.
 - Essential furniture including one cabinet/almirah with locking facility
 - Connection to intercom network of the hospital
 - Public address system
 - Compilations of relevant information, orders and documents

B. Operationalizing the Information Centre:

- Time of functioning:** From 8a.m. to 8p.m. i.e. 12 hours in two shifts; Subsequently, a night

shift may be considered.

Bii. Counter attendants:

a. **Number:** Five persons in all; two persons per shift from Monday to Saturday, and one person per shift on Sunday. In case of 24 x 7 functioning RSKs 8 persons will be engaged in shifts.

b. **Qualifications:**

1. Essential: Higher Secondary Passed with Certificate Course in Basic Computer
2. Desirable: Bachelor's degree in any discipline.
2. Good Communication and interpersonal skills.
3. Resident of the town where the hospital is located.
4. Preferably female.

c. **Remuneration:** Rs 6500/- per month, consolidated for approx. 25 days per month. If attendance less than 25 days Rs. 200/- to be deducted per shift.

d. **Identity:** Uniform with monogram of the agency and ID card issued by the hospital authority.

Biii. Management:

Suitable NGO will be selected and agreement made with it to provide counter and be responsible for daily management (ToR, eligibility, mode of selection in Annexure I).

Biv. Capacity building of attendants: (see Annexure II)

C. Information for dissemination:

Ci. General: includes all the services available,

- a. Clinical Services viz., outpatient treatment in specific departments, indoor patient care in specific departments, diagnostics (lab & imaging), drugs, blood bank services, RTI/STI clinic & ICTC, other Special clinics (e.g. adolescent clinic etc),
- b. Support services such as referral service, diet & laundry, medico legal service, services for the poor and disadvantaged,
- c. location of OPDs, diagnostic service rooms (e.g. X-ray, laboratory. USG)
- d. wards, OTs, office, cash counter and other facilities, special facilities for the poor and disadvantaged: Illness Assistance fund, Transport facility
- e. Referral chain
- f. Police case/injury report
- g. Free bed/paying bed facility
- h. Information related to post mortem
- i. Information related to disposal of dead body after declaration of death
- j. Use of public address system whenever necessary
- k. Distribution of information brochure (if available)

- l. Process of lodging a complaint or express grievance
- m. Recording any suggestion for improvement of hospital services

Cii. OPD related

- a. Time of issuance of ticket and period of functioning
- b. Hospital Holidays (OPD, OT, lab, imaging etc.)
- c. Distribution of special OPD and specialists attending those OPD
- d. Pharmacy facility and list of drugs available
- e. Diagnostics and list of diagnostic service available with fee structure
- f. Afternoon pay clinic

Ciii IPD related

- a. List of high risk patients at each ward
- b. Information of high risk patients to be given if asked by the patient party
- c. Information from the ward to be transmitted to the patient party
- d. Time of patient party meeting with doctors

Civ. OT related

- a. OT time period
- b. OT list with names of the patients to be operated
- c. OT complete information
- d. Information from the OT to be transmitted to the patient party

D. Supplementary activities:

The information counter endeavor has to be supplemented by the following to give complete information as far as practicable:

Di. Display boards on:-

- drugs list with availability status,
- diagnostic services with cost,
- name of the doctors with their OPD/OT dates,
- site map,
- referral chain and map etc.

Dii. Signage (OPDs, wards, OT, Lab, imaging, Cash etc.)

Diii. Information brochures

V. Expected outcome:

- Easier access of patients to hospital services and reduced harassment.
- Increased patient satisfaction
- Described activity of touts

- Reduced incidence of conflicts with patient parties

VI. Monitoring indicators to measure process and outcome:

- Average number of queries per shift and per day
- Type of queries
- Attendance and working hours
- Actual availability of information

VIII. Monitoring and Supervision:

Assistant superintendents, ward master in absence of the earlier, with overall supervision of the superintendent and RKS.

IX. Estimated cost for every 24x7 Rogi Sahayata Kendra:

| Budget Head | Unit Cost | No. of Units | Duration | Total Cost |
|-------------------------------|-----------|--------------|----------|---------------|
| Recurring Cost | | | | |
| Remuneration of Rogi Sahayaks | 6500 | 8 | 12 | 624000 |
| Administrative Cost | 2500 | 1 | 12 | 30000 |
| Contingency for RSK | 2500 | 1 | 12 | 30000 |
| Sub-total | | | | 684000 |
| Non-recurring Cost | | | | |
| Counter Installation | 50000 | 1 | 1 | 50000 |
| Public Address System | 10000 | 1 | 1 | 10000 |
| Intercom network in hospital | 100000 | 1 | 1 | 100000 |
| Capacity Building | 500 | 8 | 1 | 4000 |
| Uniform Allowance | 500 | 8 | 1 | 4000 |
| Sub-total | | | | 168000 |
| Grand Total | | | | 852000 |

Estimated cost for every 8am to 8pm Rogi Sahayata Kendra

| Budget Head | Unit Cost | No. of Units | Duration | Total Cost |
|-------------------------------|-----------|--------------|----------|------------|
| Recurring Cost | | | | |
| Remuneration of Rogi Sahayaks | 6500 | 5 | 12 | 390000 |
| Administrative Cost | 2500 | 1 | 12 | 30000 |
| Contingency for RSK | 2500 | 1 | 12 | 30000 |
| Sub-total | | | | 450000 |

| Non-recurring Cost | | | | |
|------------------------------|--------|---|---|---------------|
| Counter Installation | 50000 | 1 | 1 | 50000 |
| Public Address System | 10000 | 1 | 1 | 10000 |
| Intercom network in hospital | 100000 | 1 | 1 | 100000 |
| Capacity Building | 500 | 5 | 1 | 2500 |
| Uniform Allowance | 500 | 5 | 1 | 2500 |
| Sub-total | | | | 165000 |
| Grand Total | | | | 615000 |

X. Challenges / Threats:

Information counter is no magic pill to change the situation in government hospitals. Its success and sustainability will depend on the following:

- Actual availability and quality of different services
- Ownership taken by hospital RKS
- Supporting the counter in all possible manner
- Relation of hospital staff with the counter attendants
- Capability of the NGO selected

XI. Rogi Sahayata Kendra Managing Committee:

Expression of Interest would be invited from NGOs whose process may be carried out by a committee comprising the following persons:-

| Sl. No. | District Hospital | Sub divisional Hospital |
|---------|--|-----------------------------------|
| 1. | ADM (Health) - Chairperson | SDO – Chairperson |
| 2. | Superintendent – Convener | Superintendent – Convener |
| 3. | CMOH | ACMOH |
| 4. | Swasthya Karmadhakshya | Chairperson of local Municipality |
| 5. | Chairperson of local municipality of municipal corporation | |

Annexure I**NGO involvement in the project****A. Mode of Selection of NGOs:**

An advertisement will be published on behalf of respective DHF&WS inviting Expressions of Interest (Eoi) from eligible NGOs stating in the brief nature of work. The publication should be done in all possible medium like newspapers; websites, notice boards etc. and a cutoff date with one month's time should be specified. The entire applicant NGOs to be screened by the following eligibility and selection criteria and a merit list may be prepared.

B. Eligibility Criteria:

- a. Valid registration under Societies Act of 1961 or similar act
- b. Annual return submitted to the Registrar of Societies for FY 2007-08
- c. Last three years external audit done
- d. Work experience in health or other developmental sector
- e. Registered office situated in the district

C. Selection Criteria:

Scores may be allocated on the following points to the applicant NGOs to prepare a merit list for selection:

- a. Experience of work of similar nature/ interpersonal awareness generation activities in the district.
- b. Number of years of work experience in health sector in the district.
- c. Number of years of work experience in other developmental sectors related to health - Education, Sanitation, Nutrition, Mother & Child welfare.

D. Terms of Reference:

The following ToR may be applicable for the NGO selected:

1. The NGO would select and provide Rogi Sahayaks, as per the eligibility criteria, to the hospital.
2. It would be responsible for the punctuality and attendance, and performance of the Rogi Sahayaks.
3. All necessary furniture and documents for smooth operation, as well as drinking water & toilet facilities, would be provided by the hospital authorities.
4. NGO would fix one person from their organisation for supervision of the work of the Rogi Sahayak Kendras and liaison with hospital authorities.
5. The persons will work of the Rogi Sahayata Kendra only and no other job from the hospital or NGO should be entrusted on them during their working hours in the counter.

Annexure II

Capacity building of information centre Attendants (Rogi Sahayaks)

A. Duration: 4 hours x 3 days

B. Resource persons: Superintendent, Asst. Superintendent / ward master, ACMOH, person identified by NGO.

C. Content & Methods:

1. Familiarization with Hospital infrastructure, staff & processes:

This would entail visits to all wings of the hospital premises starting from its main entrance and getting to know the location of different service points and the specific services provided there, along with the manner of service provision, and interaction with the service providers.

2. Flow of patients:

- a. Path to be taken by patients inside hospital, from OPD / emergency
- b. Sequence of service points a patient has to visit

3. Hospital Services Information:

| | Global | Local |
|-----------------------|--|---|
| General | Timings of various services Special facilities for the poor and disadvantaged Police case/injury report Information related to post mortem Information related to disposal of dead body after declaration of death. Process of making complaints/suggestions. | Location of OPDs, diagnostic service rooms (e.g. X-ray, laboratory, USG), wards, OTs, office, cash counter and other facilities. General facilities available Transport facility Referral chain Free bed / paying bed facility Vacant bed position |
| OPD/ Emergency | Time of issuance of ticket and period of functioning Hospital Holidays (OPD, OT, lab, imaging etc) Prescription skill. | Distribution of special OPD and specialists attending those OPD Pharmacy facility and list of drugs available. afternoon pay clinic |
| Inpatient | User charges for paying bed | List of high risk patients at each |

| | | |
|--------------------------|---|---|
| Services | Assured quality of diet / laundry services Process of lab & imaging. | ward Information of high risk patients Information from the ward to be transmitted to the patient party Time of patient party meeting with doctors |
| Lab & Imaging | Cost of diagnostic services Process for OPD, emergency and inpatients | List of diagnostic service available. |
| OT | OT time period | OT list with names of the patients to be operated OT complete information Information from the OT to be transmitted to the patient party |
| Drugs | Timing of pharmacy/ drug dispensing counters | List of drugs available |

4. Basic Communication skills:

- a. How to patiently listen to patient/party and identify their need.
- b. How to give clear information in a concise, patient friendly manner.
- c. How to tackle rush hours in a systematic fashion.

D. Budget:

Rs. 500/- per Rogi Sahayaks including refreshment and stationary.

On stamp paper of Rs. 50/- to be prepared in duplicate

SECTION 1: FORM OF CONTRACT

CONTRACT FOR PROVISION OF ROGI SAHAYATAS AND MANNING OF ROGI SAHAYAKS AND MANNING OF ROGI SAHAYATA KENDRAS IN WEST BENGAL

An Agreement made this day thebetween the Rogi Kalyan Samiti of (Name of Hospital) (which expression shall include his successors and assigns) of the one part (hereinafter called 'RSK') and (Name of NGO)..... with its registered office at(hereinafter called 'the NGO').

WHEREAS:

- The RSK requires the NGO to provide the services as defined in Section 3 ("the Services") of the Contract; and
- The NGO has agreed to provide the Services on the terms and conditions set out in this Contract.

IT IS HEREBY AGREED between the parties as follows:

1. Documents

The Contract shall comprise the following documents:

- Section 1 Form of Contract (this document)
- Section 2 General Conditions
- Section 3 Terms of Reference
- Section 4 Special Conditions
- Section 5 Schedule of Prices

2. Commencement and Duration of the Services

The NGO shall start the Services on ("the Start Date") and shall provide the services for a period of 12 months up to ("the End Date") unless this contract is terminated earlier in accordance with its terms and conditions.

3. Financial Limit

Total payments under this Contract shall not, in any circumstances exceed Rs. 2, 52,000/- (Rupees two lakh fifty two thousand only) inclusive of any government tax, if applicable.

4. Time of the Essence

Time shall be of the essence as regards the performance by the NGO of its obligations under this Contract.

SECTION 2: GENERAL CONDITIONS OF CONTRACT

DEFINITION AND INTERPRETATION

1. Obligations

1.1. The NGO shall perform all its obligations under this Contract (including the provision of the Services) with all necessary skill, diligence, efficiency and economy to satisfy generally accepted professional standards expected from experts.

2. Personnel

2.1. All members of the NGO's Personnel shall be appropriately qualified, experienced and in a suitable physical condition so as to ensure that the NGO complies with all the NGO's obligations under this Contract.

2.2. If the RKS considers any member of the NGO's Personnel unsuitable, the NGO shall substitute such member as quickly as reasonably possible without direct or indirect charge to the RKS with a replacement acceptable to the RKS.

2.3. The NGO is responsible for all acts and omissions of the NGO's Personnel and for the health, safety and security of such persons and their property.

3. Disclosure of Information

3.1. The NGO and the NGO's Personnel shall not, without the prior written consent of the RKS, disclose to any third party any confidential information obtained during or arising from this Contract.

4. Conflict of Interest

4.1 Neither the NGO nor any of the NGO's Personnel shall engage in any personal, business or professional activity which conflicts or could conflict with any of their obligations in relation to this Contract.

PRICE AND PAYMENT

4.2. Subject to the RKS being satisfied that the NGO is or has been carrying out their duties, obligations and responsibilities under this Contract, sums duly approved shall be paid within 15 days of receipt of a valid invoice.

4.3. Payment shall be made in Indian Rupees.

4.4. If for any reason (such as unauthorized absence or instances of misbehavior of clients) the RKS is dissatisfied with performance of this Contract, an appropriate sum may be withheld from any payment otherwise due. In such event the RKS shall identify the particular Services with which it is dissatisfied together with the reasons for such dissatisfaction, and payment of the amount outstanding will be made upon remedy of

any unsatisfactory work or resolution of outstanding queries.

FORCE MAJEURE AND TERMINATION

5. Force Majeure

5.1. Where the performance by the NGO of their obligations under this Contract is delayed, hindered or prevented by an event or events beyond the reasonable control of the NGO and against which the NGO could not reasonably have been expected to take precautions, the NGO shall promptly notify the RKS in writing', specifying the nature of the force majeure event and stating the anticipated problem in performance of this Contract.

5.2. From the date of receipt of notice given in accordance with the earlier clause, the RKS may, at its sole discretion, either suspend this Contract or terminate this Contract forthwith.

6. Suspension or Termination without Default of the NGO

6.1. The RKS may, at its sole discretion, suspend or terminate this Contract at any time by so notifying the NGO and giving the reason(s) for such suspension or termination.

7. Suspension or Termination with Default of the NGO

7.1. The RKS may notify the NGO of the suspension or termination of this Contract where the Services or any part of them are not provided to the satisfaction of the RKS, giving the reasons for such dissatisfaction and, in the case of suspension, the action required by the NGO to remedy that dissatisfaction and the time within which it must be completed.

GENERAL PROVISIONS

8. Variations

8.1. No variation in the terms or scope of this Contract shall be effective without the RKS's prior written consent and recorded in writing [in the form of a letter entitled "Contract Amendment No..... the RKS shall have no liability in respect of work performed outside the Services set out in Section 3.

SECTION 3: TERMS OF REFERENCE

Background

One of the major grievances of the patients and their relatives while attending a hospital is that they have to move from pillar to post to get information regarding any service or about availability of a doctor/staff or about any patient admitted. There is no earmarked person to listen to their queries and so they usually fall prey to the touts. It gives rise to frustration among people with increasing occurrence of hostility and violence in hospitals and reduced faith in the Government health care system.

Need for information dissemination

A system for disseminating information to patients and relatives will not only help the patients, but also increase the credibility of that health facility. Easy access to information about all the services and their details may serve to reduce the problem of touts also. Decreasing the communication gap eases the strain in doctor-patient relationship and move towards better work environment.

Within the system constraints and ever increasing demand, this small action may lead to a much greater rise in patient satisfaction. It is expected that this will lead to:

- Easier access of patients to hospital services and reduced harassment
- Increased patient satisfaction
- Reduced incidence of conflicts with patient parties

Objectives

The main objectives of the project are to set up Rogi Sahayta Kendras (RSKs) at all district and sub-divisional hospitals of the state. These RSKs will:

- Provide accurate information about the services available in the health facility to all clients and stakeholders;
- Disseminate all patient related information to patients and relatives on a real time basis so that they may access the available services fully and without delay; and,
- Assist the service providers of the health facility by appropriately guiding the patients/visitors.

Appointment of NGO

The Rogi Kalyan Samiti of the Hospital shall be responsible to select an NGO with whom they shall partner to provide the services of RSK. The NGO would provide personnel to man 2 counters in the RSK from 8 AM to 8 PM for all 7 days of the week.

The appointment of NGO shall take place through a process of selection and evaluation by the concerned RKS.

Scope of work

These NGO, through its Sahayaks will strive to make the RSKs effective and:

- Provide, in a friendly manner, information sought for by the visitors.
- Guide visitors/ patients.
- Maintain and update the information database

- Receive complaints/ grievances/ suggestions; record them in appropriate registers, issue a receipt, and forward the complaints/ grievances/ suggestions to the Superintendent at the end of each shift.
- Maintain and update list of high-risk/ serious patients.
- Take other necessary steps to ensure that visitors to the Rogi Sahayata Kendra are able to fully access and utilize the services provided by the hospital.

An indicative agenda for information dissemination and RSK role is given in Annex to this Terms of Reference.

Personnel

The NGO shall provide a minimum of five personnel who shall man the RSK in two shifts of 6 hours each every day. The personnel should have:

- Higher Secondary passed, preferably Graduate in any discipline.
 - Good Communication and interpersonal skills.
 - Resident of the town where the hospital is located.
 - Preferably female.

The Rogi Sahayaks shall wear uniform with monogram of the NGO and ID issued by hospital. The Rogi sahayaks will have to attend Capacity Building Programme organised by Hospital for 3 days

Responsibilities of NGO

The NGO would be overall responsible for the performance of the RSK. In particular, they will ensure that:

- The staff provided are of good quality and motivated for the assignment;
- The staff are punctual and ensure the counters are working during the desired hours;
- There is a nodal person identified from the NGO who will co-ordinate with the Hospital and RKS on all issues;
- Adhere to the terms of the contract;
- Submit monthly reports (see Section 4);

Facilities to be provided by Hospital

The Hospital shall provide a room / space of at least 100 sq. Ft for setting up the RSK. The RSK shall be placed close to the Emergency or the main entrance of the hospital block. The hospital shall provide the following facilities for the RSK:

- Spacious cubicle with two counters
- Essential furniture table, chair, one cabinet/almirah with locking facility
- Connection to intercom network of the hospital
- Public address system
- Compilations of relevant information, orders and documents
- Basic facilities such as electricity, drinking water, toilets etc.

In order to orient the Rogi Sahayaks, the Hospital shall also conduct a capacity building programme for the personnel deputed by the NGO for 3 days at the initial stage.

Monitoring

The progress of the NGO in managing the RSK shall be periodically assessed by the RKS as well as by the District / sub-divisional health officials.

Time Frame

The initial appointment shall be for a period of twelve months.

ANNEX TO TERMS OF REFERENCE

Information Dissemination activities to be performed by Rogi Sahayta Kendras

1) General:

- a) Services available: Consultation in specific departments; Indoor patient care in specific departments; Diagnostics Drugs; Blood bank services; HIV; RTI/STI & ICTC;
- b) Location of OPDs, diagnostic service rooms (e.g. X-ray, laboratory, USG), wards, OTs, office, cash counter and other facilities
- c) Special facilities for the poor and disadvantaged: Illness Assistance fund
- d) Transport facility
- e) Referral chain
- f) Police case/injury report
- g) Free bed/paying bed facility
- h) Information related to post mortem
- i) Information related to disposal of dead body after declaration of death
- j) Use of public address system whenever necessary
- k) Distribution of information brochure (if available)
- l) Process of lodging a complaint or express grievance
- m) Recording any suggestion for improvement of hospital services

2) OPD related:

- a) Time of issuance of ticket and period of functioning
- b) Hospital Holidays (OPD, OT, lab, imaging etc)
- c) Distribution of special OPD and specialists attending those OPD
- d) Pharmacy facility and list of drugs available
- e) Diagnostics and list of diagnostic service available with fee structure
- f) Afternoon pay clinic

3) IPD related:

- a) List of high risk patients at each ward
- b) Information of high risk patients to be given if asked by the patient party
- c) Information from the ward to be transmitted to the patient party
- d) Time of patient party meeting with doctors

4) OT related:

- a) OT time period
- b) OT list with names of the patients to be operated
- c) OT complete information

d) Information from the OT to be transmitted to the patient party

5) Supplementary activities:

a) Ensure updated availability of display boards for (i) drugs list with availability status, (ii) diagnostic services with cost, (iii) name of the doctors with their OPD/OT dates (iv) site map (v) referral chain and map etc.

b) Ensure proper signage (OPDs, wards, OT, Lab, imaging, Cash etc) and Information brochures, where provided

SECTION 4: SPECIAL CONDITIONS

1. Officials

1.1. The Project Officer is:

2. Reports

2.1. The NGO shall submit 2 copies of monthly report detailing the performance of the RSK including attendance record, number of queries attended, special initiatives undertaken, key challenges in improving service and suggestions for improvement. The report shall be submitted to the Project officer.

3. Other issues

3.1. Under no circumstances should the NGO or NGO's personnel interact with the media or make any statement on behalf of the hospital, RKS or health administration.

Government of West Bengal
Department Of Health & Family Welfare
State Nodal Agency, West Bengal
Rashtriya Swasthaya Bima Yojana
Swasthaya Bhawan
GN-29, Sector-V, Salt Lake City, Kolkata, 91

Memo No. HFO/RSBY-SNO/1048

Dated – Kolkata, 22nd October'2014

ORDER

Implementation of the RSBY in all Rural Hospitals and BPHC's- regarding.

With the successful implementation of the RSBY in all Government Hospital, from Tertiary Level Hospitals to the level of all SDH & SGH and in few selected remote RH's and BPHC's, It is under active consideration of the Department to extend the service to all the remaining BPHC/RH of the state..

After careful consideration of the matter and in view of the directive of Ministry of Labour and Employment, Government of India regarding availability of at least two RSBY empanelled hospital in each Block. It is ordered that all BPHC and RH with 10 bedded facilities or more will be empanelled under RSBY scheme.

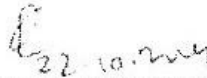
As support of RSBY help desk in the form of Rogishayaks are essential for effective implementation of RSBY and as Rogisahayata Kendras are not considered for the BPHC/RH as per the existing guideline of National rural health mission , It is also hereby ordered that all RSBY empanelled and functional RH & BPHC may engage Rogi Shayata Kendra comprising of RSBY help desk Personnel not exceeding (2) two with the following conditions:

1. Essential qualification and remuneration of RSBY Help desk personnel will be same as in the case of the Rogi Sahayaks of Rogi Sahayata Kendra at Secondary Hospitals in terms of NHM guidelines.
2. Job responsibilities of the RSK will be the same as in the case of RSK at secondary hospitals Rogi Shayaks or as ordered by the State Nodal Agency, RSBY.
3. State Nodal agency will provide provide financial support for RSKs for first Six months and after that continuation of RSK will be incidental to the performance of RSBY in that particular facility, and it is expected that after initial six months the facility will be able to bear the cost from the accumulated claims of RSBY.
4. Engagement of RSK to be made as per the guideline of National Rural Health Mission followed at Secondary Hospitals and CMOH may club all or part of the BPHC/RHs of a Subdivision, group of Blocks in consultation with the District Magistrate for selection of eligible organization/society to run the RSK.

The Deputy CMOH-I, who is the Nodal officer for implementation of RSBY in Government Hospitals in the District will monitor the implementation of the RSBY scheme in all the RH & BPHC. Required Hardware for RSBY (Computer, Card reader, Finger print Scanner etc) will be provided centrally once the BPHC and RH filled up 55 Column report and submitted to SNA and application of MHC is uploaded online.

This order issued with the approval of the Principal Secretary, Department of Health & Family Welfare.

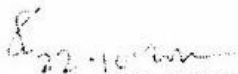
This will take immediate effect.


Secretary, Department of H&FW,
and State Nodal Officer, RSBY, West Bengal

Memo No. HFO/RSBY-SNO/1048 (13)
Copy Forwarded for information and necessary action to:

Dated – Kolkata, 22nd October 2014

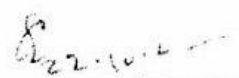
1. MD, NHM and Secretary, Dept. of Health & FW
2. DME and ex-officio Secretary, Dept. of Health & FW,
3. DHS and ex-officio Secretary, Dept. of Health & FW,
4. District Magistrate (All)
5. ADM and DKM RSBY.....
6. CMOH (All)..... District for information and with a request to instruct the ACMOH and BMOHs accordingly.
7. Deputy CMOH-I (All)
8. Deputy Secretary and ASNO-RSBY.
9. Deputy CMOH-I (All)
10. TO, RSBY-WB and DADHS(P&D),
11. AO- RSBY-WB State RSBY Cell,
12. PA to Principal Secretary (H&FW)
13. Office Copy.


Secretary, Department of H&FW,
and State Nodal Officer, RSBY, West Bengal

Memo No. HFO/RSBY-SNO/1048 (13)

Dated – Kolkata, 22nd October 2014

Copy to : Insurance companies (all) working in west Bengal with the request to instruct TPA's to facilitate enlistment of all BPHC's/RH's in the districts


Secretary, Department of H&FW,
and State Nodal Officer, RSBY, West Bengal