

**Application Form**  
**For running of Rogi Sahayata Kendro at District Hospital, Nadia,**  
**Complex.**  
**(Mention Sadar/Saktinagar )**

1. Name of the NGO :
2. Registration Number :
3. Postal Address for Communication :
4. Name and Designation of the Responsible Person :
5. Annual Return submitted to the Registrar of Societies for FY 2009-10 :
6. Last Three Years External Audit done :
7. Experience in Similar Nature :
8. No of Years of work experience in health sector in the district :
9. No of Years of work experience in other developmental 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 :

**Declaration:**

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

Name of the Signatory : (In Block Letter)

Designation of Signatory : (In Block Letter)

\_\_\_\_\_  
Signature of the Head of the Organization with Seal

Date :

Place :

**Project for Setting up**  
**MAY I HELP YOU CONUTERS IN DISTRICT & SUBDIVISIONAL HOSPITALS**

**DHP Major Head:**

**Innovative projects under NRHM additionalities.**

**Situational Analysis:**

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 post 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.

**Why this activity is necessary:**

Instituting a system of disseminating necessary information to patients and relatives will not 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. Moreover this idea is already being tested at North 24 Parganas district hospital with help from Indian Red Cross Society. Some other districts, notably Howrah, have proposed a similar scheme in their health plan.

**Objectives:**

The main objectives of the project are to set up information centres at district and sub-divisional hospitals:

- Provide accurate information about the services available in the health facility to all clients and stakeholders;
- To 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
- To assist the services providers of the health facility by appropriately guiding the patients/visitors

**Name:**

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

**Target group/s**

Patients, their relatives, and other stakeholders who may visit the hospitals

**Geographic area:**

16 districts and 44 subdivisions

**Level of service delivery:**

Districts hospitals (DH) and sub-divisional hospitals (SDH)

**Responsibilities of the Rogi Sahayaks:**

- To provide, in a friendly manner, information sought for by the visitors.
- To guide visitors/ patients.
- To maintain and update the information database.
- To 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.
- To take other necessary steps to ensure optimum functioning of Rogi Sahayata Kendra.

**Responsibilities of the Superintendent/ Rogi Kalyan Samiti:**

- To set up and furnish the Rogi Sahayata Kendra;
- To maintain the RSK and the furniture, fixtures and equipments 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

**Description of operation, activity-wise:**

A. Establishment of Information Centre:

- i. Location: preferably. In close proximity to the Emergency or the main entrance of the hospital block A room or specified space of at least 100sq. ft should be provided by the hospital in a suitable place as indicated above.
- ii. 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
  - Compilation of relevant information, orders and documents

B. Operationalizing the Information Centre:

- i. Time of functioning: from 8 AM to 8 PM i.e. 12 hours in two shifts; seven Days a week. Subsequently, a night shift may be considered.
- ii. Counter attendants:
  - a. Number: Five persons in all; two persons per shift from Monday to Saturday, and one person per shift on Sunday.
  - b. Qualifications:
    1. A Bachelors degree.
    2. Good Communication and interpersonal skill
    3. Resident of the town where the hospital is located.
    4. Preferably female.
  - c. Remuneration: Rs 4000/- per month, consolidated
  - d. Identity: Uniform with monogram of the agency and ID card issued by hospital authority
- iii. Management: Suitable NGO will be selected and agreement made with it to provide counter attendants and be responsible for daily management (ToR, eligibility, mode of selection in Annexure I)
- iv. Capacity building of attendants: (see Annexure II).

C. **Information for dissemination**

i. General:

a. Services available

- Clinical Services:
  - ✓ Out patient treatment in specific departments:
  - ✓ Indoor patient care in specific departments:
  - ✓ Diagnostics (lab & imaging):
  - ✓ Drugs;
  - ✓ Blood bank services:
  - ✓ RTI/STI clinic & ICTC
  - ✓ Other Special clinics (eg adolescent clinic etc).
- Support services:
  - ✓ Referral service
  - ✓ Diet & laundry
  - ✓ Medicolegal service
  - ✓ Services for the poor and disadvantaged.

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

ii. 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
- iii. 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
- iv. 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.

- i. Display boards
  - 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.
- ii. Signage (OPDs, wards, OT, Lab, imagining, cash etc)
- iii. Information brochures

**Time frame for implementation:**

The project may initially run for one year. Further scaling up and continuation will depend on documentation of success & sustainability and terminal evaluation. However, activities involved may take following time schedule:

Activities	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Designing of agreement at state level												
Regional sensitization meetings with district and hospital authorities												
Advertisement by districts inviting EoI from NGOs												
Preparation of counter												
Selection & recruitment of NGOs												
Preparation of documents & display												
Capacity building of attendants												
Operational phase												
Evaluation												

**Expected outcome:**

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

**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.

**Monitoring and supervision:**

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

### **Details of budget with items of expenditure:**

Items	Rate (Rs)	Quantity	Amount (RS)
<b>A. Recurring costs:</b>			
Remuneration of counter attendants	4000per head per month	5 persons for 12 months	240000
Administrative cost to NGO	1000 per month	12 months	12000
Contingency for RSK	1000 per month	12 months	12000
Subtotal			264,000
<b>B. Capital costs:</b>			
Counter installation (minor civil work, painting, grill etc)			50,000
Intercom network in hospital	100,000 for 40lines		100,000
Public address system	10000 for 1 mike, amplifier, 2 boxes		10000
Capacity building of Rogi Sahayaks			2500
Uniform allowance for Rogi Sahayaks	500 per head	5 persons	2500
Subtotal			165,000
<b>Total</b>			<b>429,000</b>

An estimated cost of Rs 429,000 (Rupees four lakhs twenty nine thousand only) would be needed for each hospital for establishment and one year of operation.

Total cost for the same for 60 hospitals would be Rs 429,000 x 60 = Rs 2, 57, 40,000 (Rupees two crores fifty seven lakhs forty thousand only).

### **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 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

## Annexure-1

### NGO involvement in the project

#### A. Mode of Selection of NGOs:

An advertisement will be published on behalf of respective DHFWS inviting Expression 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 cut off date with one month's time should be specified. All the 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 2009-10.
- 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, 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 organization 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	<ul style="list-style-type: none"> <li>• Timings of various services "</li> <li>Special facilities for the poor and disadvantaged</li> <li>• Police case/injury report</li> <li>• Information related to post mortem</li> <li>• Information related to disposal of dead body after declaration of death</li> <li>• Process of making complaints / suggestions.</li> </ul>	<ul style="list-style-type: none"> <li>• Location of OPDs, diagnostic service rooms (e.g. X-ray. laboratory. USG), wards, OTs, office, cash counter and other facilities</li> <li>• General facilities available</li> <li>• Transport facility</li> <li>• Referral chain</li> <li>• Free bed/paying bed facility</li> <li>• Vacant bed position.</li> </ul>
OPD/ Emergency	<ul style="list-style-type: none"> <li>• Time of issuance of ticket and period of functioning</li> <li>• Hospital Holidays (OPD, OT, lab, imaging etc)</li> <li>• Prescription skill.</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution of special OPD and specialists attending those OPD</li> <li>• Pharmacy facility and list of drugs available</li> <li>• Afternoon pay clinic.</li> </ul>
Inpatient	<ul style="list-style-type: none"> <li>• User charges for paying bed</li> </ul>	<ul style="list-style-type: none"> <li>• List of high risk patients at</li> </ul>

services	<ul style="list-style-type: none"> <li>Assured quality of diet / laundry services</li> <li>Process of lab &amp; imaging</li> </ul>	<p>each ward.</p> <ul style="list-style-type: none"> <li>Information of high risk patients.</li> <li>Information from the ward to be transmitted to the patient party.</li> <li>Time of patient party meeting with doctors.</li> </ul>
Lab& imaging	<ul style="list-style-type: none"> <li>Cost of diagnostic services.</li> <li>Process for OPD, emergency and inpatients.</li> </ul>	<ul style="list-style-type: none"> <li>List of diagnostic service available.</li> </ul>
OT	<ul style="list-style-type: none"> <li>OT time period</li> </ul>	<ul style="list-style-type: none"> <li>OT list with names of the patients to be operated</li> <li>OT complete information</li> <li>Information from the OT to be transmitted to the patient party</li> </ul>
Drugs	Timing of pharmacy/ drug dispensing counters	<ul style="list-style-type: none"> <li>List of drugs available</li> </ul>

#### 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:

Refreshment: Rs. 2000 and stationary Rs. 500/-.

On stamp paper of Rs. 50/-

To be prepared in duplicate

**SECTION 1: FORM OF CONTRACT**

**CONTRACT FOR PROVISION OF ROGI SAHAYAKS AND MANNING OF ROGI SAHAYTA  
KENDRAS IN WEST BENGAL**

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

**WHEREAS:**

- the RKS 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 upto \_\_\_\_\_ ("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**

## **DEFINITIONS 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 misbehaviour 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 (he 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 reasons) 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 patient.
- 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:

- At least a Bachelors degree.
- Good Communication and Interpersonal skills.
- Resident of the town where the hospital is located.
- Preferably female.

## **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 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 coordinate 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 of 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, toilet 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 suggestion 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.

SECTION 5: SCHEDULE OF PRICES

Contract For: Managing Rogi Sahayta Kendra in \_\_\_\_\_ Hospital  
For a period of 1 year from \_\_\_\_\_ to \_\_\_\_\_

Contract Amount: Rs. 2, 52,000 (Rupees two lakh fifty two thousand only)

Particulars	Rate	Quantity	Amount (Rs.)
5 Rogi Sahayaks (Counter attendants)	Rs. 4,000 p.m	5X12 = 60	2,40,000
NGO Administrative Cost	Rs. 1,000 p.m.	12 months	12,000
Total Rs.			2,52,000

In witness whereof the parties here unto have set their hands to this agreement, the day month and year first above written.

(Name and Signature of the party of the first part)  
For and on behalf of the Rogi Kalayan Samiti of  
\_\_\_\_\_ Hospital

(Name and Signature of the party of the NGO)  
For and on behalf of \_\_\_\_\_ (NGO name)  
Designation:

In presence of –

1. Witness No: 1:

Name :

Address :

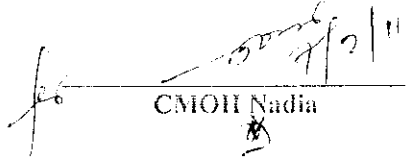
2. Witness No: 2:

Name :

Address :

Additional Information for NGO Selection for setting up  
of Rogi Sahayota Kendro in the District Hospital Nadia

Application as per prescribed format must be submitted to the Superintendent, District Hospital, Nadia,  
Sadar Hospital Campus, P.O. Krishnagar, Dist – Nadia, Pin – 741 101 within 07.03.2011.

 7/3/11  
CMOH Nadia