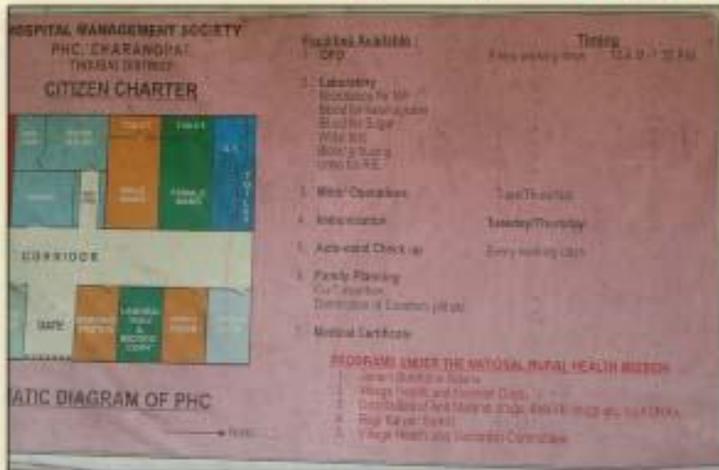


Assessment of Rogi Kalyan Samiti (RKS) in Manipur, Meghalaya & Tripura



Regional Resource Centre for North Eastern States (RRC-NE)
Ministry of Health and Family Welfare (MOHFW),
Government of India
Guwahati, Assam-781022

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(Dr. A.C. Baishya)
Director, RRC- NE

Key Members of the Study		
Sl No.	Name	Designation & Organization
1	Dr. A.C. Baishya	Director, RRC-NE
2	Mr. Heikrujam Nongyai	Regional Coordinator, Community Mobilization, RRC-NE
3	Mr. Biraj Kanti Shome	Regional Coordinator, Community Mobilization, RRC-NE
4	Mr. Devajit Bora	Consultant, Community Mobilization, RRC-NE
5	Mr. Diganta Sharma	Consultant, Community Mobilization
6	Mr. Wahengbam Imo Singh	Consultant, Community Mobilization, for Manipur State, RRC-NE
7	Mr. Arindam Saha	State Facilitator, Tripura (RRC-NE)
8	Ms. Chandrani Biswas	Consultant, Community Mobilization , Tripura (RRC-NE)
9	Mr. Augusteine	State Facilitator for Meghalaya (RRC-NE)

Abbreviation

AAA	Administrative cum Accounts Assistant
ASHA	Accredited Social Health Activist
BAFM	Block Accounts and Finance Manager
BAM	Block Accounts Manager
BDO	Block Development Officer
BPM	Block Program Manager
BPMU	Block Program Management Unit
CHC	Community Health Centre
DC	District Collector/Commissioner
DH	District Hospital
DHFWS	District Health & Family Welfare Society
DPMU	District Program Management Unit
FRU	First Referral Unit
HMS/RKS	Hospital Management Society/Rogi Kalyan Samiti
HQ	Head Quarter
IPD	In Patient Department
MOIC	Medical Officer In-Charge
MS	Medical Superintendent
NGO	Non Governmental Organization
NRHM	National Rural Health Mission
OPD	Out Patient Department
PHC	Primary Health Centre
PHFI	Public Health Foundation of India
PRI	Panchayati Raj Institution
RKS	Rogi Kalyan Samiti
RRC-NE	Regional Resource Centre – North East
SDH	Sub Divisional Hospital
SDM	Sub Divisional Magistrate
SDO	Sub Divisional Officer
SMO	Senior Medical Officer
SPMU	State Program Management Unit
VHAP	Village Health Action Plan
VHND	Village Health and Nutrition Day
VHSC	Village health and Sanitation Committee

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Executive Summary

The National Rural Health Mission (NRHM) was started in April'2005 with an aim to provide effective affordable, accessible health care to rural population, especially women and children with special focus on eighteen states of the country, which have weak public health indicators. One of the core strategies of NRHM is involvement of community or its representative in the management of hospital/health facilities. Therefore, at facility level, to bring about community involvement in the overall management of health facility, a Hospital Management Society, which is referred as Rogi Kalyan Samiti, is set up in every Hospital (DH, SDH, CHC and PHC). Though, RKS have been constituted in most of the health facilities, findings from various studies/reports including Common Review Mission shows that it is not functioning effectively. As per the report of 4th Common Review Mission, RKS, where functional, haven't yet become a means of community management of health facilities and are perceived as another fund generating apparatus. As such, it is thought that an assessment of RKS will help in understanding the existing status/functionality of RKS, major challenges and gaps, and look for possible strategies for making it effective in future. Therefore, Regional Resource Centre for North Eastern States took up the step to carry out assessment of RKS in North Eastern states. Data collection of the study was done during March to July 2011.

For the said study three districts each from Manipur and Meghalaya, and two districts from Tripura were considered based on the geographical representation as well as performance in program implementation. These districts are;

Manipur: 1) Chandel, 2) Thoubal and 3) Imphal West

Meghalaya: 1) Jaintia Hills, 2) West Khasi Hills and 3) South Garo Hills

Tripura: 1) South Tripura and 2) North Tripura

Health facilities /RKS from the selected districts equaling to the 10% of the total number of RKS in the State were selected randomly. However, in case of Manipur three additional health facilities/RKS (one each in each of the three districts) were taken, therefore, the number health facilities selected for the study in the State is 14. In case of Meghalaya 15 health facilities/RKS

and in Tripura 11 health facilities were considered for the study. Data was collected through interview of the RKS members especially Member Secretary and Chairperson using a semi structured interview schedule, and other members were also interacted. Various records such as records of proceeding, stock register, account book was also referred.

The study revealed that all the RKS in the three States were constituted during 2006-2007, except for RKS of Ranthong PHC of West Khasi Hills District of Meghalaya, which was constituted on 13th October 2008. Monitoring committee of RKS exists only in 2 facilities of Manipur and 2 health facilities of Meghalaya, but in Tripura no monitoring committee have been constituted in any of the RKS/health Facility.

The RKS/HMS in all the three States have spent fund in carrying out different activities in different facilities. However, broadly, it has been seen that the fund has been used mainly in activities like - buying of almirahs/furniture for OPD and IPD and office room, computer and its accessories, out of stock medicines like saline and saline sets, cotton, bandages, FAX machine, water purifier, oxygen cylinder, electrical maintenance of the hospital, engagement of sweeping staffs, minor repairing of door, window, painting of hospital wall, coloring of patients' bed, cleaning of water tank, buying freeze for ICTC centre, laboratory reagents, dustbins, bed side stand, bed pans, radiant warmer, sound system and LCD, phototherapy unit, BP machine, copier machine, garden maintenance, drainage system near IPD, construction of room for keeping generator set, patient information chart, mosquito net, mattress cover, repairing of water pipeline, buying of surgical instruments, electronic baby weighing machine, Binocular microscope, audit fees, generator operator fees, engagement of Dai for labour room, tiles fitting, pump initialization, bedside lockers, mercury lamps, engagement of security guard, buying of AC machine for blood bank, license renewing cost for blood bank etc.

It was found that all the facilities that have been assessed have received 100% fund every year in Manipur and Tripura, while in Meghalaya none of the health facilities received any fund in year 2006-2007. Three health facilities of South Garo Hills, Meghalaya never received any fund in 2007-2008. In Jaintia Hills District of Meghalaya, all the health facilities/RKS except District

Hospital received an additional amount of Rs.86000/- in year 2010-2011. Overall utilization of RKS fund (in cumulative from 2006-2007 to 2010-2011) is good. However, it was observed in most facilities of the three States that payment to the vendors were mostly made through cash after withdrawing through cheque/cash mostly in the name of MO (i/c) or / and AAA.

Regarding frequency of holding quarterly meeting, it was revealed that the meetings are not held on a fixed date and time rather meetings are mostly held need-based, as and when the need arises to have the meeting.

The need for training and orientation of RKS members were informed by all the respondents. In Manipur, one day formal orientation of RKS members was conducted at State level in 2007-2008, and another one day orientation at District in 2010-2011. However, the training was mixed with training of VHSC/PRI, and not separately for RKS. As far as training of RKS members in Tripura is concerned it was found that in North Tripura district, selected RKS members were oriented for 2 days in 2009 and in South Tripura, no formal training was held. No training of RKS have so far been conducted in Meghalaya, though State has planned for it in 2011-2012. State level TOT for District trainer on RKS has been conducted already in State HQ by PHFI. The training of RKS members is yet to roll out. At present, RKS members are being supported by Accountant (of NRHM), wherever s/he is placed.

Other issues which was observed and as per the findings of the study where RKS may intervene includes; poor biomedical waste management in all the health facilities visited, un-hygienic condition of toilets in most of the health facilities except for facilities in Meghalaya, need for painting RKS on items purchased needs to be done as it was found missing in many of the health facilities, need for annual work report for program/activities was found missing in most of the health facilities though there was financial report, need for OPD and IPD review on regular basis, lack of regular water supply etc.

It has been observed that no mechanism of supportive supervision of RKS is in place except for Meghalaya. Though, existence of supportive supervision to health facilities in relation to RKS

was informed by districts officials, but no record could be seen in this regard. Supportive supervision in relation to RKS was informed by most of the facilities in Meghalaya; however, the visits are very much limited to checking the records, verifying it instead of supportive supervision in terms of processes and procedures followed by the RKS.

Background:

Introduction:

Rogi Kalyan Samiti (RKS)/ Hospital Management Society (HMS) under NRHM is a simple management structure that intends to bring about participation of community in overall management of the health facility for the welfare of the patient/people. This committee, which is a registered society, acts as a group of trustees for the hospitals to manage the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from Government sector who are responsible for proper functioning and management of the hospital / Community Health Centre / FRUs/PHCs. RKS / HMS is free to prescribe, generate and use the funds with it as per its best judgment for smooth functioning and maintaining the quality of services. The RKS/HMS is not supposed to function as a Government agency, but as an NGO as far as functioning is concerned. It has to utilize all Government assets and services to impose user charges and is free to determine the quantum of charges on the basis of local circumstances. It can raise funds additionally through donations, loans from financial institutions, grants from government as well as other donor agencies. Moreover, funds received by the RKS / HMS is not deposited in the State exchequer but is available to be spent by the Executive Committee constituted by the RKS/HMS.

Findings related to RKS from various studies/reports including Common Review Mission shows that though RKS have been constituted in all the States, however, it is not functioning effectively. As per the report of 4th Common Review Mission, RKS, where functional, have not yet become a means of community management of health facilities and are perceived as another fund generating apparatus except in Kerala. Therefore, an assessment of RKS will help in understanding its functionality in terms of its roles, areas of involvement or activities conducted so far or going on, its effectiveness, fund utility, challenges and constraints being faced, mechanism of addressing the issues etc. Keeping this in view, Regional Resource Centre for North Eastern States, Guwahati (Assam) conducted an assessment of RKS in the North Eastern States with Manipur, Meghalaya and Tripura being the first three states for the said study.

RKS in Manipur, Meghalaya and Tripura:

The state of Manipur has 105 health facilities and RKS have been constituted in all these facilities. In Meghalaya, there are 148 health facilities, where RKS have been constituted. As far as Tripura is concerned, RKS have been constituted in 105 health facilities.

Tables below provide information on district number of health facility with RKS.

Table 1: District wise details of RKS/Facilities in Manipur

District	RKS				Total
	DH	SDH	CHC	PHC	
Imphal East	1	0	2	11	14
Imphal West	0	0	2	8	10
Thoubal	1	0	5	12	17
Bishnupur	1	0	2	5	8
Churchandpur	1	0	1	11	12
Chandel	1	1	0	5	7
Tamenglong	1	0	1	6	8
Senapati	1	0	2	14	17
Ukhrul	1	0	1	8	10
Total	8	1	16	80	105

Table 1: District wise details of RKS/Facilities in Meghalaya

Sl.No	District	District Hospitals	CHC	PHC	Total
1	West Khasi Hills	1	5	19	25
2	Jaintia Hills	1	5	18	24
3	South Garo Hills	1	1	7	9
4	East Garo Hills	1	2	16	19
5	West Garo Hills	1	7	18	26
6	East Khasi Hills	1	6	23	30
7	Ri Bhoi	1	3	8	12
	Total	7	29	109	145 + 3 = ***148

*** Ganesh Das Hospital (Shillong, East Khasi Hills District), Tura MCH Hospital (West Garo Hills District) and U Tirot Sing Memorial Hospital (Mairang, West Khasi Hills District) are 100 bedded hospitals which are treated as equivalent to District Hospital, and received RKS fund (Rs.5.00 Lacs every year). Therefore, Total number of Health Facility with RKS in Meghalaya = **148**

Table 1: District wise details of RKS/Facilities in Tripura

District	RKS				Total
	DH	SDH	CHC	PHC	
West Tripura	0	3	6	24	33
South Tripura	1	3	3	25	32
North Tripura	1	2	1	19	23
Dholai	0	3	1	11	15
Total	2	11	11	79	103 * + 2

*+ 1 RKS in GBP Hospital, 1 RKS in IGM Hospital (Total 105)

Objectives:

- To understand the role and various activities of RKS
- To know the fund utilization and purpose of utilization
- To assess the monitoring (supportive supervision) mechanism
- To know the challenges being faced , and mechanism of addressing it

Methodology

Area/Local of the Study:

The districts, which are selected from each of the three states for the said study, are as follows.

Table: local/area of study

States	District selected for Study
Manipur	Chnadel Thoubal Imphal West
Meghalaya	Jaintia Hills South Garo West Khasi Hills
Tripura	South Tripura North Tripura

The above districts were selected based on their performance in program implementation as well as geographical representation.

Sampling:

For the said study, health facilities /RKS from the selected districts equaling to the 10% of the total number of RKS in the State were selected randomly. However, in case of Manipur three additional health facilities/RKS (one each in each of the three districts) were taken, therefore, the number health facilities selected for the study in the State is 14. In case of Meghalaya 15 health facilities/RKS and in Tripura 11 health facilities were considered for the study.

Name of the health facilities/RKS considered for the study in all the three States are as follows;

Table 2: Number and name of RKS/Facility selected/sampled for the study

State	District	Number of RKS	Name of RKS/Facility
Manipur (14 Health Facilities/RKS)	Imphal West	4	Wangoi CHC
			Sekmai CHC
			Khumbong PHC
			Mekola PHC
	Thoubal	7	District Hospital
			Yairipok CHC
			Lilong Haoreibi CHC
			Khumbong PHC
			Lilong PHC
			Charangpat PHC
	Chandel	3	Wangjing PHC
			District Hospital
			Machi PHC
Meghalaya (15 Health Facilities/RKS)	Jaintia Hills	6	Jowai Civil Hospital (DH)
			Khliehriat CHC
			Ummulong CHC
			Jarain PHC
			Nartiang PHC
			Shangpung PHC
	South Garo Hills	3	Baghmara CHC
			Rongara PHC
			Sibbari PHC
	West Khasi Hills	6	Nongstoin Civil Hospital (DH)
			Mairang Civil Hospital
			Kynshi PHC
			Markasa PHC
			Mawkyrwat CHC

State	District	Number of RKS	Name of RKS/Facility
Tripura (11 Health Facilities/RKS)	North Tripura	5	RGM District Hospital
			Kanchanpur SDH
			Dharmanagar SDH
			Kumarghat CHC
			Kadamtala PHC
	South Tripura	6	Tripura Sundari District Hospital
			Sabroom SDH
			Bilonia SDH
			ManuBazar Rural Hospital
			Kalacherra PHC

Tools of data collection:

Semi-structured interview schedule was used for data collection. It was field tested before data collection, and necessary modifications was made based on experience during the field test.

During the course of the study, two members of the RKS especially the Chairperson and the Member Secretary were interviewed, and also interacted with other members wherever present. Interaction was also done with BPM and BAFM of the block, officials of DPSMU and SPSMU. In addition, various records maintained by RKS such as meeting minutes register, expenditure register, stock register, account book (pass book), visitor's register etc. were referred.

**Findings of the Study, Result and discussion,
and recommendations
(Manipur State)**

Findings of the Study: Manipur State

Background:

Findings from the study revealed that Executive Committee exist in only 9 (64.29%) out of 14 facilities visited, while monitoring committee exist only in 2 facilities (DH-Chandel and DH-Thoubal). Table No. 3 provides district wise information on existence of Governing Body, Executive Committee and Monitoring Committee of RKS

Table 3: RKS with Governing Body, Executive Committee and Monitoring Committee

District	RKS Having different committees/body		
	Governing Body	Executive Committee	Monitoring Committee
Imphal West	4 (100%)	2 (50%)	0
Thoubal	7 (100%)	7 (100%)	1 (14.28%) (DH)
Chandel	3 (100%)	0	1 (33.33%) (DH)
Total	14 (100%)	9 (64.28%)	2 (14.28%)

As far as formation of RKS is concerned, it was found that the RKS visited were constituted in year 2006-2007. Table No 4 provides district as well as facility wise information on date of RKS constitution, Chairperson and Member Secretary of Governing Body and Executive Committee.

Table 4: Year / Date of RKS Formation

District	Name of RKS/Facility	Formation date	Governing Body		Executive Body	
			Chairperson	Member Secretary	Chairperson	Member Secretary
Imphal West	Wangoi CHC	10 th Oct. 2006	BDO	MOIC	MOIC	SMO
	Sekmai CHC	15 th Sept. 2006	SDO	MOIC	Nagar Pnchayat Members	MOIC
	Khumbong PHC	15 th Dec. 2006	Pradhan	MOIC	No Executive Committee exist	
	Mekola PHC	15 th Dec 2006	Jila Prishad	MOIC	No Executive Committee exist	
Thoubal	District Hospital	30 th Oct 2006	DC	MS	MS	SMO
	Yairipok CHC	13 th Oct. 2006	Nagar Panchayat member	Mo-IC	MOIC	SMO
	Lilong Haoreibi CHC	30 th Oct 2006	SDO	MOIC	MOIC	SMO
	Khongjom PHC	12 th Feb 2007	MOIC	Pradhan	Pradhan	MOIC
	Lilong PHC	12 th Feb 2007	Nagar Panchayat Member	MOIC	MOIC	MO
	Charangpat PHC	12 th Feb 2007	Pradhan	MOIC	MOIC	GNM
	Wangjing PHC	12 th Feb 2007	Pradhan	MOIC	MOIC	Pharmacist
Chandel	District Hospital	8 th June 2006	NGO member	MS	NGO member	MO
	Machi PHC	25 th Sept 2006	Village Chief	MOIC	Does not exist	
	Chakpi Karong PHC	14 th Sept 2006	Village Chief	MOIC	Does not exist	

Distance from the State and District HQ:

On seeing the distance of the health facilities/RKS from the district HQ, it was found that most of the health facilities (11 out of 14) is within 15 km distance from the District HQ. In case of distance from the State HQ, most of the health facilities (10 out of 14) is within 30 km. District wise information on distance of health facilities from District and State HQ is as given below:

Table 5: Distance from District and State HQ

District	Distance from District HQ				Distance from State H Q				
	Within 5 km	5 to less than 10	10 to less than 15	15 and 15+	5 to less than 15 Km	15 to less than 30 km	30 to less than 45	45 to less than 60 km	Above 60 km
Imphal West	0	1 (25%)	1 (25%)	2 (50%)	2 (50%)	2 (50%)	0	0	0
Thoubal	2 (28.57%)	3 (42.86%)	2 (28.57%)	0	1 (14.28%)	5 (71.44%)	1 (14.28%)	0	0
Chandel	1 (33.33%)	1 (33.33%)	0	1 (33.33%)	0	0	0	0	3 (100%)
Total	3 (21.43%)	5 (35.71%)	3 (21.43%)	3 (21.43%)	3 (21.43%)	7 (50%)	1 (7.14%)	0%	3 (21.43%)

Fund received and available balance:

Regarding the fund received in last 5 years (2006-2007 to 2010-2011), it was found that all the RKS have received 100% of the fund. As far as utilization of fund received in last five years is concerned, 11 out of 14 RKS have utilized more than 90% of the fund. Table No. 6 provides information on fund utilization of RKS.

Table No. 6: Distribution/No. of facilities according to fund utilization at the end of 5th year (2010-2011)

District	More than 90%	80 % to less than 90%	70 % to less than 80%
Imphal West	3 (75%)	0	1 (25%)
Thoubal	6 (85.71%)	1 (14.29%)	0
Chandel	2 (66.67%)	1 (33.33%)	0
Total	11 (78.57%)	2(14.29%)	1 (7.14%)

District and facility wise information on fund received by RKS in last five years (2006-2007 to 2010-2011), utilization status and available balance after five years is provided in Table No. 7.

Table 7: Facility wise details of fund received in last 5 years (2006-2011) and utilization status at the end of 5th year (2010-2011)

District	Health Facility	Percentage of Fund received under NRHM					Total fund Received in 5 years (2006-2007 to 2010-2011) (Rs. In lac)	Balance Available (Rs.)	% of balance available (after 5 year)
		2006-2007	2007-2008	2008-2009	2009-2010	2010-2011			
Imphal West	Wangoi CHC	100%	100%	100%	100%	100%	12.5 L	24835/-	2%
	Sekmai CHC	100%	100%	100%	100%	100%	12.5 L	50,000/-	4%
	Khumbong PHC	100%	100%	100%	100%	100%	8.75 L	50,000/-	5.71%
	Mekola PHC	100%	100%	100%	100%	100%	8.75 L	207441/-	23.70%
Thoubal	District Hospital	100%	100%	100%	100%	100%	25 L	327630/-	13.10%
	Yairipok CHC	100%	100%	100%	100%	100%	12.5 L	88985/-	7.11%
	Lilong Haoreibi CHC	100%	100%	100%	100%	100%	12.5 L	98444/-	7.87%
	Khongjom PHC	100%	100%	100%	100%	100%	8.75 L	8675/-	1%
	Lilong PHC	100%	100%	100%	100%	100%	8.75 L	41616/-	4.75%
	Charangpat PHC	100%	100%	100%	100%	100%	8.75 L	46203/-	5.30%
	Wangjing PHC	100%	100%	100%	100%	100%	8.75 L	555/-	0.06%
Chandel	District Hospital	100%	100%	100%	100%	100%	25 L	6245/-	0.02%
	Machi PHC	100%	100%	100%	100%	100%	8.75 L	90945/-	10.40%
	Chakpi Karong PHC	100%	100%	100%	100%	100%	8.75 L	3664/-	0.04%

Annual fund to Rogi Kalyan Samiti/Hospital management Society under NRHM;

PHC= Rs.175000/- (Untied Fund- Rs.25000 + Maintenance Grant - Rs.50000 + Corpus Fund- Rs.100,000/-)

CHC=Rs.250000/- (UF- Rs.50000 + Maintenance Grant -Rs.100,000/-+ Corpus Fund-Rs.100,000) , DH=Rs.500000/-

Sources of fund other than NRHM includes; fund generated through user's fee especially OPD ticket and lab testing. Tables below provides information on district wise as well as facility wise amount of money generated through user's fee.

Table: District wise fund generated through user's fee

Collection from User's Fee (2010-2011)						
District	Less than Rs. 10000	Rs.10000 to less than 20000	Rs.20000 to less than 30000	Rs.30000 to less than 40000	Rs.40000 to less than 50000	More than Rs.50000
Imphal West	0	1	2	2	0	0
Thoubal	0	0	3	1	2	1
Chandel	1	0	1	0	1	0
Total	1	1	6	3	3	1

Table: Facility wise information on fund generated through user's fee

District	Facility Name	Collection from user's fee (2010-2011) in Rs.
Imphal West	Wangoi CHC	20956
	Sekmai CHC	11743
	Khumbong PHC	27000
	Mekola PHC	32400
Thoubal	District Hospital	77400
	Yairipok CHC	41040
	Lilong Haoreibi CHC	37785
	Khongjom PHC	27000
	Lilong PHC	43200
	Charangpat PHC	23760
	Wangjing PHC	28080
Chandel	District Hospital	48600
	Machi PHC	2700
	Chakpi Karong PHC	28800

Major activities of RKS

Some of the major area of work where fund have been utilized by the RKS/HMS includes; purchasing furniture (such as almirah, table and chair) for the health facility, construction of parking area, waiting place/room, construction of safety pit for bio-waste disposal, buying generator, water hand pump installation, medicine, buying medical equipment and basic requirement like cotton, bandage, spirit etc.

The major activities also include organizing outreach camp, healthy baby show, painting/renovation of health facility, kaccha fencing etc. Table (Table No. 8) below provides district and facility wise information of various activities conducted by RKS in 2010-2011 where fund have been utilized;

Table 8: Major activities of RKS

District	Purchase furniture and other	Pit Construction for BMW	Other/Minor Construction	Firs aids materials	Health camp	Review of OPD, IPD and other activities
Imphal West	4 (100%)	4 (100%)	4 (100%)	4 (100%)	4 (100%)	1 (100%)
Thoubal	7(100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)	1 (14.28%)
Chandel	3(100%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	1 (25%)
Total	14 (100%)	14 (100%)	14 (100%)	14(100%)	14(100%)	3 (21.43%)

Meeting and related information:

Regarding the frequency of quarterly meeting of Governing Body and Executive Committee of RKS, it was found that wherever Executive Committee exists, the monthly meeting is very irregular. Quarterly meeting of Governing Body is found to be regular in all the health facilities.

There is no as such fixed day for monthly meeting in all the RKS except Chandel District where 27th of every month is fixed for holding the meeting of RKS. However, this is also not maintained in Chandel district, and the meeting is called as per the need. There were cases of emergency meeting, which was organized as per need, which was observed in Kkhumbong PHC.

There is no concrete system of reviewing the OPD and IPD cases, discuss on its improvement on a monthly basis except for Chandel District Hospital and Khumbong PHC. Referring to the records of proceedings, it was found that almost all the meetings were related to activities relating to utilization of fund. However, meeting on improvement of service quality which could be non-budget linked such as improving IPD /OPD cases, review of outreach work and its impact, absence of health personal etc. was almost nil.

Table No. 9 & 10 provides information on number of meeting conducted Governing Body as well as Executive Committee of RKS since its formation and in last one year (2010-2011).

Table 9: District wise information on Governing Body meeting of RKS

District	Governing Body meeting								
	Since formation					In last six months			Remarks
	Less than 5	5 to less than 10	10 to less than 15	15 to less than 20	20 and more	1	2	More than 2	
Imphal West	0	1 (25%)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	0	3 (75%)	Cases for calling emergency meeting as per requirement is common.
Thoubal	0	0	0	0	7 (100%)	0	0	7 (100%)	
Chandel	0	1 (33.33%)	1 (33.33%)	1 (33.33%)	0	0	2 (66.66%)	1 (33.34%)	
Total	0	2 (14.29%)	2 (14.29%)	2 (14.29%)	8 (57.13%)	1 (7.14%)	2 (12.28%)	11 (78.58%)	

Table 10: District wise information on Executive Committee meeting of RKS

District	Executive Committee meeting														
	Since formation						In last six months								Remarks
	Less than 10	10 to 20	20 to 30	30 to 40	More than 40	Never (0)	1	2	3	4	5	6	Never (0)		
Imphal West	2 (50%)	0	0	0	0	2 (50%)	2 (50%)	0	0	0	0	0	2 (50%)	There is no Ex. Committee in some of the health facility (so no meeting)	
Thoubal	0	0	7 (100%)	0	0	0	0	0	5 (71.43%)	2 (28.57%)	0	0			
Chandel	1 (33.33%)	0	0	0	0	2 (66.64%)	1 (33.33%)	0	0	0	0	0	2 (66.64%)		
Total	3 (21.43%)	0	7 (50%)	0	0	4 (28.57%)	3 (21.43%)	0	0	5 (35.72%)	2 (14.28%)	0	4 (28.57%)		

Training/orientation of RKS members:

The need for training and orientation of RKS members were informed by all the respondents. While trying to know the number /days of training held for RKS, it was found that orientation of RKS members was held at State in 2007-2008 for one day, and another one day orientation in 2010-2011 at district. However, this was done together with the orientation of VHSC/PRI members, and not separately for RKS.

Record keeping:

Record keeping in relation to proceedings of the meeting, stock register was found to be maintained in all the facilities. Table below may be referred to understand the district wise information on records maintained by RKS.

Table 11: District wise information on record keeping of RKS

District	Meeting register	Stock register	Expenditure record	Activity Register	Visitor's register
Imphal West	4 (100%)	4 (100%)	4 (100%)	4 (100%)	1 (25%)
Thoubal	7 (100%)	7 (100%)	7 (100%)	7 (100%)	2 (28.57%)
Chandel	3 (100%)	3(100%)	3 (100%)	3 (100%)	1 (33.33%)
Total	14 (100%)	14 (100%)	14 (100%)	14 (100%)	4 (28.57%)

Supportive supervision from State/District/Block or any other: (frequency/observation)

Existence of a systems/mechanism of supportive supervision of RKS and its activities is almost nil at all level except at PHC/CHC where BPMU also exist. Though it was found that the Chandel District Hospital have been visited by the State officials in year 2007 (Governor with Deputy Commissioner - Chandel on 23rd May 2007 and Secretary- health and Family Welfare on 7th July 2007), which was recorded in the visitor's register. However, in no other health facilities such visits were not informed.

In those health facilities, where BPMU exist, effective support from the BPMU staff was reported. However, those facilities where no BPMU staffs exist (such as Charangpat PHC), informed about the need of support especially from block.

Monitoring committee exist in Thoubal and Chandel District Hospital. Therefore, in both the hospital, mechanism of supervision by the monitoring committee exists. Data analysis revealed that in Thoubal district, there were only two reports of monitoring committee since formation, and both reports are of 2010-2011. In Chandel, since formation, all total 11 supervision & monitoring report was submitted to district of which 3 reports meant of the year 2010-2011.

There is no system of review, monitoring and evaluation of performance of Rogi Kalyan Samities by the District Health Society at the District/Sub District levels.

Issues and Challenges:

As informed by the members of RKS interacted, the major challenges faced by them includes; members not attending the meeting regularly, difficult to get donation from civil society organization, unable to utilize RKS fund, lack of human resources, lack of management skills/technical guidance etc. Table No. 12 provides district wise information on issues and challenges faced by the RKS.

Table 12: Issue and challenges face by RKS

District	Member not attending meeting	Unable to generate from other source	Unable to utilize fund	Issue related to Book keeping	Lack of management skill
Imphal West	3 (75%)	4 (100%)	1 (25%)	1 (25%)	1 (25%)
Thoubal	5 (71.43%)	7 (100%)	0	4 (57.14%)	4 (57.14%)
Chandel	1 (33.33%)	3 (100%)	0	0	0
Total	9 (64.28%)	14 (100%)	1 (7.14 %)	5 (35.71%)	6 (42.86%)

Result and Discussion: Manipur State

Background:

Findings from the study reveal that all the RKS were formed during last quarter of year 2006-2007. Governing Body of all RKS has MOIC (or concern medical officer) is the Member Secretary. In Sekmai CHC, Wangoi CHC and Yairipok CHC the Chairperson is BDO. In Lilong Haoreibi CHC, the Chairperson of RKS is SDO. In Imphal West, Chandel and Thoubal District Hospitals the Chairperson is Deputy Commissioner, and in rest of the hospitals, other Chairperson of the RKS is local leader (village chief/pradhan).

As no Executive Committee has been formed in many of, the RKS (please refer table no. 3) so no monitoring report is prepared except for district hospitals, which is a matter of concern. The existing system of monitoring of RKS through RKS monitoring committee in Chandel district is appreciable and other RKS may learn from it.

Distance from the State and District HQ:

The distance of the health facilities/RKS from the district HQ in general is between 5 to 15 km, and from State HQ is 15-30 km except in Chandel which is between 60-85 km. Therefore, it is not that difficult for the district officials to visit the health facilities, as it is reachable by vehicle within ½ hr to 1 hr. Same applies for state officials also except Chandel district which can be reached from State HQ within 2 to 2 ½ hr. This shows that conducting regular visit by the State or district officials is not difficult. However, there have been no supportive supervision visit to the health facilities made by the State/District officials in relation to RKS.

Fund received and utility:

It was found that all the facilities have received 100% fund every year. Overall utilization of RKS fund (in cumulative from 2006-2007 to 2010-2011) is good.

It was also observed during the study that payment were mostly made through cash after withdrawing through cheque/cash mostly in the name of MOIC or/and Block Finance Manager, or a member of RKS in most of the health facilities. No records of payment to the vendors were found to be made in cheque while referring to the Bank Pass book and payment records except for District Hospital Chandel and District Hospital.

Major activities of RKS

Some of the major area of work where fund have been utilized by the RKS/HMS includes; purchasing furniture (such as almirah, table and chair) for the health facility, construction of parking area, waiting place/room, construction of safety pit for bio-waste disposal, buying generator, water hand pump construction, medicine, buying medical equipment and basic requirement like cotton, bandage, spirit etc., organizing outreach camp, healthy baby show, painting/renovation of health facility, kaccha fencing etc. However, review of OPD and IPD, and improving upon it or necessary action was missing in most of the health facilities except for Chandel District Hospital and Khumbong PHC.

Activities of the RKS are very much limited to focusing on only activities where the fund could be utilized rather focusing on overall issues for the welfare of the patient. This is clearly seen in most of the records of proceeding as well as unhygienic environment of the health facilities. In all the health facilities system of bio-medical waste management was found to be worse, followed by unhygienic toilet for patient.

Meeting and related information:

As far as meeting of RKS is concerned, the finding from the study reveals all the facilities have done regular meeting of Governing Body, though no regular meeting of Executive Committee is held. While trying to understand the excess number of meeting of Governing Body of RKS in Khumbong PHC (which is expected to be on quarterly basis), it was found that many times, emergency meeting was called as per need felt by Chairman/Member Secretary of RKS.

Record keeping:

Record keeping in relation to proceedings of the meeting, stock register was found to be maintained in all health facilities. However, compare to other health facilities, RKS of Lilong Haoreibi and Charangpat needs improvement. It was also found that wherever minutes of the proceeding was maintained, there were no serial number mentioned except for Thoubal District Hospital and Wangjing PHC. While in Khongjom PHC, it was informed that the records are maintained properly, however, the study team could not see it as it was kept at home by the Block Accounts Manager of BPMU instead of keeping it in the facility.

The existing systems of record keeping especially in Chandel District Hospital and Khumbong PHC is worth sharing with other, as it could be a learning for others.

Training/orientation of RKS members:

The need for training and orientation of RKS members were informed. While trying to know the number /days of training held for RKS, it was found that till now there have been no training so far for any of the RKS though RKS orientation was held at State in 2007-2008, and one day orientation in 2010-2011 at district. However, this was done together with the orientation of VHSC/PRI members, and not separately for RKS.

The need for training on book keeping/accounting was shared by the RKS members especially by those RKS where no BPMU is attached. At present, at least those RKS where there BPMU exist, they are being supported by the Accounts/Finance officer of the BPMU/DPMU.

Supportive supervision from State/District/Block or any other: (frequency/observation)

Mechanism of supportive supervision of RKS and its activities is almost nil at all level except at PHC/CHC where BPMU exist. In those health facilities, where BPMU exist, effective support from the BPMU staff was reported. However, those facilities where no BPMU staffs exist (such as Charangpat PHC), informed about the need of support especially from block.

Issues/Challenges and Major areas of concern that needs immediate attention by RKS:

As informed by the members of RKS interacted, the major challenges faced by them includes; members not attending the meeting regularly, difficult to get donation from civil society organization, unable to utilize RKS fund, lack of human resources, lack of management skills/technical guidance etc. Table below provides district and facility wise information on issues and challenges faced by the RKS.

Some of the major areas that need immediate attention by the RKS in all the health facilities include;

- Poor biomedical waste management in all the health facilities visited.
- Cleanliness of hospital (especially toilet) in most of the health facilities
- Need for painting RKS on items purchased needs to be done as it was found missing in most of the health facilities.
- Regular monthly meeting needs to be organized except Khumbong PHC, where it is happening regularly
- Annual work plan and report for program/activities was found missing in all health facilities though there were financial report available.
- OPD and IPD review was not happening on regular basis in most health facilities as a regular activity of RKS except for Khumbong PHC and Chandel District Hospital.
- Record and Book keeping especially in Charangpat PHC needs to be addressed.
- Record of proceedings need to be numbered (serial/year-wise) except for Thoubal District Hospital and Wangjing PHC
- Non availability of Electricity and lack of regular water supply in Lilong Haoriebi CHC.

Many of the above major areas of concern may be taken care by the RKS utilizing its fund, and for some of the area, State has to intervene.

Recommendations: Manipur State

Background:

In Imphal West and Chandel District, RKS of those facilities (Refer table 3) which has not constituted Executive Committee, need to form it immediately.

Monitoring committee of RKS exists only in District Hospitals. Therefore, RKS of PHCs and CHCs also need to constitute Monitoring Committee of RKS by referring the Government of India guidelines or there is need for developing mechanism of monitoring of health facility by the concerned RKS for the welfare of the people/patient.

Fund received and utility:

Mekola PHC which has shared issue related to un-ability to utilize fund in 2010-2011, needs to be addressed. This may be solved through regular monitoring by monitoring committee.

Withdrawal of huge amount of money in the name of RKS member (MOIC) or in the name of Block Finance Manager and utilizing fund (cash payment to vendors) is a serious concern. System of payment through cheque should be promoted as much as/wherever possible. State needs to intervene on this issue by earliest.

Major activities of RKS

Activities of the RKS are very much limited to focusing on only activities where the fund could be utilized rather focusing on overall issues for the patient welfare. In all the health facilities system of bio-medical waste management was found to be poor, followed by unhygienic toilet.

Meeting and related information:

Governing Body meeting are held regularly, though wherever Executive Committee is there, their meeting are very irregular. This needs to be addressed.

The agenda of the meeting must include addressing various major concerns of the facility which may or may not involve fund (such as review of OPD & IPD, review of outreached camp, cleanliness of the hospital, improper maintenance of bio-medical waste etc.). This will also definitely have impact on fund utility as well as making the health facility patient's friendly.

Record keeping:

System of record keeping was found to be proper in most RKS. The existing systems of record keeping especially in Chandel District Hospital and Khumbong PHC worth sharing with other, as it could be a learning for others. This may be taken as a learning example for other facilities.

Training/orientation of RKS members:

RKS members of the health facilities need to be oriented on mandate of having RKS so that RKS is not just seen as another fund generating system, instead of a society for the patient welfare.

RKS training should not be mixed or diluted with training of others like VHSC/PRI. Issues of book keeping need to be part of future RKS training. There may be regular supportive supervision from the State, where RKS member may be oriented on different issues.

Supportive supervision from State/District/Block or any other: (frequency/observation)

State needs to develop a mechanism for regular supportive supervision of RKS. This may be done at least on quarterly basis. As mentioned earlier this may be taken as an opportunity for orientation of RKS member as well as sorting out various issues wherever possible. A State level team/committee may be set up which may comprise person with technical knowledge on finance/accounting, public health, health quality assurance, program management, community participation etc. Similar system may also be there at District level.

**Findings of the Study, Result and discussion,
and recommendations
(Meghalaya State)**

Findings of the Study: Meghalaya State

Background:

Findings from the study reveals that all the facilities visited have constituted “Governing Body” for RKS, however, “Executive Committee” exist in only 5 (33.33%) out of 15 facilities visited, and “Monitoring Committee” exist only in 2 facilities (13.33%). Table No. 3 provides district wise information on existence of Governing Body, Executive Committee and monitoring committee of RKS.

Table 3: RKS with Governing Body, Executive Committee and Monitoring Committee

District	RKS Having different committees/body		
	Governing Body	Executive Committee	Monitoring Committee
Jaintia Hills	6 (100%)	2 (33.33%)	0
South Garo Hills	3 (100%)	1 (33.33%)	1 (33.33%) (Baghmara CHC)
West Khasi Hills	6 (100%)	2 (33.33%)	1 (16.66%) (DH)
Total	15 (100%)	5 (33.33%)	2 (13.33%)

As far as formation of RKS is concerned, it was found that all the RKS visited were constituted in year 2006-2007. Table No. 4 provides district /facility wise information on year of RKS constitution, Chairperson and Member Secretary of Governing Body and Executive Committee.

Table 4: Year / Date of RKS Formation

District	Name of RKS/Facility	Formation date	Governing Body		Executive Body	
			Chairperson	Member Secretary	Chairperson	Member Secretary
Jaintia Hills	Jowai Civil Hospital (DH)	25th Sept. 2006	DC	MS	Does not exist	
	Khliehriat CHC	Feb. 2007	SDO (Civil)	MOIC	Does not exist	
	Ummulong CHC	7 th Feb 2007	BDO	MOIC	Does not exist	
	Jarain PHC	Feb 2007	BDO	MOIC	Headman	MOIC
	Nartiang PHC	19 th Feb 2007	BDO	MOIC	BDO	MOIC
	Shangpung PHC	27 th Feb 2007	BDO	MOIC		
South Garo Hills	Baghmara CHC	18th January 2007	BDO	MOIC	MO	MOIC
	Rongara PHC	2007	BDO	MOIC	Does not exist	
	Sibbari PHC	1 st March 2007	BDO	MOIC	Does not exist	
West Khasi Hills	Nongstoin Civil Hospital (DH)	14 th March 2007	DC	MS	DMNHO	MS
	Mairang Civil Hospital	10 th April 2006	SDO	MS	SDO	MS
	Kynshi PHC	8 th March 2007	BDO	MOIC (AYUSH)	Does not exist	
	Markasa PHC	15 th Feb 2007	BDO	MOIC	Does not exist	
	Mawkyrwat CHC	8 th Feb 2007	SDO	SDMNHO	Does not exist	
	Rangthong PHC	13 th October 2008	BDO	MOIC	Does not exist	

Distance from the State and District HQ:

On seeing the distance of the health facilities/RKS from the district HQ, it was found that most of the health facilities were more than 20 km away from the district HQ. In case of distance from the State HQ, most of the health facilities are more than 60 km away. All the 3 facilities visited in South Garo Hills and more than 400 km away from the State HQ. District wise information on distance of health facilities from District and State HQ is as given below:

Table 5: Distance from District and State HQ

District	Name of RKS/Facility	Distance from District HQ (km)	Distance from State HQ (km)
Jaintia Hills	Jowai Civil Hospital (DH)	Less than 1 km	50+ km
	Khliehriat CHC	52	100
	Ummulong CHC	10	60
	Jarain PHC	27	100
	Nartiang PHC	25	74
	Shangpung PHC	22	82
South Garo Hills	Baghmara CHC	Less than 1 km	430 km
	Rongara PHC	35	400+
	Sibbari PHC	20	400+
West Khasi Hills	Nongstoin Civil Hospital (DH)	7	101
	Mairang Civil Hospital	52	45
	Kynshi PHC	40	60
	Markasa PHC	25	80
	Mawkyrwat CHC	45	72
	Rangthong PHC	52	80

Fund received and available balance:

Regarding the fund received in last 5 years (2006-2007 to 2010-2011), it was found that none of the RKS have received any fund in year 2006-2007 in Jaintia Hills and West Khasi Hills, while in South Garo Hills, no RKS received any fund in year 2006-2007 & 2007-2008. As far as utilization of fund received in last five years is concerned, 11 out of 15 RKS have utilized more than 90% of the fund, while rest 4 facilities have utilized 70% to 80% of RKS fund. Table No. 6 provides information on fund utilization of RKS.

Table No. 6: Distribution/No. of facilities according to fund utilization at the end of 5th year (2010-2011)

District	More than 90%	80 % to less than 90%	70 % to less than 80%
Jaintia Hills	6 (100%)	0	0
South Garo Hills	2 (66.67%)	0	1 (33.33%)
West Khasi Hills	3 (50%)	0	3 (50%)
Total	11(73.33%)	0	4 (26.64%)

District and facility wise information on fund received by RKS in last five years (2006-2007 to 2010-2011), utilization status and available balance after five years is provided in Table No. 7

Table 7: Facility wise details of fund received in last 5 years (2006-2011) and utilization status at the end of 5th year (2010-2011)

District	Health Facility	Percentage of Fund received under NRHM					Total fund Received in 5 years (2006-2007 to 2010-2011) (Rs. In lac)	Balance Available (Rs.)	% of balance available (after 5 year)
		2006-2007	2007-2008	2008-2009	2009-2010	2010-2011			
Jaintia Hills	Jowai Civil Hospital (DH)	0	100% (5 L)	100% (5 L)	100% (5 L)	100% (5 L)	20.00 L	369	0.02%
	Khliehriat CHC	No Knowledge	100% (2.5 L)	100% (2.5 L)	100% (2.5 L)	3.36	10.86 L	0	0%
	Ummulong CHC	0	100% (2.5 L)	100% (2.5 L)	100% (2.5 L)	3.36	10.86 L	46375	4.27%
	Jarain PHC	0	100% (1.75 L)	100% (1.75L)	100% (1.75 L)	2.61	7.86 L	35342	4.50%
	Nartiang PHC	0	100% (1.75 L)	100% (1.75 L)	100% (1.75 L)	2.61	7.86 L	8418	1.07%
	Shangpung PHC	0	100% (1.75 L)	100% (1.75 L)	100% (1.75 L)	2.61	7.86 L	0	0%
South Garo Hills	Baghmara CHC	0	0	100% (2.5 L)	100% (2.5 L)	100% (2.5 L)	7.5 L	61279	8.17%
	Rongara PHC	0	0	100% (1.75 L)	100% (1.75 L)	100% (1.75 L)	7.5 L	163523	21.80%
	Sibbari PHC	0	0	100% (1.75 L)	100% (1.75 L)	100% (1.75 L)	7.5 L	63768	8.50%
West Khasi Hills	Nongstoin Civil Hospital	0	100% (2.5 L)	100% (2.5 L)	100% (2.5 L)	100% (5L)	12.5 L	50537	4.04%
	Mairang Civil Hospital	0	100% (2.5 L)	100% (2.5 L)	100% (2.5 L)	100% (5 L)	12.5 L	0	0%
	Mawkyrwat CHC	0			100% (2.5 L)	100% (2.5 L)	5.00 L	132354	26.47 %
	Kynshi PHC	0	100% (1.75 L)	100% (1.75 L)	100% (1.75 L)	100% (1.75 L)	7.00 L	145005	20.71%
	Markasa PHC	0	100% (1.75 L)	100% (1.75 L)	100% (1.75 L)	100% (1.75 L)	7.00 L	174773	24.96%
	Rangthong PHC	0			100% (1.75 L)	100% (1.75 L)	3.5 L	20893	5.96%

Annual fund to Rogi Kalyan Samiti/Hospital management Society under NRHM;

PHC= Rs.175000/- (Untied Fund- Rs.25000 + Maintenance Grant - Rs.50000 + Corpus Fund- Rs.100,000/-)

CHC=Rs.250000/- (UF- Rs.50000 + Maintenance Grant -Rs.100,000/-+ Corpus Fund-Rs.100,000), DH=Rs.500000/-

The above table shows that fund flows to facilities were nil in the first one year of the NRHM implementation. More so it is also found that the fund utilization at various levels of facilities is not up to the expectation, except few facilities e.g. Khliehreat CHC, Shangpung PHC and Mairang Civil Hospital, where the utilization were found maximum. The study too revealed that funds received from the state to facilities are not in time. Secondly holding meeting with RKS Chairman (Deputy Commissioner for DH and Block Development Officer for CHC) is found difficult, which brings down the fund utilization as per the plan.

Sources of fund other than NRHM includes; fund generated through user's fee especially OPD ticket and lab testing. Tables below provides information on district wise as well as facility wise amount of money generated through user's fee. No separate record regarding sources of fund generation was maintained so separate sources of fund generation is not shown.

Table 8: District wise fund generated through user's fee

Collection from User's Fee (2010-2011)							
District	Less than Rs. 10000	Rs.10000 to less than 20000	Rs.20000 to less than 30000	Rs.30000 to less than 40000	Rs.40000 to less than 50000	More than Rs.50000	User's Fee not deposited to RKS (to treasurer)
Jaintia	1 (16.67%)	0	4 (66.66%)	0	0	1 (16.67%)	0
South Garo	0	0	0	0	0	1 (33.33%)	2 (66.67%)
West Khasi	0	2 (3.33%)	1 (16.67%)	0	1 (16.67%)	2 (33.33%)	0
Total	1(6.67%)	2 (13.33%)	5 (33.3%)	0	1 (6.67%)	4 (26.67%)	2 (13.33%)

Table 9: Facility wise information on fund generated through user's fee

District	Facility Name	Collection from user's fee (2010-2011) in Rs.
Jaintia Hills	Jowai Civil Hospital (DH)	5,40,000/-
	Khliehriat CHC	24000/-
	Ummulong CHC	7980/-
	Jarain PHC	23000/-
	Nartiang PHC	27973/-
	Shangpung PHC	28825/-
Souh Garo Hills	Baghmara CHC	60000/-
	Rongara PHC	8000/-
	Sibbari PHC	20.000/

District	Facility Name	Collection from user's fee (2010-2011) in Rs.
West Khasi	Nongstoin Civil Hospital (DH)	110,000/-
	Mairang Civil Hospital	53225/-
	Mawkyrwat CHC	47645/-
	Kynshi PHC	26302/-
	Markasa PHC	10434/-
	Rangthong PHC	13361/-

Nartiang PHC of Jaintia Hills is the only PHC , where it was observed that RKS of the PHC has generated fund/resources other than NRHM fund and user's fee. The items/resources which were procured/managed by RKS through donation from the public of the nearby places include;

Table 10: Resources generated by RKS of Nartiang PHC		
Sl No.	Resource/Material	Estimated Cost (Rs.)
1	Suction Machine	8000
2	Kent Max Water Purifier	9000
3	Portable Inverter	3000
4	Cooker	1500
5	Oxygen Cylinder (2)	9000x2=18000
6	Heat Bowler	2000
7	LCD TV	11000
8	Inverter (back- up power supply- 1400 Kb power)	32000
	Total	84500/-

Major activities of RKS

Some of the major area of work where fund have been utilized by the RKS/HMS includes; purchasing furniture (almirah, table and chair) for the health facility, waiting place/room, construction of safety pit for bio-waste disposal, buying generator, water hand pump installation, medicine, buying medical equipment and basic requirement like cotton, bandage, spirit etc.

Major activities also include painting/renovation of health facility, kaccha fencing etc. Table (Table No. 11) below provides district and facility wise information major activities conducted by RKS in 2010-2011 where fund have been utilized;

Table 11: Major activities of RKS

District	Purchase furniture	Water Storage (Syntax/tub)	Construction Work	First aids materials	Health camp	Review of OPD, IPD and other activities
Jaintia Hills	6 (100%)	6 (100%)	6 (100%)	6 (100%)	4 (66.66%)	2 (33.33%)
West Khasi	6 (100%)	3 (50%)	6 (100%)	6 (100%)	3 (50 %)	2 (33.33%)
South Garo	3 (100%)	1 (33.33%)	3 (100%)	3 (100%)	1 (33.33%)	1 (33.33%)
Total	15 (100%)	10 66.66%)	15 (100%)	15 (100%)	8 (53.33%)	5 (33.33%)

Meeting and related information:

Regarding the frequency of holding meeting of Governing Body and Executive Committee of RKS, it was found that wherever Executive Committee exists, the monthly meeting is very irregular. Quarterly meeting of Governing Body is found to be regular in all the health facilities.

There is no as such fixed day for monthly meeting in all the RKS. Referring to the records of proceeding, it was found that all the meetings were related to activities relating to utilization of fund. However, meeting on improvement of service quality, which could be non-budget linked such as improving IPD/OPD cases, review of outreach work and its impact were not part of the meeting agenda except for 5 health facilities out of 15 health facilities visited.

Table No. 12 & 13 provides information on number of meeting conducted Governing Body as well as Executive Committee of RKS since its formation and in last one year (2010-2011).

Table 12: District wise information on Governing Body meeting of RKS

District	Governing Body meeting							
	Since formation				In last six months			
	Less than 5	5 to less than 10	10 to less than 15	15 to less than 20	1	2	No meeting	Remarks
Jaintia Hills	2 (33.33%)	1 (16.67%)		3 (50%)	3 (50%)	3 (50%)		Cases for calling emergency meeting as per requirement is common.
West Khasi	3 (50%)	2 (33.33%)	1 (16.67%)		1 (16.67%)	5 (83.33%)		
South Garo	1 (33.33%)	2 (66.67%)			2 (66.67%)		1 (33.33%)	
Total	6 (40%)	5 (33.33%)	1 (6.67%)	4 (26.67%)	6 (40%)	8 (53.33%)	1 (6.67%)	

Table 13: District wise information on Executive Committee meeting of RKS

District	Executive Committee meeting									
	Since formation				In last six months					
	5 to less than 10	10 to less than 15	15 to less than 20	Never (0)	1	2	3	4	Never (0)	Remarks
Jaintia Hills	1 (16.67%)		1 (16.67%)	4 (66.66%)			1 (16.66%)	1 (16.66%)	4 (66.66%)	There is no Ex. Committee in some of the health facility (so no meeting)
West Khasi	1 (16.67%)	1 (16.67%)		4 (66.66%)	1 (16.67%)	1 (16.67%)			4 (66.66%)	
South Garo	1 (33.33%)			2 (66.67%)	1 (33.33%)				2 (66.67%)	
Total	3 (20%)	1 (6.67%)	1 (6.67%)	10 (66.66%)	2 (33.33%)	1 (6.67%)	1 (6.67%)	1 (6.67%)	10 (66.66%)	

Training/orientation of RKS members:

The need for training/orientation of RKS members were informed by all the respondents. While trying to know the number /days of training held for RKS, it was found that there has been no formal training for RKS so far. However, State is planning for RKS training in 2011-2012. The training at State level for District Trainers has been held in 2010-2011. It was conducted by Public Health Foundation of India.

Record keeping:

Record keeping in relation to proceedings of the meeting, stock register was found to be maintained in all the facilities. Table below may be referred to understand the district wise information on records maintained by RKS.

Table 14: District wise information on record keeping of RKS

District	Meeting register	Stock register	Expenditure record	Activity Register (Details)	Visitor's register
Jaintia Hills	6 (100%)	6 (100%)	6 (100%)	6 (100%)	3 (50%)
West Khasi	6 (100%)	6 (100%)	6 (100%)	6 (100%)	2 (33.33%)
South Garo	3 (100%)	3 (100%)	3 (100%)	3 (100%)	0 (0%)
Total	15 (100%)	15 (100%)	15 (100%)	15 (100%)	5 (33.33%)

Supportive supervision from State/District/Block or any other: (frequency/observation)

Supportive supervision in relation to RKS was informed by most of the facilities. 9 facilities (60%) out of 15 health facilities visited informed about such visit from State Officials (SPMU/SHS), 12 (80%) out of 15 facilities have informed about supportive supervision from District Officials (DPMU/DHS), and another 10 (66.67%) out of 15 facilities informed about such as visit from the Block level officials (BPMU). District wise information on supportive supervision visits informed by health facilities are given in table below.

Table 15: Supportive Supervision			
District	State	District	Block
Jaintia Hills	3 (50%)	5 (83.33%)	3 (50%)
West Khasi	3 (50%)	4 (66.67%)	4 (66.67%)
South Garo	3 (100%)	3 (100%)	3 (100%)
Total	9 (60%)	12 (80%)	10 (66.67%)

Issues and Challenges:

As informed by the members of RKS interacted, the major challenges faced by them includes; difficult in organizing meeting, members not attending the meeting regularly, difficult to get donation from civil society organization, limited fund etc. Table No.16 provides district wise information on issues and challenges faced by the RKS.

Table 16: Issue and challenges face by RKS

District	Difficult in organizing meeting	Member not attending meeting	Unable to generate fund from other source (other than NRHM and User's fee)	Limited fund
Jaintia Hills	5 (83.33%)	5 (83.33%)	5 (83.33%)	4 (66.67%)
West Khasi	6 (100%)	6 (100%)	6 (100%)	5 (83.33%)
South Garo	3 (100%)	3 (100%)	3 (100%)	3 (100%)
Total	14 (93.33%)	14 (93.33%)	14 (93.33%)	12 (80%)

Result and Discussion: Meghalaya State

Background:

Findings from the study reveals that all the facilities visited have constituted “Governing Body” for RKS, however, “Executive Committee” needs to be constituted in 10 out of 15 health facilities / RKS, and only 2 health facilities has monitoring committee under RKS.

The system of RKS functioning in Nartiang PHC needs appreciation, and could be role model for other facilities to learn from it.

Distance from the State and District HQ:

Most of the health facilities were found to be more than 20 km away from the district HQ. In case of distance from the State HQ, most of the health facilities are more than 60 km away. All the 3 facilities visited in South Garo Hills are more than 400 km away from the State HQ.

Distance may not be a challenge for conducting regular supportive supervision by the State in the health facilities in Jaintia Hills and West Khasi Hills where most of the health facilities are 60-70 KM away from State HQ, and also it may not be a challenge for referral of patients from facilities of these districts to tertiary care hospitals. However, such referral may be difficult for Health Facilities in Garo Hills as it is more than 400 km away from State HQ. Therefore, most of the critical cases are referred to Tura Civil/District Hospital, which is in West Garo Hills.

Fund received and utility:

None of the RKS received any fund in financial year 2005-2006. In South Garo Hills, none of the RKS received any fund in year 2005-2006 as well as 2006-2007. In Janitia Hills, the amount of fund received in year 2010-2011 is found to be more than previous years. It was informed that the fund that remains unutilized in the first year of NRHM (2005-2006), was adjusted / distributed to the health facilities in financial year 2010-2011. Please see the Table No. 7.

A Finance manual is distributed by state to all the Block Accountant & PHC Accountant that any amount above 5000/- cannot be disbursed in cash and it has been followed by all the Accountant as per record (that no cash withdrawal of more than Rs.5000 was made). However, it was also observed during the study that many of the payments were made through cash after withdrawing through cheque/cash mostly in the name of MOIC or Block Finance Manager, or a member of RKS in most of the health facilities instead of making direct payment to the concern vendor.

Major activities of RKS

Major area of work where fund have been utilized by the RKS/HMS includes; purchasing furniture (almirah, table and chair) for the health facility, waiting place/room, construction of safety pit for bio-waste disposal, buying generator, water hand pump construction, medicine, buying medical equipment and basic requirement like cotton, bandage, spirit etc. painting/renovation of health facility, kaccha fencing etc. However, review of OPD and IPD and improving upon it or necessary action was missing in 10 out of 15 health facilities visited.

Activities of the RKS are very much limited to focusing on activities where the fund could be utilized rather focusing on overall issues for the patients' welfare. This is clearly seen in most of the records of proceeding as well as unhygienic environment of the health facilities.

Meeting and related information:

As far as meeting of RKS is concerned, the finding from the study revealed that 8 out of 15 facilities have done regular meeting of Governing Body though no regular meeting of Executive Committee has been held.

One of the major challenges in organizing RKS meeting is non-availability of Chairman of RKS due to busy schedule, which led to changing of date or cancellation of meeting quite often. As shared by the district officials, other reasons (especially in West Khasi Hills) include; frequent transfer of Block Development officer (BDO) who is the Chairman RKS and also in some cases M&HO goes for Post Graduate course, which emerges as problem in holding meeting.

Record keeping:

Record keeping in relation to proceedings of the meeting, stock register, and expenditure book was found to be maintained in all health facilities. However, except for Nartiang PHC, Jowai Civil Hospital and Mairang Civil hospital, other facilities RKS were unable to produce most of the records before financial year 2008-2009. While trying to understand the reason, it was found that Block/Facility level staff recruited under NRHM takes care of the documents and most of them joined in 2008-2009. So, there was no proper record keeping before 2008-09.

Training/orientation of RKS members:

The need for training and orientation of RKS members were informed, though State has planned for it in 2011-2012. State level TOT for District trainer on RKS has been conducted already in State HQ by PHFI. The training of RKS members is yet to be rolled out.

Supportive supervision from State/District/Block or any other: (frequency/observation)

Supportive supervision in relation to RKS was informed by most of the facilities. 9 facilities (60%) out of 15 health facilities visited have informed about such visit from State Officials (SPMU/SHS), 12 (80%) out of 15 facilities have informed about supportive supervision from District Officials (DPMU/DHS), and another 10 (66.67%) out of 15 facilities informed about such visit from the Block level officials (BPMU).

Even though most of the health facilities have informed about the supportive supervision by higher level authority (Block, District and State), however, the visits are very much limited to checking the records, verifying it. There is no supportive supervision in terms of processes and procedures followed by the RKS.

Issues/Challenges and Major areas of concern that needs immediate attention by RKS:

As informed by the members of RKS interacted, the major challenges faced by them includes; members not attending the meeting regularly, unable to get meeting date from Chairman,

difficult to generate fund/resources other than NRHM & User's fee, lack of management skills/technical guidance etc.

Some of the major areas that need immediate attention by the RKS in all the health facilities include;

- Need for painting RKS on items purchased needs to be done as it was found missing in most of the health facilities.
- Regular monthly meeting needs to be organized except Nartiang PHC, where it is happening regularly
- Annual work plan and report for program/activities was found missing in all health facilities except Nartiang PHC, though there were financial report available.
- OPD and IPD review was not happening on regular basis in most health facilities as a regular activity of RKS except for 5 health facilities.
- Record of proceedings need to be numbered (serial/year-wise)
- Absence of Monitoring Committee in almost all health facilities (except Civil Hospital, Baghmara and Civil Hospital-Nongstoin)

Many of the above major areas of concern may be taken care by the RKS utilizing its fund, and for some of the area, State has to intervene.

Recommendations: Meghalaya State

Background:

RKS of those facilities (Refer table 4) which has not constituted Executive Committee need to form it immediately.

Monitoring committee of RKS exist only in Civil Hospital Baghmara and Nongstoin. Therefore, RKS of other health facilities where there is no Monitoring Committee of RKS also need to constitute Monitoring Committee of RKS by referring the Government of India guidelines or there is need for developing a mechanism of monitoring of health facility by the concerned RKS for the welfare of the people/patient.

Fund received and utility:

Withdrawal of huge amount of money in the name of RKS member (Chairman or member-secretary), and utilizing fund (cash payment to vendors) is a serious concern. System of payment through cheque should be promoted as much as/wherever possible. State needs to intervene on this issue by earliest.

Major activities of RKS

Activities of the RKS are very much limited to focusing on only activities where the fund could be utilized rather focusing on overall issues for the welfare of the patient. Most of the health facilities need to incorporate issues such as review of OPD and IPD performance in the agenda of RKS meeting.

Meeting and related information:

Meetings are not held regularly. Moreover, the agenda of the meeting must include addressing various major concerns of the facility which may or may not involve fund (such as review of OPD & IPD, review of outreached camp). This will also definitely have impact on fund utility as well as making the service delivery more effective.

Training/orientation of RKS members:

RKS members of all the health facilities need to be oriented on mandate of having RKS so that RKS is not just seen as another fund generating system only but a platform for patient welfare.

This may be addressed during the upcoming RKS members training. There may be regular supportive supervision from the State, where RKS member may be oriented on different issues.

Supportive supervision from State/District/Block or any other: (frequency/observation)

Supportive Supervision should not be limited to checking records; rather there should be supportive supervision in terms of processes and procedures in relation to RKS functioning. State needs to develop a mechanism for regular supportive supervision of RKS. This may be done at least on quarterly basis. As mentioned earlier this may be taken as an opportunity for orientation of RKS member as well as sorting out various issues wherever possible. A State level team/committee may be set up which may comprise person with technical knowledge on finance/accounting, public health, health quality assurance, program management, community participation etc. Similar system may also be there at District level.

**Findings of the Study, Result and discussion,
and recommendations
(Tripura State)**

Findings of the Study: Tripura State

Background:

Findings from the study revealed that Executive Committee exist in 11 (100%) out of 11 facilities visited, while Governing Body exists in 8 facilities (72.7%) and in rest 3 facilities, the Executive Body functions as Governing Body (Sabroom SDH, *Kanchanpur SDH* & *Kadamtala PHC*). Separate RKS Monitoring Committee could not be found in any of the facilities. Table No.3 provides district wise information on existence of Governing Body, Executive Committee and Monitoring Committee of RKS.

Table 3: RKS with Governing Body, Executive Committee and Monitoring Committee

District	RKS Having different committees/body		
	Governing Body	Executive Committee	Monitoring Committee
South Tripura	5 (83.3%)	6 (100%)	0
North Tripura	3 (60%)	5 (100%)	0
Total	8 (72.7%)	11 (100%)	0

Regarding formation of RKS, it was revealed that most of the RKS visited were constituted in year 2006-2007. Table No. 4 provides district as well as facility wise information on date of RKS constitution, Chairperson and Member Secretary of Governing Body and Executive Committee.

Table 4: Year / Date of RKS Formation

District	Name of RKS/Facility	Formation date	Governing Body		Executive Body	
			Chairperson	Member Secretary	Chairperson	Member Secretary
North Tripura	RGM District Hospital	26/06/2007	Zila Sabhadipati	Medical Supdt.	District Magistrate	Medical Supdt.
	Kanchanpur SDH	16/10/2006			Chairman, Block Advisory Council (BAC)	SDMO
	Dharmanagar SDH	2007	Sub Divisional Magistrate	SDMO	Chairman, Block Advisory Council (BAC)	SDMO
	Kumarghat CHC	2006	BDO, Kumarghat	MO (i/c)	Chairman, Nagar Panchayat	MO (i/c)
	Kadamtala PHC	1/3/2008			Chairperson, Nagar Panchayat	MO (i/c)
South Tripura	Tripura Sundari District Hospital	23/06/2006	District Magistrate	Medical Supdt	Zila Sabhadipati	Medical Supdt.
	Sabroom SDH	23/03/2006			Sub Divisional Magistrate	SDMO
	Bilonia SDH	5/1/2006	Chairperson, Nagar Panchayat	MO (i/c)	Sub Divisional Magistrate	Senior MO, Bilonia SDH
	Kalacherra PHC	26/2/2007			Chairman, Block Advisory Council (BAC)	MO (i/c)
	Hrishyamukh PHC	17/06/2006	Chairman, Block Advisory Council (BAC)	MO (i/c)	MO (i/c)	Panchayat Secretary
	ManuBazar Rural Hospital		Chairman, Panchayat Samiti	MO (i/c)	Chairman, Panchayat Samiti	2 nd MO of the Hospital

Distance from the State and District HQ:

On seeing the distance of the health facilities/RKS from the district HQ, it was found that only 2 facilities (1 each in North & South Tripura out of 11 facilities) are within 5 km distance from the District HQ. In case of distance from the State HQ, only 1 facility (out of 11 facilities) is within 50 – 100 Km range. District wise information on distance of health facilities from District and State HQ is given below in the table:

Table 5: Distance from District and State HQ

District	Distance from District HQ				Distance from State H Q				
	Within 5 km	5 to less than 25	25 to less than 50	50 and above	0 to less than 25 Km	25 to less than 50 km	50 to less than 85	85 to less than 100 km	Above 100 km
North Tripura	1 (20%)	0	3 (60%)	1 (20%)	0	0	0	0	5 (100%)
South Tripura	1(20%)	0	1(20%)	4(80%)	0	0	1(20%)	1(20%)	4(80%)
Total	2 (18.1%)	0	4(36.3%)	5 (45.4%)	0	0	1(9.09%)	1(9.09%)	9 (81.8%)

Fund received and available balance:

Regarding the fund received in last 5 years (2006-2007 to 2010-2011), it was found that all the RKS have received 100% of the fund. District and facility wise information on fund received by RKS in last five years (2006-2007 to 2010-2011), utilization status and available balance after five years is provided in Table No 6.

Table 6: Facility wise details of fund received in last 5 years (2006-20011) and balance status at the end of 5th year (2010-2011)

District	Health Facility	Percentage of Fund received under NRHM					Total fund Received in 5 years (2006-2007 to 2010-2011) (Rs. In lac)	Balance Available (Rs.) including user fee deposits
		2006-2007	2007-2008	2008-2009	2009-2010	2010-2011		
North Tripura	RGM District Hospital	100%	100%	100%	100%	100%	25 L	4,07,932/-
	Kanchanpur SDH	100%	100%	100%	100%	100%	12.5 L	1,890/-
	Dharmanagar SDH	100%	100%	100%	100%	100%	12.5 L	1,66,657/-
	Kumarghat CHC	100%	100%	100%	100%	100%	12.5 L	13,615/-
	Kadamtala PHC	100%	100%	100%	100%	100%	1.75 L	130/-
South Tripura	Tripura Sundari District Hospital	100%	100%	100%	100%	100%	25 L	1,63,532/-
	Sabroom SDH	100%	100%	100%	100%	100%	12.5 L	2,52,733/-
	Bilonia SDH	100%	100%	100%	100%	100%	12.5 L	3,08,186/-
	Kalacherra PHC	100%	100%	100%	100%	100%	1.75 L	4,590/-
	Hrishyamukh PHC	100%	100%	100%	100%	100%	1.75 L	1,175/-
	ManuBazar Rural Hospital	100%	100%	100%	100%	100%	12.5 L	No record was shown

Annual fund to Rogi Kalyan Samiti/Hospital management Society under NRHM:

PHC= Rs.175000/- (Untied Fund- Rs.25000 + Maintenance Grant - Rs.50000 + Corpus Fund- Rs.100,000/-)

CHC=Rs.250000/- (UF- Rs.50000 + Maintenance Grant -Rs.100,000/-+ Corpus Fund-Rs.100,000), DH=Rs.500000/-

***** (by mistake in RoP in the year 2006-07, 07-08 & 08-09 PHCs of the state received Rs.2.25 Lakhs, [(Untied Fund- Rs.25000 + Maintenance Grant - Rs.1,00,000 + Corpus Fund- Rs.1,00,000/-) but since 09-10, this amount reduced to 1.75L, which is correct. *****

Sources of fund other than NRHM includes; fund generated through user's fee especially OPD ticket, USG, X-ray, ECG and lab testing. Tables below provides information on district wise as well as facility wise amount of money generated through user's fee.

Table 7: District wise fund generated through user's fee

Collection from User's Fee (2010-2011)						
District	Less than Rs. 10000	Rs.10000 to less than 20000	Rs.20000 to less than 30000	Rs.30000 to less than 40000	Rs.40000 to less than 50000	More than Rs.50000
North Tripura	0	0	1	0	1	2
South Tripura	0	0	0	0	0	3
Total	0	0	1	0	1	5

Few of the facilities could not provide any detail break up of earning through user fee.

Table 8: Facility wise information on fund generated through user's fee

District	Facility Name	Collection from user fee in 2009-2010 / 2010 - 2011
North Tripura	RGM District Hospital	6,19,601/-
	Kanchanpur SDH	41,240/-
	Dharmanagar SDH	1,41,595/- in 09-10
	Kumarghat CHC	21,202/-
	Kadamtala PHC	Data could not be provided
South Tripura	Tripura Sundari District Hospital	67,712/- (in 07-08), 3,88,838/- (08-09), 3,86,995/- (09-10), 3,70,070/- (10-11)
	Sabroom SDH	88,370/- (09-10)
	Bilonia SDH	3,19,927/- since 06-07
	Kalacherra PHC	Data could not be provided
	Hrishyamukh PHC	Data could not be provided
	ManuBazar Rural Hospital	Data could not be provided

Major activities of RKS

The RKS/HMS has spent fund in carrying out different activities in different facilities. However, broadly, it has been seen that the fund has been used mainly in activities like, buying of furniture (almirah, chair, table, bench) for OPD and IPD and office room, computer and its accessories, medicines on emergency basis including saline sets, cotton, bandages etc.

Major activities also include buying of FAX machine, water purifier, oxygen cylinder, electrical maintenance of the hospital, engagement of sweeping staffs, minor repairing of door, window, painting of hospital wall, coloring of patients' bed, cleaning of water tank, buying freeze for ICTC centre, laboratory reagents, dustbins, bed side stand, bed pans, radiant warmer. The equipment of sound system and LCD, equipment stand, phototherapy unit, BP machine, copier machine were also procured. Maintenance of garden, drainage system near IPD, construction of room for keeping generator set, patient information chart, mosquito net, mattress cover, repairing of water pipeline, buying of surgical instruments, electronic baby weighing machine, audit fees, generator operator fees, engagement of Dai for labour room, tiles fitting, pump initialization, bedside lockers, mercury lamps, engagement of security guard, buying of AC machine for blood bank, license renewing cost for blood bank etc was also met.

Meeting and related information:

Regarding the formation of the Executive and Governing Body in these facilities, it was known that the executive body has been formed in all the facilities but the Governing Body has been formed in 8 out of 11 facilities visited. In Kanchanpur SDH and Kadamtala PHC, there is no Governing Body formed and in Kalacherra PHC, only one committee is formed, which represents both the committees. Regarding frequency of holding quarterly meeting of these committees, it was revealed that the meetings are not held on a fixed date and time rather meetings are mostly held need-based, as and when the need arises to have the meeting. Initially, after the formation of these committees, the frequency of holding the meeting was more but over the years, the frequency has come down. Another major point has been observed that the holding

of meeting also largely depends on the person, who chairs the meeting like the District Magistrate. In many cases, it was reported that the meeting cannot be organized regularly as the Chairperson of the committee does not give time to hold the meeting so timely meeting is not held. It is also reported that since convening of meeting in many cases becomes very tough, so both the meetings are convened together and in one sitting, both the meetings are held. For almost all the facilities, most of the members in both the committees are common.

On scanning the records, it is found that there is no concrete system of reviewing the OPD and IPD cases, discussion on its improvement on a monthly basis. Referring to the records of proceeding, it was found that almost all the meetings were related to activities relating to utilization of fund. However, meeting on improvement of service quality which could be non-budget linked such as improving IPD/OPD cases, review of outreach work and its impact, etc. was almost nil. Table No. 9 provides information on availability of Executive and Governing Body and Table No. 10 & 11 shows the number of meeting of Governing Body as well as Executive Committee of RKS held since its formation and in the last year (2010-2011).

Table 9: District wise information on Governing Body meeting of RKS

Sl. No.	Name of the facility	Status of the committee	
		Executive body	Governing Body
1.	RGM District Hospital	√	√
2.	Kanchanpur SDH	√	X
3.	Dharmanagar SDH	√	√
4.	Kumarghat CHC	√	√
5.	Kadamtala PHC	√	X
6.	Tripura Sundari District Hospital	√	√
7.	Sabroom SDH	√	√
8.	Bilonia SDH	√	X
9.	Kalacherra PHC	√	√
10.	Hrishyamukh PHC	√	√
11.	ManuBazar Rural Hospital	√	√

Table 10: District wise information on Governing Body meeting of RKS

District	Governing Body meeting									
	Since formation					In last six months				
	Less than 5	5 to less than 10	10 to less than 15	15 to less than 20	20 and more	0	1	2	More than 2	Remarks
North Tripura	0	0	4 (80%)	0	1(20%)	2 (40%)	2 (40%)	1(20%)		Meetings are need-based, as and when required.
South Tripura	0	0	1(16.6%)	3(50%)	2 (33.3%)	0	3 (50%)	2 (33.33%)	1(16.25%)	
Total	0	0	5 (45.45%)	3 (27.27%)	3 (27.27%)	2(18.18%)	5 (45.4%)	3 (27.27%)	1(9.09%)	

Table 11: District wise information on Executive Committee meeting of RKS

	Since formation						In last Six months					
District	Less than 10	10 to 20	20 to 30	30 to 40	More than 40	Never (0)	1	2	3	4	Never (0)	Remarks
South Tripura	0	4 (66.6%)	1(16.6%)	1(16.6%)	0	0	2 (33.3%)	1 (16.6%)	2 (33.3%)	1 (16.6%)	0	In few facilities they conduct common meetings.
North Tripura	0	4 (80%)	1 (20%)	0	0	0	2 (40%)	1(20%)			2 (40%)	
Total	0	8 (72.7%)	2 (18.1%)	1(9.01%)	0	0	4 (36.3%)	2 (18.1%)	2 (18.1%)	1 (9.01%)	2 (18.1%)	

Training/orientation of RKS members:

The need for training and orientation of RKS members were informed by all the respondents. While trying to assess the number / days of training held for RKS, it was found that in North Tripura district, selected RKS members were oriented for 2 days in 2009 and in South Tripura, no formal training was held. The members suggested for more training for RKS members.

Record keeping:

Record keeping in relation to proceedings of the meeting was found to be maintained in all the facilities but with lot of variation as far as quality of the record keeping is concerned. Few facilities were found keeping the records in proper order but in few facilities, the quality of record keeping needs much improvement. Table below may be referred to understand the district wise information on records maintained by RKS.

Table 12: District wise information on record keeping of RKS

District	Meeting register	Cash book	Visitor's register
Tripura North	5 (100%)	5 (100%)	4 (80%)
Tripura South	6 (100%)	6 (100%)	5 (83.33%)
Total	11 (100%)	11 (100%)	9 (81.81%)

Supportive supervision from State/District/Block or any other: (frequency/observation)

There is no clear existence of a mechanism of supportive supervision of RKS at the facility level. Though it was informed that district officials used to visit facilities sometime but no record could be seen in this regard. In the health facilities, where AAA exists, effective support from majority of the AAA staff was reported. For strengthening supportive supervision, more training needs to be given to the AAAs. Monitoring committee does not exist in any of the facilities visited.

There is no system of review, monitoring and evaluation of performance of Rogi Kalyan Samities by the District Health Society at the District/Sub District levels.

Issues and Challenges:

As informed by the members of RKS interacted, the major challenges faced by them includes; getting time from the Chairman for holding the meeting, members not attending the meeting regularly, for District Hospital the money withdrawing limit for the Member Secretary is less, in preparing the draft project execution plan etc.

Existing allocation of RKS fund is also seen as a challenge, late receipt of the RKS fund at the facility, referral fund is also less, for all approval approaching to Deputy Commissioner and getting his/her approval is also difficult, lack of human resources, lack of management skills/technical guidance etc are seen as challenges.

Result and Discussion: Tripura State

Background:

Findings of the study reveal that most of the RKSs were formed during 2006-2007. In all the Governing Body of RKS, it was found that MO (I/C) (or concern medical officer) is the Member Secretary and the Chairman, Sabhadipati of the Zila Parishad / Block Advisory Council is the Chairman of the committee and in Executive Body, District Magistrate is the Chairman and the Medical Superintendent is the Member Secretary. There are 9-10 members in each Executive and Governing Body. The committee members sit in the meeting and discuss issues and sometime in one meeting records of holding separate meeting of Governing Body and Executive body is maintained, as most of the members are common in both the committees.

Distance from the State and District HQ:

Regarding the distance of the health facilities/RKS from the district HQ, it was found that only 2 facilities (1 each in North & South Tripura out of 11 facilities) are within 5 km distance from the District HQ. In case of distance from the State HQ, only 1 facility (out of 11 facilities) is within 50 – 100 Km range. So, to ensure effective monitoring support, the district/state has to have good vehicle support for monitoring the services of these facilities. More close supportive supervision needs to be given to the facilities for better functionality.

Fund received and utility:

It was found that all the facilities have received 100% fund every year. Overall utilization of RKS fund (in cumulative from 2006-2007 to 2010-2011) is good. It was also observed during the study that payment were mostly made through cash after withdrawing through cheque/cash mostly in the name of MO (i/c) or / AAA. No records of payment to the vendors were found to be made in cheque while referring to the Bank Pass book and payment records.

Major activities of RKS

The RKS/HMS has spent fund in carrying out different activities in different facilities. However, broadly, it has been seen that the fund has been used mainly in activities like, buying of furniture (almirah, chair, table, bench) for OPD and IPD and office room, computer and its accessories, medicines on emergency basis including saline sets, cotton, bandages etc.

Major activities also include buying of FAX machine, water purifier, oxygen cylinder, electrical maintenance of the hospital, engagement of sweeping staffs, minor repairing of door, window, painting of hospital wall, coloring of patients' bed, cleaning of water tank, buying freeze for ICTC centre, laboratory reagents, dustbins, bed side stand, bed pans, radiant warmer. The equipment of sound system and LCD, equipment stand, phototherapy unit, BP machine, copier machine were also procured. Maintenance of garden, drainage system near IPD, construction of room for keeping generator set, patient information chart, mosquito net, mattress cover, repairing of water pipeline, buying of surgical instruments, electronic baby weighing machine, Binocular microscope, audit fees, generator operator fees, engagement of Dai for labour room, tiles fitting, pump initialization, bedside lockers, mercury lamps, engagement of security guard, buying of AC machine for blood bank, license renewing cost for blood bank etc was also met. *However, review of OPD and IPD, and improving upon it was missing in most of the health facilities.*

Activities of the RKS are very much limited to focusing on only utilization of the RKS fund rather focusing on overall issues for the welfare of the patient. This is clearly seen in most of the records of proceeding as well as unhygienic environment of the few health facilities.

In all the health facilities system of bio-medical waste management was found poor and unhygienic maintained toilet for patients. Comparatively, cleanliness and hygienic scenes was better in Rajiv Gandhi Memorial Hospital, Kailashar, North Tripura (outsourced intervention).

Meeting and related information:

Regarding frequency of holding meeting of Governing and Executive Body, it was revealed that the meetings are not held on a fixed date and time rather meetings are mostly held need-based, as and when the need arises to have the meeting. Initially, after the formation of these committees, the frequency of holding the meeting was more but over the years, the frequency has come down. Another major point has been observed that the holding of meeting also largely depends on the person, who chairs the meeting like the District Magistrate. In many cases, it was reported that the meeting cannot be organized regularly as the Chairperson of the committee does not give time to hold the meeting so timely meeting is not held. It is also reported that since convening of meeting in many cases becomes very tough, so both the meetings are convened together and in one sitting, both the meetings are held. For almost all the facilities, most of the members in both the committees are common.

Record keeping:

Record keeping in relation to proceedings of the meeting was found to be maintained in all the facilities but with lot of variation as far as quality of the record keeping is concerned. Few facilities were found keeping the records in proper order but in few facilities, the quality of record keeping needs much improvement.

Training/orientation of RKS members:

The need for training and orientation of RKS members were informed by all the respondents. While trying to know the number / days of training held for RKS, it was found that in North Tripura district, selected RKS members were oriented for 2 days in 2009 and in South Tripura, no formal training was held. The members suggested for more training for RKS members. The need for training on accounting/role and responsibilities of RKS was shared by the RKS members. At present, RKS members are being supported by AAA, wherever s/he is placed.

Supportive supervision from State/District/Block or any other: (frequency/observation)

No clear existence of a systems/mechanism of supportive supervision of RKS and its activities is found at all level except at PHC/CHC where AAA exists. Though it was informed that district officials used to visit the facilities sometime but no record could be seen in this regard. In the health facilities, where AAA exists, effective support from majority of the AAA staffs was reported. For more support more training needs to be given to the AAAs. Monitoring Committee does not exist in any of the facilities visited.

Issues/Challenges and Major areas of concern that needs immediate attention by RKS:

As informed by the members of RKS interacted, the major challenges faced by them includes; difficult to get time from the Chairman for holding the meeting, members not attending the meeting regularly, for District Hospital the money withdrawing limit for the Member Secretary is less, in preparing the draft project execution plan, for SDH/DH, the fund given under RKS is too less, late receipt of the RKS fund at the facility also creates problem, referral fund is also less, for all approval approaching to District Magistrate and getting his/her approval is also difficult, lack of human resources, lack of management skills/technical guidance etc.

Few major areas that need immediate attention by the RKS in all the health facilities include;

- Poor biomedical waste management in all the health facilities visited;
- Cleanliness of hospital (especially toilet) in most of the health facilities;
- Name and numbering of RKS purchased items needs to be done as it was found missing in most of the health facilities;
- Regular meeting of the RKS Governing Body and the Executive Body needs to be organized in all the facilities and minutes must be shared with the District;
- Facility level work plan and work execution report for program/activities was found missing in all health facilities though there was financial progress report;
- OPD and IPD review was not happening on regular basis in most health facilities as a regular activity of RKS, which needs to be practiced;
- Record and Book keeping needs to be updated regularly;

- Record of proceedings register needs to be given serial number;
- Proceeding of the last meeting must be read out and passed in the next meeting before taking up any specific agenda on that day's meeting;
- Timely disbursement of the RKS fund from the state to district & from district to facility;
- Training of the RKS members on their roles and responsibilities, innovative way of utilizing RKS fund and generation of fund too;
- Orienting RKS members on drawing up of Facility Level Work Plan and execution;
- Awareness of all staff of the facility about RKS and its functionality;
- AAA may be included as a member of RKS;

Recommendations: Tripura State

Background:

Monitoring committee of RKS does not exist in any of the facility visited. Therefore, RKS of DHs, PHCs and CHCs also need to constitute Monitoring Committee of RKS by referring the Government of India guidelines. There is also need for developing mechanism of monitoring of health facility by the concerned RKS for the welfare of the people/patient.

Fund received and utility:

The facility must be given the RKS and other fund (untied and maintenance) in time so that the facility can use the fund properly and timely. The RKS should also look for taking up few innovative activities so that further generation of fund can be done. RKS members may be oriented on what are the different innovative activities that can be taken up.

For almost all the facilities, it was noticed that the bank pass book statement and the cash book updated status does not match as the facilities hardly update their bank account, sometime they collect the bank reconciliation statement. So, it is suggested that facility should update the bank account and every end of the month bank reconciliation statement should be collected.

Major activities of RKS

Activities of the RKS are very much limited to focusing on only activities where the fund could be utilized rather focusing on overall issues for the welfare of the patient. In all the health facilities, system of bio-medical waste management needs improvement.

Meeting and related information:

Regarding frequency of holding quarterly meeting, it was revealed that the meetings are not held on a fixed date and time rather meetings are mostly held need-based, as and when the need

arises to have the meeting. Initially, after the formation of these committees, the frequency of holding the meeting was more but over the years, the frequency has come down. In many cases, it was reported that the meeting cannot be organized regularly as the Chairperson of the committee does not give time to hold the meeting so timely meeting is not held. It is also reported that since convening of meeting in many cases becomes very tough, so both the meetings are convened together and in one sitting, both the meetings are held. For almost all the facilities, most of the members in both the committees are common.

The agenda of the meeting must include addressing various major concerns of the facility which may or may not involve fund (such as review of OPD & IPD, review of outreach camp, cleanliness of the hospital, improper maintenance of bio-medical waste etc.). This will also definitely have an impact on fund utility as well as making the health facility patients' friendly.

Record keeping:

Record keeping in relation to proceedings of the meeting was found to be maintained in all the facilities but with lot of variation as far as quality of the record keeping is concerned. Few facilities were found keeping the records in proper order but in few facilities, the quality of record keeping needs much improvement.

Training/orientation of RKS members:

RKS members of all the health facilities needs to be oriented on mandate of having RKS so that RKS is not just seen as another source of fund generation rather RKS can take many initiative for patient welfare, which in fact should be the prime objective.

RKS training should not be mixed or diluted with training of others like VHSC/PRI. Issue of book keeping needs to be a part of future RKS training. There may be regular supportive supervision from the State, where RKS member may be oriented on different issues.

Supportive supervision from State/District/Block or any other: (frequency/observation)

State needs to develop a mechanism for regular supportive supervision of RKS. This may be done at least on quarterly basis. As mentioned earlier this may be taken as an opportunity for orientation of RKS member as well as sorting out various issues wherever possible. A State level team/committee may be set up which may comprise person with technical knowledge on finance/accounting, public health, health quality assurance, program management, community participation etc. Similar system may also be there at District level.

PRI members, BDO, SDMs are the member of RKS Governing and Executive body. State may develop a local level monitoring team by this member including respective SDMO who may physically visit the facility once in every quarter and submit a report to the DHFWS.

Annex: Snapshots



Above: Donations from the community, Nartiang PHC, Jaintia Hills (Meghalaya)



Waiting shed (Lilong Haoreibi CHC, Manipur)



Furniture purchase through RKS fund, Manipur



Generator purchased through RKS fund, Chakpikarong PHC, Chandel, Manipur



Meeting cum waiting room/hall for ASHAs (Khumbong PHC, Imphal West, Manipur)

08/01/11	CAC CHQ XFER MD	808464432	30000.00
19/01/11	TRF TO 030983547351	832209	50000.00
19/01/11	Paid to SELF	832210	10000.00
21/01/11	CAC CHQ XFER MD	832208	
08/02/11	TRF TO 030983295790	808464432	10000.00
08/02/11	PHSC TEKCHAM A/T	832204	
08/02/11	TRF TO 030983191059	808464432	50000.00
09/02/11	Paid to MANILEIMA	832211	
22/02/11	CREDIT	832205	10000.00
02/03/11	SBI TFR	832205	21300.00
05/03/11	Paid to MANGALEIBI	832213	50000.00
05/03/11	Paid to MANGALEIBI	832213	25000.00
12/03/11	Paid to T MANGANLEIB	832215	21500.00
12/03/11	Paid to T MANGANLEIB	832216	61200.00
14/03/11	Paid to T MANGANLEIB	832214	10.00
14/03/11	NON-HOME PASSBK		14000.00
30/03/11	Paid to SELF	832217	
Incl Bal: 0.00 Cr Bal: 8750.00 Cr; MOD BAL: 8750.00			

Bank Pass book showing huge withdrawal of fund (Khongjom PHC, Thoubal, Manipur)

Time: 15:01:07		E-mail:	
30/11/2010	90,945.890	Uncleared Amount:	
Red Balance:		Drawing Power:	
0.00		Nominee Name:	
Rate: 3.50 % p.a.			
ment From	01/03/2010 to 30/11/2010		
Value Date	Details	Chq. No.	Debit
BROUGHT FORWARD :			
22/03/10	CAS CASH CHEQUE Paid to SELF	293899	65000.00
07/04/10	MICR SB CHO		25.00
28/04/10	CREDIT		45000.00
03/06/10	CAS CASH CHEQUE Paid to EMERSON	293900	
10/06/10	INTEREST CREDIT		17 225
06/11/10	CAS CASH CHEQUE Paid to DR. EMERSON	356121	17 225

Bank Pass book showing huge withdrawal of fund (Machi PHC, Chandel, Manipur)



Bio-medical waste disposal bucket without liner (DH-Thoubal, Manipur)



Bio-medical waste lying near baranda (Yairipok PHC, Thoubal, Manipur)



An interaction with RKS members



RKS member interview on progress



RKS member interview on progress



RKS member interview and record verification

Interview schedule

Questionnaire / Schedule to study the functioning & effectiveness of Rogi Kalyan Samiti (RKS)

Name of the State:

Name of the District:

Name of the facility visited (PHC / CHC):

Distance from the District HQ in Km:

Distance from the State HQ in Km:

Date of collecting data:

Persons, whom were met:

a.

b.

c.

1. Name of the RKS:

2. When was the RKS formed (mention date & year):

3. Who is the President & Member Secretary of the RKS committee:

President _____

Member Secretary _____

4. How many members are there in the RKS in the Executive Committee (attaché a list):

Sl. No.	Name	Designation

13. If Yes, how many reports were submitted since formation and in last financial year?

14. How much money was received by the committee under NRHM (**mention year wise breakup of fund receipt**):

06 – 07			07 – 08			08 – 09			09 – 10			10 - 11		
AM	UF	RKS												

**AM: Annual Maintenance, ** UF: untied Fund, ** RKS: Rogi Kalyan Samiti

15. What is the status of the bank balance (get a photocopy of the bank statement):

16. What are the major activities have been taken up with this fund (see whether these activities were proposed and approved in the meeting):

Major Activities	Meeting No	Date

17. Did any officials (State / District / Block / PHC / CHC) visit your RKS:

17.a. If yes, when was the last visit and who visited?

17.b. Frequency of such visit: (i) Monthly, (ii) Bi-monthly, (iii) Quarterly, (iv) Half yearly

17.c. What were their observations?

18. Other than fund receipt from NRHM, was there any other fund generation by the committee:

18.a. If yes, how much was the total fund generated except NRHM fund & source of fund:

19. What are the innovative activities have been taken up by the RKS:

- a.
- b.
- c.
- d.
- e.

20. Issues and challenges faced in smooth functioning of RKS?

- a.
- b.
- c.
- d.
- e.





**Regional Resource Centre for North Eastern States (RRC-NE)
Ministry of Health and Family Welfare
Government of India**

**Assam Medical Council Bhawan, G. S. Road, Khanapara
Guwahati, Assam - 781 022**

☎ : +91-361-2360182/83, Fax : +91-361-2360163