



The Factors Affecting the Functioning of Rogi Kalyan Samiti (RKS) in District Hospital in Central Madhya Pradesh : Observational Study

KEYWORDS

Food Security, Public Distribution System, Mid-day Meal, Malnutrition, AHAR

Gaurav Tripathi*

Medical Officer and Pediatrician, Kushabhau Thackrey District hospital, Rewa, Madhya Pradesh -486001*
Corresponding Author

Shikha Singh

Quality Assurance Officer, National Health Mission, Bhopal, Madhya Pradesh

ABSTRACT

In order to develop a sustainable system for improved health care in the Government sector ROGI KALYAN SAMITIS (Patient Welfare Societies) were established.5 RogiKalyanSamitis(RKS) are registered societies constituted in the Government health delivery system as an innovative mechanism to involve the people's representatives in the management of the hospital with a view to improve its functioning by levying user charges and initiating local action . However studies that are available on RKS are very few and further evidence is needed to understand the stumbling blocks faced by RKSs in achieving their stated goals.This Exploratory study was done over a period of three months, from Aug 2015 to October 2015 in SGD Hospital at Jabalpur, M.P. It is a 300 bedded well facilitated hospital. Stusy subjects were all Members of RKS ,Service providers at respective District Hospital include Staff Nurse, Accountant and Class IV Staff and Beneficiaries i.e. OPD and IPD patients. The responses of the interviewees were entered into a preformatted proforma. Quantitative data was analyzed and frequencies and percentages were calculated using Microsoft Excel 2007. Qualitative data were analyzed by thematic based analysis. The possible biases that could have affected the responses were also taken into consideration. The analysis was based on the basis of objectives. It was found that main inhibitors to the effective functioning of RKS are - poor awareness of beneficiary's regarding facilities as well as the members, regarding the objectivesand functions of RKS. Some other lacunae are lack of co-operation among members, irregular meetings, overburdened members, and the lack of motivationof health officials. Decisions were delayed or not implemented. There is urgent need of trainings of all the members of RKS and Service providers at hospital.

Introduction:

In developing countries, provision of basic preventive, promotive and curative care services is a major concern of the Government and the decision makers. However, these services could gain public confidence only when provided optimally, with specialist support, good facilities, provided in a transparent and accountable manner. Adequacy of resources, power to use funds for welfare of the patient and involvement of the community is also important to provide quality health care services for gaining the faith and confidence of people and better utilization of health care services.¹

In the context of patient centric welfare efforts around 24 years back (1987) Bamako Initiative were implemented in Sub Saharan Africa aimed to increase access to primary-health care by raising the effectiveness, efficiency, financial viability and equity of health services²

More or less same kind of one of the earliest initiatives was carried out at St. Stephen's Hospital New Delhi where a Patient Welfare Society was formed 28 years back by some of the old patient of the hospital to assist the hospital staff in their work.³

The NRHM was launched on 12th April 2005 throughout the country. The NRHM seeks to provide accessible, affordable and quality health care to the rural population, especially vulnerable sections. To ensure sustainable quality care with accountability and people's participation along with total transparency a management structure called RogiKalyanSamiti (Patient Welfare Society) has been evolved. The initiative would bring in the community ownership in running of rural hospitals and health centers. Which will turn make them accountable and responsible

A support of Rs 5.00 lakh per District Hospital and Rs 1.00 lakh per CHC per annum are being provided under NRHM for improving the hospital care. In the state of Madhya Pradesh, traditionally the delivery of health care has been within the domain of public sector. However, the availability of funds has been grossly inadequate when compared to the needs. In order to develop a sustainable system for improved health care in the Government sector ROGI KALYAN SAMITIS (Patient Welfare Societies) were established.⁵

ogikalyanSamitis(RKS) are registered societies constituted in the Government health delivery system as an innovative mechanism to involve the people's representatives in the management of the hospital with a view to improve its functioning by levying user charges and initiating local action . RKS have been set up at four levels of hospitals including District Hospital, Civil Hospital, Community Health Centre and Primary Health Centers. It is a community-focused initiative with an Executive and a General body. Clear role-definitions, transparency and accountability for the quality management, in addition to the budgetary allocations to the hospitals have transformed these societies into vibrant institutions.⁶

The first RKS was constituted in 1994 in Indore, Madhya Pradesh. Which is one of the first places where attention was focused by the then District Collector of Indore, Shri S.R. Mohanty.⁵ It was a successful experiment with RKS in cleaning and refurbishing of the Maharaja YashwantRao Hospital (MYH) at Indore, Madhya Pradesh. By the year 1997-1998 RKS have been formed in all 43 District Hospitals, 53 Civil Hospitals and 228 Community Health Centres. RKS are also functioning in 717 of the total 1194 Primary Health Centres in the State.⁵ RKS has now been set up in

District Hospitals and other health institutions all over the country for smooth functioning and maintaining the quality of services for patient welfare¹

In order to achieve the goals of good quality patient care, RKS was set up in the District Hospital at Jabalpur in Madhya Pradesh on 6th Oct 1995.¹ Jabalpur is the Heart of Madhya Pradesh Called Sanskardhani.⁷

As of 2011^(update) India census Jabalpur had a population of 1,054,336. Jabalpur has an average literacy rate of 89.13%, higher than the national average of 59.5%: male literacy is 75%, and female literacy is 61%. In Jabalpur, 14% of the population is under 6 years of age.⁸

This study seeks to understand how far the RKS at the District Hospital Jabalpur has been able to reach its objectives and what are the challenges that it faces in achieving these objectives

The field observations and rapid assessments done in many states have shown that RKSs are functioning with various difficulties and are yet to achieve the stated objectives. By and large it was observed that RKS members could not specify their individual role. In many places RKS meetings are merged with the Block H&FW Samiti meetings considering the commonality in the member participants and agenda of discussion, the latter being solely restricted within fund utilization for infrastructure development.¹⁰ Other gaps that emerged from the study were the irregular participation of the PRI representative, Medical Officers in need of managerial support for making equitable expenses for service improvement and scanty attention being paid towards user grievances etc.⁶

However studies that are available on RKS are very few and further evidence is needed to understand the stumbling blocks faced by RKSs in achieving their stated goals.⁹ Understanding the difficulties and gaps present in the functioning of the RKSs would enable programme managers to address these problems and make mid course correction that might be required in order to make them function more effectively as well as fostering those factors that enable them to function better.¹⁰

Material and Methods:

Study Design:

An Exploratory study with mixed methods(Quantitative and Qualitative both)

Study Duration:

The study was done over a period of three months, from Aug 2015 to Oct 2015. The data was collected from 18th Aug 2015 to 27th Aug 2015.

Study Setting:

SGD Hospital at Jabalpur, M.P. It is a 300 bedded well facilitated hospital. RKS was constituted 20 years ago (1995).

Study Units:

One District Hospital

Study Subjects:

All Members of RKS

Service providers at respective District Hospital include Staff Nurse, Accountant and Class IV Staff

Beneficiaries i.e. OPD and IPD patients

Inclusion Criteria:

Beneficiaries (OPD Patients) who have had treatment from respective District Hospital from 18th Aug to 22th Oct 2015

Beneficiaries (IPD Patients) who have come to respective District Hospital for the treatment from 18th Aug to 12th Oct 2015 and got admitted at least for the one day.

Study subjects who willingly consented to participate in the study

Exclusion Criteria:

Study subjects who were not willing to participate in the study.

Beneficiaries (IPD) who were not admitted at respective Hospital for less than one day.

Sampling Method: Convenient Sampling Method.

Sample Size:

Sampling was done through convenient sampling method as per the availability and willingness of the study subject. A total of 80 were interviewed.

Members of RKS - 12

Service Provider at respective Hospital - 18

Beneficiaries - 50

OPD patients -25

IPD patients - 25

Selection of Study Area:

Seth Govind Das Hospital at District Jabalpur of M.P. was selected for study based on the discussion with the guide and as per the feasibility at the duration of data collection.

Study procedure:

As the first step of the study, a research protocol was developed. The topic of the dissertation was selected, aim and objectives were specified and the synopsis was submitted to Symbiosis centre of health care (SCHC), Pune for approval. Following approval for the study, literature relevant to the study was searched and reviewed. Appropriate tools necessary for data collection were developed on the basis of the objectives of the study.

After going into the field, the first step was to meet the Civil Surgeon at Jabalpur for permission to work and to obtain the necessary demographic information and documents from them with their consent. The research plan and study objectives were explained to them in detail at the beginning.

Data were collected at District Hospital Jabalpur by using the separate and written semi structured questionnaires prepared for the various categories of interviewees. A formal consent was taken before beginning the interviews and they were told that the information given by them would be kept confidential and would be used only for the purpose of the study. The various interviewees were asked questions related to the RogiKalyanSamiti and facility provided at respective hospital with a view to find out the facilitating and inhibiting factors to smooth functioning of RKS, as well as the perception of the beneficiaries who were receiving the benefits regarding provided services. The OPD patients were interviewed at the time when they were leaving from the hospital. Along with the beneficiary, the RKS Members and Service Providers at respective hospital were also interviewed regarding knowledge, and func-

tioning of RKS etc. The records available at District Hospital were used for secondary data collection regarding the operational mechanism, generation of fund and utilization.

Data Analysis:

The responses of the interviewees were entered into a pre-formatted proforma. Quantitative data was analyzed and frequencies and percentages were calculated using Microsoft Excel 2007. Qualitative data were analyzed by thematic based analysis. The possible biases that could have affected the responses were also taken into consideration. The analysis was based on the basis of objectives.

Results:

The assessment of RKS was conducted in the District Hospital at Jabalpur (M.P.) Quantitative and qualitative research techniques were utilized to collect information from the study unit.

In all 55 personal interviews and 25 exit interviews were conducted. Member of RKS, Service provider at respective hospital and Beneficiaries (OPD and IPD Patient) were taken as a study subject from the District Hospital at Jabalpur.

1 : Pattern of utilization of funds under RKS :

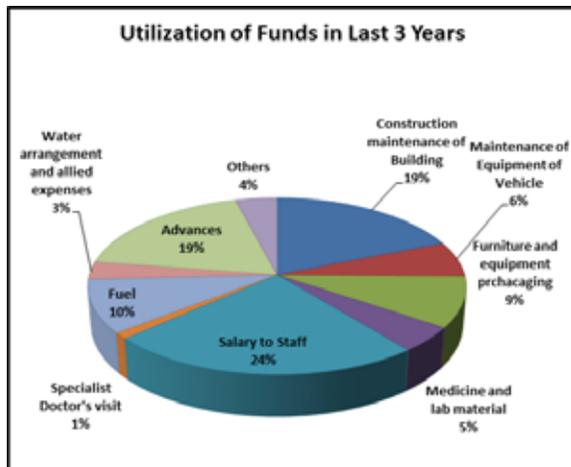


Figure No: 1 shows the Utilization of funds Under RKS at District Hospital Jabalpur, (M.P.) in Last 3 Years.

2. The pattern of utilization of NRHM grant:

Table No: 1

The pattern of utilization of NRHM funds

Year	Maint. & const. of building	Maint. of equip. & vehicle	Furniture & equip. purchase	Med. purchase	Salary to staff	Water arrangement & Maint. expens	Purchase of fridge, A.C., T.V	Stationary & printing & computer Work	Others	Total expenditure.
2009-10	134755	52258	66617	0	75931	4440	37215	23800	586	501000
2008-09	195748	0	46117	0	71392	29911	82115	43800	13911	500000
2007-08	77900	0		356085	0	0	0	25015	0	500000
Total	508403	52258	112734	396085	146323	34351	119138	103615	24891	1501000

3: Auditing in RKS:

Most of the members (54%) were not aware of auditing of RKS fund and review of the financial accounts. The 46% members told that the financial account were reviewed once in a Years. The audit report was not shown to the members. However they were informed verbally. 69% of the members reported dissatisfaction regarding expenditure and revenue generated by RKS.

4 : Factors affecting the functioning of RKS:

Table No: 2

Inhibitory factors to the smooth functioning of RKS

S. No.	Barriers	No. Of Members (N=13)	%
1	Irregular Meetings	13	100.00
2	Lack of fund and donation	13	100.00
3	Confrontation among member	7	53.85
4	Lack of interest and ownership among District Health Officials	7	53.85
5	Community member and local District Officials are less powerful	7	53.85
6	lack of staff	10	76.92
7	lack of corporation among RKS members	9	69.23
8	Decisions not implemented in time	10	76.92

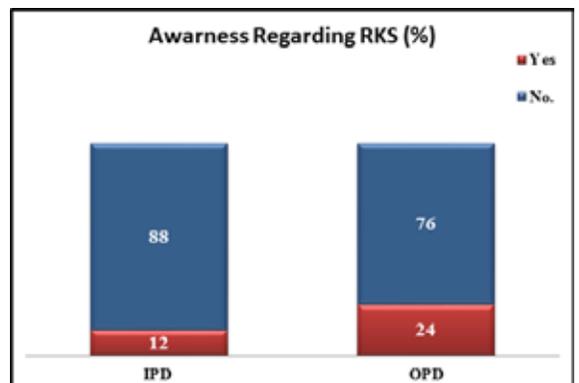
Table No : 3

Knowledge of objectives and resources of funds generation among RKS members.

S. No.	Knowledge of No. of objective of RKS	No. of members (N=13)	%	Knowledge of No. of resource of fund generation	No. of members (N=13)	%
1	Hospital maintenance and management Facility for BPL patient Patient welfare work	8	62	User charges	13	100
2	Hospital maintenance and management	3	23	Commercial income	12	92
3	Hospital maintenance and management Patient welfare work	2	15			

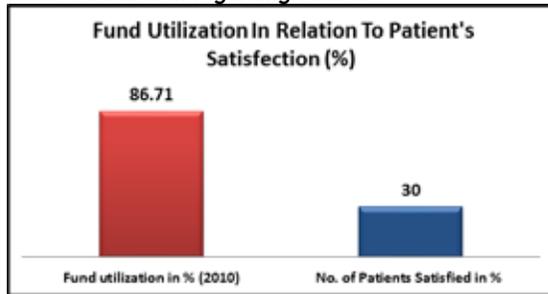
5 : Perception of beneficiaries regarding services provided at the respective hospitals:

Figure No.: 2 Knowledge regarding RKS in studied beneficiaries (OPD and IPD patients) in District Hospital



It was observed that 74% respondents were not satisfied with the facilities provided at hospital. The fund utilization in 2014 was (86.7%) but the patient's satisfaction rate were only (30%)

Fig.3 : Relation between Utilization of Funds and patients Satisfaction regarding facilities



Discussion:

The present study is to elaborate upon RKS mechanisms and functioning in District Hospital, Jabalpur, M.P. The study made some important revelations pertaining to RKS.

Firstly, it was seen that the RKS has been formed in 1994 according to the Govt. guidelines. But there were no facility of displaying the details of RKS implementation. This shows about lack of system of feedback from the community. Previously done studies corroborate these findings.⁽⁸⁾

RKS was headed by a member secretary and constituted of up to 23 members. The members were elected in 2004, and there was nothing known as 'term' so some eminent and powerful members are continuing their services since long time and observed as a barrier for smooth functioning of RKS. It was seen that there was lack of Senior Medical Officer (female) Donor members, District Programme Officer (Dept. of Women and Child Health) and Hospital Administrator in RKS as per constitution. Other study such as done in Uttarakhand reported, lack of RKS members in the samiti but the nomination and term of two years were followed by them.⁽⁹⁾

According to the guideline of RKS, meetings of all the members are essential in every two months (Ex. body) and twice in a year (General body) with some agenda. In our study, we found that these meetings were irregular and not being held in scheduled time and there is no feedback mechanism from the members also. However meeting attendance was quite good. Registers were properly maintained related to receipt from members for attendance, agenda and the minutes. The reason accounted for the fact of irregular meetings could be seen as that the public systems are already facing crisis in terms of man power, most of the officials are thus additionally burdened with RKS activities and as a result of this they are not taking proper interest in all these activities. Almost all the studies had done earlier corroborate these findings.

For smooth functioning of RKS, there is provision of fund generation through the government and non-government agencies. The RKS is empowered to mobilize resources through levy of user charges, commercial use of assets like land of the institution, donations from the public at large.

In our study, funds for RKS are gathered mainly through user charges (34%) and commercial use of assets (11%) out of all available fund resources.⁽¹²⁾ (Except the NRHM Grant)

More than 3/4th amount of fund (86.7%) was utilized in last 3 years as per the results of our study, which is satisfactory in comparison to utilization of fund (80%) done in the state of Madhya Pradesh earlier.⁽¹¹⁾ Utilization of these funds are mainly confined to salary to staff (24%) i.e - class IV staff

in construction/maintenance of building (19%). Second large amount (19%) was engaged in advances and the reason for that was not justified. Hence, it requires more attention towards all other activities along with salary, constructions and maintenances. The Common Review Mission done in some of the Districts of M.P. (2014) reported the similar findings of utilization of fund under RKS.⁽¹⁰⁾

Utilization of NRHM Grant was mainly expended on maintenances, equipments and furniture purchase or should we say on patient's quality care which increased the satisfaction level of patients.

The concept of RKS is not new in the state and it is running in District Hospital at Jabalpur; since 1994. The functioning of RKS is influenced by many factors.

The inhibitory factors in the functioning of RKS are following. It was seen that these members had poor and common understanding regarding the objectives, functioning of RKS and resources of fund generation, so they failed to act as motivators for community and themselves in most of the cases. Thus, the knowledge and interest of the members was not good enough towards the achievement of objectives and functions of RKS. The members and service providers reported that mainly the attention was paid on construction and infrastructure, on provision of free services for BPL, on maintenance of hospital and equipment and on availability of class IV staff. The other activities mentioned in the guideline were totally out of the attention. The reason for this might be the lack of manpower and overloaded employees. Rapid assessment done in U.P. reported the similar facts.⁽⁹⁾

Several other lacunae were observed regarding the functioning of RKS among the members of RKS and service providers. They were pertaining mostly to lack of donation, lack of cooperation among the Community Members/local District Official and District Health Officials, lack of staff in hospital, lack of interest of members specially District Health Officials, less powerful Community Members and lack of publicity measures and counseling. Awareness may be best generated by use of local media/electronic print and personal counseling. Branding may also enhance the impact of the same. These findings have been observed in other studies also.⁽⁸⁾

The USHA, ANM, AWW may act as informers to the patients, general as well as underserved populations and to guide them, this may act as an image booster for RKS in addition to increasing the satisfaction level, utilization and coverage.

As it was seen from, our study that implementation of RKS in the hospital was done around 20 years back and they were having enough opportunity to reform the institution. Some old local patients reported the improvements done in last 5 to 6 years, which is after the establishment of NRHM. Even then there are so many inhibitory factors and a major need of improvements felt by beneficiaries. It was also seen that the satisfaction level and perception of patients were very poor with the majority of services like staying facilities for attendants, poor quality of medicine and investigation, long waiting time, no sitting arrangements, non availability of separate toilets, cleanliness of hospital, availability of doctors with their behavior, given time and treatment, lack of staff etc. In spite of all the above complaints it was seen that patients were satisfied with availability of medicine, food, ICU, SNCU, referral and drink-

ing water facilities. Same as according to the West Bengal study the users, particularly mothers have expressed dissatisfaction regarding the provided services to varied extents. (8)

Patient's satisfaction with provided facilities in the District Hospital was observed low though the fund utilization was high. Both of these changes are not necessarily due to RKS. The reason for this dissatisfaction could be lack of hospital staff and use of less no. of publicity measures. It was seen that all of them were not aware of any kind of inspection and citizen's charter in the hospital. This again showed that there is major need of different kind of publicity measures to aware them for available facilities. It was observed too that there was no attention paid on user grievances. Another study based on patient's perception doesn't corroborate the above findings. According to their report the patients were quite satisfied with the facilities got improved after the establishment of RKS in the hospital. (9)

Majority of patients mainly desired good treatment round the clock and in emergency hours, quality food and medicine, facilities for attendants, availability of basic facilities and mentioned that no. of staff and doctors should be increased at District Hospital.

Conclusion:

1. The RKS has been formed at District Hospital Jabalpur, (M.P) as per the guidelines. The number of members constituting RKS were sufficient but the nomination was not according to the guideline, terms of year for the membership timings was not fixed and the display of signboards and other information related to RKS were also lacking.

2. The RKS fund is mainly used in staff salary, up gradation of infrastructure maintenance of facilities, equipment and in fuel rather than maintaining the quality of service. In spite of that the NRHM fund was mainly spent on maintaining the quality care of patients and the results are visible in the study as reported by the patients. These findings are against a study done in Nainital which reported that the patient's satisfaction level with facilities was high even with the low utilization of funds. (9) Both of these changes are not necessarily due to RKS. However, the satisfaction levels of beneficiary's are very poor so the attention should be focused on fund generation and improvement in the essential services as cleanliness, life saving drugs, diagnostics, quality care of patients and the ambience of the hospital.

3. There is apparently no resistance in collection of user charges and commercial income although efforts on new innovations and donations were lacking. Members of RKS complaints regarding lack of fund and it was seen that a big chunk was engaged in advances which was not settled for along time.

4. Majority of the beneficiaries were not aware about RKS at the studied District Hospital but they wanted number of improvement in the quality of health care, i.e. good treatment round the clock and in emergency hours, quality food and medicine, facilities for stay of attendees, availability of basic facilities and mentioned that no. of staff and doctors should be increased etc.

5. The main inhibitors to the effective functioning of RKS are - poor awareness of beneficiary's regarding facilities as well as the member's, regarding the objectives and functions of RKS. Some other lacunae are lack of co-operation

among members, irregular meetings, overburdened members, and the lack of motivation of health officials. Decisions were delayed or not implemented. There is urgent need of trainings of all the members of RKS and Service providers at hospital.

6. The response from patients reflects inability of government health facilities to fulfill their expectations.

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