

A Rapid Appraisal of constitution and activities of Rogi Kalyan Samiti in National Rural Health Mission at Sub District Hospital, Rural Hospital and Primary Health Centers in Yavatmal District of Maharashtra State

Pralhad S. Chavan^{*1} and Sulabha Akarte²

¹Medical Officer, District Training Centre Yavatmal, Shri VNGMC campus, Yavatmal 445001, India

²Professor and Head, Preventive and Social Health Department, Government Grant Medical College, JJ Hospital, Mumbai 08. Maharashtra, India

*Correspondence Info:

Dr. P. S. Chavan,
234, Darda Nagar, Near Yavatmal Public School,
Wadgaon Road, Yeotmal. Pin Code 445001.
E-mail: drpschavan17@gmail.com

Abstract

The present study was carried out with an objective to study the constitution and activities of Rogi Kalyan Samiti (RKS). It is a rapid appraisal study done in Yavatmal District, Amaravati Division in Vidarbha region of Maharashtra State. Using multistage purposive sampling design, 2 SDH, 9 RH and 18 PHC'S were selected. The study subjects were RKS members (203 members), clients (5 IPD and 5 OPD patients) and beneficiaries (290 patients). Three study tools were used for data collection- 1. Giving self administered structured questionnaire translated in local language for RKS members, 2. Predesigned and pretested interview schedule was used for beneficiaries (patients), 3. Whenever needed the observations were done by investigator himself and were noted. Data thus collected was analysed using Stata software version 12.1. RKS was constituted during 2005-2007 with governing body following issuance of government of India guidelines. The governing body meetings were conducted per year since inception at the SDH/RH & PHC's. The result of present study indicated that the satisfactory working of RKS in the selected region.

Keywords: National Rural Health Mission, Rogi Kalyan Samitis, Maharashtra Pollution Control Board (MPCB), Public health facilities.

1. Introduction

In India, the National Rural Health Mission envisaged of having committees with civil society representation at all publicly financed hospitals known as Rogi Kalyan Samiti (RKS), with mandate to enhance governance in hospitals [1]. There are limited evidences about functioning of these committees in many states. The NRHM vision envisaged provision of effective healthcare to rural population throughout the country, to begin with special focus on 18 states in 2005, which had weak public health indicators and weak infrastructure [2]. Under the NRHM, Rogi Kalyan Samiti has been formed in all health facilities in the country to provide information, feedback, recommendations on the processes and mechanisms of RKS to improve the overall quality of the health intervention [3].

In developing countries, provision of basic preventive, promotive and curative healthcare services is a major concern of the state. It is part of the social contract between the citizen and the state. However, with ever-increasing population and advancement in the medical technology and increasing expectation of the people

especially for quality curative care, it has now become imperative to provide quality health care services through the established institutions. At district level the district hospitals provide the range of curative care services while at sub-district levels, the care (curative and preventive) is being provided through Community Health Centres and Primary Health Centres with specialist services of physicians, pediatricians, Obstetric & Gynecology specialists and surgeons' *et al* being made available. However, these services could gain public confidence only when provided optimally with specialist support, facilities and in a transparent and accountable manner, which calls for adequacy of resources, power to use the same in the most patient-welfare-centric ways and with involvement of the citizens [3].

The present research paper provides the information about constitution and activities of RKS in Yavatmal district.

2. Materials and Methods

A design was rapid appraisal study undertaken in Yavatmal District of Maharashtra State during the period of April 2011 to October 2012, after approval from the Ethical

Committee. The multistage purposive sampling method was adopted for the study. In the selected region, there are total 3 sub district hospitals (SDH), 14 rural hospitals (RH) and 63 primaries health centres (PHC's) are available in the district. Among these 2 SDH, 9 RH and 18 PHC's were selected. So the total 29 health facilities have been selected for the study. Government medical college and hospital was excluded from the study as RKS is not applicable to them. The study subjects were 50% (203 members) of Rogi Kalyan Samiti members, randomly selected from the chosen health facilities of study population. 5 indoor patients and 5 outdoor patients and 290 beneficiaries interviewed at 29 facilities.

Preparation of detailed programme schedule day and date wise was done. Meeting days of Medical Officers at District, Block and Holidays were considered while preparing the schedule, programme schedule was conveyed to Member secretary so that maximum number of members should be present on the day of data collection. On the day of data collection RKS members were oriented about the purpose of the study and if they have any doubts were clarified. Verbal consent obtained from them before administering the Questionnaire. Chairman, Member secretary and Member of the RKS (Governing council and Executive committee), were given self administered, structured and pretested questionnaire to respond. It is translated to local language in Marathi; Hindi speaking peoples also speak and understand the Marathi language very well. Hence translation was done in Marathi only. Before administering the questionnaire it was discussed and anybody had any doubts were clarified by the investigator on spot. For beneficiaries interview health facilities were visited during OPD hours, and Outdoor Patients (beneficiaries), were randomly selected. At the same time Indoor Patients admitted were randomly chosen and interviewed. Before interviewing the beneficiaries they were made to sit in a group and Questionnaire was explain to them in Marathi. If they had any doubts were clarified by the investigator, following that each beneficiaries interviewed by using structured pretested, questionnaire, translated in local language (Marathi). Hindi speaking people know the Marathi language very well hence only Marathi translation was done. Each interview took 15 to 20 minutes.

2.1 Data Analysis

The data of 203 RKS respondents & 290 beneficiaries was collected, compiled and then entered in MS Excel 2007 worksheet. It was analysed using *Stata software version 12.1*.

3. Result and Discussion

In Yavatmal district there is one Government medical college and hospital, 3 Sub District Hospitals (SDH),14 Rural Hospitals (RH) and 63 Primary Health Centre's (PHC) are functional and at all places Rogi Kalyan Samiti's (RKS) were established and registered from 2005-06 to 2007-08. The main objective of RKS is to ensure the

subsidized food, medicines and drinking water to the patients and their attendants.

The health facilities and year of registration of Rogi Kalyan Samiti is given in table 1. Two SDH were chosen in the study where RKS was registered in the year 2005, out of the selected 9 RH, 6 RKS were registered in the year 2006 and the remaining 3 RKS were registered in the year 2007. At PHC's, out of total 18 selected PHC's, all RKS were registered in the year 2007, so at all the selected health facilities RKS were registered within two years, since National Rural Health Mission was launched in the year 2005.

Table 1: Health facilities and Year of registration of RKS in study

Health facility	2005	2006	2007	Total
SDH	2	-	-	2
RH	-	6	3	9
PHC	-	-	18	18
Total	2	6	21	29

In present study, 100% respondents from SDH, RH & PHC's said written guidelines and sign board displayed at the entrance of respective health facilities. These responses were personally verified by the investigator and found to be correct. All RKS members were aware about their selection on Governing council or on Executive committee at health facilities was as per guidelines and all 100% members agreed upon on it. The total number of RKS members at the chosen 29 health facilities is 406.

Out of 29 health facilities only two PHC's where meetings are conducted as per the guidelines and rest of the 16 PHC's, 9 RH and 2 SDH, where Governing council meetings are not conducted as per the guidelines. To the above observation of Governing council meetings held per year since inception at the health facility, also executive committee meetings conducted and the unpaired t test was applied as a test of significance (Table 2) for the purpose of statistical analysis and significance facilities were divided into two groups SDH/RH together and PHC as other group and the difference which was found to be highly significant, (p= < 0.001).

Table 2: Governing and Executive council meetings conducted

Health facility	Governing council meetings		Executive council meetings		P value
	Mean (SD)	95% CI	Mean SD	95% CI	
SDH and RH	9.3(1.2)	9.1-9.6	13.9 (4.9)	12.8-15.1	<0.001
PHC	10.1(1.8)	9.8-10.1	18.2 (4.6)	17.3-19.1	

df=201; p=< 0.001 highly significant

As shown in table 3, at SDH and RH out of 74 members, 100%, responded that meeting register was maintained. At PHC's out of 129 members 121(93.8%) responded that meeting register was maintained and only 8(6.2%), members responded that meeting register was not maintained. Fishers exact test, was applied, (p=0.028) and the difference was found to be significant.

Table 3: Maintenance of meeting registers at health facility

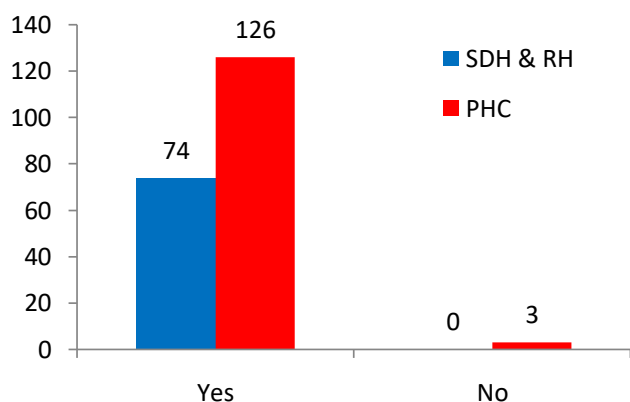
Health facility	Meeting register kept		Total
	Yes	No	
SDH & RH	74 (100)	0 (0.0)	74
PHC	121 (93.8)	8 (6.2)	129
Total	195 (96.1)	8 (3.9)	203 (100.00)

Note: Figures in brackets indicate percentages. Fishers exact test, p=0.028 (Significant)

The above observation concluded that meeting register for attendance of the members and the proceedings of the meetings are well maintained at SDH and RH than at PHC's, meeting register is the very important document in which all the proceedings and decisions, valuable suggestions, instructions, improvements, peoples or beneficiaries grievances are recorded in it and are duly signed by the members. It is also a proof of their attendance in the meeting which in turn suggest members seriousness and active participation in day to day functioning of RKS [4,5].

At SDH and RH 100% member (74) and at PHC's 97.7% members (126), said that minutes of the meeting were prepared and circulated among the members. While 3(2.3%) members said minutes of the meeting were not prepared and circulated among the members (Figure 1).

Figure 1: Preparation and circulation of minutes of the meeting



From the observation we can say that at sub district and taluka (SDH/RH) facilities, minutes of meetings were prepared and circulated at almost all health facilities, it also reflecting the satisfactory working of RKS as per government regulations and norms [3,5]. In Maharashtra preparation and circulation of minutes of the meeting observed at almost all

health facilities [6]. When we compare these findings with other states RKS it was observed that in states like Haryana, Orissa and Andhra Pradesh, where minutes of the meetings prepared and circulated in the meeting. These findings are similar with our findings in this study [7,8]. In UP, Bihar states minutes of meetings not recorded and meetings are very irregularly conducted [6,7,9].

At SDH and RH out of 74 RKS members, 71(96%), responded that all members participate in the meeting and 3 (4%), responded that all members do not participate in the meeting as shown in table 4. At PHC's out of 129, 125(96.9%), RKS members responded that all members participate in the meetings and 4(4.4%), responded that all members do not participate in the meeting. Fishers exact test, (p=0.707) was applied and the difference was found to be not significant.

Table 4: RKS member's participation in the meetings

Health facility	Members participation in the meetings		Total
	Yes	No	
SDH and RH	71 (96)	3 (4)	74
PHC	125 (96.9)	4 (3.1)	129
Total	196 (96.5)	7 (3.5)	203 (100.00)

Note: Figures in brackets indicate percentages. Fishers exact test, (p= 0.707, Non significant)

For effective functioning of RKS the members, should actively participate in day to day affairs of RKS. Efforts should be made for those who are not contributing in the meetings and thereby also in activities of RKS [3,5]. In the Maharashtra state RKS members are actively participating in the meeting [10]. In the states like Gujarat, Kerala, Tamil Nadu and Andhra Pradesh, where members are actively participating and contributing in the meetings [9,10]. In states like Bihar, Uttar Pradesh, and Rajasthan, where the members were not participating in the RKS meeting [6].

4. Conclusion

The study was undertaken for various activities such as written guidelines, signboard display, member selection and meetings of RKS in the SDH, RH and PHCs in Yavatmal region of Maharashtra, India. The study concluded that in all the selected health facilities written guidelines and signboard display were available and the RKS members aware about the guidelines and are actively participated in the meetings. The results of the present study reflect the satisfactory working of RKS as per government regulations and norms.

References

[1] Nongdrenkhomba *et al.* Local governance system for management of public health facilities: Functioning of Rogi Kalyan Samiti in North Eastern States of India. *South East Asia Journal of Public Health* 2014; 4(2):16-22.

- [2] Evaluation Study of National Rural Health Mission (NRHM) In 7 States. Programme Evaluation Organisation Planning Commission Government of India New Delhi, February 2011.
- [3] Rogi Kalyan Samiti charter, Department of Public Health and Family Welfare, Madhya Pradesh.
- [4] Guidelines for constitution of Rogi Kalyan Samiti / Hospital Management Society. Available from URL: <http://mohfw.nic.in/NRHM/RCH/guidelines/guidelines%20setting%20up%20Rogi%20kalyan%20Samitis.htm>
- [5] Guidelines for Rogi Kalyan Samiti (#) <http://mohfw.nic.in/NRHM/RKS.htm> accessed on 17 July 2011.
- [6] National Rural Health Mission Fourth Common Review Mission Report – December 2010: Summary Findings, Ministry of Health and Family Welfare, New Delhi, 2010
http://www.mohfw.nic.in/NRHM/CRM/CRM_files/Attachment/Home/Annex5.pdf accessed on 20 June 2012.
- [7] First Common Review Mission Report –: Summary Findings, Ministry of Health and Family Welfare, New Delhi, November 2007, National Rural Health Mission: http://www.mohfw.nic.in/NRHM/CRM/CRM_files/Attachment/Home/Annex5.pdf accessed on 3 May 2012.
- [8] Guidelines on Rogi Kalyan Samiti Available from URL: [MoHFW.nic.in/NRHM/state%20files/Uttaranchal.htm](http://mohfw.nic.in/NRHM/state%20files/Uttaranchal.htm) accessed on 21 March 2011.
- [9] Fifth Common Review Mission Report – November 2011: Summary Findings, Ministry of Health and Family Welfare, New Delhi, National Rural Health Mission Available from URL http://www.mohfw.nic.in/NRHM/CRM/CRM_files/Attachment/Home/Annex5.pdf accessed on 2 June 2012.
- [10] Third Common Review Mission Report –November 2009, Ministry of Health and Family Welfare, New Delhi, 2009, Available from URL http://www.mohfw.nic.in/NRHM/CRM/CRM_files/Attachment/3rd%20CRM%20Report/3rd%20CRM%20Report.pdf accessed on 24 March 2010.