

Institutionalizing Hospital Management Society/ (Rogi Kalyan Samiti)

Rationale:

With growing population and advancement in the medical technology and increasing expectation of people for quality health care, it has now become imperative to establish a system to render desired services. In the rural areas the secondary level care is provided through CHCs with specialist services of physicians, pediatricians, O & G Specialists & surgeons being made available. However, these services have not been fully achieved due to paucity of resources, lack of accountability and non-involvement of community.

Upgradation of CHCs to Indian Public Health Standards is a major strategic intervention under NRHM, the purpose of which is to provide sustainable quality care with accountability and people's participation along with total transparency. However, there is a general apprehension that this may not be possible unless a system is evolved for ensuring a level of permanency and sustainability. This requires development of a proper management structure which is called as 'Rogi Kalyan Samiti'(Health Management Society) as in other states which has high feasibility and is being replicated in Orissa.

Rogi Kalyan Samiti is a simple, yet effective management structure, which is a registered society, acting as a group of trustees for CHC/ hospitals/ to manage the affairs of the hospitals. It consists of members from local P.R.I., NGOs, local elected representatives and officials from Government Sector, who are responsible for proper functioning and management of hospitals/ CHCs/ FRUs. The RKS is free to prescribe, generate and use the funds placed with it, as per its best judgment for smooth functioning

	<p>and maintaining the quality of services.</p> <p>In the State 90% of the institutions have been registered and fund utilization has started. Many new innovations are taking place in health institutions through these funds.</p> <p>Sensitization of RKS members is also key to the smooth functioning of the RKS. In this regard a sensitization of RKS is currently being undertaken through a cascade model. District divided into five zones and key members have been sensitized, who in turn shall orient & sensitize the RKS functionaries. Fund requirement for the above is also being projected.</p>
<p>Objectives:</p>	<ul style="list-style-type: none"> • Ensure compliance to minimal standard for facility and hospital care and protocols of treatment as issued by the Government. • Ensure accountability of the public health providers to the community. • Introduce transparency with regard to management of funds. • Upgrade and modernize the health services provided by the hospital and any associated outreach services. • Supervise the implementation of National Health Programmes at the Hospital and other institutions that may be placed under its administrative jurisdiction. • Organize outreach services/ health camps at facilities under the jurisdiction of the hospital • Display a Citizens' Charter in the Health facility. • Generate resources locally through donations, user fees and other means • Establish affiliations with private institutions to upgrade services • Undertake construction and expansion in the hospital building

	<ul style="list-style-type: none"> • Ensure optimal use of hospital land as per govt. guidelines • Improve participation of the society in the running of the hospitals • Ensure proper training for doctors and staff • Ensure subsidized food, medicines and drinking water and cleanliness to the patients and their attendants. • Ensure proper use, timely maintenance and repair of hospital building equipment and machinery. • A number of RKS have developed an action plan and have also initiated expenditure. To provide greater ownership and enhance responsibility of the RKS the appointment and management of contractual paramedic in the district is being provided to the RKS.
<p>Strategy:</p>	<ul style="list-style-type: none"> • Development of local specific Bye law & memorandum of Association. • Constitution and organizing a meeting for members. • Registration of the RKS under Society Registration Act 1860. • Opening of Bank Account. • Orientation & Sensitization of RKS members. • Development of institution specific annual Action plan
<p>Activities:</p>	<ul style="list-style-type: none"> • Identifying the problems faced by the patients in CHC/ PHC. • Acquiring equipment, furniture, ambulance (through purchase, donation, rental, or any other means, including loans, from banks) for the hospital • Expanding the hospital building, in consultation with and subject to any Guidelines that may be laid down by the State Government. • Making arrangements for the maintenance of hospital building (including residential buildings), vehicles and equipment available with the hospital.

	<ul style="list-style-type: none">• Improving boarding/ lodging arrangements for the patients and their attendants• Entering into partnership arrangement with the private sector (including individuals) for the improvement of support services such as cleaning services, laundry services, diagnostic facilities and ambulatory services.• Developing/ leasing out vacant land in the premises of the hospital for commercial purposes with a view to improve financial position of the Society.• Encouraging community participation in the maintenance and upkeep of the hospitals• Promoting measures for resources conservation through adoption of wards by institutions and adopting sustainable and environmental friendly measures for the day-to-day management of the hospitals e.g. scientific hospitals waste disposal system, solar refrigeration systems, water harvesting and water re-charging systems.
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