



**Mission Directorate**  
**National Health Mission, Odisha**  
Department of Health & Family Welfare,  
Government of Odisha.

Letter No. OSH&FWS/14845

Date: 04 / 12 / 2015

From

Shalini Pandit, IAS  
Mission Director,  
NHM, Odisha.

To

Director Capital Hospital, Bhubaneswar.  
All CDMO- cum- District Mission Directors, Odisha  
CMO, RGH, Rourkela.

**Sub: Revised Guidelines for Rogi Kalyan Samiti (RKS) in Public Health Facilities.**

**Ref: Letter No. 25357/ H- dated 28.11.2015 of Government in H& FW Department.**

Madam/ Sir,

With reference to the letter and subject cited above, it is to inform that, the **Guidelines for Rogi Kalyan Samiti (RKS) in Public Health Facilities** has been revised in adherence to revised Guideline issued by Ministry of Health and Family Welfare, Govt. of India and with due approval of Govt of Odisha. The revised composition of the membership of the Rogi Kalyan Samitis and composition of Executive Committee and Governing Body along with powers & functions of EC & GB for different categories of public health facilities and Capital Hospital, Bhubaneswar & RGH, Rourkella has been defined. The detailed revised guideline is enclosed in annexure -1 for information and encenary action.

Therefore you are requested to re-constitute the Rogi Kalyan Samitis of DHH, SDH, CHC, PHCs of your district as per the guideline attached herewith latest by 30<sup>th</sup> December 2015. A copy of proceeding of the RKS ( GB) along with revised composition & function of EC & GB must be communicated to Assistant Registrar / Registrar of the Society for official record, and a detailed status report of reconstitution must be intimated to the undersigned.

**This must be treated as most URGENT.**

Yours faithfully,

  
03/12/15  
Mission Director,  
NHM, Odisha.






**Mission Directorate**  
**National Health Mission, Odisha**  
Department of Health & Family Welfare,  
Government of Odisha.

Memo No. 14846

Date. 04.12.15


Copy submitted to the Principal Secretary, H & FW Deptt. Odisha for kind information.

  
Mission Director,  
NHM, Odisha.

Memo No. 14847

Date. 04.12.15


Copy forwarded to the DHS/DFW/DPH, Odisha for information and necessary action.

  
Mission Director,  
NHM, Odisha.

Memo No. 14848

Date. 04.12.15


Copy forwarded to all the Collector and District Magistrates for information & necessary action.

  
Mission Director,  
NHM, Odisha.

Memo No. 14849

Date. 04.12.15

Copy forwarded to all DPMs/DAMs for information and necessary action. They are instructed to follow up the activity personally and ensure compliance.

  
Mission Director,  
NHM, Odisha.





GOVERNMENT OF ODISHA  
HEALTH & FAMILY WELFARE DEPARTMENT

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No. 25357 / H,  
HFW-SCHE-NRHM-42/2014

Dated 28-11-15

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Mission Directorate

From

Sri Surajit Das, OAS,  
Joint Secretary to Government.

To

The Mission Director,  
National Health Mission, Odisha, Bhubaneswar.

**Sub:- Revised guidelines for Rogi Kalyan Samiti(RKS) in public health facilities under NHM.**

Madam,

I am directed to say that in adherence to modified guidelines of Government of India on the above subject, the Government of Odisha after due consideration have been pleased to approve the modified Rogi Kalyan Samiti Guidelines pertaining to structure and composition at different levels in Public Health Facilities.

The copy of the relevant modified guidelines is enclosed herewith for your information and necessary action.

Yours faithfully,

  
Joint Secretary to Government

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SPM  
SCM  
HDF

I/B  
copy of the  
enclosures  
may be kept  
28/11/15



# **REVISED GUIDELINES FOR ROGI KALYAN SAMITIES IN PUBLIC HEALTH FACILITIES**





### Structure and Composition of Rogi Kalyan Samiti in Public Health Facilities

The Department of Health & Family Welfare, Government of Odisha set up RKS, which must be registered as a Society under the Societies Registration Act 1860, in all District Headquarter Hospitals (DHH), Sub District Hospitals (SDH), Community Health Centres (CHC), and Primary Health Centres (PHC) and equivalent facilities. These have already been established in most of the hospitals. Now measures to be taken **to restructure the RKS based on the current guidelines**. The composition of the committee should include elected representatives, administrative and technical personnel and members of the community. Adequate representation of eminent social workers in the community with credible reputation and representatives of Non-Governmental organizations (NGOs) should be ensured.

The RKS would comprise of a Governing Body (GB) and an Executive Committee (EC). The GB will be responsible for policy formulation and oversight and the EC for implementing policy decisions and facilitating operation of patient centric services.

The District Health Society shall monitor the performance of the Rogi Kalyan Samities at the District/Sub District levels and provide need based technical support and funds, based on state and national guidelines. The State Government will have a role in issuing the necessary orders regarding the formation/reconstitution of the RKS and various financial and administrative aspects although it may limit its involvement on guiding how to utilise the funds. It will also have a key role in awareness generation of RKS in community so as to make the idea of participatory payment acceptable.

There are 4 types of members in the Rogi Kalyan Samiti.

There are 4 types of members in the Rogi Kalyan Samiti.

#### **1. Ex-officio Members:**

People's representatives and the officials from the various line Departments

#### **2. Nominated Members:**

Three eminent citizens of whom one must be a female, Two Civil Society representative, nominated by the Chairperson from the names recommended by the Vice-chairperson, One from local Medical College if any.

#### **3. Associate Members:**

An individual who makes one time donation of Rs. 100,000 for DHH, Rs. 50000 for SDH/CHC, Rs. 25000 for PHC shall offered an associate membership for 2 years.

#### **4. Institutional Member:**

Any institution, which donates (Rs. 250,000 for DHH, Rs.125000 for SDH/CHC, Rs. 50000 for PHC) or more or adopts Ward of the hospital and bears the cost of its maintenance, may be made eligible to nominate a person from the institution as a member of the Governing Body for a period of 2 year.

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However they don't have voting right and the adopted ward shall function within the overall amb<sup>ce</sup> of the public health facility.

### Governing Body

The composition of Governing Body (GB) of RKS at District Headquarter Hospital

Governing Body of District Headquarter Hospital RKS	
Chairperson	Member of Parliament of the Lok Sabha of the District, in whose constituency the District Headquarter Hospital lies.
Co- Chairperson	Other MPs from the district, if any.
Vice Chairperson	Collector & District Magistrate
Member Secretary	CDMO

### Members (Ex-officio)

1. All MLAs of the district
2. Chairperson-Zilla Parisad
3. Mayor/Chairperson of the ULB at the District head quarter.
4. Project Director- DRDA
5. Commissioner/Chief Municipal Officer/Executive Officer, Municipal Corporation/ Municipality.
6. ADMO (Medical)
7. District Ayurveda Medical Officer
8. District Homoeopathic Medical Officer.
9. District Social Welfare Officer (DSWO)
10. Executive Engineer RWSS/ Asst Engineer RWSS
11. District Education Officer
12. District Welfare Officer (DWO)
13. Executive Engineer PHD/ Asst Engineer PHD
14. Executive Engineer PWD
15. Asst. Engineer GED
16. Representative from IMA
17. DPM, NHM
18. Hospital Manager
19. Associated members/ Institutional Members who contribute equal to or more than the stipulated amount for associate membership.
20. Nominated member (from the names recommended by Vice-Chairperson)
  - Three eminent citizens, of whom one must be a female, nominated by the Chairperson from the names recommended by Vice-Chairperson.
  - Two Civil society representatives.
  - One Representative of local Medical College, if any.
  - The senior most specialist of the hospital should invited as permanent special invitee.

Composition of the Executive Committee (EC) of the RKS at District Headquarter Hospital

Executive Committee District Headquarter Hospital (DHH)
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### Executive Committee District Headquarter Hospital (DHH)

Chairperson	Collector & District Magistrate
Co-Chairperson	Chief District Medical Officer
Member Secretary	ADMO (Medical)

#### Members:

1. Chairperson of Standing Committee on Health of Zila Parisad
2. Project Director DRDA
3. Commissioner/Chief Municipal Officer/Executive Officer, Municipal Corporation/ Municipality/NAC.
4. District Ayurveda Medical Officer
5. District Homoeopathic Medical Officer
6. District Social Welfare Officer (DSWO)
7. Executive Engineer RWSS/Asst. Engineer RWSS
8. District Education Officer
9. District Welfare Officer (DWO)
10. Executive Engineer PHD/ Asst. Engineer PHD
11. Executive Engineer PWD
12. Asst. Engineer GED
13. All Programme Officers of CDMO Office
14. Senior Most MO of the DHH
15. DPM
16. DAM
17. Hospital Manager
18. Individuals/ institutional donors who contribute equal to or more than the stipulated amount for associate membership.
19. **Nominated Members**
  - (i) Three eminent citizens, of whom one must be a female, nominated by the Chairperson
  - (ii) Two Civil society representatives
  - (iii) One Representatives of local medical college, if any.

### Governing Body of Capital Hospital/ RGH, Rourkela RKS

Chairperson	Member of Parliament of the Lok Sabha of the District, in whose constituency the Hospital lies.
Co- Chairperson	Other MPs from the district, if any.
Vice Chairperson	Collector & District Magistrate
Member Secretary	Director Capital Hospital/ CMO, RGH

#### Members (Ex-officio)

1. All MLAs of the City
2. Mayor of the ULB of the city.

3. Commissioner, Municipal Corporation of the City.
4. Director AYUSH
5. Superintendent/DCMO
6. Deputy Superintendent
7. District Social Welfare Officer (DSWO)
8. District Education Officer
9. District Welfare Officer (DWO)
10. Executive Engineer RWSS
11. Executive Engineer PHD
12. Executive Engineer PWD
13. Asst. Engineer GED
14. Representative from IMA
15. Associated members/ Institutional Members who contribute equal to or more than the stipulated amount for associate membership.
16. Nominated member (from the names recommended by Vice-Chairperson)
  - i. Three eminent citizens, of whom one must be a female, nominated by the Chairperson from the names recommended by Vice-Chairperson.
  - ii. Two Civil society representatives.
  - iii. One Representative of local Medical College, if any.
  - iv. The senior most specialist of the hospital should invited as permanent special invitee.

Executive Committee Capital Hospital, Bhubaneswar/ RGH, Rourkela	
Chairperson	Collector & District Magistrate
Co-Chairperson	Director Capital Hospital/ Chief Medical Officer of RGH, Rourkela
Member Secretary	Hospital Superintendent Capital Hospital/ DCMO RGH

**Members:**

1. Commissioner Municipal Corporation.
2. Deputy Superintendent/DCMO
3. District Ayurveda Medical Officer
4. District Homoeopathic Medical Officer
5. District Social Welfare Officer (DSWO)
6. Executive Engineer RWSS
7. District Education Officer
8. District Welfare Officer (DWO)
9. Executive Engineer PHD
10. Executive Engineer PWD
11. Asst. Engineer GED
12. ADMO (PH)
13. Senior Most MO of the Hospital
14. DPM
15. Hospital Manager

16. Individuals/ institutional donors who contribute equal to or more than the stipulated amount for associate membership.

**17. Nominated Members**

- i. Three eminent citizens, of whom one must be a female, nominated by the Chairperson
- ii. Two Civil society representatives
- iii. One Representatives of local medical college, if any.

**GB Structure at Sub-Divisional Hospital RKS:**

Chairperson	Member of Legislative Assembly of the Block headquarter
Co-Chairperson	Block Chair person
Vice Chairperson	Sub-Collector
Member Secretary	SDMO of SDH

**Members:**

1. Chair Person of the Urban Local body
2. Block Medical Officer
3. AYUSH doctor of the Block CHC
4. Block Development Officer
5. CDPO
6. Block Education Officer
7. Block Level representative of Education
8. JE RWSS
9. Two eminent citizens and two civil society representatives

**Executive Committee Sub-Divisional Hospital (SDH)**

Chairperson	Sub-Collector
Member Secretary	SDMO

**Members:**

1. One representative to be nominated by the Panchayat Samiti.
2. Senior most Medical Officer of SDH
3. CDPO
4. JE RWSS
5. Block Education Officer
6. Two eminent citizens and two civil society representatives that are GB members.
7. Individuals/ institutional donors who contribute equal to or more than the stipulated amount for associate membership
8. Chairperson may call such other Officer/person as special invitee

**Structure at Community Health Centre RKS GB:**

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Chairperson	Member of Legislative Assembly of the Block headquarter
Co-Chairperson	Block Chair person
Vice Chairperson	BDO
Member Secretary	Block MO I/C

**Members:**

1. Chair Person of the Urban Local body
2. 2<sup>nd</sup> Medical Officer of CHC
3. AYUSH doctor of the Block CHC
4. CDPO
5. Block Education Officer
6. Block Level representative of Education
7. JE RWSS
8. Two eminent citizens and two civil society representatives

Executive Committee Community Health Centre RKS	
Chairperson	Block Development Officer
Member Secretary	MO in-charge of the CHC.

**Members:**

1. One representative to be nominated by the Panchayat Samiti.
2. Senior most Medical Officer of SDH
3. CDPO
4. JE RWSS
5. Block Education Officer
6. BPM
7. PHEO
8. Two eminent citizens and two civil society representatives that are GB members.
9. Individuals/ institutional donors who contribute equal to or more than the stipulated amount for associate membership
10. Chairperson may call such other Officer/person as special invitee

GB Structure at Primary Health Centre RKS:	
Chairperson	Member Zilla Parisada (Who has major area within the jurisdiction of PHC (N)
Co Chairperson	Block Development Officer (BDO)
Vice Chairperson	MO I/C for CHC



Member Secretary	MO I/C of PHC
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**Members:**

1. Additional BDO
2. AYUSH Doctor of the PHC
3. ICDS Supervisor of that area
4. Junior Engineer, RD
5. Head Master of the local High School
6. PHEO
7. An eminent citizen of the area
8. BPM
9. Staff Nurse

Executive Committee Primary Health Centre RKS	
Chairperson	MO in-charge of the CHC.
Member Secretary	MO in-charge of the PHC

**Members:**

1. Additional BDO/Social Education Organizer- As representative of BDO
2. One AYUSH doctor of the PHC
3. Chair person's nominee of the GB
4. Junior Engineer RD
5. Staff Nurse
6. Pharmacist
7. Head Quarter ANM

**Roles and Responsibilities of the Governing Body (GB)**

1. The GB will have full control of the affairs of the Society and will have authority to exercise and perform all the powers, acts and deeds of the Society consistent with the aims and objects of the Society.
2. The GB shall take policy decisions related to overall functioning of the RKS which would be implemented by EC of RKS.
3. The GB may formulate, amend, or repeal any bye laws relating to administration and management of the affairs of the Society subject to the observance of the provisions contained in the Act, provided that proposals for amendments shall be submitted to the State Government for its consideration and approval.

4. The GB shall review income & expenditure statements, consider the annual budget and the annual action plan of the committee, subsequent alternations placed before it and pass it with such modifications as the GB may think fit.
5. The GB shall monitor the financial position of the Society in order to ensure smooth income flow and review annual audited accounts.
6. The GB shall accept donations, endowments contribution in terms of equipment, goods and services etc.
7. The GB shall authorize the Member Secretary to execute such contracts on behalf of the Society as it may deem fit in the conduct of the business of the Society.
8. The GB shall review compliance to Indian Public Health Standards, and performance of public grievance redressal at facility level. It will also review compliance to standards and protocols, and reports of the monitoring committee on Quality Assurance.
9. The GB shall undertake measures to increase transparency in financial and operational management of the hospital.
10. The GB shall provide the guidance for setting of user fees for inpatient and outpatient treatment, for proposals to raise revenues through use of hospital buildings and land such as, renting/leasing land to credible, not for profit groups working for patient welfare and commercial activities of a nature that contribute to the interest of patients (fruit shops, shops selling daily amenities etc)
11. The GB shall consider and approve financial proposals that are beyond the powers of the Executive Committee; i.e. over Rs. 10lakhs at the level of the DHH, Rs. 7 lakhs at the CHC, and Rs. 2 lakhs at the PHC.
12. The GB shall have powers to engaged Chartered Accountant for audit purposes for a period not exceeding three years.
13. The GB shall have powers to constitute sub committees for specific purposes such as new constructions, commercial use of land etc.
14. All assets created by the RKS shall be considered the property of the facility which shall then be required to undertake maintenance of the said asset.

#### **Powers and functions of the Chairperson of the GB**

1. The Chairperson shall have the powers to call for and preside over all meetings of the GB.
2. The Chairperson shall enjoy such powers as may be delegated to him by the Society and the GB.



3. The Chairperson shall have the authority to review periodically the work and progress of the Society and to order inquiries into the affairs of the Society.
4. All disputed questions at the meeting of the GB shall be determined by votes. Each member of the Governing Body shall have one vote and in case of a tie, the Chairperson shall have a casting vote.
5. Should any official members be prevented for any reason whatsoever from attending a meeting of the GB, the Chairperson of the Society shall be at liberty to nominate a substitute to take his place at the meeting of the Governing Body. Such substitute shall have all the rights and privileges of a member of the Governing Body for that meeting only.
6. Any business which may become necessary for the GB to perform, except the agenda prescribed for the full meeting may be carried out by circulation among all its members and any resolution so circulated and approved by majority of the members signing shall be as effectual and binding as if such resolution had been passed at a meeting of the GB provided that at least one third members of the GB have recorded their consent of such resolution.
7. In the event of any urgent business, the Chairperson of the Society may take a decision on behalf of the GB at the recommendation of Vice-Chairperson and Member Secretary. Such a decision shall be reported to the GB at its next meeting for ratification.
8. A copy of the minutes of the proceedings of each meeting shall be furnished to the Chairperson as soon as possible after completion of the meeting.

### **Member Secretary of the GB**

Member Secretary of the GB shall facilitate all meetings of the GB or any subcommittee, record proceedings and resolutions and act upon them. The annual plan must be based on the gaps identified in providing quality health services in the respective institutions. It should be in tune with the funds available at respective institutions. It can be revised after review in GB meeting.

### **Powers of Member Secretary-Governing Body**

1. All executive and financial powers of the society shall vest in the member Secretary who shall be responsible for following functions.
  - i. Manage day to day administration of society.
  - ii. Conduct all correspondence on behalf of society on all matters.
  - iii. Arrange for custody of all records and movable properties of society

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2. To determine and make arrangements as to who shall be entitled to sign on behalf of society bills, receipts, vouchers, contracts and other documents whatsoever.
  3. To form a subcommittee to perform some task and delegate any of the powers to these subcommittees.
  4. Take action on urgent important matters in consultation with Vice-Chairperson and Chairperson and place before GB in next meeting.
  5. Exercise such powers and discharge such functions as maybe delegated to him by the Governing Body.
  6. For day-to-day work decisions, the EC will guide Member Secretary.

#### Proceedings of the Governing Body

1. The members in the committee should meet the eligibility criteria for membership.
2. The GB must meet as often as required, but at least **bi-annually** to review the progress and functioning of RKS.
3. One third of the members of the GB, present in person, shall form a quorum at every meeting of the GB.
4. The proceedings of the meeting should be recorded in writing.
5. No member of the Society or its GB shall be entitled to any remuneration.

#### Powers and Functions of Executive Committee (EC):

1. Meeting of the EC shall be convened by the Member Secretary by giving clear seven days notice in writing along with the Agenda specifying the business to be transacted, the date, time and venue of the meeting.
2. The EC will meet at least **once in two months**.
3. The quorum will be 50% members. **The presence of the Chairperson will be essential.**
4. Executive Committee will implement the decisions taken by the Governing Body and will function within its powers.
5. The minutes of the Executive Committee meeting will also be communicated to the members of GB.
6. Executive Committee can delegate some of its financial powers to the Member Secretary.
7. The EC may constitute the following committees:
  - Committees on Quality Assurance.
  - Purchase Committee
  - Committee for Emergency Management
  - Financial Audit Committee

- Medical Audit Committee
  - Committee for Information Education and Communications (I.E.C)
8. Review compliance to the patient's/Citizen Charter displayed in the Hospital, Establish a system of public grievance redressal at facility level and monitor the effectiveness of the Grievance Redressal Mechanism, especially feedback and take corrective action to ensure non recurrence of grievances.
  9. Facilitate a process to collect feedback from outpatients and inpatients through a feedback from which will be reviewed with the hospital staff, for timely action including rewards, punishments and appropriate capacity building.
  10. Review the service performance of the Out Patient Department and Inpatient Department on quarterly basis.
  11. Review the quality and range of services provided to patients, particularly the poor and marginalized and ensure that financial hardships are minimal to all patients.
  12. Review the Key Performance Indicators (KPIs) and the action plan prepared by the Quality Team of the health facility and monitor the improvements on reduction of gaps pointed out by the Team.
  13. Review and monitor the Patient Satisfaction Score prepared by the Quality Team.
  14. Review the status of utilization of funds, equipment, drugs and any other assistance received under different programmes of the Government (State and centre)
  15. Be authorized to raise funds for the activities approved by Governing Body.
  16. Work towards securing tax exemption and requisite clearances from the IT Dept and other concerned state and central departments.
  17. While the RKS cannot make regular permanent appointments, it can contract in services of specialists, Medical/Para medical staff and professional counselors. Such contracting in could also include specific specialist services: anesthesia, radiology, obstetrics, etc. the contracts would be approved by the EC and reviewed periodically (say one year) and renewed if appropriate.
  18. RKS may outsource the cleanliness, security, laundry and other supportive services. It may contact-in services of individuals for supportive service functions on the short term basis only and decide the remuneration of the maintenance and other support staff engaged out of RKS funds.
  19. Organize periodic camps for medical and surgical services and follow up care, provided by super specialists to improve patient access for care requiring consultation/surgical procedures by super specialists.

20. Collect user charges as per the GB's decision from those who are not poor.
21. Purchase equipment, drugs, furniture, Pathological reagents, X-Ray films in consultation with the Senior Medical Officer for and ensure that all purchases are to be made in case of emergency only and should not substitute the existing process of purchase.
22. Ensure rational allocation of resources to patient welfare i.e giving priority to needs of poor and vulnerable population by providing free drugs and supplies, diagnostics (within hospital or through an empanelled facility), diet, transport etc.
23. Ensure smooth functioning including scientific disposal of bio-medical waste & maintenance of equipment etc.
24. Hospital maintenance i.e minor repair, construction, amenities for patients like waiting area, drinking water provisioning, dietary services for patients (with and sans payment), etc will be funded out of RKS funds.
25. The primary objectives of RKS funds is for patient welfare. Funding of staff welfare amenities and incentives for service providers/facility teams for high levels of performance above expected, should be taken only from revenue generated by service provision and it should not exceed, 15% of such funds in a DH, 25% in a CHC and 40% in a PHC. In no event shall less than two thirds of revenue derived from service provision be spent on patient welfare. These revenue earnings should be from user fee from non-poor/ earnings on account of service provision under insurance/ insurance like scheme/ reward on account of quality certification. However, higher incentives may be provided where it is specially so provided under a government programme/government funded insurance scheme. No incentives to service providers are to be provided on a percentage basis on income earned through rentals, leases, donations etc.
26. Enter into partnership if necessary, for contracting the provisioning of sophisticated diagnostic procedures such as Sonography, CT Scan, MRI, dialysis, etc, for such duration as appropriate and ensuring transparency of tendering and contracting.
27. Enable wide dissemination of the facilities provided by the RKS for patient welfare.
28. Open RKS account in a scheduled commercial bank.
29. Ensure annual audit of financial accounts of RKS.
30. The EC could carry out any other activities/functions to fulfill the mandate of the RKS excepting those that are specially not permitted under the National Guidelines/State Government orders e.g. regular recruitments, remuneration to members or office bearers of GB and EC of RKS.

### Monitoring Committee:

A Quality Monitoring and Assessment Committee may be constituted by the Governing Body. The committee should have representation of non-official members also. These committees will be trained in monitoring visits and conducting assessments, conduct exit interviews of a predefined sample of Out-patients and In-patients, collect patient feedback on a fix day every month. The Committee would send a monthly monitoring report to the GB with copy to EC.

**Suggested Members:-** DQT of DHH, SDHQT of SDH will be act as the Quality Monitoring and Assessment Committee.

### RKS Funds and Utilization.....

#### Source of RKS Funds:

1. Each RKS will be provided with untied funds under NHM by State Health Society/District Health Society based on the level of facility, its case load, fund utilization capacity and availability of previous year funds.
2. User fees as determined by RKS for hospital services E.g. X-ray, Ultrasound scanning, laboratory services, private wards etc. Levying of user charges will depend on local circumstances and decided by the GB, and implemented by the EC.
3. Funds can also be raised from donations, grants from government and loans from financial institutions (with permission of State government).
4. Leasing or Renting the walls, open space, hospital premises for activities like Canteen, long distance telephone booths, parking stands, rest house and tea shops which could be done without compromising on health facility set up and equity in service provision. Private laboratories or chemist shops should not be allowed in the premises. Suggestive steps for using hospital premise.
5. Income on account of service provision under insurance/ insurance like scheme/ reward on account of quality certification etc.

#### 2 Process for utilization of RKS funds:

1. Executive committee has to pass a resolution to spend money on the activities decided by the committee.
2. Chairperson, member Secretary or MO in-charge of a ward etc incur expenditure for patient welfare activity up to the authorized limit.



3. RKS funds may also be utilized for the interim period till government budget is released which can be reimbursed / adjusted after receiving budget from the government.
4. Suggested areas where such United grants can be used is at
5. Table-1: office bearers can sanction the amount mentioned in table below: In case of exigency/emergency (Illustrative):

Office Bearer of Executive Committee	Type of expenditure	Block PHC/CHC/AH & PHC(N)	Sub Divisional Hospital	District Hospital
Chairperson	Non recurring expenditure	50,000	100,000	200,000
	Recurring expenditure	25,000	50,000	100,000
Member Secretary	Non recurring expenditure	25,000	50,000	100,000
	Recurring expenditure	10,000	25,000	50,000

*Note: the state government can amend the powers of office bearers.*

#### Contracting out by RKS:

1. In all kinds of contract, contract would be done in name of Member Secretary of the executive Committee of RKS. The indicative list of services that can be outsourced to increase efficiency and service quality:
  - a) Food and catering services
  - b) Facility sweeping and cleaning
  - c) Management information system
  - d) Security
  - e) Maintenance of equipments
  - f) Landscaping
  - g) Patient billing and collection services
  - h) Pharmacy
  - i) Diagnostic imaging and Lab services
  - j) Bio-medical waste disposal

#### Financial Management and Accounting

##### 4.1 Financial Resource

The funds of the Society shall consist of the following:

- a) Grant in aid/corpus from the State Government and/or State level Societies in the health Sector and/or District Health Society
- b) Grants and donations from individuals, industry and trade
- c) Receipts from user fees

- d) Receipts from insurance or insurance like agencies
- e) Receipts from rentals, disposal of assets
- f) Miscellaneous eg auction of RKS assets like old computers, equipment etc

#### 4.2 Transactions

A separate account in the name of RKS is to be opened in a bank approved by the EC which is named after the facility. All funds shall be paid into the account of the Society with the appointed bank and shall not be withdrawn except by a Cheque, bill note or other negotiable instruments signed by the Member Secretary and such one more person from amongst the EC members as may be decided by the EC. Cheque book and counter foil must be kept with Member Secretary. Due stock entry certificate may be obtained before payments.

#### 4.3 Petty Cash

Member Secretary/appointed person of RKS at DH may keep maximum cash up to Rs.20,000 while Member Secretary/appointed person of RKS at CHC/SDH and Member Secretary/appointed person of RKS at PHC may keep Rs. 10,000 and Rs. 2500/- respectively to meet exigencies.

#### 4.4 Books of account

The corresponding RKS Bank account should have a single cash book but a separate ledger account should be maintained for funds received from different Programmes so that fund position under different heads can easily be monitored. All vouchers relating to expenditure should be kept in the facility along with proceedings of meetings of EC and GB of RKS.

#### 4.5 Record Maintenance

The following records and registers shall be maintained by the Society.

- 1) Journal (for transactions which do not involve any movement of funds).
- 2) Cash book (for transactions where there is movement of funds) should be balanced and closed every day and should be signed by the designated officer of the hospital
- 3) All bank transactions should be entered in a pass book which shall remain in the custody of designated officer. The pass book shall be sent to the bank periodically for having it updated.
- 4) Ledger (account head-wise summary of expenditure)
- 5) Register of Bank reconciliation
- 6) Petty cash book shall periodically be balanced
7. Stock register for consumables

8. A Statement showing the schedule of fixed assets (Register for fixed assets) held by the society at the end of each financial year should be sent to state govt. the value of assets to be shown at the original cost in the accounts. The society shall maintain an up-to-date stock position of all items purchased indicating Description of items, Specific Identification (e.g. serial number), Date of purchase, Supply order no., Original value, Location & /User and Person responsible for it. Separate stock registers shall be maintained for fixed assets, consumables and non-consumables.

- 9) Dead stock register

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- 10) Record of audit and settlement of audit objections
  - 11) Utilization Certificate: UC should be sent to Chief Medical and Health officer in case of District hospital and sub-district hospital and to Block Medical Officer in case of CHC and PHC on quarterly basis as per the prescribed format. It is mandatory to present the detailed half yearly expenditure to the GB of RKS
  - 12) Income and Expenditure account and Statement of Expenditure.
  - 13) For all payments received (Receipts) by the Society in form of user charges, donations, etc, shall be acknowledged by a receipt given in the name of RKS. Serial numbered receipt books with counterfoils shall be procured for the same.

A draft Annual Report and the yearly accounts of the Society shall be placed before the Governing Body at its ensuing meeting that may be held in the first quarter of every financial year. A copy of the annual report and as finally approved by the Governing Body shall be forwarded within six months of the closure of a financial year to all members of the society

#### 4.6 Audit of accounts

The accounts of the Society shall be audited annually by a Chartered Accountant included in the panel of Chartered Accountants drawn by the designated authority of the State Government and the audit report shall be submitted to District Health Society. It will be submitted to the State Government in case of RKS of district hospitals. The report and action taken report of such audit shall be communicated by the auditor to the GB of the Society. Any expenditure incurred in connection with such audit shall be payable by the Society.

#### 4.7 Donations received

All funds received by way of grants, gifts, donations, benefactions, transfers and in any other manner, any source other than Government, the RKS should obtain necessary approval from the income tax authorities for tax benefits to the donors.

#### 4.8 Authentication of orders and decision

Signature of the Chairperson or any other member authorized by the Governing Body shall authenticate all orders and decisions of the society.

#### 4.9 Procurement

The procedure for procurement as applicable in the State Government should be followed. For this purpose, the Executive Committee should form a purchase committee (as mentioned in functions of EC) to purchase material, equipment, and drugs etc. The purchase committee should have at least one member/ person from technical background /expertise.

#### Capacity Building of Members

Capacity building of RKS should be a continuous process. The knowledge base of members needs to be strengthened for a clear understanding of the objectives, functioning and roles of RKS. Orientation programme should be organized on yearly basis to provide policy updates to the members of RKS.

RKS members should be oriented on District's/SDHs/ CHCs/PHCs area profile, Public Health System in India – NHM and Its Objective, Availability of Services, Proposed Infrastructure, Area of Improvement and Role of RKS, roles and responsibilities of various staffs, Incentive and Award, Functionality and its Assessment, Resource Mobilization and Fund Management, Hospital Management and Facility Development, Monitoring of Hospital



services, Introduction of other Health services-AYUSH, NCD, NRC, Convergence between different Programmes, Patient rights and citizen charter, Quality assurance and Accountability and Governance.

#### Grievance Redressal Mechanism

- 1) RKS should put in place a grievance redressal desk with a nominated person preferably from reputed NGO/CSO and a dedicated landline number and email id which is to be displayed in each facility.
- 2) OPD/IPD slip/discharge paper should be printed with these details so that the patient may lodge a complaint even after leaving the premises of hospital.
- 3) The complaint could be received telephonically or in written.
- 4) The desk may be merged with help desk in absence of sufficient staff or infrastructure or can be developed with the help of RKS funds. The desk should be functional 24X7 at least in district hospitals. The grievance redressal /help desk manager will maintain a register of grievances in a format which will include the name, date of receipt of grievance and specific complaint and action taken.
5. The help desk manager /operator shall try to resolve the grievance at the earliest by approaching appropriate responsible authority/ Officer.
6. The number of complaints, list of commonly filed complaints and serious complaints will be presented in the EC meeting for appropriate action.
7. In special cases, the confidentiality/ anonymity of complainant should be maintained.

#### Award to Best Performing RKS

States can reward those RKS that deliver high quality performance. Funding for these rewards can be sought under the NHM. Performance of RKS can be assessed on activities based on their efforts to improve health facility, community participation, and provision of health services, quality of care and level of patient satisfaction.

