



## A Core System of Local Governance into Public Health: An In-Depth Assessment of Rogi Kalyan Samitis of Health Facilities in Gujarat

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### INTRODUCTION

India has achieved much better economic growth but it has poorly managed to improve public health indices in south Asia region.<sup>1</sup> Countries are able to achieve better health outcomes with similar levels of economical income.<sup>2</sup> It is imperative to identify factors contributing towards reaching the health care needs of the population; particularly in a developing nation; India.<sup>3</sup> Despite overall improvement; marked inequalities are seen in perspectives of socioeconomic, geographical and gender component especially in low and middle developing countries including India.<sup>4,5</sup> Good governance and strong political commitment enables

### ABSTRACT

**Introduction:** National Health Mission (NHM) was envisaged with the core objective of decentralization and health systems strengthening. The study tried to assess the utilization pattern of untied fund allocated to Rogi Kalyan Samitis of community health centers and primary health centres across the Gujarat.

**Methodology:** Routine reporting of the Financial Management Reports was analysed to assess utilization pattern of financial year 2013-14.

**Results:** RKS is predominantly using the fund to cover up the local needs at facility levels like outsourcing of the staff (10%), minor civil works (12%), drugs-consumables and logistics (24%). The contingency expenditure takes a large section too. Miniature part has been utilised for the day to day expenses of the facilities like printing, linen & training. This can be attributed to structural and managerial role of the system. Moreover NHM need to improve the mechanism for benefitting local community and utilization of the funds through RKS.

**Conclusion:** Study emphasize a need for devising strategies and planning to fulfil the civil works, shortfall of staff, drugs procurement & efficient supply chain management to overcome the burden. Knowledge base of members needs to be strengthened for a clear understanding of the objectives, functioning and roles of RKS.

**Keywords:** Local Governance, Rogi Kalyan Samitis, National Health Mission, decentralization

health system to enhance their capacity to become acceptable and accessible in all segments of population.<sup>6</sup>

Indian government had launched multiple-strategy interventions to reduce inequalities known as the National Rural Health Mission (NRHM). It was started in 2005 in the 11th health plan (2005 to 2012), and continued in 12th health plan (2013 to 2017) as National Health Mission at national level. The aim of the NRHM is to deliver services through health system strengthening, communitization and addressing health needs

through comprehensive health programs under one umbrella.<sup>7</sup>

Under the core objectives of decentralization and health system strengthening; Rogi Kalyan Samiti (RKS) was first initiated as a State level innovation to improve service quality in public health facilities.<sup>8</sup> Rogi kalyan Samitis are an important vehicle to enable citizen participation and involvement of Panchayati Raj Institutions (PRI) to address inequalities at local level with flexible fund and delegated powers within them. Under National Health Mission; Rogi Kalyan Samitis (RKS) must be registered as a society under The Societies Registration Act 1860 and have to provide all required support to facilities in achieving highest level of service delivery with available resources. Currently very few documented studies are available which gives wider understanding of the functionality of RKS and financial management of untied funds provided under National Health Mission.<sup>9</sup>

## OBJECTIVES

The study tried to assess the utilization pattern of untied fund allocated to Rogi Kalyan Samitis of community health centers and primary health centers across the Gujarat.

## METHODS AND MATERIALS

**Study Design and Study Subjects:** A cross sectional descriptive study was carried out in selected 300 Community Health Centers and 826 Primary Health Centers across the State. The data of incurred expenditure of the RKS was compiled at State level through 33 District Health Societies and 6 Regional Program Management Units.

**Study Period** -The final Status of the expenditure was sought in April 2014 after completion of the financial year April 13 to March 14 to get the cumulative expenditure.

**Data Collections:** The Financial Management Report (FMR) was taken for data collection on RKS fund utilization to allocated budget for FY 2013-14. During the study, the data of untied grant and annual maintenance grant were taken into consideration as utilization of these grant is much generalised. Fund allocated for RKS grant, untied grant and annual maintenance grant had different account at facility level. Gujarat has registered total 300 Rogi Kalyan Samitis at Community Health Centres and 1208 Rogi Kalyan Samitis at Primary Health Centres of FY 2013-14. The opening balance as on 01.04.2013 for RKS was considered and the balance as on 31.03.2014 was also captured from the facilities.

**Process of RKS Expenditure Booking:** The Fund is provided to facilities with Registered RKS and opened bank account. The facilities utilize funds as per guidelines after due process. The incurred expenditure is being routinely reported through Monthly Financial Management Report (FMR) from facilities to District level and cumulative reports from Regions and Districts gets received to State level. CHCs reports to Regional Program Management Units (RPMU) and PHCs to District Program Management Units (DPMU) through Taluka Health Office (THO).

The detailed pre themed data was collected on the basis of guidelines of the RKS. The themes were 1) Remuneration/salary of contractual staff (outsourced); 2) Procurement of Drugs; 3) Procurement of Equipments; 4) Repairs & Maintenance; 5) Printing; 6) Civil works; 7) Contingency; 8) Linen services; 9) Trainings; and 10) Miscellaneous

Data was validated through field visits with concerned finance officers and facility in-charge. The data was analysed for CHCs and PHCs separately for the utilisation pattern on above mentioned of FY 2013-14.

**Data Analysis** - The data was captured & analysed using Microsoft Office Excel 2007. The thematic expenditure of the each facility was listed and the total amount was compared with the total fund allotted to the facilities. The frequency analysis of the thematic expenditure was carried out. The average expenditure under each theme was calculated for CHCs and PHCs.

## LIMITATION OF STUDY

Detailing of the themes like contingencies & miscellaneous expenses were not captured so as to explore the possibility of the wrong categorisation of the expenses during thematic reporting. The registered Rogi kalyan Samiti with the bank account opened was provided the funds so the upgraded facilities without RKS formed was left out. Qualitative discussion with RKS members had not performed as study only focused on thematic pattern of quantitative data received from facility.

## RESULTS

The results were depicted for the 826 PHCs out of 1208 PHCs and 300 CHC RKS. The table-1 showed financial data of RKS of the facilities on the aspects of received funds, available funds and their utilization. As per guidelines, funds were given to facilities for the financial management at their local level. The sufficient RKS grant was given to the facilities and utilization was done as per guidelines.

**Table 1: Financial data of RKS of the facilities**

Details	CHC (In Rs.)	PHC (In Rs.)
Opening Balance as on 01.04.2013	20705	3529
Grant Received in FY 2013-14	112169	97933
Grant FY 2013-14 (1+2)	132875	101461
Expenditure in FY 2013-14	116530	99515
Closing Balance as on 30.03.2014. (3-4)	16344	1946

All values indicate average value

**Table 2: Average Expenditure of RKS funds incurred during FY 2013-14**

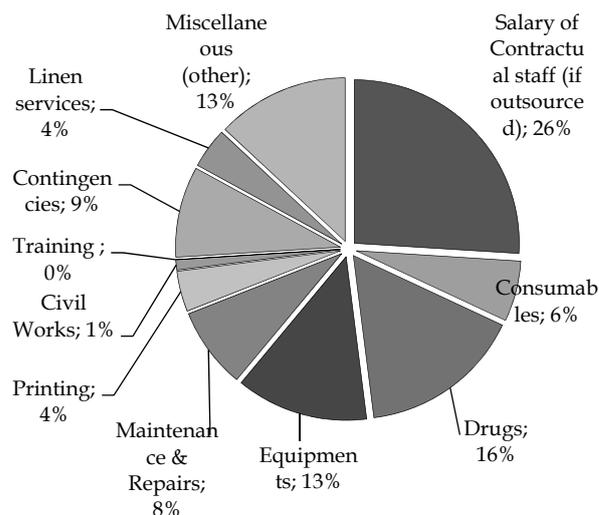
Theme	Average Exp. in FY 2013-14 (In Rs.)	
	CHC RKS	PHC RKS
Salary of Contractual staff	30177.00	10020.00
Consumables	6808.00	5439.00
Drugs	18099.00	8000.00
Equipments	15534.00	17670.00
Maintenance & Repairs	9358.00	13299.00
Printing	4393.00	2711.00
Civil Works	1185.00	3027.00
Training	5.00	405.00
Contingencies	10567.00	10834.00
Linen services	4848.00	1189.00
Miscellaneous	15551.00	26922.00
<b>Total</b>	<b>116530.00</b>	<b>99515.00</b>

The table-II revealed average expenditure of RKS fund was done in the each thematic area. The expenditure for civil work, equipments, trainings, Maintenance repair & miscellaneous expenses of the PHCs RKS was more than that of the CHCs RKS. Being a smaller facility and lesser catering population under PHC, the requirement for contingencies were almost same as of CHCs. Expenditure related to training was miniscule in study Facilities. Contingencies and Miscellaneous expenses were the one of the major contributor of the RKS in CHCs and PHCs. Otherwise the average expenses of the RKS of CHCs in each theme are manifold higher than the PHCs’.

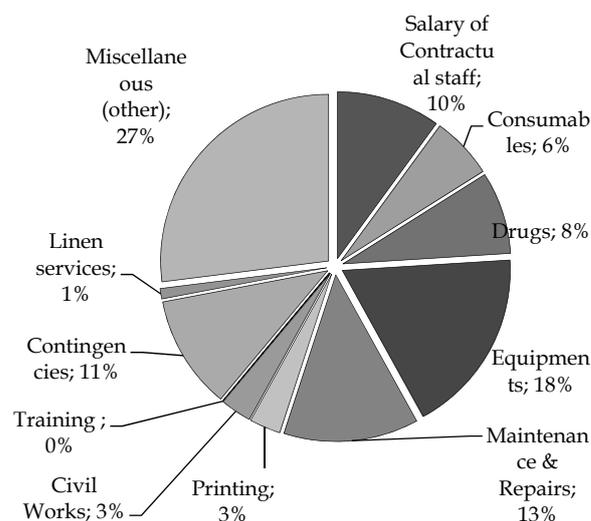
The RKS Chart-I depicts the percentage wise thematic expenditure occurred in the Rogi Kalyan Samitis of the CHCs. It showed that expenditure is predominantly incurred to cover up the local needs at facility levels like outsourcing of the contractual staff (26%), drugs-consumables and logistics (16%), equipments (13%). This covers up about half of the total expenditure occurred. Contingency and Miscellaneous expenses which are mostly unplanned were about 1/5<sup>th</sup> of total expenditure. Miniature part had been utilised for the day to day expenses of the facilities like printing, linen & training.

The Chart -II explained that in PHCs, expenditure was predominantly incurred on purchasing of equipments (18%), Maintenance & Repair (13%), outsourcing of the contractual staff (10%), drugs-consumables and logistics (8%).

**Chart I: Community Health Centre RKS thematic expenditure FY 2013-14**



**Chart II: Primary Health Centre RKS thematic expenditure FY 2013-14**



That was about half of the total expenditure occurred. Contingency and Miscellaneous expenses (38%) which are mostly unplanned were about 1/3<sup>rd</sup> of total expenditure. Miniature part had been utilised for the day to day expenses of the facilities like printing, linen & consumables.

**DISCUSSION**

The study conducted to assess the utilization pattern of RKS flexible fund allocated to Rogi Kalyan Samitis of CHCs and PHCs across the Gujarat State. It had been found that the intended fund was allocated to the CHCs and PHCs as per the guidelines and the overall utilization was up to 100% in CHCs and PHCs also. The major expenditure was done for the salary of the outsourced

staff, drugs, equipments, consumables and civil works as per the local need of the facilities.

The assessment of the RKS in Manipur, Meghalaya & Tripura had also found that some of the major area of work where fund had 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.<sup>10</sup> The funds were primarily spent on infrastructural improvements and overall ambience/cleanliness.

In Madhya Pradesh, poor performance of the once well functioning RKS was attributed to the decline in revenue generated after the user charges were abolished.<sup>11</sup> The primary utilization of the funds can be attributed to structural and managerial role of the system. The facilities need to outsource the staff to perform the ancillary works like sweeping, cleaning, laundry etc.

The primary utilization of the funds can be attributed to structural and managerial role of the system. The facilities need to outsource the staff to perform the ancillary works like sweeping, cleaning, laundry etc. Purchase of specific secondary or tertiary care services should be limited to services which are part of the "assured services" for respective level of care, and ought to be available in the district/ public health facility, but are not for a range of reasons. This decision to purchase care can be taken based on local needs by the RKS/DHS.<sup>7</sup> The assured services of the CHCs and PHCs were not been purchased by RKS funds which shows that the basic necessity was occupying the RKS funds to run the facilities.

Major Civil works, Drugs, Equipments should be fulfilled through the gap analysis and dedicated budget for the gap filling rather than burdening the RKS funds. Rational, regular & timely supply of the drugs & consumable through state level centralised procurement and supplying agencies can reduce the burden on facility level flexi fund. Vacant staff (Class IV) can be filled up by respective budget allocation rather than utilising RKS fund. Contingency is monetary provision to cover uncertainties or unforeseeable activities, elements and situation. Study showed that the RKS funds were being planned as per the local needs beforehand so the contingency cost is limited to 1/10<sup>th</sup> of the RKS fund. Recent RKS guideline focuses more on services output indicators. Other sources of income like user charges, fund earned through empanelment RSBY (Rashtriya Swasthya Bima Yojana) collected by the facilities need to be considered collectively while preparing facility plan through RKS.

The success of these systems of participatory governance has been limited. They are insufficiently decentralized financial and management structures with opaque governance processes, leading to weakened organizational capacity. They also suffer from poor awareness of roles and non-prioritization of health agendas.<sup>12</sup> Structured planning is a key to supply demand of health services and also to explore unmet needs. National Health Mission provides the exclusive framework of implementation with wide range of multipronged strategies and focused interventions.<sup>7,8</sup>

## RECOMMENDATIONS

Furthermore, The good governance of RKS means the highest level of citizen participation through regular meetings, discussions on health needs and effective planning. Results emphasize a need to revisit the concept of decentralised planning and more focus on capacity building of RKS members; health staff, local residents, PRI members and local NGOs etc. This can be attributed to structural and managerial role of the system.

The knowledge base of members needs to be strengthened for a clear understanding of the objectives, functioning and roles of RKS. RKS members should be oriented on 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, resource mobilization and fund management, hospital management and development, monitoring of hospital services, other health services- AYUSHI, NCD, NRC, convergence between different programmes, patient rights and citizen charter, quality assurance and accountability and governance.<sup>8,13</sup>

Continuous monitoring on programmatic and financial aspects has to be imparted to all RKS in support with district health societies. Efforts in strengthening of RKS have advantage to provide comprehensive health care by reducing barriers of inequalities.

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