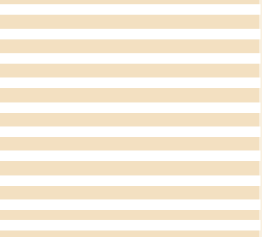


# ROGI KALYAN SAMITI CHARTER



Department of Public Health and Family Welfare  
Madhya Pradesh



मध्यप्रदेश शासन  
लोक स्वास्थ्य एवं परिवार कल्याण विभाग  
मंत्रालय

क्रमांक एफ 8-2/2009/सत्रह/मेडि-दो

भोपाल, दिनांक 28 अक्टूबर, 2010

प्रति,

- |  |   |
|--|---|
| 1. आयुक्त,<br>स्वास्थ्य सेवायें,<br>मध्यप्रदेश भोपाल | 2. संचालक,<br>चिकित्सा सेवायें,<br>मध्यप्रदेश भोपाल |
|--|---|

विषय— रोगी कल्याण समिति के नवीन दिशा-निर्देशों के संबंध में।

रोगी कल्याण समितियों को अधिक उपयोगी एवं सम सामयिक आवश्यकता के अनुरूप बनाने के उद्देश्य से इसकी नियमावली एवं संचालन प्रक्रिया में संशोधन किया गया है।

नवीन दिशा-निर्देश जारी होने के दिनांक से पूर्व में जारी समस्त निर्देश स्वतः प्रतिसंहृत माने जावेंगे।

संशोधित दिशा-निर्देश तथा मार्गदर्शी नियमावली पत्र के संलग्न प्रेषित है।

( राजेश जैन )  
उप सचिव

मध्यप्रदेश शासन

लोक स्वास्थ्य एवं परिवार कल्याण विभाग

पृ.क्रमांक एफ 8-2/2009/सत्रह/मेडि-दो

भोपाल, दिनांक 28 अक्टूबर, 2010

प्रतिलिपि—

1. सचिव, मुख्यमंत्री जी, मध्यप्रदेश शासन।
2. निज सचिव, माननीय मंत्रीगण समस्त, मध्यप्रदेश शासन।
3. निज सचिव, माननीय राज्य मंत्री जी समस्त, मध्यप्रदेश शासन।
4. स्टाफ ऑफिसर, मुख्य सचिव, मध्यप्रदेश शासन।

1. प्रमुख सचिव, मध्यप्रदेश शासन, वित्त विभाग, मंत्रालय, भोपाल।
  2. प्रमुख सचिव, म.प्र. शासन, सामान्य प्रशासन विभाग, मंत्रालय, भोपाल।
  3. प्रमुख सचिव, म.प्र. शासन, चिकित्सा शिक्षा विभाग, मंत्रालय, भोपाल।
  4. महालेखाकार, मध्यप्रदेश ग्वालियर।
  5. मिशन संचालक, एनआरएचएम, मध्यप्रदेश।
  6. समस्त संभागीय आयुक्त, मध्यप्रदेश।
  7. संचालक, चिकित्सा शिक्षा, मध्यप्रदेश।
  8. समस्त, कलेक्टर, मध्यप्रदेश।
  9. समस्त संभागीय संयुक्त संचालक, स्वास्थ्य सेवायें, मध्यप्रदेश।
  10. नियंत्रक, खाद्य एवं औषधि प्रशासन, मध्यप्रदेश।
  11. प्रबंध संचालक, लघु उद्योग निगम, मध्यप्रदेश।
  12. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, मध्यप्रदेश।
  13. समस्त सिविल सर्जन सह मुख्य अस्पताल अधीक्षक, मध्यप्रदेश।
  14. समस्त अधीक्षक, विशेष अस्पताल, मध्यप्रदेश।
- की ओर सूचनार्थ एवं आवश्यक कार्यवाही हेतु अग्रेषित।

उप सचिव

लोक स्वास्थ्य एवं परिवार कल्याण विभाग



# ROGI KALYAN SAMITI CHARTER

## 1. INTRODUCTION :

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.

Rogi Kalyan Samiti (RKS henceforth) is the response of the state of Madhya Pradesh to the challenge of inadequate resourcing of hospitals, citizens' engagement in the issue of healthcare delivery. It is the state's attempt to make "Health everyone's business by de-mystifying the healthcare delivery at district and sub-district levels", especially with reference to facility based healthcare delivery and encouraging citizens participation in the facility management bodies.

Inadequacy of flexi-funds at district and sub-district levels to augment the facilities and the quality of care with speed and responsiveness is also a major challenge that RKS is mandated to deal with. RKS is the hospital based management committee, registered as society under the Madhya Pradesh Societies Registration Act 1973. These are to be constituted in all the public hospitals, from Primary Health Centre through Community Health Centre and civil hospital till District hospital tier as facility based management bodies with the core remit of patient welfare, augmenting hospital facilities and services with the participation of local people.

RKS (Patient Welfare Committee) is a management structure. This committee acts as a group of trustees for the hospital to manage the affairs of the hospital. Other than the facility staff, it consists of members from local Panchayati Raj Institutions (PRIs), legislative body, civil society and officials from Government sector who are responsible for proper functioning and management of the hospital / Community Health Centre / First Referral Units.

RKS is free to prescribe, generate and use the funds with it as per its best judgement for smooth functioning and maintaining the quality of services for patient welfare. While donation would be the most important modus of fund-raising, user charges could be levied with adequate safety nets for the socially and economically backward groups and disadvantaged communities. The amount donated by Chief Minister, Other Ministers MLAs, MPs and Other Civil Society Representative from their allotted funds also contributes to RKS funds. The donor's membership in the RKS (across the tiers) would be for three years at the most.



## 2. OBJECTIVES :

1. Improve the management of the hospitals with citizens' participation
2. To ensure user-friendly behavior amongst service providers for efficient healthcare delivery
3. To arrive at the "Minimum Service Guarantee" at the facility through consensus of RKS members and publicly displayed the same through "Citizens Charter" and complied with public domain.
4. Display a Citizens' Charter in the Health facility and ensure its compliance through operationalisation of a Grievance Redressal Mechanism
5. To work towards up-gradation of health institution, modernization of health facilities and purchase of essential equipments<sup>1</sup> for the institution. To effect a continual upgradation of the facility in response to the patient needs and load with reference to the profile of patients and the treatment requirement i.e. Maternal Child Health Services, Family Planning Services, Communicable and non communicable diseases.
6. Provide assured ambulance services for emergencies and during accidents to the patients within the radial jurisdiction (catchment area) of the facility and the out/in-patients who need referral transport
7. Arrange for good quality diet, and drugs and stay arrangements for the patients and their relatives/attendants
8. To ensure equity through provision of free treatment to patients below poverty line, socially and economically backward groups and mechanisms to cover their access costs (transport, diet, attendants' stay et al)
9. To undertake special measures to reach the unreached / disadvantaged groups<sup>2</sup>
10. Provide supervision to maintenance and expansion of hospital building
11. Ensure an efficient and rational use and management of hospital land and building
12. Organize training and workshops for staff members in their public dealing and counseling methods

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<sup>1</sup> For the discharge of effective patient-care and towards aiding efficient and care practices (for eg diagnostic equipments)

<sup>2</sup> Within the jurisdiction of the hospital/healthcare institution

13. To provide supervision to ensure adequate and safe disposal of hospital wastes
14. To ensure proper maintenance of Hospital, Wards, Beds, Equipments including provisioning of safe drinking water and toilets and cleanliness of premises
15. To ensure easy access to facility based social protection programmes i.e. Janani Suraksha Yojana, Deen Dayal Antyodaya Upchaar Yojana, Rashtriya Swastha Bima Yojana and National Health Programmes et al
16. To participate in the district health planning process to ensure the specific disease profile and patient requirements are included in the budget projections and annual plans



### 3. ACTIVITIES :

- Prioritize core patient care-expenses/investments (life-saving drugs, essential medicines, surgical equipments and consumables, disposable IV sets, dietary services, cleanliness et al)
- Identify the problems faced by the patients with frequent interactions and formal feedback mechanisms capturing the following
  - ◆ Accessibility of the clinical care staff
  - ◆ Availability of medicines
  - ◆ Timely service
  - ◆ Attitude of staff
  - ◆ Ease of obtaining subsidies
  - ◆ Ease of registration and paperwork/administration
  - ◆ Overall patient satisfaction
- Procurement & management of blood for appropriate treatment and care purposes
- Improve boarding / lodging arrangements for the patients, good quality/ therapeutic diet and drugs and lodging facilities for the patients' attendants
- Make the hospital a safe, auto-guided space (with signage, stewards-in-uniform and counseling staff)
- Generate resources through partnerships with non-state actors/private entrepreneurs<sup>3</sup>) levy of user charges in consultation with civil society representatives for on-going facility upkeep, maintenance
- Ambulance services for emergency (both for out/in-patients and patients in the catchment area of the institution)
- Provide free treatment to Below Poverty Line (BPL) patients and set up mechanisms to offset their treatment (indoor, outdoor) cost

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<sup>3</sup> Following due diligence in case of land development and guidelines laid down by the Dept which is attached as Annexure # 4

- Making arrangements for proper maintenance of Hospital Buildings, Wards, Beds, Equipments, and cleanliness of premises
- Ensure voluntary citizens' participation in the maintenance and upkeep of the hospital
- Organize training & workshops for staff members with reference to public/patient dealing
- Up gradation of facilities, hospital premises and equipment
- Commercial use of extra unused land for additional resource generation through prescribed procedures and transparent manner where patient welfare and hospital space efficiency is not compromised
- Ensure single window facilitation for accessing of social protection schemes (including National Health Programmes) run by state and Govt of India which are availed at the facility i.e. Janani Suraksha Yojana and Deen Dayal Antyodaya Upchaar Yojana, Rashtriya Swastha Bima Yojana et al.

## 4. STRUCTURE AND COMPOSITION OF ROGI KALYAN SAMITI :

**The RKS will have two basic attributes :**

- (A) Simplicity
- (B) Flexibility

**Their basic structure is as follows :-**

The Rogi Kalyan Samiti are registered societies and have been set up in all medical college hospitals, district hospitals, civil hospitals, Community Health Centres, Primary Health Centres, have people's representatives, health functionaries, local district officials, social health workers leading members of the community, as well as leading donors as their members.

### CONSTITUTION OF RKS:

Rogi Kalyan Samiti have been set up at various levels of hospital.

- District hospital
- Civil Hospital
- Community Health Center
- Primary Health Center

Rogi Kalyan Samiti at each level has two bodies for its effective functioning:

1. **Executive body** : The Executive Committee will act as a "Board of Trustee" for the hospital and a watchdog to over-see the day to day functioning of the same.
2. **General body**

#### 4.1 District Hospital

##### **Executive Body:**

For managing the day to day functioning of the Rogi Kalyan Samiti, Executive Committee has been given certain powers. The composition of Executive Body is as following:-

**Executive Body:**


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● Collector	<b>Chairperson</b>
● Chief Medical Health Officer	
● Two senior medical officers out of which one should preferably be a lady doctor <sup>4</sup>	Members
● District Programme Officer, Dept of Women and Child Development	Members
● Executive Engineer, Public Works Dept	Members
● Commissioner/Chief Municipal Officer, Municipal Corporation/Committee	Members
● One Donor (with donation minimum 100,000/-) (In case of multiple donor who has donated maximum will be nominated as member )	Members
● One person from NGO/Rotary/Lions	Members
● One Social Worker (with proven track record in health) nominated by Exec Committee & ratified by General Body	Members
● Hospital Administrator/Manager	Members
● Civil Surgeon	Member Secretary

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The collector is mandated to chair the meeting, in his absence, the CMHO to preside the proceedings. The Executive Body will meet at least once every quarter.

**General Body**


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● In-Charge Minister of the District	<b>Chairman</b>
● Member of Parliament, Lok Sabha.	Members
● MP from Rajya Sabha (will self-nominate) to any one district	Members
● All MLA of the district	Members
● President Jila Panchayat	Members
● Mayor of Municipal Corporation/President of Municipality/Urban Local Body	Members

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<sup>4</sup> To be nominated by the Civil Surgeon

● Collector	Members
● Chief Medical Health Officer	Members
● CEO, Zila Panchayat	Members
● Executive Engineer, Public Works Dept	Members
● Divisional Engineer, Madhya Pradesh State Electricity Board	Members
● President, Indian Medical Association	Members
● One Donor (with donation of Rs 1,00,000/) (In case of multiple donor who has donated maximum will be nominated as member )	Members
● Two social workers (suggested by the Executive Committee, ratified by the Chair)	Members
● Representative of press to be nominated by the Press Club of the district	Members
● District Public Relations Officer	Member
● Civil Surgeon cum Hospital Superintendent	Member Secretary

#### 4.2 Tehsil & Block Level Hospital Rogi Kalyan Samiti:

**Executive Body :** For the day-to-day functioning of the hospital and RKS

● Chief Medical Health Officer	<b>Chairman</b>
● Sub-Divisional Officer/Magistrate (in absence of CMHO, SDM will chair the meeting)	Member
● Sub-Divisional Officer, PWD	Member
● Two Senior Medical Officers out of which one could be a Lady Doctor	Member
● One Donor (with donation minimum Rs. 50,000/) (In case of multiple donor who has donated maximum will be nominated as member)	Member
● Two social workers with proven track record in health activism (proposed by the Executive Committee and ratified by the collector)	Member

- In-Charge Civil Hospital (in case of Civil Hospital RKS) Member
- Block Medical (in case of Community Health Centre-CHC) Member Secretary

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In case of absence of CMHO, the SDM will chair the meeting in case of CHC and the In-Charge Civil Hospital in case of Civil Hospital RKS

### General Body:

The CHCs, civil hospitals and other hospitals at the Tehsil & Block Level come under this category. The composition is as follows:

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- |  |                  |
|--|------------------|
| ● Member, Legislative Assembly of the area   | <b>Chairman</b>  |
| ● CMHO   | Member           |
| ● Sub-Divisional Officer/Magistrate  | Member           |
| ● President Janpad Panchayat/ Nagar Palika   | Member           |
| ● CEO Janpad Panchayat   | Member           |
| ● DE/Assistant Engineer, Madhya Pradesh  |                  |
| State Electricity Board  | Member           |
| ● SDO, Public Works Dept   | Member           |
| ● SDO, Police  | Member           |
| ● One Donor (donated Rs 50,000/) (In case of multiple donor who has donated maximum will be nominated as member) | Member           |
| ● Press Representative   | Member           |
| ● Senior Medical Officer nominated by CMHO   | Member           |
| ● Child Development Programme Officer  | Member           |
| ● In-Charge Civil Hospital, BMO In-Charge CHC  | Member Secretary |
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### 4.3 Other Health institutions/Dispensary/Primary Health Centre (PHC):

#### Executive Body:

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- |  |          |
|--|----------|
| ● (BMO/In-Charge Medical Officer) <sup>5</sup> | Chairman |
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<sup>5</sup> In case the hospital doesn't have a Block Medical Officer, the In-Charge Medical Officer who is the BMO designate, will chair the proceedings

● Tehsildar/Naib Tehsildar	Member
● Sub Engineer, Public Works Dept	Member
● Sub Engineer, Madhya Pradesh State Electricity Board	Member
● Women and Child Development Supervisor (Head-Quarter position)	Member
● One Donor (with donation upto Rs 25,000/) (In case of multiple donor who has donated maximum will be nominated as member )	Member
● Three people's representatives. (preferably two of which should be from the Swasthya Gram Samiti ratified by SDM)	Member
● In-Charge Medical Officer Hospital	Member Secretary

**Note:-** The senior most Medical Officer will be the Chairman and next senior will be the member secretary in RKS of urban dispensaries.

#### **General Body :**

● Janpad Panchayat President (In his absence, chair of the Health Committee)	<b>Chairman</b>
● BMO/In-Charge Medical Officer (chair of the Executive Committee)	Member
● President Nagar/Gram Panchayat/Municipality	Member
● Tehsildar/ Naib Tehsildar	Member
● President of Health Committee	Member
● Nagar/Gram Panchayat female Member	Member
● In-Charge / Sub Engineer, Public Works Dept	Member
● In-Charge / Sub Engineer Madhya Pradesh State Electricity Board	Member
● Two Donors ( donated Rs 25000/) (In case of multiple donor who has donated maximum will be nominated as member	Member
● In-Charge Medical Officer, Hospital	Member Secretary

## **5. POWERS AND RESPONSIBILITIES OF GENERAL BODY OF ROGI KALYAN SAMITI<sup>6</sup> :**

- 1 The General Body shall meet at least once in a year. However the Executive Committee or 1/3<sup>rd</sup> members on request can call meetings of Rogi Kalyan Samiti.
- 2 The newly constituted Rogi Kalyan Samiti shall hold its meeting within 3 months and shall elect its office bearers.
- 3 The agenda of meeting of the general body needs to be circulated, preferably a fortnight before the meeting, at least a week before the scheduled meeting (in case a fortnight is not possible) and the call for the general body meeting and the agenda will be served to each member
- 4 Membership, induction, removal et al will be ratified by the general body
- 5 The quorum of the General Body shall be 1/3<sup>rd</sup> of the members.
- 6 The General Body shall take the policy decisions and it will be implemented by Executive Committee of Rogi Kalyan Samiti .
- 7 General Body will approve financial proposals that are beyond the powers of the Executive Committee
- 8 The General Body shall review the financial account at least once in a financial year, review income & expenditure statements and shall approve the budget for the next year.
- 9 General Body shall have powers to appoint chartered accountant for audit purposes.
- 10 General Body shall have powers to constitute sub committees for specific purposes like new constructions, commercial use of land et al

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<sup>6</sup> A detailed Standard Operating Procedure on membership induction, removal, conduct of functioning of the RKS, formation and dissolution of society et al is spelt out as Standard Operating Procedures, Annexure # 1



## **6. POWERS AND RESPONSIBILITIES OF EXECUTIVE COMMITTEE:**

- 1 The Executive Committee (EC henceforth) will meet at least once in two months. The quorum will be of 50% members. The presence of the Chairperson will be essential.
- 2 Executive Committee will implement the decisions taken by General body and will function within its powers invested by General Body.
- 3 Executive Committee can delegate its financial powers to the Member Secretary
- 4 Executive Committee shall have the authority of raising the funds for the activities approved by General Body including raising of bank loans under authorization from the General Body
- 5 The Executive Committee can appoint Medical/Para medical staff, cleanliness staff and Security guard and part time employees on contract for maintenance and upkeep of the facility. These services can also be outsourced by RKS.
- 6 EC shall review the Out Patients' Department and In Patients' Department service performance of the hospital every quarter
- 7 EC shall review the quality and range of services provided to patients (from socially and economically backward groups) and other unreached and disadvantaged communities
- 8 EC shall review Outreach work of the hospital
- 9 EC shall review the status of utilization of funds, equipment, drugs and any other assistance received under different programmes of the Government (State and centre)
- 10 EC shall review compliance to Citizens Charter displayed in the Hospital and the effectiveness of the Grievance Redressal Mechanism
- 11 EC will levy user charges from the patients (of non-BPL, non-poor category) and facilities to be given to patients and their relatives
- 12 EC can purchase equipment, drugs, furnitures, Pathological reagents, X-ray films in consultation with the Senior Medical Officer for quality purchase
- 13 EC will ensure rational allocation of resources to patient welfare i.e. giving

- priority to essential and/or life-saving drugs and provisioning for equipments, operations & maintenance et al
- 14 Hospitals' maintenance i.e. minor repair, construction, amenities for patients like waiting area, drinking water provisioning, dietary services for patients (with and sans payment) et al will be funded by EC
  - 15 EC will ensure financing and provisioning of sonography, CT Scan, MRI, physiotherapy, burn unit, ICCU, dialysis and staffing of the same. The out-sourcing and contracting modus<sup>7</sup> can be explored for the purpose as long as the transparency of tendering and contracting is maintained
  - 16 Scientific disposal of bio-medical waste
  - 17 EC will make plans and projects of RKS and disseminate them widely for encouraging wider participation
  - 18 EC will work towards securing tax exemption and requisite clearances from the IT Dept other concerned state and central departments
  - 19 EC will decide the remuneration of the maintenance and other support staff per the RKS funds
  - 20 EC will get the financial accounts of RKS audited once a year and the RKS account will be opened in nationalized bank
  - 21 EC will constitute a "purchase committee" from amongst its members and/or outside if needed associates for transparent and effective transactions
  - 22 On inspection of health institution recommendations and suggestions of members of RKS will be given importance and action will be taken accordingly (especially in terms of attendance of doctors and paramedicals)



<sup>7</sup> A detailed out-sourcing/contracting modus is guideline is provided in Annexure # 5

## 7. DEVOLUTION OF POWERS:

The following financial powers are delegated to officers of the department for the purpose of RKS subject to overall control and supervision of the Head of the Department:

### **District Hospital:**

1. > 10,00,000 (Rs 10 Lakhs): Chair of the District Hospital General Body: In anticipation of approval from the General Body
2. Rs 5 – 10 Lakhs: Collector i.e. Executive Body Chair at the District Hospital RKS
3. Rs 5 Lakhs: Civil Surgeon of District Hospital

### **Civil Hospital/Community Health Centre:**

1. Rs 5 Lakhs: CMHO at the CHC and/or Civil Hospital
2. Rs 2 Lakhs: In-Charge MO and/or BMO at CHC and/or Civil Hospital

### **Primary Health Centre: Dispensary**

1. Rs 2 lakhs: Chair of the PHC' RKS General Body
2. Rs 1 lakh: In-Charge MO and/or BMO, PHC

The ceiling limit per item/transaction has been spelt out with single signature and signatories respectively listed. Each of these transactions post expenditure has to be ratified by the Executive Committee. Exceeding the ceiling limit, the same has to go to the General Body for ratification.

The government authorised the RKS to manage the existing facilities and assets of the concerned hospital. RKS has been given the freedom for operations, management to meet service requirements.

The RKS is empowered to mobilize resources through .levy of user charges (from non-poor patients). Commercial use of assets like land of the institution, donations in cash or kind from the public at large, allotments/grants from the government or non government bodies & loans from financial institutions are some of the methods of raising resources.

## **8. LEVY OF USER CHARGES:**

User charges will contribute to the corpus of the RKS which will be the flexi-fund at disposal of the institution for carrying out urgent patient-welfare activities. This will also provide flexi-money for cross-subsidizing the poor/disadvantaged patients.

Hence user fees' levying will be layered on the principle of "safety nets for the poor and disadvantaged" and poor people without any identity card will not be charged "on the basis of self-certification". The funds of RKS will not be deposited in government account/treasury.

### **8.1 Self-certification:**

Anybody reaching the public health institution can be exempted from fees, if he or she, denies the ability to pay. The public health system shall operate on faith and trust and thereby reasonable efforts shall be made to establish the BPL status of the patient, in absence of which, self-certification will be the rule, rather than exception.

### **8.2 The guidelines for levying user charges are the following:**

Charges must be levied for all facilities provided in the hospital including the outdoor patient ticket, pathological tests, indoor beds, specialized treatment, operation etc.

The economically weaker sections of the society and other groups as determined by the government (for example persons below the poverty line, Deen Dayal Antyodaya Upchaar Yojana card-holders etc would be exempt from the levy). Identification would be based on self-certification, in case the patient/user doesn't possess any identity card i.e. migrant workers. The charges for the general wards would be nominal, while those for patients in the private wards could be higher. Funds so received would be deposited with the RKS and not in the government exchequer. Levying of user charges will depend on local circumstances by RKS and government will have no interference.

## 9. FINANCIAL MANAGEMENT AND ACCOUNTING

### 9.1 Financial Systems

There will be a uniform accounting policy to be followed by the RKS for maintenance of its accounts. A chart of accounts and guidelines for maintenance of financial reporting is annexed.<sup>8</sup>

While it will be a challenge to do away with “Miscellaneous/Others” head, the booking of income and expenditure under the same will be kept to the minimum.

In case there is no head for booking of such expenditure, the RKS is at liberty to create new heads, provided they are within the objectives and activities of the RKS.

### 9.2 Auditing

The General Body will have the power to appoint the Chartered Accountant to conduct concurrent audit of RKS accounts.

### 9.3 Reimbursement of Expenditure

Only in exigencies, funds of RKS will be utilized on the activities for which adequate state budget is available like core Operations and Maintenance activities (hospital repair, power maintenance, diagnostic re-agents purchase et al). The RKS funds can be utilized on such activities in the following circumstances:

- There is delay in allocation of budget from Head-Quarter
- There is likely to be delay in accessing state funds and delay will adversely affect the patient care services

After the expenditure has been incurred, the RKS will submit a claim for reimbursement and amount will be reimbursed to the RKS from state funds preferably within a month and not beyond a quarter.

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<sup>8</sup> Annexure 3

## 10. State Level Monitoring and Supervision :

To facilitate strengthening of the RKS, detailed rules incorporating objectives, membership, qualification of members, functions and powers of the General Body and Executive Committee i.e. Standard Operating Procedures is attached. The annexures, which will be attached to the Charter, as guidance manual to enable due diligent functioning are as follows:

1. **Annexure 1:** Standard Operating Procedures
2. **Annexure 2:** Patient Rights' Charter
3. **Annexure 3:** Finance Reporting Format
4. **Annexure 4:** Land Development Manual
5. **Annexure 5:** Contracting Modus of Hospital Services through Public Private Partnership etc.

Peoples' representatives on the RKS body will facilitate citizens' voices' representation, disclosure of information and audit of RKS functioning. The activities of RKS will be monitored by the members of the District Health Society and the state level team and Minister In-charge and people's representatives of the district.

The Directorate of Health Services' Hospital Administration Unit (where the RKS team would be located) at the state level will provide stewardship to this innovation on a regular basis and undertake independent evaluation of its impact and functioning. They will provide supportive supervision to the activity and financial reporting of the RKS at various levels. The Directorate's RKS stewardship team will constitute of the following:

1. RKS charge at the state level shall be handled by an officer no less than the rank of Director-Medical Services
2. It will be an integral part of the State Health Society meetings, as and when, they take place
3. It will be an integral part of CMHOs' review meeting
4. It will be a part of the Administrative Reporting of the Department
5. It will be reviewed quarterly by the Principal Secretary, Department of Public Health & Family Welfare

6. Hon'ble Health Minister shall submit a statement on RKS in his speech to the Budget Session of the Assembly
7. The Director shall ensure regular monitoring of the progress of RKS across all facilities of the state:
  - a. Effective systems shall be established for concurrent M&E of the functioning of RKS through an online MIS
  - b. Reporting compliance will be fixed at various levels i.e. Division, District and Blocks
  - c. Ongoing capacity building of RKS members at all levels and institutions will be undertaken
8. State Level Stewardship team shall:
  - a) Undertake periodic independent assessments of RKS functioning from patient welfare and hospital management perspective
  - b) Disseminate case-studies/learnings across divisions/districts and encourage cross-learnings amongst RKS and document success stories for cross-state/national sharing
  - c) Set up innovation fund/challenge fund for rewarding the best performing RKS at the four tiers of healthcare facilities (District Hospital, Civil Hospital, Community Health Centre, Primary Health Centre), where the criteria could be:
    - Effective provisioning of healthcare facilities to patients and their attendants (captured through patient feedback system canvassed across the range of patients i.e. poor and non-poor)
    - Regularity of meeting along with minutes
    - Reporting regularity (financial and activities')
  - d) Facilitate generation of quarterly reports on the following lines:
    - Percentage of RKS (disaggregated by Dist Hospital, CHC, Civil Hospital and PHC):
      - (i) Maintaining continuous availability of essential medicines.
      - (ii) Maintaining potable water, sanitation and patients waiting facilities
      - (iii) Holding meetings and minuting them regularly

## STANDARD OPERATING PROCEDURES

### Minimum Eligibility Criteria for Membership of RKS General Body

- Age not less than 18 years
- The member must be an Indian
- Should have taken oath of following the rules of the RKS
- Never been convicted for a criminal offence
- Member is not bankrupt
- Should have sound physical and mental health

### General Body Meetings:

- The Chairperson and/or the Member Secretary shall get the society registered.
- The meetings of the General Body shall be held at least twice a year. Every notice calling meeting of the General body shall state the date, time and place at which such meeting will be held and notice shall be served to each member of the General Body at least 15 days prior to the date of the proposed meeting. Such notice shall be issued by the Member Secretary of the Society and shall be accompanied by an agenda of the discussion to be placed in the meeting.
- In the event of any urgent business the Chairperson of Executive Committee and/or the Member Secretary may call the meeting within a week's notice. The Chairperson of RKS will preside over every meeting. However in his/her inability to attend the meeting due to unavoidable circumstances, the Chair of the Executive Committee will chair the meeting.
- The meeting will be convened by the Member Secretary with approval of the date from the Chair. Once the date is fixed, the Member Secretary will draw the agenda and share the same.
- All decisions taken in the meeting shall be taken by the majority vote of members present in the meeting in which minimum of 1/3<sup>rd</sup> quorum must be fulfilled.



- All the decisions taken in the meeting shall be recorded in the book of proceedings of the RKS.
- The proceedings of the meeting shall be circulated to all the members within 10/ten days of the meeting.
- Nominated members shall hold office for a period of three years from the date of their nomination. Such members will be eligible for re-nomination for another term of 3 years on consensus of other members.
- The Society shall maintain a roll of members at its registered office and every member shall sign the roll and state therein his/her designation, occupation and address. No member shall be entitled to exercise rights and privileges of being a member unless s/he has been registered and signed the roll. No member shall be entitled to exercise rights and privileges of being a member on completion of his/her tenure unless nominated for another term.
- A member of the Society shall cease to be a member if s/he resigns, becomes of unsound mind, becomes insolvent or is convicted of a criminal offence involving moral turpitude or removal from the post by virtue of which s/he was holding the membership.
- Resignation of membership shall be tendered to the General Body in person to its Member Secretary and shall not take effect until it is accepted on behalf of the General Body by the Chairperson.
- If a member of the Society changes his/her address, that member shall notify his/her new address to the Member Secretary who shall thereupon enter his/her new address in the roll of member. However, if a member fails to notify his/her new address, the old address of that member shall be deemed to be his/her address in the roll for communication purpose.
- Any vacancy in the Committee shall be filled by the authority entitled to make such enrolment/inclusion. No act or proceedings of the Executive Committee or of the General Body shall be invalid merely by reason of existence of any vacancy therein or of any irregularity in registration/inclusion of any of its members.
- No member of the Society or its Governing Body shall be entitled to any remuneration. The positions will be purely honorary.

### **Powers of the General Body**

- The General Body will have full control of affairs of the Executive Committee and will have the authority to exercise and perform all powers, acts and deeds of the Committee consistent with the aims and objectives of the Executive Committee.

### **Major responsibilities of the General Body will be:**

- Consider the annual budget and the annual action plan, its subsequent alterations placed before it and to pass it with modifications as the General Body may think appropriate.
- Monitor the financial position of the RKS Executive Committee in order to ensure smooth flow of income and to review annual audited accounts.
- Accept donations and/ endowments or give grants upon such terms as it thinks appropriate.
- Delegate its powers, other than those of making rules, to the Chairperson or other member assigned for the task as it may deem appropriate.
- Authorize the Member Secretary to execute such contracts on behalf of the RKS Executive Committee as it may deem fit in the conduct of the business of the RKS.

### **Powers and functions of the Chairperson of the General Body**

- The Chairperson shall have the powers to call for and preside over all meetings of the General Body.
- The Chairperson may himself/herself call, or by a requisition in writing signed by him/her, may require the Member Secretary to call, a meeting of the General Body at any time and on the receipt of such requisition, the Member Secretary shall forthwith call such a meeting.
- The Chairperson shall enjoy such powers as may be delegated to him/her by the General Body.
- The Chairperson shall have the authority to review periodically the work and progress of the Executive Committee and to order inquiries into the affairs of the Executive Committee and to pass orders on the recommendations of the reviewing or inquiry committee.

- All disputed questions at the meeting of the General Body shall be determined by franchising votes. Each member of the General Body shall have the power to franchise one vote and in case of a tie, the Chairperson shall have a casting vote.
- Should any official members is temporarily unable for any reason whatsoever from attending a meeting of the Governing Body, 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 General Body for that meeting only.
- Any member desirous of moving any resolution at a meeting of the General Body shall give notice thereof in writing to the Member Secretary not less than seven (7) complete days, preferably a fortnight (15) prior to the day of such meeting.
- A copy of the minutes of the proceedings of each meeting shall be furnished to the General Body members within 10 days of completion of the meeting.

#### **Executive Committee:**

Meetings of the Executive Committee shall be convened by the Member Secretary by giving seven days notice in writing along with the agenda specifying the issues to be discussed, the date, time and venue of the meeting. Meetings of Executive Committee shall be held once in every quarter (i.e. first fortnight of April, July, October, January) in which the quorum will be 50% of its members. The presence of the Chairperson will be mandatory in such meetings. No nominations from the Chairperson will be allowed.

In absence of the Chairperson of the Executive Committee at the district level, the CMHO will chair the meeting.

#### **Minimum Eligibility Criteria for Membership of RKS Executive Committee**

- Age not less than 18 years
- The member must be an Indian
- Should have taken oath of following the rules of the RKS
- Never been convicted for a criminal offence
- Member is not bankrupt

- Should have sound physical and mental health

### **Powers and Responsibilities of the Executive Committee**

- Compliance to the standards and protocols issued by the State Government
- Review of the OPD and IPD service performance of the hospital in the last quarter and service delivery targets for the next quarter
- Review the outreach work performed during the last quarter and outreach work schedule for the next quarter
- Authorize the Member Secretary to execute such contracts on behalf of the Samiti as it may deem appropriate
- Recruit medical and para-medical staff for the hospital and execute such other contracts for the improvement of hospital services as it may deem appropriate
- Review of efforts in mobilizing resources from the public representatives, community, charitable institutions, individual donors, international donors/ agencies, corporate bodies, local branches of professional associations like IMA and FOGSI etc.
- Review the reports submitted by the Monitoring Committee
- Review the status of utilization of funds, equipment and drugs received under different programmes of the State/ Central Government
- Review compliance to Citizen's Charter displayed in the Hospital and effectiveness of the Grievances Redressal Mechanism

### **Periodicity of the Meetings:**

- The Executive Committee should try to meet every month and under no circumstances less than once every two (2) months.
- The General Body should meet at least twice every year

## **DRAFT CHARTER OF PATIENTS' RIGHTS**

The definition of rights in this charter implies that both citizens and health care stakeholders assume their own responsibilities. Rights are correlated with both duties and responsibilities. All hospitals should adopt such a Standard Charter of Patient's Rights, display it in the local language in a prominent location in the Hospital, make copies available on demand, ensure its observance and orient their staff for the same.

### **1. Right of access to Health care**

All patients have a right to access health care appropriate to the level of the hospital. This care should be provided without any discrimination on the basis sex, religion, caste/ethnicity, social background, language etc.

### **2. Right to information**

All patients have the right to be adequately informed about the state of their health, including medical data, proposed medical procedure, risks and advantages of various alternative procedures and treatment options and the possible effects of the non use of medical treatment, and any likely costs involved. Only in exceptional circumstances shall information not be revealed to the patient, namely when there is sound reason to believe that such information could cause more harm rather than benefit to the patient.

This includes the right to reports and records, wherein the patient shall have the right to get all relevant investigation reports, written reports on the diagnosis, any procedures performed, the medical treatment and the state of his/her health on discharge from hospital.

### **3. Right to informed consent being sought**

Health care providers and professionals should give the patient basic information related to a treatment or an operation to be undergone. In case of major procedures, this information must be given with enough advance time (barring exceptions where not feasible due to medical urgency) to enable the patient to actively participate in the therapeutic choices regarding his or her state of health and in a language the patient can understand.

In the case of a minor, the consent of a parent or guardian should be

taken.

Only in cases where a patient lacks the capacity to give or withhold consent, and where a qualified medical doctor determines that treatment is urgently necessary in order to prevent immediate or imminent harm, may procedures be performed without informed consent.

#### **4. Right to participate in decision making**

Patients have the right to participate in decision making regarding the course of their treatment. Patients have the right to be appropriately referred, or to seek a second opinion on request, from a health provider of one's choice.

Patients have the right to accept or refuse to take part in clinical trials or research concerning the use of new drugs, procedures or medical devices. Clinical trials and experimental treatment should never be carried out without informed written consent of the patient.

#### **5. Right to respect and dignity**

Each patient has the right to receive respectful care and communication at all times and under all circumstances, as recognition of his/her personal dignity.

#### **6. Right to privacy and confidentiality**

All the data and information related to an individual's state of health, and to the medical/surgical treatments to which he or she is subjected, must be stored and used in such a manner as appropriate/prescribed. Confidential information shall be disclosed to any person designated by the patient only if the patient gives his/her consent.

Personal privacy must be respected in the course of various procedures (diagnostic exams, specialist visits, medications, etc.), which must take place in an appropriate environment and/or in the presence of only those who need to be there (unless the patient has explicitly given consent or made a request).

#### **7. Right to safety and healthy hospital environment**

Each patient has the right to a clean and healthy environment in the hospital, which minimizes the risk of hospital-related infections.

## **8. Right to make complaints and to seek redressal**

Patients have the right to complain about any aspect of hospital service, and to have the complaint investigated by an appropriate authority. A complaint must be followed up by requisite response by the Hospital authorities within a fixed period. Complaints of serious lapses, negligence or infringement of patients' rights, if substantiated by enquiry, must be followed up with appropriate action.

Every hospital should publicise prominently at major locations in the hospital the information about the complaint procedure along with the name, address and telephone number of persons to be contacted.

## **Guidelines for Fund Management and Accounting by Rogi Kalayan Samiti**

The Rogi Kalayan Samitis will follow following guidelines for management of funds, operation of bank account and accounting principles.

### **Fund**

The RKS fund will consist of all the incomes received by the RKS from different sources which are mainly:

- Income from user charges.
- Donations from private donors.
- Grants in aid from state or central government.
- Income from commercial activities.
- Income from interest on investments and similar activities.
- Sharing of fee from private players providing curative and diagnostic services in the institution on payment basis.

The RKS fund will be kept in a Scheduled Bank (preferably a Nationalized Bank) which is situated within the near vicinity of the institution.

### **Operation of Bank Account :**

The bank account will be opened in the name of Rogi Kalayan Samiti( insert name of institution). The bank account will be operated by two joint signatories except in case of Primary Health Centres and Dispensaries in the following manner:

<b>S.No.</b>	<b>Institution</b>	<b>Joint Signatories</b>	<b>Remarks</b>
1	District Hospital	1. Civil Surgeon. 2. One of the senior medical officer to be notified by Executive Committee	Executive Committee will also identify link officers who can sign the cheques in absence* of any of the joint signatories. However these powers can be exercised by the link officer only in case of exigency and not as a routine manner.



2	Civil Hospital	1. I/C Civil Hospital 2. One of the senior medical officer to be notified by Executive Committee	-do-
3	Block Level Hospital	1. Block Medical Officer 2. One of the senior medical officer to be notified by Executive Committee	-do-
4	Other Institutions (Dispensary, PHC etc.)	1. Medical Officer Incharge	-do-

\* absence means joint signatory being on leave or out of station on official work.

### **Financial Statement:**

The books of accounts and financial statements of the Rogi Kalyan Samiti will be prepared as per requirements of Registrar Firms and Societies Registration Act.

### **Maintenance of Accounts and Upkeep of Accounting Record**

Chart of Accounts annexed herewith will be used for recording accounting entries,

Accounts will be maintained on Cash based 'Double Entry' Accounting System.

A separate Cash Book should be maintained for the Bank Account. The accountant should maintain separate ledgers of each accounting head for income and expenditure.

The records of account should be maintained at the institution itself and should not be moved out of the institution.

## **Financial Reporting**

A statement of Receipt and Payment should be submitted on monthly basis within 7 days of closing of month to the Block Medical Officer by the medical officers in charge of the PHC/Dispensaries within the jurisdiction of the Block.

The Block Medical Officer will consolidate all the Statement of Expenditures received from the Medical Officers in charge and send it to the Chief Medical Health Officer within 10 days of end of the month.

Civil Surgeons of District Hospital and In charge Civil Hospital will also send Statements of Expenditure to Chief Medical Health Officer within 7 days of the end of the month.

Chief Medical Health Officer will consolidate all the Statement of Expenditures of his/her district and send it to Jt. Director incharge of Rogi Kalyan Samiti at Directorate of Public Health & Family Welfare within 15 days of end of the month.

## **Audit**

The Rogi Kalyan Samitis will get their accounts audited by Chartered Accountant Firms (preference will be given to the firms engaged by NRHM). Audit can also be done by AGMP or Local Fund Auditor as and when required. Internal audit can be conducted by the Internal Audit wing of Directorate of Treasuries and Accounts or Directorate of Public Health and Family Welfare.

## INCOME DETAILS

Sl. No.	Object Head	Detailed Head	Description	Amount
1	10		<b>Income from User charges</b>	
		01	Registration Fee	
		02	Curative Services	
		03	Diagnostic Services	
		04	Dietry Services	
		05	Ambulance Charges	
2	11		<b>Income from Private Donations</b>	
	12		<b>Income from Grants by State/Central Govt.</b>	
		01	From Central Government	
		02	From State Government	
3	13		<b>Income from commercial activities</b>	
4	14		<b>Income from Investments</b>	
5	15		<b>Income from Sharing of Fee with Pvt. Players</b>	
6	16		<b>Other Incomes</b>	

**EXPENDITURE DETAILS**

Sl.No.	Object Head	Detailed Head	Description	Amount
1	12		<b>Wages to Contract Employees</b>	
2	14		<b>Honorarium, Prizes etc.</b>	
3	21		<b>Travelling Expenses</b>	
4	21	001	Travelling Allowance	
5	21	002	Hiring charges of vehicles	
6	22		<b>Office Expenses</b>	
7	22	001	Postage Expenses	
8	22	002	Telephone Expenses	
9	22	003	Furniture and Office Equipment	
10	22	005	Electricity & Water Charges	
11	22	007	Stationery Expenses	
12	22	008	POL for Generator	
13	22	009	POL for Ambulance	
14	23		<b>Purchase of Vehicle</b>	
15	23	001	Purchase of Ambulance	
16	23	002	Purchase of Other Vehicles	
17	24		<b>Examination and Training</b>	
18	24	001	Training expenses	
19	26		<b>Seminar, Workshops, Conferences</b>	
20	31		<b>Payment for Professional Services</b>	
21	31	001	Sanitation Sevices	
22	31	002	Generator Services	
23	31	003	Watch & Ward Services	
24	31	004	Kitchen Services	
25	31	005	Diagnostic facilities	
26	31	006	Medical facilities	
27	31	007	Laundry Services	
28	31	008	Legal Expenses	
29	31	009	Other Services	

30	32		<b>Building maintenance works</b>
31	32	001	Repair and Maintenance of Wards
32	32	002	Repair and Maintenance of OT
33	32	003	Repair and Maintenance of Office Building
34	32	004	Repair and upkeep of Garden
35	33		<b>Repair &amp; Maintenance of Machines &amp; Equipment &amp; Vehicles</b>
36	33	002	Repair and Maintenance of Machines & Equipment
37	33	003	Repair and Maintenance of Vehicles
38	33	004	Repair & Maintenance of Generators.
39	34		<b>Material and Supplies</b>
40	34	002	Purchase of Medicines
41	34	004	Purchase of Food/Ration
42	34	005	Purchase of X Ray films
43	34	005	Purchase of Re agents
44	34	006	Purchase of other medical consumables
45	34	007	Bedsheet, Linen etc.
46	34	009	Miscellaneous
47	35		<b>Advertisement &amp; Publicity</b>
48	41		<b>Scholarship and Incentives</b>
49	42		<b>Grant in Aid</b>
50	51		<b>Other Expenses</b>
51	51	001	Bank Charges
52	51	009	Misc. expenses
53	63		<b>Purchase of Machines &amp; Equipment</b>
54	63	001	Medical Machines
55	63	002	Medical Equipment
56	63	003	Computers
57	64		<b>Major Works</b>
58	64	001	Construction of New Building
58	64	002	Additions to Existing Structure

### **Guidelines for development of hospital premises by RKS for resource generation through commercial usage**

1. Every hospital RKS has to formulate a master plan with 15-20 years projections & expansion especially for District Hospital, CHC & Civil Hospital. The master plan needs to spell out:
  - Roadmap for development
  - Relocation into new site, if required
  - In the existing facilities in-situ, the prioritization of spaces, would be for:
    - Water/Sanitation
    - Waiting area for patients and attendants
2. The free space in the hospital premise could be used by RKS for developing commercial complex for fund raising without compromising the efficiency of the hospital operations. The land will be leased out on fixed term contract (as determined by the respective RKS) and under no circumstances, will the ownership of the land be transferred to private party.
3. All requisite clearances as prescribed by the GoMP will be obtained before commencing the construction work, for eg (No Objection Certificate from Municipality, Town Planning Board et al).
4. The shops will not undertake vertical or horizontal expansion without permission and they will only be allowed to conduct business in the sector that the lease agreement mentions.
5. The income/resources generated from these activities would be used for strengthening the healthcare facility in keeping with objectives of RKS.
6. Every RKS needs to develop a complete holistic plan for the respective hospital before undertaking any commercial lease. These plans need to allocate space for hospital expansion, residential facility, attendants' lodging & boarding facility, public toilet, parking lot, land-scaping on priority before allocating space for commercial purposes.

7. Care needs to be taken that the allocation of land for commercial purpose should not be for purposes which are contrary to healthcare and has possibility of noise/atmospheric pollution and promotes unlawful activities.
8. Resource generated from commercial usage of land could be used for plantations et al.
9. Every commercial proposal needs to have prior approval from Executive Committee and General Body.
10. No such additional activity should be undertaken by RKS which requires an additional staff sanction from the GoMP whose recruitment is beyond the power of RKS
11. New constructions should be in accordance with funds of RKS and technical due diligence.

## **SCOPE OF PUBLIC PRIVATE PARTNERSHIPS IN IMPROVING QUALITY OF CARE/HOSPITAL ADMINISTRATION SERVICES**

(PPP is an instrument for Improving the health provisioning for the Population. It doesn't mean lesser allocation of Government resources but a tool for augmenting the health system. It doesn't mean privatisation either.)

### **1.a. Objectives of Public Private Partnership in the public health system:-**

- To provide quality, accessible, easily available, acceptable and efficient Health Services
- To utilize resources available optimally
- To widen the range of services, service-providers and number of services
- To promote Community Ownership

### **1.b. Types of Public Private Partnership which RKS can take the Lead :-**

- Contracting ( further it could be of 2 types:- Contracting in and Contracting out): This is a purchasing mechanism used to procure specified services of a defined quality and quantity at an agreed price from specific providers for a specific period of time<sup>1</sup>. This also implies an ongoing relationship supported by a contractual agreement. This is a complex process which requires good amount of capacity by the both parties esp the public functionaries for contract drafting and management.
- Social Marketing (again it could be of 2 types NGO-led and Manufacture Led Social Marketing): This refers to the application of commercial marketing concepts, tools, resources, skills, and technologies to encourage socially beneficial behaviour among the targeted population not served/ underserved by existing services.
- Social Franchise: A franchise is a contractual relationship between franchiser and franchisee. Franchiser is obliged to maintain a continuing interest in the business of franchisee in such areas like training & know-how; wherein franchisee operates under a common trade-name, format and/or procedures.



- Voucher Scheme: A voucher is a document that can be exchanged for defined services or goods as a token of payment.
- Joint Venture/Alliance: Joint Venture/Alliance is when two parties come together for a common cause. The two parties could be Public-Public/ Public Private/Private-Private.

<b>Types of Services</b>	<b>Public Sector</b>	<b>Private</b>
<b>Public</b>	Public Health Facilities, Super-speciality Hospitals, Medical/Teaching Hospital, Health Insurance Blood Bank, Cold Chain Maintenance	Contracting In like hiring of skilled Human resources, Vouchers
<b>Private</b>	Contracting Out like House keeping, Hospital Dietary Services, Drug Store etc. Bio-Medical Waste Management Hospital Management, HMIS ARV, new drug therapy research	Diagnostic Services, Social Franchises, Private Teaching Institutes, Curative Consulting

So there are various possible mechanisms of PPP for tertiary care provision in District Hospitals:

1. Contracting out or management contracts
2. Joint ventures- where the private and public sector jointly finance, own and operate a facility
3. Leasing- where part of the risk is transferred to the private sector
4. BOT (Build Operate Transfer)
5. BOOT (Build Own Operate Transfer)
6. BOO (Build Own Operate)- where the control and the ownership of the projects remain in private hands
7. DBFO ( Design Build Finance Operate)

8. DCMF ( Design Construct Manage and Finance)
9. BLT (Build Lease Transfer) and many others.

Hence the following hospital services can be considered suitable by RKS for developing services through a PPP model in a district hospital:

- Super specialty services like Cardiothoracic surgery, Paediatric surgery, Invasive Cardiology, Organ transplant, Genetic counselling and so on
- **Diagnostic Services** – High end Diagnostic services & Laboratory Services, Imaging Services
- Housekeeping Services, Laundry Services, Dietary Services, Security
- Ambulance Services-Particularly for conveyance of beneficiaries of Janani Suraksha Yojana ( already in place ) and trauma care
- Hospital information system, Bio medical waste management, Tele-Medicine, Quality Assurance and implementation of accreditation programme
- Referral Clinics at the outreach, Health Insurance, Blood Storage and Supply.



