

COMMUNITY ACTION FOR HEALTH

Bringing public into public health

Improving governance and management of public health facilities: Rogi Kalyan Samitis in Uttar Pradesh drive the change

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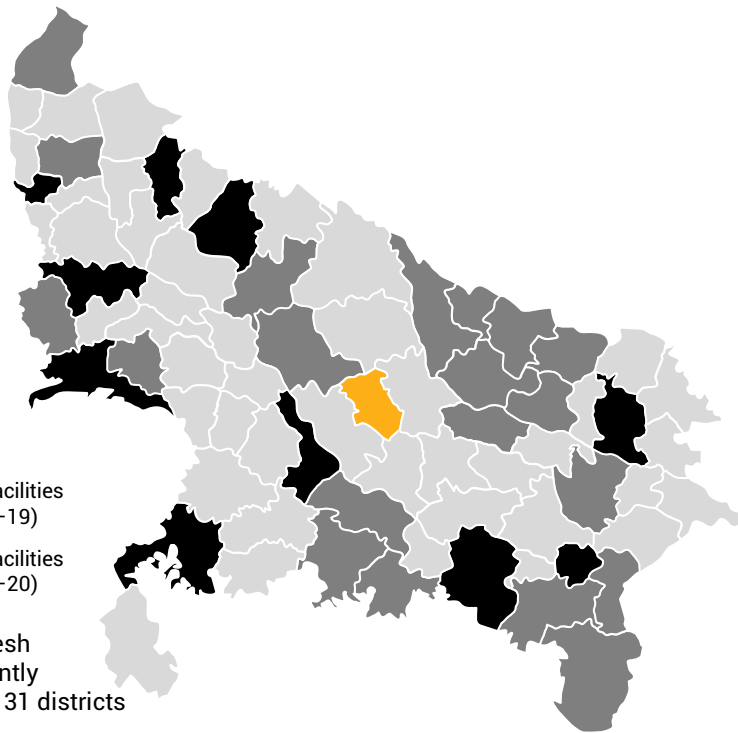
INNOVATION SERIES

UTTAR PRADESH

Piloting and scaling an intervention to strengthen RKS functioning

- Piloted in 27 facilities of 1 district (FY2016–17)
- Scaled to an additional 168 facilities in 10 more districts (FY2018–19)
- Scaled to an additional 315 facilities in 20 more districts (FY2019–20)

45% of all RKSs in Uttar Pradesh (510 of 1,132 RKSs) are currently covered by the intervention in 31 districts



The National Health Mission (NHM) implementation framework regards creation of a health system responsive to the needs of citizens and building a broad-based inclusive partnership as key goals crucial to the attainment of national health goals. It is to these ends that MoHFW developed and disseminated the National Rogi Kalyan Samiti (RKS)/Patient Welfare Committee Guidelines to states in 2015. RKSs have been formed in public health facilities across the country with the mandate to ensure compliance to minimal standards for hospital care, adherence to protocols of treatment and accountability of health providers to the community. These committees, comprising representatives from Panchayat Raj Institutions (PRIs), NGOs, local elected representatives, health facility staff and government officials of other departments like Public Health Engineering Department (PHED), Social Welfare, etc., serve as a group of trustees for the health facility and manage its affairs.

Given RKSs' crucial role, NHM's Advisory Group on Community Action (AGCA) piloted and subsequently scaled up an intervention in Uttar Pradesh to strengthen RKS functioning.

This brief summarizes the processes adopted to strengthen RKS functioning in Uttar Pradesh and the impact that has had on the quality of services clients receive at public health facilities.

Strengthening Rogi Kalyan Samitis to ensure health care stays responsive to people's needs

CONTEXT

Uttar Pradesh has constituted RKSs at district hospitals, Community Health Centres (CHCs) and Urban Primary Health Centres (UPHCs) across the state. However, general lack of awareness about roles and responsibilities of RKS members, irregular meetings of RKS committees and absence of a patient-centric approach in fund utilization have limited their effectiveness and functioning. Population Foundation of India, which hosts the AGCA secretariat, has given technical assistance to the Uttar Pradesh State Programme Management Unit (SPMU) for an intervention to strengthen RKS functioning.

INTERVENTION

The overarching aim of the intervention is to improve provider responsiveness and provision of quality maternal and reproductive health services in public health facilities through active involvement of RKSs.

Pilot in Lucknow district

The pilot was initiated in Lucknow district in 2016 with the support of an external donor.¹ It covered 27 public health facilities in Lucknow, including 10 district hospitals, 9 CHCs and 8 Urban Community Health Centres (UCHCs). PFI and SPMU together developed a curriculum to build the capacity of RKS members, conducted trainings and provided handholding support. District officials and RKS members were oriented on RKS roles, responsibilities and governance processes.

Sustained mentoring support was provided to RKSs to strengthen their functioning, with focus on four key aspects: 1) regular meetings of RKS Governing Body Committee and Executive Committee, 2) regular monitoring of services and corrective actions, 3) preparation of annual plans for RKS fund utilization based on client needs, and 4) establishment of grievance redressal mechanisms to improve client satisfaction.

Scaling up in 30 districts

Based on encouraging outcomes from the Lucknow pilot, the state government has scaled up, in a phased manner, the intervention to an additional 483 facilities in 30 districts. The Population Foundation of India team is supporting the SPMU for the scale up. The training curriculum developed for the Lucknow pilot has been updated for RKS trainings. Resource materials, such as information, education and communication (IEC) materials for display; a booklet on frequently asked questions (FAQs) about RKS and its functioning; and a documentary film to orient RKS members, have been developed and are being disseminated. In addition, a web-based Management Information System (MIS), which was developed during the pilot and is in use at all 27 health facilities in Lucknow, is being deployed at health facilities in the 30 districts to enable reporting on RKS functioning. Further, a pool of 86 regional- and district-level mentors has been trained to orient and mentor RKSs. As of December 31, 2019, the mentors had oriented 2,456 district officials and RKS members.

Like in the pilot district, RKSs across the 30 districts are being actively mentored to strengthen RKS functioning. The effort is helping RKSs institutionalize regular meetings of RKS committees; monitor health care services and take corrective actions; ascertain client needs and accordingly make provisions in annual RKS fund utilization plans; and put grievance redressal mechanisms (feedback box, register, helpdesk) in place to register clients' complaints/suggestions for addressing them.

The RKS initiative in Uttar Pradesh was presented at the National Consultation on Community Action for Health in March 2019, which Advisory Group on Community Action (AGCA) organises annually on behalf of the MoHFW. Based on the experience from Uttar Pradesh, the AGCA secretariat supported state NHMs of Goa, Jharkhand, Odisha and Sikkim in building state trainers' and facility in-charges' capacities on RKS, covering a total of 32 districts.

¹ John D and Catherine T MacArthur Foundation

IMPACT

Strengthening of RKS has improved public health facilities' responsiveness to people's health needs. The impact of the intervention is evident at multiple levels:

- **Improved functioning of RKS committees:** Meetings of RKS Governing Body Committee and Executive Committee are now being organized more regularly, unlike in the past.
- **Better hospital amenities and ambience:** Improved RKS functioning and collection of client feedback have significantly impacted hospital services and amenities. Change is evident in enhanced patient conveniences, such as seating space, air-conditioning of maternity wards and labour rooms, drinking water facility and toilets; purchase of new equipment; prompt purchase of emergency medicines during stock-outs; and installation of CCTVs, among others.
- **Improved quality of services:** Hospitals in the intervention districts are reporting improved service delivery practices, such as making privacy arrangements in labour rooms, swab culture test for labour rooms and operation theatres, recording of vaccinations in the child immunization card, maintenance of a referral register and follow-up of referred cases, safe disposal of needles, and improved disposal of hospital waste.
- **Robust grievance redressal mechanisms:** Hospitals are recording client feedback through strategically located suggestion/complaint boxes, registers and feedback forms. The feedback is being actively addressed. This has led to improved basic amenities in public hospitals, for example, conversion of one toilet to men's toilet at Urban Community Health Center (UHC) Indiranagar in Lucknow and installation of lights in dark areas of Lucknow's Lok Bandhu Raj Narayan Hospital.

OUTCOMES AT A GLANCE

Data from the pilot district and select hospitals in the 10 first-phase scale up districts shows significant improvements.

- ➔ **75%** RKSs **organised RKS Executive Committee meetings** on a monthly basis
- ➔ **95%** health facilities are **seeking client feedback** through suggestion/complaint boxes and registers
- ➔ **71%** facilities have **constituted a grievance redressal committee** to discuss client feedback
- ➔ **60%** facilities have **completed their financial audit** for FY2018–19



STAKEHOLDERS SPEAK

"RKS provides us clear direction and flexibility to use the available funds for the benefit of patients."

Dr. Sandeep Kumar Singh, Medical Superintendent and RKS member, CHC-Itaunja, Lucknow

"My daughter-in-law delivered her third child at this hospital (CHC-Itaunja) yesterday! Her other two children were also born in this hospital. The services being provided now are far better than during her last delivery three years ago. The hospital is cleaner, staff is better behaved, quality of food is good, and we have spent absolutely nothing from our pocket! We're happy!"

Patient attendant, CHC-Itaunja, Lucknow

"We have learnt to view the hospital and its facilities from the patient's perspective. We take note of the gaps and make them part of the RKS meeting agenda."

Dr. Rashmi Gupta, Medical Superintendent and RKS member, UHC-Indiranagar, Lucknow

"Earlier when I accompanied a client to this hospital, the atmosphere was such that I felt like an ill person myself... but now the conveniences and ambience here has totally changed and makes one feel good."

ASHA, Lok Bandhu Raj Narayan Hospital, Lucknow

"Just a few months back, I was brought to this hospital (Urban CHC-Aishbagh) by a hospital ambulance and was admitted. Heavy bleeding during my third month of pregnancy had made my condition critical. Once here, I was immediately given one unit of blood and put on treatment. I gradually recovered fully with the good treatment and care given at this hospital. I want every patient to receive the kind of service I have received!"

Patient, Urban CHC-Aishbagh, Lucknow

ROGI KALYAN SAMITI: IMPROVING HEALTH FACILITY IS IMPACTING LIVES

The RKS at Veerangana Jhalkari Bai Women Hospital in Lucknow has received training and mentoring support from Population Foundation of India and SPMU since 2017. This has resulted in improved RKS functioning, with regular RKS Executive Committee meetings where patient needs and issues are discussed for decision making.

The RKS's patient-centric focus saw the hospital utilize 100% of the untied fund allocated for FY2018–19. Several new amenities have been added, including an air-conditioner and new chairs and benches for patients and attendants; a public address system for announcements; and improved quality of food for in-patients. The RKS has also purchased modern

medical equipment, including a fetal monitor to continuously record heartbeat, a non-stress test machine, and a new infusion pump for the Special Care Newborn Unit.

These positive changes have been made possible by making RKS members aware of their roles and responsibilities and equipped with the knowledge and skills to take decisions for patient benefit.



“In our RKS meeting, we decided on how we could utilize the available funds for facility improvement. Our effort to fill the identified gaps helped us get a good score in Kayakalp assessment 2018–19. Our hospital stood second in Lucknow and sixth in Uttar Pradesh!”

Dr Sudha Verma, Chief Medical Superintendent and RKS Executive Committee Chairperson, Veerangana Jhalkari Bai Women Hospital, Lucknow



LESSONS LEARNED

- Adoption of systematic processes and transparency enables participation. Civil Surgeons and Medical Officers are making efforts to organise RKS meetings in a structured manner – sending prior notice on the meeting date, sharing the agenda and proceedings of the previous meeting, etc. This has increased participation of members in meetings, including of elected representatives and officials from the departments of education, women and child development, revenue and administration.
- To be effective, trainings/orientations must be followed-up by regular reinforcement and mentoring. PFI held regular follow-up interactions with Civil Surgeons, Medical Officers and hospital managers, developing in them a comprehensive understanding of RKS roles and responsibilities along with ownership and confidence to organise regular RKS meetings, monitor health services and plan utilisation of funds based on local priorities.
- Ownership by state leadership and their continuous mentoring of facility staff is crucial. The Uttar Pradesh

state health leadership is driving the process through regular review meetings on RKS functioning. Chief Medical Officers and district/block program managers are regularly following-up with the in-charges of facilities. This has helped institutionalize the processes for organising RKS meetings, grievance redressal and patient-centric utilisation of RKS funds.

THE WAY FORWARD

In a decentralised ecosystem like India's, RKSs can strengthen local decision making about health services significantly. The Government of Uttar Pradesh has decided to scale up the intervention in a phased manner to all 75 districts of the state by the year 2023. The intervention's positive outcomes in Uttar Pradesh hold encouraging lessons for other state governments. As the Pradhan Mantri Jan Arogya Yojana (PMJAY) component of Ayushman Bharat rolls out, it is crucial that RKSs be at the forefront to ensure patient engagement and empowerment.



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