सत्यमेव जयते

Guidelines For

Rogi Kalyan Samities in Public Health Facilities

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Ministry of Health & Family Welfare
Government of India

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Guidelines for Rogi Kalyan Samities / Patient Welfare Committees

NATIONAL HEALTH MISSION
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Ministry of Health and Family Welfare
Government of India

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Jagat Prakash Nadda

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Minister of Health & Family Welfare
Government of India

FOREWORD

It gives me great pleasure to introduce the revised guidelines for Rogi Kalyan Samities (RKS). Rogi Kalyan Samities are an important vehicle to enable citizen participation and ownership in health facilities. They also serve the important function of increasing accountability of the health facility to the public.

The trend of increasing access of the public to government health facilities is encouraging. However the increasing load of the facilities, sometimes ill equipped to handle the greater influx, compromise the quality of care. The provision of funds and the delegation of authority to the RKS to make decisions, allows the facility in-charge to readily respond to such additional requirements. The guidelines provide the framework to enable such decision making.

Prominent among the changes in the revised guidelines is the provision enabling the Member of Parliament or local Minister to chair the Governing Body of the Rogi Kalyan Samiti at the District Hospital. This revision carries with it the responsibility of serious engagement with the functioning of the district hospital and providing the leadership to the RKS to ensure efficient and transparent functioning and mobilise community involvement in functioning of the district hospital. These guidelines comprehensively lay down the objectives, roles and responsibilities of the RKS, including guidance on fund raising that is expected to be ethical and transparent.

The inclusion in the RKS of elected representatives, administrative/technical personnel, representatives of NGOs, social workers and members of the community is meant to ensure that the health facility is enabled to address all constituents of society and also that it is made more accountable to those for whom it is intended, namely the patient that enters its portals. A key role of the RKS is in ensuring that Citizens Charters in all facilities are not just displayed but that the facility commits to it by its services.

The composition of the RKS at other levels of health facilities such as the Community Health Centre and the Primary Health Centre also envisages active engagement of elected representatives so as to improve accountability and functionality of the facility. It is our hope that such participation will enhance democratic functioning and decision making in the RKS so as to make high quality, patient centric health care in our public health facilities a reality.

(Jagat Prakash Nadda)

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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
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Ministry of Health and Family Welfare

FOREWORD

Rogi Kalyan Samities (RKS) were first initiated as a state level institutional innovation to improve service quality in public health facilities through local fund raising and subsequently scaled up across the country. The implementation of the RKS at scale has been variable across the country and the revised guidelines are, in part, an attempt to address the variations. The guidelines also reflect the learning from implementation of RKS across the country over the past few years.

The revised guidelines include changes in composition to make the RKS more participatory and accountable, in its principal role of safeguarding patient welfare.

The increase in footfalls in public health facilities testify that they are meeting a significant community need, but such higher caseloads also put stress on existing infrastructure, human resources, drugs and equipment. The RKS is a mechanism for ready responsiveness to cover shortfalls and ensure continuing high quality of services. The RKS represents a move towards both decentralization and a supportive mechanism to the management of facilities, to better enable clinicians to effectively perform their duties. The guidelines have been structured to address both these features.

As is the case with other guidelines issued by the Ministry of Health and Family Welfare, particularly for programmatic purposes, these guidelines represent a flexible framework for states to adapt to specific and local contexts. I urge states to update their guidelines in line with the revision. An equally important step is to ensure wide dissemination across all facilities and also create mechanisms to ensure that RKS members are oriented to their roles and responsibilities so that they may serve as custodians of patient rights, equity and quality of services.

(B.P. Sharma) 6/15

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FOREWORD

Rogi Kalyan Samities were launched in the early nineties to improve hospital upkeep and maintenance and enable a source of flexible funding, were scaled up country wide through the National Rural Health Mission. In addition the infusion of untied and flexible funds at each facility provided every RKS with funding to meet local needs and ensure that the hospital was not only able to respond to the increased utilization of services but also to expand the package of services through sourcing in additional specialist services or purchasing new diagnostic equipment.

As a measure of the criticality of the RKS, the quantum of funding for facilities under the National Health Mission has recently been revised and guidelines for untied grants now provide for funding based on facility caseloads and range of services offered.

Over the years there has been significant learning on the functioning of the Rogi Kalyan Samitis in various states. The revised guidelines represent a distillation of these lessons. The guidelines were developed after consultation with states to ensure that they resonate with state needs and contexts. The revised guidelines entail, inter alia, key changes in composition to ensure greater involvement of elected representatives, and better detailing of powers and functions.

States should ensure that there is concomitant effort at building the management and leadership capacities of RKS members to build familiarity with the guidelines, understand their roles and responsibilities and effectively carry out their duties.

States should view these guidelines as a broad framework. They have the flexibility to adapt the guidelines to their contexts and amend rules and regulations for the RKS in keeping with the revised composition. Nevertheless the fundamental principles of ensuring equitable, high quality health care and to guard against denial of services to any person who seeks services in the public sector should be protected.

(C.K. Mishra)

New Delhi
19th June, 2015

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FOREWORD

The revised guidelines for Rogi Kalyan Samities build on the implementation lessons of the past decade from the National Rural Health Mission and represent an effort to increase accountable public participation in health facilities so as to improve quality of care and efficient use of existing resources.

The guidelines lay out the mechanisms to steer RKS functioning in enabling appropriate responses to local needs, improve accountability and transparency, create opportunities and build partnerships with civil society and other stakeholders and improve service delivery.

A key function of the RKS is to oversee the process of quality improvement which spans the needs of infrastructure, human resources and process related parameters. Addressing issues of cleanliness, upkeep and hygiene while being important are nonetheless relatively easy. Equally important and somewhat neglected are issues such as use of standard treatment protocols, effective grievance redressal, patient feedback and monitoring.

The revised RKS guidelines would also help in implementing the National Quality Assurance Framework and make services patient centric.

The guidance on user fees would enable the RKS to ensure that financial barriers do not become a hardship and that there is no denial of care, particularly to the poor and marginalized.

The guidelines deal with the clarification of powers of the various governance structures of the RKS and delineate the roles of the RKS such that there is distinction between oversight and being involved in day to day implementation. The guidelines also provide for increased delegation of authority to the Executive Committee and Facility In-charge to be able to timely respond to increased responsibility and challenges.

I urge states to adapt and disseminate these guidelines in local languages so that they are accessible to RKS members at all facility levels and ensure that a training mechanism using face to face and distance learning modes is created to rapidly scale up the training and ensure rapid functionality of the RKS.

With the autonomy given to the RKS with these guidelines, also comes the responsibility to ensure high quality services to all that seek services from public health facilities. The state has a key role to ensure that the autonomy is fully utilised and well used and that the RKS becomes an important instrument to improve patient centred care.

(Manoj Jhalani)

New Delhi
19th June, 2015

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Background and Objectives

Section 01

1.1 Background

Rogi Kalyan Samities (RKSs) / Patient Welfare Committees were introduced in 2005 under the National Rural Health Mission (NRHM) as a forum to improve the functioning and service provision in public health facilities, increase participation and enhance accountability.

The National Health Mission (NHM), recognizing the challenges in making RKS effective, reinforces and stresses on the need to strengthen the RKS to oversee governance and serve as an effective Grievance Redressal mechanism at the facility level, with active engagement of Panchayati Raj Institutions (PRIs)/Urban Local Bodies (ULBs). The quantum of funding for facilities under NHM has been recently revised and guidelines for untied grants now provide for funding based on facility caseloads and range of services provided.

Experiences of RKS functioning across the country are mixed. While there are examples of effective RKS functioning from several states, overall findings from Common Review Missions, monitoring visits, and evaluations indicate that strengthening RKS continues to be an important area of focus for moving forward. The findings also show that changes are needed in the governance structures, mandate, functions, revenue models, and above all a better understanding of members of their roles and responsibilities in enabling improved service quality and public accountability.

These revised guidelines are the outcome of a national consultation organized in March 2014 by the National Health Systems Resource Center (NHSRC), with participation of representatives of nine states, (Assam, Bihar, Chattisgarh, Gujarat, Madhya Pradesh, Maharashtra, Tripura, Tamil Nadu and Uttar Pradesh), and members of the Advisory Group on Community Action (AGCA). Findings of various reviews, evaluations, decisions of the Mission Steering Group and various state and GoI guidelines were also reviewed.

While the present guidelines are intended to be illustrative and serve as a broad framework for states with flexibility in adapting the guidelines to state specific contexts, existing institutional norms and mechanisms for RKS governance need to be restructured in keeping with the revised guidelines. Rules and Regulations for the Society may also be amended in consonance with the revised guidelines, wherever necessary.

1.2 Objectives of the RKS

The Rogi Kalyan Samiti, as the name suggests, is a health facility level committee that holds the hospital administration and management accountable for ensuring access to equitable, high quality services with minimal financial hardship to service users. The committee is neither expected to run the day to day administrative functions of the hospital, nor is it to be concerned with management of clinical services. The RKS would play a supportive and complementary role to the hospital administration in ensuring the provision of universal, equitable and high quality services, and in ensuring support services in addition to holding the administration accountable keeping the centrality of patient welfare in mind. The following are the broad objectives of the RKS:

1) Serve as a consultative body to enable active citizen participation for the improvement of patient care and welfare in health facilities.

2) Ensure that essentially no user fees or charges are levied for treatment related to care in pregnancy, delivery, family planning, postpartum period, newborn and care during infancy, or related to childhood malnutrition, national disease control programmes such as Tuberculosis, Malaria, HIV/AIDS, etc. and

other government funded programmes which are provided as assurance or service guarantees to those accessing public sector health facilities.

3) Decide on the user fee structure for outpatient and inpatient treatment, which should be displayed in a public place and be set at rates which are minimal and do not become financial barrier to accessing healthcare.

4) Ensure that those patients who are Below Poverty Line, vulnerable and marginalized groups and other groups as may be decided by the state government, do not incur any financial hardship for their treatment, and create mechanisms to cover part/full costs related to transport, diet, and stay of attendant.

5) Develop mechanisms to guard against denial of care to any patient who does not have the ability to pay, especially for services that are being provided at the government's expense.

6) Ensure provision of all non-clinical services and processes such as provisioning of safe drinking water, diet, litter free premises, clean toilets, clean linen, help desks, support for navigation, comfortable, patient waiting halls, security, clear signage systems, and prominent display of Citizens' Charter,

7) Ensure availability of essential drugs and diagnostics, and use of standard treatment protocols/standard operating procedures, patient safety, effective mechanisms for maintaining patient records, periodic review of medical care/deaths,

8) The RKS, as a part of the endeavour to enable assured health services to all who seek services in the government health facility will allow the hospital in charge to procure essential drugs/ diagnostics not available in the health facility out of the RKS funds. Such local purchases must be made only as a short term interim measure. The Executive Committee will review such purchases in each meeting and ensure that the rationale for the purchase is justified and that this is not undertaken repeatedly.

9) Promote a culture of user-friendly behaviour amongst service providers and hospital staff for improved patient welfare, responsiveness and satisfaction through inter-alia organizing training/ orientation/ sensitisation workshops periodically.

10) Operationalize a Grievance Redressal Mechanism including a prominent display of the "Charter of Patient Rights " **(Annexure I)** in the Health facility and address complaints promptly thus building confidence of people in the public health facilities.

11) Create mechanisms for enabling feedback from patients, at least at the time of discharge and take timely and appropriate action on such feedback.

12) Undertake special measures to reach the unreached / disadvantaged groups e.g. Campaigns to increase awareness about services available in the facility.

13) Ensure overall facility maintenance to ensure that the facility conforms/aspires to conform to the Indian Public Health Standards (IPHS).

14) Supervise, maintain, and enable expansion of hospital building for efficient and rational use and management of hospital land and buildings.

15) Facilitate the operationalization of National and State Health programmes as appropriate for the level of the facility.

Legal Framework and Governance Mechanisms

Section 02

2.1 Structure and Composition

The Department of Health & Family Welfare, State Government shall set up RKS, which must be registered as a Society under the Societies Registration Act 1860, in all District Hospitals (DH), Sub District Hospitals (SDH), Community Health Centers (CHC), and Primary Health Centers (PHC) and equivalent facilities. These have already been established in most of the States. States should now take measures to restructure the RKS based on the current guidelines. The composition of the committee should be such that it includes 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 utilize 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.

2.2 Governing Body

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

Governing Body of District Hospital RKS	
Chairperson	Member of Parliament of the Lok Sabha of the District, in whose constituency the district hospital lies.
Co-Chairperson	Other MPs from the district, if any.
Vice Chairperson	District Magistrate
Member Secretary	Civil Surgeon/Hospital in Charge

Members (Ex-officio)

1. Local MLA, in whose jurisdiction the health facility is located
2. Chairperson-Zilla Panchayat
3. Mayor/Chairperson of the Urban Local Body at the District Hospital headquarters.
4. Chief Executive Officer, District Panchayat
5. Commissioner/Chief Municipal Officer, Municipal Corporation/Council.
6. Chief Medical and Health Officer
7. District AYUSH Officer
8. District Officer of Departments of Women and Child Development, Water and Sanitation, Education, Social Welfare, Public Health Engineering Department, Public Works Department, (including Electrical and Mechanical), Electricity Board.
9. Individuals/ institutional donors who contribute equal to or more than the stipulated amount for associate membership

Nominated Members (from the names recommended by Vice-Chairperson)

1. Three eminent citizens, of whom one must be a female, nominated by the Chairperson from the names recommended by Vice -Chairperson
2. Two Civil society representatives
3. One Representative of local medical college, if any.

The senior specialists in-charge of different wards and DPHN/Nurse Matron should be invited as permanent special invitees.

Structure at Sub-District Hospital/Community Health Centre RKS:	
Chairperson	Member of Legislative Assembly of Block
Vice Chairperson	Sub District Magistrate
Member Secretary	Medical Superintendent/ MO in-charge of the facility
1. Members would include Block Medical Officers, AYUSH doctor from CHC, Block Development Officer, Programme Officer, ICDS, Block Education Officer, block level representatives of Education, Drinking Water and Sanitation, Social Welfare 2. Two eminent citizens, and Two civil society representatives.	

Structure at Primary Health Centre RKS:	
Chairperson	Block Development Officer
Member Secretary	Medical Officer
Members would include AYUSH Medical Officer, Anganwadi Supervisor, two eminent citizens, two civil society representatives, Chairperson/member of Janpad Panchayat-Health Subcommittee , School headmaster	

Associated members:

An individual who makes a onetime donation of a Rs. 100,000 for District Hospital, Rs. 50,000 for a Sub-district hospital/CHC or Rs. 25,000 to PHC shall be offered an associated membership for period of two years. State could adapt the donation amount appropriate to their context.

Institutional members:

Any institution, which donates Rs. 250,000/- or more or adopts a ward of the hospital and bears the cost of its maintenance in case of District Hospital RKS, Rs. 125,000 in case of Sub-district hospital/CHC RKS and Rs. 50,000 in case of PHC RKS, may be made eligible to nominate a person from the institution as a member of the GB of the society. The institution/nominated person shall be offered an associate membership for a period of two years. However they would not have voting rights and the adopted ward shall function within the overall ambit of the public health facility.

2.2.2 Roles and functions of the Governing Body (GB)

1) The GB will have full control of the affairs of the Society and will have the 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. 10 lakhs at the level of the DH, Rs. 7 lakhs at the CHC, and Rs. 2 lakhs at the PHC.

12) The GB shall have powers to engage 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.

2.2.3 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 GB 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.

2.2.4 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 and in villages under its jurisdiction. 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
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.

2.2.5 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.

2.3 Executive Committee-RKS

2.3.1 Composition of the Executive Committee (EC) of the RKS at district hospital

Executive Committee DH	
Chairperson	District Magistrate
Member Secretary	Civil Surgeon/Hospital in Charge.

Members (Ex-officio)

(i) Chairperson of Standing Committee on Health of Zila Panchayat

(ii) Chief Executive Officer, District Panchayat

(iii) Commissioner/Chief Municipal Officer, Municipal Corporation/Council.

(iv) Chief Medical and Health Officer

(v) District AYUSH Officer

(vi) District Officer of Departments of Women and Child Development, Water and Sanitation, Education, Social Welfare, Public Health Engineering Department, Public Works Department, (including Electrical and Mechanical), Electricity Board.

(vii) Individuals/ institutional donors who contribute equal to or more than the stipulated amount for associate membership

(viii) Senior specialists in-charge of different wards and DPHN/Nurse Matron

Nominated Members

(ix) Three eminent citizens, of whom one must be a

female, nominated by the Chairperson

(x) Two Civil society representatives

(xi) One Representative of local medical college, if any.

Structure at Sub-District Hospital/Community Health Centre RKS: (Sub district level- covering more than one block)

1. Chairperson should be Sub-District Magistrate and Member Secretary should be the Medical Superintendent/MO in-charge of the facility
2. Members would include one PRI representative who should be Chairperson of the Health sub-Committee of the Janpad Panchayat /Block Panchayat.
3. Block Medical Officer, Block level officers of ICDS, Water and Sanitation and Education.
4. Two eminent citizens and two civil society representatives that are GB members.
5. Individuals/ institutional donors who contribute equal to or more than the stipulated amount for associate membership

Chairperson may call such other Officer/person as special invitee.

Structure at Primary Health Centre RKS: (at block level)

1. Chairperson should be Janpad Panchayat Representative, Chair of Subcommittee on Health, and Member Secretary, the Medical Officer.
2. Members would include one nominated staff nurse of the facility, Pharmacist, the CDPO, block staff of Department of Drinking Water and Sanitation and Department of Education.
3. Chairperson/Member, Janpad Panchayat - Health Sub - committee

2.3.2 Powers and functions of Executive Committee (EC):

1) Meetings 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 meetings 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 **(Annexure –II)**
- 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 Charter displayed in the Hospital, Establish a system of public grievance redressal at facility level and monitor the effectiveness of the Grievance Redressal Mechanisms, 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 form 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 Inpatients Department on a 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. **(Annexure III, IV &V)**

13) Review and monitor the Patient Satisfaction Score **(Annexure VI and VII)** 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 the services of specialists, Medical/Para medical staff, professional counselors. Such contracting in could also include specific specialist services: anaesthesia, 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 contract-in services of individuals for supportive service functions on a 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 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 objective of RKS funds is for patient welfare. Funding for 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 specifically 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 partnerships, 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 specifically 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.

2.4 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 and conducting assessments, conduct exit interviews of a predefined sample of Out-patients and In-patients, collect patient feedback on a fixed day of the month. The Committee would send a monthly monitoring report to the GB with copy to EC.

RKS Funds and Utilization

Section 03

3.1 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 premises- **Annexure VIII.**
5. Income on account of service provision under insurance /insurance like scheme/ reward on account of quality certification etc.

3.2 Process for utilization of RKS funds

1. Executive committee has to pass a resolution to spend money on the activities as decided by the committee.
2. Chairperson, member Secretary or MO in-charge of a ward etc may incur expenditure for patient welfare activity upto 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 Untied grants can be used is at **Annexure –X**

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 governments can amend the powers of office bearers.

3.3 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

Section 04

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 of 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 be balanced periodically

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

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.

14) 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.

Suggested formats are at **Annexure IX**

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

Section 05

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

Section 06

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.

Awards to Best Performing RKS

Section 07

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.

Draft Charter of Patients' Rights

Annexure I

The definition of rights in this charter implies that both citizens and healthcare 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 of 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 publicize 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.

Purchase Committee

Annexure II

A purchase Committee thus may be set up to undertake all such activities:

Constitution of a Purchase Committee:

Few members of executive committee and Specialist/ MOs will be members of the standing local purchase committee. This Committee shall have all the purchasing powers from the RKS funds.

Illustrative purchasing authority and modes:

a) **Local purchase of consumables and other items:** Local purchase of consumables and other items upto Rs 5000 for District RKS can be done on direct purchase by single quotation by concerned Member Secretary or as per State norms.

b) **Procurement Modes:**

(A) Rate contracts, if fixed by any Government agencies may be utilized. However it is not obligatory to operate a rate contract if it is not so mandated by the State government. **(B)** Local shopping can be undertaken by the Purchase Committee. If any Govt outlet or public sector outlet exists, they should be preferred over other agencies. Quotations should be invited for any single purchase of more than Rs 5000 in District RKS after specifying the quality and quantity of the items required. There should be, however, no compromise on the quality even if it means that the lowest quotation is not accepted. However the Purchase Committee should justify the decisions in such situations.

c) **Service Contracts**

The Purchase committee will have full powers to repair and service the instruments, equipment and vehicles directly through manufactures or authorized dealers. In other cases, quotations should be invited.

d) **Civil Works:**

Civil works including addition / alteration will be carried out through States agencies like PWD or through competitive quotations from local agencies.

All bills of purchase should be certified by the person handling the stores stating "item" received in good condition and entered in stock register No……, page no……, entry no……,and countersigned by Member Secretary. A physical verification of stores should be done once in a year, preferably in April every year by a committee consisting of three members constituted by the Member Secretary.

Annexure III

Key Performance indicators for District Hospital

Name of the Facility		District	
Period (Quarter)			
Last Internal Assessment			

A Gap Closure Status				
	No of Gaps	**Closed**	**In Process**	**Not Initiated**
A1	Facility Level			
A2	District Level			
A3	State Level			
A4	Total			
A5	Brief Description of Resources required	1		
		2		
		3		
		4		
		5		

B Departmental Score Cards				
	Department	**Baseline**	**Previous Quarter**	**Current Quarter**
B1	Accident & Emergency			
B2	Outdoor Department			
B3	Labour Room			
B4	Maternity ward			
B5	Paediatric ward			
B6	General ward			
B7	Sick New born care Unit			
B8	Intensive Care Unit			
B9	Operation Theatre			
B10	Post Partum Unit			
B11	Blood Bank			
B12	Laboratory			
B13	Radiology			
B14	Pharmacy			
B15	Auxiliary Services			
B 16	General Administration			
B17	Nutritional Rehabilitation Centres			
B18	Mortuary			
B19	Please add			
B20	Please add			
	Overall Score			

C Thematic Score Cards								
	Area of Concern	**Baseline**		**Previous Quarter**		**Current Quarter**		
C 1	Service Provision							
C2	Patient Right							
C3	Inputs							
C4	Support Services							
C5	Clinical Services							
C6	Infection Control							
C7	Quality Management							
C8	Outcome							
	Overall Score							

D Key Performance Indicators (KPI)					
	Indicator	**Unit**	**Previous Quarter**	**Current Quarter**	**Previous Year's (Average)**
	Productivity				
D1	Bed Occupancy Rate				
D2	Lab test done per thousand Patients (indoor & OPD)				
D3	Percentage of cases of high risk pregnancy/ obstetric complications out of total registered pregnancies at the facility				
D4	Percentage of surgeries done at night out of total surgeries				
D5	Percentage of surgeries done during day out of total surgeries				
D6	Percentage of C- Section out of Total deliveries				
	Efficiency				
D7	No of Deaths in Emergency/ Total no of emergency attended				
D8	Percentage of out referrals out of Total Admission				
D9	No of major surgeries per surgeon				
D10	OPD per Doctor (Average per day)				
D11	External Quality score for lab tests (Median value)				
D12	Percentage of Stock outs of Vital drugs (list of essential commodities under RMNCH+A)				
	Clinical Care / Safety				

D13	No of Maternal Deaths out of total admission during ANC, INC, PNC				
D14	No of Neonatal Deaths out of total live births and neonatal admission				
D15	Percentage of cases for which Maternal Death Review done				
D16	Average Length of Stay				
D17	Percentage of Mortality out of total SNCU admissions				
D18	Number of Sterilization Failures cases				
D19	Number of Sterilization Complications				
D20	No. of Deaths after Sterilization				
D21	No of unit issued on replacement X 100/ Total no of unit issued				
D22	Percentage of delivery having partograph recorded				
	Service Quality				
D23	Percentage of LAMA out of Total Admission				
D24	Patient Satisfaction Score for IPD				
D25	Patient Satisfaction Score for OPD				
D26	Registration to Drug Time (average)				
D27	Percentage of JSY payments done before discharge				
D28	Percentage of women provided drop-back facility after delivery				

Key Performance Indicators for CHC

Annexure IV

Name of the Facility		District	
Period (Quarter)			
Last Internal Assessment			

A Gap Closure Status				
	No of Gaps	**Closed**	**In Process**	**Not Initiated**
A1	Facility Level			
A2	District Level			
A3	State Level			
A4	Total			
A5	Brief Description of Resources required	1		
		2		
		3		
		4		
		5		

B Departmental Score Cards				
	Department	**Baseline**	**Previous Quarter**	**Current Quarter**
B1	Accident & Emergency			
B2	Outdoor Department			
B3	Labour Room			
B4	Ward (IPD)			
B5	NBSU			
B6	Blood Storage Centre			
B7	Operation Theatre			
B8	Laboratory			
B9	Radiology			
B10	Pharmacy & Stores			
B11	General Administration			
B12	Auxiliary Services			
B13	Radiology			
B19	Please add			
B20	Please add			
	Overall Score			

C Thematic Score Cards						
	Area of Concern	Baseline		Previous Quarter		Current Quarter	
C 1	Service Provision						
C2	Patient Right						
C3	Inputs						
C4	Support Services						
C5	Clinical Services						
C6	Infection Control						

C7	Quality Management						
C8	Outcome						
	Overall Score						
D Key Performance Indicators (KPI)							
	Indicator	Unit	Previous Quarter		Current Quarter		Previous Year's (Average)
	Productivity						
D1	Bed Occupancy Rate						
D2	Lab test done per thousand Patients (indoor & OPD)						
D3	Percentage of cases of high risk pregnancy/ obstetric complications out of total registered pregnancies at the facility				.		
D4	Percentage of C-Section out of Total Deliveries						
D5	Percentage of LSCS surgeries done in night (8PM to 8 AM)						
D6	Percentage of Newborn admitted to NBSU out of Total live birth at facility						
	Efficiency						
D7	Percentage of referral of admitted patients out of total admissions.						
D8	Critical Emergencies (Snake Bite, Poisoning, Trauma, CVA) attended out of total emergency patients registered						
D9	Emergency call attended per specialist per month						
D10	Percentage of Stock outs of Vital drugs (list of essential commodities under RMNCH+A)						
	Clinical Care / Safety						
D11	Average Length of Stay						
D12	Number of Maternal deaths at the facility						
D13	Percentages of DOT cases completed successfully						
D14	Percentage of AEFI cases reported						
	Service Quality						
D15	Percentage of LAMA out of Total Admission						
D16	Average Patient Satisfaction Score for IPD						
D17	Average Patient Satisfaction Score for OPD						
D18	Percentage of women provided drop-back facility after delivery						

Key Performance Indicators for PHC

Annexure V

Name of the Facility				District			
Period (Quarter)							
Last Internal Assessment							
A Gap Closure Status							
	No of Gaps	**Closed**		**In Process**		**Not Initiated**	
A1	Facility Level						
A2	District Level						
A3	State Level						
A4	Total						
A5	Brief Description of Resources required	1					
		2					
		3					
		4					
		5					
B Departmental Score Cards							
	Department	**Baseline**		**Previous Quarter**		**Current Quarter**	
B1	Out Patient Dept.						
B2	Indoor Department						
B3	Labour Room						
B4	Laboratory						
B5	National Health Prog.						
B6	General Administration						
B7	(Please add)						
B8	(Please add)						
	Overall Score						
C Thematic Score Cards							
	Area of Concern	Baseline		Previous Quarter		Current Quarter	
C 1	Service Provision						
C2	Patient Right						
C3	Inputs						
C4	Support Services						
C5	Clinical Services						
C6	Infection Control						
C7	Quality Management						
C8	Outcome						
	Overall Score						

D Key Performance Indicators (KPI)					
	Indicator	Unit	Previous Quarter	Current Quarter	Previous Year's (Average)
	Productivity				
D1	OPD per Month				
D2	Percentage Deliveries conducted out of expected				
D3	Percentage of Deliveries conduced in the night				
D4	Percentage of MTP conducted				
	Efficiency				
D5	Percentage of stock out of vital drugs (RMNCHA)				
D6	Percentage of High Risk Pregnancy / Obstetric cases referred to FRU				
D7	Percentage of client accepting limiting or long term contraception methods of contraception				
D8	Dropout rate of DPT vaccination				
	Clinical Care / Safety				
D9	Percentage of high risk pregnancies detected				
D10	Percentage of women stayed for 48 hrs after normal deliveries				
D11	Percentage of Anaemia cases treated successfully				
D12	Percentage of AEFI cases reported				
D13	Percentages of DOT cases completed successfully				
D14	Percentage of Children with diarrhoea treated with ORS & Zinc				
	Service Quality				
D15	Percentage of LAMA out of Total Admission				
D16	Patient Satisfaction Score for IPD				
D17	Patient Satisfaction Score for OPD				
D18	Percentage of women provided drop-back facility after delivery				

Patient Satisfaction form / inpatient Feedback

Annexure VI

Dear Friend

You have spent your valuable time in the hospital in connection with your / relative's/friend's treatment . It will help us in our endeavor to improve the quality of service , if you share your opinion on the service attributes of this hospital enumerated in the table below .

Please tick the appropriate box and drop the questionnaire in the Suggestion box

Sl No	Attributes	Poor	Fair	Good	Very Good	Excellent	No comments
1.	Availability of sufficient information at Registration/ Admission counter						
2.	Waiting time at the Registration/Admission counter	more than 30 mins	10-30 mins	5-10 mins	Within 5 mins	Immediate	
3.	Behaviour and attitude of staff at the registration/ admission counter						
4.	Your feedback on discharge process						
5.	Cleanliness of the ward						
6.	Cleanliness of Bathrooms & toilets						
7.	Cleanliness of Bed sheets/ pillow covers etc						
8.	Cleanliness of surroundings and campus drains						
9.	Regularity of Doctor's attention						
10.	Attitude & communication of Doctors						
11.	Time spent for examination of patient and counseling						
12.	Promptness in response by Nurses in the ward						
13.	Round the clock availability of Nurses in the ward hospital						
14.	Attitude and communication of Nurses						
15.	Availability, attitude & promptness of Ward boys/ girls						
16.	All prescribed drugs were made available to you free of cost.						
17.	Your Perception of Doctor's knowledge						
18.	Diagnostics Services were provided with in the hospital						
19.	Timeliness of supply of diet						
20.	Your overall satisfaction during the treatment as in patient						

Your valuable suggestions (if any)

Date _____ IPD Ticket no._____Ward_____Name _____

Annexure VII

OPD Patient Feedback

Dear Friend

You have spent your valuable time in the hospital in connection with your / relative's/friend's treatment . You are requested to share your opinion about the service attributes of this hospital which will be used for improving the services

Please tick the appropriate box and drop the questionnaire in the Suggestion box

Sl No	Attributes	Poor	Fair	Good	Very Good	Excellent	No comments
1	Availability of sufficient information at registration counter						
2	Waiting time at the registration counter	more than 30 mins	10-30 mins	5-10 mins	Within 5 mins	Immediate	
3	Behaviour and attitude of staff at the registration counter						
4	Cleanliness of the OPD, Bathrooms & toilets						
5	Attitude & communication of Doctors						
6	Time spent for examination and counseling						
7	Availability of Lab and radiology tests.						
8	Promptness at Medicine distribution counter						
9	Availability of drugs at the hospital dispensary						
10	Your overall satisfaction during the visit to the hospital						

Your valuable suggestions (if any)

Date _____ OPD Ticket no._____Name _____

Suggestive Steps for Development of Hospital Premises By RKS For Resource Generation Through Commercial Usage

Annexure VIII

1. RKS may formulate a master plan with 15-20 year projections & expansion especially for District Hospital, CHC & Civil Hospital. The master plan needs to spell out: a) Roadmap for development b) Relocation into new site, if required and c) In the existing facilities in-situ, the prioritization of spaces, would be for water/ Sanitation and 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 Government of the State will be obtained before commencing the construction work, for e.g. (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. Every commercial proposal needs to have prior approval from Executive Committee and General Body.
9. New constructions should be in accordance with funds of RKS and technical due diligence.

Annexure IX
Suggested formats for Maintaining Records

A. Format for Cash Book

	Receipts					Payments					
Date	**Particulars**	**Ledger Head**	**Ledger Folio**	**Cash Rs.**	**Bank Rs.**	**Date**	**Particulars**	**Ledger Head**	**Ledger Folio**	**Cash Rs.**	**Bank Rs.**

B. Format for Standard Ledger

(Illustrative and not exhaustive)

Receipts

1. Grants from State / Central Govt
2. Receipts from User charges
3. Receipt from other agencies
4. Interest on bank account
5. Miscellaneous receipts

Payments

1. Medical and diagnostic consumable
2. Equipment
3. Drugs
4. Furniture
5. Linen
6. Maintenance contracts and repairs
7. Outsourcing
8. Rented Vehicle and POL, maintenance
9. Printing
10. Training, IEC
11. Contingencies
12. Miscellaneous

C. Format for Petty Cash Book

Name of RKS:

Date	Particulars	Ledger Head	Ledger Head	Ledger Head	Ledger Head
Total					

D. Format for Balance Sheet

Name of RKS _____

Balance Sheet for the Year Ending 31-3-200….

Liabilities			**Assets**		
Particulars	Amount Rs	Amount Rs	Particulars	Amount Rs	Amount Rs
Opening Balance Add: Excess of Income over expenditure			Fixed Assets Advance to peripheries/ agencies Outstanding Receipts Interest accrued and due from bank		
Other Liabilities Expenses outstanding Other Fixed Assets Reserve Account			Current assets Loans / advances Cash in hand Cash in bank		
Total			Total		

RKS B/S will be prepared in the same manner as NHM financial statements are prepared

Name of the RKS ----------

GFR 19-A

[See Rule 212 (1)]

Form of Utilization Certificate

Sl. No.	Letter No. & Date	Amount
	Total	

Certified that out of ` ……. of grant-in-aid sanctioned during the financial year ……. in favour of …….. under this Ministry / Department Letter No. given above and ` ……. on account of un-spent balance of the previous year, a sum of ` …….has been utilized for the purpose of …….for which it was sanctioned and that the balance of ` ……. remaining unutilized at the end of the year has been surrendered to Government (vide No. ……, dated……..)/ will be adjusted towards the grant-in-aid payable during the next year ……..

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled/ are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised

1.

2.

3.

4.

Signature of the RKS Member Secretary Signature of Superintendent/MO in Charge

Accountant Signature of A/C.

E. Format for Income and Expenditure Account

Expenditure		Income	
Particulars	Amount Rs	Particulars	Amount Rs
Salary for contractual staff		Receipt from Govt.	
Consumables		Receipt from User Charges	
Drugs		Receipt from Rentals etc	
Equipments		Receipt from other agencies	
Linen		Miscellaneous	
Contingencies			
Training			
Maintenance & Repairs		Excess of Expenditure over income c/f to balance sheet	
Civil works			
Printing			
Miscellaneous			
Total		Total	

F. Format for Statement of Expenditure

Activity	A	B	C	D=(B+C)	E	F	G=(E+F)	H= (A+D-G Unspent Balance
	Opening Balance (Beginning of the year)	Amt Received (In current FY till the previous Month	Amt Received During the Month	Total Amt Received (In current FY) Till date	Exp. (In current FY) Till the previous Month	Exp. During the Month	Total Exp. (In current FY) Till Date	

G. Format for Receipts and Payments

Receipts and Payment Account For The Period 1-4-20… to 31-3-20..

Receipt			Payment		
Particulars	Amount Rs	Amount Rs	Particulars	Amount Rs	Amount Rs
Opening Balance			Outsourced Activity		
Cash in hand			Consumables		
Cash in bank			Drugs		
Receipt from Govt			Equipment		
Receipt from user charges			Furniture		
Receipt from rentals etc			Linen		
Receipt from other agencies			Contingencies		
Interest on bank acount			Training		
Miscellaneous			Maintenance & repairs		
			Civil works		
			Printing		
			Closing balance Cash in hand Cash in bank		
Total			**Total**		

Annexure X

Suggested areas where untied funds may be used

1) Cleaning up of the facility especially in labour room and post- partum space, cleaning and maintenance of the campus to ensure a pleasing appearance.
2) Outsourcing/contracting in of clinical/non-clinical services
3) Transport of emergencies to referral centres/ Referral Transport
4) Transport of laboratory samples during epidemics
5) Provision of safe drinking water to patients
6) Minor Repairs of building and furniture
7) Building /repairing Septic tanks/toilets
8) Improved signage in the facility
9) Arrangement of stay for poor patients and their attendants
10) Setting up of Rogi Sahayta Kendra/help desk
11) Providing for Medicines and diagnostics for needy people
12) Arrangement for hygienic environment for washrooms and toilets,
13) Making arrangement for proper disposal of wastage etc.
14) Repair/ Maintenance of Government owned vehicles
15) Purchase of medical equipment.
16) Providing security at hospital premises for safety/ security of patients through outsourcing.

Ministry of Health & Family Welfare
Government of India, New Delhi