Rapid Assessment:
Rogi Kalyan Samiti (RKS) & Village Health Sanitation &Nutrition Committee (VHSNC) in Uttar Pradesh

SUMMARY OF FINDINGS

The National Rural Health Mission (NRHM), now called as National Health Mission (NHM), launched in 2005, aimed to provide accessible, affordable and quality health services to rural and underserved populations. The NHM implementation has been planned within the framework of Panchayati Raj Institutions (PRIs) at various levels. One of the key strategies of NHM is the constitution of Rogi Kalyan Samiti (RKS) (Patient Welfare Committee)/Hospital Management Society (HMS) and Village Health Sanitation and Nutrition Committee (VHSNC). Under NHM, RKS/HMS is to be formed at public health facilities including Primary Health Centres (PHC), Community Health Centres (CHCs) and District Hospitals whereas Village Health Sanitation and Nutrition Committee (VHSNC) is to be formed at village level .

Under the Community Action for Health process, State National Health Mission in Uttar Pradesh felt need for conducting rapid appraisal of the RKS& VHSNC in the state. Advisory Group on Community Action (AGCA) secretariat, managed by Population Foundation of India (PFI), provided technical support in designing methodology, tools and training for the field teams. The findings presented here are based on the rapid appraisal of the RKS& VHSNC in the three districts of Uttar Pradesh namely: Hardoi, Sant Ravidas Nagar and Piliphit.

This study was undertaken with the overall objective to explore the functioning of RKS and VHSNCs as well as the issues and challenges faced by these committees. Besides, it also attempts to examine the funds, bank accounts support structures and trainings organized.

The study covered 11 facilities, 40 exit interviews (both (OPD &IPD) and 7 VHSNCs across three districts.

Salient Findings

Rogi Kalyan Samiti (RKS)

- It was observed that the RKS existed in all facilities (District hospitals and CHC) across three districts. Most of these RKS are functioning for the last 6-7 years. When asked about the functions of Advisory body and Executive Committee of RKS, many of them felt that role of both committees are same. Some of the members informed that the major functions of Executive Committees are solving the problem of patients, cleaning; provide water supply & electricity, availability of drugs, IEC publicity. In sum, members couldn't differentiate the functions of various committees of RKS. Majority of the members were not aware regarding existence and objectives of RKS in the health facilities. Although a new state Government Order (GO) on constitution of committees of RKS was sent in January2014 and many of them had received the order, none of the RKS members have started the constitution of committees as per new GO.

- RKS meetings are generally held on regular basis mostly at the blocks. However it varies from district to district. It was found that out 11 facilities , only 6 facilities meetings are regularly conducted in last one year and this ranges from in 6 in district hospitals (both male & female) in Hardoi to 12 in CHC Ahirori in Hardoi & CHC Amriya in Pilibhit. The presence of members from other department was limited during the meetings. In four facilities member reported that agenda for the RKS meeting circulated one week in advance. However, in 3 facilities the agenda was circulated same day and members were invited through telephonic call on the same day of meeting. Only few of RKS records on minutes of meetings were available.

- Most of the decisions taken in last 3 meetings were electricity shortage, maintenance of new PHC, ensuring the provision of Generator and printer cartridge, labour room paint and for IEC, buying invertors etc. Fund utilization of the RKS during financial 2013-14 revealed that it was utilized mainly for buying surgical items, cartridge for printer, repairing generator etc.

- RKS have cumulatively raised Rs. 12,033,139 during FY 2013-14 and the proportion of fund through the government (63.6%) was slightly more than the revenue generated from the user charges (36.4%). Most of facilities have utilised the user charges for buying utilities like soap,bulb followed by pathology, invertors, mattress, oxygen cylinder, and for emergency & water facilities.

- Delay in conducting the scheduled meetings of RKS and release of funds (it was found that funds are released only during Sept – November of each year) was cited as a major constraint for utilization of funds. It was observed that members have lack of clarity on utilisation of funds across three districts.

- The financial documents are audited by external auditor from time to time.
- Citizen's Charter had been put in the facilities visited but it was not updated in many facilities.

Village Health Sanitation Nutrition Committee (VHSNC)

- ASHA was a member of VHSNC except in except in Gadampur village of Hardoi and Nagricolony of Pilibhit districts. Almost all the VHSNCs were more than 12 months. Out of of 7 VHSNCs visited, only 4 VHSNCs reported that ASHA attend meeting regularly.
- Two-third of the members were found to be women and belonged to the General category (46%) followed by backward class (17%), and SC (15%).
- Very few of the VHSNCs discussed the issues in last two months. Some of the issues discussed were immunisation of children, for delivery and referral transport, reporting cases of Diarrhoea, supplementary nutrition for children & pregnant and lactating mothers and cleanliness around hand-pumps. Some of the action taken to solve the issues in last two months were sprinkling phenyl, other disinfectants like bleaching powder on open pits and drains, purchas Dari & Chairs, and sprinkling Kerosene on open pits. A greater proportion of members did not know the issues discussed in last two months.
- Majority of VHSNCs did not maintain birth and death registers.
- Only few of the VHSNCs had ever prepared the village health plan and major issues covered in health plans were related to VHND and ANC services followed by functioning of Anganwadi, availability of drugs with ASHA and functioning of hand pumps.

- Two-fifths of the members informed that meeting were conducted regularly every month but on cross validating with records, meetings were not conducted every month. Most of VHSNCs meetings were not held on specified date and only few of them conducted on VHND. Most of the last meeting were conducted in subcentre followed by school and Sarpanch's house . Only few of VHSNCs maintained records of meetings.

- Most of the members were aware of untied fund for VHSNC. However, only one- half of members were aware of amount allocated for VHSNC (Rs.10,000). Sarpanach& ANM were major members involved in decision making regarding the utilisation of untied funds. Most of the VHSNC had utilised the funds in last six months for cleanliness followed by hand pumps repair , sanitation campaign, emergency support for poor patient and wall writing of health and nutrition messages. In one of VHSNC (village Daga, Block- Pooranpur) of Pilibhit, Rs 45,000 is in VHSNC bank account since 2007 and account is non-functional now..
- Almost all the members had not received any training on VHSNC. However, they felt that training is required in the areas of conducting the VHSNC meeting, procedures for utilisation of untied fund, village health planning and execution, providing health related information to villagers
- Few of the members felt that the major challenges being faced by them in carrying out VHSNC activities were the low funds allocation, lack of public awareness, and non-cooperation from Pradhan.

Key Recommendation

- Ongoing and regular updates and orientation to the members of RKS about the Objectives and their roles and responsibilities within it.
- Formation of RKS committees as per new state Government Order and proper guidelines for expenditure of funds should be framed.
- As there is no feedback mechanism (functioning of advisory committee) as of now, hence, it is recommended for the development of a proper mechanism related to the decisions taken during the meetings of the RKS for the effective implementation.
- Set up VHSNC as per new guidelines with clear cut instruction on roles and responsibilities of members, process of constitution, its integration with PRIs, and funds flow mechanism
- Detailed training on VHSNCs and their functioning should be imparted to the members (AWWs, ANMs, Pradhan, other members). Further, the training should be focussed in detail about the preparation of village health plan and other functional aspects of VHSNCs.

CHAPTER 1

INTRODUCTION

Introduction

Under the National Health Mission, one major strategic intervention is upgradation of the CHCs, so as to provide sustainable quality care with accountability and people's participation, along with total transparency. This required the development of a proper management structure, which was called Rogi Kalyan Samiti (RKS) (Patient Welfare Committee)/Hospital Management Society (HMS), for ensuring a degree of permanency and sustainability. 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. The 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

The NHM also emphasises on the community participation as one of the key approaches by which improvement in the healthcare system and health status of the people can be achieved and thereby ensure them universal access to equitable, affordable and quality healthcare that is accountable and responsive to their needs. To initiate the community-led action, the implementation framework of NRHM emphasises on committees at different levels. The Village Health & Sanitation Committee (VHSC) is a simple and effective management structure at the lowest level, comprising representatives from the village. Its key function is to prepare the village health plan, implement it and manage the fund which is earmarked as per the need of the community. This committee is a facilitating body for village level development programmes relating to health and sanitation and reflects the aspirations of the local community. In 2011, NHM made a significant addition to the name of this Committee and henceforth, it came to be known as Village Health Sanitation Nutrition Committee (VHSNCs).

Under the Community Action for Health process, State National Health Mission in Uttar Pradesh felt need for conducting rapid appraisal of the RKS& VHSNC in the state. Advisory Group on Community Action (AGCA) secretariat, managed by Population Foundation of India (PFI) provided technical support in designing methodology, tools and training for the field teams.

Study Objectives

This study was undertaken with the overall objective to assess the efficacy of functioning of RKS and VHSNCs as well as the issues and challenges faced by these committees. Besides, it also attempts to look at the gaps in the funds transfer and utilisation, bank accounts support structures and trainings organized.

Specifically the study objectives include:

Rogi KayanSamiti (RKS)

- Understanding the constitution and composition of the Governing Bodies and the Executive Committees at district and sub-district level;
- Reviewing the frequency of meetings held, decision taken, and issues faced by these bodies;

- Enlisting the measures taken to improve the quality of services provided in the health units and document innovative interventions introduced;
- Assessing the financial resources available, their utilization and constraints in use of resources;
- Understanding existing monitoring systems for reviewing the performance of RKS at the state and at the district level

Village Health Sanitation Nutrition Committee (VHSNC)

- To review the process of formation/composition of VHSNCs
- To assess the functioning of VHSNCs i.e. frequencies of meeting, agenda and issues
- To review the process of funds flow to the VHSNCs, and
- Assess the orientation/capacity building initiatives undertaken so far by the district or state health mission
- To identify areas for improvement and effectiveness of VHSNC in meeting the objectives

Methodology

Sample Design

The study was a non-experimental descriptive design, with both qualitative and quantitative techniques used. One district from each region was selected- Pilibhit from Western region and Hardoi from Central region and Sant Kabir Nagar from eastern region. From each selected district two CHCs were selected. From selected CHC, one PHC was selected and from PHC one sub centre was selected. For VHSNC assessment, sub centre village was purposely selected. Predesigned and pretested interview schedule was used for data collection from the study subjects.

For RKS assessment, the study subjects were RKS members (Governing body and Executive Committee members) Member Secretary - the MO I/C of the CHC and civil surgeon of district hospital) , clients (IPD and OPD patients) whereas for VHSNC assessment, interviews were conducted with members of VHSNC (Gram Pradhan, ASHA and other members) in each village. The total sample covered is given below-

Table 1: Total sample covered across three districts

District	**RKS**			**VHSNC**	
	Name of the facility visited	Total number of interview conducted at facility	Total number of Exit interviews conducted at facility	Total number of villages covered	Total number of respondents
Hardoi	Bharkhani –CHC	1	17	2	5
	Ahirori- CHC	1			
	Dist. Women hospital	1			
	Dist. Male hospital	1			
Sant Kabir Nagar	Sameriyawa-CHC	1	13	2	2
	Belharkelwa-CHC	1			
	Dist. Male hospital	1			
Pilibhit	Puranpur-CHC	1	10	3	6
	Ameriya-CHC	1			
	Dist. Women hospital	1			
	Dist. Male hospital	1			
Total		**11**	**40**	**7**	**13**

Instruments: Three types of questionnaires used by the study: RKS Questionnaire, VHSNC Questionnaire and Exit interview Questionnaire. The questionnaires contain both structured as well semi-structured questions

Team, Training & Fieldwork: Three teams were formed constituting 2 members in each team. The team consisted of members from SPMU (Community process), SIFPSA, UPHSSP, TSU and AGCA. A one-day orientation on methodology, field procedures and the content of questionnaires provided by AGCA Secretariat. The field work was carried out from 1-7 September, 2014.

Data Processing

Quantitative data were entered and analyzed using SPSS. For open ended question, semi-quantification was done by coding the responses and merging into different headings.

Limitation of the study:

- Availability of RKS members during the study.
- The sample size for the study was too small to generalize the results to represent district situation.
- Unavailability of relevant records at the facility
- Very short study period and remotely located study point**.**

FINDINGS

2 ROGI KALYAN SAMITI

2.1 Structure, Composition Awareness of RKS

Registration

Out of 11 facilities (6 CHCs & 5 districts male and female hospitals) visited, RKS was registered in 6 facilities during 2007-08 and remaining 5 facilities during 2010-14. In all facilities members were aware of RKS. Governing body existed in only 5 facilities. It may be noted here that in many places Governing body of RKS is treated as Executive Committee. Signboard of the RKS was not displayed at any of the facility. Although a new state Government Order (GO) on constitution of committees of RKS was sent in January,2014 and many of them had received the order, none of the RKS members have started the constitution of committees as per new GO (Table not shown).

Table 2: Duration of formation of RKS and existence of Governing body by districts

Indicator	**Hardoi**	**Sant Kabir Nagar**	**Pilibhit**	**Total**
Duration of formation of RKS				
>1 year	3	3	4	10
<year	1	0	0	1
Whether Governing body exist				
Yes	2	1	2	5
No	2	2	2	6
Total number of facilities	4	3	4	11

Role of Governing Body & Executive Committee

Members of RKS in each sampled facilities were asked about the function of Governing body. It can be seen from Fig 1 that major functions of Governing body were solving the problem of patients, cleaning; provide water supply & electricity, availability of drugs, IEC publicity etc. With regards to functioning of Executive Committee (Fig 2), the response was to provide medicines, to solve the hospital problem, and Patient problems, cleanliness, organising meeting etc. Majority of the members were not aware objectives of RKS in the health facilities In sum, members couldn't differentiate the functions of various committees of RKS.

Fig 1: Function of Governing body

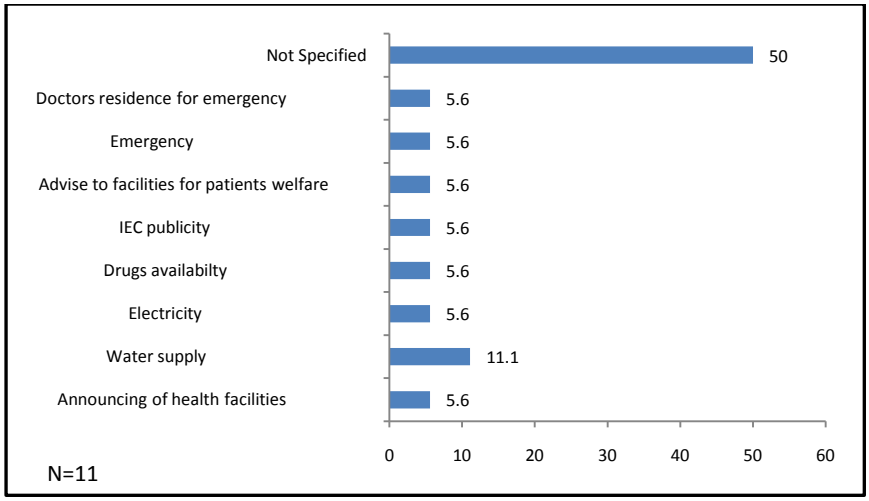
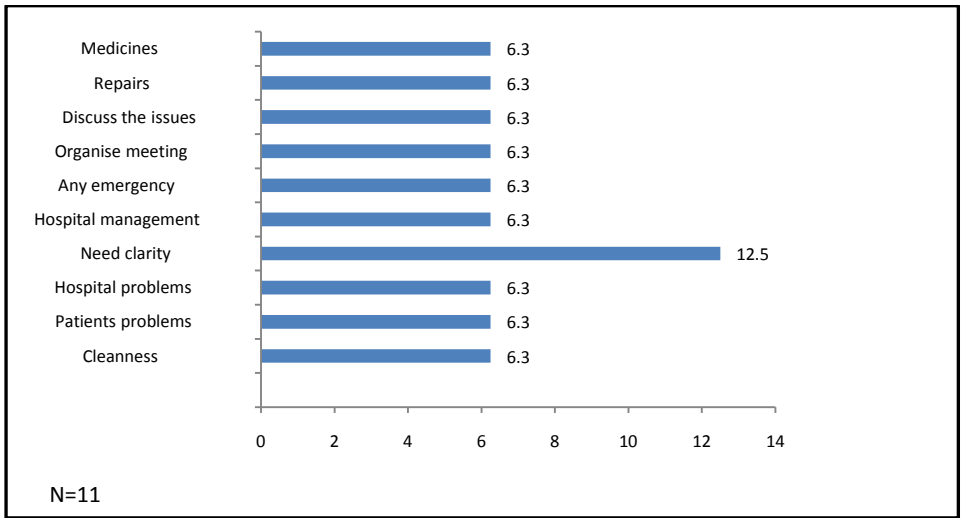


Fig 2: Function of Executive Committee



Profile of Members of RKS

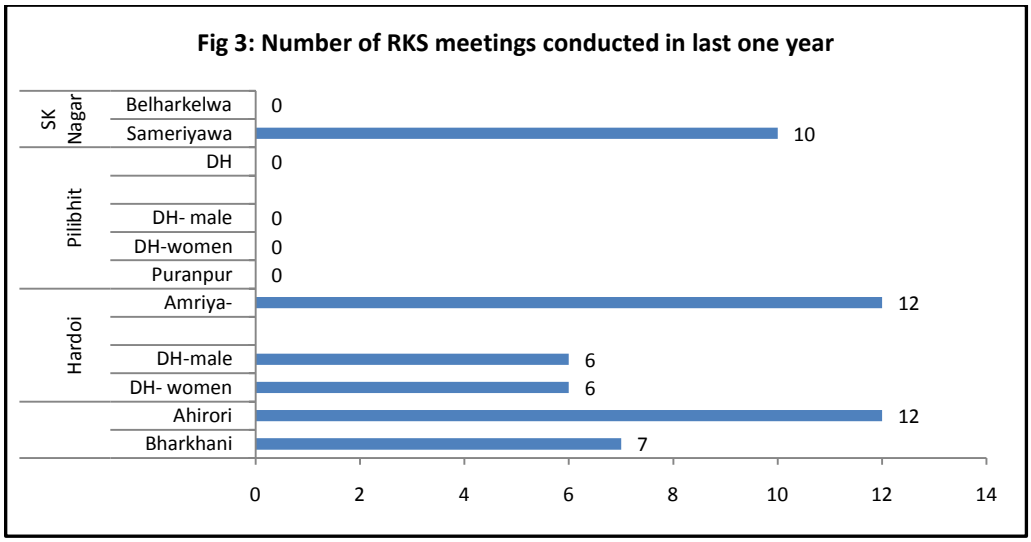
With regards to the profile of the members of the samiti at facility, members of the RKS, were local health officials, PRI members, officials from rural development, NGOs, IMA representatives, and ICDS functionaries. No facility had included local community leaders as members of RKS.

2.2 Functioning of RKS

Meeting

The team visited 11 facilities across 3 districts. It was found during the field visit that in most of the facilities, governing body is treated as Executive Committee, except in the case of CHC Puranpur in Pilibhit and Sameriyawa in Sant Kabir Nagar.

It was found that out of the 11 facilities , in only 6 facilities the meetings were regularly conducted during the last one year and this ranges from in 6 in district hospitals (both male & female) in Hardoi to 12 in CHC Ahirori in Hardoi & CHC Amriya in Pilibhit (Fig 3). The frequency of these meetings was reported to be once a months in 6 facilities and once in two months in one facility. In four facilities member reported that agenda for the RKS meeting circulated one week in advance. However, in 3 facilities, the agenda was circulated the same day. The members were asked about the mechanism to follow up on decision taken during meeting. Only members from 3 facilities reported that they circulated minutes of meeting. However, members from 4 facilities reported that no such mechanism exists except that the decision taken in last meeting are discussed in the next meeting about (table not shown).



N=11

2.3 Issues discussed and decision taken at facility under RKS

The main issues discussed and decision taken in last 3 meetings, as reported by the members were about electricity shortage, maintenance of new PHC, ensuring the provision of Generator and printer cartridge, labour room paint and for IEC, buying invertors etc. (Table 3). The activities like outreach services/health camps private affiliations established for upgrading services and boarding/lodging facilities for patients/relatives were not done in any of the facility under RKS. No attention was paid to the suggestions for improvement of the facilities and services/ grievance redressal of the community members. The major reason for poor attention towards these activities was lack of knowledge of the members of RKS.

Table 3: Issues discussed and decision taken at facility under RKS in last 3 meetings

Issues discussed & decision taken	**Number of facility (N=11)**	**Percentage**
Running water	2	18.2
Electricity	4	36.4
Invertor	2	18.2
Generator	3	27.3
Oxygen cylinder refilling	2	18.2
Consumables	2	18.2
X ray film	1	9.1
Pathology request	1	9.1
Cable disc connection	1	9.1
Scanner	1	9.1
Computer repair	2	18.2
A/c repair	1	9.1
Labour room paint/wall writing/polio publicity	3	27.3
Printer cartridge	1	27.3
Maintenance of new PHC	3	9.1
Discuss on budget	1	9.1
ORS distribution	1	9.1
ASHA training	1	9.1
LCD projector hiring	1	9.1
Furniture	1	9.1
Community registration	1	27.3
Do not know	3	27.3
Note: Percentage exceed more than 100 due to multiple response		

2.4. Use of Untied, Annual Maintenance Grant and RKS Grant

It was found that 11 facilities under study received funds from the government through the CMO office under the heads of untied fund, RKS fund and Annual Maintenance Grant (AMG). In addition, the facilities also generated funds through user charges. However, BPL clients were exempted from all kinds of charges. Table 4 describes the generation of funds for RKS for last one year. RKS have cumulatively raised Rs. 12,033,139 and the proportion of fund through the government (63.6%) was slightly more than the revenue generated from the user charges (36.4%).

Table 4: Funds available and Revenue Generated by the RKS (in Rs) for last one year(FY 2013-14) by district and type of facility

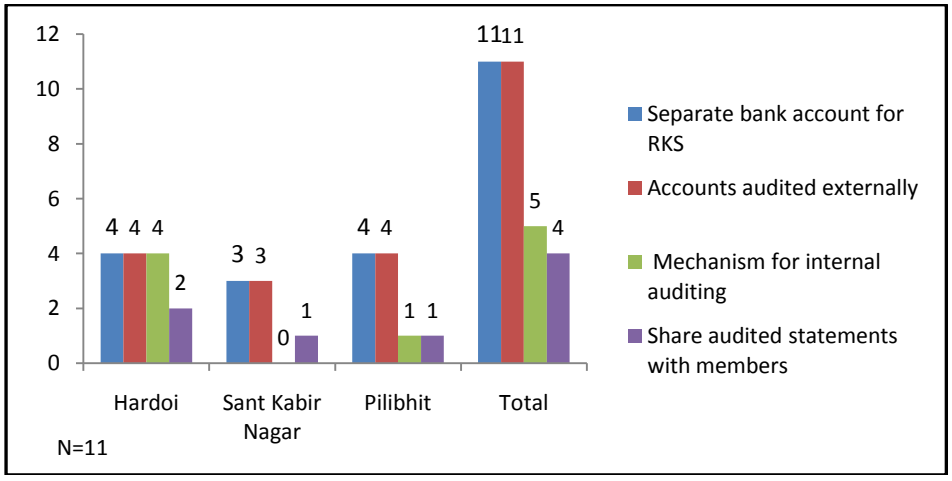
District	Hospital	Untied Fund (Rs)	AMG (Rs.)	RKS grant (Rs.)	PHC Funding (Rs.)	Total % use	Users charge (Rs)	Total
Hardoi	Bharkhani-CHC	202023	336502	200000	25000	95.2	38593	802118
	Ahirori-CHC	129911	207682	264753	0	96.3	23421	625767
	Dist Women-hospital	0	0	149177	0	35.3	273070	422247
	Dist Male hospital	0	0	363577	0	10.3	3150237	3513814
SantKabir Nagar	Sameriyawa CHC	125000	173500	125092	0	91.2	40648	464240
	Belharkelwa-CHC	17933	0	62166	15619	86.5	14931	110649
	Dist Male hospital	0	0	0	0	0.0	801891	801891
Pilibhit	Puranpur-CHC	183286	271031	248545	181680	85.7	147452	1031994
	Amriya-CHC	0	173500	656233	0	95.8	36308	866041
	Dist Women-hospital	0	0	2770107	0	100.0	0	2770107
	Dist Male hospital	0	0	5150822	0	76.8	1559707	6710529
Total		658153	1162215	9990472	222299	12033139 (63.6%)	6888149 (36.4%)	18921288

2.4.1 Auditing in RKS

It can be seen from Fig 4 that all facilities across three districts have RKS separate account and accounts are audited externally once in a year. However, with reference to mechanism for internal auditing of accounts, out of 11 facilities, only 5 facilities do internal auditing of accounts and 4 facilities shared audited statements with the members.

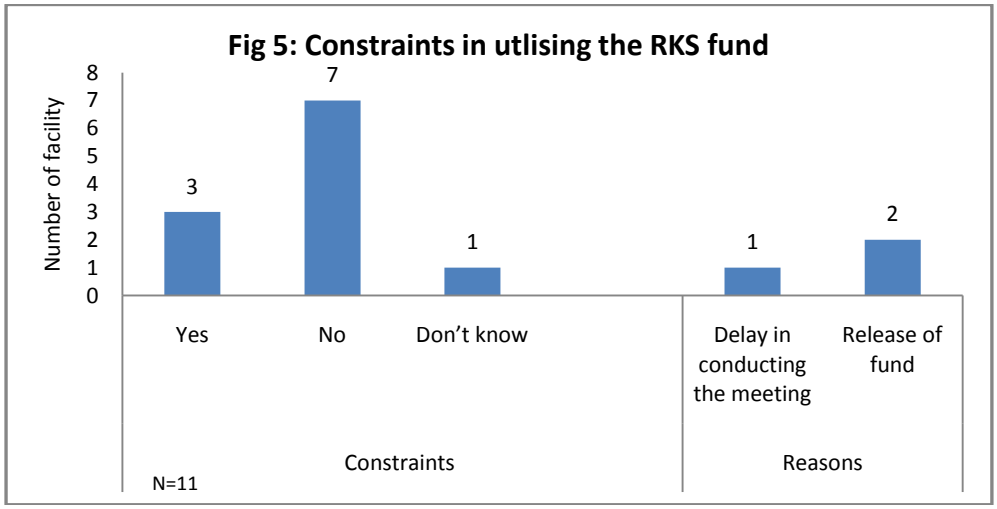
As mentioned in earlier lines, internal audit was also conducted at five places, details of which were not furnished; the audit report was also not circulated to the members. Study team did not saw audit reports as it was not furnished by the member of RKS at facility. But the team received only verbal information about audit reports

Fig 4: RKS having separate bank account, external and internal auditing and Sharing of audited statements with members



2.4.2 Constraints in utilising the RKS fund

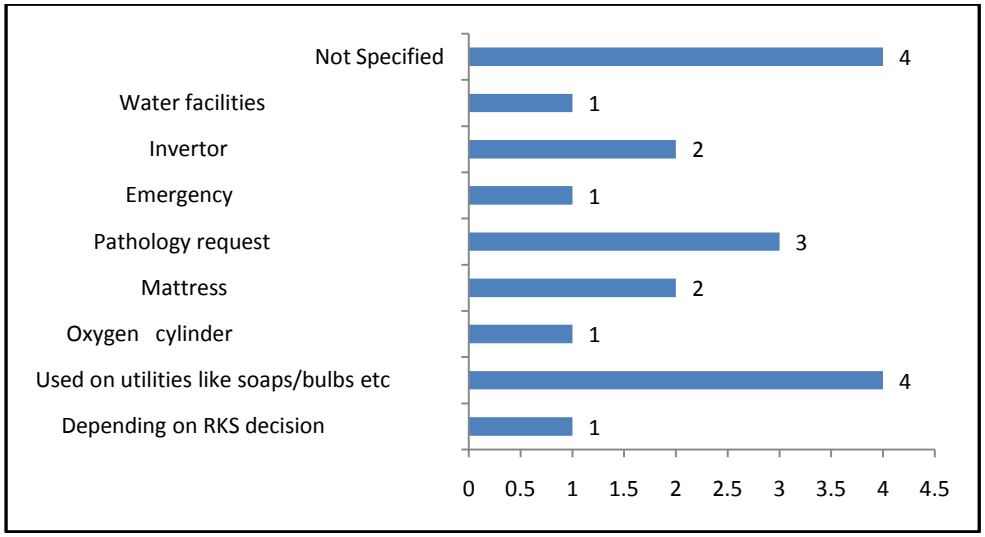
Members of three facilities (2 in Hardoi & one in SK Nagar) reported that they find constraints in utilising the fund and the two major reasons cited by the members were delay in release of fund & delay in conducting scheduled meetings (Fig 5). It was found that funds are released during September to November every year in each facility.



2.5 Use of user charge

Most of facilities have utilised the user charges for buying utilities like soap,bulb followed by pathology, invertors, mattress, oxygen cylinder, and for emergency & water facilities (Fig6)

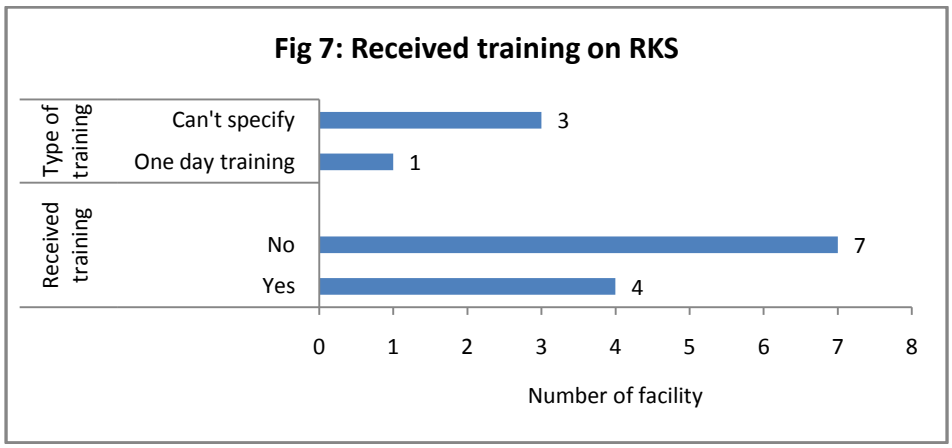
Fig 6: Use of user charges



N=11

2.6 Training

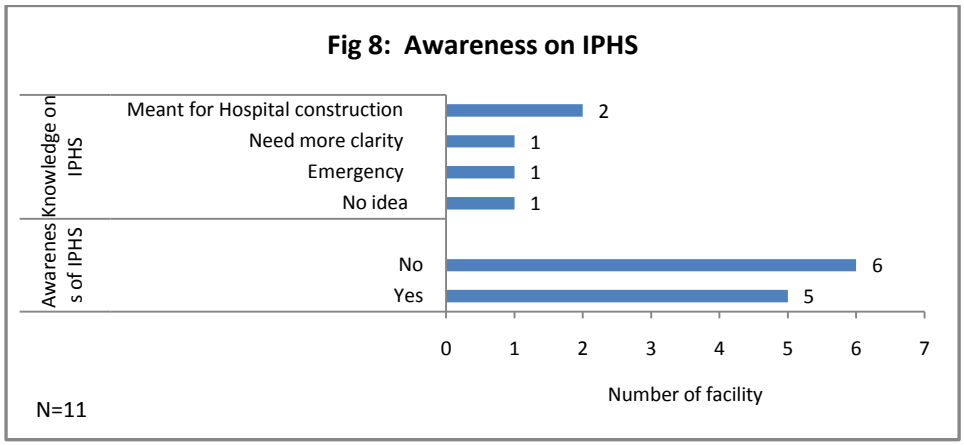
It can be seen from Fig 7 that members of the four facilities had received training. However when members were asked about type of training they had received , only members of one facility (Sant Kabir Nagar) said that they had received one day training on RKS.



N=11

2.7 Awareness on Indian Public Health Standards (IPHS)

Members of RKS were asked whether they were of aware or heard of IPHS. Members from 5 facilities were aware or heard of IPHS (Fig 8). Members were further asked to elaborate IPHS standard to be followed for their facility. It can be seen that responses reported by members were emergency, it is meant for hospital construction, need more clarity on IPHS, and no idea about IPHS,



2.8 Grievance redressal

It can be seen from Table 5 that out of total 11 facilities visited, only 8 facilities had displayed citizen charter and displayed suggestion box. Members were also asked whether the RKS has any mechanism to redressal of grievances for patients, about 6 facilities have mechanism for redressal of grievances for patients. However, only 2 facilities each in Hardoi, Sant Kabir Nagar and Pilibiphit discussed the grievances of patients in meeting.

Table5: Facilities having display of citizen charter, suggestion box, Grievance Redressal Mechanism for the patients and Grievances discussed in meeting

Indicator	Hardoi	SantKabir Nagar	Pilibhit	Total
Number of facilities display of Citizen charter				
Yes	4	1	3	8
No	0	2	1	3
Number of facilities display suggestion box				
Yes	4	3	1	8
No	0	0	3	3
Number of facilities having Grievance Redressal mechanism for the patients				
Yes	2	3	1	6
No	0	0	3	3
Not specified	2	0	0	5
Grievances of the patient discussed in meeting				
Yes	2	2	2	6
No	2	1	2	5
Total number of facilities visited	4	3	3	11

2.9 Factors Affecting the Functioning of RKS

The smooth functioning of RKS is aimed to uplift the services at the health facilities. But, the functioning of RKS was affected by various factors as reported by the members of RKS.

It can be seen from Table 6 that untimely/delayed allocation of funds is the most frequently cited problem in smooth functioning of the RKS. This was followed by no separate staff for RKS in each facility. Some of the members also highlighted that RKS members do not have power on purchasing and in fact it goes for contracting to district authorities. The other reasons cited by members were tendency of members to avoid meeting, frequent confrontation among members during meeting, indifferent attitude of the RKS members where they were not serious about the objectives of the RKS.

Table 6: Factors Affecting the Functioning of RKS

Barrier*	Number of facilities (n=11)	%
No separate staff for RKS	2	18.2
Confrontation among members	1	9.1
RKS show rare right and power to carry the works that have been decided by it rather than contracting to district authorities	1	9.1
Untimely/delayed allocation of funds	3	27.3
No constraint	2	18.2
Tendency of members to avoid meeting	1	9.1
Payments are pending	1	9.1
All members do not participate	1	9.1
Members not serious about RKS objectives	1	9.1
Not Specified	1	9.1
Note % exceed 100% due to multiple response		

3.0 Perspectives of clients on services availability at facility

3.1 Quality of care

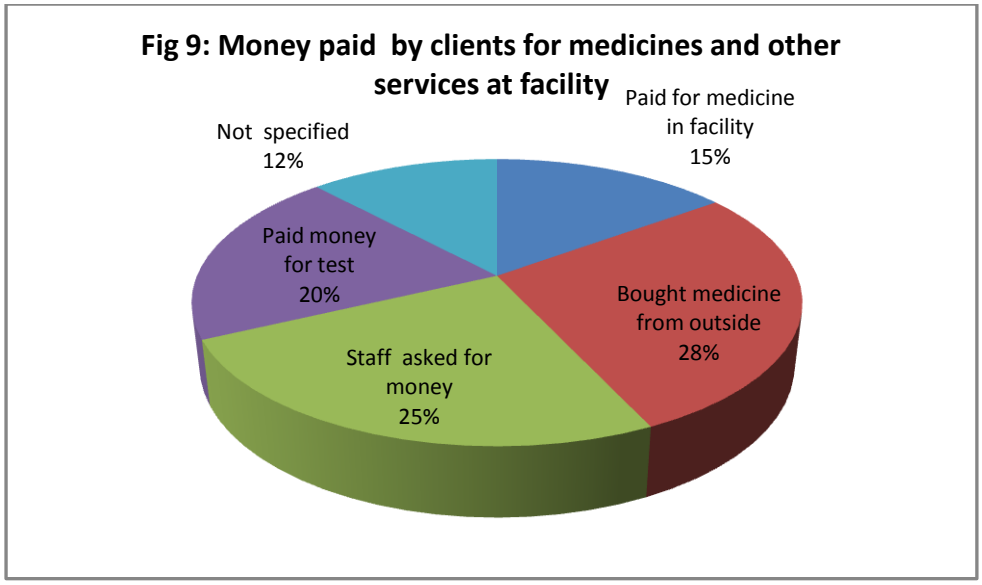
As per Table 7, more than half clients felt that they waited less than half an hour to meet the doctor at facility. Most of the clients were satisfied with services provided by the doctor. However, nearly half of the patients were only fairly satisfied with behaviour of nurse. With regards to cleanliness of facility, nearly half of the respondents rated the facility as average or fair.

Table 7: Perception of the clients (OPD and IPD) regarding quality of care at facility

Indicator	Total	Hardoi	SantKabir Nagar	Pilibhit
Waiting time to meet doctor				
Less than half an hour	57.5	76.4	61.5	20.0
Half an hour	22.5	0.0	23.1	60.0
More than half an hour	15.0	11.8	15.4	20.0
Not specified	5.0	11.8	0.0	0.0
Satisfied with Doctor				
Satisfied	77.5	70.6	92.3	70.0
Neither satisfied nor dissatisfied	17.5	23.4	7.7	20.0
Dissatisfied	2.5	0.0	0.0	10.0
Not specified	2.5			
Behaviour of nurse				
Good	47.5	29.4	76.9	40.0
Fair	42.5	64.7	23.1	30.0
Average	2.5	0.0	0.0	10.0
Not specified	7.5	5.9	0.0	20.0
Cleanliness of facility				
Good	40.0	11.8	69.2	50.0
Fair	40.0	52.9	30.8	30.0
Average	12.5	23.5	0.0	10.0
Not specified	7.5	11.8	0.0	10.0
Total number of exit interviews	40	17	13	10

3.2 Money paid by clients for medicines and other services

It can be seen from fig 9 and Table 8 that about 15% of the clients paid money for medicine in the facility and 28% asked by government doctor to buy medicines from outside. About 20 % of clients reported that they had paid for diagnostic services (blood, urine, sputum test , X-ray, ultra sound etc.) at the facility. On an average, client had paid about Rs. 495 for diagnostic services. Twenty five percent of the clients reported that hospital staff asked for money. In most cases, money had been paid on different services for the clients who had visited facility at Sant Kabir Nagar.



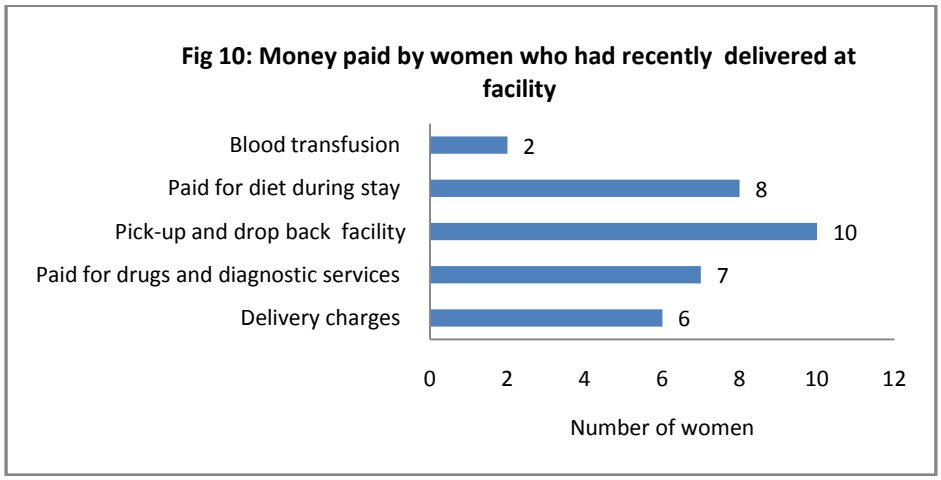
N=40

Table 8: Money paid by clients for medicines and other services at facility by districts

Indicator	Total	Hardoi	SantKabir Nagar	Pilibhit
Paid money for medicines at facility				
Yes	15.0	0.0	30.8	20.0
No	80.0	100.0	53.9	80.0
Not specified	5.0	0.0	15.4	0.0
Paid money for buying medicine at outside				
Yes	27.5	23.5	30.8	30.0
No	72.5	76.5	69.2	70.0
Staff asked for money				
Yes	25.0	35.3	23.1	10.0
No	67.5	52.9	69.2	90.0
Not specified	7.5	11.8	7.7	0.0
Paid money for test at facility				
Yes	20.0	11.8	38.5	10.0
No	50.0	52.9	53.9	40.0
Not specified	30.0	35.3	7.7	50.0
Average amount paid for buying medicine from outside (Rs)	113	103	170	50
Average amount paid for test at facility (Rs)	495	400	494	600
Total number of exit interviews	40	17	13	10

Under Janani Shishu Suraksha Karyakaram (JSSK),major initiative had been taken to provide completely free and cashless services to pregnant women including normal deliveries and caesarean

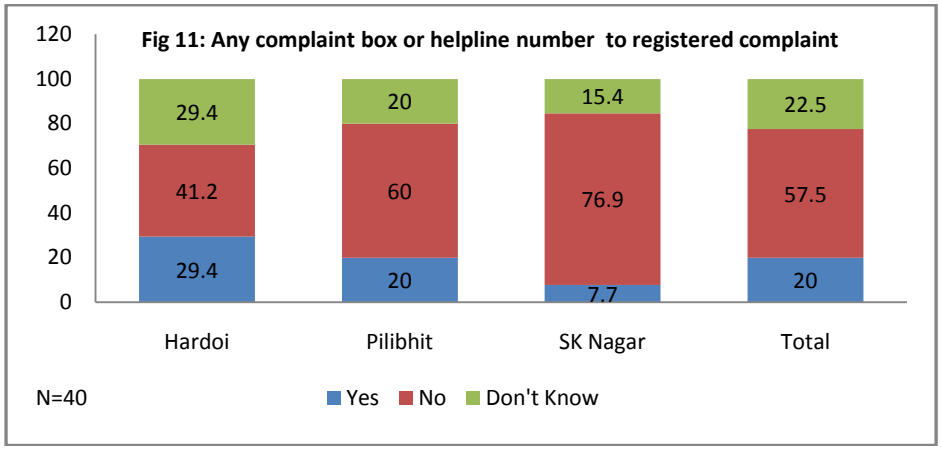
operations and sick new born(up to 30 days after birth) in Government health institutions in both rural & urban areas. However, it can seen from fig 10 that out of 15 exit interviews, 10 women who had delivered recently at facility reported they had paid money for pick-up and drop facility followed by money paid for diet during stay, drugs and diagnostic service, delivery charges and for blood transfusion. In most cases, money had been paid on different services by women who had recently delivered at facility in Hardoi (Table not shown).



N=15

3.3 Grievance redressal

It can be seen from Fig 11 that only 20 percent of clients who had visited facilities across three districts reported existence of any complaint box or helpline at facility where one could registered their complaint. This is contrary to the findings emerged from discussion with members of RKS that 8 facilities had displayed suggestion box. However; none of the clients had registered their complaints at facility.



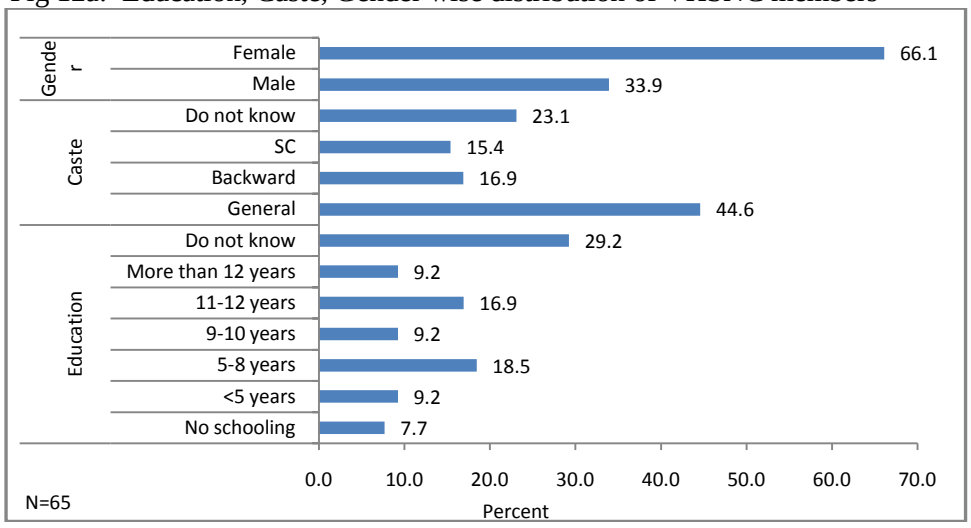
3. VILLAGE HEALTH SANITATION & NUTRITION COMMITTE (VHSNC)

The information on functioning of VHSNC collected from 13 members of VHSNC in 7 villages from three districts. The respondents included ASHA, Anganwadi worker, Pradhan of the village, Gram Panchayat members, and village representatives**.**

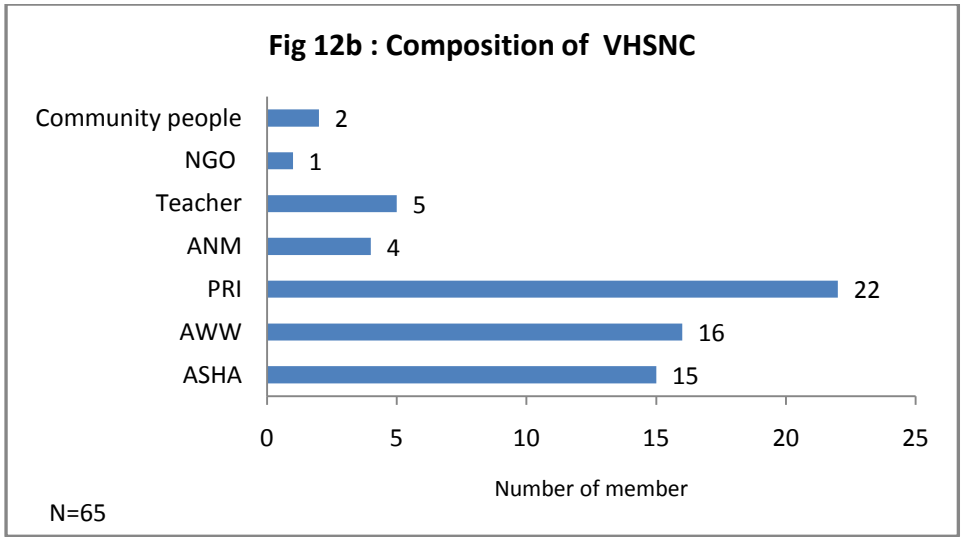
3.1 Formation and Composition of VHSNCs

Out of the 13 members, almost all the VHSNCs were formed more than 12 months, except the Belharkhurd village in Hardoi district. It has been observed that out of 7 VHSNCs, threes have members within the range of 1-5 and the remaining four have 6-10 members in the committees. A total of 65 members participated in formation of VHSNC in 7 villages covered under the study. A slightly over half of the members are found to be women (66%), belong to general category (44%) and have attained 5-8 years (19%) and 11-12 years (17%) of schooling (Fig.12a) .The members included in VHSNCs were from PRI,AWW,ASHA, teacher, ANM and other community members (Fig. 12b).

Fig 12a: Education, Caste, Gender wise distribution of VHSNC members



ASHA was a member of all VHSNCs except in Gadampur village of Hardoi and Nagricolony of Pilibhit districts. Out of 7 VHSNC visited members from only 4 VHSNCs reported that ASHA attend meeting regularly. All the VHSNCs have a separate bank account.



3.2 Issue discussed & action taken in last two months

Members were asked about various issues discussed during the VHSNC meeting in last two months. It was noted that only in two VHSNCs (2) where in the members have discussed issues during meeting in last two months. Some of the issues discussed were immunisation of children, for delivery and referral transport, reporting cases of Diarrhoea, supplementary nutrition for children & pregnant and lactating mothers and cleanliness around hand-pumps.

Table 9 : Action taken during VHSNC meeting in last two months

Action taken*	Number of members (N=13)
Planned to purchase Dari	1
Purchase chairs	1
Sprinkling phenyl	1
Spray insecticides	1
Spraying kerosene	1
Sprinkling bleaching powder on open pits	1
Discus with Pradhan to get the work done	1
Nothing	3
Don't know	7
Multiple response	

Very few members reported that action taken to solve the issues in last two months were sprinkling phenyl, other disinfectants like bleaching powder on open pits and drains, purchas Dari & Chairs, sprinkling Kerosene (Table 9). A greater proportion of members did not know the issues discussed in last two months.

3.3 Maintaining Birth & Death Registers and Village Health Plan

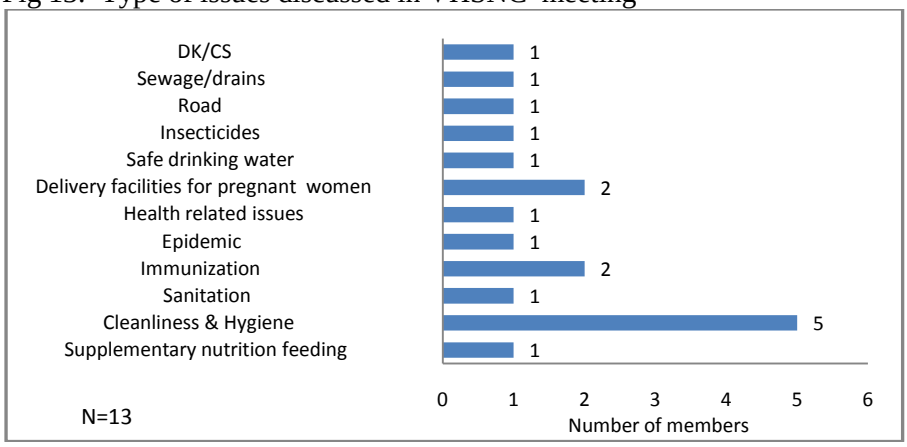
Out 7 VHSNCs visited, only 2 maintained birth (Gadanpur in Hardoi and Nagar colony in Pilibhit districts) and one maintained death registers (Gadanpur in Hardoi).

Out of 11 members interviewed, only 4 members reported that VHSNCs had ever prepared the village health plan and major issues covered in health plans were related to VHND and ANC services followed by functioning of Anganwadi, availability of drugs with ASHA and functioning of hand pumps and wall painting.

3.4 Meeting

Though slightly over two-fifth of the members informed that meeting were conducted regularly every month but on cross validating with records, meetings were not conducted every month. Most of VHSNC meetings were not held on specified date and only few of them conducted on VHND. Most of last meeting were conducted in subcentre (50%) followed by school (25%) and Sarpanch's house (25%). Only few of VHSNCs maintained records of meetings and prepare minutes of meeting (Fig.13).

Fig 13: Type of issues discussed in VHSNC meeting



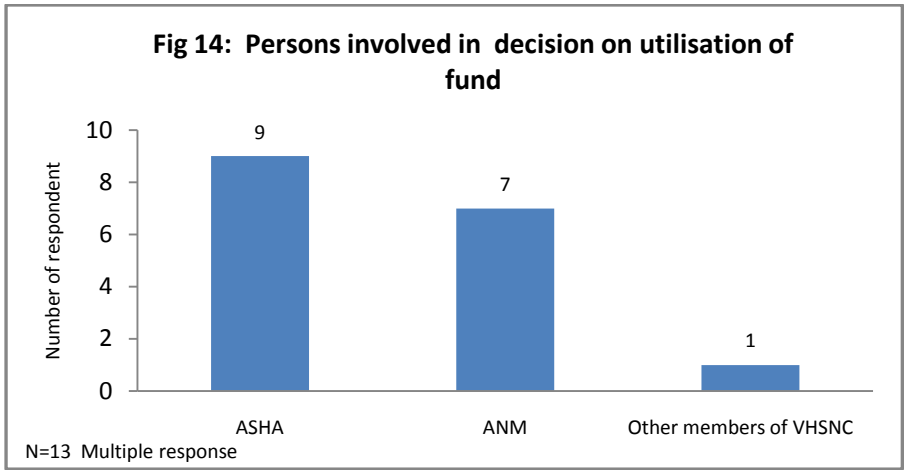
3.5 Use of untied fund

Most of the members were aware of untied fund for VHSNC (Table 10). However, only 50% of members were aware of amount allocated for VHSNC (Rs.10,000). Sarpanach& ANM were major members involved in decision making regarding the utilisation of untied funds Most of the VHSNC had utilised the funds in last six months for cleanliness followed by hand pumps repair, sanitation campaign, emergency support for poor patient and wall writing of health & nutrition messages (Fig 14) . In one of VHSNC (village Daga, Block- Pooranpur) of Pilibhit, Rs 45,000 is in VHSNC bank account since 2007 and account is non-functional now..

Table 10: Awareness & knowledge on amount of VHSNC

Indicator	ASHA (N=3)	AWW (N=2)	Member of VHSNC (N=3)	PRI (N=5)	Total (N=13)
Awareness of VHSNC fund	3	1	3	4	11

Knowledge on amount of VHSNC fund (Rs10,000)	2	0	2	2	6



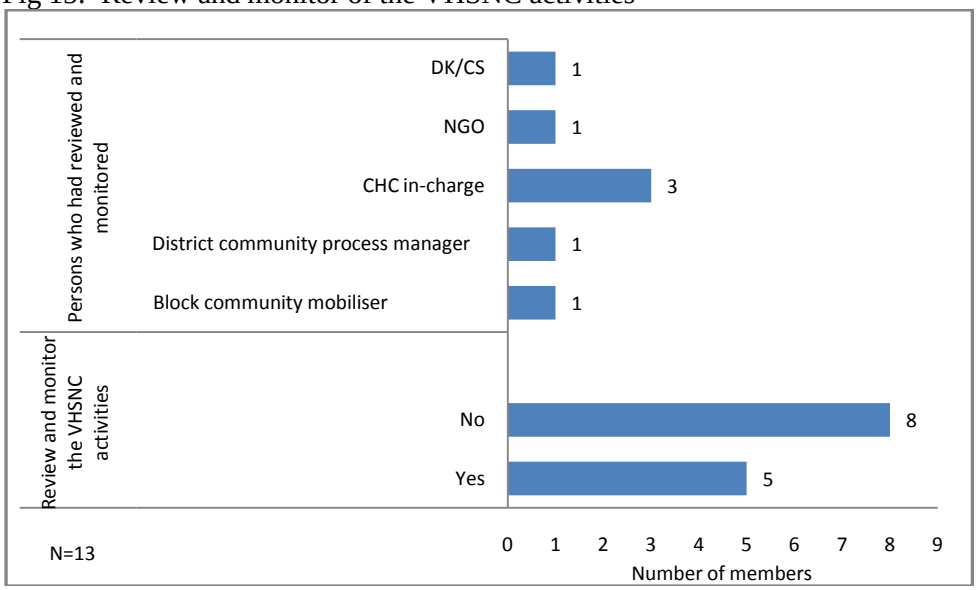
3.6 Training

Most of the members had not received any training on VHSNC. However, they felt that training is required in the areas of conducting the VHSNC meeting, procedures for utilisation of untied fund, village health planning and execution, providing health related information to villagers

3.7 Monitoring & supportive supervision

The members were asked whether anyone come to review and monitor the VHSNC activities. Out of 11 members interviewed, 5 reported that CHC in charge followed by District Community Process Manager, Block Community Mobiliser and NGO representatives had come to review and monitor the VHSNC activities (Fig.15).

Fig 15: Review and monitor of the VHSNC activities



3.8 Major challenges and suggestions for improvement

Few of the members felt that the major challenges being faced by them in carrying out VHSNC activities were the low funds allocation, lack of public awareness, and non-cooperation from Pradhan.

The suggestions given by members for improvement were support from panchayat followed by more untied fund to be given, meeting to be organised regularly, support from ANM & AWW, awareness creation, Govt. Should take action, formation of committe again and training to be given etc,.

Table 11: Suggestions for improvement

Suggestion*	**Number of members (N=13)**
More untied fund to be given	4
Meetings should organized regularly	3
More support from panchayat	5
More support from ANM and Anganwadi	3
Govt. should take action to resolve the issue highlighted by VHSNC	1
Awareness creation	2
Formation of committee again	1
Should provide training to us	1
Multiple response	

CONCLUSION & RECOMMENDATION

Rogi Kalyan Samiti

- Our findings suggest that the main inhibitors to the ef fective functioning of RKS are poor awareness among the the members regarding the objectives of RKS, and the lack of motivation/interest in meetings, as also delayed or non implementation of decisions taken thereof. Thus, efforts are needed to regular orientation/training of the members of RKS about the objectives and their roles and responsibilities within it

- The state has issued Goverment Order (GO) on constitution of committees of RKS in January2014 and all the facilities had received the GO. Formation of RKS committees as per new state Government Order and proper guidelines for expenditure of funds should be framed

- There is no feedback mechanism (functioning of advisory committee) existed as of now, hence, it is recommended for the development of a proper mechanism related to the decisions taken during the meetings of the RKS for the effective implementation.

- It was observed during that study that in many facilities display board with list of RKS members along with their contact details were not displayed. Hence, in order to maintain transparency display of list of members must be made mandatory at all CHCs.

- Increase community participation and have more informed clients

Village Health Sanitation Nutrition Committee

- Set up VHSNC as per new guidelines with clear cut instruction on roles and responsibilities of members, process of constitution, its integration with PRIs, and funds flow mechanism.

- Our findings suggest that supportive supervision was lacking. Only for very few VHSNCs, officials from block & district level visited the field and reviewed and monitored the VHSNCs activities. Regular interactive sessions with the seniors to solve the field level problems based on the two way system of communication and supportive supervision and monitoring is required.

- Detailed training on VHSNC and its functioning should be imparted to the ASHAs, the AWWs ,PRIs and other members of VHSNC. Further, the training should be focussed in detail about the preparation of village health plan, utilisation of untied fund and other functional aspects of VHSNCs