

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
STARRED QUESTION NO. 250
TO BE ANSWERED ON THE 2ND DECEMBER, 2016
PATIENT WELFARE COMMITTEES**

†*250. **SHRIMATI KAMLA DEVI PAATLE:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the aims and objectives of the Patient Welfare Committee (PWC) set up at various hospitals in the country;

(b) whether public representative have any representation in the PWC and if so, the details thereof;

(c) whether PWC are functioning in the country including Chhattisgarh and if so, the details thereof, State-wise and if not, the reasons therefor; and

(d) whether efforts have been made to improve the health services in rural areas and if so, the details thereof?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) to (d): A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 250* FOR 2ND DECEMBER, 2016**

- (a) Under the National Health Mission (NHM), Rogi Kalyan Samitis /Patient Welfare Committees are envisaged to act as a forum to improve the functioning and service provision in public health facilities, increase participation and enhance accountability for provision of better facilities to the patients in the public health facilities at the level of Primary Health Centres and above. The objectives of the RKS/PWC is at Annexure-I.
- (b) As per the Guidelines issued by the Central Government under the National Health Mission, the Chairperson of the Governing body of RKS at district hospital level is envisaged to be the in-charge Minister/ local MP/President Zila Panchayat/ District Magistrate. The members include Local MLA, in whose jurisdiction the health facility is located, Chairperson-Zilla Panchayat, Mayor/Chairperson of the Urban Local Body at the District Hospital headquarters. Similarly, the Chairperson of the RKS at Sub District Hospital/Community Health Centre is envisaged to be the Member of Legislative Assembly /Sub District Magistrate/Block Development Officer Panchayat Samiti. The RKS of Primary Health Centre include the chairperson/member of Janpad Health Sub-Committee.
- (c) The State/ UT wise information including Chhatisgarh of registered RKSs as on March, 2016 under NHM is at Annexure-II.
- (d) The National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the States to provide accessible, affordable and quality healthcare, especially to the poor and vulnerable sections of the population, particularly in rural areas. Under the National Health Mission (NHM) which now subsumes the NRHM as a Sub Mission, support is provided to States/UTs to strengthen their healthcare systems including for untied grants to Rogi Kalyan Samitis, based on requirements posed by the States in their Programme Implementation Plans.

Broad Objectives of Rogi Kalyan Samiti (RKS) are as below:

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.
16. Proactively seek out participation from charitable and religious institutions, community organisations, corporates for cleanliness and upkeep of the facility.
17. Facilitate participation and contribution from the community in cash/kind (drugs/ equipment/diet), labour including free professional services.

Number of Rogi kalyan Samitis (RKS)/ Patient Welfare Committees (PWC) registered under NHM		
S.no.	State/UTs	As on March 2016
1	Bihar	1925
2	Chhatisgarh	960
3	Himachal Pradesh	602
4	Jammu & Kashmir	724
5	Jharkhand	578
6	Madhya Pradesh	1607
7	Orissa	1741
8	Rajasthan	2911
9	Uttar Pradesh	1071
10	Uttarakhand	330
11	Arunachal Pradesh	185
12	Assam	1204
13	Manipur	110
14	Meghalaya	146
15	Mizoram	77
16	Nagaland	164
17	Sikkim	30
18	Tripura	131
19	Andhra Pradesh	1306
20	Goa	14
21	Gujarat	1561
22	Haryana	517
23	Karnataka	2639
24	Kerala	1206
25	Maharashtra	3099
26	Punjab	551
27	Tamil Nadu	2030
28	Telangana	831
29	West Bengal	729
30	A&N Island	29
31	Chandigarh	5
32	D&N Haveli	3
33	Daman & Diu	8
34	Delhi	35
35	Lakshadweep	9
36	Puducherry	48
All India		29116

Source: MIS Report