CONTENTS

Chapter 1
INTRODUCTION

Context

Improvement in the quality of service delivery to the poor is one of the most important aspects of pro-poor / poverty reduction strategies. In an effort to drive individual departments to move towards public service excellence, DARPG has initiated piloting the implementation of an appropriate Service Quality Management System in pre-identified departments in various states in consonance with the 'excellence in service delivery model' already developed by the department. RITES. Ltd. (RITES) has been appointed for Implementing Service Quality Management (Sevottam) Systems in Pro-Poor Public Services at the State Level, at State of Madhya Pradesh for the entire vertical chain in the Department of Public Health and Family Welfare (DPHFW), Government of Madhya Pradesh.

SCOPE OF WORK

The scope of work as assigned shall comprise of :

i. Developing a Methodology for implementation of the Quality Management System through the vertical chain of public health service delivery in the PH&FW Department, Bhopal, J. P. Hospital Campus, Bhopal, Community Health Centre, Gandhinagar in Phanda Block, of District Bhopal, Community Health Centre, in Block Bairsia, Tehsil Bairsia, in District Bhopal.

ii. Assisting the parent {Department of Public Health & Family Welfare, Madhya Pradesh, Directorate of Medical Health & Family Welfare, District Family Welfare & Health office Bhopal, CHC/PHC Gandhinagar and Berasia in Block Fanda of Dist. Bhopal, Sub centre Kotra Chopra and Dillod in implementing the generic standards of Service Delivery excellence model (SEVOTTAM) at the State/Department level/ Directorate/District /service delivery units further below.

iii. Assisting the Vertical chain in developing the sectoral standards with stakeholder participation.

iv. Assisting in implementing the sectoral standards at the service delivery unit levels and facilitating the operational aspects of implementation for a period of six months or so. This will include reviewing operational processes on the lines of business process re-engineering, wherever necessary.

v. Developing an implementation framework after incorporating the lessons learnt from the six- month operationalisation of the model.

vi. Simultaneously helping in Capacity building of the RVPN Academy of Administration, or similar institution in undertaking such assignments in the future in the state by collaborative involvement of identified personnel from RVPN Academy through transfer of technology.

Analytical Framework

Typical PDCA (Plan Do Check Act) Methodology is the one that has been used for this project. This methodology provides the framework for implementing the operational, technological, organizational process improvement and facilitates changes required to implement major transformation initiatives across organizations. The deliverable structure for the project is as given in the table below.

Deliverable Structure

PHASE I – Plan
D1: Inception Report
D2: Report on As-Is situation
D3: Report highlighting the key issues in implementing the QMS with critical examination of As-is situation with comments on citizen's pain areas
PHASE II – Do
D3: Discussion note for Stakeholder workshop including learnings
D4: Methodology note on implementation methodology and plan
Phase III – Check
D5: Implementation Plan for institutionalizing Sevottam model
Phase IV – Act
D 6 Workshop of Officers of Department of Public Health and Family Welfare from other State Governments / Union Territories Administrations for sharing of Best Practices and Quality Enhancement Experiences
D7: Detailed Report providing insights into the implementation process for each entity of the service delivery vertical Chain
D8: User's manual for implementing QMS

This Document:

This current deliverable is the User's manual for institutionalizing Sevottam model on implementing the Service Quality Management System (SQMS) in entire Public Health Service Delivery vertical chain of Public Health and Family Welfare Department. We would like to express our gratitude to PH &FW doctors, officers and staff and helpers who gave their invaluable time and provided inputs that helped us in making this document.

The User's Manual for the Service Quality Improvement initiative describes in detail the key tasks to be undertaken for its implementation in a Government department. This User's Manual is intended to be primarily used by the officials of Department Public Health & Family Welfare who is in charge of the department, district or project in order to initiate the

implementation of Service Quality Improvement Initiative in the area under his/ her jurisdiction or on a pilot basis.

Alternatively, the approach given in the document can also be used by officials of other departments to assist them to start implementing the Service Quality Improvement Initiative.

This User's Manual is intended to be a **practical toolkit** which the official (nodal officer) in charge of implementation of the Service Quality Improvement initiative under his/her jurisdiction can use to **fill details** of the activities, steps and tasks on their completion. Flowcharts have been made to provide additional clarity on the steps involved in the implementation. Formats have been provided along with relevant procedures which have been prepared for specific locations.

Chapter 2

OVERVIEW OF SQMS

General

Sevottam is an assessment-improvement model that has been developed with the objective of improving the quality of public service delivery in the country. The model was conceived by the DARPG with the objective of developing a framework for awarding a mark of excellence to individual Ministries and Departments of the Government that demonstrate excellent performance on specific parameters considered as critical to citizen-centric governance.

Sevottam has been launched as a certification scheme which provides for the award of the Sevottam symbol of excellence to public service organizations that implement and are able to show compliance to a set of management system requirements that have been specified in a specially created standard document. This standard, known as IS 15700:2005, was developed by the Bureau of Indian Standards (BIS) based on the objectives of Sevottam. The standard takes into account unique conditions of service delivery by Public service organisations in India and the sectoral and regional variations in service delivery standards. It offers a systematic way to identify weaknesses in specific areas and rectify them through systemic changes and process reengineering. India is among the first countries in the world to have a Quality Standard for public service delivery.

Objectives

The key components of Sevottam are captured with the following objectives:

• Successful implementation of **Citizen's Charters**
It requires opening up a channel for receiving citizens' inputs into the way in which organizations determine service delivery requirements. Citizens' Charter publicly declare the information on citizens' entitlements; making citizens better informed and hence empowering them to demand better services.

• **Service Delivery Preparedness** and achievement of Results
An organization can have an excellent performance in service delivery only if it is managing the key inputs for good service delivery well, and building its own capacity to continuously improve delivery. This shall include identification of services rendered, the service delivery process, its control and delivery requirements.

• Sound **Public Grievance Redress Mechanism**
This requires a good grievance redress system operating in a manner that leaves the citizen more satisfied with how the organization responds to complaints/grievances, irrespective of the final decision.

3.2 Benefits of the Sevottam model

There are four broad ways in which the Sevottam model can be used:
• As a self-assessment tool by organizations already motivated to improve service delivery
• As a requirement standard
• As a benchmark assessment process to be established
• As a rating model to recognize and reward organizations that are doing commendable work in service delivery

3.3 Sevottam assessment process

In order to apply for Sevottam certification, an organization must initially undertake a self-assessment to ensure that it has complied with the requirements detailed in the IS 15700 standard. The standard specifies requirements to be met in terms of several dimensions including documentation requirements, management responsibilities, resource management, citizens' charter, service provision, complaint handling, monitoring, and continuous improvement. Once the required processes have been introduced, the organization can approach, if it so desires the certifying authority for assessment. If unsuccessful, the organization will have to re-assess its service standards and processes and repeat he above process to apply for certification. If successful, it will attain Sevottam certification, which will be valid for a period of three years, after which it has to renew the license after reassessment. The section below outlines the different aspects of the assessment process including the assessment criteria, levels of assessment, and implementation process.
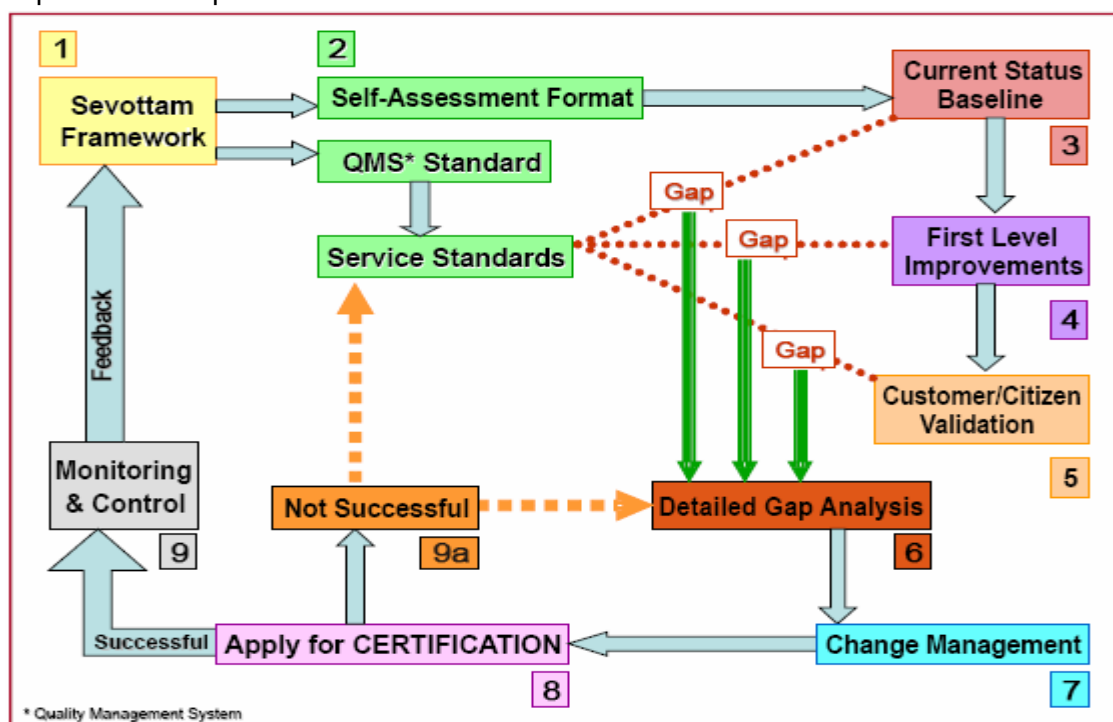
Source: Dept of Administrative Reforms & Public Grievances, GoI

Role & Responsibilities

3.4 Role of Apex Level

The Directorate will have the major responsibility for setting the framework for the Service Quality Improvement initiative in the Department. The next chapter of this manual details its role along the major aspects of the initiative such as preparation of the Citizen's Charter, introduction of a complaint handling mechanism, service delivery activities, documentation and resource management requirements and monitoring and evaluation.

3.5 Role of Unit Level

At the field level, the responsibility for the Service Quality Improvement initiative lies with the appointed Nodal Officer, who is typically a District level block level officer (Civil surgeon-District Hospital /Block Medical Officer - CHCs/ Medical Officer Incharge -PHCs).

The specific roles and responsibilities of the officials and functionaries at various levels from the Head Office to the ANMs are outlined in Annexure A.

Chapter 3

USER MANUAL FOR APEX / UNIT LEVEL

The Service Quality Improvement initiative is intended to improve service delivery across the Department at all levels in the vertical chain.

This chapter details the activities to be undertaken at the Apex(Directorate) level & Unit level (Health service delivery point) designing and implementing SQMS initiative.

The officials at the Directorate level will have the overall responsibility for the Service Quality for framing policies and providing resources for Improvement initiative. They will lay the foundation for the Service Quality Improvement initiative by providing the framework for the activities at the other lower levels of the department. The improvement activities though can be taken up at any level under intimation to the Directorate. The specific roles and responsibilities of the nodal official for the Service Quality Improvement initiative at all the levels are outlined in Annexure A .

Activity Set 1: Activities at start of Service Quality Improvement Initiative

This section explains the initial activities to be conducted at the head office with the key stakeholders at the commencement of the project, defining the scope of the project, introductory visits, Service Quality awareness creation etc.

Step 1: Formation of Committees for Service Quality Initiative

The implementation of the Service Quality initiative is overseen by Committees who are responsible for various activities that are to be undertaken under this project.

Task 1: Form the Steering Group for Service Quality

The Steering Group has members responsible for overall project management. The key responsibilities of the steering group are given below
- Establishing a vision, policies and strategic objectives consistent with the purpose of the initiative in consultation with key stakeholders.
- Communicating to the department the importance of meeting stakeholders as well as statutory and regulatory requirements
- Establishing continual improvement as an objective for processes of the department
- Promoting policies and objectives to increase awareness, motivation and involvement of people within and across the department.
- Creating an environment that encourages the involvement and development of people
- Provision of human resources, infrastructure, finance and work environment related resources as necessary to implement the strategic plans to render the services effectively.
- Ensuring that service quality objectives and complaints handling objectives are established.
- Conducting management reviews, and ensuring appropriate documentation

The steering committee may consist of the head of the department, and section heads. It may also have members from associated departments, representation from all levels of vertical hierarchy within the organisation and beneficiary representation.

Example from the Department of Public Health & Family Welfare, Govt of MP

The Steering Committee consisted of the Director (MS), Divisional Joint Director , JD, RVPNN Academy of Admn), CMHO, ,Civil Surgeon, JPH, BMOs, CHC, MOICs, PHCs which was constituted through a directive issued by Secretary(Health), DPH &FW.

Task 2: Identify Nodal officer for Service Quality

The purpose of appointing a Nodal Officer for Service Quality is to have a senior person from the department / organisation to take overall charge of the day-to-day implementation activities of the Service Quality Improvement initiative in the department.
The key responsibilities of the Nodal officer are

- Ensuring that processes needed for the service , service delivery, citizens' charter and complaints handling are established, implemented and maintained;
- Acting as public grievance officer and reporting to top management of any complaints which have a significant impact on the department;
- Regularly reporting to the top management on the performance of the service quality, citizens' charter and complaints handling with recommendations for improvements;
- Devising mechanism for obtaining feedback and internal quality audit.
- Ensuring the promotion of awareness of stakeholders requirements

Example from the Department of Public Health & Family Welfare, Govt of MP

The Director (MS) was nominated the Nodal officer for Service Quality for DPHFW at Apex Level and CMHO at the district level. The respective Health service delivery In-charges were the unit level nodal officers.

Task 3: Identify Project Champion

A Project Champion is a senior official in the Department whose role is to actively promote and support the benefits of pursuing the quality initiative. The Project Champion has the authority to provide and use resources within or outside the department for completion of a given project.

The role of project champion is different from that of the Nodal Officer. Though the Nodal Officer is also a project advocate, his/her focus is to plan, organise, and manage the execution of the project including review of apex documents and approval of common documentation to be used at various levels. The Project Champion, on the other hand, may not be a member of the project team but believes in and promotes the success of the project through key interventions when necessary.

For example, the Director /Joint Director of a Department could be the Nodal Officer who is responsible for the actual implementation of the activities under the Service Quality Improvement initiative.

The Project Champion could be a senior officer of the Department such as the Secretary or Director of the Department who provides support for the initiative. As a senior official in the Department, s/he would be able to ensure that adequate time, resources and management support are allocated for the proposed activities.

Example from the Department of Public Health & Family Welfare, Govt of MP

The Secretary, Health DPHFW took the initiative to be the project champion for the Service Quality Improvement initiative.

Identified Nodal Officer for Service Quality Improvement Initiative
Name:_____ Designation:_____

Identified Project Champion:
Name : _____ Designation_____

Notes:

Task 4: Determine scope of project

In order to provide clarity on the objectives and nature of the Service Quality Improvement initiative in the department the scope of the project must be defined. The scope of the project will cover aspects such as identifying pilot locations, if any, activities to be done during the initiative, definition of outcomes/ output of the initiative and selection of services of the department for project implementation along with broad timelines. In our case, the scope was predefined by DARPG for executing the Pilot project .

Example from the Department of Public Health & Family Welfare, Govt of MP

The scope of quality improvement initiative was restricted and specific only to the Health services under the DPHFW which are provided through the vertical chain of a District Hospital, two CHCs, two PHCs and two SHCs.
The pilot locations were clearly identified besides the district hospital two blocks, Phanda & Berasia.

NOTE: It is worth mentioning that the scope did not cover certification under the Service Quality standard.

Task 5: Form the Working Group for Citizen's Charter

The Working Group for Citizen's Charter will be responsible for the creation/revision of the Citizen's Charter. The Citizen's Charter is a written, voluntary declaration by public service providers that highlights the standards of service delivery that they subscribe to, availability of choice for consumers, avenues for grievance redress and other related information.

The working group will consist of representatives from all levels in the department including senior management, middle management and staff. Such a group usually consists of 10-15 members. It must also include inputs and feedback from beneficiaries and community organisations during its formulation and revision. The group will necessarily have one member designated as member secretary, who would coordinate all the work.

Example from the Department of Public Health & Family Welfare, Govt of MP
A Working Group For the Citizen's Charter was formulated and the following were its
members:
- *Director (MS)- Nodal officer*
- *Joint Director (HA), DPHFW*
- *Deputy Director, DPHFW*
- *Civil surgeon, JPH*
- *CMHO*
- *RKS representatives (2 each)*
- *NGO Representative (4)*
- *International Organizations working in Health sector(2)*

Task 6: Form the Working Group for Complaint Handling

The Working Group for Complaint Handling will be responsible for the creation/revision of the Complaint Handling mechanism. It will consist of 10-15 members with representatives from all levels in the department including senior officials, middle – level officials and staff, and must include front-line customer facing staff.

Members of Working Group for Citizen's Charter:

Name	Designation	Role
		Chairman
		Member Secretary
		Member
		Member
		etc

Members of Working Group for Complaint Handling:

Name	Designation

Identified Documentation Manager/ Incharge:

Name _____ **Designation** _____

Communication Workshops and Meetings with Key stakeholders:

Workshop/ meeting Details (date/ time/ location)	Name	Designation	Committee/ Working Group/ Role

Internal Workshops and Meetings with Key functionaries:

Workshop/ meeting Details (date/ time/ location)	Name	Designation	Committee/ Working Group/ Role

Task 7: Form the Implementation Committees for Field locations

The Implementation Committees for the Field locations will be responsible for undertaking all the activities relating to the Quality Initiative at the directorate/unit/field level. It will include representatives from the officials and staff at the unit level, and will report to the Steering Committee.

Task 8: Appoint Documentation In charge

The Service Quality initiative involves some documentation requirements. For a large assignment, there could be documentation managers for different sections. A Documentation *In charge* should be appointed who will be responsible for ensuring that these are achieved.

Example from the Department of Public Health & Family Welfare, Govt of MP
A Documentation In charge was appointed from among the
Department: State Consultant
District Hospital: Hospital administrator
CHCs: Block Program Managers
PHCs: MOs

Step 2: Communication and training concerning Service Quality initiative

Task 1: Workshop for Steering Committee and Implementation groups regarding Service Quality initiative

The Service Quality initiative needs support from the top management and the key drivers of the process. It is important that the members who are leading the initiative in various committees playing different roles, understand the objectives and scope of the exercise, their roles and responsibilities, and the intended outcomes and outputs of the initiative. One or more workshops must be held up front to communicate this to the key stakeholders, receive their feedback and inputs on the intended initiative, and modulate it if necessary. The key aim should be to seek their buy-in and support for the initiative, and ensure that everyone is on board to implement the initiative.

Example from the Department of Public Health & Family Welfare, Govt of MP
An intensive 1-day workshop was conducted for Head Office officials, officials of health facilities in vertical chain CHC/PHC/SHC on the Service Quality Improvement Initiative and its requirements. About 20 officials were trained through these workshop.

The ATI viz. RVPN Academy of Administration did not come forward for this initiative.

Task 2: Communicate within department regarding Service Quality initiative

The Service Quality initiative could result in several changes in existing service delivery and supporting process. Therefore, prior to the launch of the process, there should clear communications from the senior management to all staff and functionaries across the department explaining the purpose and activities to be undertaken under the Service Quality initiative. In addition, there should be continued periodic communications and updates on progress throughout the implementation period.

Example from the Department of Public Health & Family Welfare, Govt of MP
Office Note and circular were issued across the department through Director to make officials and functionaries aware of the Service Quality Improvement initiative. Presentations were made and information was provided to all officials during a workshop conducted for the officials in the vertical chain.

Step 3: Benchmarking and setting the Baseline

An important requirement while undertaking any new initiative is to be able to track and measure whether any progress is taking place. This will determine the success or failure of the initiative. This step lists outs the activities to be undertaken to set baseline measures to be compared against. It includes identifying performance indicators to be tracked and conducting a baseline assessment of the organization on the service quality parameters to help in identification of areas of focus for the Service Quality initiative.

Task 1: Identify and record key performance indicators to be tracked
Key performance indicators can be tracked over time to identify the level of progress being achieved. The indicators to be monitored should initially be determined and the baseline values recorded. An appropriate frequency should be chosen and the values be recorded.

This could include parameters such Service Delivery time norms, Hospital indicators, customer satisfaction levels etc.

Task 2: Create a progress tracking mechanism to record progress on a periodic basis
In order to ensure that the indicators are periodically monitored, a tracking mechanism should be initiated. This could be in the form of periodic review meetings to specifically assess progress on the identified indicators. The implementation committees need to meet at least once in a month and the Steering group needs to meet at least once every quarter to review the progress of the initiative, assess whether the initiative is broadly matching the plan, and decide on modifications if necessary.

Key performance indicators to be tracked:

Indicator	Frequency	Level	Report	Date

Steering Committee Meeting Frequency: _____

Implementation Committee Meeting Frequency: _____

Task 3: Conduct baseline service quality assessment of Department

The baseline self-assessment on readiness to implement the Service Quality initiative must be undertaken in order to understand the current status of the department along the key aspects of Service quality, Citizen Charter readiness and Complaint Handling mechanisms. The tool for assessment is given in **Annexure B**. This tool will help in identification of the large gaps which would provide inputs to prioritise the activities in the service quality improvement initiative.
The results of this assessment must be presented to the key committees and working groups that have been formed for this initiative.

Baseline Quality Self Assessment:

Key Highlights from the Assessment:
1.
2.
3.
4.
5.
Date conducted:
Conducted by:
Location:
Date presented to Steering Committee
Any other presentations

Example from the Department of Public Health & Family Welfare, Govt of MP
Assessment of each of the requirements of the Service Quality model was prepared. A copy of the As-is report was presented to the core project team to share the results of assessment with them. The baseline survey was carried out each of the location in the service chain.

Task 4: Identify focus areas for the Service Quality initiative

Based on the baseline assessment, the department can identify focus areas for the implementation of the Service Quality initiative. For example, if the department already has a good Citizen's Charter and an effective complaint handling mechanism, there could be more focus placed on improving service delivery. Specifically, the Department should identify areas which need strengthening in terms of structure, capacity and process maturity.

Example from the Department of Public Health & Family Welfare, Govt of MP
The citizen charter was non-existent for the vertical chain assigned under the scope though in piecemeal it did exist and public grievance redress process was largely through a weekly Jan Sunvai programme in DPHFW. Both these key processes became focus areas for the implementation phase for which, it was clear that much focus would be required.

Step 4: Service Quality initiative project monitoring procedure

Typically, there are many stakeholders in a long-term implementation project such as a Service Quality Management System implementation. This would also mean that many key officials and functionaries may get transferred during the implementation period. Therefore, it is important to keep an accurate record of all key activities that have happened in the initiative for the purposes of updating the progress of the project to various stakeholders and to update officials fresh to the project.

Task 1: Prepare format for recording project progress

In order to maintain regular records a pre-decided reporting format would be useful so as to maintain a consistent form of record.

Monthly Progress/Activity Report Format:

Month :
Project Details:
List of activities accomplished during the month: (Task and details)
1.
2.
3.
 .
Miscellaneous
1.
2.
3.

Constraints
1.
2.
3.

Space for notes

Task 2: Maintain monthly records of work undertaken under Service Quality initiative
The records of progress achieved during could be maintained on a monthly basis using the prepared formats. This will serve as a record of the work undertaken, and also a reference for new officials and staff in the department.

Example from the Department of Public Health & Family Welfare, Govt of MP
Since this was a year long assignment, the process of Monthly Progress Reports (MPR) capturing the progress of the project was designed and instituted. It gives the details in the following sections

• Project particulars
• Key project activities done during the month
***• Constraints, if any***

Complete Work-plan Tracking Sheet for Apex level/Unit Level

ACTIVITY SET 1: Activities at start of Service Quality Improvement Initiative

Step/ Task	Date commenced	Date Completed	Person/s responsible	Remarks
Step 1: Formation of Committees for Service Quality Initiative				
Task 1: Form the Steering Group for Service Quality				
Task 2: Identify Nodal officer for Service Quality				
Task 3: Identify Project Champion				
Task 4: Determine scope of project				
Task 5: Form the Working Group for Citizen's Charter				
Task 6: Form the Working Group for Complaint Handling				
Task 7: Form the Implementation Committees for Field locations				
Task 8: Appoint Documentation Manager				
Step 2: Communication and training concerning Service Quality initiative				
Task 1: Workshop for Steering Committee and Implementation				

groups regarding Service Quality initiative				
Task 2: Communicate within department regarding Service Quality initiative				
Step 3: Benchmarking and setting the Baseline				
Task 1: Identify and record key performance indicators to be tracked				
Task 2: Create a progress tracking mechanism which will record progress on a periodic basis				
Task 3: Conduct baseline service quality assessment of Department				
Task 4: Identify focus areas for the Service Quality initiative				
Step 4: Service Quality initiative project monitoring procedure				
Task 1: Prepare format for recording project progress				
Task 2: Maintain monthly records of work undertaken under Service Quality initiative				

Activity Set 2: Citizen's Charter Preparation/ Revision and Periodic review

Flowchart of Activity Set 2
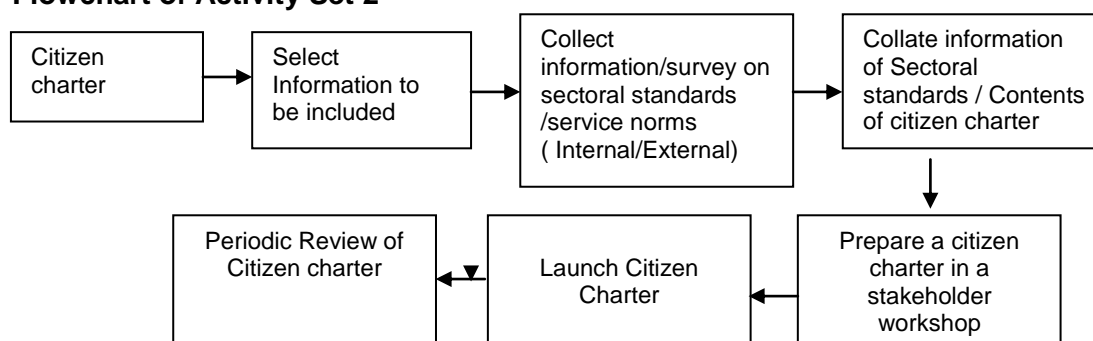
Space for notes

A key requirement of the Service Quality initiative is that the department have a Citizen's Charter. The Charter needs to be prepared or revised in accordance with certain Service Quality requirements. The Working Group for Citizen's Charter is responsible for the creation/revision of the Citizen's Charter and shall include representatives from top management, middle management, staff associations, customers and other stakeholders. The following are the key steps in formulation/ revision of the charter.

Step 1: Detail information to be included in Citizen's Charter

This step explains how information for inclusion in the Charter is identified and collected

Task 1: Prepare list of services offered

The first task is to prepare a complete and exhaustive list of the key services and schemes offered by the department and its vertical chain. This will help the beneficiaries to know the services they can receive. The list of services and schemes must be arranged according to beneficiary category.

Task 2: Collect information on contact details of officials

The Citizen's Charter should include the contact details of the key officials of the Department so that they are available to the public. These include the names, jurisdiction, telephone numbers, official address and email address. At each level, and for each service, there needs to be a person who can be the first level of contact for the public. E.g. in the case of DPHFW, the list of officials whose contact number is provided in the Citizens Charter are the

Director and Joint Director at the head office, the CMHO at District level, the BMO at Block level and the MOs at the PHC/SHC level.

Task 3: Collect information on contact details of offices and service outlets

The Citizen's Charter should also include the address and contact details of all the service delivery units such as district hospital and block level CHCs / PHCs and SHCs of the Department. If possible, working hours and other basic information about the facility must also be recorded.

Step 2: Conduct Citizen Sectoral Standards Survey

A key requirement of the Citizen's Charter is that it lists the service standards for the services and schemes being provided by the department and its vertical chain. It is important that these service standards are determined in consultation with the beneficiaries who avail of the services. One of these consultations is through a citizen survey on sectoral standards, which seeks to identify the beneficiaries' views and requirements on service standards.

Task 1: Prepare/Modify tool to conduct Citizen Sectoral Standards Survey

An appropriate survey tool must be developed to conduct the citizen's survey to capture their inputs regarding service delivery standards. This tool captures the specifications of how, where and when the services are preferred to be received by the beneficiaries, and by whom.

Example from the Department of Public Health & Family Welfare, Govt of MP
A DPHFW survey tool was prepared to determine citizen preferences regarding services that can be provided, the time, frequency and place of service,

A sample tool (questionnaire) that was used in DPHFW to capture the Citizen inputs on sectoral standards has been given in Annexure C.

Task 2: Prepare survey plan to conduct for Citizen Sectoral Standards Survey

The survey plan will detail how the survey is to be conducted including details such as the duration of the survey, number of beneficiaries to be surveyed, location (number of places) etc. Care must be taken that the sample includes beneficiaries of all services rendered by the department.

Summary of Survey Plan for Citizen Sectoral Standards Survey

Locations	Sample details	Planned Dates	Responsible person(s)

Space for notes

Task 3: Dispatch survey tool and get Citizen Sectoral Standards Survey conducted at chosen locations

After the preparation of the survey tool, the citizen survey should be conducted which will elicit citizen inputs on standards of the services provided by the organisation/ department/ scheme at different times and on different days in order to have fair representation of information. The task of actually conducting the survey rests with the field level implementation teams at the chosen locations.

Task 4: Receive and analyse data collected from Citizen Sectoral Standards Survey from chosen locations

The results of the Citizen Survey from the field have to be collected through a uniform format. It must be assessed and key variations between citizen requirements and existing service standards should be identified.

Task 5: Prepare note on results/ key inferences from Citizen Sectoral Standards Survey

The results and analysis of the citizen survey on sectoral standards must be detailed in the form of a report and shared with the key officials/ functionaries in the organisation department so that they are aware of the beneficiary expectations on the standards of services provided.

Step 3: Stakeholder interactions to identify sector standards (internal)

In addition to the beneficiaries, other stakeholders such as the officials and staff involved in the service delivery should be consulted while determining the service delivery standards. This step explains how consultations with these internal stakeholders are to be conducted.

Task 1: Design tool to capture sectoral standards from internal stakeholders

A tool should be developed to undertake the stakeholder consultations on sector standards, which will capture the respondents' views appropriately.

A sample tool that was used in DPHFW to capture the functionaries' inputs on sectoral standards in vertical chain which is same as the one used for citizen sectoral standards survey and has been given in Annexure C.

Task 2: Conduct workshops/ meetings with stakeholder groups and representatives

The aim of this exercise is to formulate sectoral standards and targets taking in the view of all the stakeholders. The interaction can primarily be through focus group discussions of distinct stakeholder groups to capture their inputs, using the prepared tool. Separate workshops should be conducted for each level of the different stakeholder groups including officials, field level functionaries and beneficiaries. This will enable a better understanding of the key issues from different perspectives and also prevent dominance of higher level groups to overshadow concerns of lower level functionaries.

Summary of Workshop/ Meeting Plan for Functionary inputs on Sectoral Standards

Locations	Workshop details	Planned Dates	Responsible person/s

Space for notes

Task 3: Prepare note/ brief on results/ key inferences from key stakeholder interactions

The responses from stakeholders during the workshops should be collated and analysed. These should be detailed in the form of a brief report that lists the opinions/ inputs of the various functionary groups on sectoral standards.

Step 4: Stakeholder interactions to identify sector standards (external)

This step explains the process to be adopted for conducting a workshop for external stakeholders. The external stakeholders will primarily be experts / academicians / practitioners in the respective sectors in which the department provides services. Officials from related departments could also be involved. The stakeholders will be expected to give their opinions on the sector standards to be adopted.

Task 1: Design/ Modify tool to identify sector standards

A tool should be developed to undertake the stakeholder consultations on sector standards, which will capture the respondents' views appropriately.

Task 2: Identify and invite participants among key external stakeholder groups

The sector experts and other stakeholders who will participate in the workshop should be identified and invitations should be sent out to them.

Example from the Department of Public Health & Family Welfare, Govt of MP
Invitees included officials from DPHFW, NGOs active in relevant field, sector experts, international development agencies active in health like FPAI, JICA etc.

Task 3: Send draft consolidated note on results/ key inferences from all stakeholder interactions to invitees

The inputs from the Citizen's Survey on Sectoral Standards and the note/ brief on results/ key inferences from key stakeholder interactions must be summarised and a draft consolidated note on results/ key inferences from all stakeholder interactions must be prepared. This draft consolidated note must be circulated prior to the workshop/ conference so that the invitees are informed of the work undertaken and are prepared for the workshop/ conference.

Task 4: Conduct workshop with key external stakeholder groups

The key objective of the workshop is to obtain inputs from sector experts in setting service delivery standards. Written inputs must be sought from the experts using the tools prepared in task 1 above so that they can be recorded.

Example from the Department of Public Health & Family Welfare, Govt of MP
A full day workshop was conducted for all the stakeholders (Internal/external including NGOs, RKS etc) to evolve a citizen charter and Sectoral service standards which was attended by 19 experts. This involved using baseline data collected from the field through internal/external groups.

Step 5: Consolidation of service standards for service delivery
This step explains the process of finalisation of the sector standards.

Task 1: Combine inputs from Citizen Sectoral Standards Survey and stakeholder workshops on sector standards

The consultations with the beneficiaries, officials, sector experts and other stakeholders will have resulted in several inputs in order to determine the sector standards for service delivery. These must be combined to determine the final list of standards.

Task 2: Finalise sector standards

The sectoral standards have to be finalised based on the various inputs from the citizen survey, workshops with department functionaries and conference with experts. The finalised list of sector standards will be included in the Citizen's Charter and will form the benchmark for the services delivered by the department.

Example from the Department of Public Health & Family Welfare, Govt of MP
The exercise involved using baseline data collected from the field through internal/external groups and then consolidate the inputs to finalise the sectoral standards.

Step 6: Prepare and launch Citizen's Charter

Following from the stakeholder consultations, this step explains tasks involved in the actual preparation and launch of the Citizen's Charter

Task 1: Prepare draft Citizen's Charter
A draft Citizen's Charter should now be prepared including the following:
- Vision and Mission of Department
- List of services provided by the department listed according to target beneficiaries
- Service standards, place of service and person in charge/ contact person
- Brief on special clinic/ schemes implemented by DPHFW
- Contact information of key officials
- Contact information of PGOs of service delivery units/ institutions

Process of preparation of Citizen Charter clearly indicating the involvement of beneficiaries and other stakeholders in the drafting/ review process. Information on the review and changes made in the documents shall also be documented.

Task 2: Circulate draft Citizen's Charter for review

The draft citizen charter needs to be circulated among Working Group members for review. Once the changes are made, the draft needs to then be sent for external review to an appropriate number of selected experts, NGOs and academicians for comments and suggestions. Their feedback must be incorporated into the draft.

Details of review of Draft Citizens Charter

Name	Designation	Date sent for review	Date response received

Notes on Citizens Charter :

Details of finalisation of Draft Citizens Charter:_____
Date draft Citizen Charter approved by working group:_____
Date draft Citizen Charter sent for approval by higher authority:_____
Date Citizen Charter approved by higher authority:_____
Date Citizen Charter released:_____

Space for notes

Example from the Department of Public Health & Family Welfare, Govt of MP
The draft citizen charter was circulated to the following stakeholders through email for review:
* *Working Group members*
* *Selected NGOs*
* *Academicians*
* *DPHFW Officials*

Task 3: Modify and finalise Charter

The comments received for the charter needs to be incorporated before finalizing the Charter. It will also need to be translated into the local language if necessary. The revised draft Charter then has to be approved by the appropriate authorities for release.

Task 4: Officially release Citizen's Charter

Once the Citizen's Charter has been approved, it can be officially released by the department through a Government order.

Task 5: Training and Orientation on Citizen's Charter

It is essential that all the functionaries within the department throughout the vertical chain must be aware of the contents and use of the charter through training. A presentation on the contents of the charter can be prepared centrally, and then presented to the functionaries at

various levels through a unified programme – e.g. the Directorate through its nodal officer makes a presentation to the district level , the block level(CHCs), PHCs& the SHCs.

Task 6: Publicize Citizen's Charter

The Citizen's Charter should be given wide publicity through print media, books, posters, banners, leaflets, brochures, websites etc so that citizen's are made aware of its contents. Citizens charters must be printed and sent to the district, block level offices(CHCs), PHCs & SHCs. It is also very important that a one page summary of the Citizens charters can be put up on the walls of the service delivery outlets so that public at large is informed of the services being provided.

Space for notes

Example from the Department of Public Health & Family Welfare, Govt of MP
The charter will be publicised through the following means
• The charter will be printed in Hindi and English languages and distributed to the Directorate officials in Hospital Administration.
• The soft-copy of the Citizen's Charter will be uploaded on the department website - http://www.mp.gov.in/health/
• A Summary Charter will be displayed on JP Hospital/CHC/PHC/CHC walls.
• Charts will be made and displayed at CMHO office.
• All MOs will explain the Citizen's Charter to all ANMs and MPWs during Monthly meeting within 3 months of release of charter
• Class on Citizen's Charter will be included in all staff training (Induction and Refresher) Courses

Step 7: Periodic Review of Citizen's Charter

The Citizen's Charter should not be a static document. Since it contains service standards and contact information, it should be regularly updated at fixed intervals to reflect changes. This review period must be decided by the working group for Citizens Charter. This could preferable be done once in a year or earlier based on the need/ changes in services delivered.

Task 1: Conduct periodic Citizen's Sectoral Standards Survey and update Citizen's Charter

The service standards listed in the Charter are reflective of the expectations of the beneficiaries and citizens. Since these preferences are likely to change with time, the Citizen's Sectoral Standards Survey must also be conducted periodically to capture these changes and modify the service delivery accordingly. These modified standards should then be updated in the Citizen's Charter. Additionally, the revisions of the Charter should reflect citizen satisfaction levels. The process of measuring these is described in the next activity set.

Task 2: Periodically update details in Citizen's Charter

Similar to the previous task, the addresses and contact information of the officials and service delivery units need to be revised periodically in the Citizen's Charter in order to

ensure that they are up-to-date. Also, the programmes and schemes offered by the department may change as old makes way for the new. This must also be regularly updated.

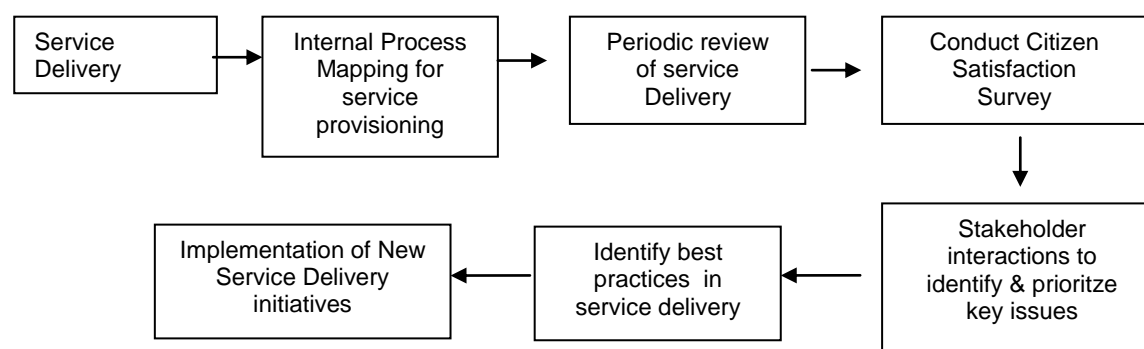## Complete Work-plan Tracking Sheet for Apex level/Unit Level

ACTIVITY SET 2: Citizen's Charter Preparation/ Revision and Periodic review

Step/ Task	Date commenced	Date Completed	Person/s responsible	Remarks
Step 1: Detail information to be included in Charter				
Task 1: Prepare list of services Offered				
Task 2: Collect information on contact details of officials				
Task 3: Collect information on contact details of offices and service outlets				
Step 2: Conduct Citizen Sectoral Standards Survey				
Task 1: Prepare/ Modify tool to conduct Citizen Sectoral Standards Survey				
Task 2: Prepare survey plan to conduct for Citizen Sectoral Standards Survey				
Task 3: Dispatch survey tool and get Citizen Sectoral Standards Survey conducted at chosen locations				
Task 4: Receive and analyse data collected from Citizen Sectoral Standards Survey from chosen locations				
Task 5: Prepare note on results/ key inferences from Citizen Sectoral Standards Survey				
Step 3: Stakeholder interactions to identify sector standards (internal)				
Task 1: Design tool to capture sectoral standards from internal stakeholders				
Task 2: Conduct workshops/ meetings with stakeholder groups and representatives				
Task 3: Prepare note/ brief on results/ key inferences from key stakeholder interactions				

Step 4: Stakeholder interactions to identify sector standards (external)				
Task 1: Design/ Modify tool to identify sector standards				
Task 2: Identify and invite participants among key external stakeholder groups				
Task 3: Send draft consolidated note on results/ key inferences from all stakeholder interactions to invitees				
Task 4: Conduct workshop with key external stakeholder groups				
Step 5: Consolidation of service standards for service delivery				
Task 1: Combine inputs from Citizen Sectoral Standards Survey and stakeholder workshops on sector standards				
Task 2: Finalise sector standards				
Step 6: Prepare and launch Citizen's Charter				
Task 1: Prepare draft Citizen's Charter				
Task 2: Circulate draft Citizen's Charter for review				
Task 3: Modify and finalise Charter				
Task 4: Officially release Citizen's Charter				
Task 5: Training and Orientation on Citizen's Charter				
Task 6: Publicize Citizen's Charter				
Step 7: Periodic Review of Citizen's Charter				
Task 1: Conduct periodic Citizen's Sectoral Standards Survey and update Citizen's Charter				
Task 2: Periodically update details in Citizen's Charter				

Activity Set 3: Identification of key issues and best practices for Service Delivery

Flowchart of Activity Set 3

```
Service          Internal Process      Periodic review      Conduct Citizen
Delivery    →    Mapping for      →    of service      →    Satisfaction
                 service               Delivery             Survey
                 provisioning                                  │
                                                               ▼
Implementation of      Identify best        Stakeholder
New Service       ←    practices in    ←    interactions to
Delivery               service delivery     identify & prioritze
initiatives                                 key issues
```

Space for notes

The service delivery aspect of the Service Quality initiative primarily focuses on three key components

- Internal Process Mapping for service provisioning which involves studying the identified processes for the services offered.

- Periodic interactions with stakeholders to track satisfaction levels and performance in relation to service standards. This will enable the department along with its vertical chain to identify key issues which prevent service delivery from meeting the standards listed in the Citizen's Charter

- Identification of best practices in service delivery: This will enable the department to implement successful initiatives in service delivery that have worked in pilot locations across the department.

Step 1: Internal Process Mapping

Task 1: Identification and analysis of processes

To begin with, identify the key processes and map them. Analyse each of the processes with what are inputs, what are the desired outputs and what are the controls required. Then identify the process owners. The number of processes may vary from location to location. Some of the typical processes have been illustrated in the example below.

Task 2 Collect baseline information

Having identified the processes, collect the baseline information as to how are processes being currently executed. Identify the bottlenecks, if any. This would require study of each process had associated sub processes as to how they are executed, who is responsible to perform various functions and what kind of data is obtained and recorded.

Task 3 Working out Key Performance Indicators and its monitoring

For the processes identified and taken up for improvement, collect the baseline data to study the current scenario. Firm up the Key Performance Indicators for such processes. The indicators would be those variables which impact the service delivery performance or effect other processes/sub processes. The base line data for a given process could be the form of timeliness, completeness / correctness of information etc. Where necessary, reference may also be taken from available standards / norms such as those given in IPH guidelines, environmental routes etc.

Example from the Department of Public Health & Family Welfare, Govt of MP
In the DPHFW, the processes were classified into two broad categories viz. clinical processes and administrative processes which varied from District Hospital to CHC/PHC/SHC depending on the activities being performed by the type of health centre.

Clinical Processes

   OPD Management (like time taken for registration)

   IPD Management

   Medical Emergency Management

   Nursing Care Management

   Hospital Diagnostics Management

   Blood Bank Management

   Hospital Waste Management (Waste should be disposed off in 48 h)

   Critical Care Data Management

   Hospital Referral Management etc.

Administrative Processes

   Patient Registration, Admission and Discharge Management

   Medicines Store and Inventory Management

   General Stores and Inventory Management

   Hospital Transportation Management

   Hospital Security, Safety & Disaster Mgmt.

   Hospital Infrastructure Maintenance Management

   Hospital Housekeeping and General Upkeep Management

   Dietary Management

   Laundry Management
 Record Management etc.

Step 2: Periodic Review of Service Delivery

This step explains about conducting periodic review of service delivery in the entire vertical chain to track the service delivery performance.

Task 1: Assess service delivery performance against standards listed in Citizen's Charter

In order to ensure transparency and a citizen focused organisation, it is important that the department track and periodically publish statistics and information relating to its service delivery performance which may include preparing a data sheet to capture and consolidate data on various service parameters which have been finalized while formulating the sectoral standards and citizen charter. The status report could be presented/informed through the annual report, a website that tracks the performance indicators, periodically commissioned studies/ surveys etc. The service delivery performance of the department should be benchmarked against the service standards listed in the Citizen's Charter. This will enable the department to assess its performance levels and to identify areas where it is not matching the required levels.

Task 2: Identify complaint prone areas from complaints filed and feedback from review meetings

During the periodic review meetings of the complaint handling process conducted by the department/District hospital/CHC/PHC/SHC, the service delivery areas where there have been a large number of complaints, or where standards have not been maintained, should be identified. The data shall be collated at district hospital level and with CMHO for CHC/PHC/SHC. In addition, the information on complaint statistics shall also be obtained from citizen facilitation centre.

Step 3: Periodically measuring Customer Satisfaction – Citizen Satisfaction Survey

This step explains how to periodically measure customer satisfaction and to address areas of dissatisfaction. A citizen satisfaction survey is an feedback that typically asks the respondents for their views on the quality of services offered to them, their level of satisfaction towards these services etc. It is vital that the department carries out the Citizen Satisfaction Survey on a periodic basis as it will help them to get first hand feedback from the beneficiaries on their service delivery performance, and also sensitises the field level functionaries and brings in their notice the areas of good and bad performance.

Task 1: Prepare/Modify tool to conduct Citizen Satisfaction Survey

A citizen satisfaction survey tool needs to be developed to conduct the survey. It should be designed to help understand the citizen rate his/ her satisfaction with the services delivered by the department, and provide suggestions to help department identify problem areas and prioritise resolutions.

Example from the Department of Public Health & Family Welfare, Govt of MP
In the DPHFW Citizen Satisfaction Survey tool developed, the satisfaction will be judged using a pre-designed simple feedback form which may include Suggestions for improvements/ changes.

A sample tool that was used in DPHFW, GoMP to capture the citizen satisfaction at health service delivery has been given in Annexure D.

Task 2: Prepare survey plan to conduct for Citizen Satisfaction Survey

The survey plan will detail how the survey is to be conducted including details such as the time of the survey, number of beneficiaries to be surveyed, location (IPD/OPD) etc.   Care must be taken that the sample includes beneficiaries of all services rendered by the department and its vertical chain. A sample table to record the survey plan is given below

Summary of Survey Plan for Citizen Satisfaction Survey

Locations	Sample details	Planned Dates	Responsible person(s)

Space for notes

Task 3: Dispatch survey tool and get Citizen Satisfaction Survey conducted at chosen locations
The survey tool is to be administered by nominated official/hospital administrator/BPMs etc who have been trained for this purpose, and can seek information to the respondents in their mother tongue.

Task 4: Receive and analyse data collected from Citizen Satisfaction Survey from chosen locations

The results of the Citizen Satisfaction Survey from the field have to be collected through a uniform format. The data must be assessed and the levels of citizen satisfaction with the various services, and the suggested areas for improvement must be found out. This will also help in understanding the service levels.

Task 5: Prepare note on complaint prone areas/ key inferences from Citizen Satisfaction Survey
The results of the Citizen Satisfaction Survey have to be assessed and key trends/ issues and implications must be identified. The key trends and issues highlighted during the survey analysis must be detailed in a report and shared with the key officials/ functionaries in the organisation department so that they are aware of the beneficiary satisfaction levels with the services provided and can take appropriate measures to improve their services in various areas. It may also be included in the annual reports and department website.

Summary of Workshop/ Meeting Plan for Functionary inputs on Key Issues

Locations	Sample details	Planned Dates	Responsible person(s)

Space for notes

Step 4 : Stakeholder interactions to identify and prioritize key issues in service delivery

The aim of this exercise is to identify the major issues and constraints faced in the process of service delivery, considering the view of key internal stakeholders. The can primarily be achieved through focus group discussions of distinct stakeholder groups to capture their inputs.

Task 1: Design/ Modify tool to capture key issues in service delivery
In order to facilitate the stakeholder interactions, a tool should be prepared which will obtain responses covering all the major areas for which the stakeholder inputs are required. This tool should provide a broad list of key issues and seek inputs of the functionaries in terms of rating the issues listed, to enable prioritisation of the issues.

A sample tool (IPHS norms) that was used in DPHFW, GoMP to capture the key issues in service delivery has been given in **Annexure F.**

Task 2: Conduct workshops/ meetings with internal stakeholder groups and Representatives

Separate workshops should be conducted for each of the different stakeholder groups including officials and field level functionaries. It must be taken care not to allow officials and functionaries of different levels in the same group, as the inputs of the superior could become dominant. This will facilitate a better understanding of the key issues from different perspectives at all levels. A common workshop of all the stakeholders could be organised to identify key service issues and freeze them based on best practices, current status etc.

Task 3: Prepare note/ brief on results/ key inferences from stakeholder interactions on key issues
The responses from stakeholders during the workshops should be collated and analysed. These should be detailed in the form of a brief report that lists the opinion of the various groups on the ranking of key issues in service delivery.

Format for list of participants identified for workshop to share best practices

S No	Name	Designation	State

Format for list of topics identified for discussion during workshop to share best practices

S No	Topic	Group Members

Workshop for sharing of best practices

Date:	Time:
Location:	No. of Participants:
Presentation Schedule	Group Discussion Schedule
1. 2. 3.	1. 2. 3.

Format to record Prioritisation of actionable items during workshop for sharing best practices

A. Immediately implementable with minimum effort	B. Implementable within next quarter (some effort / action needed)	C. Implementable next year (needs allocation of funds/ more approvals etc.)	D. Implementation not possible (reasons to be noted)

Step 5: Identification of best practices in service delivery

The objective of this exercise is to obtain the assistance of officials at the middle management level who are directly exposed to the field activities to identify the best practices in service delivery in their respective jurisdictions. In particular, best practices addressing the key areas of concern identified during the interactions with stakeholders should be identified. Some of these measures can then be replicated across the department through cross-learning. The interaction will be in the form of a state-level workshop of selected officials.

Task 1: Identify and invite participants for state level workshop

The officials who will participate in the discussions should be identified and informed. Typically, these could be the district level or block level officials. The participants should also be sent the note/ brief on results/ key inferences from key stakeholder interactions on key issues identified during the stakeholder discussions, so that they are aware of the key issues facing the beneficiaries and functionaries. They should be asked to prepare brief note/presentation on some of the practices they are doing / aware of in their jurisdictions, which they would like to share with others. In addition, some of the key issues may warrant to be discussed through group discussions.
These topics can be decided and a time set aside during the workshop for smaller groups to discuss these key issues and propose some solutions.

Task 2: Conduct workshop with officials

During the workshop, the officials will be expected to share their views on the best practices in service delivery to be adopted across the department to improve service delivery. The presentation and group discussion schedules need to be made beforehand.

Task 3: Prioritise best practices identify actionable items for implementation
The best practices that have been presented during the workshop, and suggestions coming out of the discussions must be prioritised according to their ease of implementation. The objective should e to immediately commence implementation of those approaches wherever feasible, and to identify actions and efforts to be taken to implement others.

Task 4: Identify and record best practices
The output of the workshop should be a list of best practices to be adopted and implemented by the department, addressing the key areas of concern in particular. The presentations and discussions of the workshop, and the action plan must be printed and later disseminated to all the districts and blocks through the "Best Practices in Service Delivery" document.

Space for notes

Step 6: Implementation of new initiatives

This step follows from the identification of prioritised key issues and best practices in service delivery in the department. It explains how new initiatives to address these issues are identified and implemented across the department, with reference to the best practices.

Task 1: Identify initiatives to be undertaken taken to address key issues and complaint prone areas

Having identified the improvement opportunities in service delivery and successful best practices, the next step would be to detail action plans to introduce these changes in the department/pilot location as necessary. However, due to several factors such as resource constraints, it may be possible to introduce only a few new initiatives at a time. A Government Order or directive may be required to kick-start another initiative, whereas some other initiative may require allocation of funds or coordination with other departments. The purpose of this step is to identify specific areas in which improvement actions will be taken. This must be done in consultation with the steering committee and the implementation team. "Action plans for Service Delivery Improvement" must be prepared for each of the initiatives. These must then be sent to the district and block locations where they will need to be piloted.

Task 2: Pilot test new initiatives

Having identified the new initiatives to be implemented to address the areas of concern, they should be pilot tested to obtain feedback and identify challenges in implementation.

Task 3: Modify and implement new initiatives across the department based on pilot experience
The feedback and experience obtained during the pilot implementation phase should be used to modify the new initiatives, which can then be introduced across the department. It

may be noted that these new initiatives are an on-going exercise and could be done on short term/mid-term/long term basis depending the need for improvement.

Complete Work-plan Tracking Sheet for Apex level/Unit Level

ACTIVITY SET 3: Identification of key issues and best practices for Service Delivery

Step/ Task	Date commenced	Date Completed	Person/s responsible	Remarks
Step 1: Internal Process Mapping				
Task 1: Identification and analysis of processes				
Task 2 Collection of baseline data				
Task 3 Working out Key Performance Indicators and its monitoring				
Step 2: Periodic Review of Service Delivery				
Task 1: Assess service delivery performance against standards listed in Citizen's Charter				
Task 2: Identify complaint prone areas from complaints filed and feedback from review meetings				
Step 3: Periodically measuring Customer Satisfaction - Citizen Satisfaction Survey				
Task 1: Prepare/Modify tool to conduct Citizen Satisfaction Survey				
Task 2: Prepare survey plan to conduct for Citizen Satisfaction Survey				
Task 3: Dispatch survey tool and get Citizen Satisfaction Survey conducted at chosen locations				
Task 4: Receive and analyse data collected from Citizen Satisfaction Survey from chosen locations				
Task 5: Prepare note on complaint prone areas/ key inferences from Citizen Satisfaction Survey				
Step 4: Stakeholder interactions to identify and prioritize key issues in service delivery				
Task 1: Design/ Modify tool to capture key issues in service delivery				
Task 2: Conduct workshops/ meetings with internal stakeholder groups and representatives				
Task 3: Prepare note/ brief on results/ key inferences from stakeholder interactions on key issues				

Step 5: Identification of best practices in service delivery				
Task 1: Identify and invite participants for state level workshop				
Task 2: Conduct workshop with Officials				
Task 3: Prioritise best practices identify actionable items for implementation				
Task 4: Identify and record best Practices				
Step 6: Implementation of new Initiatives				
Task 1: Identify initiatives to be undertaken taken to address key issues and complaint prone areas				
Task 2: Pilot test new initiatives				
Task 3: Modify and implement new initiatives across the department based on pilot experience				

Activity Set 4: Complaints handling mechanism

Flowchart of Activity Set 4

Complaints Handling	→	Design Complaints handling mechanism	→	Implement Complaints handling mechanism	→	Monitor & Review Complaints handling mechanism
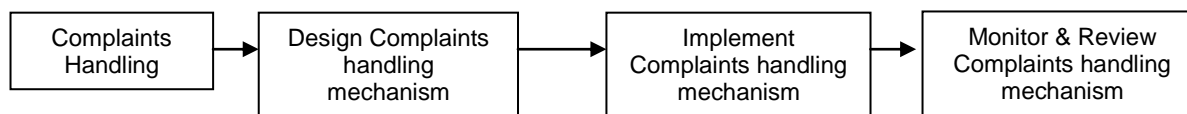
Space for notes

The department will need to establish and implement a documented procedure for complaint handling process. A good complaint handling system operates in a manner that leaves the citizen more satisfied with how the organization responds to complaints irrespective of the final outcome. An effective mechanism will not only help to reduce the customer dissatisfaction level but will also help to identify areas which require attention for improvement. This section explains the plans and steps to formulate/ revise the Complaint Handling mechanisms. The Complaint Handling mechanism shall be implemented by the respective centres in the vertical chain.

Step 1: Preparation/ Design of Complaint Handling Mechanism

A key requirement of quality in public service delivery is that the organisation has an effective complaint handling mechanism. This needs to be introduced if not available, or revised if necessary. This step explains the preparation of Complaint Handling guidelines/rules.

Task 1: Prepare draft design of Complaint Handling Mechanism
As a complaint handling mechanism has to be prepared/ revised, the design for it must be developed and detailed in the form of a draft design. This note will explain the entire process for handling complaints related to the department. The draft may contain the following –
  • Key objectives and guidelines for Complaint Handling process
  • Draft design and workflow of Complaint Handling System including process/ description of mechanisms for complaint capture, complaint recording, Investigation and analysis, complaint resolution and complaint analysis
  • One of the critical design components is to categorise complaints as critical, major or minor depending upon its seriousness and severity they have on different processes and standards to address them
  • Role of each level of vertical chain in complaints handling
  • Indicative steps and work plan to establish the Complaint Handling System

Draft design of complaints form (A sample complaints form that was used in DPHFW, GoMP to capture the complaints) has been given in Annexure E

Example from the Department of Public Health & Family Welfare, Govt of MP
A note outlining a draft Public Grievance Redress mechanism for DPHFW was prepared, emphasizing the following:

- *Complaint logging system (manual and through a toll free telephone number)*
- *Complaints Capture*
- *Complaints Handling*
- *Redress of Grievances*
- *Identification of grievance prone areas and analysis*
- *Review and monitoring of grievance redress mechanism*
- *Implementing and scaling up of grievance redress mechanism*

The existing, complaints handling mechanisms involved weekly interactions with the citizens and hearing their grievances, at PHC and CHC levels. Tuesdays were earmarked for complaints redressal. However, there was no formal Complaints redressal mechanism. At the district level, the CMHO also had earmarked one week day to listen to the public grievances under "Jan sunvai" programme and records are maintained accordingly. Further, there was a provision of management of basic services under the Govt of MP which also includes Health Department under the "Parakh" scheme which is directly monitored at the state level by Chief Minister's Secretariat. Provision exists to lodge a complaint and get redressal under a Fast track mechanism.

In the revised system, thus developed, a new feature of tollfree telephonic system of Grievance redress mechanism has been worked out through a call centre. Initially the call centre works and informs as to what are the services being provided at different health centres. Subsequently, the tele-login and acknowledgement of grievance redress begins.

The guidelines and work instructions for Complaint redressal has been worked out. In addition, a complaint box along with feedback form has been placed near "May I help you" counter and also near the CS office in case of District hospital

A "MAY I HELP YOU" counter at JP Hospital has also been provided for resolving grievances which require urgent and immediate attention. It must be noted that most of the grievances pertain to lack of Information and non-availability of service. This is attended immediately by persons at the "MAY I HELP YOU" counter which is functional during OPD hours. *The support during other periods is provided by the Doctor on duty in the emergency. In order to collect information from the patients a feedback is also been taken from those selected at random from IPD and OPD. The activity is being done at District Hospital level and data is consolidated. This data can be used to identify typical areas of concern so as to take timely actions.*

Space for notes

Task 2: Approve draft design of Complaint Handling Mechanism

The working group for complaint handling must then review and approve the draft design and assign the pilot areas for which it will be implemented. The implementation team may be

identified and trained on the process. The complaint and suggestion form must be designed and pilot tested to ensure that it is easy to understand and respond to by the citizens. The process for complaint handling must be simple, and the roles and responsibilities for taking action at various levels must be clearly specified. Also, financial resources for making available the complaints box, complaint forms, toll free telephone facility etc. at the field level must be set aside.

Task 3: Pilot test Complaint Handling Mechanism

Once the complaint handling mechanism has been designed/ revised, it must be pilot tested in a chosen location/unit to observe its effectiveness and to identify issues in implementation and improvement areas. One of the key activities is to publicise the complaint handling process to the citizens, by providing information concerning complaints handling in clear and simple language and accessible formats. It must also be made sure that the name, address, telephone number and other contact details of the public grievance officer for that service delivery unit shall be displayed prominently.

Task 4: Revise Complaint Handling Procedure based on pilot feedback

During the pilot phase, the complaint handling mechanism should be monitored and feedback obtained from the beneficiaries. Based on these, the complaint handling mechanism should be revised and finalised.

Step 2: Implementation of Complaint Handling Mechanism

This step explains the rolling out of grievance redress mechanism across the department.

Task 1: Training/Workshops explaining design and process of Complaint Handling Mechanism
Prior to the launch of the complaint handling mechanism, the officials and the citizen facing staff involved in the implementation should undergo training on their roles and responsibilities in the complaint handling process.

Task 2: Publicize Complaint Handling Mechanism
A well planned publicity campaign must be planned and implemented so that the citizens become aware of the complaint handling mechanism. There should be wide publicity given for the launch of the complaints handling process. This is important so that beneficiaries / citizens are aware that there is a formal channel available for reporting complaints relating to the Department and its vertical chain.

Task 3: Launch Complaint Handling Mechanism
Once the officials and functionaries have been trained in the complaint handling procedure, and the publicity campaign is ready, the revised mechanism can be officially launched across the Department.

Space for notes

Step 3: Review and Monitoring of Complaint Handling Mechanism

This step explains the monitoring of grievances received at all levels in the Department.

Task 1: Publish statistics on complaint handling

The department should integrate the report on complaints received as part of its regular reporting formats. The functionaries must then regularly report public grievances work including statistics concerning the receipt and disposal of complaints. These should be published in the regular reports, annual report and the website of the department.

Task 2: Identify complaint prone areas

Based on the complaints received, the department should establish a process to analyse the data received through complaints periodically and identify common problem areas concerning which a large number of complaints have been reported. Analysis on the nature and causes of complaints must be done to identify systemic deficiencies in laws, rules, regulations, policies, instructions, work practices and procedures, and effecting systemic changes to remove/correct these deficiencies. The analysis can be conducted in the first quarter every year and studies of identified grievance prone areas should be undertaken.

Task 3: Take follow up action to address complaint prone areas
Having identified the complaint prone areas, there should be a procedure to initiate appropriate action to address these issues. Particularly for complaints that have been identified as critical or as repeat problems, there should be a procedure to initiate follow up action. The recommendations made from the analysis should be implemented to bring in systemic changes.

Complete Work-plan Tracking Sheet for Apex level/Unit Level

ACTIVITY SET 4: Complaint Handling mechanism

Step/ Task	Date commenced	Date Completed	Person/s responsible	Remarks
Step 1: Preparation/ Design of Complaint Handling Mechanism				
Task 1: Prepare draft design of Complaint Handling Mechanism				
Task 2: Approve draft design of Complaint Handling Mechanism				
Task 3: Pilot test Complaint Handling Mechanism				
Task 4: Revise Complaint Handling Procedure based on pilot feedback				
Step 2: Roll out of Complaint Handling Mechanism				
Task 1: Training/Workshops explaining design and process of Complaint Handling Mechanism				
Task 2: Publicize Complaint Handling Mechanism				
Task 3: Launch Complaint Handling Mechanism				
Step 3: Review and Monitoring of Complaint Handling Mechanism				
Task 1: Publish statistics on complaint handling				
Task 2: Identify complaint prone areas				
Task 3: Take follow up action to address complaint prone areas				

Activity Set 5: Documentation for Service Quality Improvement

Flowchart of Activity Set 5

| Documentation | → | Service quality manual | → | Service Quality Procedures | → | Review |
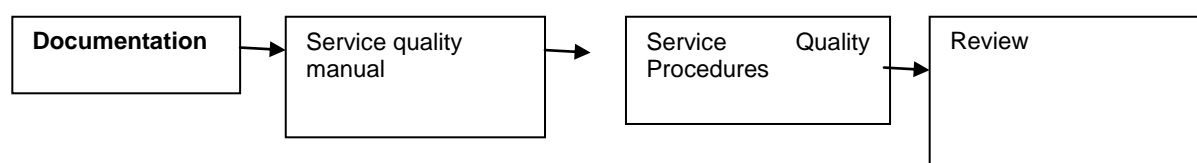
Space for notes

Step 1: Prepare Service Quality Manual : The service quality manual shall include the service quality policy & objectives of the Department and its vertical chain and briefly describes the way the Department fulfils the requirements given in Service Quality Standard. This document usually contains the structure of the Department and includes the brief responsibility & authority of the key personnel. It also refers to the various processes & procedures which have been developed for implementation.

Task 1: Define service quality & complaints handling objectives

A service quality objective specifies the level of quality that must be met by the services of the department. These are the objectives that the department will aim to achieve in the provision of services to the beneficiaries. These objectives have to be defined. In addition, complaints handling objectives also need to be documented to ensure a satisfied user.

Example from the Department of Public Health & Family Welfare, Govt of MP,
The following are the Service Quality Objectives defined for the Health services provided by DPHFW, MP

Service Quality Objectives
1. *To provide quality health care to all the citizens.*
2. *Timely execution and monitoring of State and National schemes.*
3. *To provide timely services through completion of service delivery processes as per norms laid down in the Citizen's charter.*
4. *Constant Improvement in customer satisfaction levels for service attributes as measured through customer feedback.*
5. *Timely payment to individuals under National schemes like Janani Suraksha Yojna, Deendayal Antarodya Yojna etc.*

Complaints Handling Objectives

1. *To redress the complaint within the stipulated time frame.*

> **2. To identify complaint prone areas and to make continuous efforts to reduce the number of complaints in that area.**
> **3. To continually enhance the satisfaction level of patients by monitoring the interested parties feedback and complainants by suitably redressing the complaints.**

Task 2: Define procedure for control of documents

The procedure for control of documents provides clear directions on the use and management of documents. Some procedures for which instructions have to be prepared are listed below:

- how documents are approved prior to use
- how to update and re-approve amended documents
- how to mark and record changes made in documents (e.g. by date or issue number)
- how to ensure that documents are available where they are needed
- how to control external documents
- how to prevent the accidental use of old and out dated documents

Task 3: Define procedure for control of records

Similar to the procedure for the control of documents, a procedure should be developed for the control of records being maintained by the Department. It requires the department to document its practice about legibility, identification, retrievability, storage, retention and disposal of records.

Task 4: Define procedure for complaint handling

The procedure for complaint handling that was identified during the design of the complaint handling mechanism should be included in the Service Quality Procedures.

Step 2: Categorise & prepare service quality procedure documents

The next step in the documentation process is to identify and categorise all documents required to be maintained under the Service Quality initiative.

Task 1: Prepare list of all key documents being maintained

The various documents for categorisation and classification need to be identified for DH/CHC/PHC/SHC. Hence the first task in this process is to prepare a master list of key documents prepared. This may include documents of external origin such as Government orders, circulars, periodic reports, records of meetings, etc and documents of internal origin such as service quality procedures/work instructions/manuals/guidelines etc

Task 2: Categorise all documents being maintained

Once the master list has been compiled, the documents should be categorised and issued with numbers, according to the procedure for control of documents

Step 3 : Document Approval & Distribution

Task 1: Identify and get the document approved as per the approving authorities

The identified documents thus prepared are then to be approved by the concerned approving authorities for adequacy.

Task 2: Distribute controlled copies & prepare distribution list for all documents

The next task would be to distribute controlled copies of approved documents and prepare the distribution list for the categorised documents. This will identify the persons who are allowed access to view or modify the documents.

Example from the Department of Public Health & Family Welfare, Govt of MP,

Four different set of documents- Service Quality Procedures each for JP Hospital/CHC/PHC/SHC were prepared.

Service quality procedures for JP hospital were approved by Civil Surgeon while for all the Block level & below ie for CHC/PHC/SHC they were approved by CMHO.
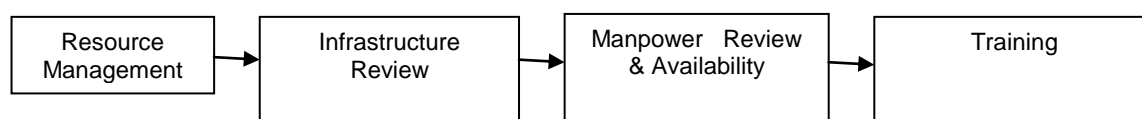
Complete Work-plan Tracking Sheet for Apex level/Unit Level

ACTIVITY SET 5: Documentation for Service Quality Improvement

Step/ Task	Date commenced	Date Completed	Person/s responsible	Remarks
Step 1: Prepare Service Quality Manual				
Task 1: Define service quality & complaints Handling objectives				
Task 2: Define procedure for control of documents				
Task 3: Define procedure for control of records				
Task 4: Define procedure for complaint handling				
Step 2: Categorise & prepare service quality procedure documents				
Task 1: Prepare list of all key documents being prepared /maintained				
Task 2: Categorise all documents being maintained				
Step 3: Document Approval & Distribution				
Task 1 Identify and get the document approved as per the approving authorities				
Task 2: Distribute controlled copies & prepare distribution list for all documents				

Activity Set 6: Resource Management

Flowchart of Activity Set 6

```
┌──────────────┐     ┌──────────────┐     ┌──────────────────┐     ┌──────────────┐
│   Resource   │ ──▶ │ Infrastructure│ ──▶ │ Manpower  Review │ ──▶ │   Training   │
│  Management  │     │    Review    │     │  & Availability  │     │              │
└──────────────┘     └──────────────┘     └──────────────────┘     └──────────────┘
```

In order to ensure appropriate service delivery to the beneficiaries, it is important to have sufficient resources available, particularly in terms of infrastructure and manpower.

Step 1: Infrastructure review

An assessment of the existing infrastructure and facilities should be conducted as a prerequisite to determining improvement requirements. The existing infrastructure and facilities should be assessed in relation to their adequacy in meeting the sectoral standards as defined in the citizen charter of the organisation/scheme. This would help identify the infrastructure and facilities gaps, which would then become the priority areas for which resolutions could be sought.

Task 1: Prepare/Modify tool to conduct Infrastructure Assessment Survey

In order to conduct the Infrastructure Assessment Survey, a tool, IPHS survey document for DH/CHC/PHC/SHC was prepared which will obtain appropriate responses from the functionaries. It would verify the quantity and quality of infrastructure facilities at the service delivery locations.
A sample tool that was used in DPHFW, GoMP to conduct infrastructure assessment of PHC centres has been given in **Annexure F.**

Task 2: Prepare survey plan to conduct for Infrastructure Assessment Survey

The survey plan will detail how the survey must be conducted including details such as duration of the survey(no. of days) , number of service delivery locations to be surveyed, etc. The field level staff who are supervising the facilities may be given the training and responsibility to conduct the survey.

Summary of Survey Plan for Infrastructure Assessment Survey

Locations	Sample details	Planned Dates	Responsible person(s)

Space for notes

Task 3: Dispatch survey tool and conduct Infrastructure Assessment Survey

The Infrastructure Assessment Survey tool should be dispatched to all the chosen locations and administered according to the survey plan.

Task 4: Receive and analyse data collected from Infrastructure Assessment Survey from chosen locations

The data from the survey must be collected and analysed to identify the areas where there is shortage of adequate infrastructure. If possible, data entry formats must be supplied so that data can be collected in digital form to ease and simplify analysis. Reports must also be generated at various jurisdictional levels (District, Block etc) so that the appropriate officials can be sent reports of the infrastructure availability within their jurisdiction for further action.

Task 5: Allocate adequate resources where required for provision of minimum Infrastructure

The results of the Infrastructure Assessment Survey will aid the department to determine the total infrastructure shortage and to allocate resources appropriately. Appropriate plans and budgets must be made to address these gaps.

Example from the Department of Public Health & Family Welfare, Govt of MP
Using the infrastructure and facilities survey and inputs from suggestions for improvement from the citizen surveys, the key gaps in infrastructure in the DH/CHC/PHC/SHCs such as security, lack of water filter, poor toilet facilities, cleanliness of toilets, disposal of Bio-medical waste etc. were identified.

Space for notes

Step 2: Manpower availability

Another aspect of resource management is Manpower availability. A major challenge affecting the proper functioning of department work is a shortage of doctors, staff and officials, especially in the supervisory and monitoring levels. This step explains how vacancies should be tracked and addressed on a periodic basis.

Task 1: Assessment of employee availability and vacancies

On a quarterly basis, a review must be done to identify the number of vacancies at all levels.

Task 2: Prepare action plan to address employee and vacancy

Based on the number of vacancies to be filled, an action plan must be prepared to address the shortage in man-power. This could include employing larger numbers for the following year, deputations, etc.

Step 3: Employee training

In addition to monitoring the availability of employees, it is also important to ensure that the staff and officials have received appropriate training to carry out their duties. This step explains how this is to be tracked.

Task 1: Obtain list and schedule of training from Head Office

The complete list of training programmes including that for service quality management as per IS 15700 planned for the year should be prepared at the Head Office level based on need identification and communicated throughout the Department. It should include the schedule of training for all levels of functionaries and officials at the field level.

Task 2: Monitor training of all staff and functionaries

The participation of the staff and officials in training programmes should be tracked and monitored for its effectiveness. Any additional training needs should also be identified and communicated to the Head Office.

# Complete Work-plan Tracking Sheet for Apex level/Unit Level

ACTIVITY SET 6: Resource Management

Step/ Task	Date commenced	Date Completed	Person/s responsible	Remarks
Step 1: Infrastructure review				
Task 1: Prepare/Modify tool to conduct Infrastructure Assessment Survey				
Task 2: Prepare survey plan to conduct for Infrastructure Assessment Survey				
Task 3: Dispatch survey tool and conduct Infrastructure Assessment Survey				
Task 4: Receive and analyse data collected from Infrastructure Assessment Survey from chosen locations				
Task 5: Allocate adequate resources where required for provision of minimum infrastructure				
Step 2: Manpower availability				
Task 1: Assessment of employee availability and vacancies				
Task 2: Prepare action plan to address employee and vacancy				

Step 3: Employee training				
Task 1: Obtain list and schedule of training from Head Office				
Task 2: Monitor training of all staff and functionaries				

Activity Set 7: Monitoring and Review

Flowchart of Activity Set 7

Monitoring and Review	→	Review existing monitoring and measurement practises	→	Strengthening monitoring and measurement
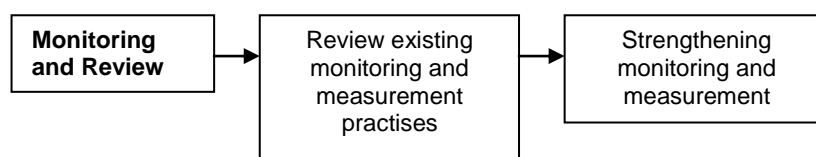
Space for notes

Monitoring and evaluation of service delivery is an important aspect of ensuring service quality is maintained and is carried out by the implementation committee. Efficient monitoring systems will enable faster identification of key issues with can then be addressed. It also enables the department to track progress achieved through the Service Quality Improvement initiative. It is hence important to strengthen mechanisms that enable continuous monitoring to take place.

Step 1: Review monitoring process

The existing mechanisms for monitoring and evaluation in the department should be analysed to identify shortcoming and areas of improvements.

Task 1: Assess existing monitoring process

The current monitoring processes for the department should be clearly understood and detailed.

Task 2: Identify improvement areas

Through interactions with the staff and officials responsible for conducting the monitoring processes, key issues and areas of improvement should be identified.

Step 2: Strengthen monitoring mechanism

Following from the assessment of the monitoring process in the department, new procedures should be introduced to improve the mechanisms.

Task I: Introduce processes to improve monitoring of service delivery

Based on the review of the monitoring mechanism in the department, new initiatives and processes should be pilot tested and introduced in the department. As far as possible, involvement of beneficiaries and PRI representatives must be done to monitor the field level activities.
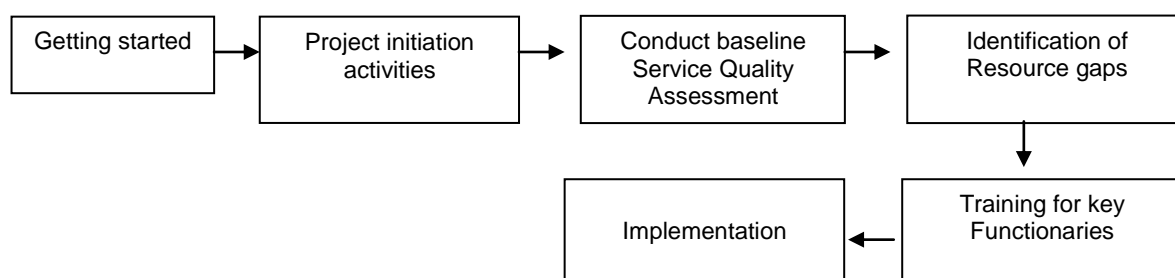
Space for notes

Complete Work-plan Tracking Sheet for Apex level/Unit Level

ACTIVITY SET 7: Monitoring and Review

Step/ Task	Date commenced	Date Completed	Person/s responsible	Remarks
Step 1: Review monitoring process				
Task 1: Assess existing monitoring process				
Task 2: Identify improvement areas				
Step 2: Strengthen monitoring mechanism				
Task I: Introduce processes to improve monitoring of service delivery				

Flow chart

Getting started → Project initiation activities → Conduct baseline Service Quality Assessment → Identification of Resource gaps → Training for key Functionaries → Implementation

Implementation team members with designation:

S.No.	Name	Designation
1.		
2.		
3.		
4.		

Communication Workshops and Meetings with Key stakeholders:

Workshop/ meeting Details (date/ time/ location)	Name	Designation	Committee/ Working Group/ Role

Annexure A

DPHFW Functionary roles under Service Quality Implementation Initiative

The roles and responsibilities of officials and functionaries at various levels under the Service Quality Implementation Initiative are outlined below:

I Head Office Level
Nodal Officer at the Apex level - Director (MS)/Nominated Officer
RESPONSIBILITY

Citizen's Charter • Act as Member-Secretary of the Working Group for the Formulation of the Citizen's Charter
• Print, publish and disseminate Citizen's Charter across the Department
• Ensure wide publicity regarding Citizen's Charter
• Ensure periodic review of Citizen's Charter by the Working Group for Citizen's Charter
• Ensure periodic implementation of Citizen Survey on sector standards and consultations with citizens and key stakeholder groups to get their inputs for Citizen's Charter development / revision / updation
• Publish statistics and results of the department in relation to service commitments outlined in the charter
Service Delivery • Ensure department –wide rollout of new service delivery initiatives
• Ensure department –wide rollout of new service delivery processes
• Ensure provision of adequate resources and infrastructure to enable effective service delivery
• Monitor progress on service delivery through stakeholder interactions and periodic implementation of Citizen Satisfaction Survey across the state
• Refine service delivery processes and standards based on stakeholder feedback periodically

Complaint Handling
• Acting as Public Grievance Officer for the department
• Identify nodal officers for grievance redress across state
• Ensure appropriate training for nodal officers for grievance redress
• Ensure implementation of the public grievance redress mechanism at the department level
• Report to top management on any complaints which have a significant impact on the department functioning / image
• Ensure identification of critical grievance prone areas at the organizational level by periodic analysis of complaints received
• Analyze the nature and causes of grievances with the aim of identifying systemic deficiencies in laws, rules, regulations, policies,
instructions, work practices and procedures
• Effect systemic changes to remove/correct these (aforesaid) deficiencies
• Review receipt and disposal of grievances by top management of DPHFW at HO during the meetings
• Report public grievances work and receipt/ disposal statistics relating to redress of public grievances in the Annual Action Plan and
Annual Administrative Report of the Department and on the website
• Ensure periodic review of complaint handling mechanism through survey of complainants
Others • Act as Member Secretary of the Sevottam Implementation Committee

• Make representation in Steering Committee for Sevottam
• Be a representative for the department on all matters regarding the Quality Management System
• Ensure that processes needed for the services , service delivery, citizens' charter and complaints handling are established, implemented and maintained consistently
• Ensure the promotion of awareness of stakeholders' requirements throughout the department (staff)
• Organise periodic training programmes, workshops etc. for continuous capacity building on quality improvement in service delivery
• Devise mechanisms for obtaining feedback and internal quality audit
• Ensure regular monitoring of infrastructure and facilities at Health Centres through periodic administering of Infrastructure Assessment tool
• Report the top management regularly on the performance of the service quality, citizens' charter and complaints handling with recommendations for improvements
• Assume overall responsibility to assure the system is maintained to Sevottam standards

II District Level
Nodal Officer at district level – CMHO

RESPONSIBILITY

Citizen's Charter
• Make representation in the Working Group for the Formulation of the Citizen Charter
• Ensure distribution and display of Citizens Charter across the Department units at the district level and below
• Print, publish and disseminate Citizen's Charter across the district
• Ensure wide publicity regarding Citizen's Charter in the district
• Ensure that commitments and standards outlined in the Citizen's Charter are fulfilled at all DPHFW units in the districts
• Ensure periodic implementation of Citizen Survey on sector standards and consultations with citizens and key stakeholder groups to get inputs for Citizen's Charter revision

Service Delivery
• Ensure implementation of new service delivery initiatives across the district
• Ensure implementation of new service delivery processes across the district
• Ensure service delivery is in accordance with standards outlined in Citizen's Charter
• Ensure provision of adequate resources and infrastructure at the district level to enable effective service delivery
• Monitor progress on service delivery through stakeholder interactions; Periodic implementation of Citizen Satisfaction Survey across district

Complaint Handling
• Ensure implementation of the public grievance redress mechanism at the district level
• Report to top management on any complaints which have a significant impact on the department functioning / image
• Ensure identification of critical grievance prone area at the district level by periodic analysis of complaints received
• Analyze the nature and causes of grievances with the aim of identifying systemic deficiencies in laws, rules, regulations, policies, instructions, work practices and procedures
• Effect systemic changes to remove/correct these (aforesaid) deficiencies with approval from appropriate authorities
• Review and monitoring of grievance redress mechanism at the district level

Others • Make representation in the Sevottam Implementation Committee
• Ensure that processes needed for the service , service delivery, citizens' charter and complaints handling are established, implemented and maintained at the district level consistently

• Ensure the promotion of awareness of stakeholders requirements through the department at the district level
• Ensure regular monitoring of infrastructure and facilities at CHC/PHC/SHC through periodic administering of Infrastructure Assessment tool in the district
• Report the top management regularly on the performance of the service quality, citizens' charter and complaints handling at the district level with recommendations for improvements
• Assume responsibility to assure the system is maintained to Sevottam standards at the district level

III District Hospital Level
Nodal Officer : Civil surgeon

RESPONSIBILITY :
Citizen's Charter • Make representation in the Working Group for the Formulation of the Citizen's Charter
• Ensure distribution and display of Citizen's Charter across the District Hospital and at the health centres associated with it
• Ensure wide publicity regarding Citizen's Charter in the Distt. hospital
• Ensure that commitments and standards outlined in the Citizen's Charter are fulfilled at all DPHFW units in the block
• Facilitate periodic citizen consultations on service standards through stakeholder interactions and periodic implementation of Citizen Survey on service standards at the block level

Service Delivery • Ensure implementation of new service delivery initiatives at the hospital level
• Ensure implementation of new service delivery processes at the Distt. hospital level
• Ensure service delivery is in accordance with standards outlined in Citizen's Charter
• Ensure provision of adequate resources and infrastructure at the Distt. hospital level to enable effective service delivery
• Monitor progress on service delivery through stakeholder interactions and periodic implementation of Citizen Satisfaction Survey

Complaint Handling • Act as Public Grievance Officer for DPHFW at the Distt. hospital level
• Ensure implementation of the public grievance redress mechanism at the Distt. hospital level
• Monitor and respond to complaints received at the Distt. hospital level
• Report to district/ head office level of any complaints which have a significant impact on the department functioning / image
• Ensure identification of critical grievance prone areas at the Distt. hospital level by periodic analysis of complaints received
• Analyse the nature and causes of grievances with the aim of identifying systemic deficiencies in laws, rules, regulations, policies, instructions, work practices and procedures
• Effect systemic changes to remove/correct these (aforesaid) deficiencies with approval from appropriate authorities
• Review and monitor grievance redress mechanism at the Distt. hospital level

Others • Make representation in the Sevottam Implementation Committee
• Be a representative for the department on all matters regarding the Quality Management System at the Distt. hospital level
• Ensure that processes needed for the service , service delivery, citizens' charter and complaints handling are established, implemented and maintained at the Distt. hospital level consistently

• Ensure the promotion of awareness of stakeholders requirements through the department at the block level
• Implement mechanism for obtaining feedback and conducting internal quality audit at the Distt. hospital level
• Ensure periodic monitoring of infrastructure and facilities at CHC level through administering of Infrastructure Assessment tool at the Distt. hospital level
• Report the top district/head office level regularly on the performance of the service quality, citizens' charter and complaints handling at the block level with recommendations for improvements
• Assume responsibility to assure the system is maintained to Sevottam standards at the Distt. hospital level

IV Block Level
Nodal Officer at unit (Block) level – BMO

RESPONSIBILITY
Citizen's Charter • Make representation in the Working Group for the Formulation of the Citizen's Charter
• Ensure distribution and display of Citizen's Charter across its CHCs and PHCs/SHCs in the block level
• Ensure wide publicity regarding Citizen's Charter in the block
• Ensure that commitments and standards outlined in the Citizen's Charter are fulfilled at all DPHFW units in the block
• Facilitate periodic citizen consultations on service standards through stakeholder interactions and periodic implementation of Citizen Survey on service standards at the block level

Service Delivery • Ensure implementation of new service delivery initiatives at the block level
• Ensure implementation of new service delivery processes at the block level
• Ensure service delivery is in accordance with standards outlined in Citizen's Charter
• Ensure provision of adequate resources and infrastructure at the block level to enable effective service delivery
• Monitor progress on service delivery through stakeholder interactions and periodic implementation of Citizen Satisfaction Survey

Complaint Handling • Act as Public Grievance Officer for DPHFW at the block level
• Ensure implementation of the public grievance redress mechanism at the block level
• Monitor and respond to complaints received at the block level
• Report to district/ head office level of any complaints which have a significant impact on the department functioning / image
• Ensure identification of critical grievance prone areas at the block level by periodic analysis of complaints received
• Analyze the nature and causes of grievances with the aim of identifying systemic deficiencies in laws, rules, regulations, policies, instructions, work practices and procedures
• Effect systemic changes to remove/correct these (aforesaid) deficiencies with approval from appropriate authorities
• Review and monitor grievance redress mechanism at the block level

Others • Make representation in the Sevottam Implementation Committee
• Be a representative for the department on all matters regarding the Quality Management System at the block level

• Ensure that processes needed for the service , service delivery, citizens' charter and complaints handling are established, implemented and maintained at the block level consistently

• Ensure the promotion of awareness of stakeholders requirements through the department at the block level

• Implement mechanism for obtaining feedback and conducting internal quality audit at the block level

• Ensure periodic monitoring of infrastructure and facilities at CHC level through administering of Infrastructure Assessment tool at the block level

• Report the top district/head office level regularly on the performance of the service quality, citizens' charter and complaints handling at the block level with recommendations for improvements

• Assume responsibility to assure the system is maintained to Sevottam standards at the block level

V PHC – Medical Officer

RESPONSIBILITY

Citizen's Charter • Make representation in the Working Group for the Formulation of the Citizen Charter
• Ensure that synopsis of the citizen charter is displayed in all PHCs
• Ensure that commitments outlined in the citizen charter are fulfilled at the PHCs
• Facilitate periodic citizen consultations on service standards through stakeholder interactions and periodic implementation of Citizen Survey on service standards at the PHC level

Service Delivery • Ensure implementation of new service delivery initiatives across all AWCs in the circle
• Ensure implementation of new service delivery processes across all PHC level
• Ensure service delivery is in accordance with standards outlined in Citizen's Charter
• Monitor progress on service delivery through stakeholder interactions and periodic implementation of Citizen Satisfaction Survey across PHC level

Complaint Handling • Ensure implementation of the public grievance redress mechanism at the circle level
• Ensure that complaints box is displayed / kept in all PHCs
• Generate awareness regarding complaint handling procedure among the beneficiaries
• Monitor and respond to complaints received
• Report to top management of any complaints which have a significant impact on the department functioning / image
• Ensure identification of critical grievance prone area at the circle level by periodic analysis of complaints received
• Analyze the nature and causes of grievances with the aim of identifying systemic deficiencies in laws, rules, regulations, policies, instructions, work practices and procedures
• Effect systemic changes to remove/correct these (aforesaid) deficiencies with approval from appropriate authorities
• Review and monitor the grievance redress mechanism at the circle level

Others • Make representation in the Sevottam Implementation Committee
• Communicate with ANMS/MPWs members regarding the initiatives for citizen charter, complaints handing procedure and service delivery capacity
• Ensure compliance with documentation requirements at PHC level (maintenance of registers, records of meeting, Sectoral Meetings, MPRs, QPRs, etc.)

• Ensure regular monitoring of infrastructure and facilities at PHC through periodic administering of
Infrastructure Assessment tool in all the PHC/SHC
• Assume responsibility to assure the system is maintained to Sevottam standards at the circle level

VI SHC

ANMs/MPWs

RESPONSIBILITY
Citizen's Charter • Make representation in the Working Group for the Formulation of the Citizen Charter
• Ensure that synopsis of citizen charter is displayed in the SHC
• Generate awareness about the ICDS scheme service standards amongst beneficiaries and community
Service Delivery • Implement new service delivery initiatives at the SHC
• Implement new service delivery processes at the SHC
• Conduct periodic Citizen Satisfaction Survey among beneficiaries of the SHC
• Conduct periodic Citizen Survey on sector standards among beneficiaries of the SHC
Complaint Handling • Ensure implementation of the public grievance redress mechanism at the SHC/ village level
• Create awareness regarding complaint handling procedure among the beneficiaries
• Receive and forward complaints to the Supervisor at PHC
• Report any complaints which have a significant impact on the department functioning / image to the Supervisor at PHC
Others • Make representation on the Sevottam Implementation Committee
• Communicate to beneficiaries/ citizens regarding Citizen's Charter, service delivery and complaint handling initiatives
• Conduct periodic implementation of Infrastructure Assessment tool in the SHC
• Report to the Supervisor , PHC regularly on the performance of the service quality, citizens' charter and complaints handling with recommendations for improvements
• Assume responsibility to assure the system is maintained to Sevottam standards at the SHC
• Maintain the registers

Annexure B

Baseline/Gap analysis

IS 15700 Clause	Process/Function	Observations
4 4.1	**Documentation Requirements** **General –** Organization to document - Service quality manual (SQM) - Citizens' charter - Documents needed by organization - Records required by the standard	
4.2	**Service Quality Manual** Organization to establish and maintain service quality manual which includes - Scope of service QMS - Service quality policy - Service quality objectives - Complaints handling objectives - Responsibility and authority of personnel at relevant levels within the scope of the standard - Documented procedures required by the standard - Documents needed by the organization - Description of service processes including service delivery processes	
4.3 4.3.1	**Control of Documents (CoD)** Implementation of documented procedure, including the controls - For approval of documents for adequacy prior to issue - For review, updation and re-approval of documents - For identification of changes - To be Legible and identifiable indicating their current revision status	
4.3.2	**Implementation of documented procedure, including the controls** - For Maintenance of Master list of documents identifying their current revision status - For maintenance of distribution list of documents - For availability of current versions of applicable documents at points of use - For identification of obsolete documents, if retained - For identification and distribution of documents of external origin	
4.4	**Control of Records (CoR)** - Establish and maintain records to provide evidence of conformity to requirements - Records to be legible, readily identifiable and easy retrievable - Implementation of documented procedure including method of identification, storage, protection, disposition, retention time of each record	

IS 15700 Clause	Process/Function	Observations
5 5.1	**Management Responsibility** **Management Commitment** - Top Management to - Establish service quality policy and citizens' charter - Ensure establishment of service quality objectives and complaint handling objectives - Conduct management reviews - Ensure availability of resources	
5.2	**Customer Focus** Top Management to ensure - Determination of customer requirements - They are met with the aim to enhance customer satisfaction	
5.3 5.3.1	**Service Quality Policy and Citizens' Charter** Top Management to ensure that service quality policy and citizen's charter - Are documented - Are appropriate to the purpose of the organization - Are made available to all personnel - Are communicated and understood within the organization - Include commitment to comply with requirements and continually improve the effectiveness of service QMS - Are reviewed for continuing suitability	
5.3.2	**Service Quality Policy** to provide a frame work for establishing and reviewing Service Quality Objectives & Complaints Handling Objectives	
5.4	**Objectives** Service Quality Objectives & Complaints Handling Objectives shall be - Consistent with Service Quality Policy - Established at relevant functions and levels - Measurable and documented	
5.5	**Service Quality Objectives & Complaints Handling Objectives** to be established taking into account - Input of customers and other stakeholders - Relevant legal, statutory and regulatory requirements - Financial, operational and organizational requirements	

IS 15700 Clause	Process/Function	Observations
5.6 **5.6.1**	**Responsibility, authority and communication** Top management to ensure that responsibilities and authorities are - Established at relevant functions and levels, - Related to the scope of the standard - Communicated within the organization	
5.6.2	**Working Group for Formulation of Citizens' Charter** - To be constituted by the top management - Nodal officer at apex level acts as Member Secretary - Includes representatives from top management, middle management, staff association/unions, customers and other stakeholders Selection done in transparent manner, the details of which are accessible to public	
5.6.2.1	**Responsibilities of Working Group** - Identification of all stakeholders - Identification of all key services provided - Preparation of draft citizen charter - Formal issue/release of citizen charter after approval by Appropriate Authority - Review and updation based on Feedback and continuing suitability	
5.6.3 **5.6.3.1**	**Nodal Officer** **Nodal Officer at apex level** A member of management appointed by Top Management has responsibilities and authority, which includes - Ensuring establishment, implementation and maintenance of processes needed for the service, service delivery, citizens' charter and complaints handling - Acting as member secretary of the working group for formulation of citizens' charter	
5.6.3.1 (contd)	**Nodal Officer at apex level (contd.)** - Acting as public grievance officer - Reporting to top management of any complaints having significant impact on the organization - Regularly reporting to top management on performance of service quality, citizens' charter and complaints handling with recommendations for improvement - devising mechanism for obtaining feedback and internal quality audit	

IS 15700 Clause	Process/Function	Observations
5.6.3.2	**Nodal Officer at unit level** - Where an organization is providing services through its different units, the top management to ensure appointment of nodal officer at unit level, whose responsibilities & authorities include - ensuring implementation and maintenance of processes needed for service, service delivery, citizens' charter and complaints handling - acting as Public Grievance Officer of the unit - reporting regularly to Nodal Officer at apex level on performance of service quality, citizens' charter and complaint handling with recommendations for improvement	
5.6.4	**Internal Communication -** Top management to ensure that - appropriate communication processes are established within the organization - effective communication takes place for various processes related to service, citizen's charter and complaints handling.	
5.7 5.7.1	**Management Review -** Review by top management - of organization's management systems for service quality, citizens' charter and complaints handling at planned intervals - for assessing opportunities for improvement and need for changes, including service quality policy & objectives - records maintained	
5.7.2	**Review Input** – To include information on - follow-up actions from previous reviews - results of audit - customer feedback including results of customer survey - changing customer requirements - feedback from other stakeholders - extent to which objectives are achieved - status of preventive/corrective actions - review of processes performance - recommendations for improvement	
5.7.3	**Review Output** - Includes decisions and actions relating to - improvement in service quality standards - improvement in customer satisfaction - improvement in the management systems for service quality, citizens' charter, and complaints handling; - resource needs	

IS 15700 Clause	Process/Function	Observations
6 6.1	**Resource Management** Organization to determine and provide resources including - human resources - infrastructure - work environment	
6.2	*Human Resources* Organization to ensure that the personnel are - Selected on the basis of capability - Trained - Aware of their responsibilities - Aware of procedures to be followed and information to be given to the customers	
6.2.1	Training Records to be maintained	
6.2.2	Organization to ensuring that the personnel, who are in direct contact with the customers - Are available and accessible - Are sensitized to treat customers in a courteous manner - Respond promptly to customer's enquiry/complaint - Provide accurate, updated and complete information - Possess good interpersonal and good communication skills	
6.3	**Infrastructure & Environment** - Infrastructure and work environment necessary for achieving service quality and complaints handling are determined, provided and maintained.	
7 7.1 7.1.1	*Citizens' Charter, Service provision and Complaints handling* *Citizens' Charter -* contains - Vision and mission statement - List of key service(s) offered - Measurable service standards - Remedies available to the customer for non-compliance to standards	

IS 15700 Clause	Process/Function	Observations
7.1.2	**The citizens' charter** - Represents a systematic effort of the organization to focus on its commitment towards its customers - Is simple and easily understandable - Is printed in local languages, as required - Is non-discriminatory - Describes or refers to complaints handling process - Includes the name, address, telephone number and other contact details of the public grievance officer - Is periodically reviewed for updation & continual improvement - Highlights expectations of the organization from its customers - Provides information on the date of issue of the citizens' charter and persons who were consulted during its preparation	
7.2	**Service Provision - The organization to** - Ensure that services being provided by the organization take into account expectations of the customer and regulatory requirements - Ensure that the service delivery processes are in line with the objectives defined by the organization - Assures the quality of the products and/or services purchased and/or outsourced, which effects its service quality - Ensure availability of procedures/work instructions, information, wherever necessary, and their implementation so that service delivery processes are carried out as specified - Ensure availability and use of suitable equipment, monitoring and measuring devices - Ensure calibration or verification of measuring equipment at specified intervals, or prior to use, wherever necessary	
7.2 (contd.)	**Service Provision (Contd.) -** *The organization to* - Identify the verification status of the service or service delivery process at relevant stages - Identify, verify, protect and safeguard the customer property - Ensure implementation of monitoring and measurement including time norms as specified in the citizens' charter.	

IS 15700 Clause	Process/Function	Observations

7.3	*Complaints Handling*
	
	A Documented procedure to be established for complaints handling process which includes
	
	- Identification of complaint prone areas in a systematic manner and determination of time norms for their redress
	- Providing information concerning complaints handling process in clear language and formats accessible to all, including
	    - where and how the complaints can be made
	    - minimum information to be provided by the complainant
	    - time limits within which the complaint will be closed
	- Widely publicizing the information about complaints handling process through print, web and other media
	    - Prominently displaying the Name, address, telephone no. etc, of
	       PGO at the reception or other convenient places
	- Unique identification of the complaint and recording necessary
	  information
	- Scrutiny of the complaint
	    - Categorization of complaint as critical, major or minor
	- Prompt acknowledgement of each complaint giving the complaint number along with an indication of the redress time and the name, designation and telephone number of the employee to be contacted for all future correspondences
	- Investigation of relevant circumstances and related information and intimation to the complainant
	- Communication of the decision to the complainant immediately after the decision is taken alongwith the justification and alternate recourse available for appeal, if required, and getting his feedback before closure.
	- Nomination of `Ombudsman' who could be approached if normal service delivery mechanism does not respond.	

8 8.1	*Implementation, monitoring, measurement and improvement* **Implementation-** Organization to - Establish single-window system at points of public contact to facilitate disposal of applications - Set-up information and facilitation centres and help lines for information on procedures, application status, etc. - Widely publicize citizens' charter through organization's website, media and sending copies to all stakeholders - Prominently display the citizens' charter - Publish annually the data relating to performance (commitment relating to citizen's charter), in annual report or by other suitable means	

IS 15700 Clause	Process/Function	Observations
8.2 8.2.1	*Monitoring and measurement* Organization to monitor and measure - Characteristics of the service and service delivery processes, at all stages and locations where the organization has an interface with the customer, to verify that the service quality objectives and service standards have been met - Performance, namely commitment made in the citizens' charter and complaints handling procedure on a regular basis and reporting to top management with recommendations for improvement - Working of complaints handling machinery through random checks	
8.2.1.1	*The editor's/grievance column of the local newspapers to be regularly examined for picking up cases, as appropriate*	
8.2.1.2	*Records of the evidence of conformity to be maintained*	
8.2.2	*Customer Satisfaction* - Organization to establish and maintain system for measuring customer satisfaction through suitably designed methodology - Information to be used for continual improvement	
8.3	*Internal Quality Audit* - To be conducted at planned intervals - Audit Plan to be documented indicating the scope, frequency of audit, auditors(s), auditee and audit date(s)/time - Objectivity and impartiality of the audit process ensured to be in selection of auditors and conduct of audit - Auditors not to audit their own work - Auditee to ensure that the actions are taken without undue delay to eliminate detected NCs and their causes - Follow-up activities to include verification of actions taken and reporting of verification results. - Records of audits to be maintained	
8.4	*Analysis of data* - Organization to analyse the data collected during monitoring and measurement and customer satisfaction to determine current level of performance and opportunities for continual improvement particularly where NCs are recurring	

IS 15700 Clause	Process/Function	Observations
8.5 8.5.1	**Improvement** **Corrective and Preventive Actions** - To be taken to eliminate the cause(s) of non-conformities and potential cause(s) in order to prevent recurrence and occurrence respectively. - To be appropriate to the effects of the non-conformities encountered and potential problems. - Records of action taken and improvements effected to be maintained.	

Annexure C

Questionnaire for eliciting requirements of Citizen charter/Service Norms

		Required(Yes/No) and how addressed
1.	**Tangibles**	
a)	Availability of doctors/Paramedicals /staff	
b)	Availability and condition of Medicines	
c)	Condition of Infrastructure like Building, Beds, Toilets, Drinking water facility, Stretcher, **Wheel** chair, beds etc	
d)	*Charges for Medical Treatment*	
e)	Food quality/Diet provided to patients	
f)	Cleanliness of Hospital/Centre	
g)	Staff dressed appropriately?	
2.	**Reliability**	
a)	Competence of i) Doctors ii) Paramedical staff	
b)	The hospital/centre provides services in the time it promises to do so.	
c)	Error free records	
d)	Level of service same at all times of day and for all members of staff?	
3.	**Responsiveness**	
a)	*The personnel in the hospital/centre tell when the services will be provided*	
b)	Are specific times for service accomplishments given to patient/attendant?	
c)	Is the information displayed/provided/can be made qavailable in the Hospital/centre?	
d)	*Access to doctors/paramedicals on reaching the hospital/centre*	
4.	**Assurance**	
a)	Doctors/Paramedicals have the knowledge to answer your querries	

b)	You feel safe after reaching the hospital/centre that you shall be promptly attended to	
c)	Trustworthiness of **Hospital/Health Centre** personnel	
5.	*Empathy*	
a)	Hospital/Health Centre personnel go extra mile to resolve your problems	
b)	Individualized attention available at the Hospital/Health Centre, when needed	
c)	Personnel understands your specific needs	
6.	*Others*	
a)	Are Senior citizens/Infirm people attended to on priority basis?	
b)	Can staff explain clearly the various options available to a particular query	
c)	Is it easy to reach the appropriate staff person on telephone? in person? by email?	

Annexure D

Patient Satisfaction Survey
OPD patient Feedback /ओपीडी रोगी प्रतिक्रिया

प्रिय रोगी

आप अपने रिश्तेदार/मित्र के उपचार के संबंध में अस्पताल में बहुमूल्य समय खर्च किया है। आप से अनुरोध कर रहे हैं की अपने विचार इस अस्पताल सेवा गुण के बारे में अपनी राय बताओ जो सेवाओं में सुधार के लिए उपयोग किया जाएगा। कृपया उचित बॉक्स में टिक कर के प्रश्नावली सुझाव / शिकायत बॉक्स में ड्रॉप करो।

Sl No	Attributes / गुण	Poor/ बुरा	Fair/ निष्पक्ष	Good/ अच्छा	Very Good/ बहुत अच्छा	Excellent/ उत्कृष्ट	No comments/ कोई टिप्पणी नहीं
1	Availability of sufficient information in Hospital/पर्याप्त जानकारी के अस्पताल में उपलब्धता						
2	Waiting time at the registration counter/ पंजीकरण काउंटर पर समय प्रतीक्षा	30 मिनट से अधिक	10-30 मिनट	5-10 मिनट	5 मिनट के भीतर	तुरंत	
3	Behaviour and attitude of Hospital Staff/ अस्पताल के स्टाफ का व्यवहार और रवैया						
4	Cleanliness of the OPD, Bathrooms & toilets/ ओपीडी, बाथरूम और शौचालय की सफाई						
5	Attitude & communication of Doctors / डॉक्टरों का रवैया और संचार						
6	Time spent for examination and counseling / परीक्षा और परामर्श के लिए खर्च समय						
7	Availability of Lab and radiology tests/ लैब और रेडियोलोजी परीक्षणों की उपलब्धि						
8	Promptness at Medicine distribution counter / दवा वितरण काउंटर पर मुस्तैदी						
9	Availability of drugs at the hospital dispensary/ दवाओं के अस्पताल औषधालय में उपलब्धि						
10	Your overall satisfaction during the visit to the hospital / अपने अस्पताल की यात्रा के दौरान समग्र संतुष्टि						

Your valuable suggestions (if any) / अपने बहुमूल्य सुझाव (अगर कोई)

Date / दिनांक _____ OPD Ticket/ ओपीडी टिकट no_____Name/ नाम _____

Inpatient Feedback/ आइ पीडी रोगी प्रतिक्रिया

प्रिय रोगी

आप अपने रिश्तेदार/मित्र के उपचार के संबंध में अस्पताल में बहुमूल्य समय खर्च किया है। आप से अनुरोध कर रहे हैं की अपने विचार इस अस्पताल सेवा गुण के बारे में अपनी राय बताओ जो सेवाओं में सुधार के लिए उपयोग किया जाएगा। कृपया उचित बॉक्स में टिक कर के प्रश्नावली सुझाव / शिकायत बॉक्स में ड्रॉप करो।

Sl No	Attributes / गुण	Poor/ बुरा	Fair/ निष्प क्ष	Good/ अच्छा	Very Good/ बहुत अच्छा	Exce llent / उत्कृ ष्ट	No comments/ कोई टिप्पणी नहीं
1.	Availability of sufficient information at Registration/Admission counter, पर्याप्त जानकारी के पंजीकरण / प्रवेश काउंटर में उपलब्धता						
2.	Waiting time at the Registration/Admission counter पंजीकरण/ प्रवेश काउंटर पर समय प्रतीक्षा	30 मिनट से अधिक	10-30 मिनट	5-10 मिनट	5 मिनट के भीतर	तुरंत	
3.	Behaviour and attitude of staff at the registration/ admission counter पंजीकरण/ प्रवेश काउंटर पर अस्पताल के स्टाफ का व्यवहार और रवैया						
4.	Your feedback on discharge process/ मुक्ति की प्रक्रिया पर आपकी प्रतिक्रिया						
5.	Cleanliness of the ward/ वार्ड की सफाई						
6.	Cleanliness of Bathrooms & toilets / बाथरूम और शौचालय की सफाई						
7.	Cleanliness of Bed sheets/ pillow covers etc / चादरें और तकिया आदि की सफाई						
8.	Cleanliness of surroundings and campus drains / परिवेश और परिसर नालियां की सफाई						
9.	Regularity of Doctor's attention / डॉक्टर ध्यान की नियमितता						
10.	Attitude & communication of Doctors/ डॉक्टरों का रवैया और संचार						
11.	Time spent for examination of patient and counseling / परीक्षा और परामर्श के लिए खर्च समय						
12.	Promptness in response by Nurses in the ward / वार्ड में नर्स ने जवाब में मुस्तैदी						
13.	Round the clock availability of Nurses in the ward hospital/ वार्ड अस्पताल में नर्सों की 24 घंटे उपलब्धता						
14.	Attitude and communication of Nurses/ नर्सों का रवैया और संचार						
15.	Availability, attitude & promptness of Ward boys/girls/ वार्ड लड़के / लड़कियों का रवैया' उपलब्धता और मुस्तैदी						

16.	All prescribed drugs were made available from Hospital Supply/ सभी निर्धारित दवाओं अस्पताल आपूर्ति से उपलब्ध कराया गया						
17.	Your Perception of Doctor's knowledge/ डॉक्टर ज्ञान की अपनी धारणा						
18.	Diagnostics Services were provided with in the hospital/ निदान सेवाएं अस्पताल में प्रदान किया गया						
19.	Timeliness of supply of diet/ आहार की आपूर्ति की समयबद्धता						
20.	Your overall satisfaction during the treatment as in patient/ अपने रोगी के रूप में इलाज के दौरान कुल संतोष						

Your valuable suggestions (if any) // अपने बहुमूल्य सुझाव (अगर कोई)

Date / दिनांक _____ IPD Ticket/आइ पीडी टिकट no_____ Ward/ वार्ड _____ Name/ नाम _____

Annexure E

<u>Complaint Form</u>

I.   Details of complainant :
   1.   Name :_____
   2.   Address : _____
                                _____
   3.   Contact No:_____
   4.   E mail _____

II.   Service Availed/ Description :
   1.Date :_____   2. Services availed:_____
   3. Person(s) contacted: _____

III.   Problem faced/Deficiency:
   Description : _____
   _____
   _____
   _____

  IV.Remedy requested: Yes/No

V.   List of Annexures /Supporting documents, if any (Prescription/Lab. Report/Receipts etc):

   _____
   _____
   _____

Date :_____
Signature :_____

Annexure F

Infrastructure Survey Format for a PHC

Proforma for PHCs on IPHS

Identification

Name of the State: _____

District:_____

Tehsil/Taluk/Block _____

Location Name of PHC:_____

Is the PHC providing 24 hours and 7 days delivery facilities

Date of Data Collection

| | Day | Month | Year |

Name and Signature of the Person Collecting Data

I. Services

S.No.		
1.1.	**Population covered (in numbers)**	
1.2.	**Assured Services available (Yes/No)**	
a.	OPD Services	
b.	Emergency services (24 Hours)	
c.	Referral Services	
d.	In-patient Services	
1.3.		
a.	Number of beds available	
b.	Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 - More than 60%)	
1.4.	Average daily OPD Attendence	
a.	Males	
b.	Females	
1.5.	**Treatment of specific cases (Yes / No)**	
a.	Is surgery for cataract done in the PHC?	
b.	Is the primary management of wounds done at the PHC?	
c.	Is the primary management of fracture done at the PHC?	
d.	Are minor surgeries like draining of abscess etc done at the PHC?	

e.	Is the primary management of cases of poisoning / snake, insect or scorpion bite done at the PHC?	
f.	Is the primary management of burns done at PHC?	

1.6.	**MCH Care including Family Planning**	
1.6.1.	**Service availability (Yes / No)**	
a.	Ante-natal care	
b.	Intranatal care (24 - hour delivery services both normal and assisted)	
c.	Post-natal care	
d.	New born Care	
e.	Child care including immunization	
f.	Family Planning	
g.	MTP	
h.	Management of RTI / STI	
i.	Facilities under Janani Suraksha Yojana	
1.6.2.	**Availability of specific services (Yes / No)**	
a.	Are antenatal clinics organized by the PHC regularly?	
b.	Is the facility for normal delivery available in the PHC for 24 hours?	
c.	Is the facility for tubectomy and vasectomy available at the PHC?	
d.	Is the facility for internal examination for gynaecological conditions available at the PHC?	
e.	Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders available at the PHC?	
f.	If women do not usually go to the PHC, then what is the reason behind it?	
g.	Is the facility for MTP (abortion) available at the PHC?	
h.	Is there any precondition for doing MTP such as enforced use of contraceptives after MTP or asking for husband's consent for MTP?	
i.	Do women have to pay for MTP?	
j.	Is treatment for anemia given to both pregnant as well as non-pregnant women?	
k.	Are the low birth weight babies managed at the PHC?	
l.	Is there a fixed immunization day?	
m.	Is BCG and Measles vaccine given regularly in the PHC?	

n.	How is the vaccine received at PHC and distributed to Sub Centres?		
o.	Is the treatment of children with pneumonia available at the PHC?		
p.	Is the management of children suffering from diarrhea with severe dehydration done at the PHC?		

1.7.	**Other fuctions and services performed (Yes / No)**	
a.	Nutrition services	
b.	School Health programmes	
c.	Promotion of safe water supply and basic sanitation	
d.	Prevention and control of locally endemic diseases	
e.	Disease surveillance and control of epidemics	
f.	Collection and reporting of vital statistics	
g.	Education about health / behaviour change communication	
h.	National Health Programmes including HIV/AIDS control programes	
i.	AYUSH services as per local preference	
j.	Rehabilitation services (please specify)	
1.8.	**Monitoring and Supervision activities (Yes / No)**	
a.	Monitoring and supervision of activities of sub-centres through regular meetings / periodic visits, etc.	
b.	Monitoring of National Health Programmes	
c.	Monitoring activities of ASHAs	
d.	Visits of Medical Officer to all sub-centres at least once in a month	
e.	Visits of Health Assistants (Male) and LHV to sub-centres once a week	

II. Manpower

S.No.	Personnel	Existing pattern	Recommended	Current Availability at PHC (Indicate Numbers)	Remarks / Suggestions / Identified Gaps
2.1.	Medical Officer	1	2 (one may be from AYUSH and one other Medical Officer preferrably a Lady Doctor)		
2.2.	Pharmacist	1	1		

2.3.	Nurse - Midwife (Staff Nurse)	1	3 (for 24 hour PHCs; 2 may be contractual))
2.4.	Health Worker (Female)	1	1
2.5.	Health Educator	1	1
2.6.	Health Assistant (One male and One female	2	2
2.7.	Clerks	2	2
2.8.	Laboratory Technician	1	1
2.9.	Driver	1	Optional; vehicles may be out-sourced
2.10.	Class IV	4	4
	Total	**15**	**17/18**

III. Training of personnel during previous (full) year

3.1.	**Available training for**	**Number trained**
a.	Tradition birth attendants	
b.	Health Worker (Female)	
c.	Health Worker (Male)	
d.	Medical Officer	
e.	Initial and periodic training of paramadics in treatment of minor ailments	
f.	Training of ASHAs	
g.	Periodic training of Doctors through Continuing Medical Education, conferences, skill development training etc. on emergency obstetric care	
h.	Training of Health Workers in antenatal care and skilled birth attandance	

IV. Essential Laboratory Services

S.No.		**Current Availability at PHC**	**Remarks / Suggestions / Identified Gaps**
4.1.	Routine urine, stool and blood tests		
4.2.	Blood grouping		
4.3.	Bleeding time, clotting time		
3.4.	Diagnosis of RTI/STDs with wet mounting, grams stain, etc.		
4.5.	Sputum testing for TB		
4.6.	Blood smear examination for malaria parasite		
4.7.	Rapid tests for pregnancy		
4.8.	RPR test for Syphills / YAWS surveillance		
4.9.	Rapid tests for HIV		
4.10.	Others (specify)		

V. Physical Infrastructure (As per specifications)

S.No.		**Current Availability at PHC**	**If available, area in Sq. mts.)**	**Rema rks / Sugg estion s /**

				Identified Gaps
5.1.	Where is this PHC located?			
a.	Within Village Locality			
b.	Far from village locality			
c.	If far from locality specify in km			
5.2.	Building			
a.	Is a designated government building available for the PHC? (Yes / No)			
b.	If there is no designated government building, then where does the PHC located			
	Rented premises			
	Other government building			
	Any other specify			
c.	Area of the building (Total area in Sq. mts.)			
d.	What is the present stage of construction of the building			
	Construction complete			
	Construction incomplete			
e.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)			
f.	Condition of plaster on walls (1- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or no plaster)			
g.	Condition of floor (1- Floor in good condition; 2- Floor coming off in some places; 3- Floor coming off in many places or no proper flooring)			
h.	Whether the cleanliness is Good / Fair / Poor?(Observe)			
	OPD			
	Rooms			
	Wards			
	Toilets			
	Premises (compound)			
I.	Are any of the following close to the PHC? (Observe) (Yes/No)			
i.	Garbage dump			
ii.	Cattle shed			
iii.	Stagnant pool			
iv.	Pollution from industry			
j.	Is boundary wall with gate existing? (Yes / No)			
5.3.	Location			
a.	Whether located at an easily accessible area? (Yes/No)			
b.	Distance of PHC (in Kms.) from the farthest village in coverage area			
c.	Travel time (in minutes) to reach the PHC from farthest village in coverage area			
d.	Distance of PHC (in Kms.) from the CHC			
e.	Distance of PHC (in Kms.) from District Hospital			
5.4.	Prominent display boards regarding service availability in local language (Yes/No)			
5.5.	Registration counters (Yes/No)			
5.6.				
a.	Pharmacy for drug dispensing and drug storage (Yes/No)			

	b.	Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination (Yes / No)			
5.7.		Separate public utilities for males and females (Yes/No)			
5.8.		Suggestion / complaint box (Yes/No)			
5.9.		OPD rooms / cubicles (Yes/No) (Give numbers)			
5.10		Adequate no. of windows in the room for light and air in each room (Yes/No)			
5.11.		Family Welfare Clinic (Yes/No)			
5.12.		Waiting room for patients (Yes/No)			
5.13.		Emergency Room / Casualty (Yes/No)			
5.14.		Separate wards for males and females (Yes/No)			
5.15		No. of beds : Male			
5.16		No. of beds : Female			
5.17.		Operation Theatre (if exists)			
	a.	Operation Theatre available (Yes/No)			
	b.	If operation theatre is present, are surgeries carried out in the operation theatre?			
		Yes			
		No			
		Sometimes			
	c.	If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same?			
		Non-availability of doctors /staff			
		Lack of equipment / poor physical state of the operation theatre			
		No power supply in the operation theatre			
		Any other reason (specify)			
	d.	Operation Theatre used for obstetric / gynaecological purpose (Yes / No)			
	e.	Has OT enough space (Yes / No)			
5.18.		Labour room			
	a.	Labour room available? (Yes/ No)			
	b.	If labour room is present, arc deliveries carried out in the labour room?			
		Yes			
		No			
		Sometimes			
	c.	If labour room is present. but deliveries are not being conducted there, then what are the reasons for the same?			
		Non-availability of doctors / staff			
		Poor condition of the labour room			
		No power supply in the labour room			
		Any other reason (specify)			
	d.	Is separate areas for septic and aseptic deliveries available? (Yes / No)			
5.19.		Laboratory:			
	a.	Laboratory (Yes/No)			
	b.	Are adequate equipment and chemicals available? (Yes/No)			
	c.	Is laboratory maintained in orderly manner? (Yes / No)			
5.20.		Ancillary Rooms - Nurses rest room (Yes/No)			
5.21.		Water supply			

		Current Availability at PHC	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
a.	Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other (specify))			
b.	Whether overhead tank and pump exist (Yes / No)			
c.	If overhead tank exist, whether its capacity sufficient? (Yes/No)			
d.	If pump exist, whether it is in working condition? (Yes / No)			
5.22	Sewerage			
	Type of sewerage system (1- Soak pit; 2- Connected to Municipal Sewerage)			
5.23.	Waste disposal			
	How the waste material is being disposed (please specify)?			
5.24.	Electricity			
a.	Is there electric line in all parts of the PHC? (1- In all parts; 2- In some parts; 3- None)			
b.	Regular Power Supply (1- Continuous Power Supply; 2- Occasional power failure; 3- Power cuts in summer only; 4- Regular power cuts; 5- No power supply			
c.	Stand by facility (generator) available in working condition (Yes / No)			
5.25.	Laundry facilities:			
a.	Laundry facility available(Yes/No)			
b.	If no, is it outsourced?			
5.26.	Communication facilities			
a.	Telephone (Yes/No)			
b.	Personal Computer (Yes/No)			
c.	NIC Terminal (Yes/No)			
d.	E.Mail (Yes / No)			
e.	Is PHC accesible by			
i.	Rail (Yes / No)			
ii.	All whether road (Yes / No)			
iii.	Others (Specify)			
5.27.	Vehicles			
	Vehicle (jeep/other vehicle) available? (Yes / No)			
		Current Availability at PHC	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
5.28.	Office room (Yes/No)			
5.29.	Store room (Yes/No)			
5.30.	Kitchen (Yes / No)			
5.31.	Diet:			
a.	Diet provided by hospital (Yes/No)			
b.	If no, how diet is provided to the indoor patients?			
5.32.	Residential facility for the staff with all amenities			
	Medical Officer			
	Pharmacist			
	Nurses			
	Other staff			
5.33.	Behavioral Aspects (Yes / No)			

a.	How is the behaviour of the PHC staff with the patient			
	Courteous			
	Casual/indifferent			
	Insulting / derogatory			
b.	Any fee for service is charged from the users? (Yes / No). If yes, specify.			
c.	Is there corruption in terms of charging extra money for any of the service provided? (Yes / No)			
d.	Is a receipt always given for the money charged at the PHC? (Yes / No)			
e.	Is there any incidence of any sexual advances. oral or physical abuse, sexual harassment by the doctors or any other paramedical? (Yes / No)			
f.	Are woman patients interviewed in an environment that ensures privacy and dignity? (Yes / No)			
g.	Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy? (Yes / No)			
h.	Do patients with chronic illnesses receive adequate care and drugs for the entire duration? (Yes / No)			
i.	If the health centre is unequipped to provide the services how and where the patient is referred and how patients transported?			
j.	Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered? (Yes / No)			

k.	Is there an outbreak of any of the following diseases in the PHC area in the last three years?			
	Malaria			
	Measles			
	Gastroenteritis			
	Jaundice			
l.	If yes, did the PHC staff responded immediately to stop the further spread of the epidment			
m.	Does the doctor do private practice during or after the duty hours? (Yes/ No)			
n.	Are there instances where patients from particular social background dalits, minorities, villagers) have faced derogatory or discriminatory behavior or service of poorer quality? (Yes / No)			
o.	Have patients with specific health problems (HIV/AIDS, leprosy suffered discrimination in any form? (Yes / No)			

VI. Equipment (As per list)

Equipment	Available		Functional	Remarks / Suggestions / Identified Gaps

VII. Drugs (As per essential drug list)

Drug	Available	Remarks / Suggestions / Identified Gaps

VIII. Furniture

S.No.	Item	Current Availability at PHC	If available, numbers	Remarks / Suggestions / Identified Gaps
8.1.	Examination Table			
8.2.	Delivery Table			
8.3.	Footstep			
8.4.	Bed Side Screen			
8.5.	Stool for patients			
8.6.	Arm board for adult & child			
8.7.	Saline stand			
8.8.	Wheel chair			
8.9.	Stretcher on trolley			
8.10.	Oxygen trolley			
8.11.	Height measuring stand			
8.12.	Iron bed			
8.13.	Bed side locker			
8.14.	Dressing trolley			
8.15.	Mayo trolley			
8.16.	Instrument cabinet			
8.17.	Instrument trolley			
8.18.	Bucket			
8.19.	Attendant stool			
8.20.	Instrument tray			
8.21.	Chair			
8.22.	Wooden table			
8.23.	Almirah			
8.24.	Swab rack			
8.25.	Mattress			
8.26.	Pilow			
8.27.	Waiting bench for patients / attendants			
8.28.	Medicine cabinet			
8.29.	Side rail			
8.30.	Rack			
8.31.	Bed side attendant chair			
8.32.	Others			

IX. Quality Control

S.No.	Particular	Whether functional / available as per norms	Remarks
9.1.	Citizen's charter (Yes/No)		

9.2.	Constitution of Rogi Kalyan Samiti (Yes/No) (give a list of office order notifying the members)		
9.3.	Internal monitoring (Social audit through Panchayati Raj Institution / Rogi Kalyan Samitis, medical audit, technical audit, economic audit, disaster preparedness audit etc. (Specify)		
9.4.	External monitoring /Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samitis		
9.5.	Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines (Please provide a list)		

NB : Similar formats for DH,CHC & SHC have also been developed.