Some points on the functioning of the Boards of Visitors (BoV) of BBMP Hospitals

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Some observations on the functioning of BoVs of BBMP hospitals

1. **Scope of Board of Visitors:** Currently the Boards of Visitors (BoV) concern themselves mostly with problems of infrastructure of the hospitals, such as leaking taps, missing bulbs, use of users' fees, etc. and not with the quality of services provided. One needs to go beyond these to ensure that the BBMP hospitals and health centres are truly performing their role of providing Primary Health Care and referral services **(more on this in separate document)** to the residents within a prescribed geographical area.

2. **Availability of the doctor:** Though the boards in hospitals say that the hospital functions till 4.00 PM, many mothers/patients who come after 11.00 AM, often with small babies, are sent home on the ground that they are too late or that the doctor is not there. Most of the women who come to these hospitals work as house-maids and are unable to come earlier than 11.00 AM.

   Why do the boards say the doctor will be available till 4.00 PM, if they are not? If the doctor is busy with operations or on any other work, and cannot attend to OPD after 11.00 AM, then **the OPD timings should be clearly indicated on the board and patients informed accordingly. If there are specific days and times for operations, health check-ups, immunisations, etc., these need to be clearly indicated.**

   If the doctor is supposed to attend to OPD cases till 4.00, then action should be taken against doctors sending patients home without attending to them. (Many hospitals are facing closure because of paucity of patients. The non-availability of treatment at all times may be the cause for this.)

3. **Corruption:** It has been brought to my attention by patients that there is rampant corruption in the hospitals. A solution would be to ensure that every employee, ayahs, ward boys, nurses, doctors, etc., wear their name badge visibly so that patients are able to identify by name those indulging in corruption. A notice that receipts should be obtained for all payments made should be displayed prominently in all hospitals, health centres, etc., and the telephone number of whom to call when demands for money are made should be prominently displayed.

4. **Birth registration:** Patients should be asked to give the name of the child within 48 hours of the birth (as is done in several countries) and **the birth certificate should be issued to the mother before she leaves the hospital.** Very often, mothers are being asked to go to here and there and being made to run around or take the help of touts and pay them up to Rs. 250 to get the birth certificates for their children.

5. **Children's growth monitoring:** The maternity hospitals are supposed to be providing maternal and child health services and not merely delivery and family planning services. **In a country in which the major child health problem is that**

more than 50% of children are stunted and malnourished, it is shocking that when babies are brought for periodic monitoring and immunisation to the hospitals, they are not being weighed and measured to record and monitor their growth. The answers given by doctors are that:

- Weighing is done only once when the baby is born
- The duty doctor does not have time to do this each time the baby is brought for examination.
- This task can be done only in those hospitals where a paediatrician is available.
- This is the job of the anganawadi worker.
- We observe the babies visually and can make out if a baby is malnourished.

What kind of child health services are we providing? Is this something that can be done only by a paediatrician? Have we universalised availability of anganawadis to completely rely on them to do this? Also, what is the linkage between the BMP maternity hospital / UFWC / clinic / etc. with the local anganawadi in order to monitor the health of the children?

6. **Participation of elected representatives:** In my experience, I found that many elected representatives did not attend BoV meetings at all. They were rarely on time for the meetings. When they did come, they disrupted the due procedure, as per the agenda, of the meeting. They often attended the meeting only long enough to say what they had come prepared to say and then left. **Most of them did not listen to what civil society members had to say (they often rudely interrupted members and changed the course of the discussion) making the participation of civil society members futile and redundant.** Hospital authorities allowed the agenda to be hijacked by the elected representatives and tended to pay attention only to what the elected representatives said, making our participation superfluous.

7. **Meeting procedure:** The minutes need to better reflect all the points discussed. A clear agenda and procedure for the meeting was often not followed. Action Taken Reports on the points raised at earlier meetings were often not provided. Minutes need to be read at the beginning of every meeting and action taken reports provided on every point in a systematic manner. Details of income and expenditure of users' fees of the various hospitals were being provided but r**eports need to include the general health situation of the BBMP wards being covered by the BoV, the IMR, MMR, TB, etc., degree of malnourishment in the areas, activities of the hospitals, such as no. of patients seen, no. of deliveries, number of health education camps, school health visits conducted, and their findings, etc.**

8. **Participation of engineers:** Currently, most of the discussions at BoV meetings pertain to the maintenance problems of the hospitals, mainly about leaking pipes, lack of water, etc. **It is imperative that the executive engineer in charge of the areas covered by the BoVs attends all meetings and notes down the grievances of the various hospitals in this regard.** He should provide an Action Taken Report at the next meeting. We find that the problems are simply carried over from meeting to meeting without any solution.

9. **Primary Health Care Services:** Most citizens do not know that maternity hospitals are also supposed to provide primary health care. Information boards need to be

installed prominently to provide this information to citizens. Many citizens go to private doctors to get even minor cuts and bruises attended to.

10. **Health Education camps:** BoV members are often not given the schedule of these camps. Literature on various diseases is supposed to be distributed at these camps. We would like to see them. It is necessary to take signatures of those who attend the health camps and receive the literature and these details placed before the BoVs.

11. **Cleanliness of hospitals:** While the floors of the hospital may be swept and swabbed every day and the walls may be painted every year, **the windows and doors, ceilings and toilets need greater attention.** Ceilings have cobwebs. Many glass window-panes are broken, grimy and spattered with last year's paint giving the hospitals a decrepit appearance. (Contractors who paint hospitals never clean paint from the windows once they finish painting.)

12. **Toilets**: Toilet fixtures and tiles have brown scales, which can be easily removed with acid. If the tiles and fixtures were scrubbed regularly with scouring powder, they would not need to be scrubbed with acid. **Hospital cleaning staff need to be suitably trained (by cleaning superintendents employed by MNCs, IT companies, perhaps) on how to clean glass windows, tiles and toilet fixtures.** They should be given a weekly schedule for cleaning these. They need to be provided with proper equipment, such as ceiling brushes, toilet brushes (not coconut leaf-spine brooms), scotch-brite, scouring powder, wiping and drying cloths to do the same.

13. **Garbage management:** Though these are hospitals being mainly used by women, pedal bins lined with plastic garbage bags for collecting sanitary napkins are not there **in every toilet cubicle.** One (unlined) general bin may be there in every common area of the toilets, but this does not provide the privacy necessary for disposing sanitary napkins. This leads to women throwing their sanitary napkins or even cloth napkins into the toilet fixture resulting in continual blocking of the sewers.

    A garbage management plan for all types of other garbage also needs to be developed for all hospitals and adequate infrastructure in the form of bins lined with plastic bags for collecting segregated wastes provided in every room. Cleaners and workers collecting garbage need to be provided with plastic disposable gloves daily (like those worn by food-handlers).

14. **Rainwater Harvesting:** Many of the hospitals list lack of adequate water as a major concern. BMP hospitals should take the lead and show that rainwater harvesting, re-use of gray water, etc. are feasible.

15. **Solar water heaters and solar UPS :** A lot of power can be saved by installing solar water heaters and solar lights in every health centre.