



# 6th Common Review Mission Kerala

**Ministry of Health & Family Welfare  
Govt. of India**

**JANUARY 4, 2013**

## Districts

**Malappuram**



**Alappuzha**



# Teams

## Malappuram

- Dr. Manisha Malhotra
- Mr Sahil Chopra
- Ms C.N. Bhargavi
- Dr. Aditi Bana

## Alappuzha

- Mr. H.P. Sharma
- Dr.Sanjeev Upadhyaya
- Dr. K. S. Nair
- Dr. Sunita Paliwal
- Mr. Ajit Singh

# Facilities Visited

Facility Type	Mallapuram	Alappuzha
DH	DH- Tirur	Women & Children Hospital, TD Medical College
THQH	Malappuram	Cherthala
CHC	<ul style="list-style-type: none"> <li>•CHC (FRU)- Edappal</li> <li>•CHC (Non- FRU)- Vengara</li> </ul>	Chettikkad Champakulam
PHC	PHC Thiruvveli	Purakkad
Sub- Centers	FWC and Anganwadi- Kollapuram	Kalavur Mararikulam South Champakulam Kutlamangalam Kainakary

## Other Facilities /Activities

### Malappuram

- NRHM Quiz Competition at St. Gemma's school , Mallapuram
- Arya Vaidya Sala Hospital Kottakal
- Malabar Institute of Medical Sciences Hospital (MIMS)
- District Homeo Hospital at Munduparanbu
- GNM School Manjeri

### Alappuzha

- GNM School
- Ayurveda District Hospital
- KVM Multispecialty Hospital
- Floating Dispensaries

### FGDs in both Districts

# Strengths

## Health Indicators

- **MMR-81 IMR-13 TFR- 1.8**

## Socio economic cultural determinants

- **Literacy , women's empowerment, per capita income ,health seeking behavior**

## Administrative Structures

- **Governance ,Accountability, Commitment**

# Health care service delivery

## Strengths :

- Dedicated Infrastructure Development Wing
- Adequate infrastructure – nos.
- Quality- KASH (Kerala Accreditation Standards for Hospitals) in phases ; NABH for limited nos. of health facilities
- Strong parallel AYUSH services , esp. private sector ; high demand from community
- Availability of equipment and drugs, minimal OOP expenses

## Challenges :

- Planning process (PIP) to factor in District level priorities for differential allocation of resources to upgrade health facilities(delivery points) e.g. no funds for CHC Edappal (40 del. /month)
- Provision of residential accommodation for doctors and other staff.
- IMEP practices below district level – poor segregation, infection prevention practices ; non-availability of GOI Guidelines etc.





**Burning of Hospital Waste**



# Human Resources

## Strengths:

- Very few vacancies against regular posts of S/Ns and JPHNs
- Compulsory Rural Service
- Systems for regular Performance Appraisal of Contractual staff

## Challenges :

- Clearly defined HR Policy (under development)
- Assessment of Training needs and structured Training Plans
- Strengthening of training sites , both at State and District Level with a special focus on Nursing

# Community Processes

## Strengths:

- All WHSNCs have joint accounts; effective Hospital Development Committees/RKS
- Active participation by PRI representatives & political parties.
- Opportunities for ASHAs to be elected as panchayat presidents/ward members

## Challenges :

- Strengthening Grievance redressal mechanisms
- ASHA mentoring



**WHSNC Funds for IEC**

# Sub-centres and Outreach Services and Referral Transport

## Strengths:

- Different model of service delivery : Alongwith ANC registration and Immunisation, palliative care , screening for NCDs, focus on convergence; no deliveries
- Team of JPHN (ANM) + JHI(MPW(M) involved in promotive and preventive health activities
- Regular well planned WHNDs (one per ward) with visible intersectoral convergence and monitoring by Ward member and MO/I-C
- Good record keeping

## Challenges :

- Institutionalise a system of Call centre based Referral Transport network for home to facility and for dropback (currently Dial '108'(ALS) services available in 2 Districts)

# Reproductive and Child Health

- Institutional Delivery Rates skewed towards private sector(1: 6 in Malappuram)
- Public sector utilisation from secondary level institutions(Taluka Hospital ) upwards

## Strengths:

- Key RCH Indicators among the best in the country (ID 99 %; NB fed within one hour of birth 86%)
- Robust Civil Registration System, captures births and deaths from public and private sector
- JSSK : Nil out-of-pocket expenditure for drugs, investigation and diet.
- Partnerships with Professional bodies – e. g. K FOGSI and IAP for MDR and IDR

## Challenges :

- Inadequate infrastructure in Labor rooms (M'puram); lack of display of standard technical protocols.
- High case loads and overworked OB-Gyn in Taluka and District Hospital – Functional delivery points
- Elective labour induction in many cases resulting in adverse outcomes (Alappuzha)
- High C-Section Rate in both public and private sector (40% of total deliveries in the state)
- Skill based training of service providers in latest technology and protocols
- Low availability of Safe Abortion services
- Facility based Care for Sick Newborns at secondary and tertiary level facilities
- Acceptance of FP poor in Malappuram
- Declining trends in uptake of Sanitary Napkins under the Menstrual Hygiene Scheme



**ANC/PNC Ward-DH Tirur**



**NBCC in LR**



# Disease Control Programmes

- IDSP is being implemented well
- Data is collected by District Surveillance Unit almost on real time basis through telephone.
- Migrant populations from endemic areas need special focus (M'puram)
- Morbidity data not available from heavy case load hospitals including private sector , neither from AYUSH health facilities – e.g lack of monitoring of TB cases coming to AYUSH facilities
- JHI (Male MPW) plays key role in disease surveillance and house visits for source reduction of Communicable Diseases



# Innovations

- **Floating Clinics** at Alappuzha
- **Radio Health**
- **NRHM Quiz** involving School children
- **Bhumika**-To address gender based violence
- **Palliative Care** clinics and out reach activities.
- District initiative against substance abuse amongst school children – **Vimukti**
- **Water and Sanitation project** for backwater areas ( RO supply)



**Palliative Care-Home Visit**



**Drinking Water Facility (PAANI)**



# Programme Management

## Strengths :

- Regular staff in SPMU, MOs deputed as DPMs
- Good coordination between Disease control programmes and DPMU(M.Puram)

## Challenges :

- Lack of capacity for analysis of HMIS data for planning, programme monitoring and management.
- Up-dation of data in the MCTS web portal and utilisation for tracking of service delivery
- JPHNs responsibility for uploading data into MCTS at Block level, without the assistance of Data manager /DEO
- Orientation of service providers including private sector in data management and its utilisation

## **Financial Management**

- **Financial Systems for release and monitoring of funds largely in place**
- High Unspent balances under RCH-FP (>30 Crores) and MFP(>48crores)
- Pending State share(>200 crores)
- Unspent balance under older programmes (EC-SIP)
- Financial Indicators not being used for improving programme management
- Need to place more trained HR for financial management



**Thank You**