NRHM
COMMON REVIEW MISSION - 4

KERALA
15th TO 24th DECEMBER 2010
# Team

<table>
<thead>
<tr>
<th>Kottayam</th>
<th>Kozhikode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Amit Mohan Prasad</td>
<td>Dr. S.K.Sikdar</td>
</tr>
<tr>
<td>Ms. Sushma Rath</td>
<td>Dr. K Ravikumar</td>
</tr>
<tr>
<td>Mr. Ajith Kumar</td>
<td>Dr. Sumegha Sharma</td>
</tr>
<tr>
<td>Ms. Kavita Narayan</td>
<td>Mr. K V Hamza</td>
</tr>
<tr>
<td>Ms. Ute Schumann</td>
<td></td>
</tr>
<tr>
<td>Ms. Nirmala Mishra</td>
<td></td>
</tr>
</tbody>
</table>
# Facilities visited

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Kozhikode</th>
<th>Kottayam</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH</td>
<td>00</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>WNC</td>
<td>01</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>SDH</td>
<td>01</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>CHC</td>
<td>02</td>
<td>04</td>
<td>06</td>
</tr>
<tr>
<td>PHC</td>
<td>06</td>
<td>06</td>
<td>12</td>
</tr>
<tr>
<td>SHC</td>
<td>04</td>
<td>04</td>
<td>08</td>
</tr>
<tr>
<td>AWC</td>
<td>00</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Villages</td>
<td>03</td>
<td>00</td>
<td>03</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>17</strong></td>
<td><strong>17</strong></td>
<td><strong>34</strong></td>
</tr>
</tbody>
</table>

**Others**

Ernakulam: Floating Clinic and DH

1. Institute of Palliative Medicine
2. IMHANS (CDS)

Chairperson & Vice Chairperson of Vaikkom Municipal Council
Thematic Area (1&2)

Infrastructure up-gradation (TA-1):
- Well-structured infrastructure development wing to meet the IPHS, NABH and NABL standards.
- Infrastructure (in terms of numbers) nearly adequate; quality a concern at some places.
- Around 50% of the total NRHM fund utilized for infrastructure development (too high); however, state is now opting for less infrastructure and more HR.

Human Resource (TA-2):
- Separate cadre for specialists has been set up
- CRS policy ensures 700 doctors for rural services every year.
- All contractual doctors posted at levels of CHC & PHC
- Private practice in medical colleges have been banned and pay hiked.
- Incentives, call allowances etc has been ensured in the state.
- Lab technicians are in shortage
- Rational placement of doctors is an issue.
Thematic Area (3&4)

Health Service Delivery (TA-3):
- Increase in OPD due to evening OPDs;
- Adequate drug availability with well stacking.
- Ratios of normal vs. C-sections greatly skewed.
- SHCs, PHCs and few CHCs are not providing adequate delivery care services
- Referral to higher institutions by ASHA in certain areas; issues in inter-facility referral.
- Bio-medical waste management not found as per protocol.

Outreach services (TA-4):
- Floating dispensary and radio health good innovative steps by the state
- One male worker is present at most of the SHCs and helping in source reduction
- VHNDs are held as per the schedule; WHSCs integrated with ICDS
- ANM follows 40-day cycle for house visits, which is not adequate
- MMUs providing outreach services in difficult areas; however, only 7 districts have MMUs
**Thematic Area (5&6)**

**ASHA Programme (TA-5):**

- ASHAs cherish their positions and are quite motivated
- ASHAs are involved in mobilization for Immunization, ANC, household visits etc.
- Vital role in promoting breast feeding and counselling on nutrition during ANC and PNC visits;
- ASHAs spend on an average 2-4 hours per day in their work
- Average income per month is around Rs. 350 only
- Attrition was noted in ASHAs

**Reproductive and Child Health (RCH) – II (TA-6):**

- 98% institutional delivery reported in the state
- Good system of education on early initiation of new born breast feeding observed in few places.
- Institutional deliveries have declined in public institutions
Thematic Area (6) – contd…

Reproductive and Child Health (RCH) – II (TA-6):
- Newborn care corners are not available adequately (equipments randomly placed at certain facilities).
- Micro birth plan not in place
- Payment to beneficiary (JSY) and ASHA through cash.
- Safe abortion services are not provided at most of the facilities. Fixed RTI /STI clinics not seen
- Limited IUD insertions observed at most of the facilities visited (FP a weak link)
- Almost all CHCs have reported nil Post Partum Sterilisation in Kozhikode (although state average is pretty high)
- No tracking of low birth wt babies at sub centre level
- No structured name-based tracking system established
Thematic Area (7&8)

**Nutrition (TA-7):**
- Screening of height and weight in school health programme is performed
- Nutrition is not an issue; however, a structured programme for the issue seemed lacking
- No Nutrition Rehabilitation Centres existing or planned. Almost nil cases are reported of grade III&IV malnutrition
- IEC/BCC materials were sporadic and not consistently visible on nutrition issues

**Disease Control Programmes (TA-8):**
- Daily communicable diseases surveillance reports are being prepared and communicated.
- ANMs are guiding ASHAs for house to house larval survey
- RNTCP seems to be working well in the state
Thematic Area (8) – contd...

**Disease Control Programmes (TA-8):**

- Communicable Disease Surveillance reports are being prepared; however, there are issues in terms of compiling and analyzing.
- Malaria and dengue are increasing in the state.
- Inadequate passive surveillance of malaria noted and MPWs and ANMs are underutilized.
- Most of the grass-root staff interviewed are not aware of treatment schedules of malaria.
- Shortage of chloroquine and primaquine tablets in most of the institutions visited.
- NLEP activities require integration with general health services.
- The spectacles were not provided free for last few months under the blindness control programme (Kozhikode).
Thematic Area (9&10)

Institutional Mechanism & Programme Management (TA-9):

- Management systems are established till the block level; the coordination between district, district health office and block level is good
- PRIs have been involved and assigned responsibilities to manage health services and funds
- HMC/RKSs have been formed and have wider admin and fin powers;
- Record keeping was excellent
- HMIS data not being utilised for district health planning purposes.
- District health mission meeting were not found to be regular.
- Supervisory and monitoring schedules are not structured for facilities

Financial Management (TA-10):

- Generally public financing mechanisms well established except in some pockets
- Fund utilization is good, backed by decision of RKS and involvement of PRI is also strong
- Sound financial system e.g. e-transfer, ATM cards etc.
**Thematic Area (10&11)**

**Financial Management (TA-10):**
- Transparency in accounting observed
- Financial Management Report: Are being prepared and sent as per guidelines.
- Programme officers at district level are not aware of financial accounting systems as well as entitlements under untied grants

**Decentralised Local Health Action (TA-11):**
- The PRI participation was well visible right from district to village level;
- Selection of ASHA through panchayat; greater transparency
- DHAPs are exhaustive and priorities are clear; however, implementation is an issue.
- HMIS and IDSP data is not being utilized at district level for planning
Others

Innovations:
- Good palliative care programme in the state
- Child Developmental Service (CDS) under NRHM
- Floating dispensary in two districts
- Medical Care for Victims of Gender based Violence/Social Abuses

Progress on Institutional Framework Under NRHM:
- State Health Mission is constituted; however, meetings are not held frequently.
- District Health Missions are actively involved
- The coordination of DHS with the SHS is good
- District Program Manager (NRHM) are MOs from the system and having the full complement of the DPMUs
- Block coordinators have been appointed in each health block.

Some good practices:
- Community ownership of Blood Bank at WNC Kozhikode
- Blood donor database in PHC at Maruvanthuruthu;
Recommendations

- Introduction of policy for rational deployment of HR
- Efforts to Enhance number of deliveries in public institutions
- Extensive IEC/BCC needed to encourage women to opt for normal delivery
- Mechanism for cashless delivery services including free transportation should be explored
- Opportunity for strengthening blood bank/storage by partnering with Missionary hospitals and other NGOs/community
- Supporting upward trends in routine immunization
- Sub centers may be utilized as counseling centers
- Monitoring and mentoring mechanism for ASHA could be put in place
- ASHAs could be incentivized for effective NCD programmes including alcoholism and gender based violence.
Recommendations – contd...

- Clinicians may be oriented on surveillance of vector borne diseases
- Laboratories needs to be strengthened in terms of equipments and human resource.
- Dietetics: Certain NGOs are providing meals to patients in Kottayam; the state may think of replicating such practices in other facilities
- RKS funds could be utilized for facility preparedness such as linen, laundry, minor repairs etc
- External evaluations could be undertaken on ongoing best practices like palliative care and CDS
- Establish TALLY ERP 9 at block level as planned.
Thank You