NATIONAL DISSEMINATION
8TH COMMON REVIEW MISSION
KERALA
# Team Members

<table>
<thead>
<tr>
<th>Palakkad</th>
<th>Ernakulam</th>
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</thead>
<tbody>
<tr>
<td><strong>Dr. Sushma Dureja (DC, MoHFW), Team Leader</strong></td>
<td><strong>Dr. C.V Dharma Rao (Dir, NVBDCP, MoHFW)</strong></td>
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<tr>
<td><strong>Dr. Muhammed Aslam (RD, H&amp;FW)</strong></td>
<td><strong>Mr Sanjay Wadhawan (US-MoHFW)</strong></td>
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<tr>
<td><strong>Ms. Neha Kashyap (Consultant-MoHFW)</strong></td>
<td><strong>Mr. Manoj Kumar Jha (US-MoHFW)</strong></td>
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<td><strong>Dr. Madhusudan Yadav (Consultant NHSRC)</strong></td>
<td><strong>Ms. Sucheta (Consultant-NHSRC)</strong></td>
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<tr>
<td><strong>Mr. Jayant Mondal (NHM- Finance, MoHFW)</strong></td>
<td><strong>Dr. Ashalata Pati (Consultant-MoHFW)</strong></td>
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<td><strong>Dr. Meena Som (UNICEF)</strong></td>
<td><strong>Mr. Rajnish Ranjan Prasad (UNFPA)</strong></td>
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<td><strong>Dr. Shibu Balakrishnan (RNTCP)</strong></td>
<td><strong>Dr. Sai Subha Sree Raghavan (SAATHI)</strong></td>
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<td><strong>Mr. Vipin Joseph (RCH, MoHFW)</strong></td>
<td><strong>Ms. Jyoti Khattar (RO, Planning Commission)</strong></td>
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<td><strong>Ms. Chaya Pachauli (PRAYAS)</strong></td>
<td><strong>Dr. Antony, Public Health Expert</strong></td>
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<td>S. No</td>
<td>Palakkad</td>
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<tr>
<td>1</td>
<td>District Hospital</td>
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<tr>
<td>2</td>
<td>W&amp;C Hospital</td>
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<tr>
<td>3</td>
<td>THQH Ottappalam, TSH Kottathara</td>
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<tr>
<td>4</td>
<td>CHCs - 2</td>
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<tr>
<td>5</td>
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<td>7</td>
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<tr>
<td>8</td>
<td>JPHN Training Centre</td>
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<tr>
<td>9</td>
<td>Homeo Dispensry, Kottaya</td>
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<tr>
<td>10</td>
<td>Ayurveda Dispensary, Kannadi</td>
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<tr>
<td>11</td>
<td>Anganwadis, Patients’ Houses</td>
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<tr>
<td>Health Indicators</td>
<td>Kerala</td>
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<tr>
<td>Population (Census 2011)</td>
<td>3,34,06,061</td>
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<tr>
<td>Literacy (Census 2011)</td>
<td>Male : 96.1 Female : 92.1</td>
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<tr>
<td>Birth Rate (SRS 2013)</td>
<td>14.6</td>
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<tr>
<td>IMR (SRS 2013)</td>
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</tr>
<tr>
<td>NMR (SRS 2013)</td>
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<td>U-5MR (SRS 2013)</td>
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<td>MMR (Bulletin 11-13)</td>
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<td>TFR (SRS 2013)</td>
<td>1.8</td>
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<td>SRB (SRS 2013)</td>
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SERVICE DELIVERY

- Facilities visited generally have good infrastructure
- Involvement of PRIs and other stakeholders for construction and maintenance of facilities
- Comprehensive service availability at District/Taluka Hospital but lacking at the lower level facilities.
- IEC materials/ citizen’s charter well displayed
- In some facilities, optimum utilization of services not done
- Hospital ambulances available for referrals; however lack of equipped BLS/ALS ambulances.
- Clinical Establishment Act yet to be implemented
High institutional delivery rate but mostly in the private sector

Functional NBCC and NBSUs, SNCUs. However some NBSUs & SNCU have low utilization

Under RBSK, DEICs established at district & select Taluka hospitals and digitization of data

Good immunization coverage

Excellent MDR with confidential MDR

Majority of cases, referral transport not available, the patients reimbursed for their travel

Low IUCD uptake, PPIUICD insertion negligible, contraceptives not available in the visited facilities

Wage compensation for sterilization operation considerably delayed

AFHCs at DH level good however in below level facilities need to be improved

Ten bedded NRC in Agali underutilized with low cure rate & significant readmissions

Jatak software used to track and monitor SAM/MAM children

Need to assess the requirement for NRC in other districts
National Disease Control Programme

Regular review of VBDs done at all levels. Malaria, Dengue & Chicken Guinea showing declining trend.

RNTCP programme

- Well-integrated with health system. Regular screening of TB patients for HIV and diabetes.
- NACP has excellent coordination with RNTCP.
- Notification of TB cases from private sector needs to be improved.

IDSP programme

- District level RRT functions well but block level RRT needs strengthening.
- Reporting from private institutions needs improvement & training centres need to be strengthened.

NCD programme

- Screening, diagnosis and management of NCDs well integrated at all levels. State-of-the-art facilities available at tertiary and selected secondary levels.
- Palliative care at all levels, integrated with NCD program and excellent community palliative care model exists. Mental Health program also well integrated with health system.
Human Resources

- Good synergy between Directorate & Mission staff
- Transparent decentralized recruitment system and use of HR management tool
- Assured career progression for regular staff and regular training programmes
- Lack of a rational HR transfer and posting policy
- Differential remuneration for regular and contractual staffs
- Lack of performance based incentive for HR and difficult area incentives for paramedical staff
- Lack of staff quarters at majority of the health facilities
- Skill lab yet to be established in all the districts
Community Processes

- Involvement of SHG members for community outreach
- Allocation of funds from the state budget for fixed incentives for ASHAs
- Career progression for ASHA planned
- High attrition rate among ASHAs, 15% of ASHA positions being vacant for last two years
- Absence of grievance redressal committee for ASHAs
- Need of post training support & supportive supervision mechanism
- Community and PRI members have concerns regarding high expenditure incurred in private sector and desired placement of lady MO and SNs at the public health facilities.
Convergence: Promising Practices

- Health – a priority for all
- Involvement of all concerned departments in provision of the comprehensive health plan for the state
- Public Health is placed firmly on the agenda of Local Self Governments
- Excellent support from MPs, MLAs and PRIs for health services
- Revenue from Karunya lottery used for treatment of NCDs
- Social justice department subsidizing some treatments
- Arogya Keralam awards for well performing PRIs
Majority of the JPHNs well versed with recording and reporting

Good use of data at the state and district level to review the progress, however below district level it is sub-optimal

Information from the Private accredited facilities captured in the HMIS and MCTS.

Further capacity building of JPHNs/ ICTC counsellors/ LTs on recording and reporting can be undertaken

Ecman: May incorporate performance monitoring component for ASHAs
Health Care Financing

- Electronic transfer of funds from DHS to peripheries (CHCs/PHCs), however accounts below the district levels, are being handled by general staff/ clerks.
- Centralized procurement through KMSCL.
- E-office: Digitalization of office procedures through Digital Document Filing System at DHS.
- Nominal user charges applicable except for certain category of patients.
- Resource mobilization from CSR.
- JSY benefits given to all women delivering in public health institutions and there was delay in DBT to JSY beneficiaries.
- Need to expedite the process of fund release by Treasury to State Health Society.
- Vacant positions in Finance need to be filled.
- Grouping of accounts need to be done.
Quality Assurance

- Different accreditation initiatives – NABH, KASH.
- Dedicated staff to manage quality initiatives, however SQAC and DQAC not re-constituted
- Accredited facilities have quality committees, however facilities don’t have comprehensive quality roadmap
- Standard treatment protocols developed and displayed
- Majority of the facilities clean and with proper arrangements for bio-medical waste management exist
- Grievance redressal mechanism adhoc
Drugs, Diagnostics, Procurement and Supply Chain Management

- E-tendering for procurement of drugs and equipment. However, stock keeping & record maintenance need to be improved.
- Quality of supplied drugs ensured through two tiers of quality check.
- District drug warehouses established in all the districts.
- Universal free medicines scheme but patients occasionally being prescribed drugs outside the state EDL/branded drugs.
- Karunya drug store is a great initiative essentially to reduce OoPE of patients.
- Toll free number exists for registering complaints but not properly advertised.
- Prescription audits/monitoring hardly been done.
NUHM

- Mapping of slums has been done
- Good coordination between district NUHM unit and corporation / Municipality
- Non uniform availability of diagnostics services, BMWM and reporting of HMIS/ MCTS data in UPHCs
- HMCs need to be formed
- Training of all Staff including MAS and ASHA need to be undertaken
- IEC/ BCC initiative under NUHM need to be strengthened
Best practices / Innovations

- Wide range of health services
- Standard Operating protocols for various disease conditions.
- Standards for accreditation – KASH
- Resource mobilization through corporate sector, other Government departments
- Inter sectoral convergence, devolution of powers to PRIs.
- Monitoring tools in form of Janani (ANC, PNC), Jatak (Nutrition) & Sampoorna (WIFS) software
- Engaging Kudumshree (SHG) & community volunteers for public health activities
- Bhomika – one stop crisis cell, Seethalayam
Key Recommendations

- Comprehensive health services at facilities as per facility level with inbuilt referral mechanism and availability of well-equipped ambulances
- More public health facilities to be equipped for ensuring Quality ANC care & conducting deliveries
- Availability of Family Planning services need to be improved
- AFHCs need to be established at all levels, with strengthened infrastructure and trained staffs
- JSSK expenditure need to be streamlined
- Need to regulate private sector and notification of diseases also need to be improved
- State may plan for TB elimination in Idukki and Wayanad districts by 2020.
- Post training support & supportive supervision mechanism need to strengthened specially for ASHAs
- Grievance redressal committees for community and ASHAs need to be set up
- SQAC and DQAC need to be re-constituted as per the guidelines
- Regular supportive supervision & monitoring visits by SQAU & DAQU members to health facilities need to be undertaken
- KASH may be scaled-up to cover all delivery points
- Prescription audits can be undertaken to ensure that only EDL drugs are prescribed
Thank You