NATIONAL DISSEMINATION
8TH COMMON REVIEW MISSION
KERALA

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New Delhi

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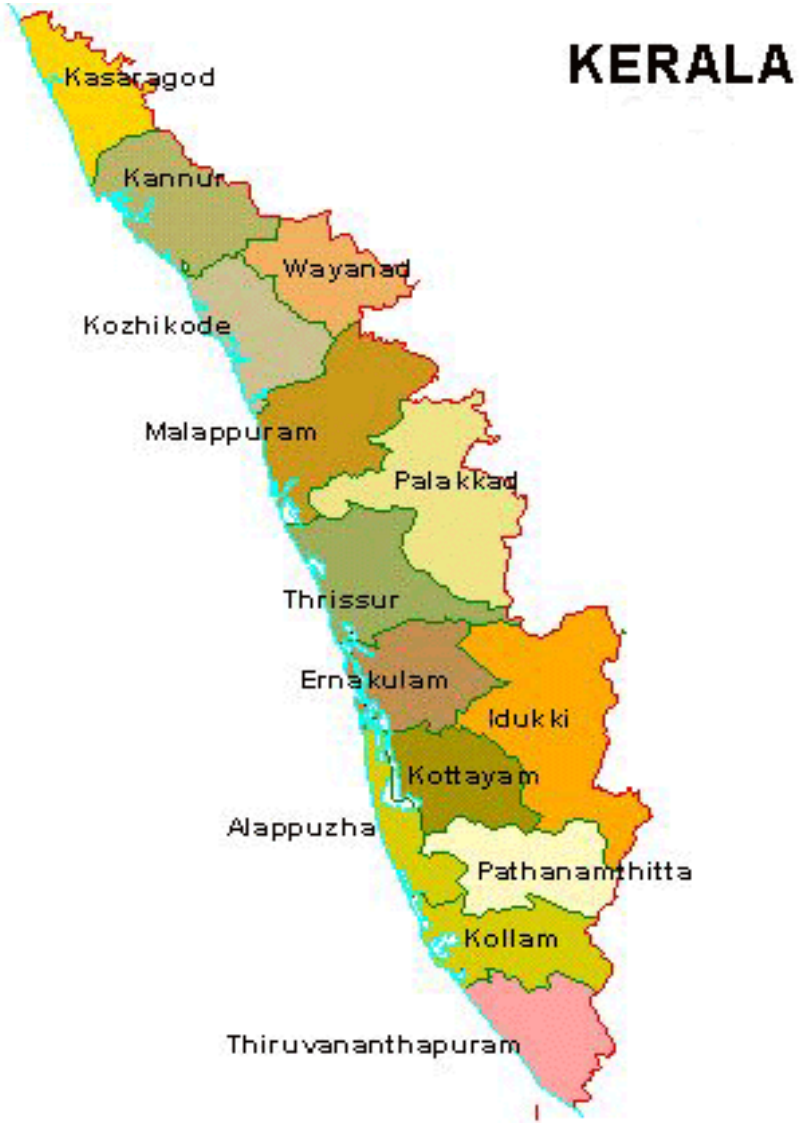
Facilities Visited

S. No	Palakkad	Ernakulam
1	District Hospital	General Hospital
2	W&C Hospital	DH Aluva, Muvattupuzha,
3	THQH Ottappalam, TSH Kottathara	THQH North parur
4	CHCs - 2	CHCs - 2
5	PHCs - 5	PHCs - 3
6	UPHC - 1	UPHCs - 2
7	SCs - 3	SCs – 2
8	JPHN Training Centre	Floating Dispensary Chathamma
9	Homeo Dispensry, Kottaya	TI Vyttila, NGO VIHAN
10	Ayurveda Dispensary, Kannadi	Bhoomika, Seethalayam
11	Anganwadis, Patients' Houses	Anganwadis

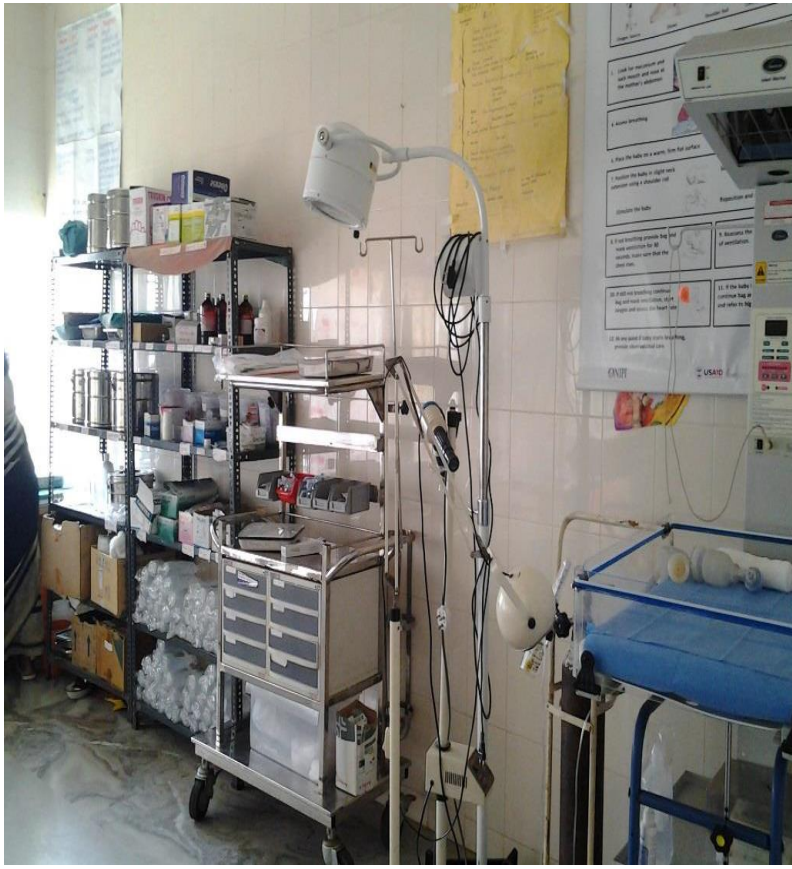
Introduction

Health Indicators	Kerala	India
Population (Census 2011)	3,34,06,061	121,05,69,573
Literacy (Census 2011)	Male : 96.1 Female : 92.1	Male : 80.9 Female : 64.6
Birth Rate (SRS 2013)	14.6	21.4
IMR (SRS 2013)	12	40
NMR (SRS 2013)	6	28
U-5MR (SRS 2013)	12	49
MMR (Bulletin 11-13)	61	167
TFR (SRS 2013)	1.8	2.3
SRB (SRS 2013)	966	909



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



Labour Room

RMNCH+A

- 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, PPIUCD 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 **VBD**s 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

Information, Knowledge and Management

- 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

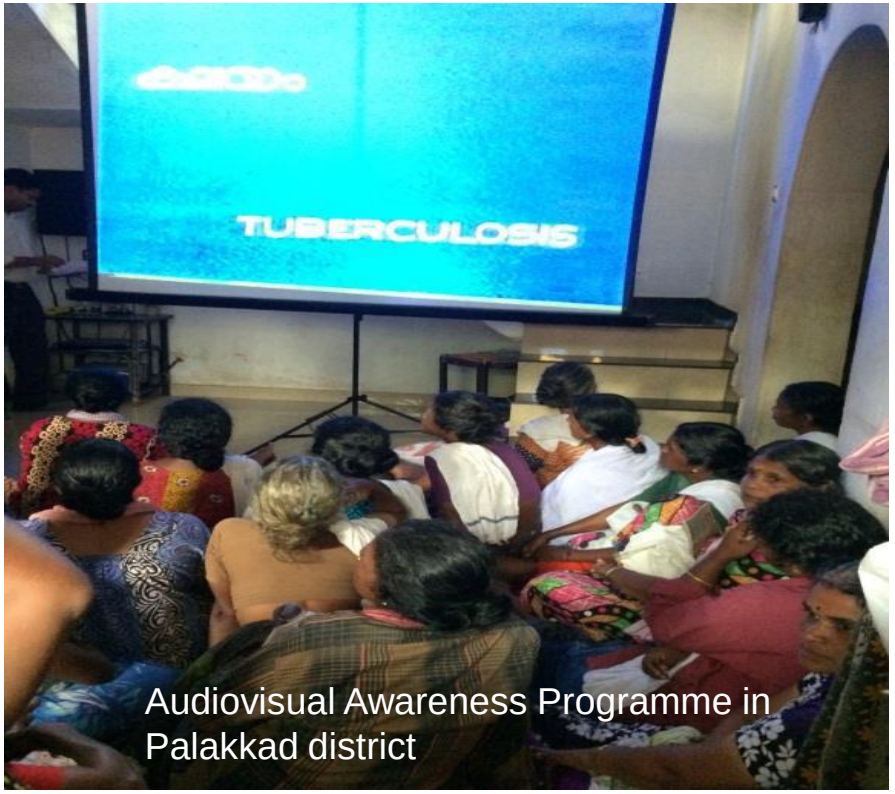
Key Recommendations

- Comprehensive health services at facilities as per facility level with in built in 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 established at all levels, with strengthened infrastructure and trained staffs
- JSSK expenditure need to be streamlined

Key Recommendations Contd..

- 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

IEC Material displayed at SC Thupannad



Audiovisual Awareness Programme in Palakkad district

Thank You