KERALA

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KERALA

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Team Members

Dr. Rattan Chand
Sh. Amardeep Singh Bhatia
Sh. Sunil Nandraj
Dr. K.S.Jacob
Dr. Narendra Gupta

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Introduction to Kerala

The State is geographically classified into coastal belt, midlands, and highlands (hills and valleys) and has an area of 38,863 sq. kms. There are 14 districts in the state with 63 Taluks, 152 Development Blocks, 999 Panchayats, 1452 Revenue Villages, 5 Municipal Corporations and 53 Municipal Councils. According to 2001 Census, the literacy rate for Kerala is 90.92 per cent as against the All India average of 65.38 per cent. Kerala has an urban population of 26%. The Scheduled Caste population of Kerala is 31.24 lakh constituting 9.81 per cent of the total population, as per Census 2001. (NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008)

Kerala's achievements in terms of some of the basic indicators of human development and health are well known and have been much commended upon. The State has a population of 31.84 million as per 2001 census. There has been reduction in the decadal growth rate from 14.32 (1981-91) to 9.47 (1991-2001). Birth rate of 15, death rate of 6.4 and infant mortality rate of 12 (SRS 2006) is the lowest in the country. Institutional delivery rate is almost 100 %. Sex ratio is 1058 female per thousand men. Female literacy rate of 86.87% is the highest in the country. The total fertility rate is 1.93 (NFHS 3).

Demographic Profile 2001		
Population	Total	31 841 374
	Male	15 468 614
	Female	16 372 760
Population Density (persons per sq. km)		819
Male Population (%)		48.58%
Estimated Urban Population	Total	8 266 925
	(%)	25.96%
Scheduled Caste population	Total	3 123 941
	(%)	9.81%
Scheduled Tribes population	Total	364 189
	(%)	1.14%
Sex ratio		1058
0-6 age group	Total	3 793 146
	(%)	11.91%
	Male	1 935 027
	(%) of total 0-6 age group	51.0%
	Female	1 858 119
Disabled persons	Total	860 794
	% of population	2.7%
	Male	458 350
	Female	402 444
	Seeing	334 622
	Speech	67 066

	Hearing	79 713
	Movement	237 707
	Mental	141 686
Household size		4.7
Population above 60 years in 2001 (%)		15%

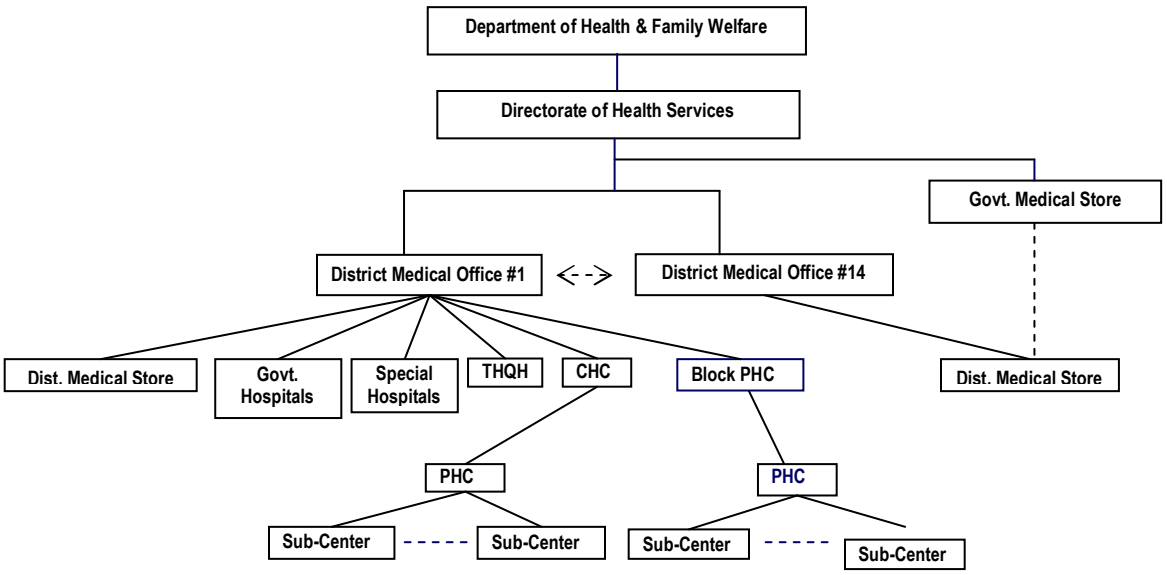
Source: NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008

However Kerala is facing new health challenges like return of Infectious diseases, increase in Accidents and Injuries, increasing Geriatric population and their problems, high level of suicide, diseases due to environmental degradation, new diseases like Dengue, JE, Chikungunia and HIV/AIDS. Further the increasing trend of traffic accidents is a matter great concern. The total number of road accidents in Kerala during 2001 was 37256, which increased to 42365 in 2006. Kerala registered 42365 accidents (116 per day) in which 3203 persons were killed and 51127 persons were injured in 2005-06. Other health related problems includes diseases due to pesticides and other industrial chemicals and decreased health status of coastal and tribal population. Sustaining the momentum of change and resource mobilization are the two tasks ahead. (NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008)

Health Infrastructure

There are five directorates under Health Services Department.

1. Health Services Department
2. Medical Education Department
3. Department of Indian Systems of Medicine
4. Department of Ayurveda Education
5. Department of homeopathy



Source: NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008

Health Infrastructure

NUMBER OF MEDICAL COLLEGE HOSPITALS (MCH) *Economic Review 2006, Government of Kerala*	TOTAL	13
	Government	5
	Co-Operative	2
	Private	6
Number of Dental Collages	TOTAL	9
	Government	3
	Private	6
Nursing Schools Integrated General Nurse-cum Midwives (3year)	TOTAL	200
	Government	15
	Medical College	3
	Private	182
Junior Public Health Nurses Schools (18 Months)	TOTAL	15
	Government	4
	Private	11
Nursing Colleges BSc Nursing (4 year course)	TOTAL	45
	Government	3
	Private	42
Nursing Colleges MSc Nursing (2 year course)	Government	3
Number of District Headquarter Hospital (This includes General Hospitals situated at District Head Quarters also)		18
Total Number of Institutions under DHS		1274
Number of Community Health Centres (CHC)		114
Number of Primary Health Centres (PHC)		929
Number of Sub Centres (SC)		5568

Source: NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008

AYUSH

The three branches of health care system of modern medicine, ayurveda and homoeopathy has acceptance in Kerala. Three systems together have 2711 institutions in the government sector. Out of the total institutions, 47% are under Allopathy and 53 % under AYUSH. There are 115 Ayurveda Hospitals with 2744 beds and 747 Ayurveda dispensaries. Hospitals include 14 district hospitals, one nature cure hospital, one Marma hospital, one Siddha hospital, one Panchakarma hospital, one Ayurveda Mental hospital and 96 government hospitals. During 2005, 207.7 lakh patients were treated in ayurveda institutions and out of them 207.2 lakh were outpatients and 0.5 lakh inpatients. There are 14 Ayurveda colleges in Kerala, of which 3 are in Government sector, 2 are in private sector and 9 are in self-financing sector. These colleges have an annual intake of 680 students for BAMS/BSMS courses and 82 students for postgraduate courses. There are 31 hospitals and 525 dispensaries under Directorate of Homoeopathy. Hospitals include 14 district and 17 other hospitals. Total bed strength of these hospitals is 970. There are 5 Homoeopathic Medical Colleges in the State, of which 2 are under government sector and 3 are in private aided sector. Total annual intake for BHMS course is 250 and for PG course is 60. (NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008)

Private Medical Institutions

Kerala has a vast health care infrastructure under Modern Medicine, Ayurveda and Homoeopathy systems of medicine. In the health sector the role of private sector is significant. Under private sector, all the three systems together have 12383 medical institutions. The total bed strength in the three main systems viz. Modern Medicine Ayurveda, Homoeo is 63386. Out of it, 88% of beds and 37.35% of medical institutions are under Modern Medicine, 33.53% medical institutions and 8.53% beds are in Ayurveda. Homoeopathy institutions constitute 24.97% and beds under it are 1.26%. There are 24401 doctors under private sector. The strength of nurses available for health care services under private sector is 20164, paramedical staff consists 12910 excluding nurses. In Kerala, one interesting aspect in the health seeking behavior of the State's population is that a sizable percentage approaches the Private sector for curative care. (NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008)

System Wise Details of Private Medical Institutions in Kerala

SL.NO	SYSTEM OF MEDICINE	YEAR		
		1986	1995	2004
		No.	No	No.
1	Modern Medicine	3565	4288	4825
2	Ayurveda	3925	4922	4332
3	Homoeopathy	2078	3118	3226
4	Others	95	290	535
Total		**9663**	**12618**	**12918**

Source: NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008

Human Resources

There are 24991 medical and para medical personnel attached to Directorate of Health Services 3862 are medical officers, 81 dentists, 8646 senior/junior nurses and 12538 para medical staff. While analyzing doctor Population ratio in Kerala, for every 8545 population there is one medical officer under Directorate of Health Services with considerable inter district variation. Doctor population ratio varies from 1:6252 in Pathanamthitta district to 1:11486 in Malappuram district.

In the government medical colleges, there are 39 categories of specialty departments and in each department there are four categories of posts viz. Tutor/ Lecturer, Assistant Professor, Associate Professor and Professor. The total number of clinical/ non-clinical doctors in the five government medical colleges and attached institutions comes to 2183 doctors. The doctor population ratio, where doctors working in government system (allopathy) only were counted stood at 1:5388. (NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008)

Registered medical and para medical practitioners in the State

Number of doctors in health services department		3862
Number of JPHN		5583
Number of JHI		3511
Number of LHI		962
Number of HI		876
Number of LHS		157
Number of HS		168
No of Doctors in Public Health Care Institutions	TOTAL	5758
	DHS	3862
	Medical Collage	1342
	ESI	554
Doctor Population Ratio. Public		6162
Doctor Population Ratio. (Private and Public)		2305

Source: NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008

Health Indicators

Vital Statistics		
Life Expectancy at birth (Male) (in years)		70.90
Life Expectancy at birth (Female) (in years)		76.00
Total Fertility Rate (per woman) NFHS 3.		1.93
Sex Ratio (females per 1000 males)		1058
Birth Rate (per 1000 population) SRS 2006	Total	15.2
	Rural	15.4
	Urban	14.6
Death Rate (per 1000 population) SRS 2006	Total	6.1
	Rural	6.0
	Urban	6.4
Natural Growth Rate SRS 2006	Total	9.1
	Rural	9.4
	Urban	8.2

Source: NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008

Health Status	
Infant Mortality Rate (per 1000 live births) SRS 2006.	12
Under -5 Mortality Rate SRS 2005	3
Neo-natal Mortality Rate (1998) SRS 2005	11
Maternal mortality ratio (per 100,000 live births)	110*
Deliveries assisted by a health professional (%) NFHS 3.	99.7%
Institutional Births (%) NFHS 3.	99.5%
Number of public and private hospitalization per lakhs	7480.00

Source: NRHM Kerala, State Health Action Plan, Part A, B, C, 2008-09, GOK, Jan 2008 (*Special Survey on MMR 2003)

Findings and Recommendations

Kerala is the first state in India which has attained health and demographic goals of the National Rural Health Mission several years before this is being launched. Therefore, the challenge before the state of Kerala through NRHM support is three folds, reduce out of pocket expenditure on health, move towards highest attainable global status of life and optimum use of resources. Further the morbidity profile of Kerala is fast changing with the decrease in childhood diseases and rising old age health problems. Secondly, while prevalence and resurgence of infectious diseases are part of the unfinished agenda, there is rising trend of life style related non-infectious diseases. Therefore, more location and community specific planning guided by the epidemiological approach would be required.

Methodology

The CRM members were briefed by the state officers on 26th November, 2008. Thereafter the two teams were formed and one team visited Thiruvanthapuram district while the other team visited Waynad District. The Team visited the districts during 27th November to 1st December 2008. The teams in addition to the visit to the facilities had detailed briefing by the District Officials at the District HQs, Meeting with Panchayat members in each of the districts visited. After the visits to the districts the team provided a feedback to state health Secretary and other officers on 1st December, 2008 at Thiruvanthapuram. Integrated summary of findings and recommendations are given below.

The Positives

- The increased public awareness about health and the good health indicators for the state is a matter of pride.
- There has been a marked improvement in infrastructure (buildings, equipment) and human resources by the utilization of NRHM funds.
- There is increased availability and quality of medication after the setting up of the Kerala Medical Services Corporation Limited.
- The successful setting up and use of the E Banking system including the debit cards for ASHAs for the state is highly commendable.
- The setting up and use of a FM Radio Health Program which can be heard in 3 districts is a good innovation.
- The state wide Pain and Palliative Care program for terminal illness in the community is a good innovative program.
- The Compulsory Rural Service for doctors is a major step forward in augmenting the human resources for providing health care in rural areas of the state.

- A new school transfer certificate and health record introduced in the state will become an important document that would track the children's health status.

- The quarterly newsletter "Ner Rekha" published regularly provides information on the health status, institutions and services all over the state.

- The initiation of comprehensive health insurance scheme in collaboration with Department of Labor would enhance the access to health services especially the poor

- The selection process for ASHAs has been good and the selected individuals are motivated.

1) Assessment of the case load being handled by the Public System at all levels

- The out-patient case load is good in all hospitals, CHCs and PHCs.

- State wise data suggest that OP has shown an increase during 2007-08.

- In- patients services are variable (e.g.CHC Kanyakulangara good; Kesavapuram poor; PHC Kuttichal had none) The IP figures show marginal decrease over the years. In the Government sector there was strike of the Medical Officers during the last months of 2006-07 and early months of 2007-08 which adversely affected the system in service delivery and reporting. The in-patient case load can increase in many CHCs and PHCs if the full range of services are provided. For example, while the CHC at Kanyakulangara was overflowing with in-patients the CHCs at Kesavapuram had fewer in patients than the bed strength the PHC at Kuttichal had none.

Case Load in Public Facilities in Kerala						
Deliveries						
	Institutiona l Deliveries	**% change**	**Total deliveries**	**% change**		
2005-06	572168		572893			
2006-07	540085	-5.61	541747	-5.44		
2007-08	535968	-0.76	537757	-0.74		
IP/OP/Operations						
	IP	**% change**	**OP**	**% change**	**Operations**	**% change**
2005-06	1888615		44668182		323220	
2006-07	1658146	-12.20	43863068	-1.80	274133	-15.1869
2007-08	1531413	-7.64	51414151	17.22	246292	-10.156

Total number of beds in Public Facilities in Kerala					
	Hospitals	CHCs	PHCs	Others	Total
2005-06	23665	4730	7675	366	36436
2006-07	23665	4730	7675	366	36436
2007-08	23871	4730	7675	366	36642

Source: Information provided by Officials, MOHFW, Kerala Govt. 2008

- Not all CHCs providing 24x7delivery services. There is a wide variety and quality services provided at Women and Children's Hospital at Thycaud (e.g. deliveries, Caesarian Sections, Hysterectomies, Blood bank, laproscopy services, neonatal nursery, ARSH clinics, sperm bank, infertility etc.). Similarly, good services provided at the hospital at Sulthan Batheri, Wyanad. It is observed that there is very marginal decline in the deliveries reported in the State. The reason may be the decrease in the rate of growth of population as revealed by the SRS data. Crude Birth rate has come down to 14.9 from 15 and the TFR is 1.7 from 1.9 as per latest SRS.

- Except the CHC at Kanyakulangara, the other CHCs even those designated as 24x7, were not providing services for deliveries.

- The provision of in-patient and delivery services at peripheral institutions will reduce the workload at tertiary centers as the community is willing to accept such care provided the service is good. However there is a need for a detailed needs assessment should be done prior to expansion of specialty services Eg. Nalloornad, Wyanad.

- Peripheral institutions and districts have OP and IP statistics. This should be collated at the state level.

- There is wide variation in the performance between districts, district/ taluk/ subdivision hospitals, CHCs, PHCs, and Sub-centers. There is a need to focus and improve supervision and support for the poorly performing regions and facilities to improve their performance.

- The setting up of league tables comparing different institutions of same category/type on different parameters (E.g. Numbers of out-patients, in-patients, deliveries, Caesarian sections, % of completed immunization, %funds spent) of service and feedback to all institutions will help improve service delivery. This can be part of the regularly published newsletter.

- It was brought to notice of the members that more than 60% of the deliveries in the state take place in private facilities and large number of people seek services from private health sector for other morbidities. This pattern is required to be reversed because it's a major drain on the limited economic resources of most families of Kerala.

- Optimum use of Resources is an area in which Kerala's health system has to formulate strategy in order to bring cost effectiveness in services delivered. In many, well equipped facilities were found to be grossly underutilized and there has been unnecessary high burden on many facilities. Practice of over medicalisation of deliveries (normal deliveries also to be performed by gynecologists) should be reduced by amending people's mindset through public education/campaign. Sub centres and PHCs should be optimally utilized.

- There is a need to focus on lifestyle diseases (Diabetes, Hypertension,) as many of the standard health indicators for the state are already very good.

2) Quality of Services

- Wide variation in the quality of services provided between similar type of institutions. The variation in performance of peripheral institutions is related to the motivation, commitment and skill of the head of the facility. There is a need for leadership training for heads of the peripheral institutions.

- PHC buildings have been renovated and new buildings have been constructed. Non-utilization of space observed (e.g. Poruaannore- Wyanad; Kuttichal-Thiruvananthapuram).

- An audit of space available prior to constructing new building is necessary for optimal utilization and prioritization of available space.

- TVs with DVD facilities in many hospitals in Wyanad district.

- Display of list of medicines available at hospital at Sulthan Batheri, Wyanad.

- IMAGE is providing services for large hospitals and CHCs in Thiruvananthapuram. However, not all the smaller hospitals are covered by the scheme. The service is only available in Wyanad at the district hospitals. There is a need to enforce segregation of hospital waste.

- The people will use services when they are of good and acceptable quality as demonstrated by a few existing institutions which are providing a high quality of service (E.g. Women and Children's Hospital Thycaud and CHC, Kanyakulangara). There is a need to monitor the services from the point of input vs services.

3) Utilisation of Diagnostic facilities & their effectiveness

- The state has appointed consultants in bio-medical engineering who are responsible for supervision and ensure that the equipments are in working order.

Overall the equipment is good . However old and unused equipment dumped in some hospitals, eg. CHC at Kesavapuram. The use of equipments at various institutions should be evaluated

4) Drugs and Supplies (including Vaccines)

- The Setting up of Kerala Medical Services Corporation Ltd. is a major step. It has become operational in April 2008 and has slowly increasing its activities and reach and overcoming the problems of the system they inherited.

- The process for the procurement and distribution of medicines and supplies has been streamlined. Computerization, pass book systems and an essential drug list have been established

- The systematic and regular testing of all batches of drugs received for quality will ensure a high standard of drugs distributed through the government health system.

- There is a need to standardize the indenting procedure for peripheral institutions. There is a need for capacity building about the new system at the peripheral institutions.

- There is a need to increase the storage facilities and computerize the peripheral institutions and pharmacies for optimal utilization of services.

- There is a need for buffer stock of drugs at all district warehouses and institutions so that medication is never out of stock.

- Family planning drugs and not being managed/distributed through KMSCL and this should be incorporated.

- Some drugs are supplied in concentrate form and diluted at the peripheral level. The procurement should in the form as intended for patient use.

- There is a reduction in State Health budget for medical supplies subsequent to setting up of KMSCL as computerization has plugged many loop holes.

- Testing of all batches of drugs received for quality is being done.

- Shortage of DT and TT in PHCs in Thiruvananthapuram needs to be rectified

- Need to standardize the indenting procedure

- Need for capacity building about the new system

5) Human Resources

- In 2008 as per the information provided there were Medical Officers – 3724, Dentists – 79, Senior Nurses -1699, Junior Nurses – 7163, Lady Health Inspectors – 966, Pharmacists -1612, JPHN 5571, Junior Health Inspectors – 3509, Health Inspectors – 857, Nursing Assistants – 5481 and 776 Lab Technicians.

Human Resources in Kerala

Year	MO	Dentist	Sr. Nurse	Jr Nurse	Lady Hlth Insp.	Pharmacist	JPHN	Jr Hlth Insp.	Hlth. Insp	Nursing Asst.	Lab Tech.
2006	3726	80	1593	6053	962	1642	5570	3511	853	5530	775
2007	3862	80	1699	7163	966	1612	5571	3509	857	4240	744
2008	3724	79	1699	7163	966	1612	5571	3509	857	5481	776

Source: Information provided by Officials, MOHFW, Kerala Govt. 2008

- Various categories of human resources have been employed in many facilities under the NRHM on a contractual basis and they have added to the services at these centers.

- As medical officers are deputed as District Program Officers, they are more aware of the issues and are better able to coordinate with the health service.

- The introduction of Compulsory Rural Service for MBBS and postgraduate doctors is major step in providing health care in rural areas. Specialists doing such compulsory service should be posted in CHCs or 24x7 PHCs.

- Efforts should be made to recruit specialists as per requirement in CHCs and PHCs.

- Biomedical engineers employed by the state to maintain laboratory / equipment will improve standards and provide continuous service.

- The NRHM coordinators seem not to be integrated into the health system with some of them not even being given a table and chair to work. They should be better integrated into the health care system.

- Human resource management can be improved. At Kuttichal PHC there was only one doctor as doctors were said to be refusing to work in the area. However, according to the doctor, his wife, also a doctor was posted in another district. Coordination in postings will help the situation.

- Short term (6 month) appointments are given for pharmacists and ANMs and they have to be reappointed through the Employment exchange in Wyanad. Longer term appointments will ensure continuity of service.

- Currently, health personnel are appointed into three different main categories – regular permanent appointments; contractual appointments under NRHM; and under the Compulsory Rural Posting. Placement of entire human resource drawn from different streams need to be taken as common pool and is required to be posted on the basis of existing and potential case load.

6) Infrastructure

- Building and equipment infrastructure is being provided under MP, MLA and Panchayat funds and supplemented through NRHM funding and has improved many institutions.

- The planning and monitoring of new building infrastructure is done at the state level by a special cell- the Engineering wing of the NRHM, Kerala.

- The Engineering wing now ensures that the new building and renovations meet the Indian Public Health Standards; the contract are being given to approved Government institutions and the quality and cost of constructions is being monitored by the special cell at the headquarters.

- There is no master plan for buildings resulting in mushrooming of structures. A detailed assessment of space available prior to constructing new buildings is necessary for optimal utilization and prioritization of available space.

- Panchayats should feel the sense of ownership of sub-centers and regular dialogue between panchayats and health officials is essential.

- Some sub centres (Chulika, Wyanad) had delivery kits/table that were not being used which can be redeployed.

- Equipment bought should be audited for their utilization and the value addition to services. Buildings have been renovated and new buildings have been built through NRHM funding. Further, an audit of space available prior to building new structures is necessary for optimal utilization and prioritization of available space. The use of existing buildings after construction of new ones also needs to be properly planned.

- A state wide emergency ambulance service needs to be established.

7) Empowerment for effective Decentralization and flexibility for local action

- Ward Health and Sanitation Committees have been operationalised.

- The member secretary of the WHSC should be ASHA as per national norms.

- Untied, Annual Maintenance and RKS funds being regularly used to upgrade facilities and services.

- Panchayati Raj Institutions are part of and involved in RKS.

- Panchayats have also been providing funds for sub-center facilities and are involved in their running. However, some panchayats are not paying for electricity and such recurring expenditure leading to lack of supply and the consequent failure of the JPHN to live on the sub-center premises.

8) ASHAs

- In the year 2008 the target was of appointing 8469 ASHAs, nearly 8435 ASHA positions filled and the selection of ASHAs was done by Panchayat and norms for selection followed and many are 10^{th} std pass. For example tribal ASHAs selected from tribal areas.

- Training of 7 days in Wyanad and11 days in Thiruvanthapuram completed.

- ASHAs were confident and aware of the NRHM program.

- Two booklets have been produced to provide information and training to ASHAs in Malayalam. Modules incorporating state specific needs like life style diseases have been prepared.

- The coordination between ASHAs and JPHN is good.

- Remuneration is paid regularly for JSY, immunization, DOTS, NSV, WHND. There is wide variation in remuneration of ASHAs and this seems to be linked to the proportion of BPL/SC/ST families served.

- There is a need to increase the number of activities for which remuneration can be paid (E.g. Follow up of terminally ill patients in the community under the State Pain and Palliative Care program, identification and treatment of leprosy, and for life style diseases).

- Regular drug kits are yet to be provided and replenished for ASHAs.

9) System of Financial Management

- The Government has set up the ebanking facility across the state for the transfer of funds from the state to the district level and to the CHC, PHCs and Sub centers.

- The facility is operational and allows for transparency, audit and speed of operations. (for more details see Annexure) However, this has resulted in the tendency to centralize this service at the district level.

- ASHAs have been issued electronic cards for financial transactions.

- The NRHM supports untied and annual maintenance funds. However, the state has mandated the use of 80% of such funds and the need for SOPs to be in place for replenishing these funds. The failure to meet these criteria occasionally results in the failure to replenish funds for some centres.

10) Health Management Information System and its effectiveness

- The current manual HMIS system and is not meeting the needs.

- The state is in the process of developing new HMIS and the hardware and software are/being deployed and developed. The program is being upgraded to become Web and GIS enabled. It will be able to provide local analysis and feedback to peripheral institutions. However, there are problems in the peripheral institutions and further training is required to improve skills and to change attitudes to computerization of health data.

- There needs to be a Government Order on accountability for the maintenance of the system.

- There need to have nodal information officers at all levels.

- The CHCs and PHCs have computers but many did not have internet access. This should be provided in view of plans to make the HMIS web-enabled.

11) Community Process

- Ward Health and Sanitation Committees meet regularly and maintain minutes.

- The Panchayat provides funds for medicines, electricity, glucometer, etc.

- Some centers did not have electricity due to non payment of bills and the JPHN was not living at some of the center

- There is a need for orienting the panchayat members about NRHM and its services.

- The variation in involvement of different panchayats and their commitment to the functioning of the sub-centers demands regular dialogue between the District Health Officials and local government for better coordination and improved delivery of services.

12) Assessment of non-governmental partnerships for public health goals

- Only one NGO (Institute of Rural Development at Kuttichal) was present in the many institutions visited in Thiruvananthapuram suggesting the vast scope for such collaboration.

- FNGO was providing ultrasound services for tribal patients at Meenangadi, Wyanad.

- Community monitoring is not formally introduced in the state but the increased public awareness in the general population has made a difference.

13) Systems in place for outreach activities of Sub-centre

- WHND days are regularly observed.

- IEC material are innovative and well displayed

- Sub-center kits need to be regularly supplied.

- The wide variation in functioning of centers suggests the need for greater monitoring and supervision.
- There is a need for the regular provision of emergency contraception pills at sub-centers.
- JPHNs need periodic in-service training covering all aspects .

14) Thrust on difficult areas and vulnerable social groups including Tribals

- The total tribals population is around 3,64,189 and they form more around 1.14 % of the State's total population and they belong to 35 communities. Wayanad district with 1,36,062 Tribal population, Idukki district with 50,973 and Palakkad district with 39,665 account for majority of the tribal population of Kerala.
- The coastal belt and tribal area in Thiruvanathapuram district face a shortage of doctors, nurses and 24x7 in-patient and delivery services.

- Services are being provided to tribal areas through the Mobile / Health Staff vists. The tribal areas and mobile health services have fixed days in the week.

- The Sickle cell anemia project targeted at the tribal population in Wyanad district is commendable. This is also implemented in Pallakkad district as well. This may be replicated in other states.

- The Comprehensive Health Care Schemes for the tribal population reimburses all expenses (transport, laboratory, medicine) incurred to the institutions.

- A good weekly health service was being provided at Pancode Tribal Health Camp and other health outposts for the tribal population living in forest.

- Liaison with the Tribal Traditional Birth Attendants will help improve home delivery services within remote forest settlements as it is difficult to bring them into the institutional delivery network.

- There is a need for increased cooperation between the Health and Forest departments in order to set up sub-centers in the region.

- Specific efforts targeted at such vulnerable areas are required.

15) Preventive & Promotive Health Care

- WHSD are regularly observed.

- Untied funds are used by WHSC for source reduction and vector control (E.g. guppy fish and IEC material). The absence of malaria, filarial, dengue and chickunguniya this year may indicate the success of such activities.

16) Maternal, Child Health and Family Planning

- PHCs, CHCs, Taluk hospitals are proving services for family planning.

- However, only a few CHCs are providing 24x7 delivery services and the PHC are also not providing delivery services.

- The public awareness of the JSY and immunization programs and their implementation are satisfactory.

17) Assessment of programme management structure at district and state level

- State Programme Monitoring Support Unit (SPMSU) for National Rural Health Mission, has been set up in 2006-07 with the objective of establishing and

strengthening the management of NRHM in Kerala. The SPMSU is headed by State Mission Director supported with qualified and well experienced Managers and Consultants in different disciplines. The key result areas for SPMSU is effective programme monitoring and management, providing assistance in policy and strategy formulation, supporting implementation of the projects and components of NRHM.

- The district level offices are headed by District Program Managers (NRHM) who is assisted by Accounts Officers, Accountants etc.

- At block level, Block coordinators have been appointed in each health block. Their primary job is to coordinate the activities of NRHM in the concerned block. They ensure the dissemination of information from State / District to health institutions in the block.

18) Pain and Palliative care program for the community

- It is commendable that the state has set up an innovative program for the community to manage terminal illness.

- The nurses and doctors are regularly going into the community to assess and manage people with severe and incapacitating terminal illness.

- The use of volunteers /NGOs and home based care is also commendable. The home based care has reduced the need for institutional in-patient services. (for more details see Annexure)

- The Institute of Pain and Palliative Care at Calicut is very good.

- There is a need to provide financial support to the state to strengthen and expand the P & P C programme.

- The above programme may be replicated in other states.

19) School TC & Health Record

- TC & Health Record Concept- First of its kind in India as a joint venture of the Health, Education, Sports Council and Local Self Government Departments.

- The Record contains comprehensive information on health of the child from LKG to plus two including information recorded during medical camps and counseling. The card contains personal information of the student & family, milestones and tests to measure normal development, BMI charts, examination tables for screening and special medical camps, fitness testing charts, blank pages for added

information, TC, photograph, unique ID number by SSA and a fitness record of each student.

School Health Record

20) Radio Health

- Thiruvananthapuram district has set up a FM radio service which produce a half hour program on health broadcast on 4 days a week through the local All India Radio Station. The program can be heard in 3 districts

- They have equipment and facilities to record these programs which are of a professional quality.

- The radio programs are developed with the help of a large number of local Radio Health Clubs (E.g. formed in schools, colleges, residential associations, cultural groups, ASHAs, etc) who are actively involved in planning and producing programs.

- The mobile 'Kerala Aroygyam' ring tone for all official of the State Health Service which highlights is an innovative ideas which can be replicated in other states.

21) Kerala State Institute of Health and Family Welfare

- The staffing and faculty strength of the centre is poor and impacts on its ability to deliver quality training for the state. The institute under its dynamic director is however conducting regular training programmes.

- While building infrastructure is good, it is yet to be operational.

- There is a need to strengthen the centre and its systems.

2nd CRM Kerala

List of the health facilities visited by the team

Waynad District

Sl. No	Name	Address / Location	Level (SC / PHC / CHC/other)	Name of the Person in Charge
1	Taluka HQ Vythiri	Vythri Hospital	Sub District Hospital	Dr. Sashidharan P (Civil Surgeon)
2	Taluka HQ Hospital	Sultan Bathrey	Sub District Hosptial (2 places)	Dr. E P Mohanan (Civil surgeon)
3	Meenangadi	Meenangadi	CHC	Dr. Vijayan (Civil Surgenaon)
4	Chulliode	Chulliode	PHC	Dr. Kunhikannan (MO, Asst Surgeon)
5	Puthenkunnu		Sub - Centre	Ms. Indira (ANM)
6	Baderi	Vaduvanchal	Sub Centre	Ms. Sathybama (ANM)
7	Mepadi	Mepadi	Block PHC	Dr. Anoop (Asst. surgeon)
8	Chulika	Chulika	Sub centre	Ms. Mary Kutti (ANM)
9	Mananthawady	Mananthawady	District Hospital	Dr. Manoj Narayanan)MS)
10	Mananthawady	Mananthawady	Medical Store	Mr. Mohamed (Pharmacist)
11	Porunnannore	Porunnannore	Block PHC	Dr. Ramesh (MO)
12	Nalloornadu	Nalloornadu	CHC	Dr. Balan (MO)
13	Padinjarathara	Padinjarathara	PHC	Dr. Sri Lekha (MO)
14	Mundakutty	Mundakutty	Sub centre	Ms. Geeta Kumari (ANM)
15	Pain and Pallative Care Centre	Calicut	Care Centre	
16	MCH hospital	Calicut	Waste Disposal Treatment plant	In Charge Engineer

Thiruvananthapuram District

Sl. No	Name	Level (SC / PHC / CHC/other)
1	Women and Children's Hospital, Thycaud	Hospital
2	Fort Hospital	Hospital
3	Vizhinjum	Community Health Centre
4	Kesavapuram	Community Health Centre
5	Kanyakulangara	Community Health Centre
6	Kunnathukal	Primary Health Centre
7	Kuttichal	
8	Pulluvalla	Primary Health Centre
9	Pazahayakunnumel	Subcentre
10	Aramanoor	Subcentre
11	Karali	Subcentre
12	Muttukadu	Subcentre
13	Pancode	Tribal Health Camps
14	Kerala Medical Services Corporation Limited Thiruvananthapuram	
15	District Warehouse Thiruvananthapuram	
16	Kerala State Institute of Health Training Centre Thiruvananthapuram	

PAIN AND PALLIATIVE CARE PROJECT

E Banking Initiative in Kerala

Future Projects

Statistical Information

NATIONAL RURAL HEALTH MISSION				
State: NAME Date : DATE				
Sno	Action Point		Source	Qualitative aspects
Administrative structure of the state (as per RHS Bulletin- 2006 published by RHS Division)				
1	Rural Population (in lakhs)		To be filled up as per RHS bulletin	235.74449
2	No.of Districts			14
3	No. of Blocks			152 (234 health blocks)
4	No. of wards			18003 (rural – 16009)
	No of Panchayat			999
Rural Health Infrastructure				
5	Number of District Hospitals		To be filled up as per RHS bulletin	18 (10 district & 8 General)
6	Number of Sub Div. Hospitals –THQH			41
7	Number of CHCs			114 106 (RHS)
8	Number of PHCs			931 911 (RHS)
9	Number of SCs			5094
10	Number of Aanganwadi Centres			25382
11	Number of WHSC Constituted & Operational Ward Health and Sanitation Committee		To be filled up by state	18003
12	IMR	SRS 2005	As per published statistics	14
		NFHS 2006		
		SRS 2006		15
		SRS 2007		13
13	MMR	NFHS 2006		NA
	MMR	SMMR 2003		110 (DHS data-2007 : 32)
14	TFR	SRS 2005		1.7
		NFHS 2006		1.93
15	Sex Ratio			1058

16	Unmet Need			9
Institutional Framework of NRHM				
17	No. of meetings of State Health Mission held till date (06-07)		To be reported by the state	0 *
	No. of meetings of State Health Mission held till date (07-08)			1
18	Total No. of meetings of District Health Missions held till date (06-07)			0 *
	Total No. of meetings of District Health Missions held till date (07-08)			14
19	Merger of Societies	State level Y/N		Y
		No of Districts		14 100 %
20	No of Hospital Management Committees (Rogi KalYan Samitis registered)	DH		18
		CHCs		114
		PHCs		931
21	MoU with Government of India signed			Yes
Appointment of ASHA/Link Workers (as certified by training division)				
22	Total No.of ASHA to be selected over the Mission period		To be reported by the state	32753 (Sanctioned in 2007-08 in lieu of 2nd ANM)
23	No. of ASHA selected during (including ASHA in tribal areas in Non-High Focus States)	05-06		0
		06-07		0
		07-08		8435
		08-09		11945
		Total		20380
24	Training Calender of ASHA finalised (Y/N)			Y
25	Total Number of Link workers other than ASHA selected	2005-06		-
		2006-07		
26	No. of ASHA s who have received training	1st module		14035
		2nd module		5500
		3rd module		-
		4th module		-
		5th module		-
27	No. of ASHAs who are in position with drug kits			Nil (Procurement process started)
28	Total No of Monthly Health Days held till date in the state 06-07	Expected		
		Achieved		NA

	Total No of Monthly Health Days held till date in the state 07-08	Expected		-
		Achieved		10000
	Total No of Monthly Health Days held till date in the state 08-09	Expected		192108
		Achieved		5608
Infrastructure & Manpower				
Sub Centres (SC's)				
29	No. of SCs in Govt. Building (as per RHS Bulletin-2006)		RHS bulletin	2986 (RHS)
30	No. of SCs which are functional with at least one ANM		To be reported by the state	5094
31	No. of SCs which are functional without ANM (as per RHS Bulletin-2006)			0 118 (as per RHS)
32	No. of SCs where Joint Account with has been Operationalised			5094 100 %
33	No. of SCs with additional ANMs			0 (ASHA sanctioned in lieu of 2nd ANM)
34	%of SCs which have submitted UC for untied funds released (05-06)			81 %
Primary Health Centres (PHCs)				
35	Total No. of PHCs functioning on 24x7 basis	as on 31/3/2004	To be reported by the state	
		during 05-06		
		during 06-07		87
		during 07-08		105 (135 at present)
36	No. of PHCs where three staff nurses are positioned			213
37	No. of PHCs without a Doctor (as per RHS Bulletin-06)		RHS Bulletin	0 (as per RHS 2006 - 396)
Community Health Centres (CHCs)				
38	Total No. of CHCs selected for upgradation to IPHS		To be reported by the state	114
39	Total No. of CHCs where facility survey has been completed			114
40	No. of CHCs where physical upgradation work has been taken up	Identified		114
		Started		63
		Complete		10

41	Total Specialist post at CHCs (as per RHS Bulletin-2006)		Required		456 (as per RHS 2006 -424)
			Sanctioned		56
			In Position		82 (RHS)
First Referral Units (FRUs)					
42	No. of FRUs working as on 31/3/2005		DH and General Hospital	To be reported by the state	13
			SDH (THQH and Govt Hospital)		39 (15+23+1)
			CHC		8
			W and C		5
			PHC		0
43	No. of centres upgraded as FRUs (05-06)		SDH		0
			CHC		0
			PHC		0
44	No. of centres to be upgraded as FRUs (08-09)	SDH	Expected		42
			Achieved		39
		CHC	Expected		17
			Achieved		8
		PHC	Expected		0
			Achieved		0
District Hospitals					
45	Number of District Hospitals			RHS Bulletin	18
46	No. of DH which are of FRU level			To be reported by the state	17
47	No. of DH where physical infrastructure is being upgraded				12 (at present)
Availability of Consumables					
48	%of centres with at least 2 month supply of essential drugs	CHCs		To be reported by the state	100 %
		PHCs			100 %
		SCs			Drug kits will be supplied by GOI
49	%of centres with at least 2 month supply of vaccines	CHCs			DPT, Hepatitis B inadequate supply, DT not available. Polio, BCG, measles available.

		PHCs			DPT, Hepatitis B inadequate supply, DT not available. Polio, BCG, measles available.
		SCs			DPT, Hepatitis B inadequate supply, DT not available. Polio, BCG, measles available.
50	%of centres with at least 2 month supply of contraceptives	CHCs			100
		PHCs			100
		SCs			100
Manpower					
51	No. of contractual manpower positioned	Specialist	Expected	To be reported by the state	0 (At present 200)
			Achieved		169
		Doctors	Expected		790
			Achieved		746 (CRS + Contractual)
		SN	Expected		3000
			Achieved		1456
		ANM	Expected		0
			Achieved		0
		Others	Expected		Depending on NABL accreditation
			Achieved		103
52	PMU setup at State level(Y/N)				Y
53	No. of Districts where PMU set up				14
54	No. of Districts where the PMU has persons	Accounts			12
		Managerial			14
		MIS			14 (existing Statistical wing in District is in position, further, Jr.Consultant (Docu) is being recruited
55	No. of Blocks where PMU set up				234
Institutional Delivery					
56	No of Institutional Deliveries as per NFHS-III			Published data	100 %
57	No. of Institutional Deliveries (in lakhs)		05-06	To be reported by the state	5.79
			06-07		5.43
			07-08		5.38
58	No.of beneficiaries of JSY (in lakhs)		05-06		0.20
			06-07		0.59
			07-08		1.93 (1.62 reported earlier)
59	No.of pvt institutions accredited under JSY		Exp.		621
			Ach.		277

Decentralised Planning					
60	PIP Received (Y/N)		2006-07	NRHM Division	Y
			2007-08		Y
61	Perspective Plan of the State Mission Period received (Y/N)				N
62	Date by when Perspective State Action Plan under NRHM shall be finalised for Mission Period			To be reported by the state	N
63	No. of Districts where Annual Integrated District Action Plan under NRHM prepared for 07-08				14
Immunisation					
64	Number of Polio Cases during 06-07			To be reported by the state	0
	Number of Polio Cases during 07-08				0
65	% of fully immunised children		NFHS-I	Published data	54
			NFHS-II		80
			NFHS-III		75
			CES 05		82.1
			CES 06		87.9
66	No. of Children vaccinated (in '000s)	BCG	since Apr 08	To be reported by the state	298069
			During last month Oct 08		45328
		DPT	since Apr 08		257242
			During last month Oct 08		41041
		Measles	since Apr 08		278700
			During last month Oct 08		43908
		Full immunization	since Apr 08		265975
			During last month Oct 08		38553
67	No of Districts where AD (.1ml, .5ml & 5ml) syringes are NOT available				0
Others					
68	No. of Districts where mobile medical units are working			To be reported by the state	7
69	No. of Health Mela held)		05-06		0
			06-07		0
			07-08		108

		08-09		13
70	No. of beneficiaries of Male Sterlisation 06-07	Exp		4600
		Ach		875
	No. of beneficiaries of Male Sterlisation 07-08	Exp		3739
		Ach.		1597
71	No.of beneficiaries of Female Sterlisation 06-07	Exp.		157804
		Ach		129014
	No.of beneficiaries of Female Sterlisation 07-08	Exp		128491
		Ach.		122528
72	No. of cases in prosecute of PNDT launches			0
73	No. of cases in which action has been taken under PNDT			0
74	No of districts implementing IMNCI			5
75	No of People trained on IMNCI till date			3 (TOT)
76	Funds released for selection of MNGOs 06-07 (Rs. in Lakhs)			90
77	Total No. of MNGOs in the state	as on 31-3-2004		
		Selected during 2005-06		10
		Selected during (06-07)		4
		Total		14
Ayurveda Yoga Unani Siddha Homeopathy (AYUSH)				
78	No. of PHCs where AYUSH practitioners have been co located (05-06)	Exp.	To be reported by the state	0
		Ach.		0
79	No. of PHCs where AYUSH practitioners are being co located (06-07)	Exp.		0
		Ach.		0
80	Whether AYUSH officer included in (Y/N)	Health Society		Y
		State Mission		Y
		Rogi Kalyan Samities		N
		ASHA Training		N
81	No. of AYUSH Doctors Posted on contractual appointment	CHCs		0
		PHCs		0
82	No. of AYUSH Paramedics posted on contractual appointment	CHCs		0
		PHCs		0
83	No. where AYUSH facilities is co-located	DH		0
		PHCs		0
		CHCs		0
84	AYUSH components included in NRHM PIP			Y

85	Funds sanctioned for AYUSH schemes during (In Lakhs) (as reported by DO AYUSH)		2006-07		
Financial Matters					
FINANCIAL MANAGEMENT UNDER NRHM					
86	Allocation in State budget for health & Family Welfare	2005-06	Amount in Rs in crore	To be reported by the state	1171.70
			% of total State Budget		4.18
		2006-07	Amount in Rs in crore		1295.57
			% of total State Budget		4.10
		2007-08	Amount in Rs in crore		1421.64
			% of total State Budget		3.65
		2008-09	Amount in Rs in crore		1543.13
			% of total State Budget		3.73
FINANCE REPORT IS ATTACHED SEPERATLY					
National Leprosy Eradication Programme					
105	Prevalence Rate/ 10,000			As reported by the state	0.23
106	Annual New Case Detection Rate /100,000				1.31
107	Among newly detected cases		Multi Bacillary%		63.20
			Female%		33.86
			Child%		8.35
			Visible deformity%		10.83
National Programme for Control of Blindness					
110	Total Cataract Surgeries in 06-07 (in lakhs)			As reported by the state	0.98
111	% Achievement				98%
112	#Intra Ocular Lens (IOL) implanted 06-07				93545
113	% IOL				93.5%
114	No. of School going children 07-08		Screened (in lakhs)		16.6765
			Detected with Refractive Errors (in lakhs)		0.5299
			Provided free glasses (in lakhs)		0.2001
115	Eye Donations in 2005-06				727
116	Eye Donations in 2006-07				786
	Eye Donations in 2007-08				992
National Vector Borne Diseases Control Programme					
117	Annual Blood Examination Rate for malaria (per 100 population)			As reported by the state	5.85
118	Annual Parasitic Incidence of malaria (per 1000 population)				0.058
119	Deaths due to Malaria				6

120	Cases of Kala azar		0
121	Deaths due to Kala azar		0
122	Confirmed cases of Japenese Encephalitis		2
123	Deaths due to Japenese Encephalitis		0
124	Dengue Cases		677
125	Deaths due to dengue		12
126	No of confirmed cases of Chikungunya		909C
National Iodine Deficiency Disorder Control Programme			
127	No. of Districts Surveyed	As reported by the state	14 + 6 (Resurveyed)
128	No. of Endemic Districts		14
129	Total No. of samples of iodised salt collected in 05-06		358
	Total No. of samples of iodised salt collected in 06-07		804
	Total No. of samples of iodised salt collected in 07-08		809
	Total No. of samples of iodised salt collected in 08-09		350 (upto July)
130	No. of Samples of iodised salt found confirmed to the standards		
	Confirmed (05-06)		228
	Confirmed (06-07)		487
	Confirmed (07-08)		441
	Confirmed (08-09)		262 (upto July 08)
National Tuberculosis Control Programme (3rd Quarter 1st July to 30th September 2006)			
131	% of TB suspects examined out of total new adult out-patient (target 2%-3%)	As reported by the state	2%
132	Annualized total case detection rate(per 1 Lakh Population)		76 / lakh population/year
133	Annualized new smear positive case detection rate (%)		64 %
134	Success rate of new smear positive patients (in %)		83 %
Integrated Disease Surveillance Programme (IDSP)			
135	Setting up of State surveillance Unit	As reported by the state	1
136	Setting up of District surveillance Unit		14

137	Establishment of EDUSAT Centre		15 (1 VSATSSU + 7 VSAT MCH + 7 Brad band)
138	Training of trainers		77

Acknowledgments

We take this opportunity to thank the entire team of officials from the department of health for their unstinting support and assistance in facilitating the visit of the CRM 2 team to the State of Kerala to observe the functioning of the National Rural Health Mission. To each one of us the visit was very beneficial and enriching.

We would also like to thank the office of the Mission Director, District officials in Thiruvantahpuram and Waynad districts for facilitating the field visits and interactions with various functionaries at the State and district levels. The enthusiasm of the official's right from the Secretary to the ASHAs in the villages was very infectious and encouraging. It gave a very positive view of the strengthening of the public health services.

We are not naming specific officials who contributed towards making this mission successful since there were too many of them who participated in the mission in a team spirit. We very much appreciate the kind assistance in arranging a suitable programme. We would like to express our gratitude for the courtesies

extended to the team during our stay. Many of the officials went out of their way to make our travel and stay comfortable.

May the spirit of the 'Arogya Keralam' spread beyond Kerala in the provision of health care services.

Team Members

Dr.Rattan Chand
Chief Director (Stat), MOHFW, GOI
Room No. 243-A, Nirman Bhawan
New Delhi - 110108
Telefax: 011-23062699
Email: cdstat@nb.nic.in

Sh. Amardeep Singh Bhatia
Director
Room No. 207-D
Nirman Bhawan, New Delhi - 110108
Telefax: 011-23063523
Email: asbhatia@nic.in

Dr.K.S.Jacob, MSG
Professor of Psychiatry, HoD Psychiatry
CMC Vellore - 632002
Tel: 0416-2284513
Fa: 0416-2262268
Email: ksjacob@cmcvellore.ac.in

Dr. Narendra Gupta,
AGCA" "Secretary, PRAYAS
1/32, Nehru Nagar Housing Board
Senthi, Chittorgarh–312025 Rajasthan
Tel. 01472-243788, 01472-243674
Telefax: 01472-243788, 01472-250044
Mob; 09413315144
Email: narendra531@rediffmail.com, rayasct@sancharnet.in"

Sh.Sunil Nandraj
Cluster Focal Point (HSD)

WHO, Room No. 531-37, A Wing,
Nirman Bhawan, New Delhi
Tele: 011-23061955
Mob: 09811419292
Email: nandrajs@searo.who.int

Address and contact details of select Senior Officials

Dr. Vishwas Mehta,
Secretary (Health & Family Welfare),
Department of Health & Family Welfare,
Government of Kerala, Secretariat Building,
Thiruvananthapuram - 695 001, Kerala
Office: +91-471-2327865, +91-471-2518255
Fax: +91-471-2327865
E Mail: secy@health.kerala.gov.in

Dr. Dinesh Aroara
Mission Director National Rural Health Mission
Department of Health & Family Welfare,
Government of Kerala,
RCH Building,
Directorate of Health Services,
Govt. of Kerala, General Hospital,
Thiruvananthapuram-35, Kerala
Phone - Off. +91-471-2518008
Email: mdnrhm@gmail.com, md-ker-nrhm@nic.in

Dr K Shailaja
Director of Health Services
Department of Health & Family Welfare,
Government of Kerala,
RCH Building,
Directorate of Health Services,
Govt. of Kerala, General Hospital,
Thiruvananthapuram-35, Kerala
Phone - Off. +91-471-2518008

Checklist for preparation of report				
2nd CRM 2nd Common Review Mission				
Sno	**Item**		**Done or Not**	**Remarks**
1	In title Chapter mention addresses & emails of officials		√	
2	Complete list of the facilities visited by the team should be compiled in the format given in the ToRs		√	
3	State specific mandate of the CRM articulated in the report			It is too huge
4	Are all the aspects mentioned in the chapter on findings of the 2nd CRM included in the reports. These include :			
	1	Assessment of the case load being handled by the Public System at all levels	√	
	2	Preparedness of health facilities for patient care and utilization of services		Incorporated in above section
	3	Quality of services provided	√	
	4	Diagnostic facilities at facilities and their effectiveness	√	
	5	Drugs and Supplies	√	
	6	Health Human Resource Planning	√	
	7	Infrastructure	√	
	8	Empowerment for effective decentralization and flexibility for local action	√	
	9	ASHA	√	
	10	Systems of financial management	√	
	10	HMIS and its effectiveness	√	
	11	Community Processes under NRHM	√	
	12	Assessment of non-governmental partnerships for public health goals	√	
	13	Systems in place for outreach activities of Sub-centre	√	
	14	Thrust on difficult areas and vulnerable social groups	√	

	15	Preventive & promotive health aspects with special reference to inter-sectoral convergence and effect on social determinants of health	√	
	16	Effectiveness of the disease control programmes including vector control programmes		
	17	Performance of MCH & Family Planning seen in terms of availability of quality of services at various levels	√	
	18	Assessment of programme management structure at district and state leve	√	