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LOCAL GOVERNMENTS AND HEALTH

25TH YEAR OF PEOPLE'S PLAN CAMPAIGN IN KERALA

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**25th Year of People's Plan Campaign in Kerala**
**Local Governments and Health**

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# PREFACE

As Kerala celebrates the 25th year of the People's Plan Campaign, this book aims to examine the role of local self-government institutions in the health sector. After decentralisation, the responsibility of providing healthcare services in Kerala was transferred to local self-government institutions (LSGIs). This led to improvements in the quality and accessibility of healthcare services, as well as increased community engagement in healthcare planning and delivery. By 1998, the state had achieved 100% institutional deliveries and immunisation coverage of BCG and polio vaccines for infants. They also play an important role in providing primary healthcare services, such as immunisation, maternal and child health care, and sanitation. They also play a role in the management of public hospitals and health centres. The support provided by LSGIs in setting up community-based initiatives to improve health, such as the Kerala Model of Community Health Care is also noteworthy.

However, the state still faces challenges, such as poor infrastructure in healthcare facilities, increasing medical costs, and increasing infectious diseases. It is currently working to address these challenges by investing in infrastructure, expanding health insurance coverage, and integrating palliative care into primary healthcare. As part of the Navakerala Karma Paripadi launched in 2016, the state government aims to resolve the existing gaps in various sectors, including health. Aardram Mission envisages the infrastructural development of the health care facilities in the state and provides affordable, comprehensive patient-friendly healthcare services to

the public. The state is also making efforts to build a sustainable primary health care system that will ensure "Health for All" for its citizens.

This book looks at various successful models of healthcare from various LSGIs across Kerala ranging from the success to story of Kollam District Panchayat to the Suraksha Comprehensive Mental Health Programme of the Chirayinkeezhu Block Panchayat and the Social mobilisation project for palliative care in Bedadka, Kasargod among others.

KILA appreciates and recognises the painstaking efforts of various doctors and other field experts for detailed documentation of these models of healthcare. This book is an outcome of the collective efforts of the field experts and the staff of KILA who carefully consolidated and curated the material. We acknowledge the combined efforts of all involved in the development of this book.

**Dr. Joy Elamon**
Director General, KILA

# CONTENTS


| Chapter. No. | CHAPTER | Page no. |
|---|---|---|
| | **Preface** | i |
| | **25 years of People's Planning- A Success story of decentralization of power in India**<br>***M B Rajesh***<br>*Minister for Local Self Governments, Rural Development and Excise Government of Kerala* | v |
| **1.** | **Introduction to Health System and PRIs in Kerala**<br>*Dr Divya C S*<br>*Ms. Sumitha T S* | 01 |
| **2.** | **How Kollam district panchayat remains a health champion: A case study based on life course approach**<br>*Dr Divya C S*<br>*Ms. Sumitha T S* | 09 |
| **3.** | **A case study on "Suraksha Comprehensive Mental Health Programme – A community-based rehabilitation programme of persons with mental illness and rehabilitation of affected families", under Chirayinkizhu Block Panchayat, Thiruvananthapuram**<br>*Dr Malu Mohan* | 17 |
| **4.** | **Shared decision space revived healthcare in Noolpuzha**<br>*Sumitha TS* | 31 |

| | | |
|---|---|---|
| **5.** | **Student Doctor Project of Kumarakom Gram Panchayat.** *T.U. Surendran* | 40 |
| **6.** | **Social mobilisation for palliative care in Bedadka, Kasaragod: the palliative care brigade** *Dr Rajalakshmi S, Dr Ravi Prasad Varma P* | 45 |
| **7.** | **Blazing a trail for comprehensive primary health care in the new millennium –a case study of Sreekrishnapuram panchayat, Palakkad** *Dr Aruna S Venu, Dr Ravi Prasad Varma P* | 51 |
| **8.** | **Health Sector and Mulanthuruthy Gram Panchayat** | 70 |
| **9.** | **A case study on the Impact of Veliyam Gram Panchayat in Kerala's health sector** *Sofia Babu* | 77 |
| **10.** | **Aryad Block Panchayat "Success Story of Ardramee Aryad"** *Sudhakaran C. K.* | 88 |
| **11.** | **Kannapuram Cancer Vimuktha Gramm Project – A Model Program Based on Community Participatory Approach in Cancer Prevention** *Dr. Satheeshan Balasubramanyan, Dr. A.P Neethu* | 99 |
| **12.** | **Eraviperoor Gram Panchayat and the Health Sector** *Adv. Rajeev* | 112 |
| **13.** | **Palliative Care: The Muhamma Model** *J. Jayalal* | 121 |
| **14.** | **Conclusion** | 133 |

**M B Rajesh**
Minister for Local Self Governments,
Rural Development and Excise
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# 25 years of People's Planning- A Success story of decentralisation of power in India

The People's Plan Campaign is a unique initiative that has transformed the landscape of developmental politics in Kerala. This great experiment encapsulated the democratic achievements, Kerala made over the decades. It included the land reforms initiated by the first Communist government led by EMS Namputiripad, the government which was the product of larger movement for land in the pre-independent era and also included the innumerable struggles for land- rights and surplus land in the post – land reform period by the tenants across the state.

In 1996, the state launched the People's Plan Campaign, which was designed and implemented as a successful methodology for transferring fund, functions and functionary that constitutional amendments in 1992 envisaged as the necessary condition to make the devolution of power possible. The campaign and the related process empowered the local level leadership and people at large to plan and implement their own development projects, ensuring inclusive development. Potential of our decentralized government system which was nurtured by the People's Planning process got its effective manifestation during the time of 2018

flood and Covid. Along with the Kudumbashree movement, decentralisation of power through the people's planning has achieved remarkable success in enhancing the quality of life of people of Kerala and expanding the vistas for economic wellbeing and social development.

Today, in yet another transformative moment of Nava Keralam, new responsibilities are placed confidently on the shoulders of local governments in Kerala. Government expects local governments to become the leaders of economic development by fostering the growth and employment on par with that of developed nations, as it has been in the case of human development. In the journey of creating a Nava Keralam, we also pin hope on our local self-government institutions to make Kerala waste free by clearing the waste produced in our own neighbourhoods through the sustainable systems.

The series of 25 books published by KILA is a valuable contribution to the knowledge base on decentralization, documenting the experiences of the People's Plan Campaign and capturing the essence of decentralization and the role of local governments in development. I am confident that these books will serve as a valuable resource for other states and countries that are striving to achieve sustainable development through decentralization.

I congratulate the team at KILA and the local governments of Kerala for their outstanding work and am proud of the achievements of decentralization in Kerala. I am confident that the state will continue to scale new heights in the years to come.

# 1
# Introduction to Health System and PRIs in Kerala

**Dr Divya C S, Ms. Sumitha T S**

**K**erala, the southernmost state of India formed in 1956, is hailed for its outstanding performance in health since 1970. Good performance in both health and non-health sectors had given the label "Kerala Model Development". The state stood distinct from other Indian states and is most often compared with developed countries in terms of health indicators. The high literacy rate was one main factor that lead to better health indicators. The federal structure gives primary authority to the States for different healthcare domains, including public health and hospitals. At the same time, the central government looks after fields of national importance like medical education, disease control, the medical profession, policies and programs, and the state budget. Healthcare in India is composed of allopathy, Ayurveda, Homeo, Unani, Siddha and traditional healers. Ayurveda, traditional healers and mission hospitals had played a significant role in improving the health status of the people. Public, private and cooperative sectors are engaged in the delivery of healthcare. It is essential to note the increase in healthcare facilities in the state between 1986 to 1996 as the National Health Policy (1982) pointed out the resource gaps in implementing health programs and urged the states to implement designs to encourage the private sector. Allopathic facilities in the private sector increased from 704 (1978) to 4288 (1995), constituting 75.8% of the

allopathic facilities in the state. There was a 5.6% increase in beds in the public sector and a 37.8% increase in the private sector. Understandably, 86.4% of the allopathic doctors were working in the private sector. Average health expenditure per year decreased from 10.45% (1960-1965) to 9.07% (1985-1990) of the total revenue in the state. Investment in healthcare infrastructure facilities decreased during the period, although the spending on human resources increased. Inadequate provisions in the public health sector and the spurt of the private sector without strict regulations have affected the quality of healthcare, accessibility, and affordability towards healthcare. This mirrored that the system is struggling to meet the needs of the people on the ground.

It is during this phase that the three-tier Panchayati Raj system got launched for decentralized governance. This resulted in the addition of 14 district panchayats and 152 block panchayats in addition to the 990 Gram panchayats in the rural local bodies. Meanwhile the Urban body comprised of 55 municipal councils and 3 municipal corporations. Additional local self-governments (LSGs) were formed after the 73rd & 74th Amendment Acts of the constitution, both in rural and urban regions. Kerala set the stage for implementing decentralized governance differently through a big bang approach by reversing the entire implementation process, by a campaign mode involving the public. The state did not delay the process by waiting for the system to prepare for the transformation. Local bodies were empowered to plan based on the needs of the community and the resources available. The entire process was executed with the involvement of the people and gave the local bodies the power to implement the approved projects. People's Planning Campaign was launched on August 17 1996, during the ninth five-year plan to involve people in every stage- situation analysis, planning and implementation. By the tenth five-year plan, the

decentralized government's institutionalisation was done to reinforce people's participation.

State government devolved 35-40 per cent of the budget to local bodies. Local self-governments (LSGs) are free to formulate and implement projects based on their priorities, following the state guidelines. Mobilisation of resources by the LSGs is possible through the decentralized governance in the state. Apart from own revenue, state plan allocation was meant for two purposes: while the first is for implementing LSGs own projects for local development (development fund or grants-in-aid), the second is for implementing Central or State programs. This devolution of funds was another aspect that made Kerala Decentralisation unique. LSGs were able to plan with autonomy with the untied grants in aid. Minimum and maximum percentage share of investments for the three broad development sectors- productive, service and infrastructure with 40-50%, 30-40% and 10-30% of the grant in aid respectively, health and most of its determinants fall under the service sector.

Agriculture and Irrigation, Animal Husbandry and Fishing, Education, Drinking Water, Sanitation and Health, Industry, Transport and Energy, Housing and Welfare, Culture, Women's Development, SC/ST Welfare and Cooperatives and Resource Mobilization were the twelve sectors identified in the beginning for the LSGs to plan based on the needs of the local region. People's Planning Campaign (PPC) was able to find a pragmatic solution comprehensively. The local bodies were expected to prepare their regional plans in a scientific, participatory and time-bound manner to utilise the funds earmarked for them by the state. The main phases of the planning process proposed were Gram Sabha (elected representatives and the community members meet), Development seminars (working group for

each sector, experts and volunteers discuss and prioritise suggestions from Gram sabha), the work of task forces, annual plan finalisation, phase, annual plan of higher tiers and Plan appraisal.

After decentralisation, primary health centres (PHC), community health centres (CHC), taluk hospitals and district hospitals came up under the respective LSGs. The medical superintendents in these healthcare institutions became implementing officers to plan and execute the projects based on the community's needs in consultation with the elected representatives, healthcare workers and members in the community. The government continued paying the staff members' salaries, whereas the concerned department recruits the health care workers. The LSGs have full managerial and partly disciplinary control over the transferred institutions. The LSGs will review the performance of the healthcare workers and necessary changes can be directed in line with the guidance from their departments. The concept of health was changed from health care to health and its determinants after decentralisation. This was possible by transferring various sectors like health, drinking water and sanitation to LSGs, delivering quality healthcare services, and ensuring the determinants of health became the responsibility of LSGs. The progress that the state has made since the implementation of decentralisation is because of the shared vision and participation in different levels; thus, the multilevel planning helped to form the highly acceptable "Kerala Model of Development" following the principles of accountability, transparency, autonomy, role clarity, participation and uniformity.

By 1998, the state attained 100% institutional deliveries and immunisation coverage of BCG and polio vaccines for infants. However, infectious diseases like diphtheria, respiratory infections, measles, pneumonia,

diarrhoeal diseases and enteric fever were a challenge to the state. Ruling governments that subsequently came to power made changes in the structure. There are thirteen sectors and the main processes of local planning: situation analysis, Gram sabhas, development seminars and the final approval of the project from the District Planning Committee. Plan and non-plan expenditure for the social service sector in 1985-86 became six fold in 1997-98. Until 2000, PPC mainly focused on training members to plan and execute projects in various sectors. Poor infrastructure in healthcare facilities, increasing medical costs and increasing infectious diseases were confronted by the state during 2000-2007, although there was a minimum of one healthcare institution in each Gram panchayat by 2004.

The National Rural Health Mission (NRHM) was launched on April 12, 2005, to provide accessible, affordable, and accountable quality health services to the poorest households in the remotest rural regions. A fully functional, community-owned, decentralized health delivery system with inter-sectoral convergence at all levels ensures simultaneous action on a wide range of determinants of health like water, sanitation, education, nutrition, social and gender equality come under this mission. NRHM focuses on a functional health system at all levels, from the village to the district. The Health Department with NRHM has undertaken several measures to upgrade/strengthen facilities in the public health system so that a large part of the insurance premium paid by the Central and State governments flow back into the public system. ASHA (Accredited Social Health Activist), a community health worker, is one of the key players under the NRHM for every village (1: 1,000 population). Ward Health, Sanitation and Nutrition Committee (VHSNC), introduced by the NRHM (now National Health Mission), is another platform to understand and resolve ward level health needs. Elected representatives, ASHAs,

healthcare workers and community members actively participate in the regular meetings. The epidemiological transition phenomenon shifts from infectious and deficiency diseases to chronic non-communicable diseases followed in Kerala. The NHM and dedicated national programs paved the way in taking up the challenge with the help of local self-governments.

Community participation, health and sustainable development are always intertwined. Kerala has witnessed community participation right from the PPC. Kerala Shastra Sahitya Parishad (KSSP) was a critical stakeholder in mobilising human resources from all walks of life. KSSP reached out to people from the early 1980s, and they continued their support during PPC. Another central stepping stone was the formation of neighbourhood groups. Later on, the building of Kudumbasree, a self-help group (SHG) constituted by the women in the state, took the lead in implementing any health-related activities in the state. The palliative care movement in the state during the late '90s also was able to bring forward more volunteers and groups. Altogether Kerala's community participation in health was vivid, barring age, gender or class difference and their contribution was vital and widely proclaimed, very well evident even during the recent disasters faced by the state.

The state is currently equipping itself to meet the targets of Sustainable Development of Goals (SDGs). As part of the Navakerala Mission launched in 2016, the state government aims to resolve the existing gaps in various sectors, including health. Aardram Mission envisages the infrastructural development of the health care facilities in the state and provides affordable, comprehensive patient-friendly healthcare services to the public. Transformation of Primary Health Center (PHC) to Family Health Center (FHC) focuses on individuals and families comprehensive health plans. Team building and Arogyasena (volunteers) emphasises onAardram

Mission. The state has already taken steps to integrate palliative care by making it mandatory for all the LSGs. Health insurance schemes were another domain the state has intervened to cover more people, unlike the central government's proposed scheme. CHISPLUS and Karunya Benevolent Fund are two schemes introduced by the state to increase coverage and reach out to patients with life-limiting illnesses. Thus, the state is making bold decisions to reach out to the people from all strata of society by building sustainable primary health care. Aardram Mission will also ensure value-based care; the evidence from cost and benefits would substantiate it. Decentralisation enabled community engagement on a large scale, and health is a vital sector with the visible engagement of multiple stakeholders from the very beginning. In line with the Astana Declaration (2018), "Health for All" was slowly and steadily becoming a reality in the state, but the unexpected pandemic should be dealt with before claiming any success further as health system resilience is essential for any region to claim the victory.

## Reference:


1. https://www.who.int/genomics/policy/india/en/
2. Nabae K. The Health Care System in Kerala-Its Past Accomplishments and New Challenges Journal of the National Institute of Public Health. 2003;52(2).
3. Varatharajan D, Thankappan R, Jayapalan S. Assessing the performance of primary health centres under decentralized government in Kerala, India. Health Policy Plan. 2004;19(1):41-51.
4. http://www.emro.who.int/emhj-volume-2-1996/volume-2-issue-1/article2.html

5. Local Democracy and Development: The Kerala People's Campaign for Decentralized Planning by T.M. Thomas Isaac, Richard W. Franke
6. https://kerala.gov.in/economic-review 1996-2020
7. Jungo, K.T., Anker, D. & Wildisen, L. Astana declaration: a new pathway for primary health care. Int J Public Health 65, 511–512 (2020). https://doi.org/10.1007/s00038-020-01368-5

# 2

# How Kollam District Panchayat remains a health champion: A case study based on life course approach

**Dr Divya C S, Ms. Sumitha T S**

**K**ollam district lies towards the Southern end of Kerala, next to Thiruvananthapuram. There are 70 Gram Panchayats and 103 villages under 11 block panchayats in the district. Additonally, there are 3 municipalities namely Punalur, Paravur and Karunagappally along with Kollam Corporation. The 5 Taluks (Kollam, Pathanapuram, Kunnathur, Karunagappally and Kottarakkara) include all the Local Self-government institutions in this district. Kollam is famous for its cashew industry and the harbours. The long coastline of Kollam is home to a large group of fisher folks. [1]

Kollam district panchayat is a model panchayat in terms of their achievements in the health sector. The panchayat has received Arogyakeralam Award 4 times consecutively and Ardrakeralam Award once.[2] LDF holds the chair since the formation of the district panchayat. A number of projects that gained national level attention in health sector were implemented in the region[3], which includes autism clinic, mathrusanthwananm, Snehathuvaala, Swapnachiraku, Palliative care and Jeevanam. Longer life expectancy indicates the efficiency of the health

sector. One of the major challenges faced by the district is the healthcare of elderly persons. There are 4 hospitals under Kollam district panchayat. They are; 1. District hospital, 2. Victoria hospital 3. District homeo hospital and 4. District Ayurveda hospital.[4]

Decentralization of health services in Kerala has made the framework and basic scenario for the panchayats to plan, implement and execute projects like these. One of the major achievements of decentralization is that the projects are made on the needs of the people voiced through a participatory assembly.[5] The shared vision and team work of the local self-governments and the transferred institutions makes those voices transform from dream to reality for the people.

## Life-course approach

The life-course approach in epidemiology is used to study the physical and social hazards during gestation, childhood, adolescence, young adulthood and midlife that affect chronic disease risk and health outcomes in later life. It aims to identify the underlying biological, behavioural and psychosocial processes that operate across the life span.[6] Since ageing is a lifelong process, a life course approach would help us to have an essentially optimistic outlook towards health. That it would enable the intervention towards a health issue in critical periods in life where key life transitions occur. For eg transition from adolescence to adulthood. This approach applies in the case of chronic diseases, infectious diseases and also to a wider notion of health and well being.[6]

There are certain benefits in following the life course approach;

1. It would help the health personnel to focus on all ages and stages of life.

2. Would help to humanise ill health as a part of the life course rather than considering it as a disease episode.
3. In addition to the curative and palliative aspect, more attention would be given to the primary interventions.
4. It gives an interdisciplinary lens to see the health and ageing process. It is not just the health sector involved in maintaining a person healthy, there are numerous factors from environmental to infrastructural adaptations.
5. It would widen the current approach towards health from the personal level to the population level. [7]

The relevance of the life course approach is significant when the health projects implemented by the Kollam district panchayat are examined. The major health sector projects were partly the result of the proactive work by the implementing officer and health workers as well. Adhering to the life course approach, the health care intervention in Kollam starts right from the birth. "Snehathuval" is an innovative project from Kollam district panchayat in association with Govt. Victoria Hospital, which is the mother and child speciality hospital in Kollam. All the new-born babies at Govt Victoria Hospital will receive disinfected towels free of charge while leaving the hospital. According to this project, every new-born is handed over to the parents wrapped in a new disinfected towel autoclaved in the hospital. In 2017-18 around 10 lakhs were utilized for this project and more than 6000 children benefited from this. This initiative has reduced the infection rate in new-borns to a very small number according to the health workers. "Sneha sammanam" is another project which is considered as an extension of "Snehathuval". "Snehasammanam" literally translates to a gift of love. As part of the project, the newly-born are gifted with a kit containing vitamin D3 drops, a cap, sweater, napkin and gloves. This is

intended to protect the child from hypothermia, hypocalcaemia, septicaemia and Vitamin D deficiency.[8]

"Swapnachirak" is a programme for all the children born at Victoria hospital till the age of 5 years. In this project, all the mental and physical developmental milestones of the children will be monitored till the age of 5. As per the procedures of the project, all the children born at Victoria hospital will be undergoing screening for hearing ability (OAE), newborn screening, blood test to screen intellectual disability, cardiac screening etc from the hospital itself before the mother and child are discharged. The information from the results of procedures conducted will be stored at the hospital and shared with the parents. Also the information and alerts regarding the immunisation dates will be given to the parents appropriately. A handbook detailing the developmental milestones from birth till the age of five is provided to the parents. Swapnachirak helps in identifying hypothyroidism, autism spectrum disorders etc at the early stage. Over fifteen thousand infants has benefited from this programme so far.

"Kutty doctor" is a project initiated in 2017-18. It is intended to have the active participation of students in health promotion activities with focus on disease prevention and primary healthcare and thus empower the children as well as create awareness. A major aim of the project is to cultivate a healthy life style, environment and society. Also it envisages to eliminate the unhealthy habits seen among children such as smoking, extensive consumption of fast food and junk food, use of tobacco products etc through counselling. A specific objective of the project is to enable all the students of class 8, 9 and 10 in the district to perform first aid by their own. This project is implemented with the coordination of a group of committed doctors and school teachers, who were given adequate training under the

district medical officer in order to facilitate transfer of knowledge to the students. Students from selected schools are being trained in the initial stage. This project is a clear illustration of how the local self-government works in cooperation and colloboration with different departments and different levels of the hierarchy. Though the project was started by the Kollam district panchayat, its success is also due to the support of the transferred institutions.

From the preventive and primary intervention aspects of a panchayat initiating a curative project, Jeevanam is a perfect example. The number of Kidney disease patients are high in the district, which demands for more dialysis facilities, which gave birth to the idea of Jeevanam project. There are 20 well-functioning dialysis units in the district hospital at the moment. The context of increasing number of Kidney patients among those suffering from non-communicable diseases, inspired the panchayat to implement this project. The dialysis service in district hospital is considerably inexpensive as compared to the charges in private hospitals in the region. "Jeevanam" is meant to provide free dialysis for Kidney patients. For that the district panchayat has coordinated with Gram panchayats and block panchayats and formed a Kidney welfare foundation society called "Jeevanam".

Another major focus is on palliative care. An initiative has been taken in making the Community Health Centres (CHC) elderly friendly. For this purpose, extended activities for palliative care project was planned and executed. Screening facilities to identify the retinopathy in elderly and prostrate diseases in male elderly persons and the facilities for the treatment of the same was started with a combined effort of hospital and panchayat. As part of the project, the infrastructure of district palliative care training centre was improved and it was upgraded to a permanent venue for the training programmes related to palliative care in the district.

It was during 2017-18, a chemotherapy unit was installed in the Kollam district hospital with the aid of district panchayat. Until then, majority of the cancer patients in the district was depending on Regional Cancer Centre Trivandrum for treatment. For the common people, the treatment cost of cancer is highly catastrophic, it was in this context the district panchayat implemented this project with Kollam district hospital. An amount of twenty lakhs was utilized for this project. As a part of this project, Beds, ICU and chemotherapy ward with modern facilities was implemented.

## Target specific interventions

Kollam district panchayat ,while planning the life course projects, targeted specific projects as well. They have specific health projects for the marginalised group of people in the district especially, coastal and tribal. Among the coastal population the prevalence of allergic diseases is higher. A homoeo medical camp called " swasthyam" is being conducted to tackle this, which was then extended to tribal areas as well. Another highlighted project is providing livelihood assistance to the transgender population in the district. For the welfare of transgender people, an amount of Ten Lakh was allocated.[9]

## Challenges:

"Political differences has never been a challenge in Kollam district panchayat" Says the President. It has been the same political party ruling the panchayat since years. So there are no issues of discontinuing of projects due to change of governing body. But still there were few implementing officers who had expressed unwillingness to initiate new projects fearing audit objection.The health standing committee chairperson as well as the plan clerk says that it is the teamwork that made all this possible. Winning

the Arogyakeralam award four times ascertains that it is the teamwork that has made the Achievement possible.

## References


1. Website of Kollam District Panchayat, http://kollamdp.lsgkerala.gov.in/about_us (accessed 24 January 2021).
2. Reporter S. Kollam local bodies bag top health awards. *The Hindu*, 1 June 2019, https://www.thehindu.com/news/national/kerala/kollam-local-bodies-bag-top-health-awards/article27401855.ece (1 June 2019, accessed 24 January 2021).
3. National award for Kollam panchayat. *The Hindu*, 20 April 2016, https://www.thehindu.com/news/national/kerala/national-award-for-kollam-panchayat/article8496897.ece (20 April 2016, accessed 24 January 2021).
4. History | District Kollam, Government of Kerala | India, https://kollam.nic.in/history/ (accessed 24 January 2021).
5. Elamon J, Franke RW, Ekbal B. Decentralization of Health Services: The Kerala People's Campaign. *Int J Health Serv* 2004; 34: 681–708.
6. Ben-Shlomo Y, Kuh D. A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives. 9.
7. World Health Organization. The implications for training of embracing A Life Course Approach to Health.
8. Information NC for B, Pike USNL of M 8600 R, MD B, et al. *Problems of the neonate and young infant*. World Health Organization, https://www.ncbi.nlm.nih.gov/books/NBK154443/ (2013, accessed 20 February 2021).

9. A special outlay for transgenders. *The Hindu*, 1 March 2016, https://www.thehindu.com/news/national/kerala/a-special-outlay-for-transgenders/article8297631.ece (1 March 2016, accessed 20 February 2021).

# 3

# A case study on "Suraksha Comprehensive Mental Health Programme – A community-based rehabilitation programme of persons with mental illness and rehabilitation of affected families", under Chirayinkizhu Block Panchayat, Thiruvananthapuram

**Dr Malu Mohan**

## Background

According to the findings of the National Mental Health Survey of India, 2015-16, the current overall prevalence of any mental disorders in Kerala is 11.36%. The range of mental disorders in the state include schizophrenia and other psychotic disorders, depressive disorders, bipolar affective disorder, neurotic and stress related disorders and alcohol and other substance use. [1] The suicide related statistics from the National Crime Records Bureau (NCRB) for the state has been rising and consistently higher than the national average over the past few years. The most recent statistics (2019) indicate that Kerala is among the top five states and Union Territories in India with a suicide rate of 24.3 (number of suicides per one lakh population, as compared to the national average of 10.3. These alarming statistics clearly underline the need for the state to prioritize mental health in its public health policies.[2]

The strong role played by multilevel local planning and decentralized governance in strengthening the public sector of Kerala, over a course of the past two decades, has been well documented in literature. The initiatives taken by the LSGs in various specific areas like primary health care, ensuring health services for underserved sections like the tribal populations and in palliative care have made a significant difference to health care in the state.[3] Based on the aforementioned statistics, mental health, which is one of the foundations of wellbeing and healthy functioning of both individuals and communities, is an area that needs urgent attention from governance.

In 2016, the Government of Kerala approved a pilot project proposed by the Department of Psychiatry, Government Medical College, Thiruvananthapuram, which aimed to develop a system to provide mental health care in rural communities and to rehabilitate PMI within the communities along with empowering their families through participation of Local Self Governments. The model programme titled '*Suraksha'* which is one of the first comprehensive programmes for the psychosocial rehabilitation of Persons with Mental Illness (PMI) at a community level, was implemented in the six Gram Panchayats functioning under Chirayinkeezhu Block Panchayat in Thiruvananthapuram district. [4] This case study aims to briefly describe the major components of the programme of *Suraksha* and to specifically delineate and elaborate on the critical role played by the concerned Local Self Government in its implementation. In addition to programme related documents available in the public domain, we have also analysed five In-Depth Interviews that we had conducted as part of an evaluation study conducted by Kerala Institute of Local Administration in 2019 to assess the impact of decentralized governance on the health sector of Kerala. These In-Depth Interviews were conducted among the major stakeholders associated with the programme –

representatives from the Block Panchayat, technical team, Gram Panchayats and volunteers.

## Origin, Objectives, Structure, Support mechanisms and Activities

### Origin

There is considerable shaming, labelling and stigma prevalent in societies against mental health issues, which are also the most significant barriers towards psychosocial rehabilitation and functional integration of Persons with Mental Illness. As of 2015, there were over 10,000 people residing in the various psychosocial rehabilitation centres under the Social Justice Department. These centres were so saturated that they could not take any more inhabitants and this situation made it imperative that the system came up with creative solutions to actualize community-based rehabilitation and integration.

The first half of the last decade (2010-2020) was marked by an acknowledgment by the state government of the need to address psychosocial rehabilitation of Persons with Mental Illness and witnessed numerous policy initiatives prioritising this concern. In 2012, the Kerala Registration of Psychosocial Rehabilitation Centres of Mentally Ill Persons' Rules came into existence. Consequent to this, the state government introduced the Grant-in-Aid Scheme to elevate the standards of psycho-social rehabilitation centres. Between 2013 and 2015, several training programmes were conducted for caregivers and counsellors at the Psychiatry Department at Government Medical College, Thiruvananthapuram. [5] In 2014-15, a Disability Census was conducted in the state of Kerala under the Social Security Mission and 12.72% of the population was found to be suffering from mental illnesses. [6] The State Level Advisory Committee for Psychosocial Rehabilitation under the Social

Justice Department convened and evaluated the achievements. The committee decided to call for proposals that work towards psychosocial rehabilitation to further the improvements in the area. This led to the pilot proposal which formed the basis of Suraksha. [5]

## Aim & Objectives

Suraksha aimed at comprehensive, community-based rehabilitation of PMI incorporating the spirit of a campaign mode intervention, much like the People's Planning Campaign and the Literacy Campaign, which left indelible marks in the history of the state. The programme which was designed as a tripartite venture of the Department of Social Justice, Department of Psychiatry, Government Medical College, Thiruvananthapuram and Local Self Governments, incorporated provision of **mental health facilities**, **mental health promotion**, **mental health care services** and **rehabilitation for people with mental health concerns** within their communities as close to their living and working situations. [4] The programme was to be spearheaded by the Local Self Governments and thus, decentralized/local planning and governance formed the crux of its design. It was intersectoral and included all-around participation from the local communities (doctors, other health care workers, local health system, ICDS staff, Anganwadi workers, social workers, community volunteers, ASHA workers and Kudumbashree workers) and families of PMI in its implementation.

Chirayinkeezhu Block Panchayat was selected as the LSG for the pilot project and the following objectives were set:

1. To formulate a community-based rehabilitation team at the Block Panchayat

2. To locally plan and develop mental health care facilities within the Panchayat
3. To analyze the situation and develop a plan accounting the resources and basic facilities required to develop a community-based psychosocial rehabilitation programme for PMI
4. To develop the resources and techniques to identify PMI in the community
5. To conduct a Rehabilitation Needs Assessment in the community, accordingly finalize the components of the rehabilitation programme and to develop a system/mechanism to implement it in the community
6. To train the families and caregivers of PMI to develop the necessary knowledge and skills in caregiving, mental health care, social participation and in securing social welfare schemes
7. To train the doctors, other health care workers, local health system, ICDS staff, Anganwadi workers, ASHA workers and Kudumbashree workers to form Suraksha task forces at Block Panchayat, Gram Panchayat and ward levels with adequate technical help from the LSG
8. To form self-help groups in every Gram Panchayat including families of PMI, caregivers and social workers and prepare them to experience the rights entitled to them under Rights of Persons With Disabilities (RPWD) 2016.
9. To enhance social awareness about the rights of PMI and spread awareness regarding laws like the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and RPWD.
10. To develop an effective model for the community-based psychosocial rehabilitation of PMI

A community-based assessment and a Rehabilitation Needs Assessment (RNA) was conducted at Chirayinkeezhu Block Panchayat. In an outreach

population of about 1.83 lakhs, the assessment identified 839 patients suffering from chronic mental illnesses, which was way more than the number initially expected from the community on the basis of the Disability Census conducted in 2015. Based on the RNA, 119 beneficiaries were initially identified and included in the programme for psychosocial rehabilitation. This one-time intervention was subsequently developed into an ongoing programme called the Suraksha Comprehensive Mental Health Programme as part of which 1281 cases of mental illnesses were identified and rehabilitated as of 2019 March (paper).

*"The idea was to support and rehabilitate people with disease within their communities. If possible, within the families by strengthening and supporting the families. Or if they don't have families, then they should be supported within their own communities. So, the communities should participate in the programme, realise that mental illness is like any other disease and we should help address the stigma."*

- Representative from an LSG, Chirayinkeezhu

## Structure of the programme

A Block level body was constituted to plan, implement, oversee and monitor the programme which was constituted by all elected members of the Block and Presidents of individual Gram Panchayats. The chairman of this monitoring committee was the Block President. A Block level task force was set up under the health standing committee and it is convened by Block level Medical Officer. The members of this task force included Medical Officers from Primary Health Centres (PHC) from each of the six Panchayats, Circle Inspector of Police, ICDS Supervisor, Assistant Education Officer of the area and the leaders of the prominent Non-Government Organizations. Similar monitoring committees were set up at

the level of Gram Panchayats too with the LSG President being the chairman. The PHC Medical Officers convened the task forces in the respective areas and the resources of the health system and ICDS available to each Panchayat were used for the programme. Ward level Suraksha committees and task forces convened by the ward members were constituted which formed the crux of community-based rehabilitation. The ward level committees were constituted by the Medical Officer, Junior Public Health Inspector, Junior Public Health Nurses, Kudumbashree workers, Anganwadi workers and ASHA workers.

## Support mechanisms

The necessary technical support for the project was provided by the Department of Psychiatry, Government Medical College, Thiruvananthapuram and the Head of the Department served as the Programme Officer of the project. A Nodal Officer, who was a Social Scientist from the department acted as the connecting link between the LSG and the technical team. In addition to providing training and capacity building to various stakeholders, service providers and volunteers, this technical team had also compiled the necessary training materials including a handbook on mental health and the role of community health workers in community-based rehabilitation, a checklist to enrol beneficiaries to the programme and developed the Action Plan that guided the programme forward. The initial survey and the Rehabilitation Need Assessment as part of the pilot project were supported by the Social Justice Department and implemented with the support of the technical team and the Block Panchayat. However, the infrastructure, medicines and human resources of the programme were supported by the Department of Local Self Government. A total of 12 doctors, 2 Psychiatric Social workers, 194 Health

Field Staff, 174 Anganwadi workers and 6 Gram Panchayat Coordinators were trained and equipped to support the programme.

## Major activities undertaken by the programme

a. *Training and capacity building* – Since the programme intended to integrate psychosocial rehabilitation of PMI as part of primary health care, capacity building of service providers was a major activity. ICDS supervisors and Anganwadi workers were trained to identify PMI in their area. Community health workers and ASHA workers were trained on the basis of the handbook that outlines their specific responsibilities. The Psychiatric Social Workers and the Co-ordinators at the Gram Panchayats who form part of the technical team also received training in supervision, service provision and in integrating the various services. A significant part of the training programme was also directed towards the capacity building of caregivers, who were trained in home-based care and management of PMI. They were also enlightened about community-based rehabilitation activities, their rights and entitlements.

b. *Identifying the People with Chronic Mental Illnesses in the community* – The initial list of beneficiaries of the programme were identified by trained Anganwadi workers who visited houses known to have patients with chronic mental illnesses in the community along with a Rehabilitation Need Assessment. The checklist explored the availability of basic needs like food, housing, caregiving services, treatment, medicines, certified disability status, access to pensions and other welfare services. The assessment is an ongoing process and is the responsibility of ward level taskforces constituted by field staff and community health workers.

c. *Community-based rehabilitation of PMI* – Ward level Suraksha committees were established in the 103 wards under the six Gram Panchayats chaired by the elected representatives in each ward. These committees oversaw the community-based psychosocial rehabilitation of PMI using the five -finger approach namely - food, shelter, care giver, treatment and medicine and social avenues and rights at their premises.

d. *Psychiatric examination of the identified people* - A medical camp was conducted at the Panchayat to provide psychiatric examination of the identified persons and the services were provided by the technical team.

e. *Establishment of weekly Suraksha clinics and provision of free medicines* – Two of the major challenges faced by PMI were continuance of regular psychiatric care and accessibility and affordability of medicines. Both these barriers were addressed in Suraksha. Psychiatric clinics were run on a weekly basis at the PHCs by trained Medical Officers and free medicines were provided. If required, patients were referred to higher centres like Government Medical College. Developing the necessary infrastructure, human resources and medicines at these clinics were assigned as the responsibilities of the Department of LSG.

f. *Establishment of first referral Psychiatric Unit at the Chirayinkeezhu Taluk Headquarters Hospital* – Weekly Suraksha clinics were established at the Taluk Headquarters Hospital, where the services of both Psychiatrist and Psychologist were available.

g. *Interventions towards regular psychosocial support* – In order to provide continued psychological support and motivation for the patients and caregivers, there are trained psychiatric social workers at the weekly clinics. The Gram Panchayat co-ordinators also arranged for home visits by social workers for special cases to provide guidance and counselling

services. There is also a Family Felicitation Centre at Block Panchayat which has the services of a Psychologist who offers psychosocial support, counselling and guidance to families of PMI to empower them. There is also a Block level coordinator who oversees the activities of the six Gram Panchayat co-ordinators. These interventions also include steps to support the PMI to be socially and economically productive members, such as employment, solving marital discords and so on.

h. *Ensuring that PMI receives all the entitlements deserved by them under RPWD* – The Disability Board at Taluk Head Quarter Hospital issues disability certificates so that PMI can avail the rights reserved in RPWD act and other welfare schemes. People with disability certificates and those with benchmark disability (40%).

i. *Self-help groups and support mechanisms for families and caregivers* – Self-help groups and support mechanisms for families and caregivers were formed which not only achieved community participation and stigma reduction, but also work as a collective or a body to present their needs to the administration and governments.

j. *Suraksha School Mental Health component* – As part of the primary prevention of mental health illnesses, a school health component was subsequently added to the programme in the context of rising stressors among the adolescent and young adults' population, especially due to the issue of substance abuse. This programme involves the training of teachers to quickly evaluate the physical, cognitive, emotional status and behaviours of school students and identify those who need further support.

## Impact of the programme as perceived by the stakeholders

The major achievements of the programme as perceived by the stakeholders include the following:

- Early identification of mental illnesses among community members
- Continued care for people suffering from chronic mental illnesses
- Referral services to those needed
- Psychosocial rehabilitation through the five-finger approach reducing homelessness and destitution of PMI
- Integrating and empowering families of PMI

However, the stakeholders, especially the members of the ward level taskforces and monitoring committees, also perceives a clear impact on the **awareness among community members towards mental health** and **greater acceptance and participation of the community towards PMI and the programme**. They felt that local neighbourhoods, especially the youth were **more accepting of mental health concerns** and this had an impact on the level of **stigma around the issue**, although there is still a long way to go. In addition to the number of PMI and families who have been supported and empowered through the programme, the campaign mode in which mental health promotion was conducted in the community also had a sustainable effect. The **Arogya Keralam** award given to Chirayinkeezhu Block Panchayat for Suraksha is also an indication of the merits of the programme being acknowledged at the State level.

## Major barriers faced by the programme

*Misconceptions regarding mental illnesses and rehabilitation among the stakeholders* - Initially there was resistance perceived from several quarters within the local community, driven primarily by low awareness and stigma, which had to be addressed by the technical team before the programme was

fully launched. There were misconceptions regarding the idea of "rehabilitation" too. People associated the term rehabilitation with provision of food and shelter for PMI, while the technical team in accordance with international and national guidelines defined it as the fully functional integration of PMI as socially and economically productive members of their local communities along with empowering the families to be strong support systems.

*"Many people think rehabilitation for people with mental issues is just giving them food and a roof. They really don't think that these people can be productive. That notion had to be changed. Many also were not initially interested in starting the programme as they saw it as a programme for the unstable"*

- Member of the technical team of Suraksha

*Lack of integration with the health department, especially with the District Mental Health programme* – There is a District Mental Health Programme and its lack of convergence with Suraksha and that has led to duplication of services. Some of the stakeholders opined that the District Programme has not shown adequate willingness to integrate with Suraksha which is largely perceived as an LSG project by a Block Panchayat rather than a public health initiative, indicating the persistence of silos, which in effect, defeats the purpose of decentralized governance. The convergence of the programmes could have far reaching positive consequences including a potential scale up to the whole of Thiruvananthapuram district.

*"We are not even asking them to work with us (the District programme). We are saying they should guide us with all their experience. Because we are a totally different model and we are not their substitute or competition in anyway. But the situation was that in PHCs where they visited, our clinics could not work"*

- Representative from the Suraksha technical team

## Sustainability of the programme

The state funded project of Suraksha was implemented in six Gram Panchayats under the Chirayinkeezhu Block Panchayat between 2016 October and 2019 March. In its second phase, Suraksha started running on its own wheels with just the technical support from the original team from the Psychiatry department. Budgetary allocation was made in 2019 for continuation of the programme under LSG Department. The infrastructure, the basic facilities, the action plan, the training materials and the human resources are already set and this enhances the viability and sustainability of the programme. The Suraksha clinics at PHCS and Taluk Hospital, the committees and task forces at various levels, the services of the trained professionals like Medical Officers, field staff, community health workers and Block level Family Facilitation and Preventive Clinics are functioning uninterruptedly. The programme is currently being driven entirely by the LSG financially and executively. The Gram Panchayats have appointed counsellors and are continuing the services ably supported by the Block level task forces.

## Potential for a scale-up

Suraksha is a comprehensive model clearly conceptualised for psychosocial rehabilitation for PMI at a community level and it has been designed with local planning and decentralized governance at its centre and it has retained the spirit of the celebrated social campaigns of the state. The Chirayinkeezhu experience, the impact and the sustainability, suggests that the programme is extremely promising with a clear potential for scale up to all the 152 Block Panchayats of the state.

## Reference:


1. Murthy RS. National mental health survey of India 2015–2016. Indian journal of psychiatry. 2017 Jan;59(1):21.
2. https://www.thehindu.com/news/national/kerala/suicide-rate-goes-up-in-kerala/article32505073.ece
3. Elamon J, Franke RW, Ekbal B. Decentralization of health services: the Kerala People's Campaign. Int J Health Serv. 2004;34(4):681-708. doi: 10.2190/4L9M-8K7N-G6AC-WEHN. PMID: 15560430.
4. Nazeer E, et. al. "Retrospective analysis of the program Suraksha Community Based Rehabilitation of person with mental Illness and empowering the affected families" Social Justice- Psychiatry MCTVM pilot project at a rural block Panchayat in Kerala, S. India 2019." IOSR Journal of Humanities and Social Science (IOSR-JHSS), 25(9), 2020, pp. 45-55.
5. Report on Suraksha (GO(RT)486/SJD/2016 Dt.24.10.2016)
6. https://drive.google.com/file/d/1Iy59Xe9xiX0QGZM2uVFxnVbnwnlF0Cm/view

# 4

# Shared decision space revived healthcare in Noolpuzha

**Sumitha TS**

## Background:

**N**oolpuzha Gram panchayat is located in the serene Wayanad district and is the only panchayat in -Kerala, bordered by Tamil Nadu and Karnataka. The panchayat consists of Kidanganadu, Kuppady and Noolpuzha villages and falls under the Sulthan Bathery block panchayat. Wayanad district is known for its agricultural practices; the community witnessed a tremendous shift to the agricultural economy during the 1930s when the people from other parts of the state relocated to the district and explored possibilities in the section. Noolpuzha panchayat is the second most tribal populated panchayat in the district. More than 40% of the people residing in the panchayat belong to the tribal communities. Kattunaayikka, Paniya, Kuruma and Ooraali are the tribal communities living in Noolpuzha, of which Kaatunayikar falls into Particularly Vulnerable Tribal Group (PVTG).[1] According to the 1996 development report, the majority of these tribal communities depend on the then Primary Health Center (PHC) for treatment, with about 200 people reaching the PHC daily.[2] During that period, physical access to the PHC was quite difficult, the institution lacked essential human resources, had limited infrastructure, and there was scarcity for even emergency medications. However, the situation has drastically changed over the past two decades, and the Noolpuzha PHC has

now transformed into a Family Health Center (FHC). The FHC is widely recognized for its achievements. The FHC secured the first position in National Quality Assurance Certification (NQAC) and for its innovations.[3] Noolpuzha PHC was upgraded to FHC under the Aardram mission, the state government's flagship program.

## Local governance and local health system - the role of a shared decision space

The decision space approach in decentralisation explained by Bossert identifies series of functions (like health service delivery, governance) for which local authorities are granted some decision making authority; this can vary from little local choice to little constraint on local choice.[4] The shared decision space facilitated through the decentralized governance helped the local level administration and health system team to work together to develop Noolpuzha Family Health Center.

*"Development should be creative, and it is the mind that is more important. An individual alone cannot create history, and only a team could make history"*

-Noolpuzha Gram Panchayat President, 2019.

## The transformation of Noolpuzha PHC

A couple of years back, when the present doctor took charge as Medical Officer in the PHC, the institute lacked basic infrastructure-like patient beds and chairs for healthcare workers. The doctor's initiative to discuss with the Gram panchayat president about the same as a first step changed the Noolpuzha PHC. The first meeting between the Noolpuzha Gram panchayat president and the doctor lasted for more than an hour, and the president offered full support to the doctor, who was also the then implementing officer of health in the Gram panchayat. Since PHC is one of

the transferred institutions after the 73rd and 74th amendment of the Indian constitution, it is the responsibility of the Gram panchayat to develop it into a people-friendly facility.[5] The Noolpuzha Gram panchayat (local-self government), with panchayat president being the leader, prioritised health and education right from the beginning and thus they guaranteed their full support to the doctor. The team prioritised the needs and the list of changes to be made in the PHC during the staff meeting as the next step. As a result, it was realised that changes are required in the ongoing construction of the out -patient block of the PHC. The doctor went through the plan already prepared for the ongoing construction and suggestions proposed by the PHC team. It was then conveyed to the Gram panchayat president, who immediately took action by contacting the district collector and then the responsible person to make necessary changes in the plan and hence the ongoing construction. In the priority list prepared during the discussion with the PHC team, the next item was the newly constructed out-patient block's furniture. The Gram panchayat supported them with almost 30 lakh INR to procure and fix the furniture.

Noolpuzha FHC is the first facility that started e-health under the Gram panchayat project. E-health was introduced to make certain improvements in the quality of services. The FHC and the Gram panchayat constructed a SHE toilet and made modifications in the labour room by installing new equipment, including an air conditioner, using the Women Component Plan (WCP) fund. About 18 lakh INR from the WCP fund was utilised for the FHC, which would have otherwise been used for supporting women in poultry farming or in buying tailoring machines. The team was pushed to utilize WCP funds for the FHC as the general funds available for health were over. Local administration and healthcare teams shared the vision and

decision space, making it possible to implement the much-needed changes in the healthcare setting.

Many infrastructural changes were made in the FHC like the patient's waiting area, modular furniture in the laboratory, napkin vending machine, incinerator, modifications in the primary area, secondary area, in-patient wards, telemedicine facility, and generator for smooth functioning in case of power failure. A childrens' park was built as the Gram panchayat following the footsteps to become child-friendly panchayats and FHC was a transferred institution. The Gram panchayat's share for elderly was utilized in making an elderly corner in the FHC. General patients in the FHC are provided with food from the panchayat's own fund, whereas tribal patients admitted to the hospital are provided with food from Tribal Support Plan (TSP) fund. The FHC has arranged an accessible transportation facility for older people belonging to tribal communities, disabled, pregnant women and women with infants residing within a 5 km radius of the hospital using an electric rickshaw. The local self-government purchased the e-auto by spending about two lakhs INR.[6]

*"There are numerous funds for a Gram panchayat, we can use it wisely based on our requirements. Both the local self-government and the health department have the responsibility to train about project preparation and submission."* - Medical Officer-Noolpuzha FHC, 2019

## Challenges:

The major challenge raised by most of the implementing officers is about the audit objection that they might face. Interestingly, implementing proactive officers like the doctor in Noolpuzha has their ways to overcome audit objections and reinforces that auditing should never be seen as a challenge; it is one method to ensure transparency in the entire process. For

example, the e-tender call for building SHE toilet in Noolpuzha FHC was with the requisite of one year warranty but the company that got the e-tender mentioned only six months warranty on paper which the auditors objected to. Further, the doctor, who is also the implementing officer, wrote to the company for a revised document with one year warranty; this was then submitted to the auditor by the implementing officer. .

As a team, the Noolpuzha local-self government is a success in health care for its needs-based innovations utilizing the decision space available through decentralization. There are eight sub-centres under the FHC, and the total staff members in FHC and sub-centre counts to about thirty-two.

The Gram panchayat also has elected representative working for health, the health and education standing committee chairperson. Other than these, Oorumithram ASHAs (Accredited Social Health Activists) selected from the colonies of tribal communities. They are trained to identify and report health or related problems to the health workers in the FHCs. The best part of Oorumithram ASHAs is that they are very familiar with the language (each tribal community has their language to communicate by speaking, which may not necessarily have the writing format) used by the community members they belong to the community.

The doctor prepared almost all the projects in health initiated by the panchayat after he took charge. The consistent support by the local self-governments and health workers team is worth mentioning. They would not have reached this phase of achievement if it was not for the same doctor and local self-government with their teams.

*It is the responsibility of the implementing officer to work on every project and brief the working group members. Implementing officer should find time to attend all the*

*Gram panchayat meetings and communicate all the possibilities with the team there. It is the Gram panchayat governing body that stands above the implementing officer*, says the doctor.

## Determinants, needs and coordination:

The subsequent local governments in Noolpuzha Gram panchayat identified the importance of focusing on social sectors like education and health to develop its citizens. They acknowledged it as their duty to make available all necessary provisions, especially to the most disadvantaged sections. Within the constraints of resources, especially with a limited panchayat fund (own fund), they went ahead with development activities. They were primarily supported by the tribal plan fund, which is in proportion to the tribal population under the governance of each Gram Panchayat. Despite criticism from the various quarters, the local government was determined to continue with more significant investment in health and education and substantiate their position that development is not just constructing roads, drainage, bridges or buildings, but the community's overall social improvement. This viewpoint enabled them to support paddy farmers, dairy farmers and children at the verge of being drop-outs. About 1600 hectares of paddy field and the Gram panchayat gave the farmers more than a crore rupees. *"Paloli Padhati"* was initiated to empower dairy farmers through *thozhilurappu (which ensures daily wages and work for common man)* and gave an additional Rs.3 to them for every litre of milk produced. Every year, the panchayat spend almost ninety lakhs for public taps to ensure people's drinking water. The LSG also implemented the district panchayat program for "Drop-out free Wayanad". The project was implemented by understanding the living context of the children as many of them are from tribal communities, and most of them live in a remote part of the panchayat. About 1100 children from the first standard

to the fourth standard were assessed for their socio-emotional learning. It was made sure that the children acquired the essential educational concepts appropriate for their age and ninety per cent attendance. There are schools that exclusively function for children belonging to the backward tribal communities, and commutation facilities are arranged for children from remote areas.

Along with the Gram panchayat, the SC/ST ministry of the state through the tribal department is running several projects to better the quality of life of the people in the tribal community. To ensure a nutritious diet for the newborn children in tribal community till one year and their mothers, the department issues 2000 INR from the third month of pregnancy until the child reaches one year. The Noolpuzha FHC has added a new aspect to this project by including a caregiver to take care of the women during delivery while in hospital; this caregiver is called "Gothra AMMA". The tribal department also provides financial support (2500 INR per month) to sickle cell anaemia patients belonging to the tribal community.

Sickle cell anaemia is seen as a hereditary disease among tribal people in several districts of the state. The FHC runs a mobile medical unit to provide services to the tribal community by reaching out to their settlements. Common diseases among tribal members like skin diseases, infectious diseases, anaemia and all are treated by the healthcare workers of the mobile medical unit. Community kitchen is yet another project by the department, this is to prevent malnutrition among members; cooked food will be provided for pregnant women, breastfeeding mothers, children, widows, elder members, adolescents and members with mental health issues. Community kitchen is a cooperative project where we could find kudumbasree (self-help group) members and panchayat running the kitchen. Another cornerstone laid by the department is Scheduled Tribe

Promoters (ST promoters) deployment from the panchayat itself. These ST promoters will be trained and assigned to take care of tribal colonies. The ST promoters' acts as the bridge between the panchayat and departments for the wellbeing of the tribal community members. Their activities involve assisting the members in getting Aadhaar cards (identity cards), ration cards (used for public distribution), health insurance, etc. The promoters are well aware of the community members; they understand their needs and address it by coordinating with all the other stakeholders. "Oorukootam" are the group meetings conducted in each colony. This person leads the specific tribal community called Ooru moopan, ST promoters, elected representative from the ward and community members participate in these meetings. Such meetings are conducted by both the tribal department and local self-government. Local self-government usually conducts these meetings before Gram Sabhas (ward level meetings). Discussions will be on the needs of the community members, beneficiaries for various programs and various government projects and schemes. The Kerala Institute for Research Training and Development Studies of Scheduled Castes and Scheduled Tribes (KIRTADS) supports the traditional tribal healers with a grant of 10,000 INR per year.

In short, decentralization has enabled grassroots level planning, implementation and innovations. Institutionalization of grassroots level planning through oorukootam, Gram sabhas and working groups (in local self-government level) has been mechanisms to assure that the unheard voices will be heard for making decisions (plans). Decentralization has also enabled parallel structures to affirm transparency and accountability. Implementing officers in each sector are responsible for planning and executing projects, whereas there will be various kinds of processes like financial and social auditing for monitoring. In this multi-level

decentralized planning followed in Kerala, every person in the cycle has their own space and roles to be a part of development.

## Reference:


1. https://en.wikipedia.org/wiki/Particularly_vulnerable_tribal_group
2. Kerala State Planning Board. Development Report 1996 *(accessed from Kerala State Planning Board Library)*
3. https://www.thehindu.com/news/national/kerala/13-govt-hospitals-get-nqas-certification/article25145841.ece
4. Bossert TJ. Decision space and capacities in the decentralization of health services in Fiji: Comment on "Decentralisation of health services in Fiji: a decision space analysis." Int J Health Policy Manag. 2016;5(7):443 – 444. doi:10.15171/ijhpm.2016.51
5. Isaac TT, Franke RW. Local democracy and development: The Kerala people's campaign for decentralized planning. Rowman & Littlefield; 2002.
6. https://english.mathrubhumi.com/news/good-news/noolpuzha-health-centre-arranges-free-e-auto-rides-for-patients-health-1.3232274

# 5
# Student Doctor Project of Kumarakom Gram Panchayat

**T.U. Surendran**

Kumarakom Gram Panchayat lies on the eastern bank of Vembanad Lake. Kumarakom is famous for tourism: Back Water Tourism and Canal Tourism. This is a land of paddy fields and coconut farmers. Fishing has also developed as an occupation. The population as per 2011 census is 22736 and has now increased to 23000 .Fifty percent of the people are engaged in agriculture. The financial status of the people is average. Tourism is improving as an income generating opportunity. Kumarakom has an inevitable role in the history of the People's Plan Campaign. In the 9th five year plan we have included important projects. We were were also in the PLDP project. Various projects were experimented. Women empowerment projects, educational projects, health sector projects and so on. We started the former form of '*Kudumbashree'* that was *'Gramlakshmi'*. The famous 'Women Thattukada' is first introduced by this Panchayat. This got coverage in Akasavani, Dooradarsan and other international channels. "Ayalkootta Vidhyabhyasa Paripady" to improve the educational status of the students from common families, was copied by many states in India as well as other countries. Kumarakom was in search of various beneficial projects for the last 25 years.

Here, the premium project "STUDENT DOCTOR "implemented by Kumarakom Gram Panchayat in the Thirteenth Five Year Plan is discussed. This project is an offshoot of AYALSABHA of Kumarakom Panchayat and Gramsabhas of various wards. It is a proposal to fulfil the medical needs of the society. The project is introduced in the service sector. It is designed as an educational project but implemented as a health sector project. It has multi level objectives. It fulfils the demands of various working groups and Gramsabhas. It is implemented not only in the health scenario, but in educational, social welfare and child friendly areas. A democratic functioning is also aimed. This was the spirit of the project. The people identify their own health problems. As a result of this, the project health staff was compelled to perform their duties efficiently. The society identified the medical needs of the common people, especially the senior citizens. Health department designs great plans but they reach the grass root level very rarely. The Gram Sabhas proposed a change. These plans must reach the poor also. They designed a supporting programme. The education working committee proposed that there must be programs to create sympathy and empathy to the society from the students.These two proposals are fulfilled in one project,that is the STUDENT DOCTOR PROJECT. We can summarise the aims of the project as follows

1. To provide health attention to aged citizens. Take care of their problems. Interaction with the aged people frequently to overcome their loneliness.
2. To create a culture in waste management. Monitoring by the students will make a tremendous change in waste management.
3. To positively utilise the service mentality of children. Create good habits for their future and provide a positive social experience.

4. This project aims to bring the students out from just text book learning to an exposure to social problems and also to react positively.
5. To use their leisure time for society. To learn the various problems of the individuals who are living with them. To create sympathy and empathy to the society.
6. To help the ARDRAM MISSION to fulfil their tasks like social auditing of health activities. It demands the active presence of health staff in the field.

One and a half lakh rupees is estimated for this project. The Panchayat has a functioning platform of Neighbourhood groups. It is now changed to 'Ayalsabha'. We selected 9 students in an Ayalsabha, who were studying in 9th and 11th standard. 3 students in a group. One group will visit a maximum of 20 households in two weeks time. They were guided by a senior person who has experience in the health field. The Ayalsabha will provide them refreshments and other facilities. The group will interact with the families. All these 20 houses will be in the surveillance of each group. They assess the health status of each family, especially the senior citizens. They educate the households about the importance and need of healthy waste management and give information about epidemics and the preventive measures.

210 students were selected for this purpose and were trained by experienced doctors. The second phase of training was conducted by Dr. Sairu Philip (Govt. Medical College, Alappuzha) and team. The team acquainted the students with First aid, the spread and reason of epidemics, lifestyle diseases, food habits, how to interact with the households and especially with aged people. Practical training was also done. Students reacted happily to this. They stated that it was an unforgettable experience

for them. They were trained how to use simple machines like thermometer, glucometer, BP apparatus etc. Practical classes were conducted on how to use these equipment. It was a thrilling experience for the students.

They visited the houses regularly. The ASHA(Accredited Social Health Agent) workers also accompanied them. In the beginning the health field staff also accompanied. The student group visited the houses, assessed the premises, and gave directions to improve the health and hygiene conditions. They approached the elders with respect and patience. It was an exciting experience for the aged people. They felt someone was there to care of them. The team enquired about their health, their needs and their sorrows. They engaged with the seniors with smiling faces and lovely conversations. All the houses adapted to this in a short time. They arranged their houses, premises in a healthy manner. They were happy to welcome these young doctors. The seniors eagerly waited for these young companions. The aged one stated that they were forgetting all kinds of their sorrows in the presence of these young doctors. It was an enlightening experience for the society as well. They opined that the work of the 'Student Doctors' influenced them and changed their health habits.

The panchayat purchased a sufficient number of apparatuses as provided in the provisions in the project. With the help of this, students measured the temperature, pressure level and sugar status. With the help of the table, already given to them, they assessed situations, and directed the needy to health centres for further checkups. The whole panchayat came under a health surveillance. Preventive measures of the society improved. Health and Sanitation activities were improved. The sympathy and empathy levels were positively impacted. The students realised that they had something to do for society, especially for the aged ones. The field experiences enhanced the student's self confidence. All the activities done in the field were

voluntary. Expenses for training and cost of equipment were included in the project.

Although 1.5 lakhs was allocated to this project, expenses were limited to 1.1 lakhs. Major part of the expenses was met by local contribution. The work in this project was done voluntarily. The supporting system was strong. The Ayalsabha monitored all the actions and gave directions.

It was a well-received project which the beneficiaries welcomed whole heartedly. However, the presence and cooperation of the health staff was not up to the expectations. There were some practical hindrances and obstacles which delayed the activities. Development and Public Health should be complementary. Participatory and contributory work from the public and the healthcare system will pay rich dividends.

# 6
# Social mobilisation for palliative care in Bedadka, Kasaragod: the palliative care brigade

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**P**alliative care is the care that is provided to a person with life-limiting or life-threatening illness with an aim to sustain or improve the quality of life and alleviate distress as much as possible, be it physical, psychological, social and spiritual. The World Health Organization considers palliative care an essential component of primary health care and an ethical responsibility of health systems. This approach calls for a holistic assessment of needs of the 'person' and family affected (in addition to diagnosis and treatment) throughout the life course. Thus, care starts with a diagnosis of severe illness that limits quality-of-life drastically and continues till after death, in the form of support to the bereaved families. Poverty itself is considered pathogenic and therapies to be often associated with catastrophic expenses. Access should start from the patients' homes and active involvement of communities and community members thus becomes imperative. (1) Kerala has been experiencing an increasing proportion of elderly population as well as increasing prevalence of chronic non-communicable conditions, and there are a lot of persons with serious life-limiting conditions like stroke, severe frailty, chronic conditions of the heart or brain, cancers of various types, chronic breathing problems etc.

Such patients and their families require support for physical symptoms, psychological distress and distress arising from social limitations and consequences of the illness.

Kerala has a long history of providing good quality palliative care through community-based initiatives like the Neighbourhood Network of Palliative Care that began in Kozhikode district and was expanded and scaled up impressively in Malappuram. (2) Other neighbouring districts like Wayanad and Kannur too followed suit. In fact, by the early to mid-2000s, Kerala had already demonstrated as possible a lot of the concepts implied in the WHO document mentioned earlier. Subsequently, the state of Kerala itself emerged as a 'model' in terms of establishment of and access to palliative care services, particularly since the implementation of the palliative care policy in 2008. The policy was the first of its kind in India, wherein all local self-government institutions (LSGI) were mandatorily required to implement palliative care projects. (3, 4) Thus, while institution strengthening and capacity building was considered the responsibility of key stakeholders like the Directorate of Health Services (DHS) and the National Rural Health Mission (currently, National Health Mission, NHM), the implementation stakeholders at the grassroot level were the institutions under the local self-government department, namely the three tier-panchayat system and the formal urban local bodies. The broad guidelines of the policy require each LSGI to recruit a trained palliative care nurse, along with provision of medications, basic equipment and referral if required. A home-care "team" consisting of a nurse, people's representatives, field staff of the health department and ASHA workers was expected to make the visits. The palliative care nurse is expected to provide home based care on four days in a usual week, each home care comprising about 8 home visits to patients who are bedridden or homebound. Fulfilling

this would amount to a daunting task, given the demographic an epidemiological transition that Kerala is going through. Travel costs can also be very high. It is in this context that the Bedadka Gram Panchayat has shown the way of how this may be achieved in an innovative manner that can be considered as a model for other institutions in Kerala and even for other parts of the country and developing world with similar resource constraints.

## About Bedadka Gram Panchayat

Bedadka is an upper midland Gram Panchayat in Kadadukka block, Kasargod taluk of Kasargod district lying with an east to west slope. It is a typically rural upper midland Gram Panchayat in Northern Kerala. (5) Bedadka Gram Panchayat was formed in 2005 bifurcating Kuttikkol Gram Panchayat. It has a total land area of 85.18 sq/km. There are 17 wards. The total geographical area is 3624 hectares with a total population of 13,476. As in 2019, Bedadka village comes under Uduma assembly and Kasaragod parliamentary constituency. Kasaragod is the nearest town to Bedadka which is approximately 27 km away. (6) Bedadka has an Average Sex Ratio of 1086 which is higher than Kerala state average of 1084. However, the Child Sex Ratio for the Bedadka as per census is 891, lower than Kerala average of 964. Also, Bedadka village has a lower literacy rate compared to Kerala. In 2011, literacy rate of Bedadka village was 86.69 % compared to 94.00 % of Kerala. (7) The Panchayat is notable for have sustained active paddy cultivation despite the onslaught of cash crop cultivation facing the state and the Panchayat leadership and collaboration with the Agriculture department has been pivotal in maintaining this. The Community Health Centre (CHC) in Bedadka panchayat has eight sub-centers. The panchayat along with the CHC are working together to achieve good results in the health and wellness of the people and they are providing effective health

services to the population served by these institutions. Additionally, the taluk hospital of Bedadka taluk is located within the Bedadka panchayat.

**Table 1. Summary of Bedadka Gram Panchayat demographics (2011 census)**

| Particulars | Total | Male | Female |
|---|---|---|---|
| Total No. of Houses | 2,985 | - | - |
| Population | 13,476 | 6,460 | 7,016 |
| Child (0-6) | 1,473 | 779 | 694 |
| Schedule Caste | 295 | 141 | 154 |
| Schedule Tribe | 1,279 | 658 | 621 |
| Literacy | 86.69 % | 90.57 % | 83.22 % |
| Total Workers | 5,451 | 3,663 | 1,788 |

## Palliative care programmes in Bedadka Panchayat

The palliative care project in Bedadka provides out-patient care, home care and medications to bedridden and homebound persons. An out-patient clinic is conducted every Tuesday. Regular home visits happen and often include doctors - the Health Centre doctor, and the Ayurveda or Homoeopathy (AYUSH) doctor. On occasions, specialist doctor visits have also taken place when indicated. For the very elderly people who are bedridden, the doctor's team will visit twice a month. AYUSH doctors will visit patients who prefer AYUSH medications. Under the palliative care project, the health department started counselling services for patients who are suffering from severe mental stress or discomfort. Dialysis patients receive a lot of support in Bedadka Panchayat in terms of support for

medications as well as for consumables that the patient is expected to buy. This was initiated by the Gram Panchayat project initially and later taken up by the block Panchayat, which is implementing this at present.

In addition to physical and psychological care, social support is also provided in a big way. Every year, January 15th is observed as Palliative care day. A one-day program is usually arranged by the local government and health department together. Occasionally the staff also took all the wheelchair patients for outings to nearby beaches. Food kits are given extensively to poor households and all such activities are usually not directly from the palliative care projects but funded by community persons or organizations

## Challenges faced and the solution

After the first few years of implementation of the palliative care policy, the Panchayat leadership recognised the change in the disease profile, increased proportion of aged population and increasing number of bed-ridden and homebound patients in the region. Challenges for the execution of the palliative care program were minimal and mainly around the patient load and inability of the nurse to visit needy patients more than once a month. Another major crisis faced was the fund shortage. The government allocated fund was not enough for the care of all the palliative patients. Delay in receipt of funds was also mentioned. This forced the palliative care team to find solutions at the local level. The special aspect of Bedadka Panchayat is the formation and sustenance of the palliative care brigade to assist with fund generation at the grass root levels for activities that need to be done at that level. This helped increase the coverage and timeliness of care of the aforementioned services and activities.

Another challenge faced by the Panchayat, and not merely among those with palliative care needs, was the increase in mental health issues and suicides in the Panchayat. This problem led to the establishment of a regular mental health clinic with counselling facilities at the Taluk hospital that is located within the Panchayat.

## The palliative care brigade of Bedadka – formation and functioning

The number of palliative patients registered in the palliative care registry lies between 300 to 400 at any given point in the previous several years. The unique feature of the Panchayat is the formation of the "palliative care brigade" in all 17 wards of the Panchayat. This new initiative is actually a ward-level volunteer team of considerable strength that is formed with the vision to have one member of each family to as a palliative care volunteer.

In each ward, there are a group of about 50 to 60 persons comprising volunteers who came forward to be part of the. Volunteers are aged between 25 to 75 years. They were given several training sessions and relevant information, education and communication materials. From among them a palliative brigade group of 10 persons was formed – this group was equipped through a series of training programmes and hands-on experience in the field to evolve as effective palliative care workers – an initiative with many unique features. A total of 17 brigade groups, one in each ward, are actively working currently. Each brigade has been given a name as well, as listed below:

1. Thuna
2. Snehadeepam
3. Thanal
4. Snehatheeram
5. Karunya
6. Nanma
7. Swanthanam
8. Sparsam

9. Solace
10. Snehasparsam
11. Thalolam
12. Karuna
13. Punarjani
14. Vatsyam
15. Thoovalsparsam
16. Unity
17. We care

The palliative care stakeholders of the Panchayat including the elected leaders, departmental staff, and the palliative care nurse invited 50 volunteers for training in each ward – 25 men and 25 women. Members were mobilised from among Kudumbashree members and members of local clubs located within the ward. After they attended the class, they were made into a group. For each group a group leader was identified. There is a central group comprising of one member from each ward, with a coordinator at the Panchayat level. When this group convenes, the Panchayat President, Secretary and all members participate actively. The ward members were very supportive in initiating this activity and continue to be so, so were the ASHA workers, and regular health staff.

The brigade members go for field visits and also perform small fund collections to meet the needs of the patients in the respective ward. There is an active social media use and social media is extensively used to share patient and family needs and mobilization of cash or in-kind support. Mainly the brigade has collects non-medical essentials needed for the patients like a bed, dress, bed sheets, food materials, cleaning liquids, cots, chairs, etc instead of money. Whenever needed, they also obtain equipment such as air beds, wheelchairs etc. The activities are included in the regular reports to the office of the District Medical Officer of Health, Kasaragod, as well.

## Reasons behind the success of the initiative

1. Strong leadership and convergence between departments

The dedicated local self-government representative and the former palliative nurse stand out as the champions of the initiative and its success. The health staff of the district and the staff of National Rural Health Mission (now National Health Mission) also played important roles in the formation and establishment of the initiative, mainly through capacity building. A very supportive health department contributed to the success of the palliative care program in Bedadaka. Medicine availability and procurement processes were very smooth because of the strong departmental support.

Other departments like the Education Department also render strong support to the palliative care programme. The student volunteers of the National Service Scheme (NSS) units of local schools, along with interested teachers, accompany health staff to home visits. They help in cleaning houses and also in other arrangements if needed. Rice from the paddy cultivation activity has often been donated to the neediest families by students themselves.

2. Strong political and social support without bureaucratic hegemony

The political party in power in the LSGI had their own palliative care initiative – that was the level of commitment behind the initiative. The community engagement, however, extended to multiple organizations as well, including faith-based organizations, traders' organizations (Vyapari Vyavasayi Ekopana Samithi), local clubs, Kudumbashree groups etc. The palliative care nurse stressed on the efforts taken by the leadership to ensure that those who come forward to support the programmes retain a sense of

their enterprise in the activities they support. If the traders' association comes forward to support a programme, the programme is conducted under that specific banner – there is no domination of the health department or the local self-government department in the implementation of such programmes, thus ensuring continued motivation and participation. The local self-government representative including the President, Secretary, and ward members closely monitor the palliative care activities on a regular basis. The high-level political commitments were also crucial in getting all the support from District/State.

3. Review meetings: Accountability and timely responsiveness

Monthly review meetings ate conducted regularly. The health department officials, LSGD members, other health care workers, and brigade members participate in it and discuss the status of palliative patients and the needs. For instance, a coin box to all houses in a ward. Once a month, the brigade collect this fund and deposit in a account for which two people are the signatories. The fund utilization is discussed and need based decisions are taken. With fund generation as well as utilization becoming a local process, with utilization of social media and regular meetings, the transparency of the programme is very good. Similarly, timeliness of the response is another strength - quoting the palliative care nurse: "If we ask for something (food, clothes, wheelchair etc) today, it will be there tomorrow morning."

4. Frequent training and IEC classes

With the help of the district and state authorities, regular training sessions are organized for all cadres of healthcare workers including Junior Health Inspectors, Junior Public Health Nurses, ASHA workers, and volunteers. In addition, IEC materials were given to the volunteers. These training classes

also helped to disseminate the availability of home care services of the palliative care wing to more people. Political leaders, volunteers and health staff all agree that almost everyone in the Panchayat

## COVID-19 and the palliative care brigade

Due to the COVID-19 pandemic, and the very strict lockdown in the initial days in Kasargod district, many volunteers of the palliative care brigade were deployed for collection, transport and distribution of medicines and other essential items to households in the Panchayat. The district has a programme called the *Mediscooty* programme in which medicines were provided at the doorstep to all persons regularly on medications. Because the volunteers were moving about, and the palliative care patients were very vulnerable, physical visits were totally stopped for some time. Police and youth wings were also very helpful to the patients at that time, but visits were very restricted. Also, a government guideline for health care workers was issued in February, restricting the visit to the palliative patients in the COVID pandemic time. So that was a difficult time for the patients, and family members. The palliative care volunteers also expressed their unhappiness in being unable to visit homes, reflecting their commitment to the cause. Telephonic conversations became a mainstay of support for patients and their families. In the recent months, home care started again with all the necessary infection control precautions.

## Discussion

The World Health Organization (WHO) considers palliative care as a crucial component of people centred integrated health services. The WHO considers the relief of the physical, psychological, social and spiritual distress associated with the suffering associated with serious life-limiting illnesses as a very people centred activity and considers this to be an

important component that has to be achieved in order to attain the sustainable development goal 3 of good health and wellbeing. (1) The Bedadka case study is an excellent example of how people-centred care can be achieved in a people-driven manner in communities with financial resource constraints. Even for palliative care project so of other Panchayats in Kerala, Bedadka present a good learning example. Usually, patient and family needs, for instance an airbed, identified at the household level need to be passed on to the Panchayat level before some action is initiated. However, in Bedadka, the action is immediate as there will always be a member of the palliative care brigade in attendance during the home care visit. The needs are raised through social media, decision-making happens at the ward level and the response is immediate. Palliative care has often been used to set the stage for exposition of the role of voluntarism and civil society in a neoliberal world, and this example justifies that approach. (8)

There are several hierarchical layers of people and organizations in this model and this is not as simple and easy to achieve as it appears– the ward level volunteers, the gram panchayat level, the health department staff, the related block and district level Panchayat activities and governance mechanisms, and the district level authorities (DMO and NHM). That all these layers are working seamlessly is no small achievement. The panchayat had already drawn attention for innovative governance mechanisms like the virtual Gramsabha meeting held through a social media platform, even before the onset of the COVID-19 pandemic. (9) These policies and programmes reflect the commitment of the panchayat leaders to work with the youth of the Panchayat. The panchayat, after all, works closely with the Rajiv Gandhi National Institute of Youth Development, Sriperumbudur. Getting youth to engage with palliative care is a terrific achievement as it inculcates a sense of responsibility not only to the sick, and the disabled but

also to the marginalised sections of society as chronic debilitating health problems and their complications are more likely in this group. It is also important for the bedridden and homebound persons, and elderly persons to have the youth of the neighbourhood visit them regularly and keep a tab on their health issues and related welfare.

Bedadka Gram panchayat can therefore be labelled as one of most the "palliative and supportive care friendly" panchayats. The resolve of not just the formal palliative care team members, but of the whole panchayat at working to improve their quality of life of people with serious health-related suffering along with protection of the neediest is highly commendable. Bedadka panchayat had thus proven their ability to set egalitarian, non-repressive and socially progressive visions – like the efforts to become a "zero fallow land" Panchayat as well as the ongoing march towards its vision of "one palliative care volunteer in each house". Challenges like the COVID-19 pandemic have disrupted many systems at present. But, robust decentralized governance mechanisms like that of Bedadka – with its lessons of how ordinary citizens and populist movements can help people and communities reclaim their rights over shaping their lives and the circumstances they live in – may hold a healthy promise for achieving sustainable communities in the new millennium.

CHC Bedadka – Vision statement

Regular homecare – with precautions against COVID-19

Fod kit distribution – all in-kind contributions are handed over to the beneficiary by the donors themselves

NSS volunteers from schools during homecare

Family get-together for palliative care patients and families (1)

Family get-together for palliative care patients and families (2)

Frequent IEC programmes

Bekal beach visit for wheelchair bound persons

## References


1. World Health Organization. (2018). *Why palliative care is an essential function of primary health care* (No. WHO/HIS/SDS/2018.39). World Health Organization.
2. Kumar S, Numpeli M. Neighborhood network in palliative care. Indian Journal of Palliative Care. 2005 Jan 1;11(1):6.
3. Paleri AK. Showing the way forward: pain and palliative care policy of the government of Kerala. Indian Journal of Palliative Care. 2008 Jan 1;14(1):51.
4. Kumar S. Community participation in palliative care: Reflections from the ground. Progress in Palliative Care. 2020 Mar 3;28(2):83-8.
5. Bedaduka Gram Panchayat - dev-cheripadiwatershed, https://sites.google.com/site/devcheripadiwatershed/about/bedaduka-Gram-Panchayat (accessed 1 January 2021).
6. Bedadka Village in Kasaragod (Kasaragod) Kerala | villageinfo.in, https://villageinfo.in/kerala/kasaragod/kasaragod/bedadka.html (accessed 1 January 2021).
7. Bedadka Village Population - Kasaragod - Kasaragod, Kerala, https://www.census2011.co.in/data/village/627114-bedadka-kerala.html (accessed 1 January 2021).
8. Santhosh R. Voluntarism and civil society in the neoliberal era: a study on the palliative care movement in Kerala. Journal of Social and Economic Development. 2016 Oct;18(1):1-6.
9. Gireesan, K. (2020). Virtual Gram Sabha at Bedadka Gram Panchayat : Innovative Step for Engaging Youth in Local Governance. KILA journal of local governance 6 (1 &2) 2019, 41-51.

# 7

# Blazing a trail for comprehensive primary health care in the new millennium –a case study of Sreekrishnapuram Panchayat, Palakkad

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*This write-up pertains to health projects of Sreekrishanpuram Panchayats and Family Health Centre prior to the COVID-19 pandemic.*

The Alma Ata declaration put forth by the International Conference on Primary Health Care, the took place at erstwhile Alma-Ata, USSR, from 6-12 September 1978 defined primary health care as "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."In the four decades since the Alma Ata declaration, there has been many changes almost everywhere including in Kerala – (i) a demographic transition with higher proportion of older people (ii) epidemiological transition – with a high burden of non-communicable diseases amidst a picture of emerging and re-emerging infectious diseases (iii) health system transition with increasing commodification, privatization and cost of care. The Astana declaration on

Primary health care in 2018 reiterated the importance of the primary health care approach despite these changes and modified the concept to bring it up-to-date with the changes that have happened. The Astana declaration calls for communities and countries to:

1. "prioritize disease prevention and health promotion" and to "meet all people's health needs across the life course through comprehensive preventive, promotive, curative, rehabilitative services and palliative care"

2. "provide a comprehensive range of services and care, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health"

3. "be accessible, equitable, safe, of high quality, comprehensive, efficient, acceptable, available and affordable" and to "deliver continuous, integrated services that are people-centred and gender-sensitive."

Achieving these ends may be a daunting task in the context of the health problems and the gamut of interventions called for given the current political economy. Yet, several Panchayats in Kerala stands out as exemplars of communities that aspires for and achieves respectable results along these lines. This is a result of a strong legacy of decentralization of health services and making health front-and-centre of the Kerala people's campaign for decentralized planning.One particularly notable experience is that of Sreekrishnapuram Panchayat in Palakkad district in Kerala. The purpose of this case study is to describe the initiatives by Sreekrishnapuram

panchayat in line with definitions of primary health care and the learning points that the Sreekrishnapuram experience offers.

## About Sreekrishnapuram Panchayat

Sreekrishnapuram panchayat is a panchayat with an area of 4071 hectares located in Ottappalam tehsil of Palakkad district. It has a population reported to be 21873 distributed across 14 wards. The proportion of scheduled castes (SC) population is 15.5% and that of scheduled tribes (ST) is 1.3%. The sex ratio is 1121 women for 1000 men (SC 1120:1000, and ST 993:1000).Sreekrishnapuram Panchayat has consistently won the Swaraj Trophy for outstanding performance by a local self-government institution at the state and district levels. The Panchayat successfully utilises 100% of its funds and is also noted for meeting 100% target for tax collection. It is one of the Panchayats selected as part of the 'MalinyaMukthaKerala' project. The Panchayat places considerable stress on education, health and welfare of people. Some innovative schemes in the education sector include "*Oppathinoppam*"and "*Soujanya PSC ParisheelanaKendram*". The former is a scheme for identifying students who score low marks academically in schools, followed by counselling for those students and their parents. Students are also provided special training to equip them to perform better. The latter is free PSC coaching that is now being provided for the last four years. Classes are carried out in the hall of the Gram Panchayat Office.

## Sreekrishnapuram Family Health Centre

The Primary Health Centre (PHC) in Sreekrishnapuram Panchayat has five sub-centres, with five junior public health nurses and two junior health inspectors. This PHC was among the first set of PHCs in Kerala to be upgraded to a Family health centre (FHC) as part of the Aardram mission of the government of Kerala, on 7th April 2016. The Panchayat along with

the FHC persevere to offer a vibrant set of promotive, preventive, curative and rehabilitative health services to the population served by these institutions. A summary of these services (from before the COVID-19 pandemic) is given below.

## Problems faced in scaling up health projects and the solutions

The main problems faced in the initial stages of the expansion of health projects were:

1. Low levels of active participation by elected representatives – This was addressed because of the continuous support of the ruling political party and collective effort of local leaders in motivating members to take active roles in health and related projects. Good cooperation from the Medical Officer and health department field staff also helped in moving forward, once Panchayat started initiating projects. Active efforts were made to make the PHC – the centre and the projects – more people friendly.

2. Lack of funds – The Panchayat placed a high importance on complete utilization of available funds, and to overcome any potential shortfall through proper communication and sponsorship – usually in kind than in cash. For this, active participation of people from all walks of society was needed, and the Panchayat took extra efforts in ensuring that.

## Health promotive and preventive services

## I. Theme - Sanitation

i. *Clean Sreekrishnapuram*: This is aimed at control of communicable diseases and sanitation. This is a programme on waste management by non-bio waste collection from all houses, plastic collection, installation of Thumpoormozhy model plant at institutions, bio gas

plant distribution, pipe compost distribution, making waste pits in houses under Mahatma Gandhi National Rural Employment Guarantee Scheme.

ii. *Haritha Sena*: Collection of door-to-door plastic waste collection. Plastic is collected from houses with the help of Kudumbasree workers. The project collects charges of thirty rupees from each house once a month at the time of collecting plastic waste. This contributes to the fund of Haritasena to purposes like shifting charges, auto charge etc.

iii. *Harithasree Recycling Plant*: After collection, the plasticmaterials are processed into granules in a controlled environment using designated machinery and is sold for road tarring purpose. The revenue generate thus is transferred to Panchayat. This is done as a part of Clean Kerala Mission.

iv. *MazhayethumMunpe*: "Before the rains arrive" – this project is about cleaning surroundings before monsoon to prevent diseases.It includes cleaning of public places, source reduction activities and other sanitation programs.

v. *SHARP*: This mnemonic is for a "Clean Shop Campaign, aiming at a healthy and hygienic trade environment." SHARP stands for

- S - Shop with license
- H - Hygienic trade environment
- A - Anti-tobacco activities
- RP - Reduce Plastic

vi. *Cleanliness Harthal*–Observance of harthal for the cause fo sanitation. This is by cleaning premises of shops by closing for two hours every

year. A class for shopkeepers on prevention of communicable diseases is provided prior to the harthal. This project encourages 100% license to shops, ensuring tobacco free zone, encouraging cloth bags and provision of special prizes to clean eateries.

vii. *Jalashudhi*: This is a safe drinking water campaign. It includes regular, periodic water quality testing of public wells, protection of public water sources and distribution of water purifier to all Anganwadis by Ward Health, Sanitation and Nutrition committees (WHSNC) fund.

## II. Theme healthy life style

i. *BhakshanavumVyayamavumPinneNjanum* – meaning "food, exercise and then me". This is a project from promotion of healthy life style. Activities include conduct of nutrition Fest, health education class on Non-Communicable Diseases(NCD) including exercise awareness talk and NCD detection camp. Nutrition fest is a regular activity and each one will be based on different themes- E.g. 4-o'clock evening snacks for kids, diet for diabetic patient etc. Three prizes are given. Nutrition fest will be conducted on anganwadi, school, ward and panchayat levels.

ii. *Sanjeevanam*: This is a project on comprehensive physical and mental well-being through yoga. It is carried out free of cost in the FHC premises. Classes are conducted every Wednesday and once course cycle is for 12 weeks.

iii. *Gymnasium for woman*: A gymnasium for woman has been set up in the FHC. The Hospital Management Committee funds a trainerwho will be given responsibility of the same.

iv. *Mukthy*: This is a project aiming at addiction free panchayat.This includes Information, Education, Communication activities, counselling sessions, joint inspections by excise, police and health departments. The Panchayat has set up ward level vigilance teams. The focus is awareness building through special programs such as cycle rallies, human chain etc.

## III. Theme – women's health, child and adolescent health

**i.** *Kanmani*: this is aimed at promoting female empowerment by giving token compliments to every new born girl child. The source of funds is through donation by well-wishers.

**ii.** *Kanmanisangamam*: This is a get-together of mothers of girl children once every six months. A health camp will be conducted in association with that. Usually, a teddy bear will be gifted to the children in that occasion.

**iii.** *Subhadram*: This is a Special Camp including an obstetrician-gynaecologist in the team for Adolescent girls, AnteNatalCare and Nursing Mothers. It includes IEC classes and anaemia detection by Haemoglobin screening.

## IV. Theme - others

**i.** *Adwaitham*- Migrant workers who are working in the panchayat are provided with decent accommodation, health cards, family get together, medical camps, blood smear examinations and all health facilities. This also includes regular inspection of their residence and recommendation of shortcomings if any, for rectification.

**ii.** *SMART (Safe Management At the Right Time)*: This is aimed at giving training in first aid and primary care. Doctors from MES Medical

College teach about Emergency care. At the time of this report, 77 volunteers (ASHA workers, Anganwadi Teachers, NSS Units etc.) are trained in total and this team is provided refreshment training every year. Each of this team member provide training to 10 new people. Also, in general meetings conducted – 10 minutes comprise of talking about basic life support.

**iii.** *SKP2SUPPORT*: This is a project for Support for safe and fast blood donation activities.Once in three months, they conduct blood donation program. A directory of blood donors has been prepared and distributed at grass root levels.

**iv.** *Inauguration by toddlers/ Felicitation by lady blood donors*: Inauguration of various programs at the FHC are done by toddlers who gets selected by competing in the Healthy Baby Contest. Similarly, the felicitations during the blood donations camps will be done by lady blood donors. This is to improve community participation and a sense of ownership by bringing community members on the same platform with elected leaders and departmental staff.

## Curative services

With upgradation from PHC to FHC, the staff pattern, and clinical and laboratory services have been scaled up according to the norms of the Aardram mission. The upgradation aims at Quality improvement, raising resources (financial and human), addressing inequity in health care provision and strengthening Primary Health Care. The FHC and the subcentres are expected to provide curative services, counselling & Health Education,Maternal and Child health, Medico-legal services, Pharmacy and Laboratory Services, Geriatric Care and implementation of National Programs. Clinical services include

1. Screening for risk reduction of NCDs
2. Consultations and services for general health problems including care of hypertension, diabetes, treatment of TB etc
3. Special clinics for services to specific sub-populations and in line with implementation of National Programmes. These include antenatal clinic, palliative care out-patient clinic, immunization clinic, adolescent health clinic, respiratory clinic (SWAS) for chronic obstructive pulmonary disease and depression clinic (ASWAS).

The FHC has met accreditation standards at the state (KASH) and national level (NQAS) and was listed as one among the best seven primary health centres in the country.

## Palliative and rehabilitative services

Several projects are in place for palliative and rehabilitative care in the community.

**i.** *SnehasparshamSanthwanaParicharanaParipadi (Snehasparsham Palliative Unit)*: This is the Pain and Palliative care unit of Sreekrishnapuram FHC. This consists of a palliative team who provides home care for palliative patients four days a week, and an out-patient clinic at the FHC once a week. Based on patient preferences and needs, an Ayurveda doctor visits twice a month, a homeo doctor once a month, and a physiotherapist once a month in connection to palliative unit. If needed, doctor from FHC provides homecare.

**ii.** *Palliative Care Ambulance*: This was purchased as a part of 'SnehasparshamSanthwanaParicharanaParipadi' by donations from individuals. The upper limit of donations was not more than Rs 5000 per person.

iii. *Ashadeepam Home Care*: This is palliative care provided for patients by mobilizing resources from public. Doctors provide home care. Two ASHA workers have been trained regarding palliative care and they do home visits every day. This service is provided for people who need daily care like dressing, for eg: in diabetic foot. For each ASHA involved in this work, Rs 3000/- is provided as an honorarium (2*3000=6000) and additional Rs 3000 is provided for filling fuel in their two-wheeler. Hence, it comes to around Rs 9000/- per month. This is run by donations from public.

iv. *Sahayatra home care*: If a recipient of palliative care services gets better, they can join as a volunteer for palliative care services.

v. *Sneha Bucket*: Buckets placed in shops, public institutions and schools for collecting groceries and essentials for the needy. These will be distributed every month to families who are financially backward including Palliative patients.

vi. *Ilamthennal Home Care*: This is voluntary participation of school children in home care. It is aimed to encourage sense of charity and service in students.

vii. *Sneha Sudinam*: Family get together of cancer patients along with FHC staff at tourist places every 2 months.

viii. *Snehadeepam*: This it to support dialysis patients by providing financial support, provision kits for dialysis and logistic support. This is done by utilizing Palliative care project Plan Fund and donation from well-wishers. Also, 50% each of vehicle charge for the purpose of dialysis is provided by the panchayat and by donations.

ix. *KarunyaSparsham*: This project aims to make Sreekrishnapuram a Disabled friendly Panchayat. Team activities for promoting welfare of the welfare of differently abled people will be there. It includes directory preparation of beneficiaries and provision of various aids and appliances to those who need them. The support is primarily for financially backward disabled people. The distribution of disability certificates to all disabled people of the panchayat is facilitated through special camps conducted in convenient place and time with all board members. A special website has been developed for the differently abled people residing in the FHC area – www.karunyasparshamskp.com

x. *Snehalayam*: This is the Buds Rehabilitation Center in the Panchayat from children with developmental disorders. Physiotherapy and multisensoring room set up in the facility through MP fund. Pick up and drop back at home service is provided by utilization of LSGD Project.

xi. *Sravanasupbagam*: Special Camps conducted for detection of hearing impairment conducted at regular intervals at the FHC.

xii. *Nayanam*: This project is aimed at eye health and achieving a Cataract free Panchayat Activities. Activities included eye camps, and promoting signing of eye donation forms and handing it over to the district eye bank.

## Future challenges

The immediate challenges the Panchayat was facing were all attributed to the COVID-19 pandemic situation and the related control measures. Many of the mentioned projects have slowed down considerably and some like the Yoga class have not been held since March 2020. Scaling up of the

gymnasium and establishing a separate gateway for women to access it was about to begin but is currently on hold. Other than that, the challenge mentioned was scaling up of the e-health programme and it's use for planning ward level and Panchayat level packages as envisioned in the Aardram mission – but, with the active support of the Panchayat leaders, the key stakeholders are confident that this will be achieved.

## Discussion and conclusion

Sreekrishnapuram FHC in Palakkad is a well-set example in Government health sector which stands unique with its service to public and numerous achievements.These unique programs and efficient management have been possible by the support of Gram panchayat, and effective collaboration of programs with different government agencies and ensuring public participation. As mentioned above, Sreekrishnapuram Panchayat is well known for grabbing various awards and recognitions at the district, state and national levels. The ethos of financial and human resource mobilization and utilization for various programs for the betterment of people, especially the neediest, is remarkable in this Panchayat. This is reflected by the encouragement given to the hospital authorities to bring forward innovative plans and programs. The motivation initiated by the panchayat members to set an example for other health centres is laudable. The panchayat follows through by providing funds and support for innovative programs proposed by the health centre. The staff of the PHC attributes this as the reason for making all of this possible.The Panchayat and health team also utilize multiple modes including social media forencouraging and attaining public participation in the programmes. The Sreekrishnapuram experience is an example of the successful integration of the local self into the public health system.Elected members are expected to helm Ward Health, Sanitation and Nutrition committees (WHSNC)and work with field

level workers of health and social justice departments for improving the health of the community. The strong legacy of such engagement has also helped the state to implement good control measures even during the onslaught of the COVID-19 pandemic.

In conclusion, while panchayats were earlier focussed on medicine purchase, infrastructure of the health centre and sanitation, Sreekrishnapuramwas already standing out in demonstrating how the health centre is not merely a hospital, but an institution for convergence of preventive, promotive, curative, palliative and rehabilitative services for the whole population in the Panchayat.The introduction of the Aardram concept of comprehensive primary health care helped in realising the aspirations of the Panchayat as well as the health services in line with achieving the Sustainable Development Goal 3 (SDG3) of "good health and wellbeing." The Sreekrishnapuram story demonstrates how active peoples' participation in health along with strengthening of the primary health care services even with the resource constraints characteristic of developing countries helps making comprehensive primary health care a reality and a good solution to many of the important public health problems affecting us today.

# Pictures are worth a thousand words – photographs depicting health projects of Sreekrishnapuram PanchayatPhoto

## Panel 1: Health promotive and preventive services

Bhakshananvum Vyayamavum Pinne Njanum

Sanjeevanam -Yoga class at the FHC

Mukthy: Human chain for addiction prevention

Plastic shredding unit

Kanmani: welcoming the girl child

E health registration

Blood donation

Training in first aid

Advaitam: Migrant health scheme

Participation-not-pomp: Inauguration by kids

## Photo panel 2: Sreekrishnapuram Family Health Centre

Sreekrishnapuram Family Health Centre

Pre-check area for screening

Waiting area in FHC which is equipped with token system, television

Airconditioned drug storage area

Child friendly atmosphere

## Photo panel 3: Palliative and rehabilitative projects

Palliative care ambulance

Snehabucket project

Ashadeepam home care

Ilamthennal: voluntary participation of children

KarunyaSparsham: Disability project

Snehalayam: Buds rehabilitation centre

SnehaSudinam: Family get together of cancer patients and survivors

Nayanam: Eye health project

**REFERENCES**


1. World Health Organization. (1978) Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Available at: https://www.who.int/publications/almaata_declaration_en.pdf
2. World Health Organization. (2018) Global Conference on Primary Health Care, From Alma Ata to universal health coverage and the Sustainable Development Goals, Astana, Kazakhastan, 25 and 26 October 2018. Available at: https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf
3. Elamon J, Franke RW, Ekbal B. (2004) Social movements and health: Decentralization of health services: The Kerala People's Campaign. Int J Health Serv2004;34:681-708
4. Indian Village Directory. (ND) Available at: https://villageinfo.in/kerala/palakkad/Ottappalam.html

5. Government of Kerala. Department of Panchayats. (2020) https://dop.lsgkerala.gov.in/en/node/1052
6. Times of India. Thiruvananthapuram (2019)https://timesofindia.indiatimes.com/city/thiruvananthapuram/national-honour-for-seven-phcs-in-state/articleshow/70424072.cms
7. Sadanandan R. (2020) Kerala's response to COVID-19. Indian J Public Health 2020;64:S99-101.
8. SreekrishnanpuramFHC : An Ideal Participatory Health Care System. Video uploaded by Biju Mohan. Available at: https://www.youtube.com/watch?v=fMTSlcNQE-E
9. Direct communication from Vinod VK, Junior Health Inspector, Sreekrishnapuram FHC

# 8
# Health Sector and Mulanthuruthy Gram Panchayat

Mulanthuruthy Gram Panchayat is located in the Mulanthuruthy block of Kanayannur taluk, Ernakulam district. Mulanthuruthy Gram Panchayat was formed in the year 1936 covering an area of 21.47 square kilometer and sharing borders with Udayamperur, Thiruvaniyoor, Chottanikara and Maneet in the north side, Edakkattuvayal, Ambalur panchayats in south side, East side covers Edakkattuvayal and Maneed Panchayat and the west side covers Udayamperur and Ambalur Panchayat. The committee nominated by the Diwan of Kochi was in charge of the administration and the first panchayat president was Fr. John Palakkad. On the day of the panchayat meeting, the disputes in the village were decided. The Diwan appointed a judge and panchayat lawyers for this purpose. In ancient times, Mulanthuruthy was an island full of bamboo forests bordered by lakes and rivers. Later this changed and only the western part remained as backwaters. During the reign of the kings, the kings of Cochin used to reach the palace at Kanayannur by backwaters. In 1928, an office complex was constructed here for the establishment of the Kanayannur Taluk Office. Currently, the Village Office, a Sub-Registrar's Office and a PWD Office are situated at this location. The post office was located in Pallithazhathu. In 1939, a new building was constructed for the Government Hospital and Veterinary Hospital and relocated to its present location. The historic Mulanthuruthi Mar Thoman Palli was built in 1125 AD. The conversion that

takes place at the Vettikkal church here is a notable ritual. This place is famous for the birth of Chathuruthy Thero who was buried in Parumalapally. Mulanthuruthi was also the headquarters of the Mookkancherry Bishop who worked for the upliftment and education of the downtrodden people. The names of the Kattumangad Bavas are also worth mentioning. The panchayat was rich in rubber cultivation. The rubber seedlings were brought here from the garden of Thodupuzha Saip. Presently the panchayat is led by Ms. Mariyamma Benny, Mr. Renji Kurian and the elected members of different wards.

## Interventional Development Area

Despite being at the forefront of healthcare, lifestyle diseases and diseases affecting organs like liver and kidney are common in our state. These diseases are the result of pollution, poor food habits, stressful lifestyle and lack of exercise. To address this problem, Mulanthuruthy Gram Panchayat decided to focus on the health sector of the panchayat which resulted in the formation of new project named "Alivu" for helping people who undergo dialysis as the only treatment for kidney diseases and to help people in extreme poverty to undergo dialysis.

## ALIVU

The financial burden for treatment of organ diseases such as kidney diseases and other lifestyle diseases is not affordable for an average person. The patients are in a situation where they have to spend their entire life savings for their treatment and get caught in a debt trap. The goal of this project is to give them a helping hand.The beneficiaries of this program are those below the poverty line who have dialysis as the only option for kidney diseases. The program is running successfully with the support of people in the gram panchayat.

## Project beginning and Support Systems

Alivu Project was inaugurated in the year 2017 by the honorable health minister of Kerala Ms.K.K.Shailaja.

### 1. Organization

The ASHA workers and ward members of the entire wards of Mulanthuruthy gram panchayat identify the patients through collaborative work, and seek help from the palliative care unit of the panchayat.

### 2. Activities

When an Individual realizes that his or her both kidneys are dysfunctional and that dialysis is the only option, the patient becomes mentally and physically exhausted. It is difficult to admit such a person for dialysis and the complications are plenty. The team of ward members and ASHA workers mentally prepare that person for dialysis by reassuring him/her. In addition, dialysis is being done in collaboration with Maradu P.S Mission hospital. The patient undergoing dialysis is taken to the hospital for dialysis and dropped back. The hospital expense for the dialysis is borne by the panchayat. Patients who need dialysis are given the treatment at least three times a week. Currently seven patients are beneficiaries of this scheme and the average expense per dialysis is around Rs 1125.

### 3. Supporting System

The project is implemented with the help of P.S.Mission Hospital, Maradu and the support of natives of the Panchayat.

a. ***Financial Support***

Funds for the project have been mobilized in addition to the panchayat's development fund and own fund. The details are given below.

| | |
|---|---|
| Unit cost | 1125/- |
| Development Fund | 327198/- |
| Own fund | 272802/- |
| Total Amount | 600000 |

***b. Human Resource***

The ASHA workers and ward members of Mulanthuruthy Gram Panchayat, staff nurses of palliative care unit and staff of P.S.Mission Hospital Maradu, doctors and staff members of Community Health Center Mulanthuruthy.

***c. Technical support***

The technical support for the Alivu Project is provided by the P.S.Mission Hospital Maradu Dialysis unit and the staff members of Community Health Centre Mulanthuruthy.

**d. *Integration possibilities***

Alivu project is integrated into another project named 'Hrudayarogi' which identifies the lifestyle disease patients in the panchayat. 'Hrudayarogi' project is functioning with the help of ASHA workers who visit houses and check blood pressure. They suggest appropriate remedies for managing blood pressure as high blood pressure and the side effects of its medicine lead to kidney problems. The project aims to reduce the number of kidney patients.

## Problems faced and Remedial measures

1. The scheme is only for the people Below Poverty Line (BPL) and not for the people Above Poverty Line(APL).

2. The Panchayat faced difficulties in finding funds in the beginning of the project. It is still facing the problem of extending the benefit of the project to the middle class families

In the above mentioned problems, only the problem of funds for the project is solved by using the development fund and own fund. The other problems remain unsolved due to lack of funds.

## Results

1. Able to provide 76 dialysis facilities to 7 needy patients in the Gram Panchayat.
2. This project created hope among the kidney patients who are poor and below poverty line.
3. This project created awareness among people about kidney diseases.

## Systems used to ensure sustainability

The activities are carried out by the Chief Medical Officer in collaboration with the palliative care unit and ASHA workers. Bills received after dialysis are scrutinized and submitted to the panchayat and the amount is transferred to the hospital. The implementing officer monitors the process.

## Analysis and Findings

- The project is being implemented in collaboration with P.S. Mission Hospital Maradu
- Presently, 7 people have been provided 76 rounds of dialysis treatment in total.
- The project is carried out by the chief medical officer in collaboration with the palliative care unit and ASHA staff.
- The project is still using the development and own fund of the Panchayat.
- In future, the project can be integrated with project Hrudayarogi.
- COVID 19 is a major hurdle in integrating Alivu project with project Hrudayarogi.

- Extending these services to the middle class is a major challenge faced by the authorities.

## Conclusion

Mulanthuruthy Gram Panchayat is a Gram Panchayat located in the Mulanthuruthi Block of Kanayannur taluk of Ernakulam district. In our state which is at forefront of healthcare, lifestyle diseases and diseases affecting organs like liver and kidney are common, because of this Mulanthuruthy Gram Panchayth decided to focus on the health sector of the Panchayat and it resulted in the formation of a new project named "Alivu" for helping people who need dialysis as the only treatment for kidney diseases and to help people in extreme poverty to undergo dialysis. The goal of this project is to extend them a helping hand. The beneficiaries of this program are BPL dialysis patients. Alivu Project was inaugurated in the year 2017 by the honorable health minister of Kerala Ms.K.K.Shailaja. The ASHA workers and ward members of the entire ward of Mulanthuruthy Gram Panchayat identifies the patients through collaborative work; dialysis is being done in collaboration with Maradu P.S Mission hospital. The patient undergoing dialysis is taken to the hospital for dialysis and brought back home. The cost of dialysis is transferred to the hospital from Panchayat according to the bill. Patients who need dialysis are given dialysis at least three times a week. Funds for the project have been mobilized through the panchayth's development and own fund. The ASHA workers and ward members of Mulanthuruthy Gram Panchayat, staff nurse of palliative care unit, of P.S.Mission Hospital Maradu, doctors of Community Health Center Mulanthuruthy, Staff of Community Health Center Mulanthuruthy are the main human resourse for the project. The project supports 76 dialysis facilities to 7 needy patients under the jurisdiction of the Gram Panchyath.

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# 9

# A case study on the Impact of Veliyam Gram Panchayat in Kerala's health sector

**Sofia Babu**

Veliyam Panchayat is a green belt located in the middle of Kollam district in the state of Kerala, India. Veliyam Panchayat is the 16th largest Gram Panchayat in Kollam district in terms of area. A Family Health Center is situated in Vappala, in Veliyam Gram panchayat of Kottarakkara (Kollam,Kerala). The Gram panchayat has 19 wards. According to 2011 census, Veliyam has a population of 32030, consisting 16,909 female population and 15121 male population. Most of the land nature is agricultural land. Panchayat has total of 32 anganwadis and 24 number of Asha workers. The complete sanitation project was implemented in collaboration with the Central Government and the District Block Panchayat. Veliyam Panchayat spread over an area of 30.28 sq.km where north side has Ummannoor and Neduvathoor Panchayats, South side has Pooyappally Panchayat, West side has Kareepra Panchayat and East side has Elamadu Panchayat. Odanavattam and Veliyam are the villages in Veliyam Gram Panchayat. Gram Panchayat has been taking continuous efforts to improve facilities in the areas like health, education, family welfare etc. It has made contributions in various sectors of health activities. The primary health center was up-graded to family health center. The family health center was inaugurated by honorable Health minister, Shailaja Teacher on 19 March 2018.

## Health care services under Veliyam Gram Panchayat

In health sector, the proper functioning of Primary Health Centres, Paruthiyara Ayurveda dispensary, Homeo hospital adds relevance. There are three categories of medical facilities available in Veliyam Gram Panchayat. Most important medical improvement that happened recently is transformation of Primary Health Centres to Family Health Centres. Through this Panchayat is able to take care of the welfare of families. As family is the basic unit of social upliftment in the society, Panchayat has concentrated mainly on its improvement. Veliyam health center is scrutinizing and checking up weekly or monthly the health status of each and every member in every family. The shifting to Family Health Centre from Primary Health Centre is marked as a turning point to developmental activities in Veliyam Panchayat.

## Aardram Mission 'Good health and well being'

Aardram Mission is one of the four missions under the 'Nava Kerala Mission' initiated by the government of Kerala, which aims at delivering services effectively at the grass root level. It was launched with the objective to completely transform the public health sector in the backdrop of the Sustainable Development Goals (SDGs) 2030 of the United Nations (UN). In case of Veliyam Gram Panchayat, under the Aardram scheme 6 sub centres are giving proper health care to people in Veliyam.

Infrastructure has been up-graded under the Aardram scheme. Well maintained buildings, rooms with proper cross- ventilation, comfortable chairs in the waiting area, clean toilets with modern amenities, drinking water facilities in the waiting area are some of the other merits. Panchayat regularly displays health education materials to make people aware about their health conditions. It provides health awareness and health education

as well. There is a dedicated token system facility now and also the patients reach the consulting room only after a proper pre- check, this helps to reduce the challenges of serious health problems. In the pre- check, the patients meet a specially trained staff nurse. The staff nurse elicits the "history" of the patient and records it diligently. For instance, if a child comes with fever, the vitals including weight and temperature are recorded, so that the doctor gets ample time for clinical examination.

Through the effortful activities by Panchayat officials and ASHA workers, diseases like Dengue have been brought down. Every need, including shortage of drugs getting intimated from here are routinely addressed by Panchayat. As per the officials, people in Veliyam have received this whole heartedly. Bringing down the disease like Dengue was a major effort as people are careless despite knowing the negative impacts of communicable diseases.

## Jagratha Scheme

Jagratha scheme was introduced by the Kerala government which is aimed at preventing and controlling infectious communicable diseases. In order to prevent the outbreak of diseases mainly in monsoon seasons, Veliyam Gram Panchayat has been providing proper health care facilities to people prior to monsoon. There is a separate squad for analyzing the scheme. The treatment facilities are doing in health center in Vappala. Political representatives are also the part of this scheme. Panchayat is successful in bringing down the communicable diseases under this scheme. ASHA workers and field health officials are continuously working to make people aware about the consequences of diseases.

## Non-Communicable Disease Clinic (NCD clinic) and Environmental hygiene

NCD clinic is opening on every Thursday at Health Center in Vappala under Veliyam Gram Panchayat. Blood pressure, and other lifestyle diseases are trying to control through this clinic functioning. If there are any abnormalities it will be checked and cured under this clinical activity. In the NCD clinic, the proper documentation is being done along with pre- check. The follow up of the same is also done here. The family health centre is giving better care for patients with a smiling face. Environmental hygiene and sanitation are the duty of each and every staff of the family health centre. With the care and attitude of health care personnels now each patient and his/her bystander and family are given individual, personalized care. Veliyam Panchayat is able to give emergency care also to patients.

The moment a patient with emergency comes, they get an announcement from the counter, regarding the same so they can prepare it well. Recently, health center had an emergency case and they could imagine it promptly and diligently, wheel chair was available, ECG was taken. Doctor also rushed into the scene. Care was given properly without any delay. They were wondering seeing hospital officials' quick responses. Environmental hygiene is also concentrated upon to avoid diseases as a precautionary measure. Sanitation and toilet facilities are cleaned on every day basis by workers to keep the hospital hygiene and give a satisfactory feel to patients and visitors. Till December 31 we conducted vector study programs. Concentrate on areas where more CDS are reported. We have witnessed so many positive changes after it got transformed to on FHC. The number of patients coming to FHC increased. People have started feeling that they can come here without the need for further referral.

## Cancer Care

As cancer has now become a lifestyle model disease, Veliyam Panchayat is taking intiatives to cure it down as soon as possible in a person. In 2017 December. Panchayat did a survey and registered almost 136 cancer patients, so the family health center have a cancer detection camp on every Wednesday after 1 pm.

In 2019 health center officials had done a cancer survey which shows 170 people are prone to cancer. After that health center has decided to focus on continuous updating of cancer affected patients in the area. On every Wednesdays there is a cancer screening clinic opening for people with all ages. Health workers in the Panchayat are giving awareness programs and education to people to prevent cancer at the very first stage. Panchayat is also planning to be collaborate with Regional Cancer Center (RCC) to start a people friendly cancer cure camp.

## Shwas clinic

Shwas clinic is under Aardram scheme mainly for respiratory ailment; dyspnea, medically known as Chronic Obstructive Pulmonary Disease (COPD). Shwas clinic is functioning properly in the Veliyam Gram Panchayat to prevent respiratory related diseases among people. Lungs related problems are usually detected with people of any ages as per Panchayat health center. Shwas scheme is regularly carried out on every Fridays in a week.

## Ashwas clinic

Ashwas is another scheme that comes under Aardram mission which deals with mental health. Depression is a major mental health issue that is prevalent among younger generation. Suicides rate is also increasing in

Kerala because of depressed mind set of human being. In Veliyam Gram Panchayat, almost 90 patients were screened and 30 patients have been detected till now with depression and have been provided with treatment (pharmacotherapy). Panchayat has been able to save patients who were in depression stage and the quality of medicines is taken care of facilities including air-conditioned store has been provided. So, the potency of the drug is not compromised. We have good facility for giving injections and other care and separate cabin for ECG. Also, a well- maintained observation lobby has been maintained now. Every Wednesday we have immunization clinic. To make the children happy during the painful immunization procedure walls are decorate with paintings of cartoon characters.

## Antenatal clinic and Child Immunization

Antenatal scheme is meant for pregnant mothers. According to World Health Organization, pregnant women should receive at least eight antenatal visits to spot and treat problems and give immunizations. Regular Antenatal service care is available in Veliyam Panchayat. Many tests are doing to pregnant mothers including HIV test. All the care before the delivary of child will be done by this clinic under Gram Panchayat. As per the child immunization scheme, all children up to the age of 16 will be tracked and will be given proper vaccination. Checking malnutrition, weight gaining and prevention from anemia are some of the health-related activities that are focusing on children. For adolescents, there is an OP on every Saturday afternoon at health center. Issues related with PCOD, tyroid and other health problems of adults will be checked.

## School Health programs

There is medical wing in every government-aided schools under Veliyam Gram Panchayat. A total of 23 govt-aided schools are there. Problems like

dental issues, heart issues, drug addiction are regularly checking up in every schools. For girls menstrual hygiene classes were taken to make them aware about the importance of being clean and hygienic during their menstrual days. Iron medicines are giving to every students in each school. In order to check hygiene, health inspectors are well organized for timely visit in every schools. Three times visit will be done for one school. Health inspectors will well analyze mid-day meal scheme and the how cleanly the food is being distributed among students. Hygiene checkup and sorting out abnormalities are the regular things that are happening in schools under Veliyam Panchayat.

A major milestone event happened under Veliyam Gram Panchayat was the transformation of Primary Health Center to Family Health Centre. Because of this Panchayat has witnessed many welfare changes according to officials. Under Aardram mission 6 subcenters are giving proper health care to people all around in Veliyam. Most important point is that they will get tracked and given health care if required. This will help to reduce possibility of disease infection among them. Drinking water facilities are ensured in the Panchayat and still there are some remote areas where it must reach in time.

The practice of Health, homeopathy and Ayurveda medical service are going well in Veliyam Gram Panchayat. Continuous scrutiny of health care is taking place under health center.

## Vayomithram for Old age care

For old age people in Veliyam Panchayat there is an important scheme ensuring health care called Vayomithram. Share of aged people in population is rapidly growing. According to this scheme all sorts of physical and mental health issues are well analayzed. Panchayat is

organizing awareness classes for old age people on a timely basis. Doctors will approach them and will talk about the difficulties they are going through. Vayomithram scheme is implemented to ensure free health care service to old age people. By 2021, about 20 percent of our population would be elderly and the demand for the social security system would be really enormous. So, it is very important to remember that social security to the senior citizens is not charity instead it is their basic human right. For this Veliyam Gram Panchayat is keeping the old citizens aware about their basic human rights. If any elderly person is going through any difficulties from their children, they can immediately inform to Vayomithram team and they will help them out.

When we talked to the Doctor in Health center, we came to know that importance is giving before treatment stage too. Which means precautionary measures are in mind while engaging in medical facilities. For disabled people in all ages there are other facilities to ensure good health for them. In case of ASHA workers, there are 24 of them under Veliyam Panchayat, who are doing their jobs daily with workaholic mentality.

ASHA workers have been volunteering whole heartedly during COVID outbreak. Covid 19 posed a big challenge to them as they have to visit homes daily to check health condition of households in Panchayat. Ignoring all the challenges they work hard to make a better environment. Classes are organised for Asha workers by doctors in-order to educate them and inform them about the impact of Communicable as well as Non- Communicable diseases on people. At grassroot level helps are coming from Asha workers. Under Veliyam Gram Panchayat there are currently 900 patients availing palliative care. This approach improves the quality of life of patients (adults

and children) and their families who are facing problems. Health center is providing councilling for those who are quarantined due to Covid 19. Under Veliyam Gram Panchayat, Health center has 14 home care units, among that 1 home care is available for 8-10 houses. Palliative service is opening on every Wednesday in a week. Health workers have to visit and treat 160 people in Panchayat who are in urgent need.

## Challenges and supporting factors, funding

Finance Commission of India once appreciated Community Health Center under Veliyam Panchayat. Panchayat officials said there were not big challenges in implementing new schemes, clinics and awareness programs. Few difficulties were occurred only due to the uninformed mind of people. Sometimes they even do not care about the diseases around them even if Panchayat health workers inform them. Preventing Dengue was a major challenge in front of Panchayat at a time.

For this they educate people on how the household must avoid mosquitos from surroundings. Funds are coming from different people even representatives as well as health department. Lab facilities need to increase. Availability of beds and other basic set needs are to be made sure in health centers. Health officials and Panchayat members believe that if they implement more awareness classes and educational programs Panchayat situations can improve ever than before. For that sufficient fund-raising is necessary. Currently they are seeking help from others. Closed Cluster Groups (CCG) ensure easy possibility of treatment by dividing the wards. Especially during Covid outbreak  regular health checkups are necessary.

## Future plans

Veliyam Gram Panchayat has decided to implement various future projects and schemes. One major plan is to collaborate with Regional Cancer Center. Cancer camps are organized weekly basis in health center. Cancer diagnosis camp has 21 workers as per the information handed over by Panchayat officials. Inpatient treatment is also in planning for future. Apart from that other schemes related to disabled children and women are also planning for a sustainable future.

## Achievements

Veliyam Panchayat has been endorsed with some awards and achievements in health sector. Kayakalp award for Community Health Center, an initiative for better performance in public health service. National Quality Service (NQS) proposal has gone. Under this grading, palliative and rehabilitative *services* provided through the public health sector with focus on *Quality*. Under Aardram mission, primary health sector has improved. Homeo medical camps are conducting in every year for that Veliyam Panchayat divides in to three sectors. Expenses for health service (2020-2021)

For palliative home care service project development fund raised Rs 5,00,000 and maintenance fund (non-road assets) – Rs 3,50,000. In order to buy medicines for Family Health Center Maintenance fund is Rs 8,00,000. Medicines borrowed for Homeo hospital; maintenance fund is Rs 2,00,000. Medicines borrowed for Ayurveda hospital; maintenance fund is Rs 4,00,000. For Family Health Center maintenance total amount is Rs 4,95,000.

## Conclusion

Veliyam Gram Panchayat has been improving in various sectors of health practices in Kerala. Health Department staffs ASHA workers, Panchayat members are working as a team for providing the best service for the public. Veliyam health center is scrutinizing and checking up weekly or monthly the health status of each and every member in a family. Clinics like Shwas, Ashwas, NCD are providing better health facilities to people in Veliyam Panchayat. In schools also, health workers ensuring proper nutrition and other medical facilities to both girls and boys. Proper counselling to prevent depression among youth and other ages is going on. To make the children happy during the painful immunization procedure walls are decorated with paintings of cartoon characters. Privacy for breast feeding mothers also ensured. Panchayat is ready to work on challenges and the measures are taken to overcome the hurdles. Environmental hygiene and sanitation are the duty of each and every staff of the family health center. With the care and attitude of health care personnel's now each patient and his/her bystander and family are given individual, personalized care. Clean toilets with modern oamnieties, drinking water facilities in the waiting area are some of the other merits. Well maintained buildings, rooms with proper cross- ventilation, comfortable chairs in the waiting area Panchayat regularly displays health education materials to make people aware about their health conditions. It provides health awareness and health education as well. There is a dedicated token system facility now and also the patients reach the consulting room only after a proper pre- check, this helps to reduce the challenges of serious health problems.

Future goals and plans are being formulated by the Panchayat officials. Collaborating with RCC in 2021 will be one of the milestones in Panchayat's history.

# 10
# Aryad Block Panchayat
# "Success Story of Ardramee Aryad"

**Sudhakaran C. K.**

Our state is triumphantly celebrating the 25th anniversary of People's Planning Programme or Janakeeyasoothranam. The pivotal role played by People's Planning Programme in localized planning and developmental vision is unparalleled. Through varied unique developmental activities, Aryad Block Panchayat was indeed in the spotlight for being the exceptional local body which effectively implemented the program in its initial stage. Despite of being acomparatively scaled-down Block panchayat with limited resources and lesser area coverage, Aryad Block Panchayat has focused on envisioning progressive plans as well as administering them efficiently from the inception of People's Planning Programme itself.

During the 9th plan period, the block panchayat has orchestrated a strategy to eradicate blindness in natives and successfully conquered the title of ' First Blindness Eradicated Block' in Kerala within the program period. In the light of this achievement, Aryad Block Panchayat has concentrated on envisaging campaigns in public health sector and been productively organizing diverse projects. The Block Panchayat had a vision and desire to become a fore runner in bringing novel ideas in the decentralized planning and implementing novel projects for the benefit of entire population within the block area. Even when engaging acutely in every aspect of local

development, the Block Panchayat had a prime interest to focus on designing novel signature projects in the health sector. Impregnated with this vision, during the tenure of the previous Committee (2015-2020), Aryad Block Panchayat propounded its signature trailblazing project, 'Ardramee Aryad'.

## Project Details

The previous block committee came into power in October, 2015. During the formation phase of 2017-18 annual project, the committee proposed their keen interest to formulate innovative and distinctive projects. Being the local body that has bestowed impeccable activities in social welfare sector, the committee decided to take part efficaciously in public health domain. Aryad Block Panchayat has already been a model in the realm of localized development and with this expertise, it drew up the exclusive project in the 13th plan period with an intention to achieve distinctive success in the public health sector. Ardramee Aryad, the signature project in the health sector, was devised to reach everyone within 80 wards, that includes more than 40,000 families.

## Objective

The aim of the project was to provide the people with a remarkable experience in the public health sector by intertwining it with the social welfare sector.

## Hindrances faced

The rapid increase of health issues among the natives of four Panchayats within the limit of Aryad block was a dominant issue. When the committee took charge, there was a boundless escalation in the number of people with lifestyle diseases like cardio issues and diabetes. There were also incidents

of cerebral stroke related to aforementioned issues even among the youth. Besides these, the number of people diagnosed with cancer and thyroid were statistically above the state average. It was in the coastal area where these issues were dominant compared to other parts of the Block.

The first step of the project was to identify the root cause of this brisk increase of health issues. As a result of in depth analysis, it was discovered that the lack of awareness was predominant among them. The insufficient treatment facilities has created enormous hindrances too. Ailments related to deficiency of exercise also existed. The campaigns conducted by the health department have not reached the lower strata of the society.

The first phase of the project conducted a detailed probe into the then existed circumstances and prepared status report based on that. As part of this, a detailed survey was conducted among the families under the four Panchayats. It was indeed a laborious venture to incorporate every family under the project.

To conduct the survey, 2000 volunteers were given comprehensive and detailed training regarding the project. Each volunteer was allotted 20 households. The department of community medicine, Alappuzha Medical College led the training program for volunteers. The constant support and involvement from Dr. Syru Philip, Department of community medicine Head, in the selection of these 2000 volunteers and providing them with proper training are invaluable.

The next phase was the preparation of detailed questionnaire for survey. The survey used the questionnaire that included questions regarding the information about the family as well as details of health traits. The survey was conducted in a manner that each volunteer had to visit 20 to 25 houses

and document the specifics. The volunteers successfully completed the survey within a single week and this provided the committee with an exemplary confidence that the project could be carried out victoriously. The survey reports of 40,000 houses were cataloged and the state of public health domain within the block panchayat limits were documented within a month.

The health survey was completed by incorporating it in the 'Complete Health Programme' project during 2016-17. An intensive training was required for the unbeaten execution and completion of the project.

A training programme was conducted in Thiruvananthapuram for a group of 13 representatives of Aryad Block Panchayat, 16 representatives from the four panchayats, and 80 co-ordinators from 80 wards. This training was aided with an immense support form Ardram Mission, and specifically from Dr. Vijayakumar.

In April 2017, Smt. K K Shailaja, the Honorable Health Minister of Kerala, officially inaugurated Ardramee Aryad, the prestige project of Aryad Block Panchayat. The assistance, service and support rendered by the individuals and institutions of public health sector are priceless.

## Modalities of Implementation/Organisational Structure

Ardramee Aryad was designed and executed by stipulating interventions and supervisions in multiple realms. The supervision charge was assigned to committees of each realm.

1. Block Level Committee

   A steering committee was formed by delegating the Block Panchayat President as Chairperson and MLA as patron. Dr. Sairu Philip as well as doctors of Medical College Hospital were included in the committee. The

supervision charge of the project was allotted to this block level steering committee.

2. Panchayat Level Committee
   In the second sphere, a panchayat level steering committee was formed delegating the president as chairperson. The committee included the members of the Panchayat, members of block panchayat from that panchayat, medical officers form PHC, CHC, and health inspectors.

3. Ward Level Committee
   In the third realm, ward level committees were formed in all 80 wards. In each ward, the ward member chaired the committee. The committee included block division member, JPHN/JPHI, and ASHA Volunteer. The volunteers from each ward served as the coordinators of the committees.

## Major Activities

1. To test blood pressure, blood sugar, and BMI level of the people of 80 wards, BP apparatus, glucometer, and Balance were provided as project share through special scheme. A system was fashioned where the trained volunteers visit the houses and test everyone periodically.
2. Through these tests, the NCD status of four panchayats were accurately documented and classified them accordingly. Logging the graph of intensity of issue, NCD patients were classified separately into medicine needed ones and exercise needed ones.
3. The NCD medicines for the patients were provided through sub centres of each ward. The medicines were distributed in regular intervals. In order to distribute the medicines, a pharmacist was appointed in each sub centre. Besides this, the service of six doctors was assured.
4. The allocation of fund for the unobstructed administration of the project was ensured. The Government grant was the primary source for project administration. Also, actualized the allocation of project shares for special schemes from three tier local bodies.

5. The state health department has aided tremendously in ensuring the availability of medicines for the programme. The constant support and involvement of the health department indeed accelerated the victory of the project.
6. The collective involvement of the natives played a pivotal role in the successful completion of the project. Including the 2000 volunteers, a manual resource of health officers, health inspectors, doctors, nurses, AASHA workers, Anganavadi workers, representatives from local bodies, and other partakers, a total of 3000 people, have participated strenuously to carry out the mission.

## Challenges /Problems during the implementation

1. The completion of survey took longer than anticipated. The lack of proper awareness in the initial stage, a few families expressed disinterest to participate. Even though it was overcome gradually, the reality of retardation is true.

2. The integration of department and people's representatives was not an effortless process. This compartmentalization has created minor yet significant obstacles during some stages of the project. But through the proper intervention and supervision, this too was subdued.

## Project and Fund Allocation

**2016-2021**

| Sl. no. | Number of projects | Name of the Project | Estimate cost | Expenditure incurred upto Sept 2020 |
|---|---|---|---|---|
| 1 | 6 | Ardramee Aryad | 14081548 | 6998635 |

| | | | | |
|---|---|---|---|---|
| 2 | 35 | Other projects in health sector | 12775319 | 1222200 |
| | | Total | 26856867 | 17290824 |

## Other Programmes Supplementing the Main Project

As a continuation to Ardramee Aryad project, old age support groups were formed in every ward in all the four Panchayats to provide companionship to older people. By incorporating each and every member of these groups, a state level workshop was conducted in 2018. By conducting awareness classes frequently for the elderly, invariant support and guidance were provided so that they could savour their old age.

A celebration, Vayojanolsavam, was conducted and it received state level appreciation. This was conducted in order to provide a space for the elderly to showcase their visibly awesome talents. The members of the elderly, including men and women above 60, actively participated in the program and unveiled jaw dropping performances.

Another project supplementing Ardramee Aryad was also implemented aiming at providing the elderly with nutrient food and medicinal porridge. Medical camps were frequently conducted and catered the elderly with necessary lab tests and health checkups. Medicines were also supplied through these camps.

Through Ardramee Aryad project, great interventions were made in palliative care too.

**2016-2021**

| Sl. no. | Number of projects | Name of the Project | Estimate cost | Expenditure incurred upto Sept 2020 |
|---|---|---|---|---|
| 1 | 9 | Support group for the elderly/ Vayojanolsavam | 8091414 | 4980776 |
| 2 | 9 | Palliative care coordination | 4792482 | 3989662 |
| | | Total | 12883896 | 8970438 |

## The Possibility of Integration

Even though the Ardramee Aryad project was presented by the block panchayat, all the four panchayats within the block limit welcomed it wholeheartedly and integrated it with their annual projects respectively. Alappuzha District Panchayat too integrated it with their annual project. Thus, now Ardramee Aryad is an extensive project that has been carried out efficiently in the three tier local self government system by integrating it with their annual projects.

## Remarkable Achievements

1. The principal achievement of this project was the establishment of the importance of health consciousness awareness in each and every individual under the block.
2. Through continuous awareness programme, the rise in lifestyle diseases was brought under control. The project tremendously helped the patients with lifestyle diseases to manage their health and to continue with their normal lives.

3. The development of the project was analyzed accurately and documented the changes in individuals as well as in the whole block.
4. The evident decline in the number of patients as well as in the spread of diseases was able to tabulate through the surveys conducted every year.
5. The people were willing to undergo medical tests in regular intervals and to do regular exercise and this created a huge transformation in the health sector of the block.
6. By upgrading the needed infrastructure and resources in the hospitals and other health institutions, available, the then existed insufficiency in health sector was resolved.
7. In the creation of a healthy society, the part played by hygiene conquers the top position. To remind this fact, hygiene awareness programme was conducted frequently as part of the project. Ardramee Aryad project aided in shaping a model system that incorporate the sectors of hygiene and proper waste disposal and that paved a way for its success.
8. The group of those trained volunteers, representatives, and health officials of this project, has served massively in the relief activities following the unprecedented flood of 2018 and 2019. From setting up relief camps, taking care of the affected, to coordination of health-hygiene systems, the collaboration with Ardramee Aryad has aided them to exhibit excellent service.
9. One of the great benefits of the project Ardramee Aryad was taking up the management of Covid 19 prevention activities. From the initial stage of the pandemic itself, the volunteers took part in continuous awareness programme. The volunteers as well as the health workers took up the Break the Chain Campaign and unfurled it in the whole block. The volunteers even had eagle eyes in ensuring the proper social distancing, and they have involved immensely in coordinating the activities as well as to ensure it reach every nook and corner of the whole block. Their contribution in managing the community kitchens and quarantine facilities is irreplaceable.

## Tools employed to ensure sustainability

To ensure the sustainable nature of the project, programmes were ideated for the long run. Ensuring the proper utilization of the physical benefits by the people, and guaranteeing the maintenance of social benefits, proper monitoring system was strengthened.

## Status Analysis

Four years after the inception of the programme, the rate of lifestyle disease spread in the area has become significantly under control. The people have acquired an in depth awareness regarding individual as well as social hygiene, which constitute the core of a healthy society. To ensure the decline in disease spread, the house visits by the volunteers, and lab tests were persistent even in the Covid pandemic period by following the protocols.

This pet project victoriously carried out by the Block panchayat has the potential to expand into a wider arena, even in the entire district itself. The assurance of ceaseless service from the volunteers is inevitable for the sustainability of this programme, and this is indeed the greatest challenge this project encounters. Despite these obstacles, the project has persevered and flourished.

## Conclusion

Ardramee Aryad was indeed the outcome of a probe into the possibility of generating an exemplary unique model in the service sector by focusing on public health domain. Being a novel and unique project, Ardramee Aryad had no previous frameworks. By creating an extraordinary, visionary development in the health sector, this innovative project has uplifted itself as an ideal precedent for the three tier local body system. And it acquired the trust of the natives with in a short period of time. The realization of the

potential of this project to ascend the quality of life, led the people to collaborate with this project. Aryad Block Panchayat has captured a distinctive space for itself in all these meaningful 25 years of People's Planning Programme through this signature project. In public health care domain, the incorporation of people from a vast area and conduction of such a massive project is indeed a great model for the collaborative planning. As a matter of fact, Ardramme Aryad definitely has the potential to be renowned as the beacon of developmental projects of Aryad Block Panchayat.

# 11
# Kannapuram Cancer Vimuktha Gramm Project – A Model Program Based on Community Participatory Approach in Cancer Prevention

**Dr. Satheeshan Balasubramanyan, Dr. A.P Neethu**

Kannapuram Gram Panchayat is located with in Kalliassery block panchayat in Kannur district has an area of 14.39 Sq Km. Panchayat is divided in to 14 wards for administrative convenience. The total population is 18459. Several development activities were conducted in the panchayat which later became a state model. Kannapuram panchayat had many achievements to its credit during the previous years.

'Cancer Free Panchayat' project was started on 23rd Jan 2016. Cancer deaths which happened in adjacent regions created fear and panic. Due to fear, people are not ready to take consultation and treatment which makes the situation worse. The aim of the project is to reduce the unnecessary fear created among the people about cancer.

In the first stage, the Panchayat conducted continuous awareness programs for removing the fear of cancer from people and on the necessity to take scientific treatment. Many activities were conducted frequently for

spreading awareness. Thalassery Malabar cancer centre provided guidelines and technical assistance.

All activities were conducted under the core committees formed in panchayat level and ward level. Health workers, Kudumbasree volunteers, Canosa nursing college authority, students, workers of different political parties and social workers participated in the activities conducted by panchayat. Implementing officer of the project is medical officer of primary health centre, Thara, Cherukunnu. Funds for this activity was raised from Gram Panchayat, District panchayat and sponsorship from public and organisations.

This project was designed in such a way that it involves the equitable participation of all sections of the society. Main thrust was given to awareness generation and alleviation of fear and stigma related to cancer, in the society. The highlight of the project was the principles of democracy-panchayth itself takes care of the awareness projects among the public with technical support from MCC.

This project was inaugurated on 2016 January 23rd by honorable MLA Sri T V. Rajesh in a public function. The importance of involvement of Panchayat at the grass root level in cancer control activities was emphasised and subsequently a workshop was conducted to provide necessary directions on how to move forward and organize.

**Sequence of Activities conducted in the Panchayat to achieve the goal of "Cancer Vimuktha Gramm"**

# Phase 1. Base line Data collection

The basis of any health project is the availability and analysis of baseline information of the concerned health situation. Basic health data and specific oncology related data collections were done in two stages. In the preliminary stage, data regarding general health, lifestyle and social factors were collected. In the second stage cancer related risk factors were surveyed.

## 1. House to house health survey

Health workers and Kudumbasree workers were trained and were utilized in conducting the survey. The survey was recorded in a special survey form about general health and habits of the people of the Panchayat, prepared by MCC. The data collected included food habits,physical activity,methods of waste disposal,details on cancer patients, details on other illnesses; source of drinking water,methods of purification etc.The survey was completed within one month by the volunteers. The data was evaluated by the Department of Cancer Registry and Biostatistics of MCC and a detailed report was prepared by Community oncology department. This report gave an idea in general about the Panchayat and the areas which needed improvement.

## 2. Risk based survey

A second survey was conducted from October 31, 2016 to find out high risk subjects who needed a screening for cancer. This was also done by volunteers who were trained by the Community oncology departmentof MCC. This program was inaugurated by former MLA Sri P Jayarajan.3838 houses were visited as part of the survey, but the response from the people

was not as expected. Lack of awareness and fear prevented them from giving the right information.

This highlighted the importance of creating awareness in the society regarding cancer and elevating the fear, myths and stigma about the disease.

## Phase 2. Awareness programs

The Panchayat conducted various awareness programs in association with MCC, other social service organizations and hospitals in order to decrease fear and stigma associated with cancer.

### 1. Health exhibition

Awareness exhibition on cancer conducted from April 15th to 19th, 2016 at Cherukunnu Primary Health Center was attended by many people. Further exhibitions were also conducted during social religious and cultural gatherings. Exhibits containing information on various aspects of cancer prepared by MCC were used for creating awareness. The first awareness program was inaugurated by District Panchayat president Sri K V Sumesh. Awareness classes on early detection, life style and cancer, overall aspects of cancer and modern treatments available were also conducted in different areas of the Panchayat. A get together of cancer survivors called 'winners meet' was also conducted. It was inaugurated by Srimathy KV Janaki teacher on 19/6/2016.

### 2. Chithrayathra –painting exhibition

The district level inauguration of Chithrayathra led by well known artist Sri Ebi N Joseph was conducted in Kannapuram .There was a painting

exhibition of 25 artists with the goal of creating awareness on cancer and elevating myths.

## 3. Awareness IEC materials

About 5000 pamphlets about early detectable cancers, cancer myths and cancer prevention through diet prepared by community oncology department of MCC were distributed in the houses.

## 4. Kanfest 2018 –cancer prevention food fest

As a part of spreading the message of cancer prevention through locally available fruits and vegetables, Kanfest 2018 was conducted in Cherukunnu south LP School from April 27 to 29 .The emphasis was on promotion of locally available seasonal fruits like jack fruit and mango and food items prepared from them, which are rich in dietary fiber and antioxidants as these were free of pesticides and easily available seasonally. The event was inaugurated by honourable MP Sri Karunakaran in presence of MLA Sri T.V.Rajesh.

Painting and drawing competitions based on topic of cancer, cooking competitions using jack fruit, tapioca, panel discussion on the subject of cancer prevention and diet with Director MCC and Dietician from MCC as panelists were also organized.

Workshop on organizing a kitchen garden was also conducted as a part of promoting cultivation of pesticide free own vegetables and fruits. This was attended by public and students in large numbers.

## 5. Chakkamaholsavavam (Jackfruit Festival)

Chakkamaholsavam (Jackfruit Festival) was also aimed at popularizing the traditional food habits and use of locally available fruits and vegetables

with special emphasis on jackfruit. This food festival was organised from May 17th to 18th, 2019. Awareness classes were taken on cancer prevention and cancer myths.

### 7. Awareness classes for students

School based tobacco and cancer awareness classes, exhibition and short film screening were conducted in various schools in the Panchayat.

### 8. Awareness classes for general public and LSG members, PHC staff

Cancer awareness classes and training programs were conducted for general public, PHC staff, ASHA workers, Panchayat members and volunteers.

### 9. Observation of days related to cancer

Days like national cancer day, world cancer day, world no tobacco day, international day against drug abuse were observed with various awareness programs and public rallies.

### 10. Testing of water samples

Water samples from drinking sources were tested on 17/4/18.Samples from 21 wells from each ward were submitted for testing.

## Phase 3: Cancer control activities

### 1. Early cancer detection camps

Four early cancer detection camps were conducted in 2017-18 during the months of July,November, December and February by Community oncology department of MCC. The camps had good participation.

Screening for oral,breast and cervical cancer were done. Organizing committees were formed at ward level for implementation of the programe. Kudumbasree ADS meetings were held at ward level and publicity and awareness regarding the camps were done through meetings of "AYALKKOOTTAM" .

## 2. Early cancer detection clinic at Cherukunnu PHC

An ECDC functioning once a week, the first of its kind in health sector in Kerala was inaugurated in Kannapuram on 20/5/17 by honourable health minister Srimathy K.K.Shailajateacher. The training for 2 nurses in the clinic was given by Community oncology dept of MCC. Screening for oral and breast cancer and Pap smear tests are done here regularly. ThePap smear tests are reported at MCC.

| Total patients reported | oral screening + tobacco counseling | Pap smears | Breast screening | No. of cases referred to MCC/else where | Cancer cases detected |
|---|---|---|---|---|---|
| **231** | **31** | **42** | **81<br>77<br>(iBreast exam)** | **12** | **Nil** |

## 3. Breast cancer detection program

A special project was submitted in 2018 by the Panchayat for breast cancer screening of all ladies of the entire Panchayat above 30 years of age. Funds also allotted for further follow up mammograms and USG of referred ladies. Anybody detected to have breast cancer will be treated at MCC by utilizing the available government treatment funds

The publicity campaign was done through a "sandeshayathra" inaugurated by JillaPanchayat vice president Miss P P Divya on 15/5/18 .Awareness talks were held at 17 centers in different wards.

Awareness classes for Panchayat members, healthworkers, nursing students were conducted by MCC.

Registration for the camp was done by combined effort of ASHA workers, Kudumbasree members, Panchayat representatives, health workers and NSS unit of KANOSA nursing collage on 17/5/18. They were organized into 54 squads and registration slips were distributed by visiting 3800 houses as a single day program.

The camp was inaugurated by Director of MCC. The closing ceremony was inaugurated by Hon'ble Kannur MP P.K Sreemathy teacher on 30/5/18.

Breast examination for all ladies from 14 wards of Panchayat above 30 years using 'ibreast' exam technique which detects changes in the breast from variations in tissue density was done. The 10 day camp was conducted in Cherukunnu south LP School from 21/5/18 to 30/5/18 by MCC. 3247 women were examined and 203 who needed further mammograms were referred to MCC. The camp was a great success in terms of participation.

All those requiring further follow up at MCC are accompanied by a special squad from the Panchayat organized for the same and 10 ladies underwent mammograms each day from MCC as per list given by MCC.

3247 women above 30 years participated in the camp. 203(6.2%) were found positive on ibreast exam and none of them had any palpable abnormality on clinical breast examination. All were referred to Tertiary Cancer Centre for further evaluation, of which 135 underwent further investigations.109

(79.6%) had BIRADS 1 or 2.Ten (7.3%) subjects with BIRADS 3 were advised follow up at 6 months .Out of 15(11%) with BIRADS 4, 14 underwent wire guided biopsy, of which two were detected to have carcinoma. One with BIRADS 5 had early stage infiltrating duct carcinoma.

Among all BIRADS 1 or 2 women were advised routine screening. 3 women were advised follow up at 6 months. All 3 cancer patients have completed treatment and are disease free now. 97% of the participants reported test as acceptable and recommendable to relatives. Awareness levels of the participants were found to be high. 67.5% reported for further evaluation either at Malabar Cancer Centre or elsewhere as a result of continuous intervention and motivation. 28% of positive cases failed to undergo further investigation in spite of continuous motivation by Panchayat members, posing challenges to the successful implementation of the program.

Following the project, an iBreast exam facility was arranged at the PHC. This is one of the first PHC to have this facility at free of cost.

### 4. Cervical cancer eradication program

Cervical cancer eradication program at Kannapuramwas inaugurated by MLA T V Rajesh on 30-11-19

## Objectives:

1. To detect cervical cancer in early stages and provide appropriate treatment
2. To detect precancerous lesions and treat accordingly
3. To avoid death from cervical cancer
4. To develop a community participatory screening model for cervical cancer and to implement a cervical cancer control protocol

Kannapuram Gram Panchayat has a Primary Health centre with facilities for early detection of cervical cancer. Pap smear is the test used here for early detection of cervical cancer. Nurses in the centre are trained in the same. MCC provides facility for reporting of the smears taken from the centre. Proposed plan is to screen women using Pap smear and treat positive cases using cryotherapy at the as a single-visit approach. They may be referred for other investigations and management to MCC. Plan was to set up a cryotherapy unit in Cherukunnu PHC for screen and treat facility. Those requiring further investigation will be referred to MCC. The required training for Doctors, nurses and other health workers will be done at MCC. Our Hon: MLA Sri T V Rajesh represently Kalliassery Assembly Constituency has allotted Rs. 8.00 lakhs for installation of Cryotherapy unit and Calposcopy unit for early detection and treatment of cervical cancer as the part of cervical cancer predication project. This is installed in FHC, Cherukunnu Thara. Kannur district panchayat authorities has granted 10.00 lakhs to MCC, Thalasseri for cervical cancer eradication project

Kannapuram Gram Panchayat cancer control program second phase (cervical cancer eradication program). The volunteer training program was inaugurated on December 16 by Dr Satheesan Balasubramanian. Following restrictions imposed by COVID pandemic project could not be proceeded further, although screening with Pap smear is ongoing at PHCs.

The project for cancer vimuktha Gramm with its activities spanning for 5 years since its inauguration in 2016 has definitely gone a long way in elevating fear about cancer in the society and has attained self-sufficiency in cancer control activities, through community participation.

Kannapuram model can be taken up by other Panchayats as a successful model for cancer prevention.

## Financial Statement:

## Cancer free Panchayat Project Expenditure 2015-16 to 2019-20

| Year | Total Cost | | | | Expenditure | | | |
|---|---|---|---|---|---|---|---|---|
| | Plan fund | Ownfund | District Panchayat | Total | Plan fund | Own fund | District Panchayat | Total |
| 2015-16 | 75000 | 25000 | - | 100000 | 72701 | | | |
| 2016-17 | 34550 | 165450 | - | 200000 | 34550 | 69611 | - | 104161 |
| 2017-18 | 100000 | 95839 (Spill over) | - | 195839 | 68255 | 33850 | - | 102075 |
| 2018-19 | 250000 | - | 350000 | 600000 | 250000 | | 318047 | 568047 |
| 2018-19 | 31745 | | 31745 | 24883 | | | | 24883 |
| 2019-20 | 100000 | | | 100000 | 47735 | | | 47735 |
| 2019-20 | | | 31953 | 31953 | | | 31953 | 31953 |
| TOTAL | | | | | 498124 | 103461 | 350000 | 951585 |

## Conclusion:

This model of community participation in cancer control and prevention activities has become an example. All the members of the Panchayat cooperated with the project in an inimitable way. The success of the model was all written on the wall when over 3000 ladies volunteered for breast cancer screening in a 10 days camp. Such a turn out is almost unheard in this part of the world as stigma and fear of cancer is highly prevalent. In order to supplant this, community participatory model – Kannapuram Model shall be considered.

# 12
# Eraviperoor Gram Panchayat and the Health Sector

Eraviperoor Gram Panchayat which comes under Thiruvalla taluk in the Pathanamthitta district was established in 1950. The panchayat has a semi-urbanised nature with a geographical extent of 18.65 sq.km and a population of 25200. When taken into consideration the occupation people are engaged in, there is not much difference in the number of people engaged in agriculture and those working overseas. Flood and COVID were the worst disasters people of the region have faced in the last few decades. The panchayat is on its way back to normalcy through the meaningful interventions of the people's representatives and with the support and help people provide each other. Till 2000, the panchayat had a clear and unilateral politics and government, which slowly gave way to a socio-political situation where none of the political parties hold an upper hand till 2010. However, from 2010 onwards, there was a visible change in the panchayat governing body and its politics, which led to a progress in development in all fields of societal life. The panchayat bagged a number of national and state awards for its diverse and unique developmental perspective during 2010-2020. Eraviperoor Gram Panchayat has also received the Prime Minister's national award for public administration in 2015, first of its kind by a panchayat. It was the second time Kerala got this achievement, which is meant for national and state government institutions in India.

It was the continuous interventions in the field of health sector that has made the panchayat eligible for the award for public administration. As a local government Eraviperoor Gram panchayat took actions for infrastructure development, ensured people's participation and offered continuous training to the health staff, all of which contributed to maintain quality services from the Othera Primary Health Centre and also from the Homeo and Ayurvedic dispensaries working in the Panchayat. During 2010s, the administration of the Primary Health Centre was in a very bad condition, having only a 68- year old building. Besides, the activities of the centre were technically in a pathetic situation, lacking a proper laboratory and pharmacy. The homeo and ayurvedic dispensaries also had no buildings of their own and lacked sufficient medicines for their proper functioning. The inaction of the ward level committee that was responsible for ensuring hygiene management and the inefficient fund utilization pointed towards the absence of people's participation in these committees. In order to resolve these issues, many short term and long term projects were undertaken step by step. Along with the annual project of the panchayat, projects of all other departments including that of health department were combined and ensured people's involvement in all these efforts. During the formation and execution processes of the projects, priority order, novel ideas and the possibilities for co-ordination were taken into consideration. Besides, continuous interventions to improve the mentality and activities of the staff and to ensure actions that are based on training, internal audit and Standard of Procedure (SoP) were done. The involvement of the members were made certain by reorganizing the Health Management Committee (HMC). Likewise, participation of the club and resident associations, representatives of the political parties and Kudumbasree were ensured. To assure the quality functioning of P.H.C. the same consulting agency was assigned, which was entrusted to get the ISO

9001:2008 certificate. This intervention that was made to get ISO certification to a P.H.C in 2014 was a novel experience to the consulting agency itself. According to the recommendations of this consultancy, the staff of P.H.C was divided into 5 groups like OP, Lab-Pharmacy, Treatment, Public Health and General Administration and were provided continuous training, SOP implementation and made sure all the required infrastructure facilities for each group. Consequently, a project named PHC-ISO Certification was formed as part of the annual plan of the Gram panchayat and was implemented. In addition, the fund received from N.R.H.M. was made use of. Besides reconstructing the old building, OP, Waiting Area, Pre-Check, Nursing Room, IUD Room, Modern Lab, Dressing Room, Medical Officer Room, Public Health, Store, Office etc. were also specially arranged. To modernize all these settings, software were bought specially for the above said 5 groups and interconnected them through network system. In 2015 itself registration and stock were digitalized, treatment history of each patient was stored, and unique id number was provided, thus enforcing the e-health service in the P.H.C. Meanwhile an abandoned building in the P.H.C. was set as the office of public health and also rooms for the sub centres of Homeo and Ayurvedic dispensaries and pharmacy, thus providing Ayush treatment with Allopathy. Earlier, as part of the activities for defending lifestyle diseases the P.H.C. had started gymnesium and yoga training centres as people's programs in 2013 in public spaces. Based on these quality systems and diverse treatment methods, the panchayat has got the ISO 9001: 2008 Certification for the first time in the state of Kerala, probably in India also, in 2015.

The governing council that came into existence during 2015-2020, undertook the second phase of earlier activities. State government as part of Ardram mission, fixed the criteria for upgrading a primary health centre

to family welfare centre. However, this P.H.C was selected for upgrading to F.W.C. without the aid of government, became one among the very few such institutions. As part of improving the system of services, activities were undertaken to improve the physical and mental health of aged people focusing on anganwadi through a project named 'Sayamprabha', the execution of which was done through the I.C.D.S. Supervisor of the Social Welfare Department. An electrical auto was made available in the centre in 2008 for bringing the elder people, who are living alone and depending on others, to the family welfare centre and back to home, as free service. Along with this, activities were began to ensure national quality measures in the centre. With this purpose four quality circles were formed and standard of procedure was modified with training on all days and dry day once in a week. Besides, systems like new Information--Education--Communication (IEC) System, waste management system, children's park, herbal garden, solar system which produces power for its own needs and export to KSEB, hematology analyzer, fully automatic biochemistry analyzer, urine scanner and along with these, a modern lab with facility for doing 51 tests were set up. For understanding a better model, a team visited the Noolppuzha Primary Health Centre (P.H.C.) in Wayanad district and made a report on the basis of which some were copied as such and others were practiced by customizing them. Consequently, the drawbacks that were found in the district-state audits were resolved timely, then after 3 months' severe effort, applied for the national audit and achieved the National Quality Assurance standards (NQAS) with 93 % score, in June 2019. Following this achievement, quality of each department in the institution was ensured. Behind this achievement of NQAS, there were supervision and instructions from the block-district-state level quality officers.

Next phase of activities focused on defense activities against lifestyle diseases. The aim was to reduce the number of people who depended on F.W.C. for treatment. With this purpose, two open gyms were set up in panchayat. Now these are being used by people of all age groups. In the fitness centre located in the F.W.C., open gym, footsal, shuttle court etc. are also functioning. Besides, NCD Clinics are also started in all anganwadis for the aged people in the 'Sayamprabha' geriatric club. The I.C.D.S. Supervisor who was appointed for implementing the Social Welfare projects gave training to the ASHA workers by arranging glucometer, BP Apparatus, weighing machine etc. in the anganwadis and health card for marking the test results. There are some other projects which were taken up as part of the annual project by other executive officers belonged to the health department: The Sports Council which was established for enhancing the sports efficacy of the teenagers and youngsters, school karate class meant for improving the physical and mental health of girls under 15 years of age, 14 small scale drinking water projects for ensuring quality drinking water in the S.C. colonies etc. Similarly, help desk counseling and 'jagratha samithi' for the follow-up activities, that are set up in all schools of the panchayat are distinct experiences. P.H.S.C. centered yoga class that began in 2012 is a novel idea for resisting lifestyle diseases in this period. Pain and palliative is another idea useful for providing better living environment and health for the bed-ridden patients. The specially trained nurse appointed to take care of these patients, ambulance service, home visit, distribution of instruments,medicines, nutrition etc., and the medical camp for the bystanders of the patients, all these are special features of this project.

The health department and its staff performed extremely well during covid times. To give support to these health workers, groups of volunteers

comprising 50 members were formed at ward level and were co-ordinated through whats app group named 'janakeeya prathirodham'. Locating people who came from abroad, making arrangements for their stay during the observation period, supplying medicines for these people, providing food through community kitchens, setting up of 3 observation centres for 120 people, covid primary health centres for ensuring treatment for 100 patients arranging the cots and mattresses collected from bed challenge, introduction of the 2 'robots' that are located in the Covid First Line Treatment Centre (CFLTC) which form helping hands for the health staff by reducing their direct contact with the covid patients etc. are distinct forms of activities in the health field. Besides, there are other aspects that need special mention such as management of expenditure of community kitchen using the fund received from the public during lock down period, collection of 118 cots and accessories through bed challenge, 'robots' received as contribution, the buildings and appendages received rent free for observation rooms, the convention centre where CFLTC was set up and thousands of youngsters who worked as covid volunteers.

## Achievements

- Upgradation of Primary Health Centre into Family Welfare Centre (F.W.C.) by enhancing infrastructure facilities as part of modernization process and thus ensuring transparency in its working.
- ISO certification received after evaluation of these arrangements, Kayakalpu award 2 times, health award, KASH Accreditation etc. are great achievements.
- The transformation to Ayush centre, one of the few centres in the state, guaranteed the right to choose between treatment methods in the F.W.C. Continuous training programmes and SoP modified on time ensured quality in the mentality and activities of the staff .

- The panchayat governing council could form a proper leadership to introduce the above mentioned changes by collecting the fund needed to enforce them, as a result of which the Eraviperoor Gram panchayat as local self government could make progress in the health sector as imagined by Sustainable Development Goals (SDGs) during 2010-20.
- By making HMC and WSC more lively and mobile and by modernising and enhancing efficacy, Othera Family Welfare Centre became a health institution on which people of this panchayat and neighbouring panchayat and municipality could rely upon for consultation and treatment.
- Establishment of the fitness centre and children's park in this health centre not only guaranteed quality treatment but also created the environment for achieving physical and mental fitness to protect from diseases.

## Challenges

To achieve an improved status in the fields of infectious diseases control, waste management etc. awareness programmes were necessary among the public. Besides, many other challenges were faced like creative interventions from the part of ward level health care committees, formation of ward level teams for volunteering, activation of health maintenance committee (H.M.C.), transformation of the mental attitude of ASHA workers and officials, drawbacks in the project guidelines, inadequate fund, lack of co-operation from other departments for utilizing the possibilities of integration and compilation etc.

Activities were organized at different levels to recognize issues and to resolve them. Some were resolved by undertaking projects as part of the yearly projects, some by the revival of Gramsabha and ward level maintenance committees, and the rest by the creative organization and action of the health maintenance committees. Special Gramsabha in all awards, penalty for repeated legal violation, discussion of report on

activities of health department in general Gramsabha are acts of special mention. The act of joining hands together by the government and private institutions for achieving ISO, NQAS quality settings helped for enhancing the efficiency and quality of the staff. Though unavailability of the district and block funds and M.L.A and M.P.funds caused for the delay in attaining goal, projects were formed using the NHM and HMC funds and the award amounts effectively. By seeking permission from the government, novel ideas were implemented and executed. The letters and suggestions for solving issues sent from Eraviperoor Gram panchayat to the government for special permission were included in the state guidelines of next years.

## Sustainable settings

The internal audit system involving the staff and governing council and the external audit system comprising the government and private system are working for maintaining the quality settings. The creative interventions of the maintenance committee members of the hospital functions as the monitoring system. The three-tier audit system conducted on annual projects, analysis of health related activities by the Gramsabha, day-to-day intervention of the panchayat governing council and standing committee, all these are steps taken to ensure sustainability of the improved settings of the health institutions.

## Developmental possibilities and challenges

Upgradation of Othera F.W.C. to an inpatient treatment centre is a long-term demand in the Gram sabhas and among the public. The reason for this requirement is that currently a hospital of this kind under government is available only 7-10 kms away. However, the policy of the health department does not allow inpatient treatment in a family welfare centre. But the

panchayat governing council intends to achieve public health that does not require inpatient treatment at all.

It is essential to have buildings of their own for both the homeo clinic and F.H.C. subcentres. However, availability of land with fair price and of funds that can be added to the panchayat fund for the construction of the building is a challenge. Better public health and its dissemination through continuous awareness campaigns and creation of environment for people's intervention, are a future possibility and at the same time is a challenge also.

# 13
# Palliative Care: The Muhamma Model

**J. Jayalal**

***M**uhamma is a village situated near to backwaters in the Cherthala taluk of Alleppey district.*

This place covers a land area of 27 sq.km. with a population of around 30,000. Muhamma is bordered by Vembanad Lake to East, Kanjikkuzhy Gram panchayat to West, Mannanchery Gram panchayat to South and Thanneermukkom Gram panchayat to North. The main occupation of people are related to the coir sector, inland fisheries and small scale agriculture. This gram panchayat has initiated many novel steps in the health sector like Mukthi project (Muhamma control TB in 2005) for defending TB, Filariasis disease, clinics for lifestyle diseases and for mental health, Yoga village, synthetic pad-free village, home care for bedridden patients etc.

Mukthi -- In the Muhamma village there were a number of TB patients, where majority of the population comprised of agricultural labourers. The Primary Health Centre in the village was earlier engaged in providing only medicine to the TB patients. However, most of the patients lacked nutrients in their food and in the light of this realization the Panchayat governing council decided to provide milk, egg and fruits to the patients in addition to medicine. It resulted in the formation of the project 'Pariraksha' for the protection of TB patients. The fund for this project was allocated from the disaster relief fund of the Panchayat President.

Filariasis disease-- There were cases of Filariasis disease also in the Muhamma Gram panchayat. With the aim of treating severe cases of the disease and developing immunity against it, a Filaria Morbidity clinic was started in Muhamma. It is the first of its kind in Kerala.

The 'palliative care' centre in Kerala is characterised as a 'beacon' by the international community, because of the involvement of the society in this initiative. The society is aware of each person's responsibility in healthcare management. The palliative care policy of the state government, supported by different voluntary organizations has become a model for the whole world. Another peculiarity of the palliative care centres in Kerala is that it is present in every nook and corner of the state.

Bed-ridden patients -- These patients are those who have lost hope of returning to a normal life either due to old age or some diseases. Generally their condition is very pathetic since most of them have to spend a lonely life in a room without getting proper consideration and care. The stench in the room, which can be very irritating to others, seemed to be familiar to the patients, maybe because the latter have no chance to get out of it. However, they wish to remain painless and peaceful till the end of life. It is the responsibility of the society to ensure such an environment for them and to give them the feeling that they are not alone but somebody is with them to take care of them.

The mother of Palliative care campaign, Cicely Saunders says that 'health' is not the state to be disease free alone, but it comprises one's physical, mental, spiritual and social well being. A bed-ridden or immobilised patient is one who has to spend her/his life within the four walls of the room and who is for sure longing to enjoy the infinitude of the sky. A true volunteer is one who is able to understand this state of the patient. In other words,

when one comes forward to assist the patients and assure that s/he is with the latter, the former should be able to know who they are taking care of and what they actually need. The volunteer is actually taking over the duty of a nurse who has taken a four year degree or that of a psychologist who has decades of experience in counselling. Hence the former needs adequate training in the field of palliative care.

The palliative care treatment was begun by Dr. Suresh Kumar, Kozhikode, during the 1990s, which was later taken forward by some individuals and groups from Kozhikode and Malappuram districts. Subsequently, activities in this field have started in southern Kerala also by Pallium India led by Padmasree Dr. M. R. Rajagopal.

The first intervention of a local self government in this field was the project of 'Pariraksha', undertaken by Kozhikode district panchayat in 2005, followed by Malappuram district in 2006. It was a project for funding voluntary organizations that were working in the field of palliative care. However, till that time no Gram panchayat has undertaken any such project directly.

On the basis of the understanding that ensuring social security is a prime responsibility of a local self government, Muhamma forms the first of its kind to initiate palliative care in

Kerala. A comprehensive health survey held in 2006, in relation to the project 'nammude Gramm aarogya Gramm' persuaded the government to begin the palliative care initiatives. The survey report is added at the end of this case study.

The Muhamma gram panchayat has proposed a project named 'santhwanam' in 2007, earmarking an amount of 1 lakh for various requirements such as buying medical instruments, monthly honorarium for nurses engaged in home care service, rent for vehicle, food allowance for the nurse and the volunteer involved in home care service. Dr. Sairu Philip in the department of Community Medicine, medical college hospital, Alappuzha motivated the panchayat president C.K Bhaskaran to launch the 'santhwanam' project. At the time when the panchayat undertook such a project the Kerala government was having neither a palliative care policy nor the word 'palliative' used in the annual project ordinances. Due to this reason, the district planning commission initially rejected the proposal. Since there were no palliative care activities by the health department the health officer also did not agree to accept the same.

Those who were serious about this project argued strongly in the district planning committee that social security is to be assured by the local self government, which led to a rethinking of the project and of accepting the same. The medical officer however refused to take charge of executing the project. Mr. P.P. Udayasimhan, the panchayat secretary at that time, with great enthusiasm interpreted the laws from the part of the people and took over the responsibility of executing the project. Thus Muhamma panchayat made its entry into the field of palliative care, which slowly grew as a people's programme. According to the aforementioned health survey 2006, more than 150 bed-ridden patients were recognized in the panchayat. Then the greatest concern was how to provide these people solace and care, which led to the commencement of home care service. As a preliminary step, a 3-day training was given to a nurse named Baby and to 85 selected volunteers from all wards of the panchayat. The palliative nurse got 3 month's training from places like Kozhikode and Mancheri. Dr. Sairu

Philip, Dr. Thomas Isaac (who was M.L.A. at Mararikkulam at that time), Dr. Ramachandran and Dr. Vijayakumar were there along with the project. The Green Kerala programme of Doordarshan gave a boost to the palliative care project of Muhamma panchayat by telecasting the achievements of the programme.

The administrators of the Indian Association of Palliative Care, an organization of the people which works in the field of palliative care, also noticed the case of 'santhwanam' project. The organization expressed its wish for conducting their state level volunteer meeting at Muhamma in 2008. Muhamma panchayat undertook the 2-day meet in which more than 600 delegates from all districts of Kerala and reputed persons from the health department participated. The then health minister of Kerala P.K. Sreemathy announced that Kerala would be having a palliative care policy in the near future, which the Kerala State Government announced shortly. Orders were issued by the Government urging local self governments to ensure palliative care component in their annual project. Thus the Government of Kerala accepted the Muhamma palliative care project as the model of its policy order.

At the outset of the Muhamma project, home care was provided once in a week, which later extended to 4 days/ week. The O.P section is also functioning at the Centre of the 'santhwanam' project once a week. The fund for this project was just 1 lakh at the beginning, which has now been increased to 11 lakhs. Though medicines were not provided earlier, now there is provision for giving required medicines. Besides, earlier treatment was not offered to mentally challenged patients. Now a counselling centre, led by Dr. Chitra Venkatesan is working for the people with psychological issues. Both home care and O.P. are functioning separately now. Medicines

for the mentally challenged patients are now given free of cost. Allopathy, Ayurveda as well as homoeopathy doctors provide home care service by visiting their houses once in a week. Focusing on the homes of the bed-ridden patients, 'neighbourhood group' links have been formed to take care of them. Training was given to ten volunteers living near to each palliative patient's house, who attend the patient one by one each day in a week. This practice has proven to be of great relief to the patients.

In the panchayat, 6 sub centre level committees are functioning currently. There are sub centre committee level meetings every month to evaluate the activities of each sub centre. The panchayat level committee by examining the activity report takes necessary steps to improve the situation. The committee is very vigilant to ensure medicine and medical instruments needed for the patients.

Those who can form a support to the suffering people could understand the psychology of them also. They can really provide good assistance to those who are helpless due to the pain in both mind and body, by giving solace with good words, touch, a compassionate look and even by presence. We can thus transform the society to take such responsibility in future.

## Comprehensive Health Survey

This survey was conducted in 2004 and 2006.

## Background

Muhamma gram panchayat first formed a health committee and following this a survey was planned with the purpose of collecting data in relation to health. A third survey was conducted by the Kanhikkuzhy block panchayat.

## Activities

- Constructed 25 houses for the volunteers and divided them for every volunteer.
- Provided training to all volunteers in the gram panchayat. Health workers consolidated the data of the houses after evaluation.

| Dwelling houses | Family members | Caste/Religion | Percentage |
|---|---|---|---|
| **5873** | 25542 | Hindu | 88.3% |
| | | Muslim | 5.9% |
| | | Christian | 5.7% |

| | |
|---|---|
| **Ration card B.P.L** | **41.5%** |
| **Having phone connection** | 20.6% |
| **Land below 10 cent** | 34.2% |
| **Lacking well** | 37.9% |
| **Lacking own toilet** | 9.1% |
| **Dwelling in hut** | 8% |
| **Lacking current** | 7.3% |
| **Having gas connection** | 45.7% |
| **Working outside Kerala** | 4.8% |
| **Having no child after 3 years of marriage** | 55 |
| **Divorced** | 171 |
| **Single mother** | 57 |

# Data - Survey 2006

## Age sex distribution

| Age | Female | Male | Total |
|---|---|---|---|
| 0-5 | 769 | 786 | 1565 |
| 5-12 | 1328 | 1299 | 2627 |
| 12-19 | 1523 | 1373 | 2890 |
| 19-45 | 5094 | 4935 | 10029 |
| 45-60 | 2691 | 2660 | 5351 |
| >60 | 1719 | 1364 | 3074 |
| Total | 13115 | 12427 | 25542 |

## Habit among Males

| Age | Smoking | Drinking | Paan |
|---|---|---|---|
| 12-19 | 2 % | 4,2 % | 2,8 % |
| 19-45 | 13,7 % | 9,2 % | 2 % |
| 45-60 | 23,9 % | 18,6 % | 2,3 % |
| 60 | 2,7 % | 0,7 % | |

## Occupation

| | |
|---|---|
| **Fishing** | **8.8%** |
| **Clam collection** | 2.9% |
| **Coir** | 54% |
| **Farmer** | 4% |
| **Business** | 5.8% |
| **Govt. Job** | 9.4% |
| **Permanent job** | 14.7% |

**Diseases**

| | |
|---|---|
| **Cancer** | **33 (0.7/1000)** |
| **Heart disease** | 247 (9.6/1000) |
| **B. P.** | 984 (38/1000) |
| **Diabetes** | 469 (18.3/1000) |
| **T. B.** | 24 (0.9/1000) |
| **Filariasis** | 112 (4.3/1000) |
| **Others** | 417 |
| **Handicapped** | 90 (3.5/1000) |
| **Dumb** | 37 (1.4/1000) |
| **Blind** | 17 (0.6/1000**)** |
| **Mental disability** | 122 (4.7/1000) |
| **Others** | 87 |

This survey proved useful for preparing N.R.H.M. Subcentre/ H. C. action plan in 2006. This experience also helped in N.R.H.M. Malappuram and Kannoor surveys.

**'Santhwanam' Palliative Care Project --** This project began in 2007. **Background**

On the basis of the data collected from the comprehensive health survey on the patients suffering mentally and physically, plans were made for formulating extensive projects focusing this group of people. In this situation, Dr. Sairu Philip pointed out the case of 'Santhwanam' palliative care activities done for the disabled people in the northern districts, in a meeting held for the volunteers in Muhamma on July 19, 2007. When the doctor enquired about the willingness to implement such a project in Muhamma, the President agreed to take it forward without any hesitation. All those who were present in the meeting including the panchayat members, officers, health workers and the general public welcomed this

announcement with applause. Society based palliative care intends to prepare the family members to take care of the patient and to make their life better through economic interventions. The panchayat realises that the responsibility to give solace to the bed-ridden people lies with the society and that they need the safeguard of the volunteers.

## Activities

Conducted awareness programme on Society based palliative care on 18.08.2007. The participants included C.H.C staff of Muhamma Panchayat, Dr. Suresh Kumar, Dr. Mathews Nambeli, Shri. Praveen, Shri. Ashraf, Malappuram Block Panchayat President, Dr. Sairu Philip, Dr. Prabhash, Dr. Latha etc.

80 volunteers showed willingness to participate in the training. The project was included in the people's planning project of the period 2007-2008 and 1 lakh Rupees was earmarked for this. 2-day training was given to the volunteers on 15 &16 September 2007.

Volunteers collected data about the bed-ridden patients in September-October 2007 and found 132 of them.

Panchayat sent Smt. Baby to N.N.P.C. Mancheri and Malappuram for a 3-month's special training.

Without waiting for the assistance of a specially trained nurse, Dr. Mohanan and Dr. Prabhash (Medical College, Alappuzha), Dr. K.H.S., Shri. V. T. Sadananthan, (H.I), Shri. T. D. Rajan, and Shri. Soni, Aser, Sunil (all jr. H.I), (all C.H.C., Muhamma), Smt. Celin, Sathiyamma, Rejitha, Beema, Saramma, Girija Bhai (all Jr. public health nurses), L.H.I. Smt. Radhammal and

volunteers of 'Santhwanam' project started home care service under the leadership of Dr. Sairu Philip.

**12 November, 2007** -- Doctor's home care was inaugurated by former M.P. Dr. K. S. Manoj visiting Smt. Padmakshi in ward 6. With this, Dr. Sairu Philip, Dr. Mohanan and Dr. Prabhash began home care service.

**December 2007** -- Smt. Baby started home care permanently. Shri. U. Sateesh Babu and Baby Thomas (both H.I.), Soni (Jr. H.I.), Ambika and Sheeja (both Jr. P.H.N.) continued follow-up activities of the home care. Review of the working of home cares is being done every two months through family welfare subcentres at panchayat level.

**April 26 & 27, 2008** -- State level palliative volunteer's meet was held at Muhamma.

**April-July 1** -- Classes were taken in various panchayats of Alappuzha and Pathanamthitta districts by Shri. C. K. Bhaskaran, Shri. Udayasimhan and Shri. Satheesan. Panchayat made arrangements at the office of 'Santhwanam' project and at O. P. clinic in connection with Kallappuram welfare subcentres. Two lakhs were earmarked including plan fund and own fund for 2008 project.

**August 2008** -- District Initiative in Palliative Care was formed according to the Charitable Societies Act under the leadership of Indian Association of Palliative Care, forming the driving force for the palliative care activities in the district. Shri. C. K.Bhaskaran and Shri. Udayasimhan, the then Panchayat Secretary of Muhamma Panchayat were elected as the District President and Joint Secretary respectively, of this organisation. This could

be seen as a recognition for the activities done by the panchayat so far in the field of palliative care.

**September 2008 - December 2008 --** To strengthen the palliative care activities as decided in panchayat level review, a fund of 2,49,600 rupees was earmarked for the project.

**January - December 2009** -- Dr. Ramachandran (N.R.H.M.), Dr. Rani (Ayurveda Medical Officer) and Dr. Sreejith (Homeo Medical Officer) started participating in home care permanently.

- The Panchayat participated in the volunteers' meet held at Mannarkkad.
- Project based on N.R.H.M scheme was enforced in the panchayat.
- D.M.O/District panchayat gave special funds to the panchayat

Hon. Minister Shri. M. Vijayakumar inaugurated the 'Santhwanam' centre.

# CONCLUSION

In the 25th year of Kerala's People's Plan Campaign, it can be conclusively stated that the State government of Kerala has made significant progress in its efforts to improve the health of its citizens. The Aardram Mission is a comprehensive plan that aims to strengthen primary healthcare, integrate palliative care, and expand health insurance coverage. These initiatives are already having a positive impact, and the state is well on its way to achieving its goal of "Health for All."

However, the COVID-19 pandemic has presented a major challenge to the state's healthcare system. The government has responded quickly and effectively, but similar or even more complicated problems are bound to arise in the future. The state will need to continue to invest in its healthcare system in order to ensure that it is resilient enough to withstand future shocks.

Despite the challenges, the state of Kerala is committed to providing its citizens with quality healthcare. Committed to the Sustainable Development Goal 3 of ensuring healthy lives and promoting well-being for all at all ages, Kerala will continue to make steadfast strides in improving people's health as well as the quality of the public health system.