

Report

Health Transparency Initiative-Kerala

Period: 15-01-2017 to 14-01-2018



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Acknowledgement:

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Adv. George Pulikuthiyil
Executive Director
Jananeethi

Contents:

- 1) Executive Summary**
- 2) Approach and Methodology**
 - 2.1 Baseline Survey Analysis - What public think
 - 2.2 Bench Mark Analysis: What is prescribed/What is available:
 - 2.3 RTI-DATA Analysis
- 3) Rising to Challenge – Strategies**
 - 3.1 Focus Group Discussion, Constructive Engagements and Public Hearings
 - 3.2 Information Dissemination
- 4) A Better Model is Possible**
- 5) Key Results and Impacts in General - Making a Difference:**
 - 5.1. Tangible Results
 - 5.2 Expected Results
- 6) Way Forward**
- 7) Conclusion**

For Reference See Annexure (s):

1. Base Line Survey Report
2. Exit Poll Survey Report
3. Bench Mark Analysis Report
4. RTI DATA-Analysis Report
5. List of Banned Drugs
6. List of Withdrawn Drugs
7. G.O on Staff Pattern
8. Meeting Reports and Photos
9. Display Boards
10. Punalur Model – Report
11. Indian Public Health Standards-2012
12. Kerala Accreditation Standards for Hospitals (KASH) - Second Edition
13. News Paper Reports
14. Public Hearing – Report
15. Final Review – Report

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14. Prof. N.N. Gokuldas, Jananeethi.

1) Executive Summary:

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”
Martin Luther King Jr.

This report is based on a one year pilot interventional study undertaken by Jananeethi in Thrissur District of Kerala which was implemented with the support from Partnership for Transparency Fund (PTF) U.S.A. The broader objective of the study was to improve operational quality and efficiency of healthcare services reducing corruption in health service delivery. The report is exploratory in nature rather than being a statistically rigorous study focused on specific institutions and stakeholder groups. The study has been conducted through academic research and field work. Corruption is a complex phenomenon and a difficult problem in India as it exists from top to bottom of the society. It is an undeniable reality in health sector as well. Corruption traps millions of people in poverty, perpetuates the existing inequalities in income and health, drains the available resources, undermine people’s access to healthcare, increases the costs of patient care and, by setting up a vicious cycle, contributes to ill health and suffering. No public health programme can succeed in a setting where the poor and the disadvantaged are deprived of essential healthcare. Quality care cannot be provided by a healthcare delivery system in which kickbacks and bribery are part of the operation. The project aimed to improve the healthcare delivery system by ensuring increased transparency, accountability and community participation.

Why This Study - The Catalyst:

All the seven theatres in the General Hospital, Thrissur remained closed for nearly a year. The situation was really appalling as there were more than 2000 surgical cases on an average in a month in the general hospital. The reason of closure of theatres was another matter of great concern. When the government medical college was shifted to the new campus, the earlier district hospital was declared a general hospital. Its theatres, seven in number, were re-modeled costing several millions of rupees. But the poor quality of work and failure of regular monitoring the work the theatres were overrun with rats and mice causing someone filing a Public Interest Litigation in the High Court of Kerala. The court ordered closure of the theatres until they were completely redone. The Public Works Department that was responsible for the work done and works undone was again assigned the task of refurbishing the theatres. There were huge complaints from the general public, medical staff and patients that the renovation work of the theatres was deliberately and intentionally delayed only to help private hospitals. There was a Hospital Development Committee with civil and political representatives as its members. The Committee never had a meeting on this most urgent situation. Some of them, obviously, had vested

interests in favour of private sector. The matter was reported to Jananeethi by a team of senior doctors who had the guilt of directing poor patients in need of urgent surgical treatment to private hospitals. Jananeethi instituted an investigative team, visited the hospital, collected details from medical, para-medical staff of various departments and finally had a conference with the Medical Superintendent, the anesthetist who was personally in charge of the theatres of the hospital. The matter was brought into the notice of the print and visual media as well. Finally the hospital authorities requested Jananeethi for one month to complete the work and make the theatres operational. This is a classic example of how a failed system can be made operational through civil society intervention. What is already said about the theatres of the hospital is true in the case of all other services that are being rendered at the government hospitals like the laboratories, sophisticated diagnostic facilities such as X-rays, CT Scan, MRI Scan, provision of medical ambulance in emergency cases, supply of essential drugs at affordable prices etc.

Kerala has always been considered one of the most advanced States in India with respect to development indexes. The much praised Kerala model development and its wonderful health indexes become questionable in the backdrop of the findings of the one year study. Today, rate of utilization of private sector has increased drastically pointing to the poor performance of the public health sector. In most of the government hospitals there is no proper bed facilities; if there is proper bed facilities and equipment; there will be the lack of doctors and other paramedical staffs. Due to this pathetic situation patients are forced to go to private laboratories which are charging high. Even the ambulance services were not in proper condition in most of the government hospitals. Higher and increasing trend of utilization of private sector even by the poor is a strong indicator of several shortcomings of public health care institutions. Relatively little work has been done on the evaluation of public health programmes in general and primary health care in particular. Even less has been done to assess the quality of primary health care.

As per official figures from the Kerala Health Department, around Fifteen Lakh (1.5 million) individuals have been infected with various types of communicable diseases and death toll has crossed 200 in the last monsoon season. It is also argued that the figures released by

Health Department do not reveal the true picture of the raging fever as these figures relate only to those who have sought treatment in state – run hospitals. Hospital wards flooded with patients have become a common phenomenon everywhere. In many hospitals, patients can be seen even lying on the floor as there are not enough beds. The ultimate goal of this one



Hospital ward flooded with patients

year pilot study was to explore and experiment whether the operational quality & efficiency of healthcare services in public sector was possible to the tune of reducing corruption in public health service delivery by ensuring greater transparency and accountability. From the research and field work carried out during the first six months, we came to understand that the public health service delivery suffered many drawbacks that ultimately led to the denial of basic rights of patients who availed these services. Though the level of direct corruption shown in the baseline survey was minimal, these shortcomings in the public health service delivery proved that the corruption in its indirect form was at the maximum. By the end of the second quarter we were placed in a position where we had to make choice between two approaches - one approach was based on confrontation while the other was constructive or productive approach. Our wisdom from field experience and interaction with local self governments advised us not to resort to confrontational lines as it would only produce adverse effects earning the wrath of those whose good will was inevitable for the future of our intended follow up programmes. This realization has given us confidence to adopt an approach that is based on collective action. The public health system itself carries inherent deficiencies that allowed each stakeholder enough space to evade responsibilities easily with impunity. Each one of them including

doctors, health officials, Local Self Government (LSG) representatives, Hospital Management Committee (HMC) members explained their inability to come forward highlighting technical and procedural complexities. During our constructive engagements with these stakeholders our primary focus was to convince each one of them that change was possible and Jananeethi



would take the lead in bringing the change, provided that they extend their support and cooperation to Jananeethi. This strategy worked well and Jananeethi was recognized by them as a trouble shooter, not a trouble maker. This report is our modest attempt to depict lucidly what has transpired in the last one year journey named Health Transparency Initiative-Kerala.

The present report is conceived in the following manner: At the beginning, the report explains the approach and methodologies used during the study to gather vital information on the functioning of public health system. Then it outlines various strategies used during the project period to implement the project objectives and then the readers are introduced to a successful model which can be replicated anywhere in the world. The

importance of the sustainability of the initiative is described under the heading way forward followed with a conclusion.

2) Approach and Methodology - Mapping the Public Health System:

The entire study can be roughly divided in to two parts. First two quarters of the study was focused on research, scientific collection and analysis of data and creation of a favourable environment for a change through constructive engagements and focus group discussions. The last two quarters of the study was focused on different strategies which included advocacy initiatives, awareness building, greater community participation through public hearings and alliance building for bringing the desired outcome as envisaged under the project.

2.1) Baseline Survey Analysis and Results - What public think:

Baseline survey was conducted to assess the public perception on the Public Health Care to validate the situational analysis. Data collection covered 222 individuals who have history of utilization of public health care system and the same was analyzed using the perceived quality assessment tools. There wasn't any significant statistical association between perceived quality of public health system and

Table 1 : Socio-demographic data of participants (N=222)

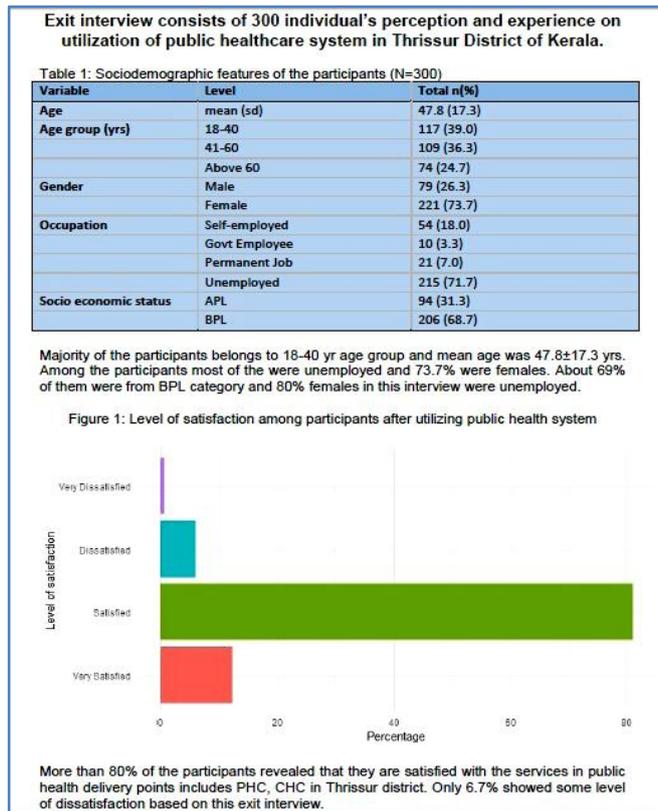
Variable	Categories	Total N(%)
Age group (in yr)	18-30	30 (13.5)
	31-40	45 (20.3)
	41-50	45 (20.3)
	51-60	59 (26.6)
	Above 60	43 (19.4)
Gender	Male	60 (27.0)
	Female	162 (73.0)
Education	Upto +2	200 (90.1)
	Above +2	22 (9.9)
Occupation	Unemployed	136 (61.3)
	Employed	86 (38.7)
Marital status	Married	207 (93.2)
	Single	15 (6.8)
Family type	Joint	65 (29.3)
	Nuclear	157 (70.7)
Socio economic status	APL	64 (28.8)
	BPL	158 (71.2)

Majority of the study participants are from 51-60 yr age group. Most of the participants about 73% were females and 24% of the females were from 31-40 yr age group. About 90% of participants were educated upto +2 and males were more educated compared to females. Thus 60% of males were employed compared to 30.9% in females. Study participants were mainly from BPL families (71.2%) and nuclear families (70.7%).

(See Annexure-1 for Detailed Report):

participants socio-demographic factors. This study assessed the perceived quality of public healthcare system in Thrissur district in Kerala. The survey found that 52.3% (95% CI 45.46 – 58.97) of the participants reported good quality care from public health institutions. About 68.5% of the participants have medium exposure to media like newspaper, TV, radio and 14% of the participants reported good quality of public healthcare system. About 34.7% believe there is less corruption and 45.0% trust in public healthcare system. Majority females (47%) have trust in public care system compared to males. Perceived health status was good among females (63.6%) compared to males. About 70% males believe that there is some amount of corruption in public health system while only 58.6% females believe same. Along with the baseline survey an exit interview was also conducted among the patients to understand their

feelings as a benefactor of public health institution. Exit interview consists of 300 individual's perception and experience on utilization of public healthcare system in Thrissur District of Kerala. Surprisingly more than 80% of the participants revealed that they are satisfied with the services in public health delivery points includes PHC, CHC in Thrissur district. Only 6.7% of the participants showed some level of dissatisfaction based on this exit interview. These results go against the general perception on the functioning of public health



See Annexure 2 for detailed report 1

hospitals. The survey result emphatically proves our assumption on the attitude of patients who uses public health facilities. It also evidences the blatant ignorance among the patients about their rights and the unequal power equations that exist in the system. All the three hospitals where the exit interviews were carried out were also the institutions included in the Bench Mark Analysis. The bench mark analysis of these hospitals had exposed the existing shortcomings in comparison with the essential standards as prescribed under the IPHS-2012. But this is not reflected in the responses of patients who participated in the interview who availed treatment from these hospitals.

2.2) *Bench Mark Analysis and Results: What is prescribed/What is available:*
(See Annexure 3 -for detailed report)

Bench Mark Analysis of PHC, CHC and District Hospital - Thrissur							
PHC: Infrastructure							
Sl.No.	Heads	IPHS	Vaniyampara	Pambur	Manalur	Ayyanthole	Avanur
1	Area	375-450 sq.m	187 sq.m.	246.18 sq.m	No documents	No documents	160 sq.m
2	Building	Own/Rent	Own	Own	Rent	Rent	Own
3	No. of Beds	4-6	0	0	0	0	0
4	Toilet	(M/F Separate)	2 Nos. No separate for M&F	4 Nos. No separate for M&F	9 Nos. Yes Separate for M&F	2 Nos. Yes separate for M/F.	No
5	Medical Store	(A/C)	A/C, room & Refrigerator with UPS	No	A/C, room Refrigerator.	No	No
6	Lab Facility	(Yes/No)	No	Yes, Basic investigation for blood, urine & sputum.	Yes, 24 types	No	No

See Annexure 3 for complete report

Standards are a means of describing a level of quality that the health care organizations are expected to meet or aspire to achieve. For the first time under National Rural Health Mission (NRHM), an effort had been made to develop Indian Public Health Standards (IPHS Annexure-12-) for a vast network of peripheral public health institutions in the country and the first set of standards was released in early 2007 and the same has been revised in the year 2012.



IPHS are a set of uniform standards envisaged to improve the quality of health care delivery in the country. These IPHS guidelines will act as the main driver for continuous improvement in quality and serve as the bench mark for assessing the functional status of health facilities. States

and UTs should adopt these IPHS guidelines for strengthening the Public Health Care Institutions and put in their best efforts to achieve high quality of health care across the country. The performance of public health institutions can be assessed against the set standards. Bench Mark analysis was done by comparing the standards which are prescribed as essential to a Primary Health Centre, Community Health Centre and District Hospital as provided under IPHS-2012(Indian Public Health Standards) and the actual facilities currently available with the hospitals under the study. The data was collected by using Right to Information Act and verified through field investigation. For the purpose of the analysis Five Primary Health Center’s, Three Community Health Centers and One District Hospital were selected. The comparative analysis of the standards revealed that no PHC, CHC and District Hospital under study have met fully the essential standards prescribed under IPHS -2012- for respective hospitals.

The analysis of the data was done on three broad headings:

- a) Infrastructure
- b) Man power
- c) Drugs

Primary Health Centre - Key Findings: 1. No PHC has the required building area as prescribed under IPHS. 2. No PHC is having bed facility where as IPHS prescribes 4-6 beds for every PHC. 3. Out of five PHC only two PHC have Air conditioned medicine store and Lab Facility. 4. No PHC is having medicines as prescribed under IPHS. 5. Out of five PHC three PHC is having shortage of staff.

Community Health Centre - Key Findings: 1. No CHC is having the required building area as prescribed under IPHS-2012. 2. Regarding bed requirement only one CHC meets the requirement of 30 Beds as prescribed under IPHS. 3. Lab facility is available with all the three CHC’s but no CHC is having the entire lab investigations as mandated under IPHS. 4. No CHC is having medicines as prescribed. 5. Only 3-4 medical doctors are in position in all the CHC’s as against 11 medical doctors as prescribed under IPHS.

6. Only 3 nurses on average is available in CHC's as against the required 10 nurses prescribed under IPHS.

District Hospital - Key Findings: 1. Air conditioned medical store is not available. 2. Out of 99 Lab Investigations prescribed under IPHS only 41 investigations are available in the hospital. 3. Regarding man power requirement only 16 Para-medical staffs are available as against the required strength of 31. 4. Only 80% of the required medicine is available as per the reply under RTI received from the district hospital.

2.3) RTI – Data Analysis:

Right to information Act (RTI) was used to collect authentic information regarding the functioning of various institutions responsible for ensuring quality treatment and safeguarding the rights of beneficiaries of these institutions and public in general.

Institutions came under RTI Scanner:

- a) Directorate of Health Services, Thiruvananthapuram, Kerala.
- b) Kerala Medical Services Corporation, Kerala.
- c) Assistant Drug Controller Office, Thrissur, Kerala.
- d) District Hospital, Thrissur.
- e) Three Community Health Centres 1. Tholur 2. Alappad 3. Vellanikkara
- f) Five Primary Health Centres: - 1. Ayyanthole, Manalur, Pamboor, Vaniyampara, Avanur

(See Annexure 4 for detailed report)

The data received and its analysis emphatically establishes our assumptions as true related to the existing public health service delivery. For example even though the KMSCL(Kerala Medical Services Corporation) claims a foolproof system to ensure quality of drugs and equipments there are lot of issues still exists in terms of quality assessment, storage and supply. This has lead to purchase of medicines and medical equipments through local purchase by using project fund which could have been used for some other development purpose of the hospital. Though KMSCL claims to have full proof mechanisms for ensuring the quality of medicine and equipments it is worthy to note here that there are 105 items of medicines were withdrawn from supply and 46 drug items were blacklisted for being found substandard. These drugs must have reached to patients through hospitals before they have taken back through official process leaving the lives poor patients at great risk.

At present, KMSCL don't have own lab facility and drugs are tested by companies at in-house labs and at NABL accredited Labs. Drugs are supplied to KMSCL Warehouses

Kerala Medical Services Corporation Ltd.
District Drug Warehouse
Thiruvallur

No: QC202/DST08/KMSCL/16-17 12/8/2016

To,
The Supdt; MO &c,
Sir/Madam,
Sub: - Quality control Test of samples - Failed - Follow up action- Reg.
Ref: - Entrial Received from HO, KMSCL.

The batches of items mentioned below are not of standard quality by Govt Analyst on statutory sampling conducted by the Drug control Dept. So please return back to the office immediately with proper labelling.

Sl No	Drug Code	Drug Name	Batch No	Supplier	Ref No
1	D21003	Tab Metformin 500mg	DE6214	KSDP	KMSCL/QC/921/2016-17 (15/7/2016)
2	D62002	Cotrimoxazole oral suspension (40+200 mg)	1401	Saar biotech	KMSCL/QC/352/2015-16 (CF/G/37)
3	D01002	Tab paracetamol 500mg	70115-BKR6	Biogenetic drugs ltd	KMSCL/QC-882/2016-17 (DC/D-19-a)

Yours Faithfully
Manager

See Annexure 6 for complete list

KERALA MEDICAL SERVICES CORPORATION LTD.,
(A Government of Kerala Undertaking)
Thycaud P.O., Thiruvananthapuram-14
0471-3045600, 2337353
E-mail id : kmsclqc@gmail.com
CIN: U24233KL2007GG021616

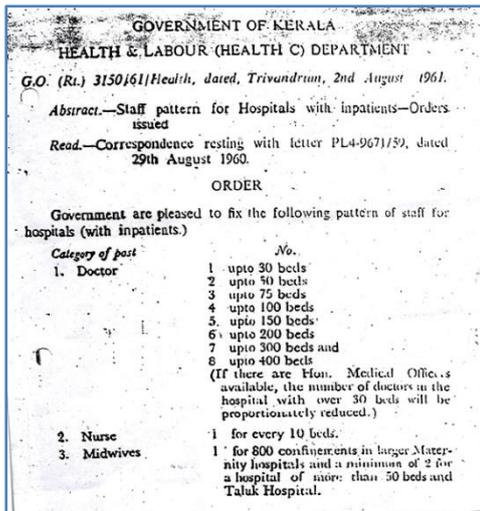
List of items blacklisted for Not of Standard Quality (NSQ) -
Quality Control Division

Sl. No	Name of the product	Company Name	Period of Black listing	Period of blacklisting Valid upto	Black Listing Order
1	Dexamethasone sodium Inj. P/ Ampm. 3ml vial	M/s. D.J.Laboratories Pvt Ltd G63 Davis Bazaar Indom. Madhya Pradesh	2013-2016	31.03.2016	QC/BL/1/KMSCL/2012 dated 23.05.2013
2	Phenazone Maleate Tablets 25mg	M/s. Rhythim Pharmaceuticals C2A3, SEEL, Gopaul Devarajun, Utharakhand	2013-2016	31.02.2019	QC/BL/10/KMSCL/2012 dated 30.05.2013
3	Amitriptyline Tablets P. 25mg	M/s. R.K.C Pharma Pvt Ltd, 12 th Milestone, Madura Road, Fardabadi	2013-2016	31.03.2016	KMSCL/QC/BL/02013-14 dated 30.09.2013
4	Isosorbide Dinitrate Tablets P. 10mg	M/s. Ciron Drugs & Pharmaceuticals Pvt Ltd, Prabhakar Nagar Ground floor, Joghpur (W), Mumbai	2013-2016	31.03.2016	KMSCL/QC/BL/5/2013-14 dated 08.10.2013
5	Metformin Tablets P. 500mg	M/s. Sangroze Laboratories Pvt Ltd Kolkadaku Ind. Estate, Kallimel P.O, Malakkara	2014-2017	31.03.2017	KMSCL/QC/BL/09/2013-14 dated 29.01.2014
6	Hydrocortisone Sodium Succinate Inj. P. 100mg, vial	M/s. TU Laboratories Pvt Ltd, Jindal House, 159, Janso Compound, Indore, Madhya Pradesh	2013-2016	31.03.2016	KMSCL/QC/BL/8/2013-14 dated 04.03.2014
7	Metoprolol Tablets P. 50mg	M/s. Ciron Drugs & Pharmaceuticals Pvt Ltd, Prabhakar Nagar Ground Floor, Joghpur (W), Mumbai	2013-2016	31.03.2016	KMSCL/QC/BL/13/2013-14 dated 15.03.2014
8	Propylthiouracil Inj. P. 25mg/ml	M/s. Ind-Salt Ltd, 781 Indl Area, Phase-II, Changanichery	2013-2016	31.03.2016	KMSCL/QC/BL/13/2013-14 dated 15.03.2014
9	Black Disinfectant Fluid (GR II, RMC-S-7)	M/s. Southern Union Pharmaceuticals (Kerala) Pvt. Ltd X/178, KLMNDP, TR Near Road, Cheruvanchery, Kadayi P., Kuttanallur, Thiruvallur	2013-2016	31.03.2016	KMSCL/QC/BL/4/2013-14 dated 15.03.2014

See Annexure 5 for complete list

directly from the supplier company with these certificates and the same will be taken in to stock. From the very next day it will be distributed to hospitals. KMSCL will be doing the quality checks randomly every year with their empanelled Labs. So virtually the quality of every drug and equipments supplied to KMSCL are checked by the company itself and the assurance of quality depends upon the integrity of the manufacturer and the NABL accredited Lab. Medical officers of hospitals who were consulted during the study are raising doubt about the quality and delay and shortage in supply of medicine. Apart from blacklisting the drug items no penal action has ever been taken against these errand companies so far. It is a known fact that only those companies which quote the lowest price in the tender process will be selected for the supply. If the company supplies the required quantity and gets its price and later their drug found sub-standard after a long period, blacklisting the drug and even the company alone is not going to bring any significant impact. There are reports that companies are formed to manufacture drugs for government supply and will vanish once their contract is over. It is also surprising to know that no medical equipment was found sub-standard which goes completely opposite to the opinions of doctors who were consulted during the project.

On the application filed to Directorate of Health Service, Kerala regarding the staff pattern and the standards followed in the Government Hospitals they have replied that the present staff pattern as per the G.O. (R.TNo.3150/61/Health is followed in the Government Hospitals. This is really shocking to know that the hospitals are managed by the staff pattern which was fixed in the year 1961 of course with some amendments.



See Annexure 7

No study has been undertaken till date to assess the quality of facilities and services of the government hospitals. There are no mechanisms other than the D.M.O (District Medical Officer) to monitor the functioning of the hospitals.

The data on lab results done on the samples taken from the KMSCL and Government Hospitals in Thrissur District for the years 2014, 2015, and 2016 declares that most of the drugs passed the quality checks. Only few drugs were found to be sub-standard on disintegration and

dissolution test. No equipments were found sub-standard for these years. This data is in complete contrast with the opinions rendered by doctors who were consulted during the project. Another striking point is that no legal or other actions were taken by their office against the companies whose drugs were found sub standard. One more interesting fact to be highlighted here is that number of drugs which were found sub-standard and blacklisted by KMSCL is very high. Also there are drugs which were withdrawn from government hospitals during those years for poor quality.

The data received from the hospitals under study were codified and the codified data formed the basis for Bench Mark Analysis. The data also revealed critical information on the functioning of Hospital Management Committees which is solely responsible for ensuring the development of the hospitals under study. Shocking but not surprising, Hospital Management Committee at CHC Tholur alone is constituted as per the Kerala Hospital Management Committee Rules-2010. The minutes of the HMC Meetings of different hospitals shows that the meetings were conducted for namesake and no HMC meeting had discussed any innovative idea for the development of the hospital. The HMC Minutes also revealed that most of the meetings were attended by political representatives who are special invitees of the HMC without having voting right. No HMC minutes showed the presence of engineers from Kerala Electricity Board, Water Authority and Public Works Department. A perusal through the data related to yearly projects of these hospitals and its funding evidence that every hospital has project for Pain and Palliative Care Project for every year. When asked about this we were informed that it is mandatory on the part of the hospital to have at least one project for Palliative Care. If not no other project will be sanctioned for the hospital. So it is mechanically followed by each and every hospital allotting most of the plan fund for palliative projects. When we scrutinized the data on projects and funds we could not find out at least one innovative project in these hospitals. On contrast to these mechanical projects, Primary Health Centre, Ayyanthole had no project for the last four consecutive years. Details of the existing HMC Members are also not available in the

hospital. The details supplied by the Information Officer explain that no HMC meeting was successfully conducted for want of necessary quorum. In the year 2014-15 six meetings were convened and the same was not conducted due to lack of quorum. In the year 2015-16, again six meetings were called upon but not conducted for insufficient quorum. In the year 2016-17, again six meetings called but not conducted for insufficient quorum. According to the HMC Minutes of the hospital only two meetings were conducted, one was on 18/07/2016 and the other was on 18/01/2017. According to the information supplied by the Public Information Officer of Ayyanthole PHC only 25 items of drugs and equipments are necessary for their PHC and the same are available within the PHC. This information proves without any doubt the ignorance and lethargic attitude of the officials who runs such a vital institution.

3. Rising to Challenge – Strategies:

3.1 Focus group discussions, Constructive Engagements and Public Hearing:



Ms. I.S. Umadevi (President, Ollukkara Block Panchayath) speaks in Focus Group Discussion

Thus the data collected through surveys, personal interviews, field visits and through right to information categorically proved the inherent weaknesses of the system which demands concerted action with a long term vision from the stakeholders concerned. We also realized that bringing any change in the existing system is possible only through higher level of intervention and enhanced community participation which needs different strategies to bring them together. It is in this background we have organized different focus group discussions, stakeholder meetings and constructive engagements to bring attention and involvement of various stakeholders in addressing the burning issues connected with the public health service delivery. Our personal visits to the hospitals and interaction with the stakeholders became crucial in building a relation based on mutual trust. The information and data's collected so far under the

study showed utter failure on the part of Local self government institutions in ensuring the required minimum facilities and services as envisaged under Indian Public Health Standards. HMC's are to be constituted with LSGD (Local Self Government) members and their nominees as per the Kerala Hospital Management Committee Rules -2010.



Public Hearing at Irinjalakuda Municipality in progress

But our data's and information collected so far proves without any doubt the tragic role played by these bodies in ensuring responsible and committed HMC's in hospitals whose management has been handed over to the LSGD under the Panchayth Raj Scheme. It was

established beyond any single doubt that the HMC in the present form is an utter failure. Problems start from the constitution of the HMC itself. As evident from the RTI Data except the HMC at Tholur CHC, no other HMC is constituted as per the Hospital Management Committee Rules-2010. Other major issues of HMC's are related to frequency of meeting, quorum, nature of discussion, lack of training and expertise, lack of commitment and responsibility. Unless these committees are empowered rectifying the existing flaws development of hospitals will only be a dream. That is why empowerment of HMC has been set as one of the major agenda during the focus group discussions and constructive engagements. Regular meetings were carried out with the stakeholders of these institutions for formulating mechanisms to ensure the mandatory standards prescribed under the Indian Public Health Standards (IPHS 2012) or the Kerala Accreditation Standards for Hospitals (KASH) as a short term objective and to develop the existing hospitals into Model hospitals as a long term objective. All the institutions responded very positively with great interest and have agreed further to associate with Jananeethi for the highly coveted target of converting their hospital to the level of global standards. Jananeethi knows for sure that enhanced public



Advocate K. Rajan MLA inaugurates a session

participation is most vital in bringing any desired change in the existing scenario. With this aim two public hearings were organized with the support and cooperation from Irinjalakuda Municipality and Ollukkara Block Panchayath. The public hearings were specifically meant for pooling public opinions and recommendations with regard to

improving respective hospitals. Both public hearings were remarkable success in terms of participation, sharing of views and expectations, and above all the positive energy generated and transmitted across the crowded audience. Participants belonging to rival political ideologies and various cultural backgrounds and occupations whole heartedly attended with high sense of public responsibility and collective responsibility in lifting the ugly face of health care in public sector. The lack of good service in government hospitals have compelled poor and vulnerable people to resort to private sector hospitals where the costs are huge and unaffordable. Therefore everyone strongly opined that improvement of health care has to be given top most priority. (See Annexure - 8 for Reports and photos)

3.2 Information Dissemination - Why Rights Matter:

Our experience from the field through baseline data, exit interviews and constructive engagements with the stake holders clearly proves one fact that it is the colossal ignorance about the rights and services has lead to the present condition of government hospitals. People generally consider the services from a government hospital as a charity not as a matter of their



See Annexure 9

right. So they are generally contented with what they get from the hospitals. The people think that since the services are given either freely and in certain cases at a subsidized rate they have no right to question. This attitude of servitude has rendered most of the hospitals to remain in a static state with impunity. It is surprising to note that the same attitude gets rights based when they goes to a private hospital. We believe that this attitude must change and for that change dissemination of information on patient's rights and services are extremely critical. To overcome this challenge display boards enlisting the rights of patients and services available from the hospitals were made and affixed at the Out Patient Department of various hospitals which attracted the attention of patients and their family members who availed services from these hospitals.

4. A Better Model is Possible:

As stated before, the public health system itself carries inherent deficiencies that allowed each stakeholder enough space to evade responsibilities easily with impunity.



Each one of them including doctors, health officials, Local Self Government (LSG) representatives, Hospital Management Committee (HMC) members explained their inability to come forward highlighting technical and procedural complexities. During our constructive engagements with these stakeholders our primary

focus was to convince each one of them that change was possible and Jananeethi would take the lead in bringing the change, provided that they extent their support and cooperation to Jananeethi. The stakeholders in the area of health care in public sector had their usual apprehension that change in public health sector was not possible. It was Jananeethi's liability to prove that it was possible beyond any doubt. The visit to Punalur Taluk hospital and interface with Dr.Shahir Shah and his colleagues was in this context. The State administration and the State Health Department had approved Punalur Hospital as a role model. Hence we organized one day program of Dr.Shahir Shah addressing the people's elected representatives, members of hospital management committees, media and civil society in one session, and medical & para medical practitioners and department officials of health care in another session. As we know that Thrissur compared to Punalur has several advantages. Hence it was well asserted by Dr.Shahir Shah and many participants of the program that Thrissur was at advantaged position to work out better model than Punalur, because, in Thrissur all the development indices are far ahead of Punalur.



The meetings in Thrissur were a stupendous success and several representatives of local bodies promised full cooperation if Jananeethi undertakes such a challenge. Encouraged and inspired from the positive outcome of the meeting, Jananeethi started negotiations with three selected local bodies and the health institutions under them were chosen by Jananeethi for its follow up. (See Annexure- 10- Punalur Model Report)

5. Key Results and Impact in General - Making a Difference:

At the end of the project we can legitimately claim to have produced considerable improvement in the public health service delivery system through our systematic

implementation of the project activities during the last one year. Of course, we realize that a period of one year is not sufficient to bring any significant change in the system. But we are confident that the foundation we laid is strong enough to bring substantial impact in the delivery of public health services. At the end of the one year period we have both tangible results as well as results that are expected in the coming years.

5.1 Tangible Results:

- a) Shortcomings and irregularities in the Public Health Delivery system were identified, analyzed and documented
- b) Physical Improvements in the functioning of hospitals:-
 1. Primary Health Centre - Vaniyampara:
 - i) New Observation bed
 - ii) New OP Block with sufficient facilities
 - iii) Electronic Token system
 2. Community Health Centre - Ollukkara:
 - i) Electronic Token System
 - ii) Extension of OP time from 2.00 p.m to 6 p.m by availing the service of an additional doctor at the hospital
 3. Taluk Hospital - Irinjalakuda:
 - i) Rupees Forty Lakhs worth contributions to the hospital by the well wishers after the public hearing held at Irinjalakuda.
- c) Improvements in the cleanliness of the hospital premises, specially the toilets.
- d) Hospital Staff became more cordial in their behaviour and approach to patients.
- e) Hospital Management Committee members are trained and sensitized.
- f) Highly enthusiastic and motivated Local Self Government Institutions and Hospital Administration.
- g) Membership for Jananeethi in two committees constituted for the development of Irinjalakuda Taluk Hospital and Vellanikkara Community Health Centre.
- h) Pending proposal to include Jananeethi in the Hospital Management Committee of Community Health Centre, Vellanikkara.
- i) Higher awareness on patient rights and services available to the patients through display boards and information dissemination.
- j) Greater Community participation in the functioning of hospitals and its development.
- k) Two new LAB in the districts of Ernakulam and Thrissur for quality analysis of drugs.
- l) Drugs worth of Rs 21 Lakhs was abandoned by the Drugs control department for the reason that it had lost its shelf life.

m) The Central Information Commission in India has noticed the efforts taken by Jananeethi using provisions of RTI to elicit information from Government. In appreciation of the same, the CIC of India has invited Jananeethi to present a paper based on our experience in April 2018 in Delhi in national conference to be held at the behest of the CIC india.

5.2 Expected Results:

Based on the recommendations submitted to the Government of Kerala we are expecting following decisions and orders from the Government:

- a) An order to reconstitute the existing Hospital Management Committees in accordance with HMC Rules 2010.
- b) Special training to HMC members from Kerala Institute of Local Administration.
- c) Decision to ensure the mandatory standards as prescribed under Indian Public Health Standards or Kerala Accreditation Standards for Hospitals (KASH).
- d) An order to ensure proper storage facilities for medicine in every hospital.
- e) An effective mechanism other than the District Medical Office to monitor the functioning of government hospitals.

These results will be ensured through continued advocacy and lobbying work with government of Kerala.

6. Way Forward:



Final Review meeting at Hotel Pearl Regency

Findings of the study was presented in the review meeting carried out in the presence of our consultants, representatives from various Local Self Governments, doctors and other health professionals, media personnel, activists, social workers etc. We were fortunate to have the presence of Ms. Indira Sandilya from PTF and her husband

Mr.Karthi during the final review. The presentation was roughly divided into two parts one part focusing on the one year journey and the other part on suggestions and plans for the way forward. Every participant of the meeting sincerely appreciated Jananeethi for the work it had done during the last one year. Doctors and representatives from the LSG Institutions completely agreed with the findings of the Project. The methodology and strategies applied during the project was well appreciated by the participants. The

idea of mixing the research with action on the ground, constructive engagements instead of confrontation and agitation were approved as innovative and result oriented by the participants.

Each and every participant emphasized on the importance of the sustainability of the project in order to ensure significant changes in the public health service delivery system. It is needless to say that substantial changes in health sector will not be possible in such a short span. But the fundamental aim of the one year study was to explore



Advocate George Pulikuthiyil briefing the audience

and to explain the ground realities and the scope of improvement in health care system in public sector. There are numerous private hospitals; some of them are really gigantic and high tech, at every towns and cities of Kerala. They are too expensive that an ordinary citizen of reasonable monthly income cannot think of availing the services of such hospitals. Jananeethi is concerned of those citizens who are unable to afford the expenses at private hospitals. Health Institutions in the public sector are primarily intended for poor people. To deliver high quality, affordable health care to them is really our challenge. The private sector cannot deliver on costs. The public sector fails to deliver on quality. And the philanthropy produces pockets of excellence, but cannot scale. We need to introduce a fourth way with cooperation of local self governments, community participation, health professionals, human rights defenders, and voluntary sector and health activists. Jananeethi is committed to take the risks with the aid and assistance of any institution/agency that work for quality health services. Our aim is to manifest qualitative change in health sector in government and to train beneficiaries/general public to shoulder the responsibilities of sustaining and maintaining the high quality health care for future. Jananeethi then will move to other areas to replicate the model, again with people's participation.

7. Conclusion:

The journey of one year was not free from challenges and obstacles. The most difficult part of the challenge was to bring different stakeholders in to a common platform without confrontation. We were able to overcome this challenge through our constructive approach. Another major difficulty we faced during the execution of the project was to meet the proposed time frame. It was mainly due to the hectic schedule of the LSG members, Peoples' Representatives like M.L.A and the Doctors. This one



Scope of sustainability – A brain storming session

year period was also a period of great learning's in terms of the awareness level of public on their rights and entitlements, the ineffectiveness of the present HMCs, shortcomings of the government hospitals, legal lacuna etc . At the same, there was positive note as well. People are looking for someone to take lead of the change. Those responsible in the local self

government institutions do not want to take risks, they do not want leave their comfort zones, but are not against someone taking lead of change.

We place on record our deepest feelings of gratitude and obligation to Partnership for Transparency Fund (PTF) in Washington for trusting Jananeethi and had suggested to it on taking this pilot study. Jananeethi had reservations in jumping in to the health service sector in government for obvious reasons. Every health institution is under the direct



Ms. Indira Sandilya and Mr. Karthi (PTF) with Jananeethi Family

rule of the respective local self government. It was really difficult to push ourselves into their political 'trading'. However, Jananeethi wanted to nurture its connection with PTF and didn't want to miss one more chance to work with PTF. Today, as we submit the final report we feel happy and gratified having been able to make inroads into the health services in the public sector. And we have been able to generate considerable amount of confidence and trust in the respective local self governments as well as in the Health Department of Kerala Government. Over and above, Jananeethi has received an invitation from the Central Information Commission, India to present a paper in the forth coming national conference on RTI in Delhi based on our experience of eliciting information from Government using RTI provisions. This of course, is totally unexpected national recognition of our humble efforts during the process of the pilot project. It encourages us to carry forward the torch fuelled by PTF into a wider range to prove that qualitative changes are possible in health sector that would indicate and establish good governance in the process. As Jananeethi has entered into the second

quarter of a century, it is most appropriate to expand its human rights interventions and services to the areas of high quality, affordable health services to people who live in the margins of society. The management of Jananeethi and its working staff thank every member of PTF, Ms. Indira Sandilya in particular, for their ineffable support and encouragements in completing this project as it was initially visualized for. Jananeethi will look forward further to work with PTF in taking new challenges for wider communities.

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