

**PROFORMA FOR SUBMISSION OF INFORMATION AT THE TIME OF  
SENDING THE FINAL REPORT OF THE WORK DONE ON THE PROJECT**

**TITLE OF THE PROJECT: Measures adopted by Government in providing Quality Medical Treatment at Affordable cost- A case study of Kerala**

**INTRODUCTION**

Even though the state of Kerala has advanced as compared to the other states of India in terms of critical health indicators are concerned, the state is facing challenges that are unique and specific. The people are now facing the problem of high morbidity both from re-emergence of communicable diseases and the second generation problems like the ageing population and non communicable diseases. Moreover, there remains the challenge of sustaining the privileged health indicators. Further, improving the quality of health care where the health seeking behaviour is very high is of utmost importance. The resources of National Rural Health Mission came in an opportune time when the state was finding initiate many programmes suiting to its specific requirements and considering its health issues that need immediate intervention. These initiatives correspond to the Key Performance areas outlined by NRHM like a) Institutional Strengthening b) Improving access to better health care and quality services and c) Accessibility of health care to the under privileged and marginalised

**OBJECTIVES OF THE PROJECT**

- 1. To analyse the various programmes implemented by Kerala Government in providing Quality Medical Treatment.**
- 2. To provide a comparative allocation of financial resources among four districts in Kerala.**

**ACHIEVEMENTS FROM THE PROJECT:**

**To get an idea about the health programmes implemented by Kerala Government**

**SUMMARY OF THE FINDINGS**

**MAJOR FINDINGS**

**By the various health policies and programmes implemented, Kerala achieved the following**

**§ Crude Birth rate decreased from 40.8 percent in 1951 to 21.8 percent in 2011**

**§ Crude Death rate decreased from 25.1 percent in 1951 to 7.1 percent in 2011**

**§ Total Fertility rate decreased from 6 percent in 1951 to 2.5 percent in 2010**

**§ Maternal Mortality rate decreased from 398 in 1997 to 212 in 2007-09**

**§ Infant Mortality rate decreased from 146 in 1961 to 44 in 2011**

**§ Child Mortality rate decreased from 57.3 in 1972 to 14.1 in 2009**

**§ Couple protection Ratio in India was increased from 10.4 in 1971 to 40.4 in 2011**

**§ Life expectancy of male and female has increased**

**Kerala Government presently running through the programmes like National Rural Health Mission, Janani Suraksha Yojana, Rashtriya Swasthya Bhāma Yojana, Karunya Benevolent Fund, etc. In health care facilities, Directorate of Health Services provide medical services through Primary Health Centres, Community Health Centres, Taluk/District Hospitals, Dispensaries , T.B Clinics and Leprosy Centres.**

**Ø Public spending on health care facilities was growing up to 1980's but after mid 80's, due to fiscal deficit there was declining trend in growth of health care facilities in Kerala.**

Ø Department of Medical Education plays an important role in improving health status of the society. Out of the total medical colleges in Kerala 77 percentage of medical colleges are operating under private sector, only 23 percentages are functioning under Government sector.

Ø Directorate of Health Services provide medical services through Primary Health Centres, Community Health Centres, Taluk/District Hospitals, Dispensaries , T.B Clinics and Leprosy Centres.

Ø The total number of bed facilities available in medical colleges in Kerala was decreased from 8969 in 2006 to 7675 in 2014.

Ø Comparing the available health care facilities especially the number of beds available in Allopathy and Ayurveda medical system , the average number of beds was increasing at a decreasing rate and it was increased from 262 in 2006 to 419 in 2012.

Ø Considering the number of inpatients and outpatients treated in Ayurveda Medical Colleges , there is increase in total number of inpatients from 7713 in 2009 to 26439 in 2012 and outpatients from 320473 in 2009 to 403982 in 2012.

Ø The study found out Government implemented various health programmes by the Medical colleges, Primary Health Centres, Community Health Centres and Taluk hospital.

Ø Government provided qualitative medical treatment through the various health improvement programmes like National Rural Health Mission, Rashtriya Swasthya Bhima Yojana, Janani Suraksha Yojana, Karunya Benevolent Fund, Tribal Health and Thalolam.

Ø Considered the available data it revealed that total fund distribution is increasing over the years, in the initial stage ie,2010-11 total fund distribution was 236.6 lakhs but now it is (2014-15)increased to 290.94 lakhs

Ø Out of the four districts chosen by the researcher, Kozhikode and Thiruvananthapuram district provided more than 30 crores for various programmes.

Ø The total number of beneficiaries was increased over the years. Most of the beneficiaries were coming under Karunya Benevolent Fund and Rashtriya Swathya Bhīma Yojana ie, 93100 and 87300.

Ø As compared to Arogyakiranam (3360)and Thalolam (4080)the number of beneficiaries(1990) was very low for Tribal programme.

Ø Most of the beneficiaries are coming under the area of Community Health Centres.

Ø Out of the four districts, Primary Health Centres in Kollam and Thiruvananthapuram Districts provide large amount of fund through various health programmes.

Ø In Kollam District it was increased from 543000 in 2010-11 to 873000 in 2014-15 and followed by Thiruvananthapuram District it was increased from 507000 in 2010-11 to 752000 in2014- 2015

Ø At present Community health centres of four districts granted more than 80 lakh rupees for health programs.

Ø Data revealed that there was no too much variation among the Taluk hospitals in these four districts especially in 2014-15, it was coming under the range between 38-39 lakh.

Ø By these, various health programmes Government can reduce the health expenditure of the public.

## **CONCLUSIONS**

The key to improving the quality of healthcare services and reducing costs at the same time can be found by enacting legislation which lays down minimum standards of patient care. Kerala could achieve high ranks regarding many health indicators because of a policy of prevention in addition to treatment. The state had given prior importance to education, sanitation and public health care institutions. Though Kerala is still in the top most position in child birth rate and life expectancy rate, it is struggling in many other matters like non communicable diseases, morbidity rate, suicides and life style diseases.

Prevention, treatment and palliative care are the three main concepts in health care, and which has to be followed by every Government in the afore mentioned order itself. In Kerala, now prevention is not getting much attention by the government. Instead number of medical colleges and super-specialties is increasing which is indicative of a wrong health care policy. Privatisation in health care has added oil to the fire. Kerala has good number of Public Health Care institutions for which the government has to give prior importance. Public attention towards these institutions has to be reestablished. Government should provide all medical treatment benefits only through public health care institutions or these benefits should be limited to those who are approaching these

**institutions. Government should study about the changing nature of public health in Kerala and take policies accordingly.**