



ORIGINAL RESEARCH PAPER

Economics

ROLE OF "AARDRAM MISSION" IN DELIVERING PUBLIC HEALTH CARE SERVICES IN THE STATE

KEY WORDS: Health, Public Health, Aardram Mission, Health care system, qualitative

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ABSTRACT

"Mission Aardram" synonymously can be called as pillar of Kerala model of Development as it has been implemented for the provision of wellbeing of the citizen. Developing nations are facing issues related to the health care offered by the nation to its public hence in turn affect its human development index (HDI). Life Expectancy Index, Education Index and Gross National Income index are the different indicators of HDI which comes from the different dimensions, say, Long and healthy life, knowledge and a decent standard of living respectively. Mission Aardram is concentrating more on the first dimension of HDI, i.e.; Long and healthy Life. In order to keep its people healthy, the state of Kerala has taken an initiative called "Mission Aardram" as part of "Nava Kerala Karma Padhathi". The Government of Kerala has implemented such a Novel scheme to provide good health care to its people by transforming all Primary Health Centres (PHC) into Family Health Centres (FHC) as the first stage health delivery point, then they intend to strengthen the system by offering five kinds of services, namely, Promotive services, Preventive Services, Palliative services, Rehabilitative services and Curative services. It is mentioned by the Institute of Medicine (IOM) that Mission Aardram has the main six characteristics that should have in any good quality health care system. As per the word of IOM if a health care system is said to be of good quality if and only if the system has Patient safety, Effectiveness, Efficiency, Patient-centered focus, Timely Referral Care and equity in treatment. Hence it is important to evaluate the role of Mission Aardram in delivering public health care by analyzing the above-mentioned factors.

INTRODUCTION

Kerala has already organized healthcare before the advent of the European medical system. Healthcare facilities were available and accessible in the principalities of Thiruvananthapuram and Cochin before the formation of the state. Primary and secondary health centres, two malaria control units and 138 maternal and child care units were developed during the first five-year plan. The second five-year plan focused on improving health facilities for communicable disease control. The third five-year plan included 39 new pharmacies, 80 nursery and child centres and then the fifth plan focused on prevention of communicable disease at the school level. Since 1996, the control and management of PHC was entitled to the Gram Panchayath and they were empowered to allocate the funds for PHC. However, a path breaking development in the rejuvenation of the rural health system was brought by the introduction of the NHRM in 2005 which aimed at improving the health status of the rural population through health centres. Even if the government take hard effort to realize the aim of the public health programmes, it is not sure whether the programme would be capable of improving the public health care system. Hence, it is very important to analyses the progress and effectiveness of 'Aardram' mission on ground of improvement of public health care system. Five years down the lane how far this programme has achieved its objective is a major area under concern. The findings of this study will throw light upon how effectively the grass root level health care institutions decentralize in imparting health care services which are part of new public health care programme launched by the State Government of Kerala

OBJECTIVE:

1. To Assess The Role Of Aardram Mission In Delivering Public Health Care In The State

METHODOLOGY

The research is based on secondary data. Various analytical and descriptive techniques have been used to analyze the role of Mission Aardram. Several research papers, articles and several reports published by the journal, the World Health Organization (WHO) and the Institute of Medicines were cited.

RESULTS

Our health policy adopts a three-tier structure to deepen people's access to health care:

Primary	secondary	Tertiary
<ul style="list-style-type: none"> • Sub-centres for a population of 3000-5000 • primary health center (PHC) for a population of 20000-30000 • Community Health Centre for a population of 80000-1.2 lakh population 	<ul style="list-style-type: none"> • District hospitals 	<ul style="list-style-type: none"> • health facilities in urban areas

Figure 1: Health Tiers Of Health Policy

Source: Rural Health Statistics 2015

Since the World Health Organization's Alma Ata declaration on primary health care, there has been a debate about whether it would be better to introduce selective or comprehensive primary health care. Proponents of selective PHC said a selective approach would provide intermediate gains, while proponents of comprehensive PHC said it is essential to address the underlying causes of disease and improve disease outcomes and sustainable health. Within the overall model, activities are promotional, preventive, curative and rehabilitative. In the curative model, all attention has been focused on curative and rehabilitative measures with very little activity.

Aardram Mission

Instead of setting in past lures, Kerala has decided to gear up with a revolutionary programme called Aardram Mission which is in 2016 November. We have an excellent network of hospitals, including sub-centres, PHC's, CHC's, Medical College Hospital's (MCH), and Regional Cancer Centres (RCC) throughout the state. However, MCH's are not able to deliver their services properly since they are unable to manage the enormous quantity of patients. This will affect the quality of healthcare services as there is the lack of proper gatekeeping system. Many people approach Medical College hospitals for the ailments, which could have been

treated at the lower-level hospitals. This is primarily due to reasons like lack of proper care at lower-level hospitals, lack of confidence from the side of beneficiaries to approach the lower-level institutions, and increased number of casualty cases.

The only way to resolve this problem is through strengthening the lower-level hospitals, making it capable of addressing the majority of the health issues effectively with MCH's and specialist hospitals acting only as referral hospitals. The Aardram mission target the core delivery capabilities launched with the goal of completely transforming the PHCs into FHCs with the following objectives:

- Friendly outpatient services
- Conversion of primary health centers into family health centers.
- Access to comprehensive health services for marginalized and vulnerable groups in society.
- Standardization of services from primary to tertiary care.
- Added specializations and super specializations to district and Taluk hospitals.

It focuses on developing primary care centers into family health centers that can meet all the medical needs of family members. It includes a web-based appointment system, patient reception and registration, and a well-equipped waiting room. Medical colleges and regional hospitals are being upgraded and transformed into more patient-friendly facilities.

In addition to regular Out patient's consultation, FHCs focuses on primary prevention of non-communicable and communicable diseases, appropriate lifestyle disease control, maternal and child care services and infectious disease prevention. There are also counselling centres for the elderly, drug addicts and young people. The transition from PHC to FHC is a gradual series of administrative and infrastructural changes. For a long time, the popularity of private hospitals in our state was higher, so people began to lose faith in public hospitals. A stronger healing force is giving private hospitals the upper hand, forcing PHCs across the state to head in the same direction just to stay afloat. A general shift in curative healthcare services and a drastic increase in patient healthcare expenditure, coupled with demographic and epidemiological shifts at this time, ultimately necessitate the intervention of Aardram Mission. Strengthening primary health care and improving the quality-of-service delivery largely focuses on improving infrastructure, training staff, managing records through electronic health systems, improving laboratory facilities and a preventive rather than curative attitude towards health care. In addition to regular outpatient clinics, FHCs has focus on the prevention of communicable and non-communicable diseases, Maternal and child care, prevention of infectious diseases and proper control of lifestyle diseases counselling help for adolescents, couples, the elderly and drug addicts etc.

The LSG, Health Services Department, medical education, hospital management committee has a vital role in ensuring the effective functioning of the mission. It is also expected that the illness should appropriately be addressed and confronted by these institutions.

Co-ordination And Community Involvement

The lack of health in the community does not mean that the health sector and panchayat are not doing their job. But because there are several social determinants of health other than health that are related to other sectors. LSG's involvement provides the perfect platform for this kind of cross-sectoral coordination. Aardram ensures community involvement in the services available through ASHA, WHSNC, Kudumbashree Volunteer Health Workers and their much-lauded initiative 'Arogyasena'. Since FHCs are geographically linked to a

particular Panchayath, quantitative indicators on the scope of particular outreach programs can be intuitively derived. Flooding in Kerala in 2018-2019 severely hampered the progress of Phase 2 of the Aardram mission. The MoH and LSG had to shift their funding and focus to relief and rehabilitation operations. Many of the newly established centers and ongoing construction sites have been severely damaged. Hence, they were in need of making reserves. All centers must be subjected to the same infrastructural and treatment facility in order to make a fair comparison between them.

Analyzing and understanding the gap and what caused it and how many of them were filled in another center is the first step towards its resolution. Only top performing FHCs are identified for NQAS, grouped into – service delivery, patient rights, inputs, support services, clinical care, infection control, management quality and results. These standards are accredited by ISQUA and meet global standards for completeness, objectivity, evidence and development rigor. The state of Kerala has a plan to conduct a campaign with motto "OUR HEALTH OUR RESPONSIBILITY"

TRANSFORMATION OF PRIMARY HEALTH CENTERS TO FAMILY HEALTH CENTERS:

It was aimed to transform all the primary health centres into Family Health Centres by 2020. The programme plans to cover 894 Primary health centres of the state. In the FY 2017- 2018; 170 institutions were selected for this transformation in the first phase and for the FY 2018-2019 aimed at transformation of 504 institutions. The remaining 220 institutions were considered in the third phase.

Table 1: Fund Details Of Infrastructure Development

Activity	2017-2018	2018-2019	2018-2019	2019-20
	170 centres plan fund.	204 centres plan fund	300 centres NHM fund	220 Centres NHM fund
Infrastructure	23cr	28.55cr	46.50cr	34.10cr
Lab equipment	7cr	8cr	13.5cr	9.9cr
Total	30cr	36.55cr	60.00cr	44cr

Source: Aardram Mission Report 2019.

Apart from this fund such as MLA, MP funds, CSR and donations from individuals are also considered for FHC transformation.

Comprehensive and ongoing training has been given by SHSRC: team-building training, concept-based training, and competency-based training. Aardram mission has improved the functioning of public hospitals, from PHCs to MCHs. An improved health insurance system might help the poor to access good care.

Looking at government literature and reports, the government has taken initiatives to provide adequate health care for all through a program called Mission Aardram. It has emphasized quality health care for all. To date, examining the evidence from the formulation of the Aardram mission as part of the Nava Kerala Karma Padhathi shows that the Aardram mission includes: It can be said that it has its own role or domain in improving public health.

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