



Quality Assessment of Urban Public Health in Kerala using 'Donabedian Framework'

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What is Donabedian Model/Framework? ::::

- There is no unanimous view on the political economy determinants on public healthcare service quality measurement.
- But there are well developed healthcare service quality measurement Models/Framework
- Donabedian Model/Framework is one among them
- Avedis Donabedian has developed a framework for *Evaluating the Quality of Medical Care* by taking three Components (i) Structure (ii) Process and (iii) Outcomes

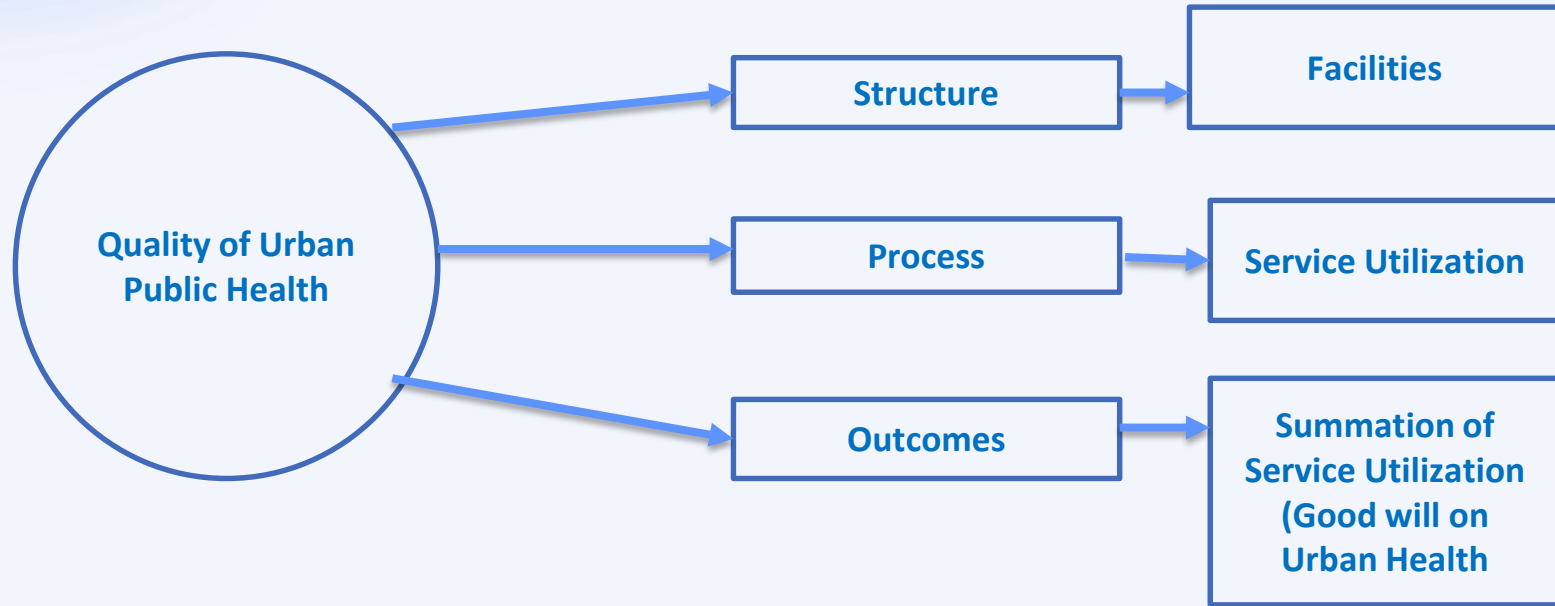


Advantages of the Donabedian Model/ Framework ::

- Most adaptable one, may be applied to most situations in health care service delivery
- It has been modified by various researchers across the globe
- Gangadharan and Sufaira, (2019) have examined the quality and efficiency of Urban Primary Health Care in Kannur District, Kerala by applying Donabedian Framework
- Here, we made an attempt to modify the framework to study the Urban Health in a Municipality in Kerala
- All the characteristics manifested in the Urban Healthcare Service Delivery of the local governance in Kerala can be systematically arranged under the (i)Structure (ii)Process and (iii) Outcomes Framework (Donabedian Model)



Methodology & Modified Version of Donabedian Framework



Methodology: Donabedian Framework (Modified) and Case Study

Objective: To Measure the Quality and Efficiency of Urban Health System (Kerala)



Structure



1. Hospitals
2. Hospital Management Committee (HMC)
3. Health Standing Committee
4. Health Wing
5. Haritha Karma Sena
6. Vayomitram
7. ASHA & Anganwadi Workers
8. Health Projects with Financial Allocation
9. Health Working Group
10. Legal Framework



1. Hospitals



1. General Hospital
2. Women and Children Hospital
3. Ayurveda Hospital
4. Homeo Dispensary
5. Ayush Homeopathic Primary Health Centre

(Building, Infrastructure & Connectivity, Medical and Para Medical staff)





2. Hospital Management Committee (HMC)

1. Each Hospital has separate HMC
2. It is regulated by Act and Guidelines
3. **Public Participation** (Municipal Chairperson, Standing Committee Chairpersons, Ward Councilor, Political Party Representatives, Representatives from Water Authority, Representatives from Electricity Board)
4. **Chairperson** (Municipal Chairperson Ex-Officio)
5. **Convener** (Head of the Health Institute)
6. **Resources** (Roughly range between Rs. 10 Lakhs to Rs.1800 per month)
7. **Expenditure** (balanced between receipt and expenditure)



3. Health Standing Committee

- ❑ Composition (4 to 6 members with a Chairperson)
- ❑ Regulatory Framework
- ❑ Minimum one sitting per month
- ❑ Functional Domain (Health and Sanitation related issues)
- ❑ Connections with Steering Committee and General Committee
- ❑ Monitoring and Evaluation of Health Projects
- ❑ Supervision of Transferred Health Institutions



4. Health Section



Sl. No	Post	Number
1	Health Supervisor/Clean City Manager	1
2	Senior Public Health Inspector Grade-I	1
3	Public Health Inspector Grade-I	1
4	Public Health Inspector Grade-II	2
5	JPHN Grade II	1
6	Clerk	1
7	Office Attendant	1
8	Sanitary Workers	13

- Still the Clean City Manager is under the realm of Health Supervisor.
- Health is given only a secondary consideration.
- Their major concern is sanitation rather than overall health issues of the Municipality.
- Staff is not given any regress training that equip them.
- No Medical Officer in the Municipality
- Not adequately qualified to undertake any communication with the medical staff of the transferred Health Institutions.



5. Haritha Karma Sena



- 52 Haritha karma Sena Members
- Mini MCF in each of the 26 wards
- One MCF, one consortium and one coordinator.
- Income for one member per month roughly around Rs.10710
- Door to door collection from households and collection from shops



6. Vayomitram



- 5 Staffs (one Doctor, one Coordinator, one JPHN, one Staff Nurse and one Driver)
- Provides health care and support to elderly above the age of 65 years residing at Municipal Areas
- Mainly provides free medicines through mobile clinics, Palliative care, Help desk to the old age
- 25 Camps in each year



7.ASHAs & Anganwadi Workers

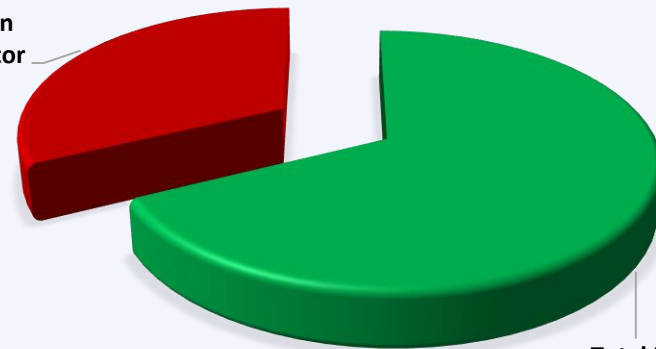
- 26 ASHAs
- They function as a healthcare facilitator, a service provider and a health activist at the community level.
- 40 Anganwadis
- Anganwadi workers helps in Pulse Polio Immunizations

8. Health Projects with Financial Allocation



Sl No	Details of the Fund	Receipt (Rs in Lakhs)	Expenditure (Rs in Lakhs)
1	Total Fund Available	1339.11	630.17 (47.06 %)
2	Total Fund available under Health Sector	432.19 (32.27 %)	218.09 (50.46 %)
Number of Projects			
1	Total No. of Projects	266	
2	No. of Projects under Health Sector	75 (28.20)	

Total Fund available in Health Sector
32%



Total Fund available in other sector
68%



9. Health Working Group



- Separate guideline had been issued for Urban Governments during the 13th Five Year Period.
- Out of the 17 working groups, one working group is exclusively for health related issues.
- Superintendent of the General Hospital is the Convener of the Working Group
- One Councilor is the Chairperson, Vice Chairman is an Expert
- Total there are 17 Members
- The assigned responsibility is to review earlier health projects and based on it suggest new projects under Health Sector
- In defacto it appears to be not very effective.



10. Legal Framework



All the structures are governed by a strong legal framework (Kerala Municipality Act and other Acts, guideline and rules)



Process



Structure	Process Related Issues						
	Stability	Linkages	Communications	Information asymmetry	Ability to fulfill the assigned functions	Monitoring & Evaluation	Local Efficacy /Trust
Hospitals	Strong	Weak	Moderate	Moderate	Strong	Weak	Strong
HMC	Weak	Weak	Moderate	Weak	Moderate	Weak	Weak
Health Standing Committee	Moderate	Weak	Weak	Weak	Moderate	Weak	Weak
Health Wing	Moderate	Moderate	Moderate	Weak	Strong	Weak	Moderate
Haritha Karma Sena	Moderate	Moderate	Weak	Weak	Moderate	Weak	Weak
Vayomitram	Strong	Weak	Weak	Weak	Strong	Weak	Moderate
ASHA & Angawadi Workers	Strong	Moderate	Moderate	Weak	Strong	Weak	Strong
Health Projects with Financial Allocation	Strong	Weak	Weak	Moderate	Weak	Weak	Weak
Health Working Groups	Weak	Weak	Weak	Weak	Moderate	Weak	Weak
Legal Framework	Strong	Weak	Weak	Weak	Strong	Weak	Moderate

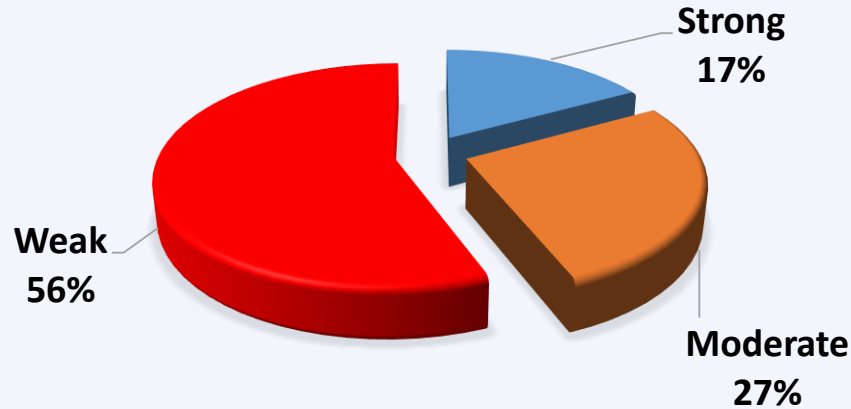
Source: Consultation & FGD with experts and key functionaries



Outcomes



- Σ of Service Utilization from the Structures of the Urban Health System (Stability, Linkages, Communications, Information asymmetry, Ability to fulfill the assigned functions, Monitoring & Evaluation, Local Efficacy/Trust).



- **Result – The Quality & Efficiency of the Urban Health of the Selected Municipality is Below Satisfactory**

56 per cent of the Quality and Efficiency of the structure is rated as '**Weak**'



Limitation of the Study



The study has several limitations.

- The study results may be limited because data were collected from the different stakeholders of one Municipality and the Transferred Institutions (Hospitals).
- Although the reliability and validity tests were conducted satisfactory, the qualitative methodology convey only descriptive in nature.
- A longitudinal study using different timeframe was also not undertaken.
- The above-described limitations may be considered by forthcoming research and it could be extended through cross-cultural study samples including different size and type of Municipalities from Kerala



