

Quality Improvement of Public Health Services in Thrissur, Kerala Community Participation for Increased Transparency

A proposal by Jananeethi

Introduction

Kerala State's social indicators are good compared to other states in India. However, despite this, it still has problems in its public health delivery system. Poor governance in the health sector includes neglect of public healthcare services which diverts patients away from free or low-cost public services towards for-profit private hospitals, lack of clinical drug trial oversight which negatively impacts poor residents, and general mismanagement leading to unsanitary and insufficient healthcare facilities and services.

First, from 2009-2014, and then again in 2017, Partnership for Transparency Fund (PTF) and Jananeethi have collaborated to expose and address corruption, waste and mismanagement in the health sector. With dedication, persistence and focused activity, Jananeethi has achieved impressive results. From 2009-2014, Jananeethi raised awareness of human rights violations in clinical drug trials where medical professionals and drug companies colluded to take advantage of poor residents. Many of the concerns highlighted by Jananeethi during this project were addressed by the Indian Council for Medical Research (ICMR) in 2017 in the revised National Ethical Guidelines for Biomedical and Health Research.

In response to the closing of Thrissur General hospital for unsanitary conditions and lagging renovation (which implied corruption), Jananeethi undertook the Health Transparency Initiative in 2017 to analyze the current state of public healthcare in Thrissur district, the potential for improvement through greater community participation, and constructive engagement with the authorities concerned in this regard. HTI's findings and Jananeethi's interaction with authorities led the Drugs Control Department to ban INR2.1 million worth of expired drugs and resulted in the establishment a new Out-Patient Block in one Primary Health Center (PHC).

The HTI focused on five primary health clinics (PHCs), three community health clinics (CHCs) and the District Hospital. It revealed:

- Problems with facilities and supplies: crumbling infrastructure, deficient bed facilities, substandard medical equipment, and improper storage and substandard quality of medicines.
- Problems with management and oversight: indifference of Local Government officials towards the quality of healthcare and dysfunction of the Hospital Management Committees intended to provide oversight.
- Lack of community awareness and empowerment: although, in interviews and surveys of health service recipients, beneficiaries seemed largely satisfied with the quality of service, health professionals themselves expressed dissatisfaction with service they

were providing. Beneficiaries were either not aware of their right to quality healthcare or they did not wish to criticize a service which they received for free.

- **Positive Outlier - Punalur Taluk Hospital:** This hospital provides a model against which other facilities can benchmark in terms of hygiene and service, 24/7 hours of operation, volume of patients that can be served, cost-efficiency, and use of volunteers. (*For more details see Annexure 1*). The success is largely due to strong leadership of, and community support for, the hospital's Superintendent, Dr. Shahir Shah.

Jananeethi now seeks to build on HTI to systematically address the corruption-induced shortcomings and replicate the positive outliers identified in Thrissur's public healthcare.

Project Vision/Goal:

Public Health Institutions in Thrissur district become centers of excellence, providing best treatment and health amenities and progressively reducing mismanagement and corrupt practices. The long-term goal of the project maybe beyond the life of this project.

Project Rationale:

In India, there is a need to improve governance and performance at the local level. Laws and regulations are not enforced strictly, and there is a lack of transparency and accountability. Given weak governance structures, there is only upward accountability, i.e., to State and Federal Officials but no downward accountability to the public at large. In sum, the main issue affecting performance is limited accountability to beneficiaries.

From the observed experience it is clear that, left to themselves, Thrissur's public health facilities will not improve. Hence, it is imperative that an outside entity, such as a civil society organization (CSO) like Jananeethi, advocates forcefully as a catalyst for improvement and motivates the community to press for Government action to this effect. Jananeethi does not propose to substitute for the responsibilities of the public sector institutions but instead to complement them.

Problems to be addressed by the Project:

Local Government is indifferent to the poor condition of the public health care system.

Thrissur's public health institutions (PHCs, CHCs, Taluk hospitals, District hospitals, and General hospitals) operate under different levels of Local Government - Grama Panchayat, Block Panchayat, Municipality/Corporation, District Panchayat and State Government. Hence, any change in the public health sector of Thrissur can only be achieved through the active participation of the concerned Local Government. The latter's access to funding includes: (i) allocations for the health sector from the State Government's Plan Fund, and (ii) funds allotted to Members of Parliament (MPs) and Members of the State Legislative Assembly (MLAs) for the development of their respective constituencies. However, the available funds are often not fully utilized in the absence of a clear vision and commitment for the health sector. Other political priorities of the concerned Local Government also adversely impact the allocations for healthcare. This may be compounded by lack of interest and capacity, as well as absence of social sensitivity to health as a fundamental human right.

Limited demand by the public for better health services.

During the HTI, the base-line survey analysis showed that, surprisingly, as much as 80% of respondents/beneficiaries of health centers were “satisfied” by the quality of services provided. This flew in the face of what was observed during the interviews, i.e., that most health facilities in the district were in poor condition. Also, at a group discussion conducted by Jananeethi, most doctors and other medical staff of the health centers were critical of service quality.

Further interviews of beneficiaries revealed that they had expressed satisfaction largely because they did not want to be critical of what was given to them free of cost or at subsidized rates. However, beneficiaries said they demand better services from private hospitals, since they pay for the services rendered there. They appeared totally ignorant of their rights as citizens and what services the public hospitals were supposed to provide.

Ineffective Health Management Committee(s).

Hospital Management Committees (HMCs) are mandated by the State Government to ensure the effectiveness of Health Centers and to act as overseers of performance. HMCs are statutory bodies, and they are expected to be constituted with Local Government members and their nominees, as per the Kerala Hospital Management Committee rules.

The HTI exposed the weak and unsatisfactory nature of these HMCs. Members were not selected on the basis of competence but rather because most were related to Local Government officials, suggesting inherent corrupt practice. In many cases, HMC members were also not aware of their responsibilities, did not hold regular meetings and were generally ineffective and irresponsible.

Absence of a community body to advocate for transparency and better public healthcare delivery.

One of the most effective ways to improve public health services is for the community to actively demand and claim them. Empowerment and better participation by the community will lead to better quality services. At present, however, there is no effective way in which the community can channel its desire for improved public health services.

Moreover, although HMCs exist, their mandate is restricted and, being internal to the hospitals/health centers concerned, they cannot take an impartial or independent view of the services delivered; nor can they access independent data on hospital performance.

During the stakeholder meetings held under the HTI, there was great interest in wanting to participate in advocacy and action. However, these were lone voices and not coordinated. There is, therefore, an obvious need for an organized, independent body - of prominent, knowledgeable and non-controversial citizens, who will be accessible, credible and committed - to undertake advocacy with Local Governments, obtain and assess relevant independent information, act as a catalyst for change, and monitor progress in the project areas.

Project Objectives:

- To engage constructively with Local Governments (LGs) for greater transparency, leading to improvement in the conditions of one Taluk hospital, one CHC and one PHC.
- To generate demand for better services and bring about community participation.
- To strengthen the HMCs to become effective internal monitors of public health care services.
- To establish and put into operation an independent community body –a Health Watch Committee.

Project Area:

Jananeethi proposes to work in those Grama Panchayats, Block Panchayats and Municipalities where the officials are open and willing to make drastic changes in the interest of improving hospital infrastructure, distributing good quality drugs and services, enhancing nursing care, and maintaining high hygienic standards. Accordingly, Jananeethi will be working with:

1. Vaniampara Primary Health Centre (under *Pananchery Grama Panchayat*)
2. Vellanikkara Community Health Centre (under *Ollukkara Block Panchayat*)
3. Irinjalakuda General Hospital (A *Taluk* hospital under *Irinjalakuda Municipality*)

All three hospital/health centers were reviewed during the HTI project. The project will directly serve around 62,250 households, approximately 200,000 people, that use the three hospitals/health centers but many more will be reached with the work of the proposed Health Watch.

Time frame of the proposal:

The duration of the project is three years.

During the three years, the project will aim to deepen community engagement and improve practices in one hospital, one CHC and one PHC. It will also broaden the engagement by strengthening the HMCs and establishing the Health Watch in Thrissur.

Activities:

Objective 1. To engage constructively with Local Governments (LGs) for greater transparency, leading to improvement in the conditions of one Taluk hospital, one CHC and one PHC.

The conditions in Thrissur District's healthcare system will improve only through the commitment of the LG concerned. Jananeethi will therefore engage constructively with the LGs concerned to improve healthcare facilities in Thrissur. Since it does not, at present, have capacity to work on all the hospitals in the district, Jananeethi will work to improve one Taluk Hospital, one CHC and one PHC.

a. Securing consensus to replicate the Punalur Model in Irinjalakuda General (Taluk) Hospital

Year One: Jananeethi will identify key stakeholders and opinion makers and convene them for a conference to apprise them of the new project. Jananeethi will conduct a Focus Group Discussion (FGD) with key stakeholders and an anonymous survey with a representative sample of local healthcare facility users to determine a Baseline of their current knowledge of the workings and performance of the hospital. Dr. Shahir Shah of the Punalur hospital will introduce the Model and highlight the reasons for its success. A brochure on the "Punalur Model: Reasons for success" will be distributed at the conference. The media will be invited to further disseminate this success story.

A meeting with Irinjalakuda hospital authorities will take stock of the present condition of the hospital (to check if it meets with the Kerala Accreditation Standards for Hospitals) and formulate a workable plan for applying the Punalur Model. Stakeholders will visit the Punalur hospital, and a training kit for staff will be developed. Monthly internal evaluation meetings in the hospital will be encouraged to assess facilities and services, and periodic meetings arranged with stakeholders and the LG to secure their buy-in.

The State Minister of Health, his Health Secretary, Member of Parliament (MP), Members of Legislative Assembly (MLAs), National Health Mission (NHM) Office, and other State health officials, such as the District Medical Officer (DMO), will be briefed on the initiative to secure their support and cooperation.

Year Two: Using the training kit produced earlier, hospital Staff will be trained and motivated to undertake the new project. Early in this second year, Jananeethi will, through a series of meetings with the hospital authorities, staff and HMC, explore how to introduce two of the best practices of the Punalur Model: (i) training volunteers to support the permanent staff; and (ii) charging a small fee for patients receiving services. By the end of Year Two, it is hoped volunteers will have been selected and assigned their duties, and a decision taken on the services for which fees will be charged. Patients will also be introduced to the idea of paying the fees and informed that the revenue will be used to improve the hospital.

Jananeethi will continue to engage with the LG for allocating funds and continued support.

Year Three: Early in the third year, Jananeethi will take stock of the improvements taking place. It will assist in the modalities of charging the fees and in mainstreaming the volunteers. Regular meetings will be organized with beneficiaries to brief them on their rights and promote the idea of paying fees. A select group of beneficiaries will be trained to monitor the project, using the Community Score Card (CSC) method.

Jananeethi will undertake a mid-year evaluation to assess the progress being made. The State Health Authorities will be updated. At the end of the year (and of the project), a

vaedictory function will be held in the presence of the State Minister of Health, MP, MLAs and senior State Health Officials. An overall evaluation will be conducted soon thereafter.

By the end of the project, it is expected that all the systems required to replicate the Punalur Model will be in place – committed leadership, support of the LG, motivated staff, volunteers in place, and a public willing to pay nominal fees for services received. It may need a few more years thereafter for it to become fully operational. Jananeethi will document the replication of the Punalur model in Irinjalakuda hospital and produce a Case Study. This will be used as a tool for improving other hospitals.

Indicators of success

First Year Outcome:

- a. Baseline of the current knowledge of users on the workings and performance of the hospital.
- b. A brochure on the “Punalur Model: Reasons for success”.
- c. Details on the yearly funding of the Irinjalakudda hospital.

Intermediate Outcome – 18 months:

- a. Consensus on the number of volunteers to be selected.
- b. Consensus on the nominal amount to be collected as fees from the patients.

Final Outcome – 36 months:

- a. Volunteers have been selected and are functioning.
 - b. Nominal fees are being collected from patients.
 - c. Selected group of beneficiaries will begin to monitor service delivery in the hospital.
 - d. Increase in the funds allocated to Irinjalakudda hospital.
- b. Improving the quality of care in Vaniampara PHC, and Vellanikkara CHC to the level prescribed by the Kerala Accreditation Standards in Hospitals (KASH).

The Government of Kerala has introduced the Kerala Accreditation Standards for Hospitals (KASH) to improve healthcare delivery. It is a comprehensive document which has a checklist covering 12 categories, such as infrastructure, administration, medical services, laboratory services, etc.,.

Year One: Jananeethi will organize a stakeholder conference on KASH to discuss compliance in Vellanikkara CHC and Vaniampara PHC, based on a checklist that Jananeethi will produce. Workshops for doctors and staff will be conducted and deficiencies in the 12 KASH categories noted and listed. This will be the basis of a baseline which will also include an anonymous sample survey of facility users. Discussions will be held with key stakeholders on ways to address the deficiencies. A Working Committee will periodically evaluate progress, and all relevant State health authorities briefed to secure their support. Beneficiaries will be consulted for their views and the media informed.

Year Two: At the beginning of the second year, Jananeethi will hold a Technical Conference with key stakeholders, to re-visit the checklist, and discussions held with the authorities concerned on addressing specific issues. Jananeethi will identify persons to be held responsible for the improvements. Stakeholders will be apprised of the status of progress and asked to advocate with the LGs for support and fund allocations. Beneficiaries and community groups will be informed of their rights as patients. The local media will be informed of the decisions taken.

At the end of the second year, the two health centers should begin showing marked improvement. Necessary funding would have been secured and beneficiaries would be aware of both their rights and the basics of monitoring. The community would be better informed about the progress being made. All relevant State health authorities would be updated.

Year Three: At the beginning of the year, Jananeethi will assess progress by revisiting the checklist. Consultations will be held with the healthcare officials identified for addressing the remaining deficiencies. A mid-year evaluation will be conducted by interviewing beneficiaries and stakeholders.

At the end of Year Three, the two health centers should be more or less up to KASH standards and could be considered as models. The LGs would now be more involved, own the success and help maintain quality standards. Beneficiaries will help monitor the future working of the health centers. Jananeethi will develop this into a model to improve other CHCs and PHCs. They will undertake to promote the model not only in Thrissur District but also in other areas of Kerala.

Indicators of Success:

First Year Outcome:

- a. FGD will be conducted among the doctors and staff to determine the deficiencies as per the KASH checklist. A baseline that includes an anonymous sample survey of facility users.
- b. Record and results of the Technical Conference.

Intermediate Outcome – 18 months:

- a. Revisit the checklist and record the number of deficiencies reduced.
- b. Beneficiaries have learnt the basics of monitoring.

Final Outcome – 36 months:

- a. All the deficiencies in the checklist have been addressed.
- b. The beneficiaries are capable of monitoring service delivery in the two health centers.
- c. Comparative sample survey data on problems and performance have been assembled, showing differences between baseline and post-project outcomes.
- d. A model has been developed on “how to improve PHCs and CHCs”.

Objective 2. To generate demand for better services and bring about community participation.

The community needs to be more involved and have a say in their own wellbeing. As of now, quality of healthcare delivery is driven entirely by supply-side considerations. It will continue to be substandard until the community demands and receives better service. It therefore helps to have an informed public to monitor the services provided.

- a. Raising awareness amongst the general public of the need for better health services.

Year One: The communities located near the three project locations will be the primary targets for awareness raising. Jananeethi will conduct meetings with the members of Kudumbashree (women's collective for economic and social development), Anganwadi centers, and women's clubs, as these are places where women gather regularly. It will organize regular film shows and poster exhibitions, followed by discussions with the community. Information material on health rights and responsibilities will be produced and distributed at these sessions. Jananeethi will highlight the Punalur model.

Broadening awareness of the poor quality of public health services and the possibilities for improvement will also have to extend beyond the project area. Jananeethi will collaborate with like-minded organizations to organize workshops on health laws and policies, and KASH. Local media will be engaged to spread the message.

Year Two: In the second year, interaction will continue with Kudumbashree and the clubs. Information on the progress being made in the hospital and health centers will be given. Jananeethi will focus its messages on the areas that seem deficient. Regular workshops on health laws and policies and KASH will continue with new collaborators. Media will be more involved and Jananeethi will seek a champion from the local entertainment industry.

Year Three: In the middle of the third year, an evaluation should reveal the extent of knowledge in the community. Publicity for the Irinjalakuda Hospital and the two health centers will be ensured. At the end of the third year, the community should be better informed of their entitlements and will, it is expected, begin demanding better services.

- b. Training on Right to Information (RTI) processes and procedures.

Once the community is better informed of their rights, they need to know how to seek Information from Government sources. The community will be educated about the Right to Information Act and given basic training on submitting RTI applications. The training will include audio-visual aids and a simple handout. The training will be provided in the first two years. In the third year, the community will be encouraged to submit RTIs to seek information from the hospitals and local Government.

- c. Building capacity of beneficiaries to monitor services received.

The next step is to empower the community by building its capacity to monitor health services. This ability will not only provide invaluable feedback to the authorities, it will ensure the participation and engagement of the community to demand better health services. This commitment will ensure long-term sustainability.

Community **Score** Cards (CSCs) are one of the best ways to learn about the community's perception and evaluation of the services received. Details of the CSC training will be provided after consultations with experts.

Indicators of Success:

First year Outcome:

- a. **A quantitative**, representative sample survey will be conducted in the first year to determine the Baseline of Knowledge, Attitude and Practice among the general public, using the three hospitals/health centers and a small sample in the city of Thrissur.

Intermediate Outcome:

- a. Information kit prepared on patient's rights and entitlements.
- b. Number of RTI sessions conducted.

Final Outcome:

- a. Number of RTI applications filed by the public.
- b. A quantitative, representative sample survey will be conducted using the same variables as the baseline survey, to permit comparisons and show quantitative measures of progress under the project.
- c. Beneficiaries capable of monitoring the services of the hospital, using CSCs.

Objective 3. To strengthen the HMCs to become effective monitors.

The HMCs are an inbuilt component of the health services system and are intended to keep a check on the effectiveness of the healthcare provided. However, today, all over the country and not just Kerala, HMCs are weak and ineffective.

- a. Assisting in the selection of appropriate people to serve on the HMCs.
- b. Raising awareness of their responsibilities.
- c. Training them on the basics of budget monitoring, etc.,.
- d. Securing their commitment to fulfilling their tasks.

Year One: Jananeethi will confine its activities to targeting the HMCs in the three hospitals in the project area. Details of the members of HMCs will be collected, cross-checked with HMC rules, and shortcomings noted. An FGD or interviews will be conducted to ascertain the knowledge of the HMCs on the shortcomings in the three hospital/health centers and their responsibilities. These shortcomings will be discussed with the concerned LG.

Jananeethi will urge the LG to recruit suitable and responsible members. It will convene a

workshop for LG members, hospital staff and HMC members to discuss the shortcomings, ways to address them, and introducing them to model HMCs. A manual on HMC rules will be prepared.

Year Two: Intensive training of the HMCs in the project area will be conducted to brief members on their role and responsibilities and help them understand these better. The training sessions with experts will include the basics of budget monitoring and procurement, and be conducted every six months. Attendance of the HMC members at meetings will be closely monitored to prevent absenteeism. The HMCs will be encouraged to record and publically release minutes of their meetings. Personal briefings will be conducted to motivate them for better performance.

In order to broaden its engagement, Jananeethi will collaborate with the HMCs of the three hospital/health centers to facilitate two workshops in Year Two for HMCs from other hospitals in the district, to expose them to better engagement in their own hospitals. Basics of budget monitoring and procurement issues may be covered.

Regular meetings will be held with LGs at the district level to reinforce the need to recruit HMC members under the prescribed guidelines.

Year Three: In the middle of the third year, Jananeethi will evaluate the state of the HMCs in the three hospitals and check if the new members are suitable. It is expected that, by then, these HMCs will fully understand their role and responsibilities. It will also review the response from the other HMCs in the district.

Indicators of Success:

First year Outcome:

- a. FGD or discussion group, and an anonymous sample survey, will be conducted with the current members of HMCs to get a baseline on their knowledge of their responsibilities, of issues, and processes such as budget monitoring, and the basics of procurement.
- b. A note on the shortcomings of the Health Management Teams of the hospital, PHC and CHC.

Intermediate Outcome – 18 months:

- a. Number of Trainings on Budget Monitoring.
- b. Manual produced.
- c. Number of other HMCs in the district engaged.

Final Outcome - 36 months:

- a. Manual is now used District-wide and recommended for Statewide distribution.
- b. Public records of the minutes of the meetings to ensure compliance by the HMCs.
- c. Comparison of baseline and final sample survey data showing achievements on various dimensions, including expenditures and good governance.

Objective 4. To establish and put into operation an independent community body –a Health Watch Committee.

Despite a large amount of money going into the public healthcare system, the services provided to the poor continue to be abysmal. The only accountability is to superiors in the system and none whatsoever to beneficiaries. Hence, the need to set up Health Watch as an independent, impartial body, consisting of prominent citizens, to provide oversight, evaluation and monitoring of services provided. It will also be useful for advocacy with LGs and as a catalyst for change. It will remain on the ground long after the project itself is over.

- a. Inviting prominent citizens to participate and selecting the members.
- b. Organizing stakeholder workshops to sensitize the newly-formed body.
- c. Helping Health Watch to interface with hospital authorities and LGs.

Jananeethi will invite people to become members of Health Watch. They will be prominent people representing various walks of life in Thrissur. A workshop will be organized to explain the concept of Health Watch and the role and responsibilities of members, and seek their input.

However, the main **immediate** focus in creating Health Watch is the three hospitals/health centers in the project. Jananeethi will organize an orientation workshop to sensitize the members, to be followed by regular meetings and workshops to apprise members on various issues, their causes and how this leads to poor services. Basic information on hospitals – administration, management and funding, as well as patients’ rights – will be imparted to members. The members will be given training on CSCs and taught to use it as a monitoring tool. The sensitizing and training will be given regularly. Jananeethi will invite members to participate in awareness building exercises for beneficiaries. They will be expected to interface and build rapport with beneficiaries.

At the end of two years, Jananeethi will introduce members to the public as “Friends of the Hospitals”. Health Watch members will be expected to understand the problems of the healthcare facilities and intercede with hospital authorities on behalf of beneficiaries. Jananeethi will include Health Watch members at the regular meetings with LGs. By Year Three, the members will be confident of their status and will be able to talk about the utility of Health Watch at public functions, and on radio and TV.

With the training imparted during the project, Health Watch members will be expected to continue advocating for better services even after the project is over.

Indicators of Success

First Year Outcome:

- a. Number of distinguished citizens enrolled in the Health Watch.
- b. Results of the Workshop.

Intermediate Outcome – 18 months:

- a. Members of Health Watch are trained on CSC tools.
- b. Develop the concept of Friends of the Hospitals.

Final Outcome -36 months:

- a. Health Watch is capable of monitoring the hospitals/health centers of the project in particular and hospitals in Thrissur in general.
- b. Number of successful media interviews.
- c. Health Watch members wish to continue and have institutionalized the body.

Final Report:

At the end of the project, Jananeethi will prepare a final report on the project's achievements, challenges, and the lessons learned. The report will compare baseline and end-of-project qualitative and quantitative data¹. It will set out Jananeethi's future plans for deepening, correcting, where necessary and justified, expanding and continuing its activities undertaken under the present project.

Expected Results:

1. Local Government is more transparent about public health care services and willing to engage in dialogue with the citizens for improvement.
2. Irinjalkuda Taluk Hospital has all systems in place to become a model hospital like the Punalur Taluk Hospital
3. Vaniampara PHC and the Vellanikkara CHC are brought up to the KASH standards.
4. Functioning HMCs in these Health Centers
5. Establishment of strong Health Watch Thrissur District, and especially in the three Health Centers.
6. A better-informed public that is capable of monitoring the services received

Capacity Building of Jananeethi:

Jananeethi, like many other CSOs, is largely dependent on external project funding. However, in order to continue operating on an assured basis, it needs to move beyond a project-to-project funding dependency. It should be able to operate based largely on its own human and financial resources. For this, Jananeethi must develop a capacity for fundraising from the public and private sectors. The objective of this component is, therefore, to build the organizational and financial capacity of Jananeethi. It will be implemented over three years and carried out in parallel to the health project.

¹ The instruments and methodology for data collection in the surveys will be reviewed with PTF, and draw upon the Agenda 2030 Sustainable Development Goals of the United Nations, including especially the indicators for Goal 16 on peace, justice, and strong institutions at all levels of society.

In the first year, Jananeethi will undertake an assessment exercise. This will include its financial capacity, including its ability to raise funds independently of external support. It will also evaluate its organizational capacity, including its human resources. This will be done through locally available technical expertise in the relevant fields. The exercise will be carried out under terms of reference to be agreed with PTF. Activities for Years Two and Three will be dependent on the analysis of the assessment carried out in the first year.

NOTES

- a. Demographic details of the project
- b. Note on Plan Fund
- c. Information on Jananeethi

Annex 3: Itemized Budget

a. Demographic Details of the Project Area

d. Total Population	46778	149174	62232
Male	22792	73299	29264
Female	23986	75875	32968
Sex Ratio	1000:1052	1000:1035	1000:1126
Scheduled Caste	3925	12542	5687
Scheduled Tribe	1233	1761	Nil
Geographical Area	141.71 Sq. Km.	266.73 Sq. Km.	33.57 Sq. Km.
Number of Wards/Panchayats	23	79	41
Major Occupation	Agriculture	Agriculture	Agriculture and Small and Medium Scale Industries

b. Plan Fund

The funds provided from the State plan to Local Governments in the form of untied plan grant for planning and implementing projects for local development. Local Governments have the freedom in formulating and implementing projects after deciding their priority subject to detailed plan guidelines.)

c. More Information on Jananeethi

Jananeethi is a registered civil society organization (CSO) in Thrissur, Kerala. It works on issues of social justice, gender violence, rule of law and corruption. It was supported by Partnership for Transparency Fund (PTF) for two projects, one from 2009 to 2014 on Ethical Standards of Clinical Drugs Trials in Kerala, and the other in 2017 for a Health Transparency Initiative, Kerala.

In the Clinical Drugs Trial project, Jananeethi exposed and addressed corruption, waste and mismanagement in the health sector. It raised awareness of human rights violations in clinical drug trials, where medical professionals and drug companies colluded to take advantage of poor residents. Many of the concerns highlighted by Jananeethi during this project were later addressed by the Indian Council for Medical Research (ICMR) in 2017 in the revised National Ethical Guidelines for Biomedical and Health Research.

In 2017, Jananeethi undertook the Health Transparency Initiative (HTI) to analyze the current state of public healthcare in Thrissur district, the potential for improvement through greater community participation, and constructive engagement with the authorities concerned in this regard. HTI's findings and Jananeethi's interaction with authorities led the Drugs Control Department to ban INR 2.1 million worth of expired drugs and resulted in a new Out-Patient Block in one Primary Healthcare Center (PHC). HTI focused on the district hospital and eight health centers. The Study revealed problems with infrastructure, management, and oversight, as well as other structural problems. Jananeethi's work in community empowerment was recognized and they were invited to address the National Conference on Right to Information Act in New Delhi. In this new health project, Jananeethi wants to build on HTI by addressing the shortcomings identified in HTI.

Jananeethi is highly respected and has broad name recognition in Kerala. They are able to bring people together and command respect from the authorities, not only in Thrissur but also in Thiruvananthapuram, the state capital. Poor citizens, especially women, trust Jananeethi, as it has for many years provided help, sanctuary and medico-legal assistance to women facing Gender Based Violence (GBV). Jananeethi has a distinguished Board and excellent leadership. Their fearless campaign to seek justice for the underdog has given them a formidable reputation. They have been successful in getting external funding, including funds to acquire a modest office building and a 4.5 acre property for an intended campus.

Budget Break-up: (This applies to works to be accomplished by Jananeethi only for Year I)

Program delivery:			
Objective 1 :To engage constructively with Local Governments (LGs) for greater transparency, leading to improvement in the conditions of one Taluk Hospital, one Community Health Centre (CHC) and one Primary Health Centre (PHC).			
Activity 1: Securing consensus for the replication of Punalur model in Irinjalkuda General (Taluk) Hospital:			
Sub-Act.1:	Identify the Key Stakeholders, Opinion Makers, Media Personnel and appraise them about Punalur Model:		
	Travel Expenses:	Rs. 5000x12:	Rs. 60,000.00
			Rs. 60,000.00
Sub-Act. 2:	One day Conference on Punalur Model for the identified stakeholders with Dr.Shahirsha. (Deliverable: A brochure on Punalur Model will be prepared and circulated) This will be arranged as a launching event:		
	Meeting expenses:	Rs. 25000:	Rs. 25,000.00
	(for 45 days - 10am to 8pm):		
	Brochure Printing on Punalur and KASH:	Rs. 10000:	Rs. 10,000.00
	(for 45 days - 10am to 8pm):		
			Rs. 35,000.00
Sub-Act.3:	Group discussion with Medical Superintendent, Health Standing Committee Chairperson and other key stakeholders to formulate a workable plan for the replication of Punalur Model: (from second quarter)		
	Quarterly meeting expenses:	Rs. 5000x3:	Rs. 15,000.00
	(for 45 days - 10am to 8pm):		
			Rs. 15,000.00
Sub-Act.4:	To take stock of the available facilities and services of the Irinjalkuda Taluk Hospital. A limited CSC tool will be used to form a baseline:		
	Travel expense & DA:	Rs. 5000x3:	Rs. 15,000.00
	(for 45 days - 10am to 8pm):		
			Rs. 15,000.00
Sub-Act.5:	Constitute a working committee with Chairman of Health Standing Committee, Medical Superintendent and other key officials to monitor and evaluate the progress of the initiative:		
	TA & Meeting expenses:	Rs. 5000x3:	Rs. 15,000.00
	(for 45 days - 10am to 8pm):		
			Rs. 15,000.00
Sub-Act.6:	Visit to Punalur Hospital with Key stakeholders:		
	Hire charge - vehicle:	Rs. 20,000:	Rs. 20,000.00
	(for 45 days - 10am to 8pm):		
	Food expenses (30 Nos.):	Rs. 10,000:	Rs. 10,000.00
	(for 45 days - 10am to 8pm):		
			Rs. 30,000.00
Sub-Act.7:	Monthly Evaluation meetings to assess the progress of the hospital in terms facilities and services:(From Third Quarter)		
	TA & Meeting expenses:	Rs. 3000x6:	Rs. 18,000.00
	(for 45 days - 10am to 8pm):		
			Rs. 18,000.00
Sub-Act.8:	Personal Briefing with Minister of Health, Health Secretary, M.P(Member of Parliament) , M.L.A(Member of Legislative Assembly) National Health Mission(NHM) Office, District Medical Office (D.M.O) on the initiative to ensure their cooperation and support:		
	Two visits to Trivandrum in a Year:	Rs. 10000x2:	Rs. 20,000.00
	(for 45 days - 10am to 8pm):		
			Rs. 20,000.00
Sub-Act.9:	Focus Group Discussion with key stake holders.(2 Nos):		
	TA & Meeting expenses:	Rs. 10000x2:	Rs. 20,000.00
	(for 45 days - 10am to 8pm):		
			Rs. 20,000.00
Sub-Act.10:	Anonymous survey among selected users of health care facilities.		
	Travel expenses:	Rs. 5000:	Rs. 5,000.00
	(for 45 days - 10am to 8pm):		
			Rs. 5,000.00

<i>Sub-Act.1:</i>	<i>Develop a training kit with audio-video components to be used to motivate the staffs of the hospital from different cadre during the training programs and monthly conference organized by the concerned</i>			
	Consultancy charges:	Rs. 10000:	Rs. 10,000.00	
	Audio-video production charge:	Rs. 30000:	Rs. 30,000.00	
	Printing & stationery:	Rs. 10000:	Rs. 10,000.00	Rs. 50,000.00
Total				Rs.

Activity 2:	<i>Improving the quality of care in Vaniampara Primary Health Center, and Vellanikkara Community Health Center to the level prescribed by the Kerala Accreditation Standards in Hospitals (KASH)</i>			
<i>Sub-Act.1:</i>	<i>Identify the Key Stakeholders, Opinion Makers, Media Personnel and appraise them about Kerala Accreditation Standards for Hospitals(KASH)</i>			
	Will go along with sub activity of Activity One –No separate budget:			00.00
<i>Sub-Act. 2:</i>	<i>One Day conference on Kerala Accreditation Standards for Hospitals(KASH) for members of Ollukkara Block Panchayath, Pananchery Grama Panchayath and Medical and Non Medical Staffs of Community Health Centre Vellanikkara and Primary Health Centre, Vaniyampara.</i>			
	This conference will be clubbed with the conference listed under activity one - No separate budget:			00.00
<i>Sub-Act.3:</i>	<i>To take stock of the available facilities and services of CHC Vellanikkara and PHC Vaniyampara:</i>			
	Travel Expense & DA: (for 45 days - 10am to 8pm):	Rs. 5000x3:	Rs. 15,000.00	Rs. 15,000.00
<i>Sub-Act.4:</i>	<i>List out the shortcomings of the CHC Vellanikkara and PHC Vaniyampara in comparison with the checklist as provided under KASH for a PHC and CHC.:</i>			
	No separate budget - Budget for Sub-Activity 3 will cover this too:			00.00
<i>Sub-Act.5:</i>	<i>Group discussions with Key stakeholders to brief them about the present shortcomings of the hospitals and to identify the ways and means to improve the situation in terms of the standards prescribed under KASH.:</i> (Quarterly meetings from Second Quarter)			
	Meeting expenses: (for 45 days - 10am to 8pm):	Rs. 5000x3:	Rs. 15,000.00	Rs. 15,000.00
<i>Sub-Act.6:</i>	<i>Visit to accredited hospitals and institutions to gather information on the strategies applied for its success : (Third and Fourth Quarter - Two visits):</i>			
	Hire charges:	Rs. 10000x2:	Rs. 20,000.00	
	Refreshments – food etc. :	Rs. 5000x2:	Rs. 10,000.00	Rs. 30,000.00
<i>Sub-Act.7:</i>	<i>To constitute working committees for CHC Vellanikkara and PHC Vaniyampara with Chairman of Health Standing Committee, Medical Superintendent and other key officials to monitor and evaluate the progress of the initiative:</i>			
	TA & Meeting expenses: (for 45 days - 10am to 8pm):	Rs. 3000x3:	Rs. 9,000.00	Rs. 9,000.00
<i>Sub-Act.8:</i>	<i>Monthly Evaluation meetings to assess the progress of the hospital in terms of facilities and services:</i>			

	TA & Meeting expenses: (for 45 days - 10am to 8pm):	Rs. 3000x6:	Rs. 18,000.00	Rs. 18,000.00
Sub-Act.9:	Preparation of a check list and identification of people responsible: No separate budget: This will go along with sub activity 8 of Activity 1:			0.00
Sub-Act.10:	Personal Briefing with Minister of Health, Health Secretary, M.P. (Member of Parliament) , M.L.A. (Member of Legislative Assembly) National Health Mission(NHM) Office, District Medical Office (D.M.O.) on the initiative to ensure their cooperation and support: No separate budget: This will go along with sub activity 8 of Activity 1:			0.00
Total				Rs. 87,000.00

Objective 2: To generate demand for better services and bring about community participation:

Activity 1: Raising awareness amongst the general public of the need for better services:				
Sub-Act.1:	Quarterly meetings of general public in association with Kudumbasree members (Women's collective for economic and social development), AnganwadiCentres, Clubs etc. will be held at three project locations: (Will start from Third Quarter) Meeting expenses (in 3 project locations):	Rs. 5000x2x3:	Rs. 30,000.00	Rs. 30,000.00
Sub-Act. 2:	Quarterly workshops on Health Laws and Policies will be organized in cooperation with likeminded institutions and organizations:(from 2 nd Qtr) Workshop expenses: (for 45 days - 10am to 8pm):	Rs. 10000x2:	Rs. 20,000.00	Rs. 20,000.00
Sub-Act.3:	Health related films and Health related photo/poster exhibitions will be organized on quarterly basis: Film show and Poser Exhibition: (for 45 days - 10am to 8pm):	Rs. 5000x3:	Rs. 15,000.00	Rs. 15,000.00
Sub-Act.4:	An information kit which will consist patient rights and entitlements, responsibilities of the patients and their families will be prepared and used during the awareness building sessions: Printing Costs:	Rs. 50000:	Rs. 50,000.00	Rs. 50,000.00
Sub-Act.5:	Assessment of the knowledge of participants before and after the session will be done to map the progress: No separate Budget:			Rs. 0.00
Sub-Act.6:	A base-line survey (1 st Quarter). (Through Volunteers)			Rs. 0.00
Total				Rs.
Activity 2: Training on Right to Information (RTI) processes and procedures:				
Sub-Act.1:	Quarterly training programs on Right to Information Act will be organized for general public with the aid of Audio- Video inputs: Quarterly Training program expenses: (for 45 days - 10am to 8pm):	Rs. 3000x4:	Rs. 12,000.00	Rs. 12,000.00
Sub-Act.2:	A hand out in vernacular language will be prepared which will describe the processes and procedures in simple words to be circulated among the participants: Printing Costs:	Rs. 25000:	Rs. 25,000.00	Rs. 25,000.00

Total			Rs. 37,000.00
Activity 3: Building capacity of beneficiaries to monitor the services received:			
<i>Sub-Act.1:</i>	<i>Capacity building and engagement of Community and training on Feedback using CRC, leading to monitoring: (Budgetary allocation for this activity is subject to change based on expert consultation)</i>		
	CRC preparation & analysis expenses:	Rs. 25000:	Rs. 25,000.00
Total			Rs. 25,000.00
Objective 3: To strengthen the HMCs to become effective internal monitors of public health care			
Activity 1: Assisting in the selection of appropriate people for the HMCs:			
<i>Sub-Act.1:</i>	<i>Details of the members of the present Hospital Management Committees of all the Three Hospitals under the project will be collected.</i>		
	Travel Expenses & Refreshment:	Rs. 3000x3:	Rs. 9,000.00
			Rs. 9,000.00
<i>Sub-Act. 2:</i>	<i>The details will be cross checked with Hospital Management Committee Rules – Kerala-2010 and short-comings of the existing HMC will be recorded:</i>		
	Stationery & documentation expenses:	Rs. 3000x3:	Rs. 9,000.00
			Rs. 9,000.00
<i>Sub-Act.3:</i>	<i>The identified shortcomings of the HMC's will be reported to the concerned LSGI:</i>		
<i>No separate Budget:</i>			Rs. 0.00
<i>Sub-Act.4:</i>	<i>Liaison with LSGI for the constitution of HMC as per HMC Rules-2010:</i>		
	Travel Expenses & Refreshment:	Rs. 3000x6:	Rs. 18,000.00
			Rs. 18,000.00
<i>Sub-Act.5:</i>	<i>A workshop for the LSGI Members, Hospital Staff and Members of the HMC will be organized to make them familiar with HMC Rules-2010. They will be introduced to a model HMC:</i>		
	Workshop expenses:	Rs. 15000x1:	Rs. 15,000.00
			Rs. 15,000.00
<i>Sub-Act.6:</i>	<i>A hand out on HMC Rules will be prepared in Vernacular Language to be distributed among the workshop participants:</i>		
	Printing Costs:	Rs. 10000:	Rs. 10,000.00
			Rs. 10,000.00
Total			Rs. 61,000.00
Activity 2: Raising their awareness of their responsibilities:			
<i>Sub-Act.1:</i>	<i>Personal interviews will be conducted among the HMC Members based on a standard questionnaire to assess their knowledge level as a member of HMC:</i>		
	Honorarium to Survey Persons (2 Nos.):	Rs. 5000x2:	Rs. 10,000.00
	Printing cost:	Rs. 50000:	Rs. 5,000.00
	Consultancy charge:	Rs. 5000:	Rs. 5,000.00
			Rs. 20,000.00
<i>Sub-Act.2:</i>	<i>Quarterly sensitization for the HMC members will be organized with the aid of Audio-Video inputs:</i>		
	Meeting expenses:	Rs. 3000x2:	Rs. 6,000.00
			Rs. 6,000.00
<i>Sub-Act.3:</i>	<i>An anonymous sample survey(Through Volunteers)</i>		
			Rs. 0.00

Total			Rs. 26,000.00
Activity 3: Training them on the basics of budget analysis etc.:			
Sub-Act.1:	One day Workshop on the basics of budget analysis with the help of experts will be organized for the HMC's of Whole District so that the benefit of the workshop will reach to various hospitals other than the three hospitals selected under the project:		
	One-day Workshop:	Rs. 15000:	Rs. 15,000.00
Total			Rs. 15,000.00
Activity 4: Sensitizing them on their commitment to do their task:			
Sub-Act.1:	Attendance of the HMC members in the meeting will be closely monitored.		
Sub-Act. 2:	A member from each HMC will be identified as a point of contact to know the details of the HMC Meetings.		
Sub-Act.3:	Personal briefing with the HMC members will be carried out to motivate them for a better performance.		
Sub-Act.4:	Minutes of the HMC Meetings will be recorded and codified for ensuring timely implementation of the proposals.		
	Travel expenses:	Rs. 2000x6:	Rs. 12,000.00
Total			Rs. 12,000.00
Objective 4: To establish and put into operation an independent community body – a Health Watch Committee:			
Activity 1: Inviting prominent citizens to participate and selecting the members.			
Sub-Act.1:	Identify the personnel's who are ideal to be included as member of Health Watch in all the three project locations:		
	TA & Refreshment expenses:	Rs. 10000:	Rs. 10,000.00
Sub-Act. 2:	General meeting will be called upon in all the three locations in which the purpose of Health Watch, role and responsibilities of the members of health watch will be explained:		
	Meeting expenses: (for 45 days, 10am to 8pm):	Rs. 5000x3:	Rs. 15,000.00
Sub-Act.3:	Health watch with an executive committee and a supporting group will be formed with members who shown keen interest and are otherwise not disqualified to become the health watch member:		
	No separate Budget:		Rs. 0.00
Sub-Act.4:	A Health Watch with prominent personalities for the whole District of Thrissur will be constituted to broaden the Health Watch initiative to other areas (Thrissur District Health Watch):		
	Constructive engagements: (for 45 days, 10am to 8pm):	Rs. 10000:	Rs. 10,000.00
Sub-Act.5:	A photo identity card with personal details will be prepared for each member of the Health Watch:		
	Preparation of ID card (Fourth Quarter): (for 45 days, 10am to 8pm):	Rs. 10000:	Rs. 10,000.00
Total			Rs. 45,000.00
Activity 2: Organizing Stakeholder Workshops to sensitize the newly-formed Health Watch Committee:			
Sub-Act.1:	Orientation session for sensitizing and motivating Health Watch members will be organized on Quarterly basis:		

	Sensitization program expenses:	Rs. 3000x4:	Rs. 12,000.00	Rs. 12,000.00
<i>Sub-Act. 2:</i>	<i>An information kit with basic information on the hospital, role and responsibilities as a member of Health Watch, details of other health watch members, Patient rights and citizen's charter will be prepared.</i>			
	Information Kit and IEC Materials:	Rs. 25000:	Rs. 25,000.00	Rs. 25,000.00
	<i>(for 45 days, 10am to 8pm)</i>			
<i>Sub-Act.3:</i>	<i>Health Watch will be linked to social media like What's App and Face book to disseminate and promote information and for better connectivity:</i>			
	Consultancy & communication charges:	Rs. 3000x4	Rs. 12,000.00	Rs. 12,000.00
Total				Rs. 49,000.00
Activity 3:	Helping the Health Watch Committee to interface with the hospital authorities and Local Governments:			
<i>Sub-Act.1:</i>	<i>Details of the Health Watch Committees formed in three project locations and their purpose will be shared with concerned LSGI and Hospital and they will be introduced as "Friends of Hospital"</i>			
	From Third Quarter - No separate budget			Rs. 0.00
<i>Sub-Act. 2:</i>	<i>Monthly one day will be selected in consultation with LSGI and Hospital Superintendent as 'One Day for Hospital' where the members of the health watch and their friends will come and deliver voluntary service as per needs of the hospital.</i>			
	TA & Refreshment & Publicity:	Rs. 5000x3:	Rs. 15,000.00	Rs. 15,000.00
	<i>(for 45 days, 10am to 8pm)</i>			
<i>Sub-Act.3:</i>	<i>Half yearly appraisal meetings of Health Watch will be organized with LSGI members and hospital staff.</i>			
	Meeting expenses (one meeting):	Rs. 5000x1:	Rs. 5,000.00	Rs. 5,000.00
	<i>(for 45 days, 10am to 8pm)</i>			
Total				Rs. 20,000.00
Total Programme Delivery				Rs. 7,75,000.00

Personnel Costs:

Honorarium to Project Co-ordinator (1)	Rs. 30000x12	Rs.	
Honorarium to Project Officer(1) :	Rs. 20000x12	Rs.	
Honorarium to Accounts Manager (1) :	Rs. 25000x12	Rs.	Rs. 9,00,000.00
Total Personnel			Rs. 9,00,000.00

Organizational Expenses:

Office Co-ordination and Unexpected expenses	Rs. 15000x12	Rs.	Rs. 1,80,000.00
Total Organizational Expense			Rs. 1,80,000.00

TOTAL PROJECT COST**Rs. 18,55,000.00****Support from PTF**

USD 28538 (USD=INR 65)

Rs. 18,55,000.00

Budget Break-up: (This applies to works to be accomplished by Jananeethi only for Year II)

Program delivery:			
Objective 1 :To engage constructively with Local Governments (LGs) for greater transparency, leading to improvement in the conditions of one Taluk Hospital, one Community Health Centre (CHC) and one Primary Health Centre (PHC).			
Activity 1: Securing consensus for the replication of Punalur model in Irinjalkuda General (Taluk) Hospital:			
Sub-Act.1:	Monthly Evaluation meetings to assess the progress of the hospital in terms facilities and services: (for 12 days - 10am to 8pm):	TA & Meeting expenses : Rs. 2000x12:	Rs. 24,000.00 Rs. 24,000.00
Sub-Act.2:	Identify prospective donors and convene a meeting of the donors to discuss the various ways and means they can contribute for the development of the hospital: (for 15 days - 10am to 8pm):	Programme expenses: Rs. 15000x2:	Rs. 30,000.00 Rs. 30,000.00
Sub-Act.3:	Group discussions to develop a framework on charges that can be levied on the services and facilities of the hospital: (for 15 days - 10am to 8pm):	Meeting expenses: Rs. 10000x4:	Rs. 40,000.00 Rs. 40,000.00
Sub-Act.4:	Write ups in the leading news paper disseminating information on the initiative to attract the attention of various stake holders and public in general: (for 15 days - 10am to 8pm):	Quarterly writes up: Rs. 5000x4:	Rs. 20,000.00 Rs. 20,000.00
Sub-Act.5:	Preparation of the charter on patient rights and entitlements: (for 15 days - 10am to 8pm):	Preparation & Printing cost: Rs. 20000:	Rs. 20,000.00 Rs. 20,000.00
Sub-Act.6:	Follow up with Minister of Health, Health Secretary and other dignitaries will be continued to ensure their co-operation and support: :	Travel Expense & DA: Rs. 10000x4:	Rs. 40,000.00 Rs. 40,000.00
Sub-Act. 7:	Identification of volunteers for the hospital to meet the shortage of hospital staff: (for 15 days - 10am to 8pm):	TA & Refreshment: Rs. 5000x3:	Rs. 15,000.00 Rs. 15,000.00
Sub-Act. 8:	Motivational session for the listed volunteers to ensure productivity and to reduce the dropout rates: (Half-Yearly) (for 15 days - 10am to 8pm):	Program expenses: Rs. 10000x2:	Rs. 20,000.00 Rs. 20,000.00
Total			Rs.

Activity 2: Improving the quality of care in Vaniampara Primary Health Center, and Vellanikkara Community Health Center to the level prescribed by the Kerala Accreditation Standards in Hospitals (KASH).			
Sub-Act.1:	Technical Conference with key stakeholders to formulate a time bound framework for the implementation of KASH standards in cooperation with District Medical Office and National Health Mission: (for 45 days - 10am to 8pm):	Conference expenses: Rs. 25000x1:	Rs. 25,000.00 Rs. 25,000.00
Sub-Act. 2:	Monthly Evaluation meetings to assess the progress of the hospital in terms of facilities and services in comparison with KASH Standards: (for 12 days - 10am to 8pm):	Meeting expenses: Rs. 2000x12:	Rs. 24,000.00 Rs. 24,000.00

Sub-Act.3:	Personal Briefing with Minister of Health, Health Secretary, M.P(Member of Parliament) , M.L.A(Member of Legislative Assembly) National Health Mission(NHM) Office, District Medical Office (D.M.O) on the initiative to ensure their cooperation and support: Quarterly: No separate Budget: Will go with Activity One:			Rs. 0.00
Sub-Act.4:	Group Discussion with Key stakeholders to review the progress done so far and to identify strategies for the implementation of KASH Standards: TA & Meeting expenses:	Rs. 10000x4:	Rs. 40,000.00	Rs. 40,000.00
Sub-Act.5:	Write ups in the leading news paper disseminating information on the initiative to attract the attention of various stake holders and public in general: Quarterly writes up :	Rs. 5000x4:	Rs. 20,000.00	Rs. 20,000.00
Sub-Act.6:	Media program in local channel with a celebrity to promote the developmental activities of the hospital: Media program expenses:	Rs. 25000x2:	Rs. 50,000.00	Rs. 50,000.00
Sub-Act.7:	Visit to accredited hospitals and institutions to gather information on the strategies applied for its success: Hire charges: (for 45 days - 10am to 2pm): Refreshment: (for 45 days - 10am to 2pm):	Rs. 15000x2: Rs. 5000x2:	Rs. 30,000.00 Rs. 10,000.00	Rs. 40,000.00
Total				Rs.

Objective 2: To generate demand for better services and bring about community participation:

Activity 1: Raising awareness amongst the general public of the need for better services:

Sub-Act.1:	Meetings with key stake holders will be continued on a quarterly basis. : Meeting expenses:	Rs. 5000x4x3:	Rs. 60,000.00	Rs. 60,000.00
Sub-Act. 2:	Dissemination of information on health laws and policies will be continued on quarterly basis through workshops.: Workshop expenses:	Rs. 10000x4:	Rs. 40,000.00	Rs. 40,000.00
Sub-Act.3:	Sensitization of general public through film shows and exhibitions will be continued on quarterly basis: Film show and Poser Exhibition:	Rs. 10000x4:	Rs. 40,000.00	Rs. 40,000.00
Sub-Act.4:	Assessment of the knowledge of participants before and after the session will be done to map the progress: No separate Budget: (for 45 days - 10am to 2pm):			Rs. 0.00
Sub-Act.5:	Media program in local channel to improve community participation on a half yearly basis: Media program expenses: (for 45 days - 10am to 2pm):	Rs. 25000x2:	Rs. 50,000.00	Rs. 50,000.00
Total				Rs.

Activity 2: Training on Right to Information (RTI) processes and procedures:

Sub-Act.1:	Empowerment of general public through RTI training program will be continued on quarterly basis.:			
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	Quarterly Training expenses: (for 45 days - 10am to 8pm):	Rs. 3000x4:	Rs. 12,000.00	Rs. 12,000.00
Sub-Act.2:	IEC materials on RTI will be widely circulated among the participants as well as among the general public:			
	Printing Costs – IEC materials:	Rs. 25000:	Rs. 25,000.00	Rs. 25,000.00
Sub-Act.3:	A workshop to share hands on experience and case studies using RTI:			
	Workshop expenses : (for 45 days - 10am to 8pm):	Rs. 25000:	Rs. 25,000.00	Rs. 25,000.00
Total				Rs. 62,000.00
Activity 3: Building capacity of beneficiaries to monitor the services received:				
Sub-Act.1:	Capacity building and engagement of Community and training on Feedback using CRC, leading to monitoring: (Budgetary allocation for this activity is subject to change based on expert consultation)			
	CRC preparation & analysis expenses:	Rs. 25000:	Rs. 25,000.00	Rs. 25,000.00
Total				Rs. 25,000.00
Objective 3: To strengthen the HMCs to become effective internal monitors of public health care services :				
Activity 1: Assisting in the selection of appropriate people for the HMCs:				
Sub-Act.1:	A midterm review meeting will be arranged with concerned LSGI, Hospital and HMC Members to discuss the changes so far made and to formulate an action plan for further modification if needed:			
	Mid-term Review meeting expense:	Rs. 20000x1:	Rs. 20,000.00	Rs. 20,000.00
Sub-Act. 2:	Liaison with LSGI for the constitution of HMC as per HMC Rules-2010 will be continued with appropriate changes in the approach and methodology.			
	Travel expenses & DA: (for 45 days - 10am to 8pm):	Rs. 2000x12:	Rs. 24,000.00	Rs. 24,000.00
Sub-Act.3:	A meeting for Key functionaries of political parties will be arranged to make them aware of the importance of HMC in the development of hospital so that they will select committed and capable party members as representatives to HMC: (Second and Third Quarter – 2 meetings)			
	Meeting expenses: (for 45 days - 10am to 8pm):	Rs. 10000x2:	Rs. 20,000.00	Rs. 20,000.00
Total				Rs. 64,000.00
Activity 2: Raising their awareness of their responsibilities:				
Sub-Act.1:	Quarterly sensitization programs for the HMC Members will be continued with suitable changes as per the project learning in second and third year:			
	Programme expenses:	Rs. 5000x4:	Rs. 20,000.00	Rs. 20,000.00
Total				Rs. 20,000.00
Activity 3: Training them on the basics of budget analysis etc.:				
Sub-Act.1:	A Review meeting to share their experiences in planning projects and fund allocation:			
	Review meeting expenses:	Rs. 20000x1:	Rs. 20,000.00	Rs. 20,000.00

Total			Rs. 20,000.00
Activity 4: Sensitizing them on their commitment to do their task:			
<i>Sub-Act.1: Attendance of the HMC members in the meeting will be closely monitored.</i>			
<i>Sub-Act. 2: A Regular contact will be maintained with the member who is selected as a point of contact in the first year.</i>			
<i>Sub-Act.3: Motivation of HMC members to better their performance will be continued through personal briefing with them..</i>			
<i>Sub-Act.4: Recording and codification of HMC meetings minutes will be strictly adhered.</i>			
Budget for all the four sub activities: Travel expenses:			Rs. 2000x12: Rs. 24,000.00 Rs. 24,000.00
Total			Rs. 24,000.00
Objective 4: To establish and put into operation an independent community body – a Health Watch Committee:			
Activity 1: Inviting prominent citizens to participate and selecting the members.			
<i>Sub-Act.1: During the second year regular interface with the health watch members and their performance will be closely monitored. Existing members who are found unfit will be removed and new members will be added accordingly:</i>			
Travel expenses A & DA:			Rs. 2000x12: Rs. 24,000.00 Rs. 24,000.00
Total			Rs. 24,000.00
Activity 2: Organizing Stakeholder Workshops to sensitize the newly-formed Health Watch Committee:			
<i>Sub-Act.1: A Health watch members are regularly sensitize through orientation sessions organized on quarterly basis.:</i>			
Quarterly meeting of 3 Health Watches:			Rs. 5000x4x3: Rs. 60,000.00 Rs. 60,000.00
<i>Sub-Act. 2: Health watch members who are linked to social media will start sharing the stories and information:</i>			
Maintenance of Social Media Network: (for 15 days, 10am to 8pm):			Rs. 2000x12: Rs. 24,000.00 Rs. 24,000.00
<i>Sub-Act.3: Meetings with Celebrities and other dignitaries from different spectrum of life:</i>			
Programs with celebrity:			Rs. 10000x2 Rs.20,000.00 Rs. 20,000.00
<i>Sub-Act.4: Media program on local channels will be organized where the selected members of Health Watch will brief about the working of health watch:</i>			
Media program expenses:			Rs. 15000x2 Rs.30,000.00 Rs. 30,000.00
<i>Sub-Act.5: News paper reports will be published to disseminate information on the functioning of Health Watch.</i>			
Preparation & liaison charges:			Rs. 10000x2 Rs.20,000.00 Rs. 20,000.00
Total			Rs.
Activity 3: Helping the Health Watch Committee to interface with the hospital authorities and Local Governments:			
<i>Sub-Act.1: 'One Day for Hospital' initiative with the members of the health watch and their friends will be continued on monthly basis as per needs of the hospital:</i>			

ANNEX 3: Budget Breakdown

Year 2

	TA, Refreshment & Publicity: (for 15 days, 10am to 8pm):	Rs. 5000x12:	Rs. 60,000.00	Rs. 60,000.00
Sub-Act. 2:	Half yearly appraisal meetings of Health Watch will be organized with LSGI members and Hospital Staff:			
	Half yearly meeting expenses: (for 15 days, 10am to 8pm):	Rs. 5000x2:	Rs. 10,000.00	Rs. 10,000.00
Total				Rs. 70,000.00
Total Personnel				Rs. 10,61,000.00

Personnel Costs:

Honorarium to Project Co-ordinator (1)	Rs. 30000x12	Rs. 3,60,000.00	
Honorarium to Project Officer (1) :	Rs. 20000x12	Rs. 2,40,000.00	
Honorarium to Accounts Manager (1) :	Rs. 25000x12	Rs. 3,00,000.00	Rs. 9,00,000.00
Total Personnel			Rs. 9,00,000.00

Organizational Expenses:

Office Co-ordination and Unexpected	Rs. 15000x12	Rs. 1,80,000.00	Rs. 1,80,000.00
Total Organizational Expense			Rs. 1,80,000.00

TOTAL PROJECT COST**Rs. 21,41,000.00****Support from PTF**

USD 32938 (USD=INR 65)

Rs. 21,41,000.00

Budget Break-up: (This applies to works to be accomplished by Jananeethi only for Year III)

Program delivery:			
Objective 1 :To engage constructively with Local Governments (LGs) for greater transparency, leading to improvement in the conditions of one Taluk Hospital, one Community Health Centre (CHC) and one Primary Health Centre (PHC).			
Activity I: Securing consensus for the replication of Punalur model in Irinjalkuda General (Taluk) Hospital:			
Sub-Act.1:	To take stock of the improvements taken place at the hospital in terms of services and facilities. A limited CSC will be used to assess the impact: Travel Expenses& DA:	Rs. 5000x3: Rs. 15,000.00	Rs. 15,000.00
Sub-Act. 2:	Monthly Evaluation meetings to assess the progress of the hospital in terms facilities and services: TA & Meeting expenses: (for 15 days - 10am to 8pm):	Rs. 2000x12: Rs. 24,000.00	Rs. 24,000.00
Sub-Act.3:	Discussion in the Media where the representative from the hospital or a celebrity will be participating to brief about the initiative and its success with a view to replicate the initiative in other locations as well: Media program expenses (2 Nos.):	Rs. 10000x2: Rs. 20,000.00	Rs. 20,000.00
Sub-Act.4:	Review meeting of the identified donors will be arranged to evaluate the pooling of funding done so far and to discuss the sustainability of the funding after the project period: Two meetings - Third and Fourth Quarter: (for 15 days - 10am to 8pm):	Rs. 10000x2: Rs. 20,000.00	Rs. 20,000.00
Sub-Act.5:	Review meeting to appraise the impact of the levy of fees on services from the hospital and to gather beneficiary feed back to modify the framework, if needed. The beneficiary feedback will be assessed through a limited CSC. Review Meeting expenses (4 Nos.): (for 45 days - 10am to 8pm):	Rs. 10000x4: Rs. 40,000.00	Rs. 40,000.00
Sub-Act.6:	Minister of Health, Health Secretary, M.P.(Member of Parliament) , M.L.A(Member of Legislative Assembly), National Health Mission(NHM) Office, District Medical Office (D.M.O) are showing keen interest to ensure the success of the initiative: Travel expense & DA: (for 45 days - 10am to 8pm):	Rs. 10000x4: Rs. 40,000.00	Rs. 40,000.00
Sub-Act.7:	One day orientation session for the volunteers to ensure continuation of their service after the completion of the project: Orientation program expenses: (for 45 days - 10am to 8pm):	Rs. 20000x1: Rs. 20,000.00	Rs. 20,000.00
Sub-Act.8:	CSC with beneficiaries to assess the impact. No separate budget:		Rs. 0.00
Sub-Act.9:	A valedictory function with presence of Health Minister and other dignitaries to declare the success of the initiative: Program expenses: (for 15 days - 10am to 8pm):	Rs. 50000: Rs. 50,000.00	Rs. 50,000.00
Total			Rs.

Activity II:	<i>Improving the quality of care in Vaniampara Primary Health Center, and Vellanikkara Community Health Center to the level prescribed by the Kerala Accreditation Standards in Hospitals (KASH).</i>		
Sub-Act.1:	<i>Personal Briefing with Minister of Health, Health Secretary, M.P(Member of Parliament) , M.L.A(Member of Legislative Assembly) National Health Mission(NHM) Office, District Medical Office (D.M.O) on the initiative to ensure their cooperation and support:</i>		
	No separate Budget-Will go with Activity One:		Rs. 00.00
Sub-Act. 2:	<i>Midterm Review meetings with key stakeholders to complete the tasks within the prescribed time limit:</i>		
	Meeting expense (2 Nos.): (for 45 days - 10am to 8pm):	Rs. 10000x2: Rs. 20,000.00	Rs. 20,000.00
Sub-Act.3:	<i>Monthly Evaluation meetings with a check list to assess the progress of the hospital in terms facilities and services in comparison with KASH Standards:</i>		
	TA & Meeting expenses: (for 45 days - 10am to 8pm):	Rs. 2000x12: Rs. 24,000.00	Rs. 24,000.00
Sub-Act.4:	<i>Discussion in the Media where the representative from the hospital or a celebrity will be participating to brief about the initiative and its success with a view to replicate the initiative in other locations as well:</i>		
	Media program expenses (2 Nos.): (for 45 days - 10am to 8pm):	Rs. 10000x2: Rs. 20,000.00	Rs. 20,000.00
Sub-Act.5:	<i>To publish a report on the initiative in leading news papers to ensure media support which in turn will assure much needed political support:</i>		
	Preparation and liaison expenses :	Rs. 10000x2: Rs. 20,000.00	Rs. 20,000.00
Sub-Act.6:	<i>A valedictory function with the presence of Health Minister or similar dignitaries to declare the Accreditation of Hospital in terms of KASH:</i>		
	No separate Budget: will go with Activity One:		Rs. 00.00
Total			Rs. 84,000.00

Objective 2: To generate demand for better services and bring about community

Activity I: Raising awareness amongst the general public of the need for better services:

Sub-Act.1:	<i>Meetings for general public to generate demand for better services will be continue on quarterly basis with sufficient modification as per the experience of 1st and 2nd year of the project:</i>		
	Meeting expenses (in 3 project locations):	Rs. 5000x4x3: Rs. 60,000.00	Rs. 60,000.00
Sub-Act. 2:	<i>Association with new institutions and organizations will be established to organize workshops on health laws and policies on quarterly basis:</i>		
	Workshop expenses: (for 45 days - 10am to 8pm):	Rs. 10000x4: Rs. 40,000.00	Rs. 40,000.00
Sub-Act.3:	<i>Film shows and poster exhibitions will be organized on quarterly basis with sufficient modification based on two years experience.:</i>		
	Film show and Poser Exhibition :	Rs. 10000x4: Rs. 40,000.00	Rs. 40,000.00
Sub-Act.4:	<i>Knowledge level of training participants will be recorded to validate the impact of the training program:</i>		
	No separate Budget: (for 45 days - 10am to 8pm):		Rs. 0.00

Sub-Act.5:	To improve community participation, media program will be continued on half yearly basis with suitable changes on the content: Media program expenses: Rs. 20000x2: Rs. 40,000.00 (for 45 days - 10am to 8pm)	Rs. 40,000.00
Sub-Act.6:	Peoples Charter based on Right to services and other governmental policies will be prepared and distributed among patients, by standards and other visitors to hospital: Printing Cost: Rs. 20000: Rs. 20,000.00 (for 45 days - 10am to 8pm)	Rs. 20,000.00
Total		Rs.
Activity II: Training on Right to Information (RTI) processes and procedures:		
Sub-Act.1:	Based on two years of project experience RTI training programs will be organized with suitable change in the content and delivery on quarterly basis: Quarterly Training expenses: Rs. 3000x4: Rs. 12,000.00 (for 45 days - 10am to 8pm)	Rs. 12,000.00
Sub-Act.2:	Printing of IEC materials on RTI if needed for circulation among the participants and general public: Printing Costs: Rs. 20000: Rs. 20,000.00 (for 45 days - 10am to 8pm)	Rs. 20,000.00
Sub-Act.3:	Assist beneficiaries to submit RTI and RTI applications are submitted: Workshop expenses : Rs. 25000: Rs. 25,000.00 (for 45 days - 10am to 8pm)	Rs. 25,000.00
Total		Rs. 57,000.00
Activity 3: Building capacity of beneficiaries to monitor the services received:		
Sub-Act.1:	Capacity building and engagement of Community and training on Feedback using CRC, leading to monitoring: (Budgetary allocation for this activity is subject to change based on expert consultation) CRC preparation & analysis expenses: Rs. 25000: Rs. 25,000.00	Rs. 25,000.00
Total		Rs. 25,000.00
Objective 3: To strengthen the HMCs to become effective internal monitors of public health care services :		
Activity 1: Assisting in the selection of appropriate people for the HMCs:		
Sub-Act.1:	Liaison with LSGI will be continued to ensure the momentum created in the first and second year so that an efficient HMC will be available in each hospital after the project period: Travelling expenses: Rs. 2000x12: Rs. 24,000.00	Rs. 24,000.00
Sub-Act. 2:	A one day conference inviting HMC Members from the whole district will be arranged to disseminate the information and share success stories. This is organized with a view to empower the HMC's of various hospitals not included under the project: Conference expenses: Rs. 25000: Rs. 25,000.00 (for 45 days - 10am to 8pm)	Rs. 25,000.00
Total		Rs. 49,000.00
Activity 2: Raising their awareness of their responsibilities:		

<i>Sub-Act.1:</i>	<i>Based on two years of experience of the project sensitization program for the HMC members will be organized with suitable change in the approach and methodology on quarterly basis:</i>			
	Program expenses:	Rs. 5000x4:	Rs. 20,000.00	Rs. 20,000.00
Total				Rs. 20,000.00
Activity 3: Training them on the basics of budget analysis etc.:				
<i>Sub-Act.1:</i>	<i>A Review meeting to share their experiences in planning projects and fund allocation:</i>			
	Review meeting expenses:	Rs. 20000:	Rs. 20,000.00	Rs. 20,000.00
Total				Rs. 20,000.00
Activity 4: Sensitizing them on their commitment to do their task:				
<i>Sub-Act.1:</i>	<i>Attendance of the HMC members in the meeting will be closely monitored.</i>			
<i>Sub-Act. 2:</i>	<i>Details of the HMC meetings will be collected through person of contact:</i>			
<i>Sub-Act.3:</i>	<i>Performance of the HMC members is elevated through motivational briefing carried with them:</i>			
<i>Sub-Act.4:</i>	<i>Timely implementation of the proposals is ensured through rigorous follow up carried with HMC members based on minutes of the HMC meetings:</i>			
	Travel expenses & DA:	Rs. 2000x12:	Rs. 24,000.00	Rs. 24,000.00
Total				Rs. 24,000.00
Objective 4: To establish and put into operation an independent community body – a Health Watch Committee:				
Activity 1: Inviting prominent citizens to participate and selecting the members.				
<i>Sub-Act.1:</i>	<i>During the third year regular interface with the health watch members and their performance will be closely monitored. Existing members who are found unfit will be removed and new members will be added accordingly:</i>			
	Travel expenses A & DA:	Rs. 2000x12:	Rs. 24,000.00	Rs. 24,000.00
<i>Sub-Act. 2:</i>	<i>A social Audit on the efficacy of Health Watch:</i>			
	Social Audit expenses: <i>(for 15 days – 10am to 8pm):</i>	Rs. 30000x1:	Rs. 30,000.00	Rs. 30,000.00
Total				Rs. 54,000.00
Activity 2: Organizing Stakeholder Workshops to sensitize the newly-formed Health Watch Committee:				
<i>Sub-Act.1:</i>	<i>Sensitizing Health Watch members will be continue on Quarterly basis with suitable changes in the approach and methodologies:</i>			
	Quarterly meeting of 3 Health Watches::	Rs. 5000x3x4:	Rs. 60,000.00	Rs. 60,000.00
<i>Sub-Act. 2:</i>	<i>Stories and information will be widely disseminated through social media with the help of sensitized help watch members:</i>			
	Maintenance of Social Media Network: <i>(for 15 days – 10am to 8pm):</i>	Rs. 2000x12:	Rs. 24,000.00	Rs. 24,000.00
<i>Sub-Act.3:</i>	<i>The success of the initiative will be widely circulated with the help of meetings organized with celebrities and dignitaries from various field:</i>			
	Program expenses:	Rs. 10000x2	Rs. 20,000.00	Rs. 20,000.00
<i>Sub-Act.4:</i>	<i>Local channels will start telecasting programs on the health watch initiative on half yearly basis:</i>			

	<i>Media program expenses:</i>	Rs. 15000x2	Rs. 30,000.00	Rs. 30,000.00
<i>Sub-Act.5:</i>	<i>Promotional articles will be published on the success of health watch initiative to replicate the same in other areas:</i>			
	<i>Preparation & liaison charges:</i>	Rs. 10000x2	Rs. 20,000.00	Rs. 20,000.00
<i>Sub-Act. 6:</i>	<i>Midterm review meeting will be arranged to assess the working of District Health Watch:</i>			
	<i>Review meeting expenses:</i>	Rs. 25000x1	Rs. 25,000.00	Rs. 25,000.00
Total				Rs.
Activity 3:	<i>Helping the Health Watch Committee to interface with the hospital authorities and Local Governments:</i>			
<i>Sub-Act.1:</i>	<i>'One Day for Hospital' initiative with the members of the health watch and their friends will be continued on monthly basis as per needs of the hospital:</i>			
	<i>TA, Refreshment & Publicity: (for 15 days, 10am to 8pm):</i>	Rs. 5000x12:	Rs. 60,000.00	Rs. 60,000.00
<i>Sub-Act. 2:</i>	<i>Half yearly appraisal meetings of Health Watch will be organized with LSGI members and Hospital Staff:</i>			
	<i>Appraisal meeting expenses: (for 15 days, 10am to 8pm):</i>	Rs. 5000x2:	Rs. 10,000.00	Rs. 10,000.00
<i>Sub-Act.3:</i>	<i>A joint session of Donors and Health Watch to discuss about the various ways and means to retain the tempo of development after the project period:</i>			
	<i>Meeting expenses (two meetings): (for 15 days, 10am to 8pm):</i>	Rs. 10000x2:	Rs. 20,000.00	Rs. 20,000.00
Total				Rs. 90,000.00
Total Programme Delivery				Rs. 10,31,000.00

Personnel Costs:

Honorarium to Project Co-ordinator (1)	Rs. 30000x12	Rs. 3,60,000.00	
Honorarium to Project Officer (1) :	Rs. 20000x12	Rs. 2,40,000.00	
Honorarium to Accounts Manager (1) :	Rs. 25000x12	Rs. 3,00,000.00	Rs. 9,00,000.00
Total Personnel			Rs. 9,00,000.00

Organizational Expenses:

Office Co-ordination and Unexpected expenses	Rs. 15000x12	Rs. 1,80,000.00	Rs. 1,80,000.00
Total Organizational Expense			Rs. 1,80,000.00

TOTAL PROJECT COST**Rs. 21,11,000.00****Support from PTF**

USD 32477 (USD=INR 65)

Rs. 21,11,000.00