Factors that determined the successful Kerala model, among others, include great commitment shown

The real challenges ahead, in short, are ensuring the equity, efficiency and accessibility of health care, particularly for the poor and marginalized groups, cutting down the cost of care and chalk out strategies for alternative financing for health. Equally pertinent are need of strategic moves for the prevention of communicable and non-communicable diseases. Shortage of critical manpower, especially Doctors, becomes vital at this juncture. In our situation, there is a gross variance between the number of doctors required and number of doctors available. Nearly 30,000 doctors pass out every year and our yearly requirement is nearly 60,000. Moreover there is a skewed distribution with nearly 75% of these doctors graduating from South India. We need to seriously deliberate on this towards bridging this critical shortage. One solution is - liberalizing the standards without compromising the quality of doctors regarding norms for establishment of medical colleges and teaching standards. The other solution could be Cuban concept of Family Doctors with a new category of Diploma Doctors or Medical/ Health Assistants with diploma in Family Medicine or Public Health. These Diploma Doctors having three years diploma in Family Medicine and Public Health could be placed in Primary Health Centers and Sub centers as well.

Furthermore, the concept of specialist Nurses need to be strongly advocated. For e.g., Midwifery nurses, cancer care nurses, critical care nurses, pain and palliative care nurses, Nurses to deal with Non-Communicable Diseases, Trauma care nurses etc have to be developed.

The Cuban Model of Health definitely provides a pointer towards the reforms esp. revival of Family Doctor Concept. As a harbinger to revive this model a 24X7 PHC at Vattiyurkavu having around the clock nurses, doctors with residential services was selected to pilot this initiative. As a part of this initiative the PHC maintains clinical registry of each person in the jurisdiction with complete follow up of patients by ASHAs. A polyclinic facility wherein the rural people will get the services of specialties on fixed days has also been initiated.

Activities

In the first stage family doctor system, clinical registry system, polyclinic facility and palliative

care services were implemented in the institution. Morbidity survey of the panchayath was carried out through the 46 ASHA workers in the area .The total population (48, 000) of the panchayath was divided into 4 categories,

1. No Disease Group
2. Group having substance abuse
3. Group presently under treatment and requires continuous treatment
4. Bedridden and other patients with serious ailments who requires palliative care

12500 houses with 48965 populations were covered through the survey. Software was developed and data entry completed for 16040 populations. Besides, each family Member was given an ID No with Sub centre id no & Sub centre serial number. Base line details with Phone Number and Disease details are included in the ID card. The survey revealed that 70.1% of the population belongs to the first category, 2.4% of the population belongs to the second, 25.5% to the third and 2% belongs to the fourth category. First category requires checkup once in 6 months, second category once in 3 months and the third category once in a month. Fourth category need to be given home care once in a fortnight.

Among the patients who belong to third category the common diseases found are hypertension, diabetes and cardio vascular diseases. Towards assessing by examining these patients, medical camps are organized at sub centre areas with the help of village panchayat committees. Separate clinical register is also maintained for each patient. Services of six doctors including that of three specialists are available in these camps. Also ECG, blood sugar test, BP examination are done in these camps. Free medicines were distributed for a month and follow up examinations and medicine distribution are done through subcentres. So far clinical registers were made for all those who have got life style diseases.

Further, for eye, ortho related problems, camps are planned for those who are identified with these problems. Registers will be made for these patients as well. After this complete clinical register will be made for all those who are identified through polyclinics and survey.

Polyclinic service

1. Service of a physician and diabetologist on all Mondays
2. Service of a gynecologist and pediatrician on all Tuesdays
3. Service of a surgeon and orthopedic specialist on all Wednesdays
4. Service of an ENT surgeon and Opthalmologist on all Thursdays
5. Service of other specialists and other clinics on all Fridays

The following services are made available currently

1. Follow up treatment through Sub centres
2. Palliative care services through home visits
3. OP services on all days from 8 am to 2 pm and necessary services after that
4. Laboratory services from 8 am to 2 pm
5. Gynaecology services on all Mondays
6. Immunization services for children on all Wednesdays
7. Distribution of TB Medicines
8. Eye testing services on 4ht Thursdays of the month
9. Chest disease treatment services on all Tuesdays
10. Adoloscent clinics on all Saturdays

NRHM has given the following towards operationalising Cuban Model services

1. Doctor -3
2. Staff Nurse – 4
3. Female Ward helper -2
4. Lab technician- 1
5. Security – 2
6. Omni van with driver -1
7. Computer with Data Entry Operator- 1

As a part of infrastructure improvement a two storied building with 10 bedded IP was constructed and the old blocks were renovated