



# Strategic plan for expanding One Health Programme (to 10 districts of Kerala state)



Department of Health & Family Welfare  
Govt. of Kerala

**Kerala.HEALTH**

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Government of Kerala has taken the policy decision to operationalize One Health programme in the state. As a pilot phase, it is initiated in 4 Pamba basin districts of Kerala – Kottayam, Alappuzha, Pathanamthitta and Idukki. This programme is planned and implemented as part of Resilient Kerala Initiative which is supported by World Bank.

## THE PRESENT PROGRAMME

**The Design& Plan:** The pilot programme was initiated in 2021 under Department of Health & family welfare. One Health is integrated into Nava Kerala Karma Paddathi 2 (NKKP 2) as one of its major component. This ensured the ownership of the programme by the department at state and district levels. A detailed action plan is developed based on the DLI6 of RKI programme. This programme is visualized as an integrated programme where other line departments also will be instated as partners in planning, operationalization and management of the programme.

**Programme approach** is planned in such a way that the existing strength of PRI systems in the state will be effectively utilized for one health programme planning & implementation. It is visualized in such a way that each PRI will have a community management system to operationalize one health programme. State and district will provide need-based resource support – both technical and financial – to the programme on a timely basis.

**Governance system:** State, District and PRI level governance committees/systems are planned and implemented. Government GO is issued to ensure the functioning of governance systems at multiple levels. A state level core committee consists of various stakeholders formed at the state level to provide appropriate policy support.

**Management systems:** Center for One Health Kerala is established as a nodal agency for planning and management of One Health programmes in the state. This has four functional units such as – Knowledge management Unit, Surveillance Unit, Capacity building Unit, Programme Management Unit. Nodal officers were appointed in all the four districts and support of district health authorities are ensured for the programme.

**Institutional linkages:** SHSRC is identified as agency for developing capacity building modules for health department and line departments' officials and their training. KILA is entrusted with the responsibility of developing training modules and training of elected representatives and officials of Local self-governing bodies. KMSCL is identified as the procurement agency for One Health programme and Digital university for the accessing technical support in IT enabled functions of the programme.

**Operationalization:** The programme adopted a three-tier strategy in operationalization. 1. Setting up Community Based Surveillance System (CBS) at PRI level, 2. Strengthening Lab systems for early detections (including Line department labs), 3. Building capacities of health and line departments (both technical and infrastructural) for Joint investigations and early interventions. Protocols and guidelines are developed to ensure quality of interventions in conducting sustainable surveillance and addressing emerging health care issues.

## LEARNING FROM THE PILOTING PHASE

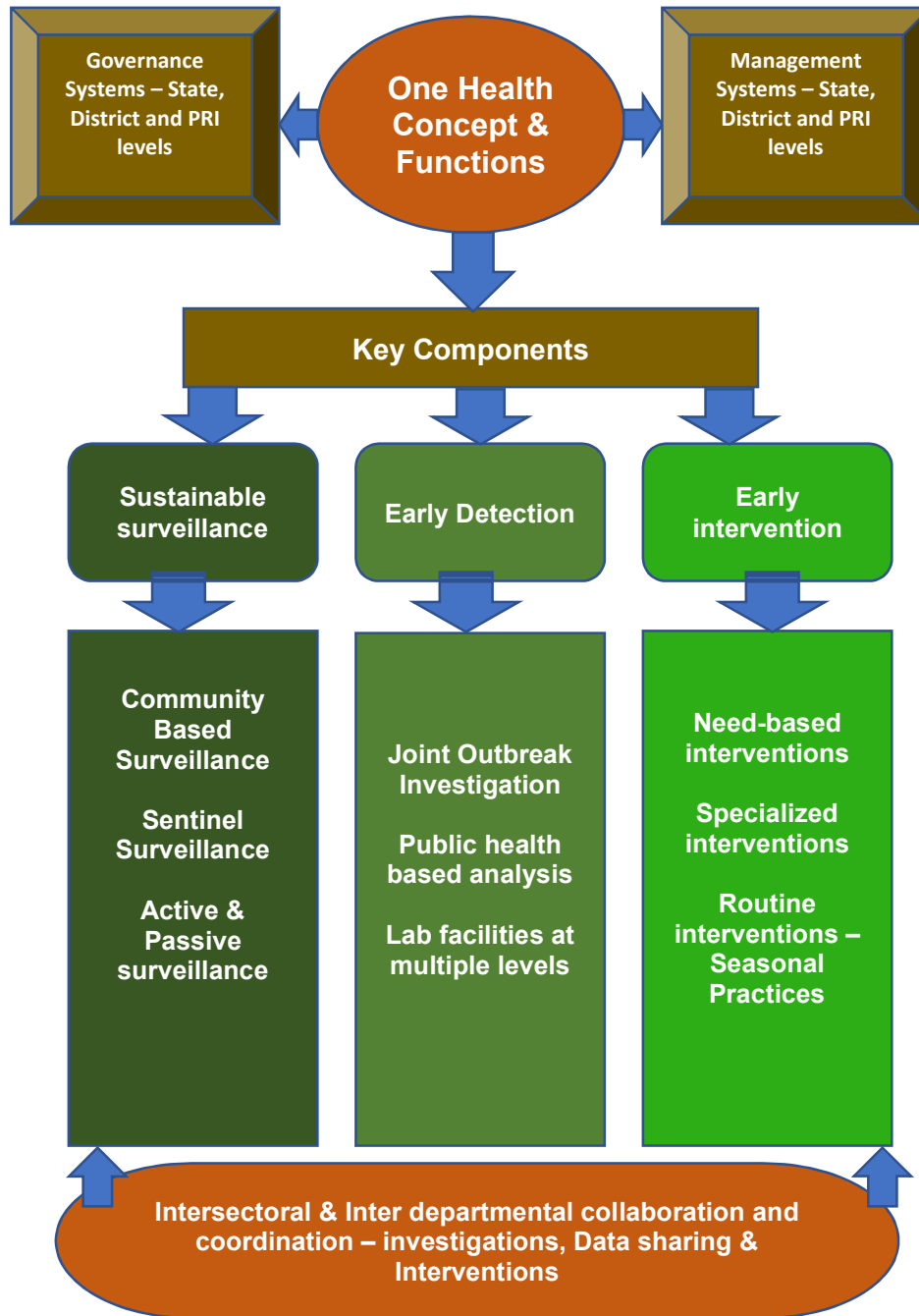
Presently One Health programme is operational in four Pamba basin districts. The state has taken the policy decision in such a way that, the programme will be rolled out with complete ownership of state government. Still it is in a budding stage and trying to reach out to all the areas of each district.

### The key learnings are:

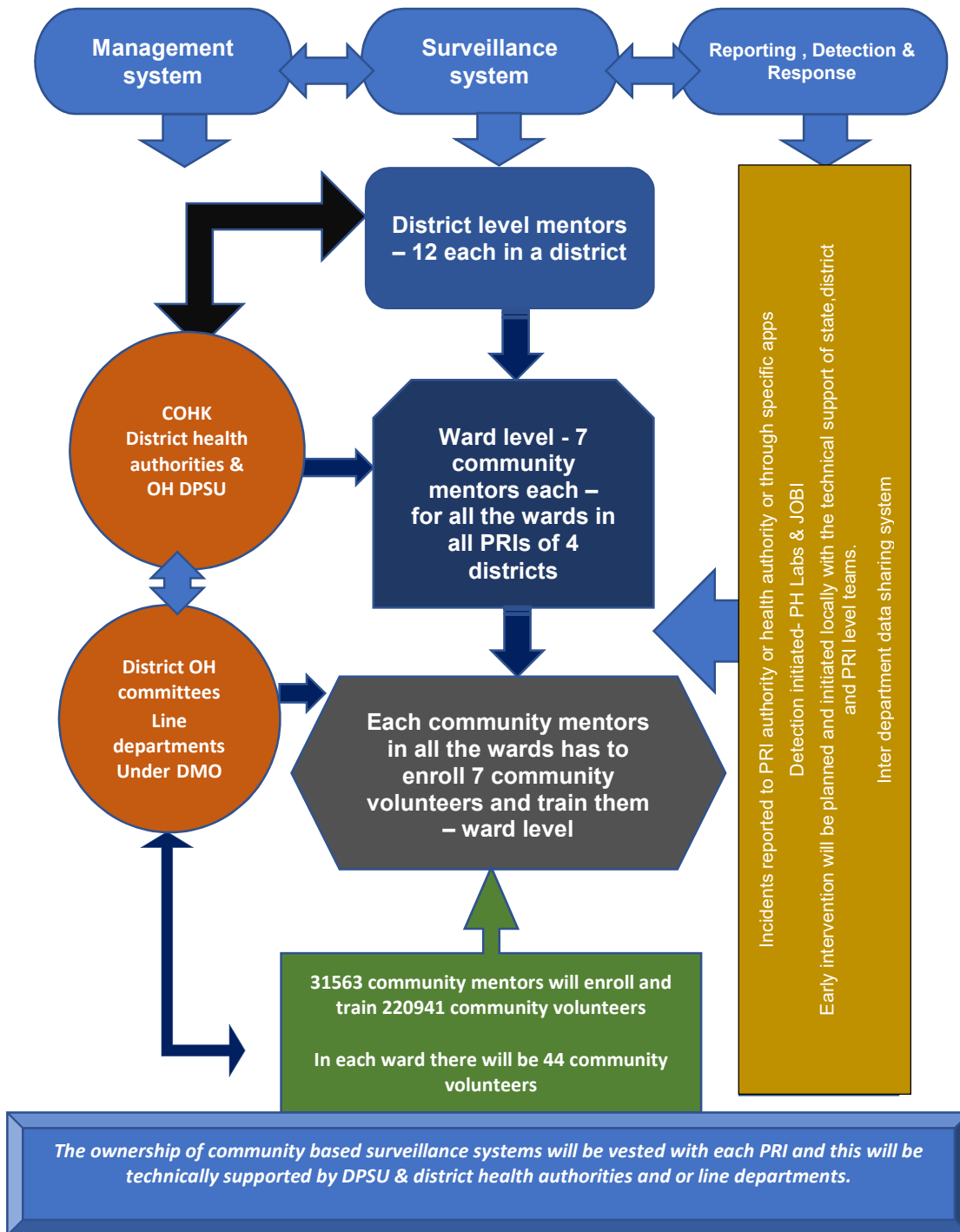
- The One Health programme is well received by the district health authorities and PRIs. While doing capacity building of community mentors/volunteers on community based surveillance it is understood that, community acceptance is significant and the cohesion between the department officials and community systems are substantial.
- Methodical approaches in setting up systems and operationalization of the programme leads to quality enhancement with regard to implementation of the programme

- Integration of new programme into existing systems will lead to more acceptance and result into effective coordination at multiple levels.
- A comprehensive approach which focus on surveillance, detection and early intervention related initiatives through system strengthening will have more utility and efficacy
- Capacity building needs to be conducted to serve its purpose, not just as an activity to complete. Scientific approaches and periodical follow up will lead to good results with regard to HR development
- Inadequate specific guidelines on financial and administrative matters adversely affect the programme and will reduce the pace of the programme implementation at multiple levels. A comprehensive policy guideline on these aspects will positively support the programme implementation. A programme manual is essential.
- Focus on Output achievements will strengthen and sustain the programme, rather than target achievement
- The programme has a high potential and scope to become a learning site

## One Health Programme in Kerala - the conceptual & Functional framework

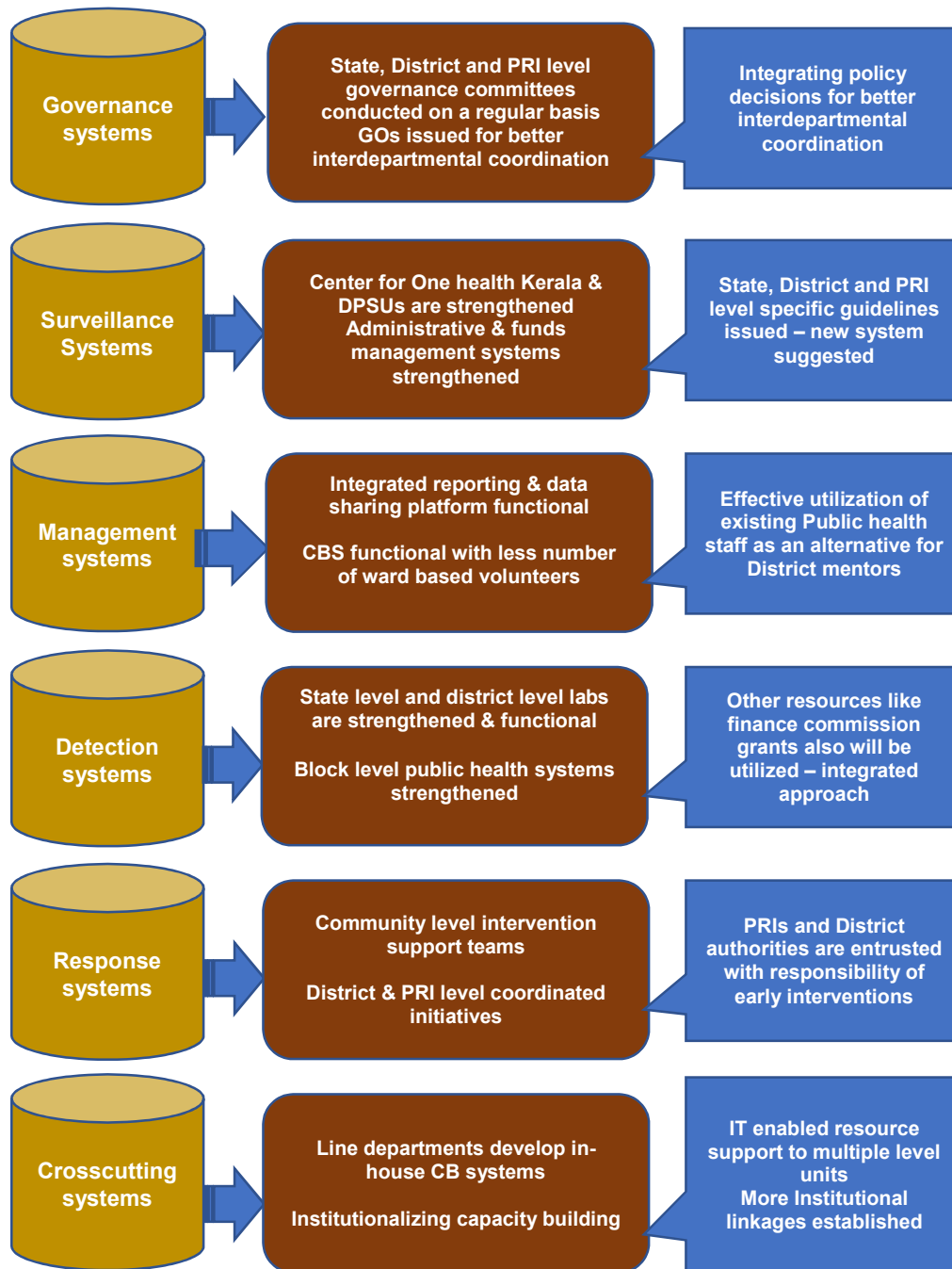


## Community Based Surveillance System – in the first phase



## The strategic shift in the second phase

The conceptual and functional framework remain the same in the 2<sup>nd</sup> phase also



## Plan for expansion – One Health programme in the state

1	<b><i>Time frame</i></b>	<p>The allotted time for the expansion of the programme in the new geographical areas is 12 months from the approval of the plan.</p> <p>Setting up district level systems – 3 months          Setting up systems at PRIs – 3 months          Setting up &amp; functioning of CBS – 4 months          Strengthening labs – 2 months          Strengthening PIED cells – 3 months          Strengthening block level PH units – 4 months</p>
2	<b><i>Geographical coverage</i></b>	<p>The programme will be expanded to rest of the 10 districts in the state.</p> <p>Total districts – 10          Total corporations – 6          Total Municipalities – 69          Total Gram Panchayats - 693</p>
3	<b><i>Setting governance systems</i></b>	<ul style="list-style-type: none"> <li>• Setting up District OH committees – GO and first meeting minutes</li> <li>• Setting up Department level OH committees and nodal officers – Request letter send to concerned departments - GOs from concerned departments to set up committees and appoint nodal officers. Nodal officers selected and intimated to health department</li> <li>• Setting up of PRI level OH committees – GO issued and LSGD sent circular to district department authorities and shared with PRIs. District health team provide support to PRIs</li> </ul>
4	<b><i>Setting management systems</i></b>	<ul style="list-style-type: none"> <li>• Strengthening COHK – Set up governance committee for COHK, Provide adequate staff and space to establish the center</li> <li>• Develop need based guidelines and technical protocols</li> </ul>

		<ul style="list-style-type: none"> <li>• Strengthening DPSUs – provide operational guidelines for DPSUs, set up management committees and recruit the team and their training</li> <li>• In due course after a certain period, COHK shall be transformed into KCDC or an arm of KCDC. Same way, DPSUs also will be transformed.</li> </ul>
5	<b>Financial Resource planning and support</b>	<ul style="list-style-type: none"> <li>• NHM administrative and financial guidelines will be adopted for the operationalization of One Health programmes in the state and at district level</li> <li>• All the systems pertaining to administration and finance need to set up or followed adhering the mandatory government auditing procedures.</li> <li>• If any alteration is required, it shall be addressed by issuing GOs with regard to the changes and new systems introduced</li> </ul>
6	<b>Human resource planning and support</b>	<ul style="list-style-type: none"> <li>• DHS Unit head – Additional Director PH</li> <li>• DHS level Nodal officer</li> <li>• District programme head – DMO supported by District Surveillance officer</li> <li>• District nodal officers – ADRAM nodal officers</li> <li>• COHK team – Headed by an IAS officer – Director) – Other State level team members on contract basis</li> <li>• DPSU team – at district level on contract basis</li> <li>• Deployment of Public health unit officials (PHN/HI etc.) for PRI support – Identify one JPHN/HI as PRI based support person and give them proper training in operationalizing OH programme at PRI level</li> </ul>

		<ul style="list-style-type: none"> <li>• The existing health department staff and Lab facilities will be engaged for all detection and intervention purpose</li> <li>• The line department teams also will support in detection and intervention processes</li> </ul>
7	<b><i>Interdepartmental Integration approaches</i></b>	<ul style="list-style-type: none"> <li>• A GO need to be issued from CS office to ensure the inter coordination of health and line departments in operationalizing One Health Programme in the state. This will help each department to take necessary action to support One Health programme at multiple levels</li> <li>• In each line department, one person will be identified as state nodal officer. Likewise, in each district offices, there will be one nodal officer for each department</li> <li>• Capacity building of all the nodal officers are responsibility of Health department</li> <li>• Department wise Position based roles and responsibilities need to be listed out for each category of people involved in the One Health programme which includes community mentors/volunteers</li> <li>• PRIs will be playing a major role in programme resource planning and its implementation. A GOs (from PS LSGD) need to be issued encouraging PRIs to place projects on One Health programme in the district planning committee using plan fund. This will help to identify need based programmes for one health and make essential financial allocation on a yearly basis.</li> </ul>
8	<b><i>Setting Surveillance systems</i></b>	<ul style="list-style-type: none"> <li>• All the existing surveillance and reporting systems will continue as it is</li> <li>• The possibilities of using IHIP for One Health surveillance reporting need to be explored and make necessary arrangements</li> </ul>

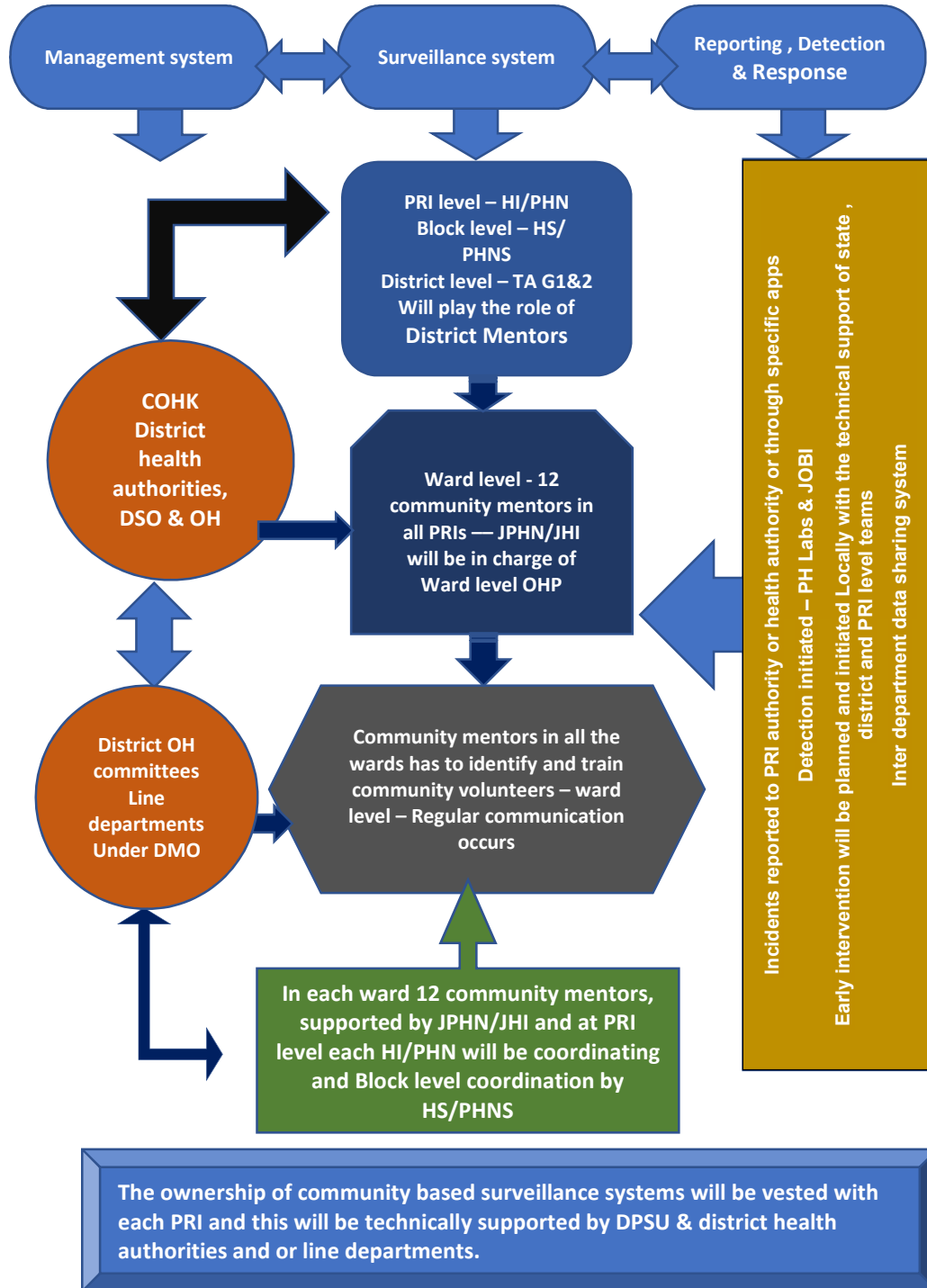
		<ul style="list-style-type: none"> <li>• Community based surveillance system engaging community mentors will be established at PRI level as visualized in the pilot phase.</li> <li>• The community mentors/volunteers will be constantly contacted by the health and line department authorities and encourage them to be a part of surveillance and response initiatives in concerned PRI</li> <li>• As part of CBS, the community volunteers will be reporting/share information to PRI authorities, PHC/FHC team, or to Portal through a digital app</li> <li>• The number of <b>community mentors or volunteers in each ward will be limited to 12</b> and they will be linked to public health team in each PRI. A PRI based ward based “WhatsApp” group shall be formed for need based interactions</li> <li>• DSOs in association with district Nodal officers will lead the surveillance activities in the concerned districts</li> <li>• Trainings of community mentors will be organized by district team (DPSU) in association with the PHC level nodal person for One Health</li> <li>• Appropriate materials – handbook and flip charts will be provided with the community mentors</li> </ul>
9	<b><i>Establishing public health detection systems</i></b>	<ul style="list-style-type: none"> <li>• Presently most of the laboratory systems are functioning to support clinical diagnosis. Lab strengthening needs to focus in such way that its functioning contributes in public health analysis and detection</li> <li>• As part of 15<sup>th</sup> finance commission funds, block level public health units will be strengthened which include laboratory systems. This platform shall be used for the One Health programme planning &amp; implementation</li> </ul>

		<ul style="list-style-type: none"> <li>• Protocol for Joint Outbreak Investigation shall be developed. Joint outbreak investigations shall be carried out on a regular basis with the support of other line departments both at district and PRI levels. The team should follow the approved protocol for the same. This also shall be documented</li> </ul>
10	<b><i>PRI level early response systems</i></b>	<ul style="list-style-type: none"> <li>• A response team shall be set at PRI level consists of health department team members, line department team members, PRI level community mentors and other supportive staff of PRIs.</li> <li>• Appropriate capacity building on technical aspects need to be provided to the team. This will be an interdepartmental team</li> <li>• Need based technical and administrative support will be provided by the district health authorities in coordination with other line department and DPSU</li> </ul>
11	<b><i>District and state level support systems for intervention</i></b>	<ul style="list-style-type: none"> <li>• Most of the initiatives will be taking place at PRI level with the support of health department team and line department team members. However, these initiatives need a constant support from district and state – in terms of technical, finance and administrative. This has to be provided on a timely basis by the district authorities as well as the state authorities. An appropriate administrative and finance mechanism shall be set up to facilitate the one health related activities at multiple levels.</li> <li>• Systems in NHM shall be adopted as a support system for One health programme planning and implementation at multiple levels so as to ensure implementation with any delays.</li> <li>• At least one Public health laboratory unit need to set up district level to support the programme. The labs shall be strengthened after a proper gap analysis of the system.</li> </ul>

12	<b>One Health Technical Hubs</b>	<ul style="list-style-type: none"> <li>• Community Medicine department of each Medical College in the state shall be developed as technical hubs which can provide adequate and appropriate support to multiple level programme planning and implementation. These technical hubs shall be linked to Center for One Health Kerala</li> </ul>
13	<b>IEC</b>	<ul style="list-style-type: none"> <li>• Information, Education and Communication initiatives need to be made as an integral part of the programme.</li> <li>• A professional agency shall be hired for this purpose and entrust with planning and implementation of IEC activities – state, District and PRI levels.</li> <li>• IEC strategic plan need to be developed</li> </ul>
14	<b>Research</b>	<ul style="list-style-type: none"> <li>• Engage Universities (Kerala, MG, Kannur etc.) and Academic institutions (like SCTIMST, CDS, other reputed institutions)</li> <li>• PIED Cells – collaborative engagements of PIED cells and District surveillance authorities to sustain the initiatives</li> <li>• Conduct disease mapping and seasonality assessment in all the districts and set a baseline</li> </ul>
15	<b>Capacity Building</b>	<ul style="list-style-type: none"> <li>• KILA will be encouraged to include One Health module as one of the key chapters in the training of LSGB level elected representatives and officials</li> <li>• Training of all the health staff – both clinical and non-clinical using the module developed by COHK. Conduct TOTs and develop a resource pool at district level.</li> <li>• Produce materials for the participants – both handbooks and Flip charts</li> <li>• Establish in-house training systems in line departments and provide TOTs using training modules developed by COHK. Provide handbooks to participants.</li> </ul>

		<ul style="list-style-type: none"> <li>• Develop Online training modules and systems to increase the coverage of capacity building</li> </ul>
16	<b><i>Monitoring and Evaluation</i></b>	<ul style="list-style-type: none"> <li>• Periodical assessments – either biannual or annual – shall be planned at state, district and PRI levels. This help to understand the progress status of the programme and identifying gaps of the programme at multiple levels.</li> <li>• These assessments will be very useful in planning (both inputs and outputs) and management of programme at multiple levels</li> <li>• If needed, external agencies also shall be engaged for the same</li> </ul>

## Suggested CBS System for Expansion

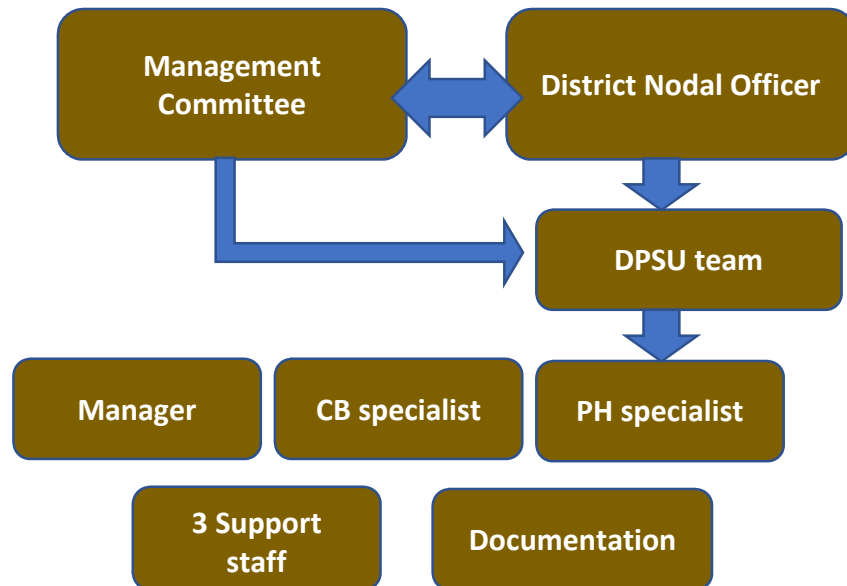


## Suggested District Level Implementation management system

For the expansion in the second phase the suggested district level system is planned as:

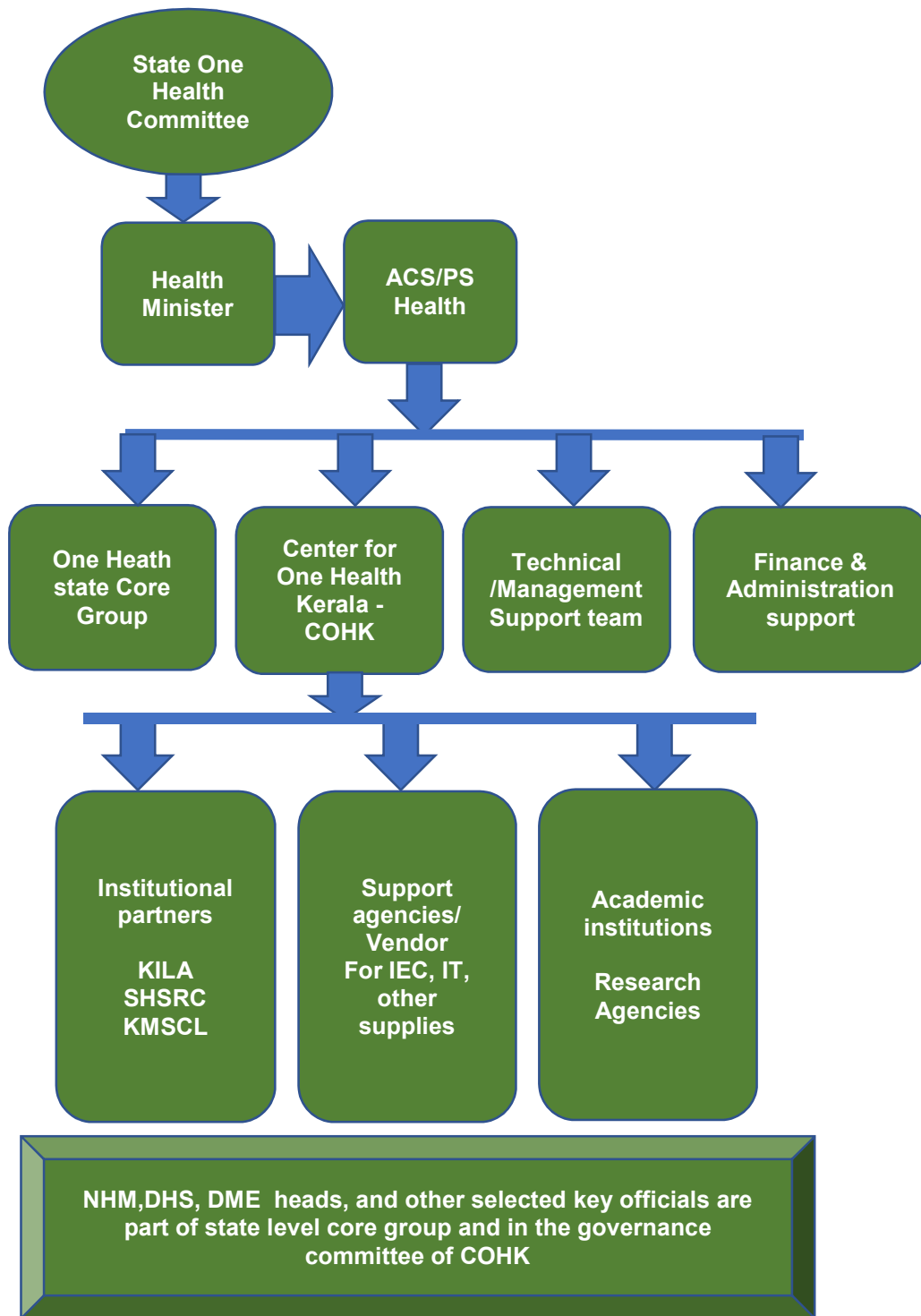


## Structure of DPSU



## State Level Structure for One Health Programme

State level one health committee will be chaired by Health Minister of the state and ACS/PS will be the management head of the programme. The state level one health committee will be represented by various line department heads. Center for One Health Kerala (COHK) will act as a state level planning and management unit for One health programme operations and will closely work with district level programme support units (DPSU).



## Plan of action for operationalization of One Health Programme in 10 districts

The key processes involved in operationalization are:

1	<p><b>Necessary GOs and arrangements for operationalization</b></p>	<ul style="list-style-type: none"> <li>• Conduct a core group meeting at state level and finalise the plan for expansion. Designate responsibilities to key officials with regard to operationalization of expansion programme</li> <li>• Government has to issue few Government Orders for operationalizing One Health Programme in the 10 districts</li> <li>• Organize a meeting with LSGD ensure the coordination of LSGBs in operationalization of One Health Programme, which includes specific guidelines for PRIs in placing One Health projects using plan fund</li> <li>• “GO” from health department to expanding One Health programme to other districts and guidelines for setting up concerned structures in the concerned districts. Also give instructions on the administrative and financial procedure to follow</li> <li>• A letter from State health department describing the functions of COHK and DPSUs and also about Director and other team members of COHK and nodal officers at DHS office level</li> <li>• Appoint Nodal officers in each district and give them proper training about their roles and responsibilities</li> <li>• GO from Chief Secretary instructing all the line departments to take immediate actions with regard to One Health programme coordination. Give specific mention about department level one health nodal officers at state and district and multiple level coordination</li> <li>• Send letter and specific guidelines to DMOs with regard to one health programme planning and implementation</li> </ul>
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		<ul style="list-style-type: none"> <li>• Provide administrative and financial guidelines to the districts pertaining to operations</li> </ul>
2	<b>Strategic planning workshop</b>	<ul style="list-style-type: none"> <li>• Conduct a strategic planning workshop for the expansion of one health programme. Invite key officials and experts from the department and other departments. Select few people from the present programme implementation</li> <li>• Present the key features of current programme, gaps and key learning. Request for inputs and based on the inputs finalise the plan</li> <li>• Develop a detailed action plan based on the strategic inputs and share it with district authorities</li> </ul>
3	<b>District level implementation management systems</b>	<ul style="list-style-type: none"> <li>• Give specific guidelines to DMOs, DSOs and other key officials about the operational aspects of the programme and make role clarity.</li> <li>• Set up district level OH committee, DPSU and DPSU management committee</li> <li>• Send communication to all the line departments especially to LSGBs about the programme and its implementation guidelines</li> <li>• Organize district level planning meetings in all the districts and ensure the participation of state level key officials in the meetings for appropriate inputs</li> <li>• Give appropriate instructions to district authorities about the need of following COHK plan for implementation</li> </ul>
4	<b>Surveillance management</b>	<ul style="list-style-type: none"> <li>• Share specific guidelines on community based surveillance and its reporting processes with the district authorities and one health teams</li> </ul>

5	<b>Capacity building</b>	<ul style="list-style-type: none"> <li>• Prepare capacity building plans for each categories of officials of various departments and community mentors/volunteers</li> <li>• Use the training modules developed for the pilot programme for the trainings</li> </ul>
6	<b>IT enabled systems</b>	<ul style="list-style-type: none"> <li>• Strengthen the One Health Portal by adding appropriate features and other dashboard functions</li> </ul>
7	<b>Reporting requirements</b>	<ul style="list-style-type: none"> <li>• Give clear instructions to district authorities and one health team about the reporting requirements – both new reporting and reporting through IHIP</li> </ul>

## Steps in setting up One health programme in the districts

<b>Step 1</b>	<ul style="list-style-type: none"> <li>Center for One Health Develops an One Health programme expansion plan in consultation with various stakeholders</li> </ul>
<b>Step 2</b>	<ul style="list-style-type: none"> <li>Department Issue GO for expansion and setting up of one health programmes in the districts and circulates it with district health authorities and line department authorities</li> </ul>
<b>Step 3</b>	<ul style="list-style-type: none"> <li>District level core committee under the leadership of DMO formed where DSO and DPMs are key members. The nodal officer selected and given the responsibility of coordination.</li> </ul>
<b>Step 4</b>	<ul style="list-style-type: none"> <li>Send request letter to collectors to set up district level OH committees</li> </ul>
<b>Step 5</b>	<ul style="list-style-type: none"> <li>Set up district level one health units and establish DPUs</li> </ul>
<b>Step 6</b>	<ul style="list-style-type: none"> <li>Send request letter to line departments about identify nodal officers at state and district levels to collaborate with health department for operationalizing One Health programme</li> </ul>
<b>Step 7</b>	<ul style="list-style-type: none"> <li>Orientation workshops at district level involving health department and various line department officials</li> </ul>
<b>Step 8</b>	<ul style="list-style-type: none"> <li>Orientation programme for LSGIs – district level on one health</li> </ul>
<b>Step 9</b>	<ul style="list-style-type: none"> <li>Each district develops one health programme plan which includes Identification and enrollment of district and PRI level mentors as per the state guidelines – district plans developed as per the template (provided by COHK). Which will address Surveillance, detection and interventions. Activities like AMR and Lab strengthening also need to be included</li> </ul>

<b>Step 10</b>	<ul style="list-style-type: none"> <li>Organize training for district and PRI level mentors and develop a plan of action</li> </ul>
<b>Step 11</b>	<ul style="list-style-type: none"> <li>District One health mentors visit PRIs with the GOs and help PRIs to set up One Health Committees</li> </ul>
<b>Step 12</b>	<ul style="list-style-type: none"> <li>District Mentors and PRI mentors in association with ward members identify and enroll community volunteers – 10 to 12 community volunteers in a ward</li> </ul>
<b>Step 13</b>	<ul style="list-style-type: none"> <li>Organize trainings for the community volunteers and link them with PRI mentors. For social media groups and operationalize it.</li> </ul>
<b>Step 14</b>	<ul style="list-style-type: none"> <li>Initiate and sustain surveillance as per the state guidelines on CBS</li> </ul>
<b>Step 15</b>	<ul style="list-style-type: none"> <li>Provide mentoring support to PRIs on a regular basis and community volunteers</li> </ul>
<b>Step 16</b>	<ul style="list-style-type: none"> <li>Information are shared with One Health Nodal officers and district surveillance authorities</li> </ul>
<b>Step 17</b>	<ul style="list-style-type: none"> <li>District plan and support activities to prevention and early interventions. COHK provide appropriate support to districts</li> </ul>
<b>Step 18</b>	<ul style="list-style-type: none"> <li>District authorities and state authorities operationalizing the monitoring plan and providing feedback to improve the quality of the programme</li> </ul>
<b>Step 19</b>	<ul style="list-style-type: none"> <li>Appropriate support is provided at multiple level to ensure the quality of the programme and output achievements</li> </ul>
<b>Step 20</b>	<ul style="list-style-type: none"> <li>COHK ensures, Inter sector collaboration meetings and OH committees meetings are organized on a regular basis.</li> </ul>



**Center For One Health Kerala(COHK)  
Thycaud Thiruvananthapuram**