DISHA

DIRECT INTERVENTION SYSTEM FOR HEALTH AWARENESS

Health and Family Welfare Department
Government of Kerala

KERALA.HEALTH

Foreword

DISHA is a pioneering initiative that demonstrates how technology, skilled human resources, and integrated governance can be leveraged to improve the responsiveness, accessibility, and effectiveness of health services. As Kerala's unified health helpline and support platform, DISHA has become an important interface between citizens and the health system.

Over the years, DISHA has evolved into a comprehensive service platform supporting health information, counselling, referral coordination, public health programmes, emergency response, and citizen engagement. Its contribution was particularly significant during the COVID-19 pandemic, when it played a critical role in communication, surveillance support, counselling, and service coordination across the State.

This document presents a comprehensive account of DISHA's institutional framework, operational processes, technological innovations, service portfolio, and system achievements. By documenting its evolution and performance, the publication strengthens institutional memory and provides valuable insights for future planning and strengthening of integrated health support services. DISHA platform could be used meaningfully during COVID with the oversight and proactive actions by then DPM NHM Dr Arun. He along with the team worked out the additionality such as hunting lines, trained people at the DISHA centre so that calls could be handled from all over the state. There used to be data matrix provided to State Covid Management Unit on regular basis that helped to do analysis of reasons for the calls and based on that analysis the team Kerala health took corrective actions.

I am confident that this publication will serve as a useful reference for policymakers, administrators, programme managers, and public health professionals. I congratulate the leadership of DISHA and all officers, counsellors, technical experts, and staff members whose dedicated efforts have contributed to both the success of the programme and the preparation of this comprehensive document.

Rajan N Khobragade IAS
Additional Chief Secretary (Health),
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Message

DISHA has emerged as an important pillar of Kerala's health system by providing a reliable, citizen-centred platform for health information, counselling, referral support, and emergency coordination. Through its integrated approach, it has enhanced continuity of care, improved access to services, and strengthened communication between citizens and the health system.

The platform has successfully supported a wide range of public health programmes and health emergencies through timely information dissemination, tele-counselling, follow-up support, and service coordination. Its performance during the COVID-19 pandemic demonstrated the value of a responsive and well-coordinated health support system capable of reaching citizens at scale.

This document provides a structured overview of DISHA's governance, digital infrastructure, operational workflows, service utilisation, and key achievements. It highlights the role of innovation, teamwork, and continuous improvement in building an effective and resilient health support platform.

I commend the leadership, officers, counsellors, and staff associated with DISHA for their commitment and dedication to serving the people of Kerala. I also congratulate the team involved in developing this publication for systematically documenting the programme's journey, achievements, and best practices, creating a valuable resource for future learning and health system strengthening.

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Rahul Krishna Sharma IAS
State Mission Director
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Executive Summary

DISHA (Direct Intervention System for Health Awareness) represents a pioneering milestone in Kerala's public health infrastructure. Launched in March 2013 as a joint initiative by the National Health Mission (NHM) and the Department of Health and Family Welfare, Government of Kerala, DISHA has evolved from a focused exam stress helpline into a comprehensive, state-wide tele-health ecosystem.

Over the past 12 years, DISHA has successfully managed over **2.32 million calls**, serving as the trusted first point of contact for citizens seeking health information, medical guidance, psychological support, and health system navigation. Operating 24×7, 365 days a year, the service covers all 14 districts of Kerala and the Lakshadweep islands, ensuring equitable access to healthcare guidance regardless of geographic or socioeconomic barriers.

The system's current portfolio encompasses **22 distinct service categories**, ranging from routine health information and tele-medical consultations (Dial-A-Doctor) to specialized mental health counselling and critical scheme navigation support for PM-JAY/KASP beneficiaries. The platform has demonstrated remarkable resilience and adaptability, particularly during the COVID-19 pandemic, where it scaled rapidly to serve as the State COVID Helpline, managing a peak volume of **729,610 calls** in the 2021-22 period.

DISHA's evolution reflects the changing health needs of the population. From its inception mandate of addressing student exam anxiety, it has systematically expanded to integrate women and child health advisory, gender-based violence support, communicable disease surveillance, and digital health support services (eHealth Kerala). Today, it stands not just as a helpline, but as a vital interface between the public and the health system, facilitating access to entitlements and reducing the burden on tertiary care facilities through effective triage and guidance.

Looking forward, DISHA is poised for a strategic digital transformation. The vision for the next decade involves leveraging Artificial Intelligence (AI) for advanced triage, integrating deeply with national digital health platforms (ABDM), and evolving into a Health System Intelligence Hub that provides data-driven insights for policy and personalized health guidance for citizens.

Chapter 1: Background, Genesis, and Evolution of DISHA

1.1 Overview and Introduction

The DISHA (Direct Intervention System for Health Awareness) 1056 Health Helpline represents a pioneering initiative in tele-medical health services in India. Launched in March 2013 as a joint initiative by the National Health Mission (NHM) and the Department of Health, Government of Kerala, DISHA stands as Kerala's first state-wide, toll-free, 24×7 health helpline. The service provides comprehensive tele-support not only across Kerala but also extends coverage to the Lakshadweep islands, ensuring equitable access to health guidance for geographically dispersed populations.

1.2 Rationale for Establishment and Policy Context

DISHA was conceived within the broader framework of strengthening preventive and promotive healthcare services in Kerala. The establishment was driven by the need to create an accessible, responsive, and cost-effective healthcare guidance system that could serve as the first point of contact for citizens seeking health information, medical advice, and psychosocial support. The initiative aligned with national health policy priorities emphasizing universal health coverage, health promotion, and technology-enabled healthcare delivery.

1.3 Year of Inception and Initial Mandate

DISHA commenced operations in March 2013 with a focused mandate to address exam stress among students. This initial phase demonstrated the potential of telephone-based health support services and established the foundational infrastructure for subsequent expansion. The early success in providing psychological support to students during examination periods validated the tele-counselling model and created momentum for broader service integration.

1.4 Phased Expansion of Services and Functional Evolution

Phase 1 (2013): Exam Stress Helpline

The inaugural phase focused exclusively on providing counselling support to students experiencing examination-related stress and anxiety. This targeted intervention established protocols for telephone-based psychological support and demonstrated the viability of the helpline model.

Phase 2 (2014): Dial-A-Doctor Launch

On 8th March 2014, the Honorable Chief Minister officially inaugurated the expanded "Dial-A-Doctor" programme, marking DISHA's evolution into a comprehensive health helpline. This phase introduced tele-medical consultations with qualified medical professionals, significantly broadening the service scope beyond mental health support.

Mental Health Services Expansion

Building on its initial success, DISHA progressively expanded to offer comprehensive mental health and counselling services for the general population. The platform evolved into a reliable source of psychosocial support, offering guidance for stress, anxiety, emotional distress, and other mental health concerns, thereby strengthening community-based mental health care infrastructure.

Hospital Information Centre Integration

To improve public access to healthcare-related information, a Hospital Information Centre was integrated into DISHA. This enabled citizens to receive accurate and timely information regarding healthcare facilities, services, and referral pathways, enhancing transparency and informed decision-making within the health system.

Phase 3 (2020): COVID-19 State Helpline

During the COVID-19 pandemic, DISHA was rapidly scaled up to function as the State COVID Helpline. It played a pivotal role in disseminating accurate information, supporting testing and treatment coordination, addressing public anxiety, and ensuring continuity of health services during an unprecedented public health emergency. Call volumes rose dramatically during peak periods, particularly in July 2021, demonstrating the system's capacity for crisis response.

PM-JAY/KASP Integration

DISHA was integrated with the Pradhan Mantri Jan Arogya Yojana (PM-JAY) under the Karunya Arogya Suraksha Padhathi (KASP) through the State Health Agency. This integration enabled beneficiary assistance, scheme navigation, approval support, and grievance redressal, significantly enhancing access to financial protection in healthcare. Currently, KASP-PMJAY services handle approximately 3,400 calls per month.

Phase 4 (2021):eHealth Kerala and Early Childhood Development Integration

The integration of the eHealth Kerala call centre strengthened DISHA's digital health ecosystem by enabling seamless coordination with electronic health records, digital workflows, and health information systems. Additionally, the Early Childhood Development (child health service) Process Call Centre was attached to DISHA, expanding its mandate to include child development-related support and services for parents regarding early childhood care, developmental milestones, and nutrition.

1.5 Key Milestones in DISHA's Growth

Year	Milestone
March 2013	Launch of DISHA as exam stress helpline
March 2014	Official inauguration of Dial-A-Doctor programme by Chief Minister
2014-2016	Expansion to comprehensive mental health services and Hospital Information Centre
2018-2020	Addition of Gender-Based Violence support services
2020-2021	Rapid scaling as State COVID Helpline with peak operational capacity
2021-2023	Integration with PM-JAY/KASP, eHealth Kerala, and Child health services
2013-2025	Cumulative achievement of managing over 23 lakh calls

Over the past decade, DISHA has delivered medical advice, emotional support, public health guidance, and crisis counselling to citizens across diverse social and demographic strata, establishing itself as an integral component of Kerala's health system.

Chapter 2: Objectives, Mandate, and Scope of Services

2.1 Vision and Core Objectives

DISHA is envisioned as a multi-functional health helpline delivering tele-guidance, psychological support, and comprehensive health service navigation. The platform functions as both a preventive and promotive health service, intervening before citizens reach a state of health crisis. The major objectives include:

1. **Information Dissemination**: Provide timely and appropriate health-related information and advice to the public on healthcare service delivery, facilities, providers, and schemes.
2. **Health Promotion and Prevention**: Offer guidance on first aid, nutrition, disease prevention, and overall health promotion to encourage healthy living and improve health outcomes.
3. **Comprehensive Counselling Support**: Deliver counselling support for people of all ages experiencing physical or emotional distress, including stress, depression, anxiety, trauma recovery, HIV, AIDS, and STIs.
4. **Healthcare Service Navigation**: Maintain an information directory on public health services, diagnostic centers, hospitals, and service institutions across Kerala to facilitate informed healthcare decisions.
5. **Specialized Mental Health Support**: Offer specialist emotional support and coping strategies to individuals affected by mental health conditions through trained professional social workers.
6. **24×7 Accessibility**: Operate as a round-the-clock medical guidance and tele-counselling platform for citizens, ensuring continuous access to healthcare support.
7. **Quality and Confidentiality**: Deliver accurate, up-to-date physical and mental health information through confidential and empathetic counselling by trained social workers and doctors.
8. **Health Scheme Connectivity**: Connect citizens with schemes under NHM and state-run health services, improving access to financial and service entitlements.
9. **Diverse Service Portfolio**: Provide a spectrum of services to meet different user needs cost-effectively and compassionately.
10. **Quality of Life Enhancement**: Improve health outcomes and quality of life by encouraging preventive healthcare and healthy living practices.

2.2 Guiding Principles

DISHA operates on the following foundational principles:

- **Accessibility**: Universal access through toll-free services available 24×7
- **Equity**: Equal service provision regardless of socioeconomic status, geography, or demographics
- **Confidentiality**: Protection of caller privacy and sensitive health information
- **Quality**: Evidence-based guidance by trained healthcare professionals
- **Responsiveness**: Timely intervention and appropriate service routing
- **Integration**: Seamless coordination with broader health system components
- **Accountability**: Transparent grievance mechanisms and service quality monitoring

2.3 Statutory and Administrative Mandate

DISHA operates under the statutory and administrative alignment with multiple governance frameworks:

- **National Health Mission (NHM)** guidelines and operational standards
- **Department of Health Services (DHS)**, Government of Kerala policies
- **State Health Agency (SHA)** protocols for scheme implementation
- **PM-JAY (Pradhan Mantri Jan Arogya Yojana)** operational guidelines
- State-level mental health and counselling service standards
- Data protection and medical confidentiality regulations

The helpline functions as an integral component of Kerala's public health delivery system, with administrative oversight from the Department of Health and operational support from NHM.

2.4 Target Population and Geographic Coverage

Target Population:

- All Kerala citizens, including those residing outside the state and internationally
- Vulnerable populations including women, children, elderly, and marginalized communities
- Beneficiaries of state and national health schemes (PM-JAY/KASP, JSY, JSSK, RBSK, etc.)
- Students and adolescents requiring psychological support
- Individuals experiencing mental health challenges or crisis situations
- Parents seeking early childhood development guidance

Geographic Coverage:

- All 14 districts of Kerala
- Lakshadweep islands
- Extended support to Kerala diaspora globally

2.5 Scope of Services

DISHA delivers services across the continuum of preventive, promotive, curative, and emergency care through multiple service modalities:

Preventive Services

- Health education and awareness
- Disease prevention guidance
- Nutrition and lifestyle counselling
- Immunization information
- Risk factor identification and mitigation advice

Promotive Services

- Health promotion campaigns
- Mental health awareness
- Healthy lifestyle guidance
- Maternal and child health support
- Adolescent health education

Curative Services

- Tele-medical consultations (Dial-A-Doctor)
- Medication guidance
- Treatment option information
- Symptom assessment and advice
- Post-treatment follow-up support

Emergency Services

- Crisis intervention and psychological first aid
- Suicide prevention support
- Gender-based violence crisis response
- Disaster and epidemic support functions

Health System Navigation

- Scheme eligibility and enrollment support (PM-JAY/KASP, JSY, JSSK, RBSK, RNTCP, NPCDCS)
- Hospital and facility information
- Diagnostic center directory
- Referral coordination
- Grievance logging and tracking

Specialized Support Services

- Mental health counselling
- Substance abuse counselling
- Gender-based violence support
- Early childhood development guidance
- eHealth technical support for online appointments and MeHealth app

The comprehensive scope positions DISHA as a central hub for health information, guidance, and service coordination, functioning as the first point of contact for citizens navigating the health system.

Chapter 3: Institutional Framework and Governance

3.1 Nodal Department and Implementing Agencies

Nodal Department: Department of Health and Family Welfare, Government of Kerala

Primary Implementing Agency: National Health Mission (NHM), Kerala

Collaborative Agencies:

- State Health Agency (SHA) for PM-JAY/KASP operations
- Directorate of Health Services for clinical oversight
- Department of Women and Child Development for gender-based violence services
- State Mental Health Authority for counselling standards
- eHealth Kerala for digital health integration
- District Health Administrations for local coordination

3.2 Governance Structure

DISHA operates through a multi-tiered governance architecture ensuring strategic direction, operational oversight, and quality assurance:

State Level

- **State Mission Director**: Provides strategic direction, policy guidance, and monitors overall performance
- **State Nodal Officer**: Coordinates with NHM, Department of Health, and partner agencies
- **Technical Advisory Group**: Comprises medical specialists, mental health professionals, and public health experts who provide technical guidance on protocols and service standards

Operational Level

- **District Programme Manager**: Overall responsibility for DISHA operations, human resources, and service delivery
- **Operations Manager**: Day-to-day management of call center operations, staffing, and logistics
- **IT and Systems Team**: Manages telephony infrastructure, digital platforms, and data systems

Floor Level

- **Floor Managers**: Supervise call handlers, ensure protocol compliance, and manage shift operations
- **Medical Officer**: Deliver tele-consultations and provide clinical oversight
- **Professional Social Workers**: Provide counselling services and mental health support,First-line responders managing incoming calls
- **Nurses, Ehealth technical staff:** Deals with maternal health calls and ehealth technical support

3.3 Inter-departmental Coordination Mechanisms

DISHA functions through systematic coordination with multiple departments and agencies:

Health Department

- Regular coordination meetings for service alignment
- Protocol updates based on departmental guidelines
- Referral pathway establishment with public health facilities
- Data sharing for disease surveillance and programme monitoring

State Health Agency (SHA)

- Daily coordination for PM-JAY/KASP beneficiary support
- Card approval workflow management
- Post-treatment feedback collection
- Grievance escalation and resolution

District Health Administrations

- District-specific health facility information updates
- Local health programme coordination
- District-level grievance escalation
- Community health worker support

Women and Child Development Department

- Gender-based violence case coordination
- Referral to protection services and shelters
- Joint capacity building initiatives
- Survivor support protocol development

Mental Health Programmes

- Clinical supervision for mental health services
- Referral to district mental health programmes
- Training and protocol updates
- Suicide prevention coordination

eHealth Kerala

- Technical support for digital health queries
- Online appointment system integration
- MeHealth app support
- Electronic health record coordination

3.4 Reporting and Review Processes

Routine Reporting

- Daily call volume and service statistics
- Weekly operational performance reports
- Monthly comprehensive service reports with KPI analysis
- Quarterly strategic reviews with state health authorities
- Annual comprehensive impact assessment

Performance Review Mechanisms

- Monthly performance review meetings with operations team
- Quarterly governance committee reviews
- Bi-annual stakeholder consultation meetings
- Annual strategic planning sessions

Reporting Lines

- Floor staff → Floor Managers → Programme manager
- Medical Officers → Programme Manager
- Technical issues → Floor Managers→ IT Team
- Policy matters →State Nodal Officer→ Technical Committee → State Mission Director → Department of Health

Documentation and Accountability

- Standard operating procedures for all service lines
- Call recording for quality assurance and training
- Structured formats for call documentation
- Regular audit of service quality and protocol adherence
- Grievance tracking and resolution monitoring

DISHA as an institution operates through clearly defined governance structures, accountability mechanisms, and coordination frameworks that ensure service quality, responsiveness, and integration with the broader health system. The multi-tiered governance approach balances strategic oversight with operational flexibility, enabling the platform to respond effectively to diverse health needs while maintaining quality standards and accountability.

Chapter 4: Infrastructure, System Architecture, and Human Resources

4.1 Physical Call Centre Infrastructure

DISHA operates through a dedicated call centre facility equipped with the necessary physical infrastructure to support 24×7 operations:

Facility Components:

- **Call handling stations**: Workstations equipped with computers, headsets, and telephony equipment for call handlers, medical officers, and social workers
- **Supervision and management areas**: Dedicated spaces for floor managers, operations managers, and quality assurance teams
- **Medical consultation rooms**: Semi-private spaces for medical officers conducting tele-consultations
- **Training and briefing rooms**: Spaces for capacity building, case discussions, and team meetings
- **Server and IT infrastructure room**: Secure, climate-controlled space housing servers and networking equipment
- **Break and rest areas**: Facilities for staff comfort during extended shifts
- **Administrative offices**: Spaces for programme management and administrative functions

Operational Provisions:

- Backup power supply systems (generators and UPS) for uninterrupted service
- Internet connectivity with redundant connections for reliability
- Physical security systems and access control
- Ergonomic furniture and equipment for staff well being

4.2 Telephony Systems and Digital

Platforms Telephony Infrastructure:

- **Toll-free number: 1056,104,14555** accessible across Kerala
- **Other contact numbers: 0471-2552056,2551056,3136312**
- **Multi-line capacity**: Ability to handle multiple concurrent calls
- **Call recording systems**: For quality assurance, training, and accountability
- **Call distribution system**: For routing calls to appropriate service lines and available agents

Digital Platforms and Software:

The health helpline system is a centralized, modular, cloud-deployable CRM platform, powered by **Oricoms**, developed by **OrisysIndia Consultancy Services Pvt Ltd.** This system enables efficient complaint tracking, teleconsultation, performance monitoring.The current infrastructure is based on the Software platform, which provides:

- Call management and routing capabilities
- Basic case documentation systems
- Agent performance tracking
- Call statistics and reporting functions

Current IT Limitations:

The existing infrastructure faces several constraints that impact operational efficiency:

- Physical IT infrastructure deployed locally requires evolution to a hybrid model for external accessibility
- Heavy dependence on Excel and Google Sheets limits proper monitoring and analysis
- Lack of structured complaint logging, escalation tracking, and SLA-bound grievance resolution
- Limited analytic capabilities for service quality assessment and bottleneck identification
- No integration with national platforms like PM-JAY CRM and ABHA, restricting productivity and requiring manual intervention
- Absence of automated AI-based triage, feedback collection, and sentiment scoring systems
- Limited access to applications for key personnel, restricting loop closure and real-time monitoring
- Absence of centralized dashboard for monitoring agent performance and SLA compliance

4.3 Data Management, Security, and Privacy Protocols Data Security Measures:

- Role-based access control to sensitive information
- Encryption of data transmission and storage
- Regular data backup and disaster recovery protocols
- Secure server infrastructure with firewalls and intrusion detection
- Audit trails for data access and modifications

Privacy Protection:

- Caller confidentiality maintained through strict protocols
- No disclosure of personal information without consent
- Secure storage of health records and counselling case files
- Compliance with medical confidentiality standards
- Staff training on privacy and ethical handling of information

Data Management Practices:

- Structured documentation of calls and cases (within current system constraints)
- Data quality checks and validation processes
- Regular data cleaning and archival procedures
- Analytic for service improvement and programme monitoring
- Periodic reports for governance and decision-making

Areas Requiring Strengthening:

- Enhanced integration with national health data platforms
- Implementation of automated data quality checks
- Advanced analytics and business intelligence tools
- Real-time dashboards for operational monitoring
- Structured data architecture replacing Excel/Google Sheets dependency

4.4 Staffing Structure

DISHA employs a diverse workforce to deliver its comprehensive service portfolio:

Medical Staff:

- **Medical Officers**: Qualified doctors providing tele-consultations and clinical guidance
- **Nurses:**Qualified Nurses providing Maternal and Child Health guidance & counselling
- **Specialist Consultants**: Subject matter experts for complex cases

Counselling and Social Support:

- **Professional Social Workers**: Trained counsellors providing mental health support and crisis intervention.

- First-line responders managing incoming calls, providing health information, and routing calls

Operational Staff:

- **Floor Managers**: Shift supervision and operational management,Mid-level management providing guidance and escalation support

Technical and Administrative Staff:

- **IT and Technical Support Staff**: Managing telephony, digital platforms, and technical troubleshooting
- **eHealth Support Staff**: Dedicated personnel for online appointment and MeHealth app queries
- **Administrative Personnel**: Programme coordination, reporting, and support functions

Management:

- **Programme Manager**: Overall leadership and strategic direction
- **Operations Manager**: Day-to-day operational management

4.5 Roles and Responsibilities

Call Handlers/Professional Social Workers:

- Provide health information, facility directory services, and scheme guidance
- Route calls to appropriate service lines (medical, counselling, grievance)
- Document calls systematically
- Provide first-level support for non-clinical queries
- Provide counselling for mental health concerns, stress, anxiety, depression
- Offer crisis intervention and suicide prevention support
- Counsel on trauma, abuse, substance misuse, and relationship issues
- Conduct follow-up with clients as needed
- Maintain confidential case records
- Refer to specialized mental health services when appropriate
- Average workload: Approximately 30 calls per agent per day (overall)

Medical Officers:

- Conduct tele-medical consultations
- Provide clinical advice on symptoms, medication, and treatment options
- Guide call handlers on medical protocols
- Document medical consultations
- Escalate complex cases to specialists or facilities as needed
- Participate in quality assurance and training
- Provide counselling for mental health concerns, stress, anxiety, depression
- Offer crisis intervention and suicide prevention support
- Counsel on trauma, abuse, substance misuse, and relationship issues
- Conduct follow-up with clients as needed
- Maintain confidential case records
- Refer to specialized mental health services when appropriate

Floor Managers:

- Supervise shift operations and staff performance
- Monitor call quality in real-time
- Handle escalations and complex cases
- Ensure protocol adherence
- Provide on-floor coaching and support
- Compile daily operational reports

eHealth Support Staff:

- Handle queries related to online appointment booking
- Assist users with MeHealth app,SHAILI App,HMS,Citizen portal navigation
- Troubleshoot technical issues with digital health platforms
- Coordinate with eHealth Kerala technical teams
- Document and escalate unresolved technical issues

Child Health Helpline

- Providing specific guidance for pregnant women on health,nutrition and safety
- Educating parents on early stimulation,play based learning and responsible care giving to ensure optimal brain development
- High risk management
- Interactive communication
- Build trust and encourage positive health behaviour given by trained counsellors
- Growth monitoring through mother and child protection card by tracking physical and cognitive milestones

Programme Management:

- Strategic planning and resource allocation
- Coordination with government departments and partners
- Performance monitoring and reporting
- Budget management and financial oversight
- Stakeholder engagement and communication
- Human resource planning and capacity development

4.6 Training, Capacity Building, and Quality Assurance Mechanisms Initial Training:

- **Orientation programme**: Introduction to DISHA objectives, services, and organizational structure
- **Technical training**: Telephony systems, software platforms, and documentation procedures
- **Clinical protocols**: Health information, common conditions, red flags, and referral criteria
- **Counselling skills**: Active listening, empathy, crisis intervention, and mental health first aid
- **Communication skills**: Telephone etiquette, dealing with difficult callers, and cultural sensitivity
- Health schemes: Detailed training on PM-JAY/KASP, NHM schemes, and eligibility criteria
- Data privacy: Confidentiality protocols and ethical handling of information

Continuing Education:

- **Regular refresher training**: Updates on medical protocols, health programmes, and schemes
- **Case discussions**: Weekly or monthly sessions to review complex cases and share learning's
- **Specialized workshops**: Mental health, gender-based violence, substance abuse counselling
- **Guest lectures**: Subject experts on emerging health topics and best practices
- **Cross-training**: Exposure to different service lines for comprehensive understanding
- **Quality feedback sessions**: Individual and group feedback based on call monitoring

Quality Assurance Mechanisms:

- **Call monitoring**: Random sampling of recorded calls for quality evaluation
- **Regular audits**: Periodic review of case files, documentation, and referral practices
- **Performance metrics**: Monitoring of KPIs including call handling time, first call resolution, and customer satisfaction
- **Feedback loops**: Systematic mechanisms for staff to receive and act on quality feedback
- **Mystery calling**: Periodic testing of service quality through simulated calls
- **Peer review**: Collaborative quality assessment among team members

Performance Improvement:

- Identification of knowledge and skill gaps through quality monitoring
- Targeted training interventions based on identified needs
- Recognition and reward of high performers
- Supportive supervision and coaching for underperformers
- Standard operating procedure refinement based on ground realities
- Technology and workflow improvements to support quality service delivery

Current Capacity Building Challenges:

- Need for enhanced training in digital tools and integrated platforms
- Limited exposure to advanced triage and AI-supported decision-making
- Requirement for specialized training on emerging health priorities
- Need for systematic stress management and wellness support for staff handling crisis calls

The infrastructure, systems, and human resources of DISHA form the operational backbone enabling delivery of comprehensive tele-health services. While the current setup has successfully managed over **2.3 million calls,** ongoing investments in IT infrastructure modernization, system integration, workforce capacity building, and quality assurance will be essential to meet growing demand and evolving expectations.

Chapter 5: Core Functions and Service Portfolio

5.1 Overview of Service Categories

DISHA delivers a comprehensive portfolio of services spanning health information, clinical guidance, mental health support, scheme navigation, and grievance redressal. The services are organized into distinct categories, each addressing specific health and wellbeing needs of Kerala's population.

5.2 Health Information Services

Description: Provides reliable, evidence-based, and up-to-date guidance on diseases, treatments, prevention strategies, nutrition, hygiene, and general health promotion.

Key Functions:

- ➢ Dissemination of information on common health conditions, symptoms, and management.
- ➢ Guidance on disease prevention, immunization, and health screening
- ➢ Nutritional advice for various age groups and health conditions
- ➢ Information on hygiene practices and sanitation
- ➢ Health promotion messages aligned with national and state campaigns
- ➢ Updates on emerging health threats and preventive measures

Target Beneficiaries: General public, caregivers, health-conscious individuals

Delivery Mechanism: Information provided by trained call handlers based on standardized protocols and knowledge repositories

5.3 Tele-Counselling Services

Description: Provides first-line psychological support and mental health counselling for individuals experiencing emotional distress, stress, anxiety, depression, trauma, and other mental health concerns.

Key Functions:

- Emotional support for exam stress, academic pressure, and performance anxiety
- Counselling for life stressors, relationship issues, and family conflicts
- Support for individuals experiencing anxiety, depression, and mood disorders
- Trauma counselling and post-trauma recovery support
- Crisis intervention for individuals in acute psychological distress
- Confidential support for sensitive issues including sexual and reproductive health concerns
- Suicide prevention through empathetic listening and safety planning

Target Beneficiaries: Individuals of all ages experiencing psychological distress, students, trauma survivors, individuals with mental health conditions

Delivery Mechanism: Services delivered by trained professional social workers with expertise in counselling and mental health support

5.4 Doctor-on-Call (Dial-A-Doctor) Services

Description: Qualified medical officers provide tele-medical consultations, offering advice on general health issues, symptoms, medication queries, and basic treatment options.

Key Functions:

- Assessment of symptoms and provision of preliminary medical advice
- Guidance on medication use, dosage, and potential side effects
- Information on treatment options for common ailments
- Advice on home care and self-management of minor health conditions
- Triage and determination of need for in-person medical consultation
- Guidance on when to seek emergency care
- Post-treatment advice and follow-up support

Target Beneficiaries: Individuals with health concerns requiring medical guidance, patients managing chronic conditions, caregivers seeking advice on patient care

Delivery Mechanism: Consultations conducted by qualified medical officers (MBBS and above) based on standardized clinical protocols

Limitations: Tele-consultation cannot replace physical examination; services focus on guidance rather than diagnosis or prescription

5.5 Mental Health Counselling Services

Description: Specialized, confidential support for individuals experiencing stress, abuse, post-trauma recovery challenges, and broader mental wellbeing concerns.

Key Functions:

- In-depth counselling for depression, anxiety disorders, and stress-related conditions
- Support for survivors of abuse (physical, emotional, sexual)
- Post-traumatic stress management and recovery guidance
- Counselling for grief, loss, and bereavement
- Support for individuals coping with chronic illness or disability
- Guidance for family members of individuals with mental health conditions
- Psychoeducation on mental health conditions and coping strategies
- Referral to specialized mental health services, psychiatrists, and psychologists

Target Beneficiaries: Individuals with mental health conditions, abuse survivors, those experiencing significant life stressors, family members of mentally ill individuals

Delivery Mechanism: Services provided by professional social workers with specialized training in mental health counselling; complex cases referred to district mental health programmes or tertiary care facilities

5.6 Adolescent Support Services

Description: Dedicated support addressing the unique health and psycho-social needs of teenagers and young adults.

Key Functions:

- Reproductive and sexual health information in age-appropriate, non-judgmental manner
- Counselling for academic pressure, exam stress, and career concerns
- Guidance on relationship issues, peer pressure, and social challenges
- Support for body image concerns and eating-related issues
- Information on substance use risks and prevention
- Menstrual health and hygiene guidance
- Contraception and pregnancy prevention information
- Support for adolescents experiencing mental health challenges

Target Beneficiaries: Adolescents aged 10-19 years, young adults

Delivery Mechanism: Trained counsellors and health advisors with expertise in adolescent health; confidential and youth-friendly approach

5.7 Women and Child Health Advisory Services

Description: Comprehensive guidance on maternal health, pregnancy, lactation, parenting, child health, and safety.

Key Functions:

- **Maternal Health**: Antenatal care guidance, pregnancy-related queries, nutrition during pregnancy, warning signs requiring medical attention
- **Delivery and Postnatal Care**: Information on institutional delivery, postnatal care, postpartum complications
- **Lactation Support**: Breastfeeding guidance, management of lactation issues, infant feeding practices
- **Child Health**: Growth and development milestones, immunization schedules, common childhood illnesses
- **Parenting Support**: Age-appropriate child care practices, nutrition for children, safety and injury prevention
- **Menstrual Health**: Information on menstrual hygiene, menstrual disorders, and management
- **Women's Health**: Guidance on reproductive health issues, contraception, cervical and breast cancer screening

Target Beneficiaries: Pregnant women, lactating mothers, parents and caregivers of young children, women seeking reproductive health information

Delivery Mechanism: Information provided by health advisors trained in maternal and child health protocols; medical officers available for clinical queries; integration with Early Childhood Development services

5.8 Substance Abuse Counselling Services

Description: Support and guidance for individuals facing addiction or substance misuse issues, and their families.

Key Functions:

Motivational support for individuals seeking to overcome substance dependence

- Information on health risks associated with substance use
- Guidance on treatment options and de-addiction services available
- Counselling for family members affected by loved one's substance use
- Relapse prevention strategies and coping mechanisms
- Referral to specialized de-addiction centers, rehabilitation facilities, and support groups
- Harm reduction information where appropriate
- Support for co-occurring mental health and substance use issues

Target Beneficiaries: Individuals with substance use disorders, families of substance users, youth at risk of substance experimentation

Delivery Mechanism: Professional social workers with training in addiction counselling; referral network with de-addiction centers and psychiatric services

5.9 Health Scheme Navigation and Information Services

Description: Comprehensive information and guidance on eligibility, enrollment, and utilization of state and national health schemes.

Key Functions:

- **PM-JAY/KASP Support**: Beneficiary identification, card enrollment assistance, hospitalization approval support, scheme coverage information, grievance redressal (approximately 3,400 calls per month)
- **JSY (Janani Suraksha Yojana)**: Information on cash assistance for institutional delivery
- **JSSK (Janani Shishu Suraksha Karyakram)**: Guidance on free delivery and transport entitlements
- **RBSK (Rashtriya Bal Swasthya Karyakram)**: Information on child health screening services
- **RNTCP (Revised National Tuberculosis Control Programme)**: TB diagnosis, treatment support, and patient navigation
- **NPCDCS (National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke)**: Screening and management support
- Other NHM schemes and state health programmes

Target Beneficiaries: Economically vulnerable populations, beneficiaries of government health schemes, individuals seeking information on health entitlements

Delivery Mechanism: Trained call handlers with detailed knowledge of scheme criteria; integration with State Health Agency for PM-JAY/KASP; coordination with district health offices

5.10 Public Health Directory Services

Description: Comprehensive information repository on healthcare facilities, services, and providers across Kerala.

Key Functions:

- Directory of government hospitals, primary health centers, and community health centers
- Specialist services and tertiary care facility guidance
- Facility-specific services, timings, and contact information
- Navigation support for accessing appropriate level of care

Target Beneficiaries: All citizens seeking healthcare services, patients requiring referrals, caregivers planning medical care

Delivery Mechanism: Maintained database of health facilities updated regularly; information provided by health advisors

5.11 Referral Services

Description: Guided referral to appropriate health institutions for follow-up care, specialized services, or emergency handling.

Key Functions:

- Assessment of need for in-person consultation or specialized care
- Identification of appropriate healthcare facility based on condition and location
- Information on referral pathways and procedures
- Coordination with receiving facilities where possible
- Emergency referral and ambulance dispatch coordination
- Follow-up to ensure referral completion
- Documentation of referral outcomes

Target Beneficiaries: Individuals requiring in-person medical care, patients with complex conditions, emergency cases

Delivery Mechanism: Medical officers and trained health advisors assess need; coordination with health facilities and emergency services; follow-up protocols

5.12 Grievance Redressal Services

Description: Recording, tracking, and facilitating resolution of complaints related to healthcare services, facilities, and schemes.

Key Functions:

- **Hospital and Facility Complaints**: Issues with service quality, staff behavior, facility conditions, waiting times
- **Scheme-related Grievances**: Denial of benefits, procedural delays, documentation issues (particularly PM-JAY/KASP)
- **Complaint Documentation**: Systematic recording of complaint details, supporting information
- **Escalation Protocols**: Routing complaints to appropriate authorities based on nature and severity
- **Follow-up and Tracking**: Monitoring resolution progress and ensuring closure
- **Feedback to Complainant**: Keeping complainants informed of status and resolution

Target Beneficiaries: Healthcare service users experiencing problems, ASHA workers, scheme beneficiaries facing issues

Delivery Mechanism: Structured complaint intake by call handlers; routing to appropriate department/authority; tracking through case management system (currently limited by Excel/Google Sheets dependency); SLA-based resolution monitoring (under development)

Current Limitations: Lack of structured complaint logging, escalation tracking, and SLA-bound resolution monitoring; absence of integrated grievance management platform

5.13 State Health Agency (SHA) Centralized Support

Description: Dedicated support for PM-JAY/KASP operations including helpline services, card approval workflows, and post-treatment feedback collection.

Key Functions:

- **Beneficiary Helpline**: First point of contact for PM-JAY/KASP queries and support
- **Enrollment Assistance**: Guidance on card application, documentation, and status tracking
- **Pre-authorization Support**: Assistance with hospitalization approval process, required documents, and procedural guidance
- **Hospital Empanelment Information**: Details on empaneled hospitals, available packages, and services
- **Claim-related Support**: Information on claim status, settlement issues
- **Post-treatment Feedback**: Systematic collection of beneficiary feedback on hospitalization experience, service quality, and outcomes
- Grievance Handling: PM-JAY/KASP specific complaints regarding card denial, claim rejection, hospital issues
- Workflow Coordination: Integration with SHA platforms for real-time case management

Target Beneficiaries: PM-JAY/KASP eligible population, hospitalized beneficiaries, families navigating scheme procedures

Delivery Mechanism: Dedicated trained staff for PM-JAY/KASP operations; integration with State Health Agency systems; average 3,400 calls per month

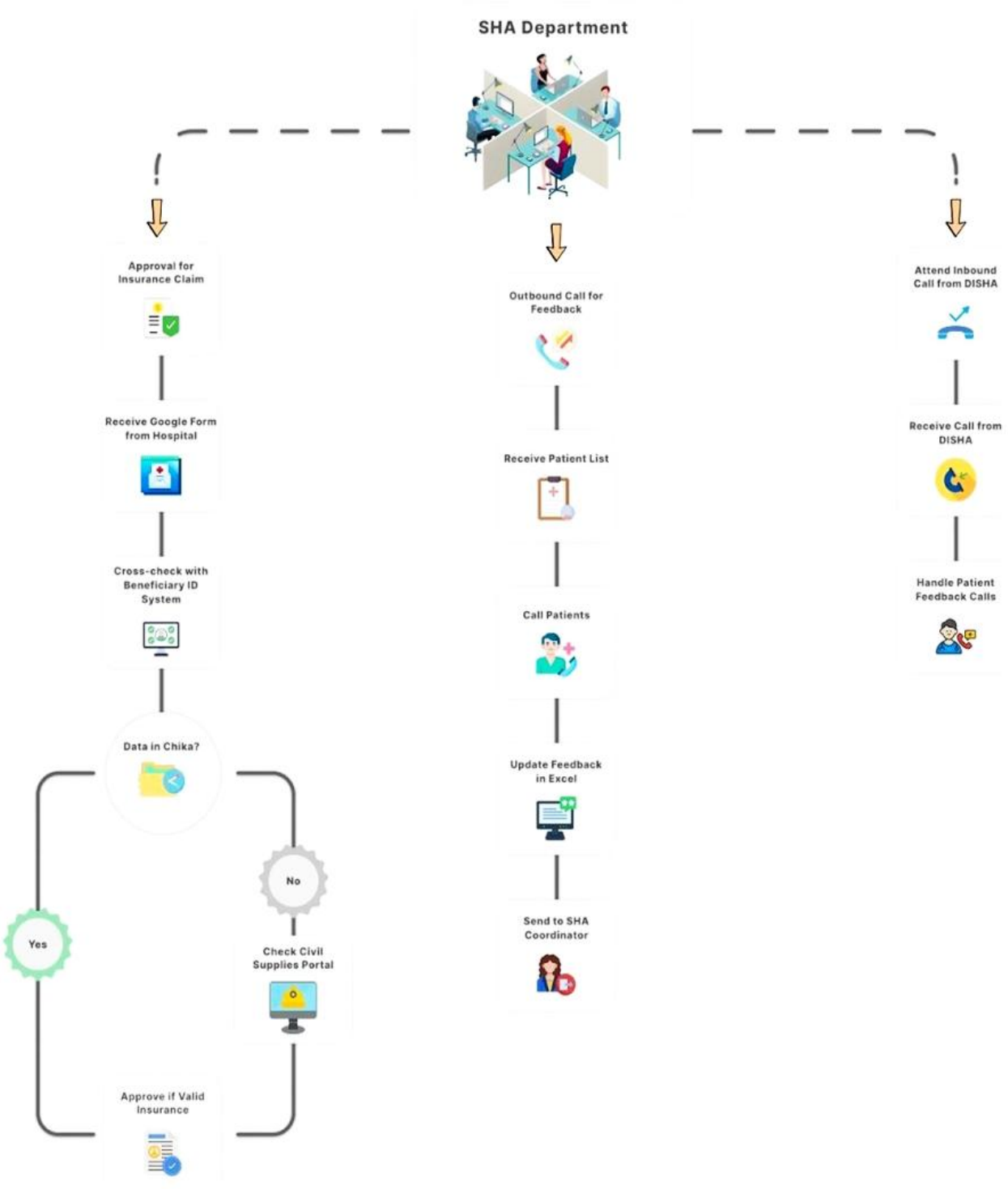


Fig : 1 SHA Process flow

5.14 Child Health Helpline

Description: Guidance and support for parents and caregivers on early childhood care, developmental milestones, nutrition, and stimulation.

Key Functions:

- **Developmental Milestones**: Information on age-appropriate physical, cognitive, language, and social-emotional development
- **Growth Monitoring**: Guidance on growth assessment, nutrition for optimal growth
- **Early Stimulation**: Activities and practices to support early brain development
- **Nutrition Guidance**: Complementary feeding, age-appropriate diet, management of feeding difficulties
- **Health and Hygiene**: Childcare practices, infection prevention, immunization reminders
- **Parenting Support**: Positive parenting practices, responsive caregiving, play-based learning
- **Early Identification**: Recognition of developmental delays or concerns; referral for assessment
- **Childcare Practices**: Safe sleep, injury prevention, age-appropriate care

Target Beneficiaries: Parents and caregivers of children 0-6 years, pregnant women preparing for parenthood

Delivery Mechanism: Integration with Process Call Centre; trained staff with expertise in early childhood development; coordination with child health programmes

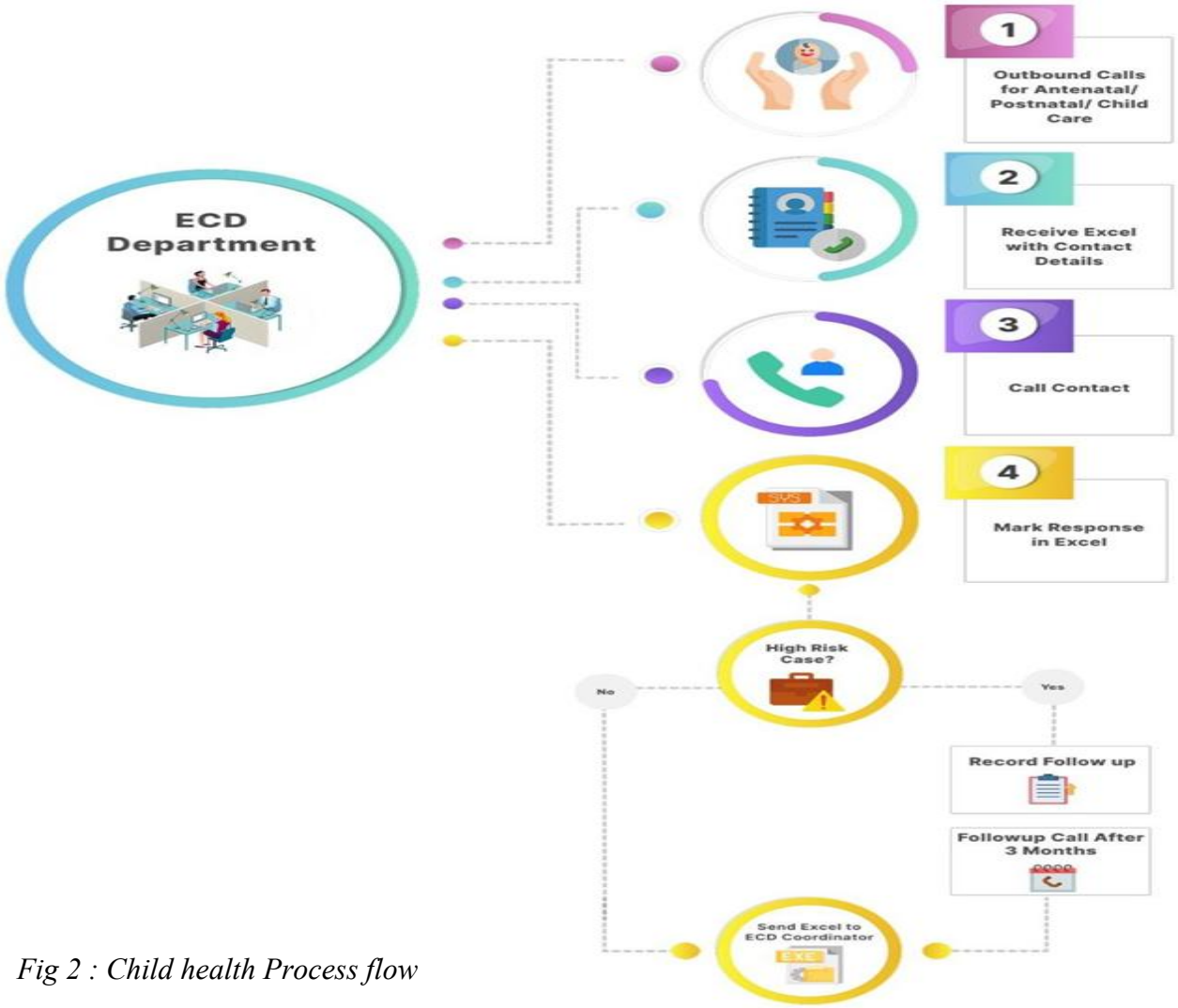


Fig 2 : Child health Process flow

5.15 eHealth Kerala Support Services

Description: Technical support and assistance for citizens using digital health platforms, particularly online appointment booking and the MeHealth app.

Key Functions:

- **Online Appointment Support**: Guidance on booking appointments through government hospital online systems, troubleshooting booking issues, rescheduling assistance
- **MeHealth App Assistance**: Navigation support for MeHealth app features, account creation and login issues, health record access guidance

- **Assistance:** with Citizens web portal, SHAILI App and HMS Portal
- **Digital Health Literacy**: Education on using digital health tools effectively
- **Technical Troubleshooting**: Resolution of common technical issues, escalation of complex problems to eHealth Kerala technical teams
- **Feature Information**: Details on available digital health services and their utilization
- **Feedback Collection**: User experience feedback for digital platform improvement

Target Beneficiaries: Citizens using government digital health platforms, elderly and less tech-savvy users requiring assistance, patients seeking online appointments

Delivery Mechanism: Assigned technical support staff dedicated to handling digital health queries; coordination with eHealth Kerala technical teams; documentation and escalation protocols

Fig 3 : eHealth Pocess flow

5.16 Feedback Collection Services

Description: Systematic capture of caller satisfaction and service experience to inform quality improvement.

Key Functions:

- Post-call satisfaction surveys
- Service quality feedback collection
- Identification of service gaps and improvement areas
- Caller suggestions for service enhancement
- Complaint and compliment recording
- Data analysis for service quality trends
- Online appointment feedback collection

Target Beneficiaries: All service users

Delivery Mechanism: Structured feedback collection at call closure; periodic callback surveys; analysis and reporting to management for quality improvement

5.17 Communicable Disease Surveillance Support

Description: Support to disease surveillance and outbreak response efforts through information dissemination and case reporting.

Key Functions:

- Information on communicable diseases, symptoms, and prevention
- Guidance on seeking testing and treatment
- Support during disease outbreaks and epidemics
- Collection and reporting of disease-related information to surveillance units
- Public health messaging during epidemic situations
- Coordination with Integrated Disease Surveillance Programme (IDSP)

Target Beneficiaries: General population during disease outbreaks, individuals with symptoms of notifiable diseases, public health authorities

Delivery Mechanism: Integration with disease surveillance units; standardized protocols for disease-related calls; information dissemination based on public health guidance

5.18 COVID-19 Pandemic Response Services (2020-2023)

Description: During the COVID-19 pandemic, DISHA functioned as the State COVID Helpline, providing critical support during an unprecedented public health emergency.

Key Functions During Pandemic:

- Accurate information dissemination on COVID-19 transmission, symptoms, prevention
- Guidance on testing procedures, sample collection, and reporting
- Support for home isolation management and monitoring
- Coordination of hospital admissions for severe cases
- Oxygen supply and medication information
- Mental health support for anxiety, fear, and isolation-related distress
- Bereavement counselling for families who lost loved ones
- Vaccination information and appointment support
- Management of post-COVID complications queries
- Myth-busting and countering misinformation

Impact: Call volumes rose dramatically during pandemic peaks, particularly in July 2021. DISHA played a pivotal role in managing public anxiety, ensuring continuity of health services, and supporting the state's overall pandemic response.

Status: COVID specific services have been scaled down as pandemic transitioned to endemic phase, with general health services resuming primary focus

5.19 Disaster and Epidemic Support Functions

Description: DISHA's infrastructure and systems can be rapidly mobilized during public health emergencies, natural disasters (Ockhi, Flood etc), and disease outbreaks like Nipah,H1N1 etc.

Key Functions:

- Rapid scaling of call handling capacity during emergencies
- Dissemination of emergency health information and safety guidance
- Coordination with disaster management authorities
- Mental health crisis support during and after disasters
- Information on emergency medical services and relief operations
- Collection and reporting of ground-level health information
- Support to displaced populations accessing healthcare

Target Beneficiaries: Populations affected by disasters and public health emergencies

Delivery Mechanism: Emergency response protocols; coordination with State Disaster Management Authority; flexible staffing and service models

5.20 Hridyam Programme Support

Description: Support services for cardiac care initiatives under the Hridyam Programme.

Key Functions:

- Information on Hridyam scheme and its stakeholders
- Guidance on accessing cardiac care services for the beneficiaries
- Support for beneficiaries under cardiac care schemes
- Coordination for emergency cardiac care

Target Beneficiaries: children with congenital cardiac problems,Parents of the beneficiaries

Delivery Mechanism: Integration with Hridyam Programme; referring to DEIC manager.

5.21 K-SOTTO Programme Support

Description: Support for organ donation and transplantation awareness and coordination efforts.

Key Functions:

- Information on organ donation and transplantation
- Guidance on organ donor registration
- Support for families considering organ donation decisions
- Coordination with transplantation networks
- Awareness generation on organ donation

Target Beneficiaries: Potential organ donors, families of deceased individuals, transplant candidates

Delivery Mechanism: Coordination with K-SOTTO network; trained staff on organ donation protocols

5.22 Discontinued Services

Cochin Cancer Research Centre Support: DISHA previously provided support services to the Cochin Cancer Research Centre during a specific operational period. This included information dissemination, patient support, and coordination services. This service line has been discontinued as part of service portfolio optimization and realignment with core mandates.

IMR: Discontinued reporting and documentation of infant deaths for surveillance and programme improvement. This included sensitive, empathetic handling of infant death reports. Documentation of circumstances for epidemiological analysis

Chapter 6: Operational Workflow and Stakeholder Integration

6.1 Call Reception and Triage

The call reception and triage process serves as the critical first point of contact, determining appropriate service pathways and ensuring efficient resource utilization.

Call Reception Process:

1. **Initial Contact**: Caller dials the tool free or land line number of DISHA from inside or outside Kerala
2. **Agent Connection**: Call is routed to the first available call handler/health advisor based on agent availability

Triage Process:

Call handlers conduct systematic initial screening to assess:

- **Nature of Inquiry**: Information request, medical advice, counselling need, grievance, emergency
- **Urgency Level**:
    - **Emergency**: Life-threatening situations requiring immediate intervention
    - **Urgent**: Significant health concerns needing prompt medical advice
    - **Routine**: General information, non-urgent health queries, administrative matters
- **Service Category**: Health information, medical consultation, counselling, scheme navigation, grievance, referral
- **Caller Profile**: Age group, location, special vulnerabilities (pregnancy, chronic illness, disability, mental health crisis)
- **Language Preference**: Malayalam, English, or other regional languages as available

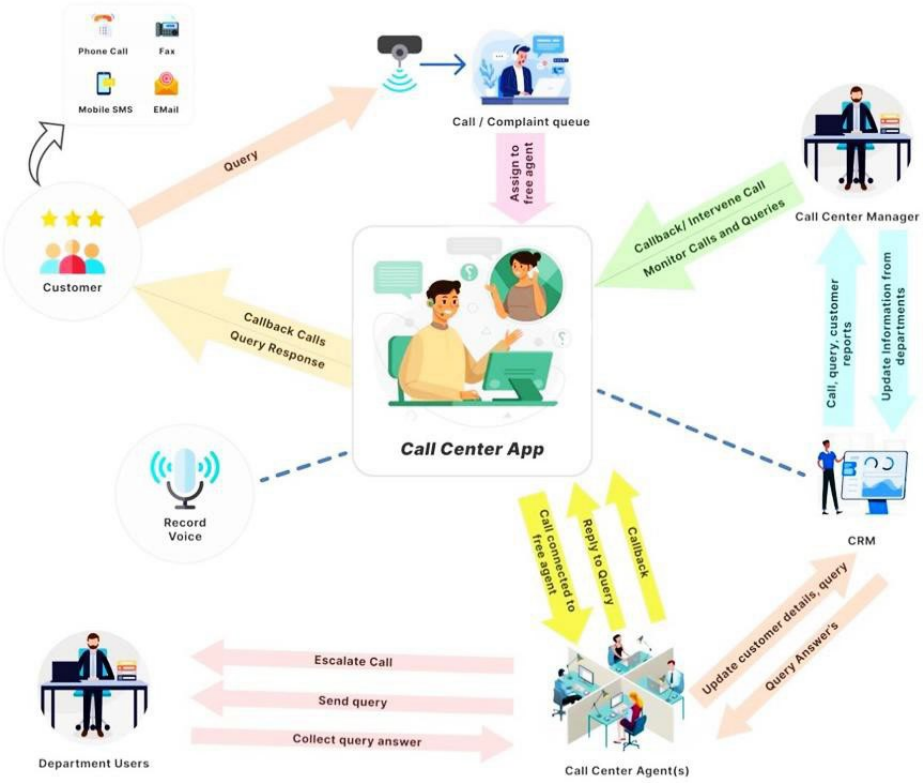


Fig 4 : Operational workflow

Screening Questions:

- What is the reason for your call today?
- Are you experiencing any emergency symptoms? (chest pain, difficulty breathing, severe bleeding, loss of consciousness, suicidal thoughts)
- Is this regarding yourself or someone else?
- What is your location?
- Do you need immediate medical attention?

Triage Outcomes:

- **Immediate escalation** to medical officer (urgent medical queries)
- **Transfer** to counselling team (mental health, crisis)
- **Direct information provision** by call handler (general health information, directory services)
- **Routing** to specialized service line (PM-JAY/KASP, eHealth)
- **Referral** for in-person care with facility information

6.2 Call Routing and Service Pathways

Based on triage assessment, calls are routed through distinct service pathways optimized for efficiency and quality:

Pathway 1: Medical Consultation (Dial-A-Doctor)

Trigger: Health symptoms, medication queries, treatment advice needed *Route*:

Call handler → Medical officer queue → Available doctor *Process*:

- Call handler provides medical officer with brief case summary
- Medical officer conducts tele-consultation
- Assessment of symptoms, medical history review
- Clinical advice provided based on protocols
- Medication guidance (general, not prescriptive)
- Determination of need for in-person consultation
- Referral to appropriate facility if needed
- Documentation of consultation

Average Handling Time: 8-15 minutes

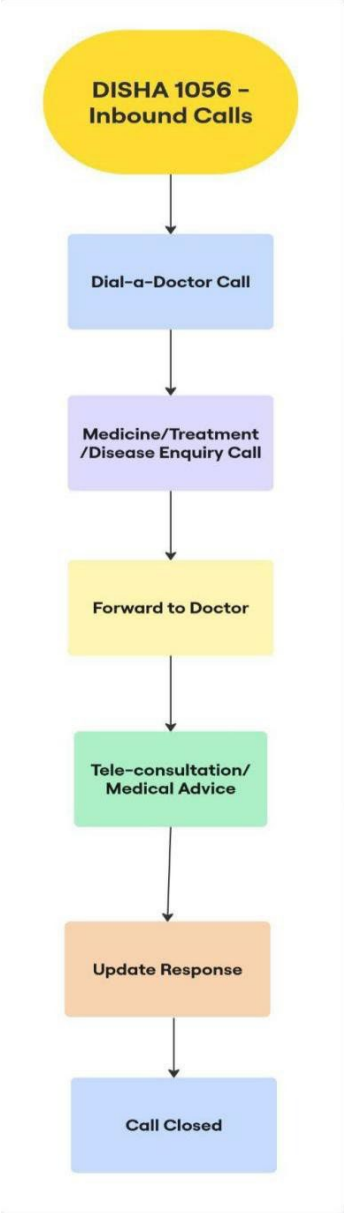


Fig 5 : Dial a Doctor Pathway

Pathway 2: Mental Health Counselling

Trigger: Emotional distress, mental health concerns, crisis situation

Route: Call handler → Professional social worker queue → Available counsellor

Process:

- Initial empathetic engagement by call handler
- Assessment of crisis level (suicidal ideation = immediate priority)
- Transfer to trained social worker
- Counselling session using evidence-based techniques
- Safety assessment and planning for high-risk cases
- Follow-up arrangements if needed
- Referral to specialized mental health services for complex cases
- Confidential documentation

Average Handling Time: 15-45 minutes (crisis calls may be longer)

Pathway 3: Health Information and Advisory

Trigger: General health questions, disease prevention, nutrition, facility

information *Route*: Call handler provides direct information

Process:

- Call handler accesses knowledge repository/database
- Provides accurate, protocol-based information
- Offers preventive health guidance
- Shares facility directory information
- Records call for documentation
- Escalates to medical officer if complexity increases

Average Handling Time: 5-10 minutes

Pathway 4: Health Scheme Navigation (PM-JAY/KASP)

Trigger: Scheme eligibility, enrollment, approval support,

grievances *Route*: Call handler → PM-JAY/KASP specialist team

Process:

- Beneficiary identification and verification
- Eligibility assessment and information provision
- Enrollment assistance and documentation guidance
- Pre-authorization support for planned hospitalization
- Status tracking of card applications and approvals
- Integration with State Health Agency systems
- Grievance documentation for scheme-related issues
- Follow-up on case resolution

Average Handling Time: 10-15 minutes

Pathway 5: Grievance Redressal

Trigger: Complaints about healthcare services, facilities, schemes, staff

Route : Call handler→ Grievance documentation→ Escalation to appropriate authority

Process:

- Detailed complaint documentation
- Collection of supporting information
- Classification by type and severity
- Routing to concerned department/authority
- Entry into tracking system (currently Excel/Google Sheets)
- Acknowledgment to complainant with reference number
- Follow-up monitoring until resolution
- Feedback to complainant on outcome

Average Handling Time: 10-25 minutes for intake; resolution time varies

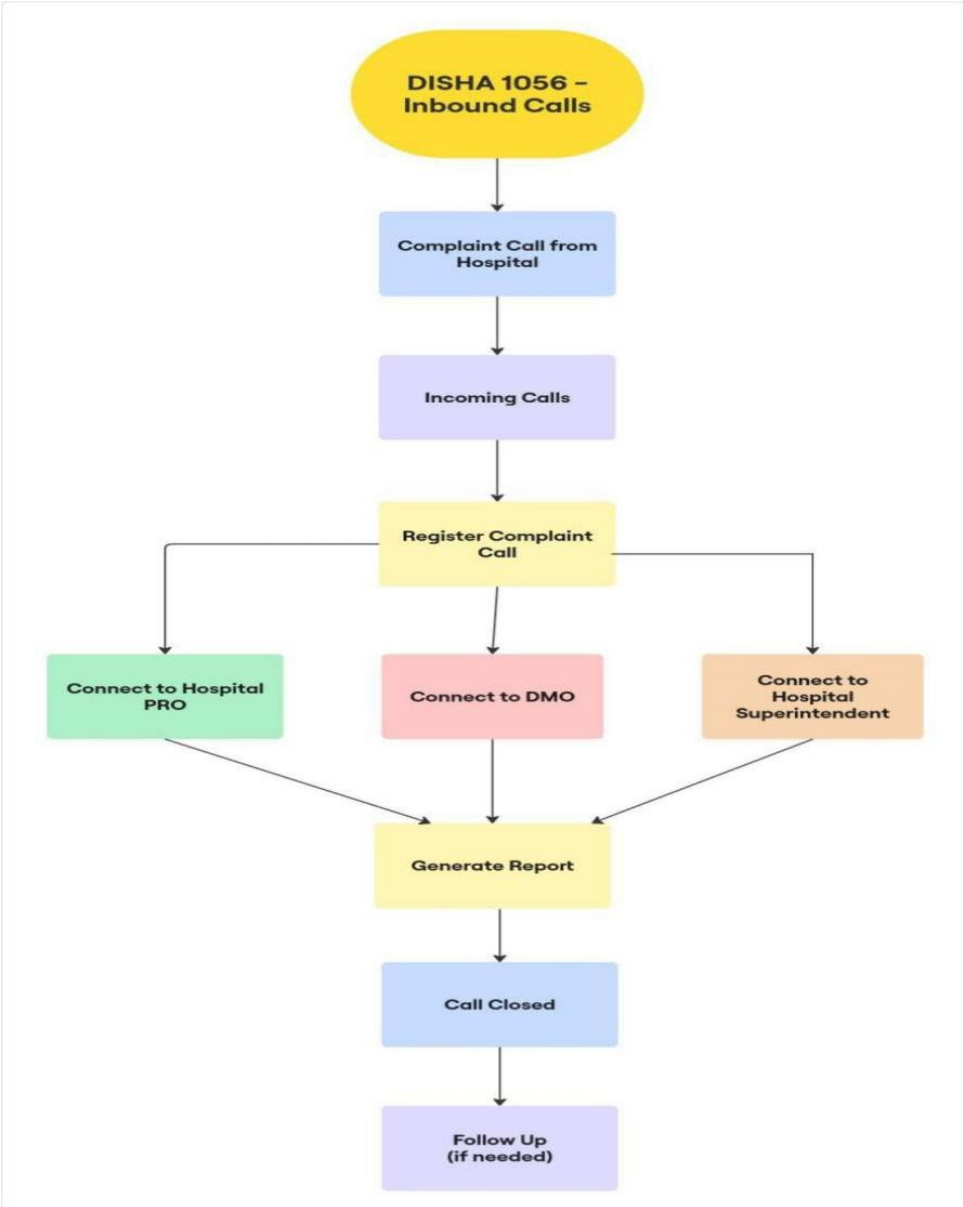


Fig 6 : Grievance Redressal

Pathway 6: eHealth Technical Support

Trigger: Online citizen portal issues, MeHealth app,HMS portal,SHAILI App,cancer care queries

Route: Call handler → eHealth support specialist

Process:

- Problem identification and troubleshooting
- Step-by-step guidance for digital platform navigation
- Account access issue resolution
- Escalation to eHealth Kerala technical team for complex issues
- Documentation of technical problems for pattern identification
- Follow-up on resolution

Average Handling Time: 8-15 minutes

Pathway 7: Child health Helpline

Trigger Maternal and early child development issues Route:

Call handler→ Staff nurse

Process

- Providing specific guidance for pregnant women on health,nutrition and safety
- Educating parents on early stimulation,play based learning and responsible care giving to ensure optimal brain development
- High risk management
- Interactive communication
- Build trust and encourage positive health behaviour given by trained counsellors
- Growth monitoring through mother and child protection card by tracking physical and cognitive milestones

6.3 Integration with Stakeholders

DISHA's effectiveness depends on seamless integration with diverse stakeholders across the health ecosystem:

Integration with Public Health Facilities

- **Referral Pathways**: Established protocols for referring patients to appropriate level facilities (PHC, CHC, district hospitals, medical colleges)
- **Facility Information Updates**: Regular updates on available services, bed availability (during emergencies), specialist availability
- **Appointment Coordination**: Support for booking appointments at facilities where systems exist
- **Follow-up Coordination**: Information sharing for complex cases requiring ongoing monitoring
- **Grievance Escalation**: Direct communication channels with facility administrators for complaint resolution

Integration with Disease Surveillance Units

- **Case Reporting**: Documentation and reporting of suspected communicable disease cases to Integrated Disease Surveillance Programme (IDSP)
- **Outbreak Response**: Rapid information dissemination during disease outbreaks
- **Data Sharing**: Aggregated data on disease-related calls for surveillance purposes
- **Guidance Alignment**: Ensuring health information aligns with current surveillance priorities

Integration with Disaster Management Authorities

- **Emergency Activation**: Protocols for rapid scaling during disasters and public health emergencies
- Information Coordination: Alignment with State Disaster Management Authority messaging
- Health Needs Assessment: Ground-level information collection during disasters
- Relief Coordination: Support for displaced populations accessing healthcare

Integration with State Health Agency (PM-JAY/KASP)

- **System Integration**: Technical connectivity with SHA platforms for beneficiary verification, card status, approval workflows
- **Real-time Coordination**: Daily coordination meetings during high-volume periods
- **Data Exchange**: Sharing of beneficiary feedback and grievances
- **Process Alignment**: Adherence to SHA standard operating procedures
- **Quality Monitoring**: Joint quality assurance and performance review

Integration with Mental Health Programmes

- **Referral Network**: Established connections with District Mental Health Programmes (DMHP), medical college psychiatry departments, de-addiction centers
- **Clinical Supervision**: Periodic clinical oversight of mental health services by psychiatrists
- **Protocol Development**: Collaborative development of counselling and crisis intervention protocols
- **Capacity Building**: Joint training initiatives for mental health response

Integration with Women and Child Development Department

- **GBV Response Coordination**: Linkages with One Stop Centers, protection officers, childline services
- **Child Protection**: Coordination for child abuse and neglect cases
- **Referral Mechanisms**: Formal protocols for referring survivors to appropriate services
- **Information Sharing**: Data sharing on GBV trends (maintaining confidentiality) for programmatic response

Integration with eHealth Kerala

- **Technical Support Coordination**: Direct escalation pathways to eHealth technical teams
- **Platform Integration**: Connectivity with online appointment systems and MeHealth app
- **User Feedback Sharing**: Systematic sharing of user experience data for platform improvement
- **Joint Problem Resolution**: Collaborative approach to resolving complex technical issues

Integration with National Health Mission (NHM)

- **Programme Information**: Up-to-date information on all NHM schemes and initiatives
- **Implementation Support**: Assistance with scheme roll-out and beneficiary awareness
- **Performance Reporting**: Regular reporting on DISHA performance to NHM structures
- **Resource Coordination**: Budget and resource allocation through NHM

6.4 Follow-up, Call Closure, and Documentation

Follow-up Mechanisms:

Medical Consultations:

- Callback arranged for cases requiring outcome monitoring
- Verification that referral to facility was completed
- Assessment of symptom resolution or progression
- Reinforcement of treatment advice
- Escalation if situation has worsened

Counselling Cases:

- Scheduled follow-up calls for ongoing support
- Safety checks for high-risk mental health cases
- Progress monitoring in trauma recovery
- Booster sessions for individuals in longer-term support
- Transition planning when moving to specialized services

Grievances:

- Regular status updates to complainants
- Verification of resolution with concerned departments
- Complainant satisfaction assessment
- Re-escalation if resolution inadequate
- Closure only after complainant confirmation

Scheme Support (PM-JAY/KASP):

- Card application status tracking
- Pre-authorization approval follow-up
- Post-hospitalization feedback collection
- Claim settlement verification
- Issue resolution confirmation

Documentation Standards:

Every call is documented with:

- **Basic Information**: Date, time, caller demographics (age, gender, location), contact number, language
- Call Category: Service type (medical, counselling, information, grievance, scheme)
- Presenting Issue: Detailed description of caller's concern/query
- Service Provided: Information given, advice provided, referral made
- Actions Taken: Escalations, transfers, external coordination
- Outcome: Call resolution status, follow-up arrangements
- Agent Details: Staff member handling call, supervisor (if escalated)
- Quality Indicators: Call duration, first-call resolution (yes/no)

Data Security in Documentation:

- Role-based access to sensitive records
- Encryption of personal health information
- Audit trails for data access
- Secure storage and backup
- Compliance with medical confidentiality standards

Current Documentation Challenges:

- Heavy reliance on Excel and Google Sheets limiting structured data capture
- Lack of integrated case management system
- Limited real-time reporting capabilities
- Absence of automated workflows and alerts
- Challenges in longitudinal tracking of complex cases

Chapter 7: Service Utilization and Operational Statistics

7.1 Cumulative Performance Overview

Since its inception in March 2013, DISHA has demonstrated sustained growth and significant reach:

- **Total Calls Managed**: Over 22 lakh (2.3 million) calls
- **Years of Operation**: 12+ years (2013-2025)
- **Service Coverage**: All 14 districts of Kerala
- **Operational Model**: 24×7, toll-free, multi-service helpline

7.2 Recent Call Volume Trends

Monthly Average Call Volume (representative period):

- **Overall Services**: Approximately 12,097 calls per month
- **PM-JAY/KASP Services**: Approximately 3,400 calls per month
- **Daily Average**: 400-450 calls per day (overall)

Peak Periods:

- **COVID-19 Pandemic (2020-2021)**: Dramatic surge in call volumes, particularly during second wave (July 2021 peak noted)
- **Examination Periods**: Increased mental health and counseling calls during academic exam seasons
- **Disease Outbreaks**: Spikes during communicable disease outbreaks (dengue season, seasonal influenza)
- **Scheme Enrollment Periods**: Higher PM-JAY/KASP call volumes during awareness campaigns and enrollment drives

Years	Number of Calls
2013-14	60956
2014-15	42585
2015-16	34060
2016-17	37127
2017-18	79085
2018-19	112760
2019 -20	102997
2020-21	481422
2021-22	729610
2022 - 23	178888
2023-24	173496
2024-25	179101
2025-26	108488 (till Dec 25)
Total	**23,20,575**

7.3 Call Category Distribution

Service Type Breakdown (representative

distribution): *Primary Service Categories*:

1. **Health Information Services**: 25-30% of total calls
    - Disease information, prevention guidance, facility directories
2. **Medical Consultations (Dial-A-Doctor)**: 15-20% of total calls
    - Tele-medical advice, symptom assessment, medication queries
3. **Mental Health and Counselling**: 10-15% of total calls
    - Emotional support, psychological counselling, crisis intervention
4. **Health Scheme Navigation (PM-JAY/KASP and others)**: 40-45% of total calls
    - PM-JAY/KASP services representing ~3,400 calls/month
5. **Grievance Redressal**: 8-12% of total calls
    - Hospital complaints, ASHA grievances, scheme-related issues
6. **Specialized Services**: 5-8% of total calls
    - Gender-based violence support, eHealth technical support, child health service guidance
7. **Other Services**: 2-5% of total calls
    - Specific programme support (Hridyam, K-SOTTO,information)

Call split up	**Numbers**
Complaints	1895
Counselling	12375
COVID Vaccination and certificate	2556
Dial A Doctor	12541
e-Sanjeevani	325
Child Health	2668
eHealth	2269
Epidemic	85
Information about health schemes & services	16525
KASP	66373
Maternal Health	1255
Others	60234

7.4 Emergency vs Advisory Calls

Advisory/Non-Emergency Calls: 95-97% of total call volume

- Health information and guidance
- Routine medical consultations
- Mental health counselling
- Scheme navigation
- Grievance reporting
- Facility information

7.5 District-wise and Geographic Distribution

Call Distribution Across 14 Districts of **Kerala** (representative pattern): ***High-Volume Districts*:**

- Thiruvananthapuram: 12-15% of calls
- Ernakulam: 12-14% of calls
- Kozhikode: 10-12% of calls
- Thrissur: 8-10% of calls

***Medium-Volume Districts*:**

- Kollam: 7-9% of calls
- Malappuram: 7-9% of calls
- Kannur: 6-8% of calls
- Palakkad: 6-7% of calls
- Alappuzha: 5-7% of calls

***Lower-Volume Districts*:**

- Kottayam: 4-6% of calls
- Pathanamthitta: 3-5% of calls
- Kasaragod: 3-5% of calls
- Wayanad: 2-4% of calls
- Idukki: 2-4% of calls

Special Geographic Coverage:

- **Lakshadweep**: <1% of calls, primarily health information and emergency coordination
- **International Calls**: Kerala diaspora accessing services from abroad (exact proportion not quantified)

Factors Influencing Geographic Distribution:

- Population density and district population size
- Health literacy and awareness of DISHA services
- Availability of alternative healthcare access points
- Digital literacy and phone accessibility
- Language preferences and communication barriers
- Urban vs rural calling patterns

7.6 Demographic Patterns

Age Distribution (where documented):

- Children (0-12 years): Calls made by parents/caregivers
- Adolescents (13-19 years): Significant proportion of mental health and counselling calls
- Adults (20-59 years): Largest user group across all service categories
- Elderly (60+ years): Health information, chronic disease management, scheme queries

Gender Distribution:

- Calls on behalf of females (maternal health, women's health): Significant proportion
- Male callers: General health, chronic conditions
- Gender-based violence calls: Predominantly female survivors
- Note: Gender data collection varies by service type and documentation practices

Caller Type:

- Patients calling for themselves: Majority
- Family members/caregivers calling on behalf of patients: 30-40%
- Healthcare workers (ASHAs, other frontline workers): Small but significant proportion
- Third parties (concerned individuals): Occasional

7.7 Response Time and Service Efficiency Indicators **Call**

Handling Metrics (representative performance): **Average**

Call Waiting Time:

- Peak hours: 2-4 minutes
- Off-peak hours: <1 minute
- Target: <3 minutes for routine calls

Call Abandonment Rate:

- Current: Data not systematically captured
- Target: <5% (industry standard for health helplines)

Average Handling Time (AHT) by Service Type:

- Health information: 5-8 minutes
- Medical consultation: 8-15 minutes
- Mental health counselling: 15-30 minutes
- Scheme navigation (PM-JAY/KASP): 10-15 minutes
- Grievance intake: 8-12 minutes
- eHealth support: 8-12 minutes
- Emergency transfer: 1-2 minutes for transfer; additional time for pre-hospital guidance
- **Overall Average**: Approximately 10-12 minutes per call

Agent Productivity:

- **Average Calls Per Agent Per Day**: Approximately 30 calls (across all service types)
- Variation by service type: Medical officers handle fewer calls (longer AHT), information advisors handle more calls (shorter AHT)

First Call Resolution (FCR) Rate:

- Current: Not systematically measured
- Target: >75% for information and advisory calls
- Complex cases (grievances, scheme issues) often require follow-up

Callback Success Rate:

- For scheduled follow-ups: Data not systematically captured
- Challenges with incorrect/changed contact numbers, caller unavailability

7.8 Service Quality Indicators

Call Quality Scores (where quality monitoring conducted):

- Empathy and active listening
- Accuracy of information provided
- Protocol adherence
- Documentation completeness
- Professionalism and communication skills
- Current: Quality monitoring conducted on sample basis; no comprehensive scoring system

Customer Satisfaction (CSAT):

- Post-call satisfaction surveys: Conducted on ad-hoc basis
- Feedback collection mechanisms: Built into call closure process
- Overall satisfaction levels: Generally positive feedback, quantitative data limited

Complaint Rate:

- Complaints about DISHA service quality: Low incidence
- Most common issues: Wait times during peak periods, clarity of information, follow-up gaps

Medical Accuracy:

- Periodic review of medical consultations by Medical Superintendent
- No systematic errors or adverse events documented
- Protocols regularly updated based on evidence and departmental guidelines

7.9 Referral Outcomes

Referral Completion Rate:

- Proportion of referred cases that completed in-person consultation: Not systematically tracked
- Challenges in follow-up verification, particularly for referrals to private facilities

Mental Health Referrals:

- Cases referred to District Mental Health Programmes, psychiatrists: Tracking limited
- Referral pathway effectiveness requires strengthening for comprehensive care continuity

7.10 Scheme Navigation Outcomes (PM-JAY/KASP)

Monthly Performance (PM-JAY/KASP services):

- Average 3,400 calls per month
- Services include: beneficiary queries, enrollment support, pre-authorization guidance, grievance redressal

Card Approval Support:

- Number of beneficiaries assisted with enrollment process: Data maintained by SHA
- Pre-authorization approvals facilitated: Coordination through integrated workflow

Post-treatment Feedback:

- Systematic collection of beneficiary satisfaction after hospitalization
- Data shared with SHA for quality improvement and hospital empanelment decisions

Grievance Resolution:

- PM-JAY/KASP-related complaints: Significant proportion of grievance calls
- Common issues: Card denial, claim rejection, hospital service quality
- Resolution coordination with SHA and empaneled hospitals

7.11 COVID-19 Pandemic Performance (2020-2021)

During the COVID-19 pandemic, DISHA demonstrated exceptional surge capacity:

Volume Surge:

- Call volumes increased dramatically, particularly during second wave (April-July 2021)
- **Peak Month (July 2021)**: Significantly elevated call volumes (specific numbers to be inserted based on available data)
- Sustained high volumes throughout pandemic period

Service Adaptation:

- Rapid scaling of staff and infrastructure
- Integration with COVID testing, treatment, and vaccination systems
- Mental health support for pandemic-related anxiety and isolation
- Bereavement counselling for families
- Home isolation management guidance
- Oxygen supply and medication coordination
- Myth-busting and countering misinformation

Impact:

- Critical role in maintaining continuity of healthcare access
- Reduced burden on emergency services for non-emergency COVID queries
- Public anxiety management and accurate information dissemination
- Support to overwhelmed healthcare system

7.12 Analytical Reports and Performance Dashboards

Current Reporting Mechanisms:

- Daily operational reports: Call volume, service distribution, escalations
- Monthly performance reports: Comprehensive service statistics, agent productivity
- Quarterly reviews: Trend analysis, service quality assessment
- Annual reports: Cumulative impact, strategic achievements, challenges

Data Visualization:

- Basic Excel-based charts and tables
- Limited real-time dashboard availability
- No centralized performance monitoring system for management

Key Performance Indicators (KPIs) Tracked:

- Total calls received and answered
- Calls by service category
- District-wise distribution
- Average handling time
- Calls per agent per day
- PM-JAY/KASP service volumes
- Grievance intake and resolution (limited tracking)

Analytical Gaps:

- Lack of centralized, real-time performance dashboard
- Limited automated reporting and analytics
- No AI-based sentiment analysis or call classification
- Inadequate longitudinal tracking of complex cases
- Absence of predictive analytics for resource planning
- Limited integration of data across service lines

Recommendations for Enhanced Analytics:

- Implementation of comprehensive dashboard for real-time monitoring
- Automated KPI tracking and SLA compliance reporting
- Advanced analytics on service patterns, bottlenecks, and quality trends
- Integration with other health system data for impact assessment
- Beneficiary outcome tracking to demonstrate health impact

Month-Year	**DISHA**	**SHA**	**eHealth**
24-Apr	9335	2181	175
24-May	9314	2884	141
24-Jun	9045	3779	174
24-Jul	9576	6998	171
24-Aug	8066	5360	243
24-Sep	9028	4815	177
24-Oct	10471	7421	211
24-Nov	10532	9496	255
24-Dec	9248	12902	181
25-Jan	9028	4302	223
25-Feb	7895	3250	179
25-Mar	8921	2985	139
TOTAL	**110459**	**66373**	**2269**

Month-wise Incoming Call Data 2024-25

Chapter 8: Impact, Challenges, and Way Forward

8.1 Key Achievements and System-Level Impact

Over its 12+ year journey, DISHA has established itself as an integral component of Kerala's health system with significant achievements:

Access Enhancement:

- **Universal Accessibility**: Toll-free, 24×7 service ensuring healthcare guidance available to all citizens regardless of economic status, geography, or time
- **Over 2.3 Million Lives Touched**: More than 23 lakh calls managed, providing health information, medical guidance, and emotional support
- **Geographic Reach**: Coverage across all 14 districts of Kerala and Lakshadweep islands, bridging urban-rural divide in health access
- **Diaspora Support**: Extended services to Kerala citizens globally

Preventive and Promotive Health Impact:

- **Early Intervention**: Preventive guidance before health situations escalate to emergencies
- **Health Literacy**: Systematic dissemination of evidence-based health information, improving community health knowledge
- **Behavior Change Communication**: Guidance on nutrition, hygiene, lifestyle modifications contributing to long-term health outcomes
- **Disease Prevention**: Information on immunization, screening, and risk factor management

Mental Health System Strengthening:

- **Destigmatization**: Accessible, anonymous platform reducing barriers to mental health support
- **Crisis Intervention**: Life-saving suicide prevention through empathetic counselling and safety planning
- **Early Mental Health Support**: First-line psychological support preventing deterioration
- **Bridging Treatment Gap**: Connecting individuals to specialized mental health services
- **Exam Stress Management**: Significant support to student population during high-stress periods

Emergency Response Capacity:

- **Life-saving Coordination**: Timely emergency identification and coordination with emergency services
- **Pre-hospital Guidance**: Critical first aid information while awaiting emergency services
- **Crisis Management**: Effective psychological first aid during acute crises

Health System Navigation:

- ✧ **Scheme Access**: Facilitation of access to PM-JAY/KASP and other health schemes, improving financial protection in healthcare
- ✧ **Approximately 3,400 Monthly PM-JAY/KASP Calls**: Significant beneficiary support ensuring scheme utilization
- ✧ **Informed Healthcare Decisions**: Hospital and facility information enabling appropriate care-seeking
- ✧ **Reduced Information Asymmetry**: Empowering citizens with knowledge for navigating complex health system

Governance and Accountability:

- ✧ **Grievance Redressal Platform**: Formal mechanism for citizens to report service quality issues
- ✧ **Service Quality Feedback**: Systematic feedback mechanism informing health system improvements

Equity and Inclusion:

- ✧ **Gender-based Violence Response**: Confidential support and referral for survivors, strengthening protection mechanisms
- ✧ **Vulnerable Population Support**: Targeted services for pregnant women, children, elderly, mentally ill, and marginalized communities
- ✧ **Language Accessibility**: Services in Malayalam and other regional languages
- ✧ **Economic Accessibility**: Toll-free service removing financial barrier to health guidance

Public Health Programme Support:

- ✧ **Disease Surveillance**: Support to communicable disease detection and reporting
- ✧ **Programme Implementation**: Assistance with NHM programme roll-out and beneficiary awareness
- ✧ **Data for Planning**: Service utilization data informing health system planning and resource allocation

8.2 Role During Public Health Emergencies and Disasters

DISHA has demonstrated exceptional surge capacity and adaptability during crises:

COVID-19 Pandemic Response (2020-2021):

Critical Contributions:

- **Rapid Scaling**: Successfully managed dramatic surge in call volumes during pandemic peaks (particularly July 2021)
- **Accurate Information Hub**: Countering misinformation and providing evidence-based guidance on transmission, prevention, testing, and treatment
- **Anxiety Management**: Mental health support for millions experiencing pandemic-related fear, isolation, and grief
- **Home Isolation Support**: Guidance for thousands managing COVID-19 at home, reducing hospital burden
- **Bereavement Counselling**: Support for families who lost loved ones during devastating second wave
- **Vaccination Support**: Information dissemination and appointment coordination for vaccination programme
- **Healthcare System Bridge**: Maintained continuity of healthcare access when system was overwhelmed
- **Testing and Treatment Coordination**: Navigation support for accessing testing facilities and hospital beds
- **Data Intelligence**: Real-time information on community concerns informing public health response

Impact:

- Prevented panic and ensured rational health-seeking behavior
- Reduced unnecessary emergency service utilization
- Provided emotional anchor during unprecedented crisis
- Demonstrated resilience and adaptability of tele-health platforms

Disaster Preparedness:

- **Scalable Infrastructure**: Proven ability to rapidly expand capacity during emergencies
- **Flexible Service Model**: Can adapt service focus based on emergency type
- **Coordination Mechanisms**: Established protocols with disaster management authorities
- **Information Dissemination**: Platform for rapid public health messaging during outbreaks and disasters

8.3 Operational and Capacity Challenges

Despite significant achievements, DISHA faces several operational challenges that constrain optimal performance:

Infrastructure and Technology Limitations:

1. **Local IT Deployment Constraints**:
    - Physical IT infrastructure deployed locally, limiting external accessibility
    - Need for hybrid model enabling remote access for monitoring and management
    - Restricted access for key personnel to applications, hindering real-time oversight

2. **Excel and Google Sheets Dependency**:
    - Heavy reliance on manual spreadsheets for data management
    - Limited structured data capture and processing
    - Inability to conduct real-time monitoring and analytics
    - Inefficient workflows requiring excessive manual intervention
    - Data quality and consistency challenges
3. **Grievance Management Gaps**:
    - Lack of structured complaint logging system
    - Absence of automated escalation mechanisms
    - No SLA-bound grievance resolution tracking
    - Limited visibility into resolution bottlenecks
    - Manual follow-up processes prone to delays
4. **Analytics and Business Intelligence Deficits**:
    - Limited service quality analytics capabilities
    - Inability to identify departmental and workflow bottlenecks systematically
    - Absence of predictive analytics for resource planning
    - No sentiment analysis or automated call classification
    - Dashboard limitations hindering performance monitoring
5. **Integration Gaps**:
    - No integration with national platforms like PM-JAY CRM and ABHA (Ayushman Bharat Health Account)
    - Restricts productivity and requires extensive manual intervention
    - Limits interoperability with broader health ecosystem
    - Misses opportunities for leveraging national digital health infrastructure
6. **Absence of AI and Automation**:
    - No AI-based triage and call routing optimization
    - Lack of automated feedback collection and analysis
    - Absence of sentiment scoring for quality improvement
    - Manual workflows for routine processes
7. **Centralized Performance Monitoring Deficit**:
    - No centralized dashboard for real-time agent performance monitoring
    - Limited visibility into SLA compliance
    - Inability to proactively identify and address operational issues
    - Management decision-making constrained by delayed data availability
8. **Physical Infrastructure Needs**:
    - Both physical facilities and IT systems require upgrading
    - Need for complete data-driven operational model
    - Infrastructure scalability constraints during surge periods

Workforce and Capacity Challenges:

1. **Staffing and Workload**:
    - Average 30 calls per agent per day, but significant variation based on call complexity
    - Mental health counsellors handling emotionally intensive calls requiring adequate rest and support

2. **Training and Capacity Building**:
    - Continuous training needs given evolving health landscape
    - Need for specialized training on new technologies and digital platforms
    - Limited exposure to advanced triage protocols and AI-assisted decision-making
    - Stress management and wellness support for staff
3. **Quality Assurance**:
    - Limited systematic quality monitoring across all calls
    - Absence of comprehensive call scoring and feedback mechanisms
    - Need for enhanced supervision and mentoring

Service Delivery Challenges:

1. **Follow-up and Continuity**:
    - Difficulty tracking referral completion and outcomes
    - Challenges in maintaining longitudinal engagement with complex cases
    - Limited integration with facilities for closed-loop referral feedback
2. **SLA Compliance**:
    - Grievance resolution SLAs not systematically monitored or enforced
    - No automated alerts for approaching or breached SLAs
    - Accountability gaps in inter-departmental coordination
3. **Data Quality and Documentation**:
    - Documentation completeness varies across staff and service lines
    - Data entry errors and inconsistencies
    - Incomplete demographic and outcome information
4. **Service Awareness**:
    - Many citizens still unaware of DISHA services
    - Need for enhanced community awareness and outreach
    - Utilization gaps in certain districts and populations
5. **Language and Accessibility**:
    - Need for enhanced support in multiple languages
    - Accessibility for hearing-impaired and speech-impaired individuals
    - Digital divide affecting phone accessibility for some populations

8.4 Technology and System Gaps **Critical**

Technology Requirements:

1. **Integrated Call Management System**:
    - Comprehensive platform replacing Excel/Google Sheets dependency
    - Structured call logging with standardized fields
    - Automated call routing and escalation
    - Case management functionality for longitudinal tracking
    - Integration capabilities with external platforms
2. **Centralized Performance Dashboard**:
    - Real-time monitoring of call volumes, wait times, abandonment rates
    - Agent productivity and performance metrics
    - SLA compliance tracking with automated alerts
    - Service quality indicators
    - Customizable views for different management levels

3. **Advanced Analytics and Business Intelligence**:
    - Automated reporting with drill-down capabilities
    - Trend analysis and pattern identification
    - Predictive analytics for resource planning
    - Sentiment analysis and call classification
    - Outcome tracking and impact assessment
4. **AI and Automation**:
    - AI-based triage and call routing optimization
    - Chat-bot for routine information queries (supplementing, not replacing human interaction)
    - Automated quality scoring and feedback
    - Natural language processing for call analysis
    - Predictive models for demand forecasting
5. **Integration with National Platforms**:
    - PM-JAY CRM integration for seamless beneficiary support
    - ABHA integration for unified health identity
    - Unified Health Interface (UHI) connectivity for health service discovery
    - Integration with National Digital Health Mission ecosystem
    - Interoperability with electronic health records
6. **Enhanced Telephony**:
    - Modern cloud-based telephony infrastructure
    - Multi-channel support (voice, chat, video where appropriate)
    - Advanced IVR with natural language understanding
    - Call-back functionality to reduce wait times
    - Recording and quality monitoring systems
7. **Mobile and Digital Channels**:
    - Mobile app for DISHA access
    - Web-based portal for non-urgent queries
    - SMS and Whats-app integration for follow-up and reminders
    - Video consultation capability for selected services
8. **Data Security and Privacy**:
    - Robust encryption and access controls
    - Compliance with health data privacy regulations
    - Secure cloud infrastructure with redundancy
    - Regular security audits and updates

8.5 Future Vision and Strategic Direction

Short-term Priorities (1-2 years):

1. **Technology Modernization**:
    - Implement integrated call management and case tracking system
    - Deploy centralized performance monitoring dashboard
    - Enhance data security and backup systems
    - Pilot AI-based triage in selected service lines

2. **Process Strengthening**:
    - Formalize and automate SLA-based grievance tracking
    - Enhance documentation standards and completeness
    - Strengthen quality assurance mechanisms
    - Improve follow-up and outcome tracking protocols
3. **Workforce Development**:
    - Comprehensive training on new systems and technologies
    - Specialized capacity building on emerging health priorities
    - Staff wellness programmes and burnout prevention
    - Performance management and recognition systems
4. **Service Expansion**:
    - Enhance PM-JAY/KASP integration and beneficiary support
    - Strengthen gender-based violence response services
    - Expand early childhood development support
    - Pilot telemedicine video consultations for selected cases
5. **Awareness and Outreach**:
    - State-wide campaign on DISHA services
    - Targeted outreach in low-utilization districts
    - Community engagement through health workers
    - Digital and social media awareness initiatives

Medium-term Goals (3-5 years):

1. **Full Digital Integration**:
    - Complete integration with national digital health platforms (PM-JAY CRM, ABHA, NDHM ecosystem)
    - Seamless interoperability with state health information systems
    - Unified health identity for all callers
    - Closed-loop referral and outcome tracking
2. **AI and Advanced Analytics**:
    - Full deployment of AI-based triage and decision support
    - Predictive analytics for health system planning
    - Automated quality monitoring and feedback
    - Population-level health insights from call data
3. **Multi-channel Service Delivery**:
    - Mobile app with comprehensive self-service features
    - Web portal for information access and appointment booking
    - Chat-bot for routine queries and triage
    - Video consultation services for appropriate cases
    - SMS/Whats-app for appointment reminders and follow-up
4. **Expanded Service Portfolio**:
    - Chronic disease management support programmes
    - Preventive health coaching and lifestyle modification support
    - Medication adherence monitoring for selected conditions
    - Post-discharge follow-up for high-risk patients
    - Telerehabilitation support services

5. Quality and Impact:

- Comprehensive outcome measurement framework
- Regular impact evaluations demonstrating health improvements
- Certification/accreditation of call centre services
- Continuous quality improvement culture

Long-term Vision (5-10 years):

1. **DISHA as Health System Intelligence Hub**:
   - Real-time population health monitoring through call analytics
   - Early warning system for disease outbreaks
   - Health system performance monitoring through citizen feedback
   - Data-driven policy and planning support
2. **Personalized Health Guidance**:
   - AI-powered personalized health recommendations
   - Integration with personal health records for tailored advice
   - Longitudinal health coaching relationships
   - Risk stratification and proactive outreach
3. **Hub-and-Spoke Model**:
   - DISHA as state-level hub coordinating district-level health helplines
   - Specialized service centers for complex cases
   - Integration with primary care for seamless care coordination
   - Population health management platform
4. **Research and Innovation**:
   - DISHA as platform for health services research
   - Innovation lab for tele-health service models
   - Knowledge generation on population health patterns
   - Best practice dissemination nationally and internationally
5. **Model for Replication**:
   - Kerala DISHA model as template for other states
   - Technical assistance for setting up similar services
   - Contribution to national health helpline standards
   - South-South knowledge exchange on tele-health

8.6 Sustainability Considerations

Financial Sustainability:

- Continued investment from National Health Mission and state health budget
- Exploration of innovative financing mechanisms
- Cost-effectiveness analysis demonstrating value for money
- Efficiency improvements reducing per-call costs

Institutional Sustainability:

- Strong governance structures and accountability mechanisms
- Integration into state health system architecture
- Clear mandate and policy framework
- Political and administrative commitment

Technological Sustainability:

- Scalable, flexible technology platforms
- Regular upgrades and maintenance
- Capacity for adaptation to emerging technologies
- Vendor management and technology partnerships

Workforce Sustainability:

- Competitive compensation and working conditions
- Career progression pathways
- Continuous learning and development opportunities
- Positive work environment and staff wellness

Service Sustainability:

- Continuous quality improvement
- Responsiveness to evolving health needs
- Evidence-based service adaptation
- Strong community trust and utilization

Conclusion

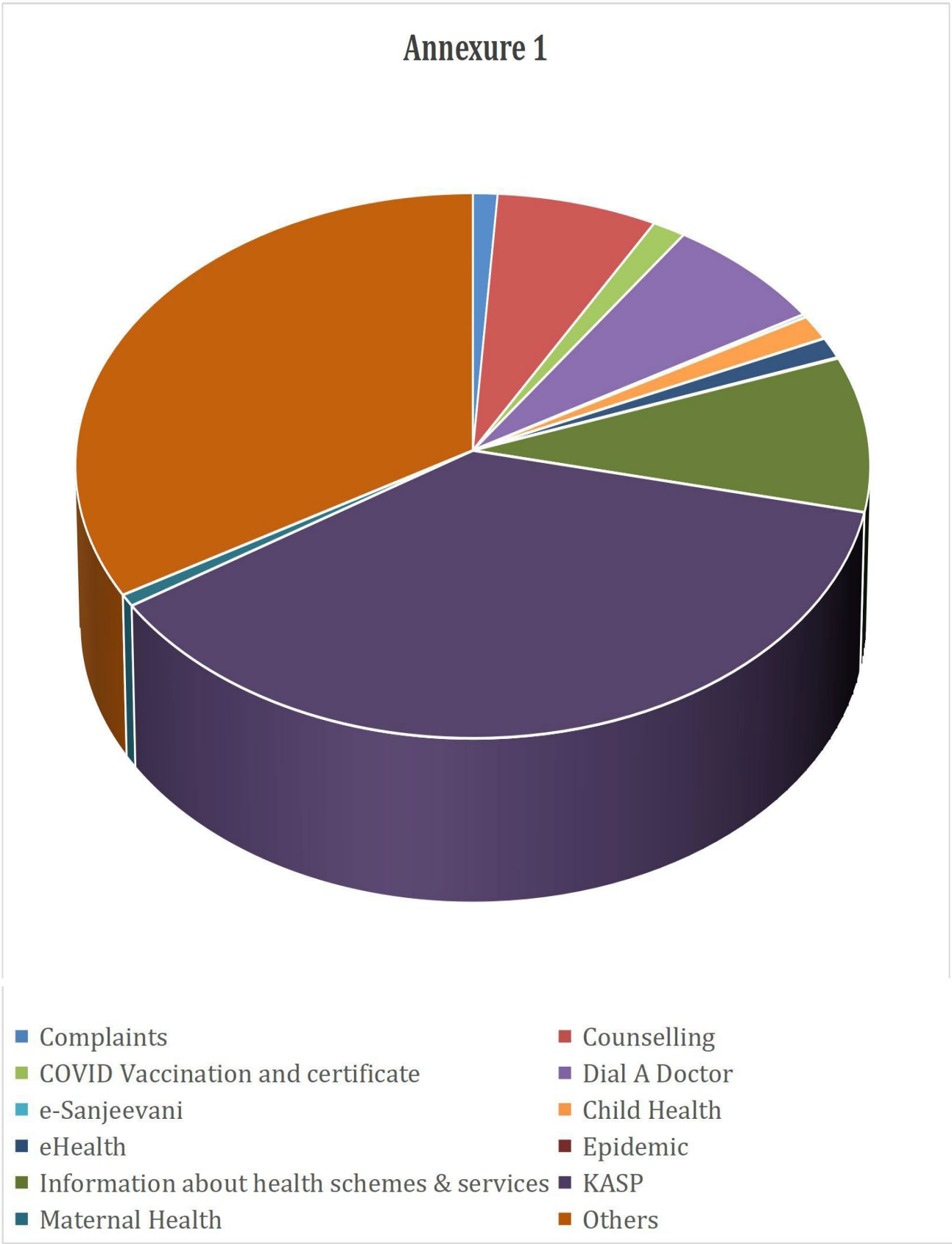
DISHA has evolved from a focused exam stress helpline to a comprehensive health guidance and support platform serving millions of Kerala citizens. Its journey demonstrates the power of accessible, responsive tele-health services in strengthening health systems, particularly for preventive care, mental health support, and health system navigation.

The COVID-19 pandemic showcased DISHA's critical role during public health emergencies and validated the tele-health model's importance in healthcare delivery. As Kerala's health system continues to evolve, DISHA has the potential to serve as an intelligent health information hub, early warning system, and personalized health guidance platform.

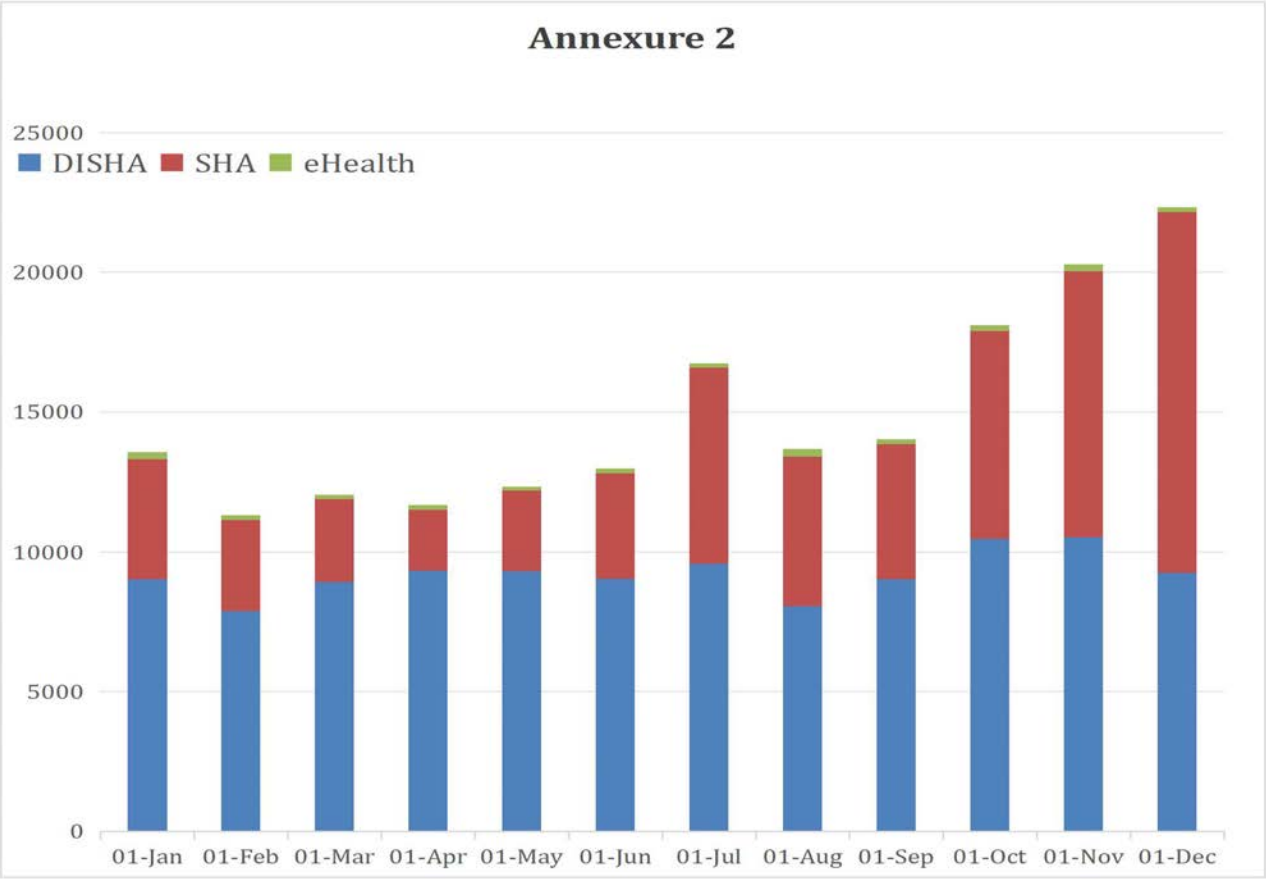
Realizing this potential requires addressing current infrastructure and technology gaps, particularly transitioning from manual, spreadsheet-based systems to integrated, AI-enabled platforms. Investments in workforce capacity, quality assurance, and inter-system integration will be critical for DISHA's continued growth and impact.

With strategic vision, adequate resources, and continued commitment from government and health system stakeholders, DISHA can evolve into a gold-standard model for integrated tele-health services—improving health outcomes, enhancing healthcare access, and empowering citizens to navigate Kerala's health system effectively.

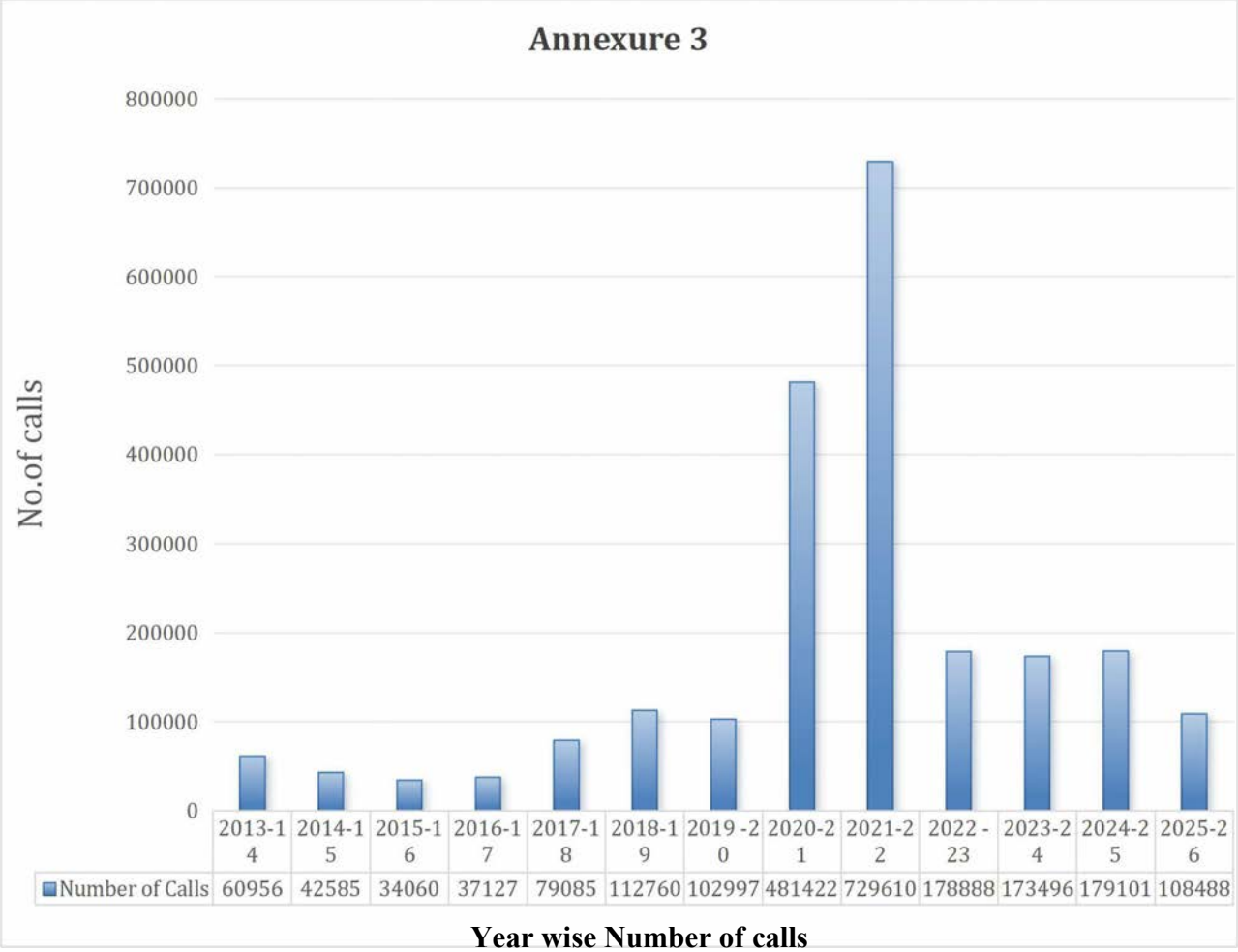
Annexures


Annexure 1
Complaints
Counselling
COVID Vaccination and certificate
Dial A Doctor
e-Sanjeevani
Child Health
eHealth
Epidemic
Information about health schemes & services
KASP
Maternal Health
Others

Call category Distribution



Month-wise incoming call data 2024-25



	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019 -20	2020-21	2021-22	2022 - 23	2023-24	2024-25	2025-26
Number of Calls	60956	42585	34060	37127	79085	112760	102997	481422	729610	178888	173496	179101	108488

Year wise Number of calls

Abbreviation List

NHM – National Health Mission

DHS – Directorate of Health Services

DISHA – Dial Information Service for Health & Awareness

HWC – Health & Wellness Centre

PHC – Primary Health Centre

CHC – Community Health Centre

IDSP – Integrated Disease Surveillance Programme

SHA – State Health Agency

PM-JAY – Pradhan Mantri Jan Arogya Yojana

KASP – Karunya Arogya Suraksha Padhathi

DMHP – District Mental Health Programme

GBV – Gender-Based Violence

IEC – Information, Education and Communication

BCC – Behaviour Change Communication

AHT – Average Handling Time

FCR – First Call Resolution

CSAT – Customer Satisfaction

KPI – Key Performance Indicator

SLA – Service Level Agreement

AI – Artificial Intelligence

NDHM – National Digital Health Mission

ABHA – Ayushman Bharat Health Account

LSGD – Local Self Government Department

National Health Mission
Government of Kerala

June 2026