

ANNUAL REPORT 2017-2018



SHSRCK

**STATE HEALTH SYSTEMS RESOURCE CENTRE,
KERALA**



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WOMEN & CHILD DEVELOPMENT
Government of Kerala



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Message

SHSRC Kerala has grown as an institution which acts as a supporting agency of the Department of Health and Family Welfare providing all the important technical inputs for implementing major initiatives of the Health department. SHSRC played a pivotal role in the process of implementation of Aardram Mission by developing concept of the Mission, preparing different manuals and handbooks, providing training for the staff, Panchayat representatives and officials, and playing a role in its monitoring. The innovations the institution is adopting to disseminate the concept to the different category staff and the public for the better acceptance of the health reforms through the Mission is laudable. I take this opportunity to proclaim that the training methodology followed by SHSRC in imparting the training, which in turn has provided a fresh awakening to the Health system. This institution has to be instrumental in continuing the support to Department of Health and Family Welfare the way it has done in the previous years to sustain the reforms happening in the Health system at present. Cheers to SHSRC team for compiling the reports of its activities in the year 2017 – 18 which is very important for others to learn.

K.K. Shailaja Teacher



SHSRCK





Dr. Shinu KS
Executive Director, SHSRCK-K

Message from the Executive Director-SHSRC-K

With great pride and accomplishment, I present to you the Annual Report of State Health System Resource Centre - Kerala (SHSRCK-K) for the financial year 2017-2018. The pinnacle of this report is our notable achievements in the background of Aardram Mission. The institute in its journey of over ten years has scaled many heights and is now considered as one of the important institutions in health system of Kerala.

Leanings from achievements and failures would be helpful for us to make marked difference in the health system by building evidence and policy recommendations.

Dr. Shinu KS
Executive Director, SHSRCK-K





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About SHSRC-K

State Health Systems Resource Centre, Kerala (SHSRCK), has been established in 2008-09 as a technical support organization for the Department of Health & Family Welfare, Government of Kerala. During the initial years it mainly functioned as the ASHA resource center. In the year 2013-14, Government of Kerala has accorded sanction to make SHSRCK as an autonomous body under the Department of Health And Family Welfare with an objective of advising the government on a regular basis on policy and strategy development and to mobilize technical assistance for specific health system

issues and it is formed on the lines of National Health Systems Resource Centre (NHSRC), New Delhi, which is the technical support organization to National Health Mission, Government of India.

Mandate of the institution

SHSRCK focuses on health systems research, health policy & planning, strategy development, innovation and knowledge management. SHSRCK is intended to contribute and strengthen all efforts directed towards strengthening health systems for ensuring universal access to health services in Kerala.

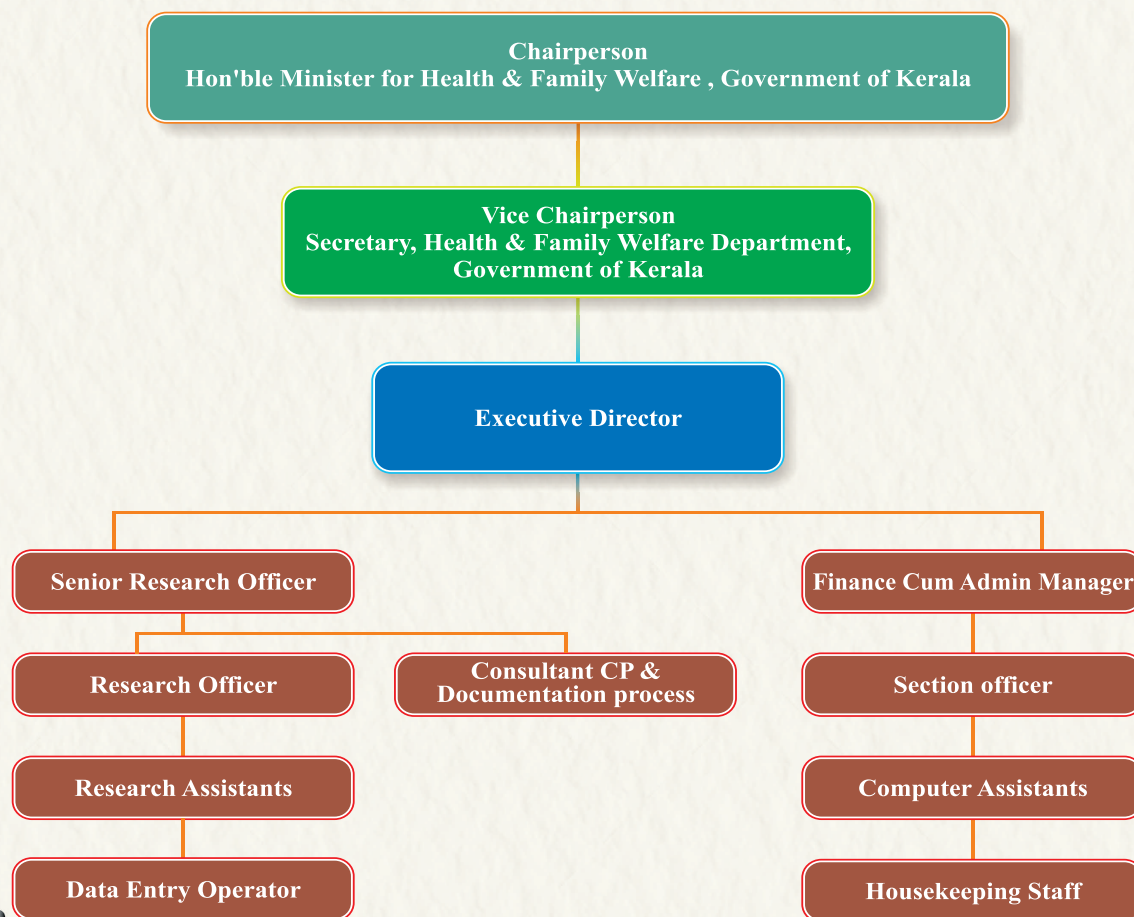


Vision & Mission

- ◆ To undertake research, evaluation and technical support in various aspects of health system aimed at improving state health system.
- ◆ To develop operational guidelines for implementation of various health programs and providing on-going technical support to the State and District level in implementing various health programs in the state.
- ◆ To facilitate development of appropriate policies and guidelines in health sector for the consideration of the state and central government based on evidence based research.
- ◆ To undertake evaluations and assessment of various health schemes/programs operational in the state of Kerala and recommend corrective actions.
- ◆ To publish journals, reports and working papers in various domains of health systems aimed at be improving the state health system.

ORGANOGRAM

The organization chart of SHSRC-K is given below (Fig i).



Committees of SHSRC-K

a) Members of the Governing Body 2017-18 (table i)

b) Executive Committee (table ii)

SINo	Members of the Governing Body	Status in the Society
1	Hon'ble Minister for Health & Social Welfare, Govt. of Kerala	Chairperson
2	Additional Chief Secretary to Government, Health & Family Welfare Department, Government of Kerala	Vice Chair Person
3	Secretary to Government, Finance Expenditure (or) Nominee from Finance Department	Member
4	Mission Director, National Rural Health Mission, Government of Kerala	Member
5	Director Health Services , Government of Kerala	Member
6	Director, Medical Education, Government of Kerala	Member
7	Director, Indian System of Medicine, Government of Kerala	Member
8	Director, Homoeopathy, Government of Kerala	Member
9	Principal, State Institute of Health & Family Welfare, Government of Kerala	Member
10	Executive Director , SHSRCK	Member Secretary

Table i: Members of the Governing body



Sl No	Executive Committee	Status in the Society
1	Secretary to Government Health & Family Welfare Department, Thiruvananthapuram.	Chair Person
2	State Mission Director, National Health Mission. Thiruvananthapuram.	Vice Chair Person
3	Director of Health Services, Thiruvananthapuram.	Member
4	Director of Medical Education, Thiruvananthapuram.	Member
5	Director, ISM, Thiruvananthapuram.	Member
6	Additional Director of Health Services (PH), Thiruvananthapuram.	Member
7	Principal, Kerala State Institute of Health & Family Welfare Thycaud.	Member
8	Executive Director, SHSRCK	Member Secretary

Table ii: Members of the Executive Committee

Activities of SHSRC-K

Activities at a glance

Thematic areas

- ◆ Support state in implementing health programs
 - ◆ Support state's health system in developing policies / guidelines / modules for the upliftment of health care delivery system.
 - ◆ Support in rolling out Comprehensive
- Primary Health Care as part of Aardram Mission
 - ◆ Capacity building and competency based training as part of Aardram Mission
 - ◆ Conduct evaluations and research works to support health system.

Key achievements

a) Capacity building

SHSRC-K is providing comprehensive and continuous training for all category staff, which is the policy of the government in the context of Aardram Mission to ensure quality of service delivery. Team building concept

based trainings and technical trainings are the main types of trainings conducted as part of Aardram Mission. Totally 1618 health workers of different categories were trained by SHSRC-K.

Details are given below:

Category	Numbers
Medical Officer	384
Staff Nurse	163
Pharmacist	50
Lab Technician	145
Ministerial Staff	139
Field Staff	474
LSGS and Health Volunteers	157
Total	1618

Table iii- Training conducted as part of Aardram Mission



a) Publications

SHSRC-K facilitated in writing, vetting and compiling different handbooks and modules to disseminate the concept of Aardram Mission and to guide different category of staff on their roles and responsibilities in this context.

- ◆ Aardram document (Malayalam)
- ◆ Comprehensive Primary Health Care Clinical Guidelines for Medical Officers (English)
- ◆ Handbook for Nurse (Malayalam)
- ◆ Handbook for Pharmacists (Malayalam)
- ◆ Handbook for Lab Technicians (Malayalam)
- ◆ Handbook for Ministerial staff (Malayalam)
- ◆ Handbook for Nursing Assistant for secondary hospitals (Malayalam)
- ◆ Handbook for 'Arogyasena' members (Malayalam)
- ◆ SWAAS module (English)
- ◆ Comprehensive Primary Health Care Planning Manual – Panchayat (Malayalam)

a) Strategy development

- ◆ Transformation of Primary Health Centers to Family Health Centers – The most important component of Aardram Mission, that aims to provide Comprehensive Primary Health Care – Preventive, Promotive, Curative, Rehabilitative and Palliative care to all which is accessible, affordable and equitable.
- ◆ Kerala State Health Policy – SHSRC-K was the nodal agency to organize the activities of State Health Policy
- ◆ KCEA- SHSRC-K coordinated the process for developing KCEA. Rules of the act are under review.
- ◆ Public Health Act- SHSRC K coordinated the activities to modify the document and submitted to the government for approval



a) Research Studies

The research team of SHSRC-K conducted health system researches and provided financial support for the studies conducted by other institutions after reviewed by the research committee.

b) Preparation of Government Orders (GOs) in connection with Aardram Mission

As part of Aardram initiatives,

SHSRC-K had conducted several consultative meetings for preparing a draft on duties and responsibilities of Medical Officers & Staff Nurses, conversion of PHCs into FHCs, augmentation of the infrastructure and standard of all FHCs in Kerala. The draft is finalized after considering the recommendations by the experts and is forwarded to the Health Secretary.

- a) Augmentation of the infrastructure and the standard of all Family Health Centres in Kerala – Sanctioned

(G.O. (Rt) No. 1514/2017/II&FWD, Dated, 29/05/2017)

- ◆ Transforming Primary Health Centres into Family Health Centres – Guidelines

(G. O. (P) No.46/2017/H&FWD. Dated, 05/08/2017)

- ◆ Duties and Responsibilities of Medical Officers in FHC

(G.O. (Rt) No. 2782/2017/H&FWD, Dated, 09/10/2017)

- ◆ Duties and Responsibilities of Staff Nurse in FHC

(G.O. (Rt) No.2783/2017/ H&FWD, Dated,09/10/2017)

- ◆ Aardram" Comprehensive Primary Health Care Clinical Guidelines- approved and published

(G.O. (Rt) No.2781/2017/ H&FWD, Dated,09/10/2017)

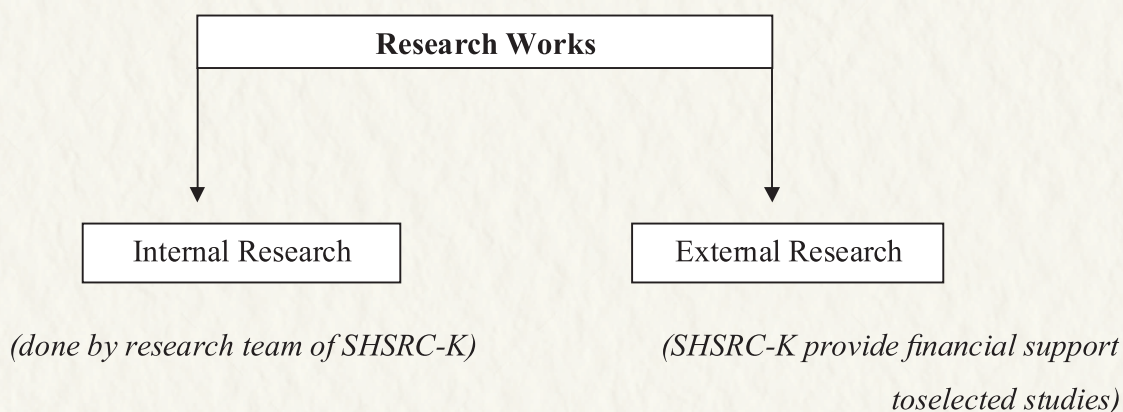
Table iv. GOs published during the year 2016-2017 related to Aardram Mission



RESEARCH

One of the major activities of SHSRC-K is to carry out research works and provide support for researches conducted in other institutions. SHSRC-K has formulated

an institutional ethics committee with eminent researchers to review the research proposals.



Details on the research activities carried out by SHSRC-K during the year 2017-2018 are given below.

◆ Internal Research (within SHSRC-K)

Study title	Objectives	Methodology
An assessment of Socio-Demographic Characteristics of Students enrolled to Government seats of Medical Colleges in Kerala, 2010-2016	Socio-Demographic Characteristics of Students enrolled to Government seats of Medical Colleges in Kerala.2010-2016	Secondary data analysis
Program Evaluation of Arogyakirnam / RBSK Program in Kerala	<ul style="list-style-type: none"> ◆ To understand the goals, structure, expected outcomes, pattern, and stake holdership of Arogyakirnam Program. ◆ To delineate the current policy process – including the challenges and opportunities in the implementation, review of the program ◆ To understand the utilization pattern by identifying the top conditions for which beneficiaries seek treatment from the program and the finance involved 	Mixed method study (both quantitative and qualitative) among the Stakeholders
Barriers and challenges for disaster / crisis management within a government set up – A Qualitative study	<ul style="list-style-type: none"> ◆ To explore the barriers / challenges faced by the government hospitals during disasters and thereby to understand the level of preparedness of health system towards a disaster. ◆ To develop and implement disaster management guidelines to be followed by hospital for effective management of mass emergencies. 	Qualitative In-depth interviews were conducted among medical officers, nurses and PROs in selected secondary hospitals near Vizhinjam, Valiyathura and Puttingal temples, Kerala
Health care in Kerala is transforming	<ul style="list-style-type: none"> ◆ To describe and reflect on “Aardram Mission”- the key element and strategy adopted by the government of Kerala to make a great leap coverage 	Secondary data analysis and in-depth interview with stake holders
A study on food handling practices and compliance to Food Safety guidelines in Restaurants of Thiruvananthapuram district, Kerala	<ul style="list-style-type: none"> ◆ To access the food hygienic knowledge and practice of food handlers in food service establishments ◆ To assess the hygienic conditions of food service establishments to the food safety guidelines ◆ Spatial analysis of hygienic conditions of food service establishments to the food safety guidelines by food service establishments 	Cross sectional survey using questionnaire and observation checklist

Table v) Research works



◆ External Research

Study title and Principal investigator	Objectives	Methodology
A study on the anti-microbial resistance pattern in Kerala, India (Dr. Sunija)	<ul style="list-style-type: none"> ◆ To document the anti-microbial sensitivity pattern of common community and hospital acquired infections and to document the pathogenic bacterial spectrum in primary and secondary care hospital environments ◆ To explore the physicians, patients, care givers and community's perspectives on antibiotic prescription ◆ To design a system for periodical assessment of ant-microbial resistance pattern in Kerala state. 	Cross-sectional survey among patients who are likely to be affected by common bacterial infection in 60 hospitals of Thiruvananthapuram and Kollam districts.
Glycaemic variability in Chronic kidney disease (Mrs. Radhika CK)	<ul style="list-style-type: none"> ◆ To measure the magnitude and factors predicting of glycaemic variability among patients with chronic kidney disease ◆ To identify glycaemic variability. To assess the relationship between glycaemic variability and selected socio-clinical variables ◆ To formulate a glycaemic management protocol for patients with chronic kidney disease on maintenance haemodialysis. 	Cross-sectional survey among patients with chronic kidney disease in hemodialysis department, Government Medical College, TVPM.
Evaluation of deceased donor organ transplantation programs of government of Kerala and understand the process related barriers and facilitators. (Dr. Noble Gracious SS)	<ul style="list-style-type: none"> ◆ To evaluate the program design and the coverage of program ◆ To examine the process related barriers as well as facilitators of related barriers as well as facilitators of Kerala Network for Organ Sharing (KNOS) initiative ◆ To understand the implementation challenges faced by the various stakeholders involved in the program 	<p><u>Mixed method</u></p> <p>Quantitative part will perform a secondary data analysis of existing transplant registry and through a short survey among surviving recipients or their close relatives.</p> <p>Qualitative part will be done through in-depth interview and focus group discussions with major stakeholders and beneficiaries.</p>
Diabetes prevention program among GDM affected mothers A non-randomized cohort intervention study (Dr. Sakeena K)	<ul style="list-style-type: none"> ◆ To develop evidence based culturally specific and real world life style intervention among mothers affected with GDM affected in Malappuram district, Kerala. ◆ To know the impact of life style intervention on the glycemic level of GDM mothers among the intervention group compared to control group. ◆ To identify individual, household and neighborhood level factors likely to affect the wider uptake and operationalization of Life style intervention program among GDM mothers in Kerala in future. 	Quasi experimental non-equivalent group design among patients with gestational Diabetes Mellitus in Government General Hospital, Manjeri, Kerala

Table vi: Research works



SDG RELATED ACTIVITIES

Sustainable Development Goals (SDGs), adopted by the United Nations, are a set of 17 global goals and 18 targets to be achieved by 2030. The Kerala model of growth has been famous for achieving high social development indices with a low per capita income base. The Keralites have achieved low levels of infant mortality and population growth, and high levels of literacy and life expectancy. Recent infant deaths in the tribal dominated regions highlight the persistent poverty and lack of amenities among the marginalized. Integrating the internal migrants is another social challenge. Despite the high health indices, Kerala is seeing increasing incidences of both communicable and non-communicable diseases.

The Sustainable Development Goals (SDG) Framework specifically SDG no. 3, set by the United Nations, was chosen as the reference frame for these goals so that targets finalized by Kerala would be aligned to national and international targets. Targets announced by the UN were examined by



working groups for their relevance to the state and were adapted to suit the state's current epidemiological status and capacity. In addition to the targets listed in the UN documents Kerala has included targets in Dental, Ophthalmic and Palliative care as they were considered important by the state. The key strategies to achieve these targets were also listed.

The achievable target by the year 2020, its strategies with activities and evaluation indicators on 22 different domains of health of Kerala were defined. The domains were MMR, RCH Geriatric, Pediatrics, Malaria, Kala Azar & NTD, Filariasis, TB, COPD, Leprosy, Dental Health, Mental Health, NCD-(HTN, DM), Palliative Care, Cancer, RTA, and Alcohol.



II a) State specific targets for 2030 and 2020 in line with SDG



Sl. No	2030	2020
SDG Target 1 Maternal Mortality Ratio	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	<ul style="list-style-type: none"> ◆ To reduce the Maternal Mortality Ratio from 66 to 30 per 100,000 live births by 2020 and to 20 per 100 live births by 2030.
SDG Target 2 IMR, NMR, U5MR	By 2030 end preventable deaths of newborns and children under 5 years of age, reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	<ul style="list-style-type: none"> ◆ To reduce IMR from 12 per 1000 live births to 8 per 1000 live births by 2020 i.e. 2/3rd reduction ◆ To reduce NMR from 7 to 5 by 2020 ◆ To reduce under 5 mortality (U5MR) from 14 to 9 per 1000 live births
SDG Target 3 Communicable Diseases	By 2030, end the epidemics of AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases and combat Hepatitis, Water-borne diseases and other Communicable Diseases	
	1. Hepatitis	<ul style="list-style-type: none"> ◆ To ensure 95 % new born vaccination coverage for Hep B ◆ To identify 100% high risk groups of Hep B ◆ To provide drug therapy to >50% confirmed cases of Hepatitis C cases
	2. Hepatitis	<ul style="list-style-type: none"> ◆ Reduce the Prevalence rate from 0.169 to < 0.1 at all levels District, Block and Panchayat. ◆ Child cases of leprosy from 1.17/million to < 0.6/million ◆ Rate of child case with zero disability to be sustained (SDG target).



		<ul style="list-style-type: none"> ◆ Grade 2 deformity from 1.2/million to < 1/million (SDG target)
	3. Lymphatic Filariasis	<ul style="list-style-type: none"> ◆ Reducing Mf prevalence below 1% in all districts by 2020 ◆ Ensuring availability of recommended minimum package of care for all patients with Lymphedema, Acute attack and Hydrocele by 2020
	4. Malaria	<ul style="list-style-type: none"> ◆ To bring down the incidence of Indigenous Malaria to zero in all 14 districts by 2020\ ◆ To prevent the transition of imported Malaria cases to Indigenous Malaria cases in Kerala by 2020 ◆ Reduce mortality by 35% by 2020 and by 90% by 2030
	5. Tuberculosis	<ul style="list-style-type: none"> ◆ Reduce incidence by 20% by 2020 and by 80% by 2030 ◆ Zero catastrophic costs due to TB
	6. HIV/AIDS	<ul style="list-style-type: none"> ◆ All eligible persons are put and maintained on Antiretroviral Treatment by 2020 ◆ No incidence of HIV infection by 2025
	7. Kala Azar	<ul style="list-style-type: none"> ◆ Elimination of Kala-Azar (<1/10,000 block population) from Kerala by 2020
SDG Target 4 Non-Communicable Diseases	By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being	<ul style="list-style-type: none"> ◆ Halt increase in prevalence of Raised Blood Pressure (HT) 30 - 40 % among above 30 years of age ◆ Halt the rise in prevalence of Diabetes (DM) 18 – 20 % prevalence above 30 years ◆ To maintain the present prevalence of obesity and diabetes in the general population ◆ 30% relative reduction in current tobacco use ◆ 20% relative hike in people consuming 5 servings of fruits & vegetables ◆ 10% relative reduction in mean intake of salt ◆ 50% increase in drug therapy to prevent heart attacks and stroke ◆ 5% relative reduction from current alcohol use ◆ Early detection of 60% high risk individuals ◆ 10% reduction in insufficient physical activity ◆ Availability of essential NCD medicines & basic technologies to treat NCDs in at least 80% of public facilities ◆ 50% reduction in household use of solid fuels to combat COPD
	2. Cancer	<ul style="list-style-type: none"> ◆ To reduce smoking in males to $\leq 20\%$, and tobacco chewing by 5% among males and females ◆ To diagnose 50% of oral, breast and cervical cancers in localized stages (Stages I and II for oral cancer; stages I and IIA for breast and cervix cancers) ◆ To increase the compliance to prescribed course of treatment from 76% to 90% .(for first year following the date of diagnosis) ◆ To 85% of catastrophic health expenditure on cancer treatment are covered by government funded or private pre-payment schemes.



	3. Mental Health	<ul style="list-style-type: none"> ◆ To reduce the emotional and behavioral problems in school children from 30% to <10% ◆ To reduce the suicide rate from 24.9/- per lakh(2014) to <16 per lakh ◆ To reduce morbidity due to depression from 5.8% for men and 9.5% for women to <3% in men and <5% in women ◆ To achieve 50% of rehabilitation for mental patients in remission ◆ To expand community Mental health program to block and Panchayat level
	4. Alcohol/ Substance Abuse	<ul style="list-style-type: none"> ◆ To reduce the per capita consumption of alcohol by 5% ◆ To reduce percentage of people with harmful alcohol use by 10% and < 10% use in young adults (<25 yrs.) ◆ To double the number of enrolment to oral substitution therapy Centres to treat drug abuse ◆ To double the number of cases registered against illicit trafficking and use of narcotic drugs
SDG Target 5 Road Traffic Accidents	By 2030, halve the number of global deaths and injuries from road traffic accidents	<ul style="list-style-type: none"> ◆ To reduce mortality and morbidity due to RTA and other injuries by 50% of the current incidence by 2020
SDG Target 6 Reproductive Sexual Health	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	<ul style="list-style-type: none"> ◆ To reduce the percentage of adolescent pregnancies from 2.8% to zero by 2020 ◆ To reduce the low birth weight from 11.6% to 9% ◆ To reduce the unmet need of spacing from 11.6 % to 8% ◆ To reduce primary LSCS from 23% to 20% ◆ To start “Well women clinics for geriatric problems among women ◆ To establish One Stop Crisis Cell with access to all services (medical, legal, rehabilitative) to address gender issues and violence in all major health institutions in the State ◆ To screen 60% of post-menopausal woman for prolapse uterus and offer 80% coverage to surgical care for the detected
SDG Target 7 Universal Health Coverage	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	<ul style="list-style-type: none"> ◆ Ensure that 80% of the population is covered under a pre-paid scheme for financial protection by 2020 ◆ By 2020 the percentage of persons availing health care from Government Hospitals is increased from 34% to 50% ◆ Ensuring availability of essential medicines and diagnostics in all public health facilities
SDG Target 8	1. Dental Health	<ul style="list-style-type: none"> ◆ To reduce prevalence of dental caries among 6-12 year old children by 10 % and to retain the mean DMFT at ≤ 3 ◆ To reduce prevalence of periodontal disease among 35-44 year olds by 10 %



	3. Eye Health	<ul style="list-style-type: none"> ◆ To reduce the prevalence of blindness due to cataract, uncorrected refractive errors, trauma and diabetic retinopathy by 25 %. ◆ CBPC Units in 100% Panchayat of Kerala conducting regular home care program, for all those who are needy
	3. Palliative Care	<ul style="list-style-type: none"> ◆ Integrated care for palliative, geriatric and mentally ill in 100% of Panchayat. ◆ Family level empowerment training for care conducted at ward level in at least 70% of Panchayat of Kerala. ◆ Establishment of PAL clinics in 100% Community Health Centres of Kerala ◆ Doctor with morphine license available at 100% Taluk hospitals. ◆ Physiotherapy services for COPD, Stroke and neuromuscular conditions available at 100% CHCs ◆ Rehabilitation for paraplegia and mentally ill at Block level in 75% Blocks. ◆ Provision for temporary hospitalization of palliative care patients in every CHC with doctors & nurses specialized in palliative care services to support the community based palliative care

Table vii) State specific SDG targets



II b) Meetings /workshops conducted related to SDG during the year 2017 - 2018

◆ Strategies for Leprosy elimination by 2020

Kerala is a low endemic state for leprosy. The new case detection shows a decreasing trend. Number of leprosy cases has been decreasing in the state during the last two decades (2014-15 number of detected cases were 663 and 574 in 2015-16), but the percentage of deformity cases and MB cases is at par with national level. There is an active transmission in the community. The scenario is compounded by the presence of migrants from high endemic states and also tribal populations. In this context, it is essential to go for early case detection of hidden cases in the community and treatment in order to interrupt transmission of disease agent in the community. Hence Kerala is determined to implement activities under five strategies as a part of Sustainable Development Goal Kerala 2020.

SHSRC-K organized several meetings to develop strategies to eliminate leprosy by 2020 as part of SDG activity. A meeting was convened by Sri. Rajeev Sadanandan, Addl. Chief Secretary, Dept. of Health & Family Welfare on 3rd May 2017 at

SHSRC-K with State Leprosy Officer, State Leprosy Consultant, non-Medical Supervisors from the State Leprosy unit, District Leprosy Officers (DLOs), Assistant Leprosy officers (ALOs) and representatives from all Dermatology and Community Medicine departments of Medical colleges. During the meeting significance of decentralization in the better delivery of program, involvement of medical colleges and private sector in reporting leprosy cases to the concerned districts regarding the patients, follow up and the field activities for prevention and control of Leprosy were discussed. Fifty seven members participated in the meeting. The main outcome of the meeting was the decision on involvement of school teachers in the program, screening. There was also decided to pick up cases by arranging community based screening in tribal areas, prison populations, urban slums, coastal population, orphanages, tribal hostels, custodial homes etc for early detection and treatment.



◆ **District Mental Health Program**

SHSRC-K organized twodays workshop on district mental health program from 4th to 5th April 2017. The workshop was inaugurated by Sri. Rajeev Sadanandan, Addl Chief Secretary, Dept of Health & Family welfare. Dr. Sarita.R.L, Director of Health Services (DHS) and Dr. Bindhu Mohan, Addl DHSalso participated. The main objectives of the meeting were

- ◆ To familiarize on the components and activities associated with the District Mental Health Programme (DMHP) and guidelines of DMHP (Clinics, Training, IECs, targeted Interventions, Day Care Centres, School Mental Health, Aswasam programetc).
- ◆ To identify the current problems faced in the program.
- ◆ To frame additional guidelines to addressthe difficulties faced

- ◆ To understand the goals and action plan of SDGs on mental health and
- ◆ To frame guidelines for mental health in Family Health Centres

The workshop was led by Dr.Kiran P S, State Nodal Officer, Mental Health. Eighteen members participated in the workshop. Group discussions were held in the presence of program officers of DISHA and KMSS. The meeting was concluded byDr. Shinu KS, Executive Director SHSRC-K.

◆ **Technical committee meeting on Sanitation**

A Technical Committee meeting was conducted on 6th May 2018 with experts from Suchitwa Mission. The meeting aimed to develop a guideline on sanitation and inspection. Ten participants attended the meeting.





Aardram is one among the four missions under the Navakerala programme launched by the Government of Kerala. Mission Aardram with the main objective to completely transform public health sector was launched in the backdrop of the WHO's Sustainable Development Goals 2030. The other missions are LIFE (Livelihood Inclusion and Financial Empowerment), Comprehensive public education rejuvenation (for universal education) and "Harithakeralam" (for water and food safety, sanitation and safe disposal of waste and sustainable development of water resources). These missions are indirectly related to the development of public health by catering to the various social determinants of health.

In 2015 UN had declared a set of all-encompassing and inclusive sustainable development goals 2030. The third goal

deals with good health and wellbeing. The health status of Kerala being different from the rest of the country, there was a need to reset the SDGs in the context of our state as part of which Mission Aardram was launched in February 2017. SDGs set for Kerala has short term goals to be achieved by 2020 and long term goals to be achieved by 2030. This was formulated by various expert committees on health issues prevailing in Kerala. This has been incorporated into the 13th five year plan of the state.

One among the objectives of Aardram Mission is to transform the public health sector making it Patient Friendly and affordable for the poor and ordinary citizens of our state. The government has designed various strategies to provide effective healthcare system to the people in the public domain with better infrastructure and quality services. The existing public health institutions, particularly the tertiary level institutions are currently not able to manage the large volume of patients who approach them for treatments. This is mainly due to the fact that majority of patients approach these hospitals directly without any reference from the lower hospitals. Although many of the ailments they are suffering from can be treated at lower level hospitals, they are forced to approach the Medical Colleges etc.,



at the first instance itself due to inadequate facilities. Unless this issue is tackled properly, our MCHs and specialty Centres will not be able to deliver quality services. The only way to resolve this problem is to strengthen the lower level hospitals where the health issues of majority of the population can be effectively addressed. Emphasis has to be given for

primary prevention of communicable as well as non-communicable diseases. On the other hand, the Medical College Hospitals and the Specialist Centers should function only as referral hospitals. This will go a long way in re-orienting the institutions with proper distribution of expected service delivery.

The primary objectives of the Aardram mission are,

- ◆ Transforming PHCs into FHCS and thereby making Out Patient Services (OP) more people friendly.
- ◆ Provision of specialty services in district level and Taluk level hospitals.
- ◆ Introducing super specialty services in district hospitals
- ◆ Better access to basic health services for tribal, coastal and migrant communities in the state.



The Chief Minister is the chairman, Health minister is the Co-chairperson and Additional Chief Secretary of Health & Family Welfare is the Chief Executive Officer of the Mission. The salient feature of Aardram mission is the transformation of Primary Health Centres into family Health Centres.





Family Health Centres

The Government of Kerala decided to strengthen the health care system through “Aardram Mission”. Transforming Primary Health Centres into Family Health Centres (FHCs) by redefining the package of services offered and also improving their quality was one of the prime strategies of the Mission. The transformed services aimed to achieve universality (making services available to all irrespective of whether they approach institutions or not) and comprehensiveness (includes promotive, preventive, curative, rehabilitative and palliative services). The services should be appropriate, rational and of good quality, responsive to the needs of the client group, addressing social determinants of health through intersectoral collaboration and community participation. The services address equity considerations across gender

and different segments of population that require special care.

◆ Vision :

To provide comprehensive health care for each and every individual residing within its jurisdiction.

◆ Mission :

To achieve the SDG targets through the provision of equitable, affordable and quality care for all

◆ Strategies :

- ◆ Strengthening primary health care
- ◆ Improving quality of services
- ◆ Addressing social determinants of health
- ◆ Community participation



◆ Services

An FHC will be more than just a hospital and will function as a centre for the promotion of good health and wellbeing. It should have a welcoming environment, appropriate infrastructure and the staff should be pleasant and affable. An FHC will not be just a hospital which alleviates sickness but it should be an institution which promotes health and wellness. It should be welcoming to the people as well as to the environment with its affable infrastructure and pleasant attitude of the employees.

The quality of services at FHCs will be ensured by improving the standards of care through the provision of patient-friendly infrastructure, adequate equipment and implementation of clinical guidelines. Continuity of care between different levels of care in the public health system and different time periods will also be ensured once the e-health project becomes full-fledged. FHCs will also function as the nodal center for community based interventions for addressing social determinants of health. FHCs will take the lead in planning the activities of the Panchayat with community participation.

One of the prime strategies for improving the quality of healthcare delivery

through the new FHCs involves redefining the service packages to suit the requirements of the target population. Curative services (OP services, emergency, laboratory and referral services), field-level activities, institutional services (hostels, schools, offices and work places), and specific services for marginalized and vulnerable population will be provided by incorporating appropriate social security schemes.

FHCs will strictly follow the Comprehensive Primary Health Care (CPHC) treatment guidelines in attending to patients coming to the OP clinics. Patients who may require treatment at a higher level will be identified and referred early to the appropriate level of institution in accordance with the treatment guidelines. FHCs will also follow up all cases which are referred back from Taluk or district hospitals.

In order to provide comprehensive primary health care, service packages have been re-defined. Improving the services qualitatively and quantitatively, strengthening the sub centers, addressing the social determinants of health, ensuring effective convergence and community participation are some of the strategies being planned.



◆ HOW FHCs DIFFER FROM THE EXISTING PRIMARY HEALTH CARE SYSTEM

FHCs provide patient-friendly care. Barrier-free environment will be ensured in the Out Patient department, making it accessible for all.

Characteristics	PHC	FHC
OP hours	9 am to 2 pm	9 am to 6 pm
Laboratory Services	Only in few Centres	Available at all Centres standardized
SWAAS program for prevention and control of COPD & Asthma	Not in place	Available in all Centres
ASWAASAM program	Not in place	Available in all Centres
Sub-Centre clinics	Not all days	Specific clinics on 6 days a week in all Centres
Institution based care	Irregular	Becomes regular with S/N in old age homes, orphanages, workplaces, schools etc
Vulnerable & marginalized	Inadequate attention	Special attention ensured
Referral and follow up	Limited compliance to patient referral	Forward and backward referral standardized as per CPHC guidelines
Service packages	Not in place	Package of services to each and every person in the Panchayat according to their age, physiological and pathological profile
Quality of care	Insufficient	<ul style="list-style-type: none"> ◆ Improved with guidelines. Will ensure preventive, promotive, curative , rehabilitative, palliative care services ◆ Training for all category staff ◆ Proper and scientific waste disposal measures and infection control
Infrastructure	Infrastructure not standardized	<ul style="list-style-type: none"> ◆ Standardized infrastructure and equipments: ◆ Patient friendly reception and registration Token system ◆ Waiting areas with improved amenities (adequate seating arrangement, drinking water, audiovisual aids) ◆ Display boards and signages ◆ Consultation rooms with adequate privacy ◆ Barrier free environment ◆ Pre check area



Equipments	Not standardized	Standardized
Human Resources	1-2 doctors, 0-1 S/N0-1 LT, 1 pharmacist	3 doctors, 4 staff nurses, 1 LT, 2 pharmacists
Nurses role	Nursing care alone	<ul style="list-style-type: none"> ◆ Pre-check and triaging ◆ Post consultation counseling. ◆ Follow up ◆ Counseling through telephone ◆ Institutional services ◆ Important role in the conduct of SWAAS and ASWAAS clinics
Health and medical records	Records are maintained manually and with limited accessibility	Prepared for everyone and made accessible at different levels of health care through e- health
Community participation	Inadequate	Ensuring community participation and demand for available services through ASHA, WHNSC, Kudumbasree health volunteers and Arogyasena
Addressing social determinants	Inadequate	Through better intersectoral coordination
Social security programs	Not always	Ensuring the availability through different means

Table viii. Comparison of PHC and FHC

◆ Health care Service Delivery Plan

A health care service delivery plan should be prepared for every individual registered under an FHC based on the health care needs recorded in the family health register. Similar plans to suit the needs of every family under an FHC as well as service delivery plans for the entire ward and Panchayat should be drawn up. Later, ward and Panchayat healthcare delivery plans which suit the needs of the entire population should be developed. Responsibility

mapping also needs to be carried out. The service delivery from the FHCs should be based on the defined health plan of the State and the health service delivery plan conceived for the FHCs.

The individual packages are 31 in number and are categorized based on age, gender, physiological and morbidity status. Each package ensures comprehensive health care for the concerned category:-



- ◆ There are 11 packages based on age group: Newborn, infants, under 5, children 6 to 9 years, girls (10-17 years), boys (10-17 years), men (18-59 years), women (18-59 years), older persons (60 years and above), older women (60 years and above) and older men (60 years and above)
- ◆ Packages based on physiological conditions: Antenatal and post-natal
- ◆ Packages based on prevention and risk reduction: Obesity, substance abuse, underweight, NCD diet, physical activity and immunization
- ◆ Packages based on disease conditions: NCD, diabetes, hypertension, PWD, COPD, CAD, stroke, mental illness, cancer care, palliative care, leprosy and TB

◆ **Family packages**

The family package addresses the needs of all members of the family and other health needs of the family which do not directly come under the individual packages such as quality and quantity of drinking water, rearing pets/cattles, well chlorination, indoor air quality, household waste disposal and kitchen garden.

◆ **Ward level packages**

The ward and Panchayat packages cater to those needs which should be provided

at a community level and on a larger scale, such as provision of safe drinking water, solid and liquid waste management, spaces for promoting physical activity & recreation, setting up of kitchen garden, ensuring social security, elderly-friendly social environment and organized, social interventions to prevent social evils like domestic violence and alcoholism. The responsibility for arranging the ward level services rests with WHSNC and Arogyasena, under the leadership of an elected representative of the locality. They will be acting in collaboration with the health system functionaries of the locality

◆ **Panchayat-level packages**

Panchayat-level packages involve creating physical or social structures to nurture comprehensive primary health care, over and above ward level package. Some examples are: management of non-biodegradable waste, establishing common spaces like library, walkways, office space for self-help groups, judicious utilization of idle buildings as venues for sub centers, senior citizen gathering places, vocational training points, health clubs etc., preparing a plan of action for addressing issues of destitutes and ensuring the enforcement of public health laws to protect the rights of people.

◆ **Role of LSG in FHCs**

Health for all should be the motto of all local self- governments in attaining the Sustainable Development Goals. LSGs should develop specific targets to be achieved by the Panchayat. They should



adopt a proactive role in identifying potential issues which could affect the health care delivery and utilization, and in rectifying them in advance. Local self-governments should play a leadership role in the planning, funding, implementation, maintenance, monitoring and evaluation of family health centers. Improving the health status of the community can considerably reduce the expenditure on treatment, which can be channelled to preventive and promotive services as well as other developmental activities. Functions of LSG in the context of FHCs can be broadly divided into the following domains -- stewardship, provider, community mobilization, mobilization of resources and convergence

◆ **Monitoring and Evaluation**

Monitoring should act as a tool that helps in speeding up the development processes. Continuous monitoring, right from the planning stage is necessary for the effective implementation of any program. Multi-level monitoring, both administrative and social, should be the way forward. Social auditing is also essential for maintaining transparency and equity in the activities and this shall be led by the LSG and executed by a group representing all sections of society. The monitoring committee should be constituted at different levels as ward, sub Centre, FHC and Panchayat. Social monitoring and evaluation should be addressed by local self-government.

◆ **Conclusion**

The FHCs, as envisaged, will be one of the important vehicles for the State to achieve the short-term and long-term SDG goals for 2020 and 2030 respectively. People friendly transformation of hospitals and standardization of all levels of hospitals will improve the acceptance of public health system among the public. Ensuring defined services at specific level of care will reduce unnecessary referral to higher Centres and ultimately reduce the out of pocket expenditure. Through this program the Government aims at bringing down the morbidity amongst the population and preventing catastrophic health expenditure, which could go a long way in promoting social and economic growth. SHSRC is entrusted with the development of concept and training in connection with transformation of PHCs to Family Health Centres. In the financial year 2017-18, 170 institutions were selected for transformation into FHCs. Facility survey of these institutions, training, module development and revising the roles and responsibilities for each category staff are the major responsibilities of SHSRC in this regard

As part of this, 170 PHCs were selected to convert into FHCs for the year 2017-18. About 830 posts were created.

- ◆ 170 doctors
- ◆ 340 nurses
- ◆ 170 lab technicians
- ◆ 150 Pharmacists



Activities related to Aardram Mission

a) Consultative meeting for Panchayat presidents in 170 FHCs

Local self-government has a leadership role in the implementation, maintenance, monitoring and evaluation of Family Health Centers. The LSGI should work hand in hand with the activities of FHC to address the social determinants related to health, like poverty, hunger, primary education, gender equality and empowerment of women, waste disposal and sanitation, provision of potable water, clean energy, social justice and environmental protection. Other concerned departments like education,

social justice, water authority, fisheries, and rural development should be roped in for achieving this. The LSGI should take leadership in providing ward and Panchayat level service packages for the community like opening up of school playgrounds to public for physical exercise, creation of exercise groups, organic farming groups, recreational area for children, gym for adults etc. The LSGI should also ensure legal aid in implementation of public health act provisions.



A consultative meeting convened by Health Minister was held on 3rd and 4th April 2017 for Local Self Government (LSG) members specifically Panchayat presidents and standing committee chairpersons of designated 170 FHCs. Sri, Rajeev Sadanandan, Additional Chief Secretary to Dept of Health and Family Welfare made the opening remarks. Dr. Jagadeesan, Deputy Planning DHS, Dr. Vijayakumar, Honorary Consultant for Aardram and Dr. Shinu K S, Executive Director SHSRC-K addressed the

participants. The health minister delivered a speech on Aardram Mission, its objectives and strategies and role of LSG members in this mission. Sri, Rajeev Sadanandan, ACS explained the seventeen sustainable development goals and the goals to be achieved by Kerala in 2020 and 2030. After the presentations the participants were divided into seven groups and discussions were generated based on the following domains.

- ◆ Availability of staff:
- ◆ Functioning of Panchayat administration and standing committee:
- ◆ Motivational factors among staff:
- ◆ Improving infrastructure based on needs:
- ◆ Convergence of various schemes and programs:
- ◆ Implementation of programs within the time frame:
- ◆ Areas need special focus
- ◆ Monitoring of programs related to Aardram
- ◆ Resource mobilization:

Table ix. Main discussion points



b) Facility survey

As part of Aardram Mission, 170 Primary Health Centres have been identified for conversion into Family Health Centers in the financial year 2017-18. In order to improve the service delivery and transform the outpatient services patient friendly, standards have been proposed.

For preparing the implementation plan and to monitor the progress of program baseline information on the existing situation of the facilities is essential. In order to identify the gaps and the existing situation a facility survey was proposed to be conducted. State Health Systems Resource Centre provided the technical support in the preparation



of facility survey tool and to conduct of the survey with the support of the National Health Mission team for data collection, analysis and report preparation. A preparatory meeting was held on 1st of April 2017 to identify the major areas to be included in the survey. Related to this, some meetings were organized during the initial months of April 2017 (1st April 2017 & 6th to 8th April 2017). A field trip was also conducted to pilot the tool.

The data collection team had a minimum of five members from each district comprising of

Junior Consultant	–	Bio-Medical
Junior Consultant	–	Quality Assurance
Junior Consultant	–	Engineering

Block Public Relation Officers – 2 or more
(depending on the number of facilities selected district wise)

Objective

The primary objective of the facility survey was to assess the existing situation of 170 PHCs (along with its sub Centres) selected for transformation to FHCs in the first phase. The assessment was done in terms of

- 1) Infrastructure
- 2) Facilities available
- 3) Drugs and diagnostics
- 4) Human resource
- 5) Waste management



Activities	Participants / Method
Orientation for date collectors	Team of five members or more from each district depending on the number of facilities selected for CPHC pilots which includes - BPROs, JC Quality, Bio Medical, Engineering of NHM
Date Collection	Team of five members or more from each district will visit the selected facilities and will collect the data using the Questionnaire and Observation checklist
Date Compilation and Analysis	Team of five members or more with the support of DPM, DMO, MO of concerned PH, District Resource Person Group will compile and analyze the data for each district using the uniform template provided by SHSRC.
Final Deliverable from District	Report - Facility wise assessment report in the uniform template provided from SHSRC - BPROs with the support of (JC QA - Proposal with detailed activities and budget on QA concerned areas of each PHC JC BM - Proposal with detailed activities and budget on BM concerned areas of each PHC JC Eng- Layout design of current PHC, Plan of activities with budget to uplift the PHC to FHC as

Table x. Main discussion points

Orientation for the team of five members from each district was carried out in April 2017. The trained team visited the selected facilities and gathered data using a validated Questionnaire and Observation checklist. The data was uploaded in a shared drop box which was accessible to all districts and SHSRC. The data was analyzed and submitted to the government to plan the civil



work, purchase of equipments and medicines deployment of human resources and post creation.



c) Preparation of Manuals / Guidelines

Government of Kerala has initiated several programs under the umbrella of Aardram Mission to revamp the state health system. Standardization of hospitals is one of the main strategies to improve the quality of services. In this scenario, it has been decided

to publish guidelines and manuals to ensure Comprehensive Primary Health Care through FHCs. As part of this during the year 2017-2018, SHSRC-K organized several workshops and consultative meetings for preparation of manuals, modules, lesson plans and guidelines.

Details are given below:

Dates	Writing workshops
22nd April 2017, 5th, 10th, 11th, 20th May 2017, 20th June 2017, 11th, 18th-20th July 2017, 09th -11th August 2017 and the process is still going on	Finance Manual
26th May 2017, 5-th July 2017, 10th August 2017	Manual for Ministerial Staff – Vetting workshop
1st June 2017	Handbook for Pharmacist in FHC- Vetting workshop
4th July 2017	Handbook for Lab Technician in FHC
11-15th July 2017	Preparation of handbook for ASHA/AWW/ Tribal/Health Volunteer/SDG/Part-time sweeper
11-13th July 2017, 14th-16th August 2017	Preparation of handbook for Nurses in FHC. finalization of FHC Handbook
14th -15th July 2017, 09th -11th August 2017, 12th January 2018	Preparation of handbook for Nursing Assistant in FHC
6th August 2017	Preparation of training curriculum for training curriculum for MOs/Staff Nurse/Pharmacist/Lab Technician/Nursing Assistant/HA/PTS
16th- 22nd August 2017	Finalization of almost all FHC Handbooks
14th-16th October 2017	Editing of Handbook on Aardram
06th December 2017	Preparation of Lesson Plan for training for LSGs & Health Volunteers in supervision of FHCs

Table xi. Timeline of workshops conducted as part of preparation of manuals/guidelines/lesson plans/modules



d) Preparation of GOs

Family Health Centre (FHC) concept, an integral part of Aardram Mission aims to provide universal (making services available to all) and comprehensive health care services (promotive, preventive, curative, rehabilitative and palliative services). The service packages provided by FHCs are based on principles like family based, universal, equitable, non-discriminative, comprehensive etc. In this changing health scenario, it was essential to review the roles and responsibilities of all health care workers from Medical officers to field staff, role of Family Health Centres and to issue Government Orders for the same.

SHSRC-K conducted many consultative meetings with expert groups during the months of February, March, April and September to prepare drafts and submitted to Government of Kerala. After regular follow up Government Orders have been issued.

e) Training

Providing comprehensive and continuous training for all category staff is the policy of the government in the context of the mission to ensure quality of service delivery. To achieve this, it has been decided to conduct the training at state and district level in three ways.



SHSRC-K has conducted several workshops / meetings with expert groups and prepared the training modules effectively.

Category	Training	Date	No of participants
Medical officers	TOT	18-20th December 2017	22
	Batch I	21st-22nd December 2017	77
	Batch II	23rd-24th December 2017	79
	Batch III	25th-26th December 2017	85
Total Participants	241		
LSGs and Health volunteers	TOT	13th-November 2017	8
	Batch I	14-15th November 2017	75
	TOT(40 institutions)	6th December 2017	8
	Batch II (40 institutions)	7th-8th December 2017	36
Total Participants	111		
Pharmacists	TOT	11th December 2017	14
	Batch (51 institutions)	12th-14th December 2017	50
Total Participants	50		
Lab Technicians	TOT	3rd to 4th January 2018	14
	Batch I	5th -6th January 2018	55
Total Participants	55		
Ministerial staff	TOT	15th-16th January 2018	12
	Batch I	17th-19 January 2018	46
Total Participants	46		
Panchayat presidents	Orientation	February 6th 2018	49
Total Participants	49		
Field staff(JHI, JPHN, HI, PHN)	TOT	12-13th February 2018	49
	Batch I	14th-16th February 2018	209
	Batch II	17-19th February 2018	265
Total Participants	474		
Staff Nurses	TOT	22nd February	15
	Batch I	23rd-24th February 2018	55



	Batch II	26th-27th February 2018	64
Total Participants	119		
Ministerial staff (108 institutions)	TOT	5th March 2018	9
	Batch I	6-7th March 2018	93
Total Participants	93		
Lab Technicians	TOT	7th March 2018	9
	Batch I	8th-9th March 2018	90
Total Participants	90		
Medical officers	TOT	17th -18th March 2018	22
	Batch I	19th-20th March 2018	68
	Batch II	21-22nd March 2018	75
Total Participants	143		
Staff Nurses	TOT	26th March 2018	17
	Batch I	27th-28th March 2018	44
Total Participants	44		

Table xii: Details about the training



REVIEW MEETINGS

a) Aardram review Meeting at State level and District level (first)

In order to review all activities done at State and district level after the launch of Family Health Centres (six months interval) and thereby to deal with gaps for the smooth functioning of FHCs, a meeting was conducted on May 27th 2017. Fifty one participants including state & district officials from Department of Health Services and NHM attended the meeting. This meeting stressed the need for urgent

action to be undertaken by Kerala Health System for successfully implementing the mission.

During the meeting, 13th five year plan preparation at Panchayat level, district Panchayat, block Panchayat, Gramapanchayat and urban local bodies was reviewed. The meeting further progressed with a review of the districts under the following domains:

- ◆ District level meetings conducted at block and GramaPanchayat level (no of meetings and no of participants)
- ◆ Number of institutions completed Health Status Report (HSR) and number of institutions checked for quality
- ◆ OP transformation, Status, challenges and way forward.
- ◆ Super specialty clinics, Institutional plans for District hospitals, and Taluk Head Quarters Hospitals (THQH)
- ◆ Dialysis units
- ◆ Leprosy control activities, Malaria control activities. TB control
- ◆ E-health and the extent of Aadhar linkage.
- ◆ Monitoring of projects and its implementation



The experts discussed about the development of institutional plan, capacity building for Medical and paramedical staffs, development of “Arogyasena” in every Grama Panchayat. The decision was taken to form a group of 10-15 master trainers in each district to train different category of staff. Places where Arogyasena have been formulated; will work on the control of communicable diseases as a first priority.

The meeting was started with opening remarks by Shri Rajeev Sadanandan, Health Secretary and the meeting was addressed by Dr Saritha R L, Director of Health Services. During the meeting 13th five year plan preparation at Panchayath level was reviewed. The presentations on total number of training conducted, number of Health Status Report completed, number of projects submitted, number of projects vetted and checked for quality were made by Dr C K Jagadeesan, Deputy DHS Planning & Dr. Shinu K S, Executive Director, SHSRC-K and discussions were held based on this. The program Officers of Leprosy control, malaria control activities, TB control, LF were also presented updates on SDG activities. The present status of facility survey, health squad, e-health activities, and challenges faced to set dialysis units and institutional plans for the District and taluk hospitals were also discussed.

a) Aardram review meeting for Panchayat presidents



A review meeting was conducted by SHSRC-K on February 6th 2018 to discuss the responsibilities of LSGs to improve the functioning of FHCs. The participants included presidents and Vice presidents of all Panchayat across Kerala. The meeting was inaugurated by the honorable health minister. State Mission director Sri. Kesavendra Kumar, IAS, Dr. Jameela PK, Aardram state consultant were delivered motivational talks and explained the strategies to improve the FHCs in their own Panchayat and all Panchayat presidents got an opportunity to clarify their doubts regarding the same.



MEETINGS RELATED TO FHC DOCUMENTARY/MANUAL

a) Consultative meeting on Aardram-FHC documentary production

SHSRC-K conducted a meeting on April 3rd 2018 to discuss the content and objectives of the documentary at 10 am. Dr P K Jameela started the discussion with the contents of the documentary. Dr C K Jagadeesan mentioned the major institutions that can be covered through the documentary. Dr Shinu KS summed up the activities to be covered in the documentary



- ◆ Documentary should cover all the major achievements through Aardram mission
- ◆ There should be three documentaries viz Documentary on Aardram, Documentary on FHC and a one minute promo video.
- ◆ The documentary should not be more than 20 minutes
- ◆ The aim of the documentary is to sensitize public on the reforms of the Kerala public Health system
- ◆ The lead role of the project will be Handled by Dr Manu, STDC and Sri Prakash, SFM, NHM
- ◆ The script will be finalizing after a meeting at KILA Thrissur in the third week of April 2018
- ◆ The shooting shall be started with the field staff training to be held at KILA in the month of April
- ◆ The detailed budget will be done after the finalization of the script

After the major discussion a small group including Dr Manu, Sri Prakash, Sri Suresh Babu KV, Sri Suresh Babu CP, Sri Geoffery Jacob, Sri Dinesh VV, Sri Kamaruddeen M were discussed regarding the script of the documentary.



b) Workshop on FHC management manual

The Primary Health Centres are being transformed into Family Health Centres (FHC) for providing Comprehensive Primary Health Care which includes Preventive, Promotive, Curative, Palliative & Rehabilitative Care to all people residing in the area under the jurisdiction of the Family Health Centre. The Medical Officer is the team leader of the Centre. In addition to the provision of above services, the Medical Officer in charge has the responsibility of Administration and management of the FHC. The quality and quantity of services will be improved in an FHC. The Curative care will be based on the CPHC Clinical guidelines which will help to standardize the care given, with timely referral and follow up services. The OP time is also extended with the provision of adequate number of human resources. The infrastructure and logistics may also be provided by the concerned Panchayats, if needed. Local self-governments will play the leadership role in the implementation, maintenance, monitoring and evaluation of Family Health Centers. The LSGI should work hand in hand with the FHC in addressing the social determinants related to health, like poverty, hunger, primary

education, gender equality and empowerment of women, waste disposal, clean water and sanitation, clean energy, social justice, environmental protection etc. through LSG projects involving departments like education, social justice, water authority, fisheries, rural development etc. The LSGI should take the leadership in implementing various Panchayat package services like opening up of school playgrounds to public for physical exercise, creation of exercise groups, organic farming groups, recreational area for children, gymnasiums for adults etc. The LSGI should also ensure legal aid in implementation of public health act provisions. In this context the Hospital Management Committees will be having a lead role in the day today activities of FHC for providing continuous, uninterrupted delivery of services by providing additional manpower, medicines, equipments and other logistic requirements in a timely manner.

The Finance management is an important area of the FHC Management and is mainly the responsibility of Medical Officer in charge. Over the years, the sources of funds have increased along with the funds provided. The main sources of funding include State Plan fund, NHM fund, LSG funds, including those from the LSG



Projects and the funds for the various national programs – either the State or from Government of India. The Medical officers should be able to do emergency works immediately for the smooth functioning of the Centre. This may be emergence procurement of medicines, repair works of plumbing, drainage, electrification, waste disposal etc. Many New schemes are being implemented in the Primary Health Centres through the State and National Health Programms. Diagnostic Laboratory Services using new technologies are being brought in at the Primary Care level for early detection, cure, control and prevention. Even now the Medical Officers are facing many audit queries mainly for carrying out emergency works, procurement and in issues related to HMC and its cash

accounting system.

The total governance of the Family Health Centre including the interaction with LSG, administration of finance and assets, management of human resources, issue of several certificates and carrying out several functions as Health authority of a Panchayat has to be carried out by the Medical officer in charge. SHSRC is preparing a management manual for FHCs which will be helpful for Medical officers to carry out their responsibilities effectively. A series of writing workshops were held during the months of April, May, June, July, August 2017 and May, June, July 2018 at SHSRC-K to prepare the manual. The work is still continuing.



OTHER MEETINGS

a) **Introducing quality standards for detection & management of hypertension in primary health**



In collaboration with Global Health Development, Institute of Global Health Innovation, Imperial College, London SHSRC-K organized three days workshop on “Introducing quality standards for

detection & management of hypertension in primary health”. The workshop was conducted from 5th April to 7th April. The main objective of the meeting was to introduce quality standards in the existing treatment guideline for hypertension in Kerala. The opening remarks were done by the Additional Chief Secretary (H&FW), Sri Rajeev Sadanandan IAS, who oriented the team about the objectives of the two day workshop. Dr. Francoise Cluzeau initiated the discussion by bringing attention to the existing gaps in the management of hypertension at the primary health care level, how it may be combated through the development and implementation of standard treatment guidelines and associated quality standards for management of hypertension in Kerala. Dr. Abha briefed on their experience with developing quality



standards for the management of diabetic foot ulcers for BARC at Primary care level. DrBipinGopal, the state nodal officer for NPCDCS & NCDs explained about the management of CAD in Kerala. He threw light on the existing primary health resources, challenging health issues, re-emerging diseases, and the mode in which NPCDCS is currently being implemented in Kerala. Discussions were undertaken in groups. The team visited e-health office and one PHC to study the ground reality. The team at E Health headed by the chief consultant Mrs. Sudhamony presented the software developed for the collection of data and integration of the health data for the whole state including that from primary, secondary and tertiary levels of health care. Finally the team decided to conduct a pilot study (five sites each from two districts). Another meeting was conducted on 30th May 2017 to follow up the activities initiated. Pilot was done in five sites.

b) Meeting on Comprehensive Primary Health Care (CPHC)

A meeting on Comprehensive Primary Health Care was conducted by SHSRC-K on 5th to 7th April 2017. The main objective of the meeting was to discuss



and extract ideas/ interventions that can be incorporated or customized to the Kerala health scenario from Keyser Permanente context. Shri.Rajeev Sadanandan, Additional Chief Secretary (H & FW) oriented the group with the objective of the meeting. Keyser Permanente was represented by Dr. Martie, Former consultant, KP, an integrated managed care consortium, based in Oakland, California, United States. The main focus area of Keyser Permanente is prevention and screening of diseases for insured individuals. Each family will have a doctor who takes care of that family's health. Discussions were held on treatment Guidelines, Family Health Centres, monitoring, training. Twelve participants attended the meeting. The team expressed their wish to extend their continued support for developing the primary care program.



c) Workshop on qualitative research methodology

As part of the research program, two days workshop was conducted on 15th to 16th May 2017 to understand how health system researches can be done using qualitative research methodology. Uma Santhosh an expert in qualitative study from AMCHSS, SCTIMST was the faculty. Around 25 participants who are interested in research attended the workshop. During the workshop, need and significance of qualitative studies in public health and methods of qualitative study were discussed.

d) Workshop on quantitative research methodology

As part of research activity, SHSRC-K conducted a workshop on quantitative research methodology and data analysis for the staff of the research wing at SHSRC-K from 7th to 9th July 2017. The objective of the training was to build capacity to do health system researches. Mr. Viiayaprasad C, Assistant Professor, Department of Community medicine, ESIC Medical College & PGIMSR was the resource person.



PUBLICATIONS

(MANUALS / GUIDELINES)

a) **Handbooks / manual for staff in FHC**

The state of Kerala has achieved better health indicators when compared to other states of India. But our health system is facing a new set of challenges due to the epidemiological and demographic transition undergone by the state. The high morbidity of the population due to non-communicable diseases and injuries, emerging and re-emerging communicable diseases, influx of migrant population, increase in the older population and environmental degradation has to be addressed. The existing health care delivery system is not equipped enough to address the changing health needs of the population effectively and comprehensively; thus raising the out of pocket expenditure on health. It has been estimated that as part of Aardram mission, Primary Health Centres which are being transformed as Family Health Centre (FHC) is the best platform to converge various dimensions of primary

health care provisions viz. Preventive, Promotive, curative, rehabilitative and palliative. In this changing scenario, the roles and responsibilities of each category of staff in FHCs are revised and SHSRCK prepared handbooks for them.

◆ **Manual / Modules prepared (2017-2018)**

1. Clinical Guidelines
2. FHC – Nurses
3. FHC – Pharmacists
4. FHC – Lab technicians
5. FHC – Ministerial Staff
6. FHC – Arogya Sena
7. FHC – Nursing Assistant for Secondary Hospital
8. SWAAS Module
9. Panchayat training module

The details are given below:

i) Clinical guidelines

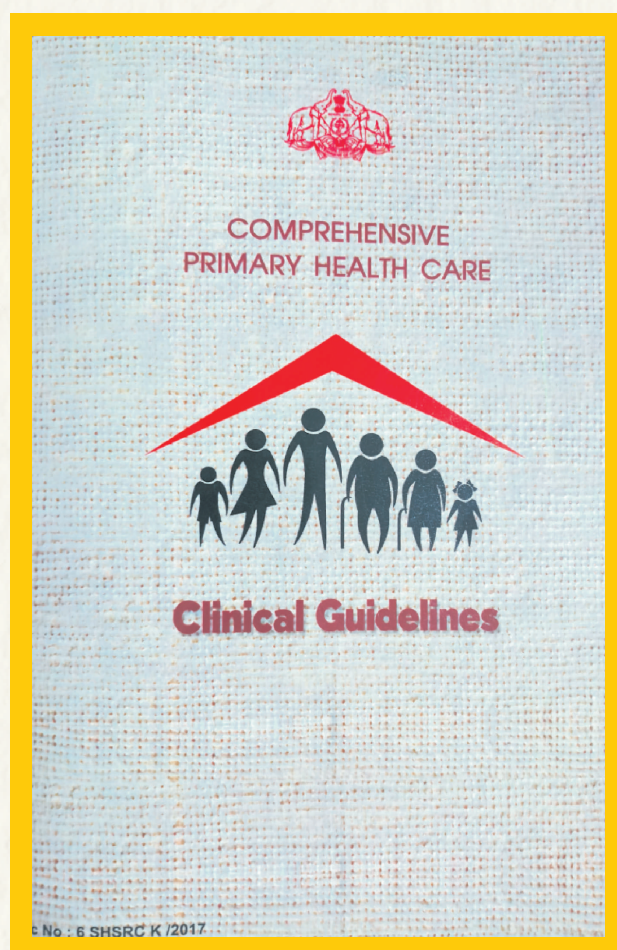
Treatment guidelines for Medical officers practicing at Primary Health Centers in Kerala have been prepared. This is aimed at improving the professional competency of Medical officers working in PHC. Through this process it is expected that the quality of services will improve, provided adequate logistics are also



met. These documents were prepared by an expert committee of competent Medical Officers working under Director of Health Services, Department of Medical Education and other expert members either working or retired. SHSRC-K organized several consultative meetings to prepare this document.

Main topics in this book:

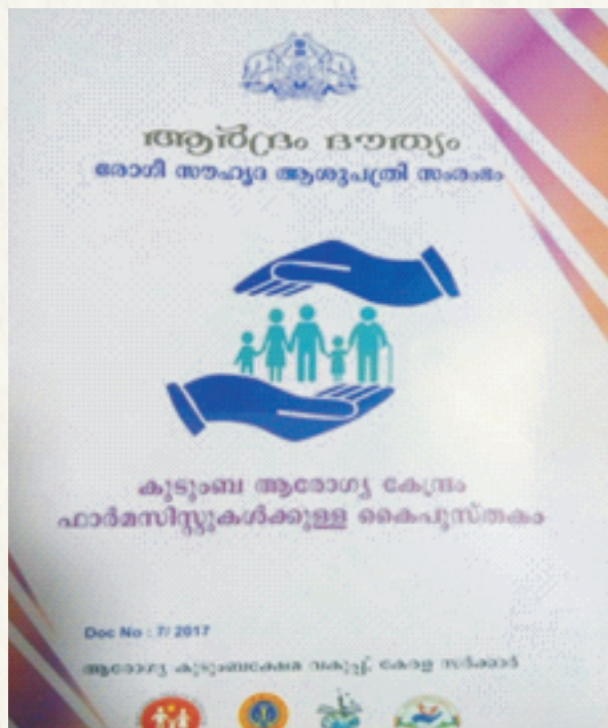
- ◆ Approach to common symptoms
- ◆ Communicable diseases
- ◆ Non-communicable diseases
- ◆ Surgical conditions
- ◆ Common Paediatric conditions
- ◆ Obstetrics & Gynaecology
- ◆ Emergency care
- ◆ ENT disorders
- ◆ Thyroid disorders
- ◆ Common Ophthalmic conditions
- ◆ Common Dermatological conditions
- ◆ Common Dental conditions
- ◆ Palliative Care



This guidelines have been developed for common symptoms for which the patient approaches the PHC, the common diseases (both communicable and non-communicable diseases) pertaining to all major specialties. This will help to deliver standard treatment in all the centres and also provides knowledge about when and where to refer a case.



ii) Handbook for Pharmacist in FHC



It has been estimated that, the global average utilization of medicine costs around one lakh crore rupees and the expenditure rendered by Kerala only for medicine is about 8000-20000 crore rupees. Pharmacist in the FHCs can contribute a lot - dual responsibility as a store custodian by collecting and storing vaccines, medicines and supplies and as a registered pharmacist by dispensing medicines to the patients safely. The Pharmacist should be aware of their own duties and responsibilities to protect the rights of patients. This book has been prepared and published to give a clear

cut idea on the role of Pharmacist in Family Health Centres. Several consultative meetings were held during the months of January and February. Eighteen experts were involved in preparing this manual including store superintendents and pharmacists in different districts. A vetting workshop was held on 1st June 2017 to finalize the draft.

Main topics discussed in the handbook

- ◆ Duties and Responsibilities
- ◆ Patient counseling and dispensing
- ◆ Collection, distribution of medicines and its standardization
- ◆ Pharmacy and drug store standardization
- ◆ Condemnation and disposal of expired drugs
- ◆ National Health programmes and its implementation
- ◆ Control of Non-Communicable Disease
- ◆ Counseling and communication skills
- ◆ Harassment at workplace, house and child harassment
- ◆ National – state wide health programmes



iii) Handbook for Lab Technicians in FHC

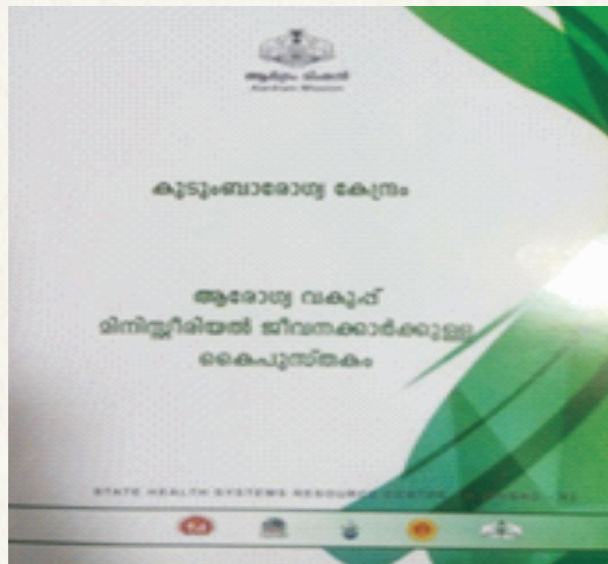


Accurate and reliable diagnosis is the corner stone of Disease Management and Control. Clinical laboratories play an important role in making effective and safe health services delivery. A reliable and properly organised laboratory network not only provides clinical information for curative care but also acts as a vital component of Epidemics Surveillance System. Every effort should be made to provide cost effective laboratory investigations which are readily interpretable scientifically sound, affordable and sustainable. Appropriate lab services should be developed to promote rational use of services. ie, All types of lab investigations will not be available at every health facility

and in many instances transporting/referring patients to higher level laboratories is more rationale than developing capacity in every facility. The main objective of this manual is to provide an overview of the comprehensive approach regarding basic infrastructure, test facilities, quality assurance and bio-medical waste management for the primary health care facility. SHSRC-K prepared this manual with the help of a core team via some consultative meetings. The first consultative meeting was held on January 17, 2017. During that meeting five experts from State Public Health Lab, Government Medical College hospitals and research officers in SHSRC-K were participated to make a framework/to identify the major domains. Several writing workshops were conducted to prepare this manual and a vetting workshop was organized on July 4th 2017 to finalize the draft. Main domains in this manual

- ◆ Lab infrastructure- About human resource and working hours; roles and responsibilities' list of investigations at PHC level.
- ◆ Laboratory safety measures infection control
- ◆ Sample collection and transportation
- ◆ Equipments required- Test kits consumables reagents and miscellaneous items, for analysis, for sample collection and processing etc
- ◆ Quality control procedures
- ◆ Laboratory waste management
- ◆ Trainings
- ◆ IDSP laboratories and its functions

iv) **Handbook for Ministerial staff**



The main objective of this manual is to provide an overview on the duties and responsibilities of ministerial staff in FHCs. To prepare this manual, SHSRCK formed an expert group of eight members. The members included retired Administrative Assistants, Senior Superintendents in DHS, Lay secretary & Treasurer and Senior clerks. Around seven consultative meetings were held to prepare this handbook. Vetting workshops were held to finalize the draft. The initial meetings were done during the end of January and May 2017 (27th January 2017 and 26th May 2017) and the vetting was done on 5th & 27th June 2017, 5th & 7th July 2017 and 10th August 2017.

Main areas covered in the manual:

- ◆ Role of Local self Government (LSG) Institutions
- ◆ Duties and responsibilities of clerks
- ◆ Manual on office proceedings
- ◆ Kerala Service Rule (KRS)

- ◆ Hospital Management Committee (HMC)
- ◆ Financial dealing in Primary Health Centers
- ◆ Kerala Budget Manual
- ◆ Spark bills
- ◆ Right to information rules
- ◆ Auditing
- ◆ Public Relations

v) **Handbook for Nurses**



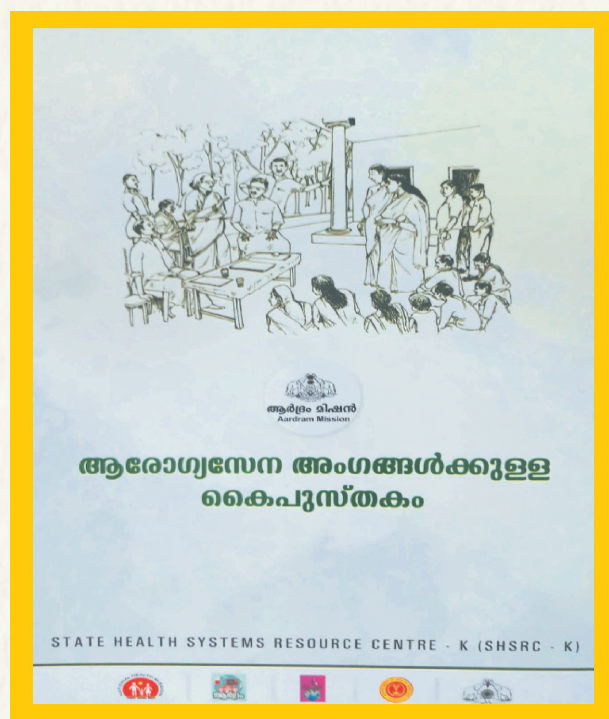
SHSRC-K prepared a handbook for nurses. Around 18 experts were involved in the preparation of this manual. Writing workshops and vetting workshops were conducted to finalize this.

Important areas covered in the manual

- ◆ Duties and responsibilities of nurses – clinical, administrative, field level etc
- ◆ Important services in Family Health centres



vi) Handbook for Arogyasena



Under the Aardram mission the state government has envisaged constitution of community health volunteer teams, named 'Arogyasena'. Arogyasena are supposed to be peer group activists and counselors, who will empower the individuals to own up the responsibility of their health as well as of the society. The LSGI shall constitute the Arogyasena, one for every 20 households. This will account for around 500 membered Arogyasena per Panchyath. Interested individuals, with a vision in owning a role in the health of the society, are willing to educate the society on health and health related issues, who are willing to act as

'watch dogs' for the betterment of the health of the society and who could act as demand generating machineries of the society are eligible to be members of the Arogyasena. The public health team of the health institution, local groups like Ayalsabha and Gramasabha, may help the LSG in identifying the potential members for the Arogyasena. Male participation may be ensured during constitution.

The Arogyasena should be trained at the Panchayath level on the following topics. The handbook will help the volunteers to respond to each situation they are going to face in the society.

- ◆ A perspective on health as a right
- ◆ Social responsibility of the individuals
- ◆ Communicable disease- reporting and control
- ◆ Non communicable disease including substance abuse and mental health
- ◆ Reproductive, child and adolescent health
- ◆ Palliative and rehabilitative care
- ◆ Interventions in improving the social determinants of health
- ◆ Waste disposal



- ◆ Social security schemes
- ◆ Services delivered by the health department
- ◆ Public health laws including Women and child protection laws
- ◆ Geriatric, marginalized and other vulnerable group
- ◆ Local health research, Health education and Documentation.
- ◆ Disaster preparedness and management, first aid, basic life support, accidents and injuries.
- ◆ Identifying dangerous situations like wild animal attacks, threat of tree falls etc.
- ◆ SHSRC-K coordinated several consultative meetings to prepare the manual for Arogyasena.

i) Kerala State Programme for Prevention And Management of Obstructive Air Way Disease- SWAAS Module



Kerala state is moving towards achieving the Sustainable Development Goals (SDG), adopted by the United Nations General Assembly on 25th September 2015.

Goal 3 of the SDG addresses “Ensuring healthy lives and promoting well-being for all at all ages”. The sub-goal 3.4 of the SDG has the target “By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing”.

Non-communicable diseases (NCD) are chronic conditions of non-contagious origin having prolonged course and leading to functional impairment, disability or death. NCD constitute a set of diseases (cardiovascular diseases, cancers, chronic respiratory diseases, diabetes) responsible for substantial proportion of premature deaths, particularly in developing countries like India. The World Health Organization (WHO) attributed NCD as the cause of 60% of all deaths in India in 2010. In Kerala, the major NCD such as cardiovascular diseases, cancers, diabetes and chronic lung diseases are increasing. Chronic Respiratory Diseases were poorly addressed among the NCD in India, despite the fact that COPD is



one of the leading causes of mortality in India. It was in the recent past that the National NCD program took a decision to include COPD as one of the prime NCDs to be addressed as part of the NCD control program.

Kerala has been the first state in India to address Chronic Respiratory Diseases (CRD) as a public health program, when it pilot tested the PAL strategy. Building on the experience of the state in addressing CRD in the past, and considering the inherent strengths of the public health system in the state, Kerala state is now moving towards developing and implementing a Public Health program for CRDs, which would primarily address COPD and Asthma. It is expected that this program would result in significant reduction in mortality and morbidity from COPD and Asthma, and take the state forward in achieving the SDG

targets.

Kerala has taken the bold step of formulating COPD prevention and control program “SWAAS”, in the country for the first time. The official declaration of the program was done by the Honorable Minister for Health &FW on February 7th 2017. SHSRC- Kerala has been designated to coordinate and conduct training, and module development in this regard. Medical Officers and Staff nurses and field staff will be given training for carrying out this program.

A module on SWAAS program for the Medical Officers of Primary Health Centres was prepared by 50 Respiratory Physicians from Health services and Medical colleges all over the state. A draft module was prepared based on the suggestions from this workshop.



DOCUMENTS IN THE PIPELINE

1. NCD Nurses
2. PHC Management Manual
3. Aardram Dauthyarekha
4. Hand Book Field Staff–JHI,JPHN, HI/HS
5. Hand Book for- Part Time Sweepers/Hospital Attenders
6. Hand Book for-Nursing Assistants
7. Laboratory Manual for Comprehensive Primary Health Care
8. FHC –Aardram Document

The details are given below:

SI No:	Category / Handbook	Objective	Current Status
1	NCD Nurse	<ul style="list-style-type: none"> ◆ To understand the risk factors for NCD, Diabetes, Blood Pressure Heart attack, Cerebro Vascular Accident, COPD, Cancer, Palliative Care, Mental Health , Life Style Diseases 	Final draft submitted to print
2	PHC Management Manual	Details Explained earlier	Work is progressing
3	Dauthyarekha	<ul style="list-style-type: none"> ◆ To understand the Aardram mission, ◆ People friendly hospitals ◆ Improvement and better quality services ◆ Transformation of Primary health centre to family health centres, ◆ Jagratha –communicable diseases ◆ e- health ◆ Participation of local self Government ◆ Tribal health 	Final draft submitted to print
4	Hand Book Field Staff – JHI,JPHN, HI/HS	To understand the FHC concept, duties and responsibilities of Field Staff	Final draft submitted to print
5	Hand Book For- Part Time Sweepers/Hospital Attenders	<ul style="list-style-type: none"> ◆ To understand the duties and responsibilities of part time sweepers, Hospital Attenders, ◆ Cleanliness of the Hospital, ◆ Waste Management and Disposal ◆ Infection Control 	Final draft submitted to print
6	Hand Book For-Nursing Assistants	<ul style="list-style-type: none"> ◆ To understand the concept of Aardram mission, ◆ duties and responsibilities of Nursing Assistants, ◆ infection control, ◆ Housekeeping, ◆ Biomedical waste management 	Final draft submitted to print
7	Laboratory Manual for Comprehensive Primary Health Care	<ul style="list-style-type: none"> ◆ To provide an overview to the comprehensive approach regarding basic infrastructure, test facilities, quality assurance, bio-medical waste management etc. for the primary health care facility. 	Final draft submitted to print

Table xiii. Main discussion points



GOVERNMENT ORDERS

The State of Kerala has undergone demographic and epidemiologic transition, but the current health care delivery system is not enough to address the changing health needs of the population effectively and comprehensively. There is an immediate need to incorporate interventions in addressing social determinants of health, needs of the marginalized and older population and reducing the out of pocket expenditure. The Government of Kerala has decided to strengthen the health care system through “Aardram Mission”. The prime strategy of the mission is transforming primary health centres into family health centres by redefining the service packages and improving their quality. Family Health Centre is the best platform to converge various dimensions of health provision namely preventive, promotive, rehabilitative, curative and palliative. The Primary health system under the governance of Local Self Government in a Panchayat led by the Medical Officer include the staff nurses, Para medical, Ministerial and field staff ASHA, AWW and voluntary health care workers is supposed to work together towards achieving the Sustainable Development Goals of the State.

In this scenario, it has been decided to publish the clinical guidelines to ensure Comprehensive Primary Health Care (CPHC) through FHCs and to deliver standardised care with improved quality and to review the roles and responsibilities of health care workers. So the work was entrusted with State Health Systems Resource Centre - Kerala (SHSRC-K) and we submitted detailed drafts to the Government of Kerala. Several expert working groups were constituted to prepare the drafts and was finalised after several discussion among the academicians and experts in Health Services Department. Government have examined the submitted drafts in detail and are pleased to approve, publish and implement the same.

During the year 2017-2018, following government orders are published:

- ◆ Augmentation of the infrastructure and the standard of all Family Health Centres in Kerala – Sanctioned (G.O. (Rt) No. 1514/2017/II&FWD, Dated, 29/05/2017)
- ◆ Transforming Primary Health Centres into Family Health Centres – Guidelines (G. O. (P) No.46/2017/H&FWD. Dated, 05/08/2017)
- ◆ Duties and Responsibilities of Medical Officers in FHC (G.O. (Rt) No. 2782/2017/H&FWD, Dated, 09/10/2017)



◆ Duties and Responsibilities of Staff Nurse in FHC
(G.O. (Rt) No.2783/2017/ H&FWD, Dated,09/10/2017)

◆ Aardram" Comprehensive Primary Health Care Clinical Guidelines- approved and published (G.O. (Rt) No.2781/2017/ H&FWD, Dated,09/10/2017)

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GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department - Duties & Responsibilities of Medical Officers in Family Health Centres of Kerala - Approved - Orders issued.

HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(Rt) No.2782/2017/H&FWd. Dated, Thiruvananthapuram,09/10//2017

Read:- 1. G.O. (P) No.46/2017/Health dated 5.8.2017

2. Letter No. NIL, dated 25.8.2017 from the Executive Director, State Health Systems Resource Centre.

ORDER

1. The State of Kerala has undergone demographic and epidemiological transition, but the existing health care delivery system is not equipped enough to address the changing health needs of the population effectively and comprehensively. There is an urgent necessity to incorporate innovations in addressing social determinants of health, needs of the marginalized & older persons and reducing out of pocket expenditure. All developmental activities at the grass root level should ultimately focus on health of each and every citizen. A Primary Health Centre is the best platform to converge various dimensions of health provision namely preventive, promotive, curative, rehabilitative and palliative.

2. The concept of Family Health Centre (FHC), an integral part of "Aardram" Mission is being proposed in this context to provide these services to all families thereby ensuring universality of primary health care. The service package for FHCs will be focusing on Comprehensive Primary Health Care (CPHC) by improving the services qualitatively and quantitatively, strengthening the sub-centres, addressing the social determinants of health and ensuring community participation. FHCs will provide services based on principles such as universality, family based, equitable & non-discriminative, comprehensive, ensuring financial protection, quality, rationality, portability & continuity of care, protection of patient rights, community participation, accountability, transparency and responsiveness.

3. Family Health Centres will have a minimum of three Medical Officers and the senior most will be designated as Medical Officer in charge. In addition to all the responsibilities that any Medical Officer in Family Health Centre would have, the Medical Officers in charge have some specific responsibilities by virtue of being the administrative head of the institution. A junior Medical Officer may hold charge of an institution in the presence of a senior, only under specific orders from authorities.

4. Charge Medical Officer directly report to the District Medical Officer of Health in matters of administration such as transfer, leave, sanction etc., to the concerned Deputy District Medical Officer of Health or District Medical Officer of Health as the

GOVERNMENT OF KERALA
Abstract

Health & Family Welfare Department - "Aardram" Comprehensive Primary Health Care
Clinical Guidelines - approved and published - Orders issued.

HEALTH & FAMILY WELFARE (F&W) DEPARTMENT

G.O.(Rt) No.2781/2017/H&FWD. Dated, Thiruvananthapuram,09/10/2017

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Read: 1. G.O. (Rt) No. 1514/2017/H&FWD Dated 20/05/2017

2. G.O. (Rt) No. 46/2017/Health dated 05/08/2017

3. Letter No. Nil. dated 25.8.2017 from the Executive Director, State Health
Systems Resource Centre.

ORDER

1. Government of Kerala has initiated several programs under the umbrella of Aardram Mission to revamp the health system in this state. One of the objectives of Aardram Mission is to strengthen the primary health care system by converting Primary Health Centres to Family Health Centres (FHC) by improving the scope of services ensuring quality. Standardisation of hospitals is one of the strategies to improve quality of services.

2. In this scenario, it has been decided to publish the clinical guidelines, to ensure Comprehensive Primary Health Care (CPHC) through FHCs and to deliver standardised care with improved quality. Accordingly the work was entrusted with State Health Systems Resource Centre - Kerala (SHSRC) and they submitted a detailed guidelines to Government. Several expert working groups were constituted to prepare the guidelines and was finalised after several discussion among the academicians and experts in Health Services Department. The guidelines to deal with the steps of management of common conditions attending a primary health care centre. This also includes guidelines to be followed for prevention of common diseases, for referral of a patient and for follow up of a patient referred back.


3. Government have examined the guidelines in detail and are pleased to approve, publish and implement the guidelines as appended to this order, for strict compliance by all concerned.

(By Order of the Governor),
RAJEEV SAKANANDAN
ADDITIONAL CHIEF SECRETARY TO GOVT.

To

The Director of Health Services, Thiruvananthapuram.
The Director of Medical Education, Thiruvananthapuram.
The State Mission Director, National Health Mission, Thiruvananthapuram.
The Executive Director, State Health System Resource Centre,
Thiruvananthapuram.
All District Medical Officers (through the DITS)
The Principal Accountant General (A&E/Audit), Thiruvananthapuram .
The Finance Department.
B&RD (Web & New Media).
Local Self Government Department.
Stock's File / Office Copy .

Forwarded /By Order



GOVERNMENT OF KERALA
Abstract
 Health & Family Welfare Department - Duties and responsibilities of staff nurse in Family Health Centre - approved - Orders issued.

HEALTH & FAMILY WELFARE (FW) DEPARTMENT
 G.O.(R) No.2783/2017/H&FWD Dated, Thiruvananthapuram, 09/10/2017

Read:- G.O. (P) No. 46/2017/Health. Dated 05.08.2017
 2. Letter No. NIL dated 25.8.2017 from the Executive Director, State Health Systems Resource Centre.

ORDER

1.The State of Kerala has achieved better health indicators when compared to other states of India. But the health system is facing a new set of challenges due to the epidemiological and demographic transition undergone by the state. The high morbidity of the population due to non communicable diseases and injuries, emerging and re-emerging communicable diseases, influx of migrant population, increase in older population and environmental degradation has to be addressed. The existing health care delivery system is not equipped enough to address the changing health needs of the population effectively and comprehensively; thus raising the out of pocket expenditure in health.

2.In this context there is a necessity to incorporate interventions in addressing social determinants of health, needs of the marginalised & older persons and reducing out of pocket expenditure. All developmental activities at the grass root level should ultimately focus on health of each and every citizen. A Primary Health Centre is the best platform to converge various dimensions of health promotion namely preventive, promotive, curative, rehabilitative and palliative.

3.Family Health Centre (FHC), an integral part of "Aardram" Mission is being proposed to provide these services to all families thereby ensuring universality of primary health care. The service package for FHCs will be focussing on Comprehensive Primary Health Care (CPHC) by improving the services qualitatively and quantitatively, strengthening the sub-centres, addressing the social determinants of health and ensuring community participation. FHCs will provide services based on principles such as universality, family based, equitable & non-discriminative, comprehensive, ensuring financial protection, quality, rationality, portability & continuity of care, protection of patient rights, community participation, accountability, transparency and responsiveness.

4.In this changing health scenario, it is essential to review the roles and responsibilities of all the health care workers including the staff nurse in Primary care

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CAPACITY BUILDING

In spite of advancement in healthcare the state is now trying to revamp the health system by creating people friendly public health service delivery system. The Government of Kerala has implemented “Aardram Mission” to attain this. The objective of this important Mission is to achieve United Nation's Sustainable Development Goals through short and long term goals of the state. The mission is trying to transform all Primary Health Centres into Family Health Centres. The Government aims at making public health care institutions, especially government hospitals at primary, secondary and tertiary care sector, people friendly by improving their basic infrastructure and patient amenities.

In order to achieve the objectives of mission, quality of services provided from all level of care has to be improved. The incentive step towards achieving this goal is capacity building of all categories of health care providers and convergence between various departments at the grass root level. Local Self Government Institutions and other concerned departments are trying to achieve this. Providing comprehensive and incessant training for all category staff is the giant step to ensure quality of service delivery as the mission has to achieve. To achieve this, a well planned training is needed. However, some of the training has to be conducted at state level and some at district level.

The main objectives of the training includes,
Continuing education and updating knowledge

Technical skill development

Soft skill development

SHSRC-K has organised all training programs and prepared the lesson plan of training for each category of staff.

The trainings were designed in three domains.

- a) Team building training
- b) Concept based training
- c) Technical skill development

The training module / lesson plan was designed in such a way as to effectively incorporate all the desired elements.

Process of developing the training

◆ Several workshops were conducted involving eminent clinicians, academicians and public health specialists in the state and a consensus was reached on the trainings to be conducted and content to be delivered to the different categories of staff

◆ Brainstorming sessions conducted to develop clinical guidelines, training curriculum and training materials.

◆ A training calendar for the training was developed

◆ An effective state level resource team from the cross section of all categories of health care providers in the state was created (Doctors, Nurses, Pharmacists, Lab Technicians, and Field staff).

◆ A core training group and a district level resource pool was created.



◆ Workshops were conducted to develop lesson plan and activities for executing the content. The objectives of each training session were also defined

◆ Training of trainers (TOT) was conducted and the trainers were trained and evaluated on all aspects.

Nature of training

All trainings were residential in nature. The training sessions were developed in such a way as to encourage participation of all trainees. In order to maintain the quality of training number of trainees was limited. Adult training methods were introduced to impart the training by incorporating games, role plays and discussions. The resource persons acted as facilitators and guided the trainees to comprehend the topics intended to be conveyed.

The training sessions were divided into following parts.

- a) An activity designed to elicit the gaps and issues in the existing service delivery mechanism.
- b) An activity to prompt the trainees to come up with their own solutions to address the gaps and issues identified.
- c) Short presentations to convey the developed concept of proposed health reforms.
- d) Presentations on new services included in FHCs - SWAAS
- e) Team building and problem solving exercises were conducted in between the sessions.

f) An open forum was also scheduled during the course of trainings where the participants could interact with the administrative authorities especially with Director of Health services (DHS) to raise their concerns and apprehensions in the implementation of the Aardram Mission. (both in HR and service).

g) Reflection session was conducted during the second day where the trainees were encouraged to share their experience on how the previous day's training has influenced them to carry out their responsibilities.

h) At the end of the training, both the trainees and trainers could share their experiences and also provide feedback about the training and suggestions for improving future trainings.

i) The trainees who displayed exceptional performance, skill, commitment and attitude during the trainings were handpicked to join the state resource pool. Those trainees were also assigned to the district resource pool to co-ordinate, monitor and evaluate the district level trainings.

Executive Director SHSRC-K, State Aardram consultant, Nodal officer, Aardram and State level officers in turn were present during the training program. Dr. Vijayakumar K, Hon Consultant, Aardram addressed almost all the gatherings with his motivational talk. On the first day of the training, an open forum was conducted where the trainees were given an opportunity to clarify their concerns and doubts regarding their duties and responsibilities, steps to be taken to convert their PHCs into FHCs etc.



The details about training are given below:

During the year 2017-2018, SHSRC-K provided training for 1618 staff of different category.

a) Team building training

SHSRC-K in collaboration with Kerala Institute of Local Administration (KILA) conducted a team building training pertaining to the transformation of PHCs into FHCs as part of Aardram Mission. Different category of staff including Medical Officer in charge, Staff Nurse, Pharmacist, Lab Technician, Health Inspector, Public Health Nurse, Clerk in PHC and Panchayat President, Health Standing Committee, Chairperson Secretary, ICDS Supervisor, and block PRO from each Panchayat will be undergoing the training as a team. Initially team building training was conducted for staff working in 88 institutions as two batches with a TOT during the month of July and for 75 institutions two batches of training was conducted during the months of January and February 2018.

Around 1390 staff were attended the training. The main topics discussed during the training: Introduction to Aardram, Family Health Centre, people friendly institution, service packages available, convergence with other departments, Arogyasena and its activities, role of sub-centres and project preparation based on health status report.

b) Concept Based Training

SHSRC-K organized FHC concept training for all category of staff working in FHC.

Detailed notes are given below.

c) Technical skill development training

Skill development training for Nurses is a key area being addressed in the context of transformation of Primary Health Centres to Family Health and Wellness Centres. In the wake of Aardram mission, the staff nurses have better roles to perform like counseling, outreach institutional services and conduct of various clinics. Staff nurses with Masters Degree were identified and trained at KUHS on Family health care. This group of staff nurses will be utilized at district level as district level trainers to impart skill based training to staff nurses of Family Health and Wellness training. 66 post graduate nurses who are working in system were attended the training.



Detailed notes of some training Training for Ministerial Staff



SHSRC-K conducted training programme for Ministerial staffs of 108 FHCs (either inaugurated or nearly inauguration) from March 5th March to 7th March. 93 staff was trained in the second phase of training. Nodal Officer inaugurated the second step training. Dr. Shinu K.S (Executive Director SHSRC-K) Dr P.K Jameela, State Aardram consultant, Dr. Raju V R (Addl. DHS Planning) and other ADHS addressed the participants for the different training.

Training basically concentrated the concept of FHCs and elaborated the roles and responsibilities of the Ministerial staffs in the context of FHCs. Duties and responsibility of all other staff in FHCs were also discussed.

Each batch was divided in to three groups and further in to sub groups for effective communication and individual attention. Different methodologies including group discussions, presentations,

role play and games were adopted for the communicating the ideas of the groups. The new services included in FHCs including SWAAS and ASWAAS. Open forum was scheduled on the first day of each batch where the ministerial staffs were given an opportunity to communicate with DHS and other State officials.



Training for Lab Technicians

As part of Aardram mission Lab Technicians were given training on the concept of FHCs. The second phase training was conducted from 7th March 2018 to 9th March 2018. Around 90 Lab Technicians attended this training. Trained faculty under the supervision of Dr. P K Jameela (State Aardram Consultant) prepared lesson plan and the group activities for the trainees. The new services commenced in FHCs including SWAAS and ASWAAS were introduced to the trainees with relevant instructions to carry out the clinics in their institutions in an effective manner. Dr Manu M S (Nodal officer SWAAS program) led the sessions on





SWAAS for different batches, while Dr. Kiran (State Nodal Officer of DMHP) took the sessions on ASWAAS. There was an open forum for each batch. Director of Health Service Dr. Saritha R L and other State level officials interacted with the trainees.

Concept training for Medical Officer



SHSRC-K conducted concept based training program for Medical Officers of 108 institutions from 19th to 21 March of 2018 as part of Aardram mission. The two day training was conducted in two batches. Deputy Director Dr. Jagadeesan inaugurated each batch of the training. Dr. Shinu K S Executive Director SHSRC-K, Dr. Jameela

P K State Aardram Consultant, Dr Jose Dicruz Deputy DMO Thiruvananthapuram addressed the gathering.

The training covered the concept of FHCs and elaborated the roles and responsibilities of the MOs in the context of FHCs. The difference between the PHCs and FHCs were explained with the examples. Each batch was divided in to three groups and further into sub groups for effective communication and individual attention. Resource persons who were trained on the methods and tools of training mentored the trainees in a systematic way that was pre planned. Different methodologies including group discussions presentations etc.

The new services included in FHCs including SWAAS and ASWAAS were introduced to the trainees with relevant instructions to carry out the clinics in their institution in an effective manner. An open forum was scheduled on the first day of each batch at 7 pm where the Medical Officers



were given an opportunity to communicate with the Director of Health Service Dr. Saritha and other State level officials. In this session they were free to discuss all administrative issues with the administrators regarding implementation of FHCs. The second day of the training started with reflections of the trainees on the previous day. They were requested to convey how the one day training has benefitted /not benefitted them. The session on second day was started with section based group activities. The training ended with valedictory session for each batch.

Concept training for Staff Nurses

As a part of Aardram mission SHSRC-K conducted the forth step of concept training for nurses in 21 Family Care Centers. The third step of the training was conducted from 26th March 2018 to 28th March 2018. A number of 44 Nurses attended the training.

DrShinu K S Executive Director SHSRC-K, Deputy Director Dr Jagadeesanand Dr Jameela State Aardram consultant, MrsSobhana ADNS addressed the gathering. The training covered with the concept of FHCs and elaborated the roles and responsibilities of the Staff Nurses in the context of FHCs. The difference between the PHCs and FHCs were explained with the

examples. Each batch was divided in to three groups and further in to sub groups for effective communication and individual attention. Resource persons who were trained on the methods and tools of training mentored the trainees in a systematic way that was pre planned. Different methodologies including group discussions presentations etc.

The new services included in FHCs SWAAS and ASWAAS were introduced to the trainees with relevant instructions to carry out the clinics in their institution in an effective manner

An open forum was scheduled on the first day for each batch at 7 pm where the staff nurse were given an opportunity to communicate with DHS and other State level officials.

Concept Training for Pharmacist

As a part of Aardram mission, SHSRC-K conducted concept based training for Pharmacists of 111 institutions on 4th April to 6th April 2018. The three day



training was conducted in one batch Around 87 Pharmacists attended the training. inaugurated the training programme. Deputy DHS DrJagadeeshan, DrShinu K S Executive Director SHSRC-K, DrJameela P K, State Aardram consultant and few other State Officials addressed the gathering.



The training covered the concept of FHCs and elaborated the roles and responsibilities of Pharmacist in the context of FHCs. The difference between PHCs and FHCs were explained with examples. Each batch was divided into three groups and further in to sub groups for effective communication and individual attention. Resource persons who were trained on the methods and tools

An open forum was scheduled on the first day of each batch where participants



were given an opportunity to communicate with stateofficialsto discuss all the administrative issues.

Training for field staff

As part of Aardram, SHSRC-K organizeda training programon FHC conceptfor field staff from 110 FHCs in collaboration with KILA, Thrissur. The participants were trained in four batches at KILA.



- ◆ 9.04.2018-TOT
- ◆ 10.04.2018 to 12.04.2018- Batch-I
- ◆ 16.04.2018-TOT
- ◆ 17.04.2018 to 19.04.2018- Batch-II
- ◆ 20.04.2018 to 22.04.2018- Batch-III
- ◆ 22.04.2018-TOT
- ◆ 23.04.2018 to 25.04.2018- Batch-IV

It was a residential training program where the logistics including classrooms for



discussions, accommodation and refreshments were provided by KILA. SHSRC-K devised the content of the training and trained the faculty. Field staff in FHCs from all districts except Wayanad was trained during this period.

The number of people who attended the training in each batch is as below:

Batch 1: 180
Batch 2: 257
Batch 3: 252
Batch 4: 265

Dignitaries who addressed the participants during the inaugural as well the plenary sessions across the 4 batches include Dr. Jameela PK (State Consultant- Aardram Mission), Dr. Jagadeesan (Deputy DHS, Planning), Dr. Vijayakumar Dr. Joy Elamon Director, DMO-Trichur, Mr. Peter Raj (.KILA) etc.

OTHER TRAINING PROGRAMMES

a) Training for Arogyasena in Aryad panchayat

ArdramMission is an initiative of state government which aims in enhancing community participation in health sector. As part of this program every Grama Panchayath is expected to enroll volunteers called “Arogyasena” to be involved in health promotion and health care delivery activities. The enrolled health volunteers need to be oriented about routine activities of Health department, Ardram Mission and roles and responsibilities expected from them. SHSRC-K conducted an orientation session for the 115 Arogyasena volunteers from 18th May to 20th May 2017.

b) Training of Animators

As per directions from the Additional Chief Secretary (Health & Family Welfare), there was a need to identify and build capacity of several officials within the system who are proactive and who can facilitate the implementation of Family Health Centres at 170 PHCs. These officials were supposed to impart training at the district level and to monitor and evaluate the program. This will help the implementation



of the program at their respective districts. SHSRC-K organized training for around 125 officials from all fourteen districts for the same from 22nd to 24th May 2017.

c) Aardram training for Secretariat staff

As part of Aardram Mission, SHSRC-K organized two day training for Secretariat staff. The resource persons included Dr. C K Jagadeesan, Dy.DHS, Planning Division, Dr. Bipin Gopal, Nodal Officer, NCD, Dr.

Nita Vijayan SPM, RCH, Mr Suresh, SAM, Dr Ramla Beevi, DME, Dr. Sreekumari, Jt. DME, Dr. Dileep, General Manager KMSCL, Dr. Vijayakumar, SHSRC, Dr. Shinu KS, ED SHSRC and Dr. Rekha, SHSRC-K. The aim of this training program was to provide an orientation for secretariat staff on health system and the recent reforms which will be useful for smooth movement of the concerned files. The topics covered during the training program are given as follows:

- ◆ Organogram and functioning of National Health Mission
- ◆ Organizational structure and functions of various institutions under the Director of Medical Education and Director of Health Services
- ◆ Organogram and functions of KMSCL
- ◆ Newer health Initiatives of Kerala
- ◆ Decentralized planning under health sector
- ◆ National Health Programs



b) Training on SWAAS

State NCD Division has launched Kerala COPD prevention & Control programme –“SWAAS”. As part of this program, it was planned to start District level COPD clinics in all fourteen district hospitals by first week of July. For starting these clinics, it was decided to conduct an orientation cum raining workshop for the consultant / junior consultant respiratory medicine, medical officer of the NCD clinic of these district Hospitals, staff nurses of the district NCD clinic & the District hospitals. SHSRC-K was entrusted with coordinating these trainings and the trainings held on 15th June for doctors and on 17th June 2017 for staff nurses.



category of staffs is designated as persons in charge of health in their defined area, they are hardly into any Public Health activities in their routine work. The discussion was started straight away and was very productive. The main objective of the training was to equip the trainers to train the Health staff in Municipality and Corporation area to perform their responsibilities as per defined in Jagratha initiative. Thrissur DMO provided logistic and technical support for the conduct of the training.

c) Jagratha training for Municipality staff

The meeting started at 2.00 pm after an informal welcome to the meeting. Dr. Ummusalma presented the need for training the Health staff in Municipality and Corporation in the wake of Jagratha initiative. In her observation, even though this

The training was a ToT for training the Health staff in Municipality and Corporation for carrying out activities in connection with Jagratha in their respective field area. The participants unanimously stressed the need for practical hands on sessions in the field for better output of the training. Considering the information that has to be translated to the participants for carrying out the activities they are supposed to do, a five-day training was essential. Since there were around



120 persons identified as trainers from different districts, the training was carried out in 2 batches to ensure the quality. A pre and post test was conducted to assess the effect of the training which was very positive. At the end of the meeting the participants came to a consensus regarding

the topics to be dealt in the district level trainings for the staff.

The trainings were conducted in two batches of 60 each,

Training for Faculty : 16/04/18

First batch : 17/04/18 to 21/04/18

Second batch : 23/04/18 to 27/04/18



COLLABORATIVE MEETINGS

a) Revision of State NCD control Programme

Non-Communicable Disease (NCD) poses a huge burden to the public health system (both state and national level) in terms of morbidity, mortality and financially. In order to resolve this challenge, Government of Kerala has launched Prevention and Control of Non Communicable Diseases Program on April 7th 2010, the World Health day, under the auspices of Health Services department and NRHM. The program aims to prevent and control of Non Communicable Diseases and there by reduction in the burden of NCD in the state, which in turn would improve the quality of life of these patients and create a healthier population.

The main objectives of the programme includes,

- ◆ Early detection & management of diabetes and hypertension in people above 30 years of age, with provisions for management in PHCs and sub centres.
- ◆ Early detection and management of complications of diabetes and

hypertension at Taluk hospitals upwards.

- ◆ IEC/BCC activities for advocacy, communication and social mobilization (ACSM)
- ◆ To create a conducive environment for the sustainability of the programme through inters sectoral co- operation.

With rise in prevalence of NCDs and rise in treatment cost, the state decided to reconstruct the State NCD Programme. Additional chief secretary (H&FW) directed to convene a meeting of state's NCD team with consultants of CMC Vellore and WHO at SHSRC-K under the leadership of Dr. Bipin Gopal, State nodal Officer, NCD. Around eighteen doctors - like NCD regional coordinators, medical officers in selected PHCs and CHCs, etc were participated. The team decided to do an assessment in the state to identify the problems in the current programme.

b) Hospital Performance monitoring programme

Performance monitoring is very essential to improve the quality of decisions made by all actors within the health system, including patients, practitioners, governments at all levels, insurers, politicians etc. It provides a major opportunity for the policy makers to secure



health system improvement and accountability. In Kerala, there are 32 medical colleges which are functioning well with huge patient load; but still data systems in such hospitals especially public are quite basic and only digitalized to a limited extend. In order to improve the functioning of medical college hospitals, the state required proper guidance on developing Mekong Basin Disease Surveillance Consortium or MBDS, communication technology, adverse event reporting system and ensure patient's safety in all hospitals and clinics. In this context a team was formed under the leadership of Sri. Rajeev Sadandan, Additional Chief Secretary, Department of Health & Family Welfare, Shri.Kesavendrakumar, Mission director. The team included Hilde DeGraeve from WHO, India, Niek Klazinga from Organization for Economic Co-operation and Development (OECD), three faculties from Department of Health Information Management, Manipal University and Research officers in SHSRC-K.

The objectives of the programme are,

- ◆ To strengthen the understanding of hospital performance and its governance at the regional level.
- ◆ To strengthen the understanding of hospital information infrastructures and related indicators in a purposeful sample of hospitals, including the availability of activity and cost data linked to services provided.
- ◆ To benchmark Kerala hospital performance frameworks and practices against global peers, both in terms of indicators and in terms of policies.
- ◆ To provide technical advice to state authorities on monitoring, reporting and improving hospital performance.

As part of this several meetings were held in mid May 2017 and finally a tool was developed to assess the “Hospital Performance Monitoring and reporting in the State of Kerala”. Around forty doctors were participated. The tool covered the information on some indicators such as quality vision policy, accreditation and certification status, quality manager, infection control committee, blood transfusion, drugs and therapeutics committee, level of digitalization, mandatory reporting etc. The Manipal University was supposed to do a pilot study in thirteen hospitals using this tool. On February 14th 2018, a dissemination workshop was held and one of the faculties from Manipal University presented the study report and discussions were made based on this. The discussions were done under four domains – Licensing System



including adverse event reporting system; Accreditation of Public sector institutions; Hospital performance monitoring and strengthening of data infrastructure; Strengthening of the basic information infrastructure and administrative data-systems. Further activities are under process.

c) **Doctor's data base**

State Health System Resource Centre-Kerala has developed a Web-portal Doctor's Management Information System (DMIS) with details of all the doctor's working in the Kerala Health Service System. This will serve as a ready reckoner to locate/identify details of any doctor without much hassle. Through DMIS the data of Doctor's in various departments can be centralized. This software will further serve as a record to easily locate doctor's details. Such as Name, age, gender, DOB, DOJ in service, Designation, Rank, Present Institution, Cadre, Qualification, Contact No., E-mail ID, Training preferred & received and area of interest of all the doctors in the entire Health System.

Objectives

- ◆ To provide up to date service details of all doctors in the Health System
- ◆ To easily identify doctor's present institution, qualification, training

under gone and training to be received.

- ◆ To centralize Service information-DMIS centralize the data of doctors in various departments

Advantages

- ◆ Ensure reliability and speedy collection of data.
- ◆ Identification or locate a person with specific skills or qualification.
- ◆ The details can be downloaded as an excel document.
- ◆ In addition to the information from SPARK, details like e-mailids, contact number, training details, research interests are documented
- ◆ User friendly
- ◆ Regular updated information
- ◆ A planned and integrated system for gathering relevant data
- ◆ Accessible any where
- ◆ Ensure security of information
- ◆ Reduces paper workload





Data Collection

- ◆ Through phone calls
- ◆ Filled proforma
- ◆ Public relation officer(PRO)/Block coordinators- Collect details
- ◆ Records from DHS

Hands-on Training on DMIS Software

In order to use the software more effectively, SHSRC-K conducted hands on training for A1 section Clerks of all DMO

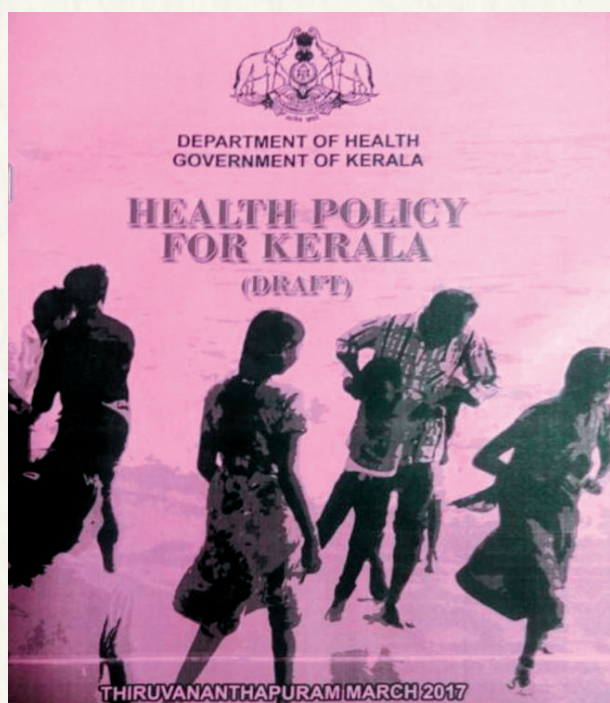
offices, who are dealing the establishment matters of medical officers and MIS Assistants of DPM's on 03-11-2017 at SHSRC.

In the workshop, Dr. Manu M.S (Consultant, SHSRC-K) gave an introductory speech of DMIS software. Forty persons including clerks from A1 section of all District Medical Offices and MI's Assistants of all DPM offices participated in the workshop.

Hands-on practical session was conducted to familiarize the participants with the software.

The software is being updated regularly by a designated person at SHSRC. The relieving and transfer certificates at the time of transfer and deputation





Opinions were sought from Professional / Service organizations related to health in the sittings at the State Health Systems Research Centre (SHSRC), Thiruvananthapuram from September 27th to 30th. This was followed by public hearings meant for people's representatives, voluntary organizations and interested individuals in Kozhikode (6.10.2016), Thrissur (5.11.2016) and Thiruvananthapuram (5.11.2016). Through these hearings and through email and letters, more than 500 written suggestions and opinions were received. The draft report prepared based on these inputs and committee deliberations was presented before the Hon Minister of Health and the Principal Secretary of Health on 7th December 2016.

POLICIES / ACTS

a) Kerala state Health Policy

A committee for drafting a health policy for the state of Kerala was constituted by the Government vide GO 2326/2016 H&FW dated 22.08.2016, with Dr B Ekbal as the Chairman, Dr. K.P. Aravindan the convenor and Dr. R. Jayaprakash the joint convenor. SHSRC Kerala was the nodal agency to coordinate the activities of State Health Policy. The committee initiated its activities following discussions with the Hon Minister of Health on 7th September 2016.

Health is an inalienable and fundamental human right. This is the basic premise of this policy document. Defined as a state of complete physical, mental and social well being, it encompasses the right to a healthy living environment, right to resources needed for maintaining health, right to get free medical care and the right to be treated with dignity when sick.

Like any other human right it is the responsibility of the State to prevent its violation and to build the conditions that are necessary for its sustenance. Both the central and state governments have their own well defined roles in promoting the health of their citizens. And this role goes much beyond the treating of the sick as well as primary care





and prevention of disease to include the social determinants of health.

Though there is a national health policy, this alone may not sufficiently address the needs of all states due to their increasingly different levels of development. Kerala, with its high human development index and relatively well developed health care delivery systems, faces many problems which are quantitatively and qualitatively different from the rest of India. There is need for a state health policy that is simultaneously an extension to the national policy framework as well as a guide to the other states to follow as they begin to confront similar problems.

It should also be a guide to action for the next few decades.

Broad Goals

1. Institute a publicly funded, free, universal and comprehensive health care system
2. Bring infant, child and maternal mortality to levels in developed countries
3. Increase the Healthy life expectancy of the population

The draft health policy was submitted to the government.



Members of the health policy committee		
Sl. No	Name	Designation
1	Dr. Ramesh. R	Director, Health Service Department
2	Dr. P.K Sasidharan	Emeritus Professor, Calicut Medical College
3	Dr. AshaVijayan	Asst. Surgeon, Health Service
4	Dr. V. Raman Kutty	Professor, SCTIMST, Trivandrum
5	Dr. V.G Pradeep Kumar	IMA, Kerala
6	Dr. Jayasree A.K	Community Medicine, ACME
7	Dr. Rajamohanam. K	Professor, Paediatrics, Dr. Somervell Memorial CSI Medical College, Tvm
8	Dr. Sreekumari. K	Joint Director , Medical Education, Kerala
9	Dr. P.K Jameela	Director of Health Service (Rtd)
10	Dr. P.K Mohanlal	Director (Rtd), Ayurveda Medical Education, Kerala
11	Dr. C. Sundaresan	Professor, Govt Medical College, Tvm
12	Dr. Anitha Jacob	Director, Indian Systems of Medicine
13	Smt. Uma Preman	Director, Santhi Medical Information Centre
14	Dr. K. Jamuna	Director, Homoeopathy Department, Kerala
15	Dr. jayaprakash. K	Addnl. Professor, Paediatrics, SAT
16	Dr. B. Ekbal	Member, Kerala State Planning Board, Trivandrum - 695004
17	Dr. K.P Aravindan	Emeritus Professor, Medical College, Calicut - 673008

Table xiv. Main discussion points

b) **Kerala Clinical Establishments (Registration and Regulation) Act 2018**

Kerala Clinical Establishments (Registration and Regulation) Bill 2017 was cleared to be submitted before the Kerala Cabinet by February 2017. The Bill was approved by the Cabinet on March 2017.

The Bill was placed before the Kerala Legislative Assembly on 10th August 2017. After deliberations of the assembly, the Bill was referred to the subject committee for further discussion. The website for the Kerala Clinical Establishments by the state division of the National Informatics “clinicalestablishments.kerala.gov.in” was



launched on the same day by the Honorable Health Minister.

The subject committee had various local sittings and it was decided to hold zonal sittings at Calicut, Cochin and Trivandrum. The zonal subject committee sittings at Calicut and Cochin were held on 6th and 7th November 2017 respectively. The zonal committee was held at Trivandrum on 26th December 2017. More than 200 petitions were received by the subject committee. The final subject committee meeting to discuss the various petitions received and suggestions during the zonal sittings was held on 11th January 2018.

The Bill incorporating the suggestions from the stakeholders and approved by the subject committee was presented in the Kerala Legislative Assembly by the Hon. Health Minister on February 1st 2018 and was unanimously passed. The Kerala Clinical Establishments (Registration and Regulation) Act 2018 was notified as Act No: 2/2018 on February 22nd 2018. The formulation of the Rules for the Act was being carried out with consultations and workshops being conducted with key persons and stake holders. Two workshops for garnering inputs for the Rules are planned at State Health Systems

Resource Centre- Kerala on 17th and 19th April 2018. Workshop was planned to receive suggestions for chapters Assessment and Inspections from experts from different streams including Health, Food and Safety, Drugs Control Department etc. Another workshop is planned on 19th April 2018 at Conference Hall, State Health Systems Resource Centre Kerala for obtaining inputs on draft rules from various stakeholders and different associations of health sector. Around 50 expertises are invited to obtain additional contribution and comments from various stakeholders, Medical, Dental, AYUSH, Nursing and Paramedical Associations and other different Government Departments. The suggestions that are raised from the workshop will be incorporated in modifying the Kerala Clinical Establishment Draft Rules, 2018. The Rules will be finalized by the experts before submitting to the Legislative Assembly.

The National Informatics Centre, GoK, is in the process of developing the software. The Sub Committees for categorizing and classifying various Clinical Establishments and developing standards for each category have been constituted and is being processed now



Academic collaborations / Internship

SHSRC-K provides ample opportunities to young talented MPH and MBA students from reputed universities (both national and international universities) to do their internship programs. The main objective of internship program is to develop student's capability in health system

research skills and exposure to public health system. The internship period usually extend from two to three months.

For the year 2017-2018, students from following institutions came for internship.

University	Number of students
Tata institute of Social Sciences, Mumbai	1
Jawaharlal Nehru Institute of Post Graduate Medical Education and Research, Pondicherry	5
Central University, Kerala	5
Total	11

Table xv. Main discussion points

The internees played a key role in coordinating the workshops related to SDG, Comprehensive Primary Health Care program (CPHC) and research activities.



FINANCIAL REPORT

Details about the receipt and payment account for the year 2017-2018 is given below.

Total Amount received from NHM (in Rs)	Order No.	Expenditure as on 2017-18 (in Rs)	Balance fund available (in Rs)
2,947,500	NHM/5478/Jr.CON (FIN)/2015/SPMSU dated 27/12/2018	798,150	2,149,350

Table xvi. Main discussion points

40% of the total amount has been released for 4 studies as detailed below

Name of investigator	Name of the study	Total Amt. of the study (in Rs)	Expended Expenditure (in Rs)
Dr. K.Sakeena, DMO(H), Malappuram	A study on the rate of Post Partum screening in women effected with Gestational Diabetes Mellitus in Malapuram dist.	575000	170800
Dr. Sunija, Director, PH Lab, Thiruvananthapuram	A study on the anti microbial resistance pattern in Kerala	550000	239150
Dr. Noble gracious, State Nodal Officer, Kerala Network for organ sharing (KNOS)	Draft proposal for process documentation, publication and dissemination of Kerala's Deseased Donor organ transplantation program, of Govt of Kerala initiative	395500	158200
Mrs. Radhika, Asst. Professor, Govt. College of Nursing, Trivandrum	Glycamic variability in chronic kidney disease	427000	230000

Table xvii. Main discussion points

Aardram Project (Head : Panchayat Raj Initiative B -8)

Total Amount received from NHM	Order No.
1,66,31,600/-	1) NHM/6615/F1/2016/SPMSU dated 19/11/2016, 25/10/2017 & 29/03/2018 2) NHM/5478/Jr.CON (FIN) /2015/SPMSU dated 14/02/2017

Table xviii. Main discussion points



Expenditure details of Aardram Project	Expended amt. (in Rs)
Trainings	10,265,784
Module Preparation	1,177,080

Table xix. Main discussion points

Collaborative meetings

	Expenditure for the FY 2017-18 (in Rs)
Clinical Est. Bill (Rs. 7.50 lakhs has been earmarked for CEB as per the GO (Rt) No. 1689/2018/H&FWD dated 23/05/2018	216616
Health Policy	42006
Public Health Bill	7015
Doctors database	84940
Meeting (ACS)	19656
Meeting with WHO OECD & Manipal University	76643
Module preparation for Nrg Assts. & Hospital Attendants (Plan fund of DHS)	95111
SDG (balance fund of Rs. 448363/- available from KSIHFW trg from NHM)	166920
Epidemeology (Total amt of Rs. 1,11,54,635/- received from DHS as per the GO (Rt) No. 3113/2016/H&FWD dtd 18/11/2016 and GO (Rt)No.472/17/H&FWD dtd 22/02/2017)	263067

Table xx. Main discussion points



UPCOMING PROGRAMMES

Regarding training

- ◆ Setting up of district training centres& skill labs attached to selected District hospitals
- ◆ Setting up of model Family Health and Wellness Centres in every district to provide hands on training
- ◆ State level resource pool to be expanded and strengthened by capacity building trainings at national level
- ◆ Constant monitoring of trainings at district level to ensure the quality and prevent dilution of concept at district levels
- ◆ Officials from SHSRC and State resource pool will be assigned to monitor, support and document the trainings at district level
- ◆ Orientation training for all newly recruited officers at the time of joining and all category staff at the time of category change to improve the efficiency rather than learning in a hard way
- ◆ Trainings for different category of staff on comprehensive primary health care will be delivered to all proposed Family Health and Wellness centres at district level except for medical officers, which will be conducted at state level
- ◆ Soft skill and technical training will be delivered to the medical officers through a certificate course on Family medicine conducted in collaboration with KUHS
- ◆ All trained staff will be called back after a particular period for experience sharing, refresher trainings and improving the future trainings
- ◆ Training should also be imparted to all categories of staff in the selected sub-divisional hospitals and district hospitals in a phased manner



Strength of SHSRC-K

The main strength and success of SHSRC-K is the team members.



Dr. Shinu K S
Executive Director



Dr. Rekha M Ravindran
Senior Research Officer



Mr. Kamaruddeen M
Research Officer



Dr. Manju Madhavan
Research Officer



Mrs. Anjali Krishnan R
Research Officer



Mrs. Chinnu R Nair
Research Assistant



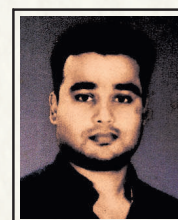
Mrs. Smitha Maria Thomas
Research Assistant



Mrs. Aswathy K L
Research Assistant



Miss. Cincy Merin Varghese
Research Assistant



Mr. Hiran M Das
Research Assistant



Mr. Arun Babu
Consultant Process &
Documentation



Mr. Satheesh Chandran
Finance cum Admin Manager



Mr. Sambasivan S
Section Officer



Mr. Rajeesh R
Computer Assistant



Mrs. Mini V S
Computer Assistant



Mr. Aneesh S
Personal Assistant



Mrs. Soumya M V
Data Entry Operator



Mr. Binu Prakash S
Office Attendant



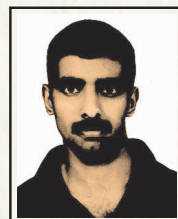
Mr. Manu K S
House Keeping



Mrs. Chandhrika D
House Keeping



Mrs. Maya P
House Keeping



Mr. Premjith P V
Gardener



2017-2018 Timeline

2017-2018

1st April 2017	Facility survey meeting; Meeting on preparation of FHC manual
2nd April 2017	Baseline survey meeting for NHM PRO/Engineer/JC Doc
3rd and 4th April 2017	Consultative meetings for Panchayat Presidents in 170 FHC FHCs
5th April 2017	Planning cum review meeting for stakeholders on Aardram
5th & 6th April 2017	Discussion on Hypertension in Primary Health Care; Discussion on Comprehensive Primary Health Care (CPHC)
20th & 22 nd April 2017	Aardram training for Secretariat Staff
22nd April 2017	Discussion on financial part of PHC Management Manual
24th April 2017	Orientation training for Doctors in Health services-newly appointed
25th April 2017	Workshop on NCD Control with WHO & CMC Vellore
25-27 April 2017	Training for the core group of Health Officials
28th April 2017	Orientation training for Doctors in Health services-newly appointed
29 April 2017	Meeting on NCD Control with WHO & CMC Vellore
3rd May 2017	Meeting on strategies for Leprosy elimination by 2020
5th May 2017	Meeting on Handbook preparation for Ministerial Staff
6th May 2018	Technical Committee Meeting on Sanitation
10th & 11th May 2017	Meeting on FHC management manual
15th -16th May 2017	Training on Qualitative Research methodology
18th-20th May 2017	Training for Arogyasena in Aryad Panchayath



Timeline

20th May 2017	Meeting on FHC management manual
26th May 2018	Vetting Workshop- Preparing training manual for Ministerial Staff
27th May 2017	State level & District level review meeting on Aardram
30th May 2017	Workshop on Hypertension protocols
1st June 2017	Vetting workshop on Handbook for Pharmacist in FHC
7th and -9th June ,2017	Aardram training on operational guidelines
12th-14th June 2017	Meeting on FHC management manual
15th June 2017	Training on SWAAS
20th June 2017	Meeting on FHC management manual & Manual for Ministerial Staff
27th June 2017	Vetting workshop- Ministerial staff Manual
28-30th June 2017	Training on Qualitative Research methodology
3rd July 2017	Workshop on FHC Training Manual
4th July 2017	Vetting workshop- Handbook for Lab Technician in FHC
05-06 th July 2017	Vetting workshop- Handbook for Ministerial in FHC
7th July 2017	Vetting workshop for Ministerial staff manual
7th July 2017	Training on Quantitative Research Methodology
10th July 2017	Workshop on FHC Training Manual
11th July 2017	Meeting on FHC management manual
11th-15th July 2017	Workshop on preparing handbook for ASHA/AWW/Tribal/Health Volunteer/SDG/Part-time sweeper
11th-13th July 2017	Workshop for preparing handbook for Nurses in FHC
14th-15th July 2017	Workshop for preparing handbook for Nurses Assistant in FHC



Timeline

15th July 2017	Research Committee meeting
18th-20th July 2017	Meeting on FHC Manual preparation
22nd & 23rd July 2017	FHC Team Training for LSGDs and officials in 88 Institutions –TOT
23rd -30th July 2017	Meetings on Kerala Clinical Establishment Bill
24th -29th July 2017	FHC Team Training for LSGDs and officials in 88 Institutions
30th July 2017	Meeting on preparation of ministerial staff manual
03th August 2017	Meeting on Kerala Clinical Establishment Bill
04th & 05th August 2017	Workshop on District Mental Health Programme
06th August 2017	Workshop for preparing training curriculum for MOs/Staff Nurse/Pharmacist/Lab Technician/Nursing Assistant/HA/PTS
09th -11th August 2017	Workshop for preparing handbook for Nurses Assistant in FHC
09th -11th August 2017	Meeting on FHC Manual preparation
08th -11th August 2017	Preparatory meeting on Arogyasena
10th August 2017	Vetting workshop on preparation of Ministerial staff manual
11th August 2017	Vetting workshop on SWAAS module for Staff Nurse
14th -16th August 2017	Workshop for finalization of FHC Handbook
16th August 2017	Meeting on module development for FHC Medical Officers
16th -22nd August 2017	Workshop for Finalization of several FHC Handbooks
30th -31st August 2017	Discussion on Kerala State Health Policy
11th September 2017	Meeting on Kerala State Health Policy
13th September 2017	Meeting on Kerala State Health Policy
13th September 2017	Faculty Training for FHC training for Nurses



Timeline

14th -16thSeptember 2017	FHC training for Nurses - Batch 1
15th September 2017	Meeting on Kerala State Health Policy
16 September 2017	Workshop on Ananthapuri Arogyasena
18th-20th September 2017	FHC training for Nurses - Batch II
22nd-24th September 2017	FHC training for Nurses Batch- III
26th-28th September 2017	FHC training for Nurses Batch IV
16th -30th September 2017	Meeting of Drafting of KCEB
21st September 2017	Discussion on Public Health Act
28th September 2017	Discussion on NCD component in Public Health Bill
14th -16thOctober 2017	Editing of Handbook on Aardram
19th -20th October 2017	Training module preparation for Nursing Assistant
20th October 2017	Preparation of training manual FHC Medical Officers
26th& 27thOctober 2017	Curriculum Preparations for Nurses in FHC
30th&31stOctober 2017	Handbook preparation for Nursing Assistants in FHC
30th October 2017	Preparatory Meeting-Training for MOs & Nurses
6thNovember 2017	Drafting of KCEB-Public hearing meeting at Ernakulum
7thNovember 2017	Drafting of KCEB-Public hearing meeting at Kozhikode
18th-20th November 2017	Training of Medical Officers in Family Health Centres-TOT
21, 22 November 2017	Training of Medical Officers in Family Health Centres -Batch I
23-24 November 2017	Training of Medical Officers in Family Health Centres- Batch II
25-26 November 2017	Training of Medical Officers in Family Health Centres -Batch III



Timeline

04th December 2017	Workshop for Psychiatrists – TOT
06th December 2017	Training for LSGs & Health Volunteers in supervision of FHCs (40 institutions) – faculty meeting
06th December 2017	Preparation of Lesson Plan for training for LSGs & Health Volunteers in supervision of FHCs (40 Institution)
04th-16th December 2017	Drafting of Kerala Clinical Establishment Bill
07th-08th December 2017	Training for LSGs & Health Volunteers in supervision of FHCs
11th December 2017	Training for Pharmacists in FHCs - Faculty Meeting
12th -14th December 2017	Training for Pharmacists in FHCs in 56 Institutions
03rd&04th January 2018	Training for Lab Technicians in FHCs – TOT
05th&06th January 2018	Training for Lab Technicians in FHCs
06th January 2018	Workshop for finalizing handbook for ministerial staff
12th January 2018	Writing workshop for Nursing assistant handbook
15th&16th January 2018	Training for Ministerial staff in FHCs (56 Institutions)-TOT
17th& 19th January 2018	Training for Ministerial staff in FHCs (56 Institutions)
27th& 28th January 2018	Team building training for LSGDs and Officials (75 Institutions)-TOT
29th&30th January 2018	Team building training for LSGDs and Officials (75 Institution) - Batch-I
31st Jan& 01st February'18	Team building training for LSGDs and Officials (75 Institutions) - Batch II
02nd -03rd February 2018	Team building training for LSGDs and Officials -Batch III
04th-05th February 2018	Training for staff nurses(56 Institutions) – TOT
06th-07th February 2018	Training for staff nurses (56 Institutions) - Batch I; Training material preparation for field staff training
08th -09th February.2018	Training for staff nurses (56 Institutions)- Batch II
12th -16th February 2018	Orientation training for newly recruited medical officers

Timeline

12th -13th February 2018	FHC Training for Field staff (56 Institutions) - TOT
14th -16th February 2018	FHC Training for Field staff (56 Institutions) - Batch I
17th -19th February 2018	FHC Training for Field staff (56 Institutions) - Batch I
21st February 2018	Discussion on Kerala Public Health Bill
22th February 2018	FHC Training for Field staff (56 Institutions) - Batch I
23rd -24th February 2018	FHC Training for Staff Nurses (108 Institutions) - Batch I
26th -27th February 2018	FHC Training for Staff Nurses-(108 Institutions) - Batch II
03rd March 2018	Certificate on Family Health Nurses training at KUHS-Lesson plan Preparation
05th -06th March 2018	Training for Ministerial Staff-(108 Institutions)-TOT
05-16 March 2018	Certificate course on Family Health Nurses-training at KUHS
06th -07th March 2018	FHC Training for Ministerial Staff-(108 Institutions)
08th -09th March 2018	FHC Training for Lab Technician (108 Institutions)-ToT
10th -11th March 2018	FHC Training for Lab Technician (108 Institutions)
17th -18th March 2018	Training for Medical Officers on FHC Concept (111 Institutions)-ToT
19th -20th March 2018	Training for Medical Officers on FHC Concept (111 Inst) Batch I
21st -22nd March 2018	Training for Medical Officers on FHC Concept(111 Inst) Batch II
26th March 2018	Training for Nurses on FHC Concept (21 Institutions) – ToT
27th-28th March 2018	Training for Nurses on FHC Concept (21 Institutions)

