

# **ANNUAL REPORT 2019-2020**



**STATE HEALTH SYSTEMS RESOURCE CENTRE, KERALA**  
Thycaud, Thiruvananthapuram, Pin - 695014





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## About SHSRC-K

State Health Systems Resource Centre, Kerala (SHSRC-K), was established in 2008-09 as a technical support unit for the Department of Health & Family Welfare, Government of Kerala. During the initial years it mainly functioned as the ASHA resource center. However in the year 2013-14, SHSRC-K accorded sanction to function as an autonomous body under the Department of Health and Family Welfare of Government of Kerala. It was constituted in line with National Health Systems Resource centre (NHSRC), New Delhi, which is the technical support organization to National Health Mission, (or is it MOHFW) Government of India. SHSRC-K is operating with an objective to provide methodological support to the department of Health and Family welfare in developing Health related policies and strategies on a regular basis and to mobilize technical assistance for specific health systems issues.

## Mandate of the institution

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

## Vision & Mission

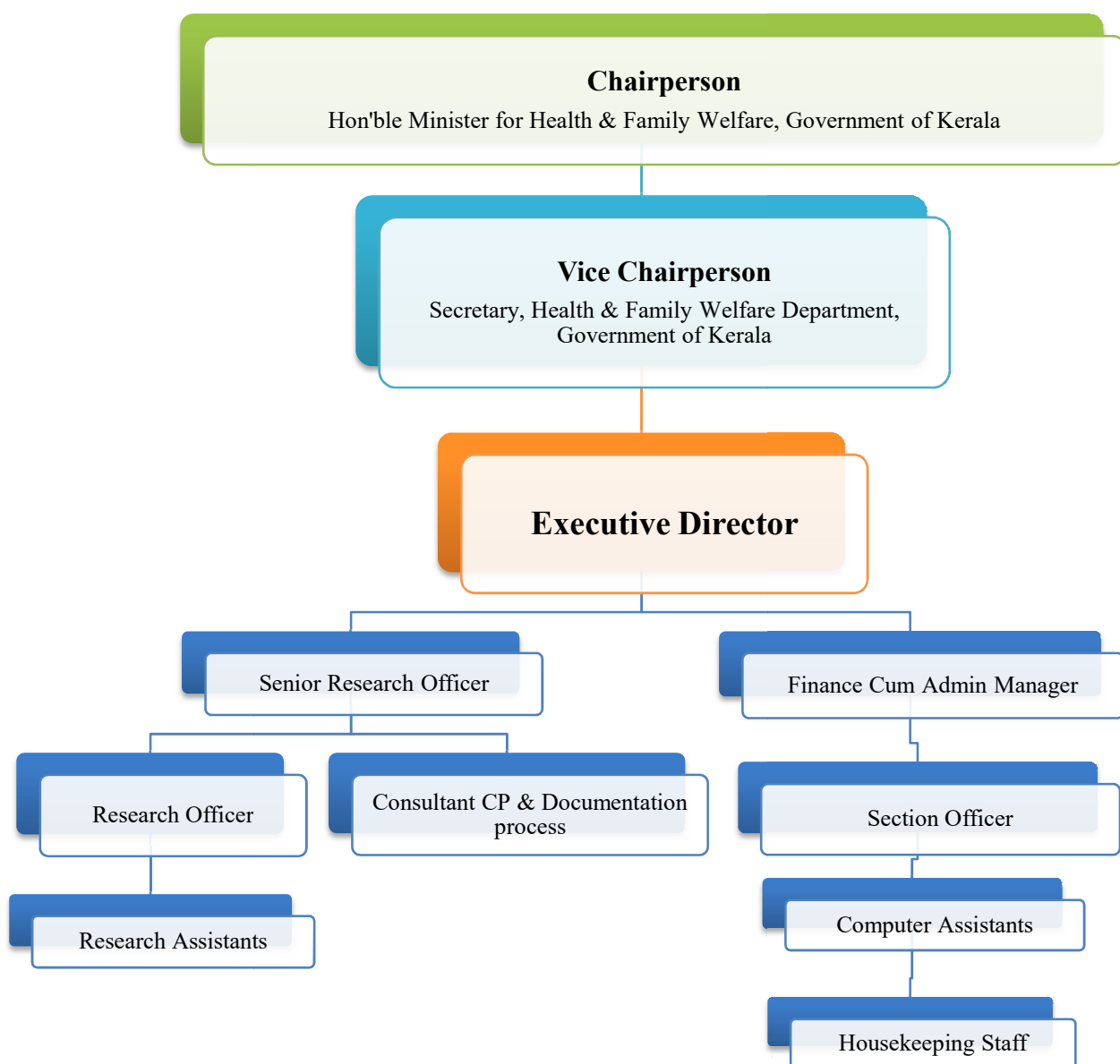
- To undertake research, evaluation and technical support in various aspects of health system aimed at improving state health system.
- To develop operational guidelines for implementation of various health programs and providing on-going technical support to the State and District level in implementing 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 specific articles, reports and working papers in various domains of health systems aimed at be improving the Public Health Systems of the State.

## Thematic areas

- Comprehensive Primary Health Care as part of Aardram Mission
- Capacity building and competency based training
- Health system research and publication
- Innovations
- Evidence based policy interventions for the uplift of health care delivery system

## Organogram of SHSRC-K

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



# Chapter - 1

## RESEARCH

### I. Ongoing research works

One of the major activities of SHSRC-K is to carry out health systems research in the State. By Government Order, it is the authority for coordinating and streamlining research activities in the State and provide support for researches conducted in other institutions.

Sl. No.	Research topic	Objectives	Present status
1.	Evaluation of health care services among tribal population through Family Health Centers in Kerala	<ul style="list-style-type: none"> <li>The services given through health staff at Family Health Centers (FHCs) to tribal populations</li> <li>The services given through health staff at Sub Centers (SCs) to tribal population</li> <li>To explore the functioning of the centers as perceived by implementers &amp; providers, beneficiaries (i.e. tribal population)</li> <li>To identify the gaps in the implementation and feasible suggestions to improve the centre's performance</li> </ul>	Draft completed
2.	Out of pocket expenditure among stroke survivors in Thiruvananthapuram district, Kerala	<ul style="list-style-type: none"> <li>To estimate the cost of stroke care incurred by the patients and their families during the first six months after the event.</li> <li>To understand the coping strategies of family members in managing the expenses.</li> <li>To identify the gender difference in cost for stroke management and rehabilitation.</li> </ul>	Research proposals submitted
3.	Interventions for prevention of falls among older persons - A randomized control trial in Kerala, India	<ul style="list-style-type: none"> <li>This study intends to evaluate whether exercise interventions along with medication reviews and recommendations for environmental adaptation will successfully reduce the number of falls among older persons.</li> </ul>	Data collection is going on
4.	Efficiency of Emergency Departments of Health System in Responding to injuries due to Road Traffic Accidents in Kerala	<p>The study aims to estimate the efficiency of government health care center to manage the impact of road traffic injury in patients presenting at a tertiary care and secondary care health facilities in Kerala.</p> <p>Specific objectives are:</p> <p><u>Major</u></p> <ul style="list-style-type: none"> <li>To understand whether the health care</li> </ul>	

		<p>system (different level) is well equipped to manage road traffic accident cases.</p> <p><u>Minor</u></p> <ul style="list-style-type: none"> <li>• To explore the HR capacity in the emergency department of government health care centers.</li> <li>• To explore the availability and working condition of equipments in the emergency department.</li> <li>• To explore the availability of Ambulance services in the institutions.</li> <li>• To explore awareness regarding the first aid measures among victims of road traffic injury.</li> </ul> <p>To measure the social impact of road traffic injuries on victims and their families including their participation and utilization of health and social services</p>	
5.	Development of a screening tool for identifying the home fall hazards of older persons	The objective of this study is to develop a tool to identify the fall hazards for older persons within and immediately outside the house.	
6.	Assessment of Menstual Hygiene among Health Care Staff in Primary Health Centers of Kerala	<ul style="list-style-type: none"> <li>• To identify the menstrual practices of each category health staff while at the centre/during work related activities (including outreach/field)</li> <li>• To know the available resources for hygienic menstrual practices, its utilisation and safe disposal of used napkins while at centre/during work related activities (including outreach/field)</li> <li>• To understand the hindrances in practise of safe menstrual hygiene among each category health staff while at centre / during work related activities (including outreach/field)</li> <li>• To draw suggestions to improve menstrual hygiene while at centre/ during work related activities (including outreach/field)</li> </ul>	
7.	Evaluation of functioning of Bhoomika centers (Gender based violence centers)	<p>Among Bhoomika centers in Kerala:</p> <ul style="list-style-type: none"> <li>• To assess the structure and function across 21 centers</li> <li>• To explore the implementation process as perceived relevant stakeholders</li> <li>• To identified the gaps in implementation and feasible suggestions to improve the programe performance</li> </ul>	<ul style="list-style-type: none"> <li>• Vetted as per ethical committee's suggestions</li> <li>• Tool prepared and vetted</li> <li>• Awaiting ethical committee certification</li> </ul>

8.	'Note alone, we are with you' ('Ottakkalla oppamund') Psychological intervention during COVID 19 pandemic in Kerala India	Perspective paper to explain the psychological intervention done for the vulnerable groups in the context of COVID19	
9.	Health care provider and patient perception towards the use of telemedicine in Kerala during covid-19	<p><u>In the period/era of COVID19:</u></p> <ul style="list-style-type: none"> <li>• To understand the facilitators and barriers that influence the telemedicine based consultation</li> <li>• To know the health providers perception towards the use of telemedicine's for COVID19 and, for the other health issues/diseases during the self isolation &amp;/ lock down period</li> <li>• To know the patient perception towards the use of telemedicine for COVID19 and for other health issues/diseases during the self isolation &amp; lockdown period</li> </ul>	<ul style="list-style-type: none"> <li>• Proposal submitted</li> <li>• Data collection tool prepared</li> <li>• Data collection and analysis phase</li> </ul>

## Chapter – II

### AARDRAM MISSION

The Government of Kerala, as Part of its 'Navakerala Karma Padhadhi', had launched four key Missions namely, LIFE (Livelihood Inclusion and Financial Empowerment), Comprehensive programme for the transformation of the public education system, Haritha Kerala and Aardram, which it thought was crucial to the State's future progress and development. The main goal of Mission Aardram is the transformation of the State's public health system in to one which is not just patient-friendly but one which delivers equitable, affordable and quality care to the public.



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 Centers into family Health Centers.

#### Family Health Centers

Family Health Centers, an integral part of Mission Aardram, proposes to revamp primary care services to ensure equitable, affordable and quality care to all. The aim is to provide comprehensive health care including preventive, promotive, curative, rehabilitative and palliative care aspects.





**Vision:** To provide comprehensive primary health care services for each and every individual residing within its jurisdiction.

**Mission:** To achieve SDG 2020 and 2030 targets through provision of equitable, affordable and quality care for all.

**Strategies:** Strengthening primary health care by improving quality of services, addressing social determinants of health and enhancing community participation.

## Services:

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 FHC 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. FHC will also function as the nodal center for community based interventions for addressing social determinants of health. FHC 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 FHC 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.

FHC 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. FHC 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.

## **Activities related to Aardram Mission**

### **a) Concept Training For Medical Officers (Mop up)**

As part of Aardram Mission SHSRC-K organized a training Program for Medical Officers who are working in first phase and have not yet received training for concept of FHC. The two day training was conducted in 3 batches from 21<sup>st</sup> to 26<sup>th</sup> May 2019. The tot was scheduled at 20<sup>th</sup> and 22<sup>nd</sup> May 2019.

The training basically covered the concept of FHCs and elaborated the roles and responsibilities of the MO's in the contest of FHC. The difference between PHC and FHC were explained with the examples. Duties and responsibility of all other staff in FHC were also discussed. The modules have some changes and combined the FHC presentation and patient friendly hospital presentation. The role of LSG and importance to taking them on board for improvement of the health of concerned population were also demonstrated



### **b) State level ToT for Field Staff**

As a part of Aardram mission SHSRSC-K organised a State level TOT for JHI/JPHN from 27<sup>th</sup> May 2019 to 28<sup>th</sup> May 2019 at SHSRC-K Thiruvananthapuram.

Tot was conducted by the field staff in the remaining 10 districts. The tot was scheduled at 26<sup>th</sup> May 2019.

The state-level TOT was conducted by a selected field staff in the ten District. Ten people from each district were selected for the training. The training scheduled at two days. 87 participants were attended the training. After the inauguration, the participants were divided into four groups. There were set of faculties in each group to facilitate the training. The training basically covered the concept of FHCs, Aardram nalvazhikal, FHC & patient friendly, team building, service package, convergence, Arogyasena, LSG projects, field activity, job responsibility, sub centre.



### c) Concept Training for Staff Nurse (Mop up)



As a part of Aardram Mission SHSRC-K conducted a training programme for Staff Nurses working in the first phase and have not yet received training for concept of FHC. The training was conducted on 11<sup>th</sup> June 2019 to 15<sup>th</sup> June 2019.

The training was inaugurated by Dr. Jameela PK, Aardram State Consultant who addressed the

participants. Dr. Jagadeeshan C K, Deputy DHS, Dr. Shinu K S, Principal KSIHFW and Executive Director, SHSRC-K, and Dr. Divya V S, Aardram State Training Coordinator graced the occasion.

The training was conducted in two batches. Training for the first batch was attended by 124 staff nurses and the second batch was attended by 104 staff nurses.



#### d) Concept Training for Medical Officers (Second Phase)

As a part of Aardram mission SHSRC-K organized a training programme for Medical Officers of selected PHC and CHC in which second phase (institution with three or more Doctors, 120 out of 504) were trained. The two day training was conducted in three batches from 17<sup>th</sup> July to 24<sup>th</sup> July 2019. The tot was scheduled on 16<sup>th</sup> and 22<sup>nd</sup> July 2019.



The training started with an inaugural Function addressed by the Honorable Health Director Dr. Saritha S L who went on to inaugurate all batches of the trainings. Dr P K Jameela, State Aardram Consultant, Dr. Arun DPM, Thiruvananthapuram, Dr. Radhakrishnan DPM, Alappuzha, Dr. Naveen DPM, Kozhikkodu, Dr. Latheesh DPM, Kannur, Dr. Jagadeesan Deputy DHS, Dr. Rekha M Ravindran SRO, SHSRC-K, Dr. Divya, State Training Coordinator addressed the participants at the inaugural function.

The training basically covered the concept of FHC<sub>s</sub> and elaborated

- Day 1: Aardram Nalvazhikal, SDG, FHC, Team building, sub centre, convergence, service package, Open forum
- Day 2: Open forum, reflection on the previous day classes, job responsibility, NCD, SWAAS, ASWASAM, e-health, Arogyasena, monitoring and evaluation, LSG projects activity plan and valedictory sessions.



Training for the first batch was attended by 106 Medical Officers, second batch by 97 Medical Officers and third batch by 112 Medical Officers.



### e) Concept Training for Staff Nurses (Second Phase)

As a part of Aardram mission SHSRC-K is conducting Concept training for Staff Nurses working in PHCs selected for transformation to FHCs in second phase in connection with Aardram at SHSRC-K Thycaud, Trivandrum .The Training was residential & was scheduled in three batches from 30<sup>th</sup> august 2019 to 31<sup>st</sup> August 2019, and from 2<sup>nd</sup> September 2019 to 5<sup>th</sup> September 2019. TOT is scheduled on 29 august 2019.



Dr. P K Jameela, State Aardram Consultant inaugurated the trainings of each batch each batch. Dr. Shinu K S, Executive Director SHSRC-K, Dr. Jagadeesan Deputy DHS, Dr. Rekha M Raveendran SRO, SHSRC-K, Ms. Sobhana ADNS and Dr. Divya State Training Coordinator NHM addressed the gathering.

Each batch was divided in to four 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. Open forum was scheduled on the first day of each batch at 7 pm were the Staff Nurses were given an opportunity to communicate with the Deputy DHS



Dr. Jgadeesh, State Aardram Consultant Dr. Jameela P K. In this session they were free to discuss all administrative issues with the administrators regarding implementation of FHC. Training for first batch was attended by 111 Staff Nurses, second batch was attended by 98 and third batch was attended by 101.

## Workshop on Communication Strategy:



As part of Aardram mission consultative meeting to strengthen IEC campaigns in health department was held on 7<sup>th</sup> September 2019. The objective of the workshop was to review the existing IEC materials developed by various departments/institutions under Kerala Health

service Government of Kerala. In this regard a meeting was held at the chamber of Principal, State Training Institute, H&FW Department on 01/10/19, in which following members participated.

- Dr. Shinu K.S, Principal, State Training Institute, H&FW Dept.
- Dr. S.K. Harikumar, Team Leader, TSU-KSACS
- Mr. Sasi D, SMEMO, DHS
- Mr. Sunil Kumar G, Technical Expert, TSU-KSACS



## Meeting on finalize in the format for reviewing the IEC materials:

All are requested to review the available IEC materials in their department/institution and give a report in the prescribed format. One copy of each of these IEC materials (in the order of the Sl. No.) may also be shared with us. The review report and copy of the IEC materials may be sent to this office on or before 11th October 2019. This will be reviewed by an expert committee and the report will be shared with the Principal Secretary, Health and Family Welfare Dept.



## **FHC Manual vetting workshop:**

As part of Aardram-Family Health Centres, SHSRC-K organized a two day workshop on 24<sup>th</sup> & 25<sup>th</sup> September 2019 at SHSRC-K, Thiruvananthapuram, to discuss and vet the drafts of the chapters in the FHC manual. The two day programme was inaugurated by Sri. S.M. Vijayanand, IAS, Former Chief Secretary – Chairman, Dr. Shinu K S, Executive Director SHSRC-K, Dr. P K Jameela State Aardram consultant, Dr. S. Srilatha, Former Additional Director, Public Health – convener Dr. Jagadeesan Deputy DHS, Dr. Rekha M Raveendran SRO SHSRC-K addressed the gathering.

The team was divided in to 21 domain expert groups. The groups discussed various aspects of the manual in detail and the following domains FHC administration, financial management Material & Asset management, Organization and Management of Clinical care services, Media including social media management IEC, community interaction activities management, Personal management, convening conducting meetings and conferences, Health data management, E-health, Health planning, Project preparation, implementation and supervision and reporting, Quality standards and quality assurance, Medico legal issues, Ethics and code of conduct, Organization and Management of Public health programs (National, State and Panchayath/Municipal), Sub centre Management (Infrastructure, Services, Clinics, Field works), Liaisoning with the Local Government, Intersectoral Coordination (AYUSH, Social justice, Education, Agriculture, Animal husbandry, Irrigation, PWD, SC and ST, Police, Fire force,) & convergence with Kudumbasree, Social accountability including Social auditing, Acts, Rules and Policies, Helpline numbers Documentation – Records and Archives and linkage with Panchayat website.







## **First regional workshop on Priority setting for implementation research to strengthen health systems**

The main aim of this workshop was to understand the program implementation challenges that health departments faced, and how research could contribute to resolving them and for help researchers understand better the implementation challenges. Program managers from the states are requested to make a presentation. Around 40 participants including representatives from health systems/SIHFW/SHSRC of six states (Kerala, Karnataka, Tamil Nadu, Telangana, Andhra Pradesh and Pondicherry) representatives from NHSRC, researchers from IIT, Madras, George Institute, SCTIMST and IPH Bangalore attended the meeting.

The two day workshop started with a small inaugural function by the State Mission Director Keshavendra Kumar IAS. The following topics were discussed in this two day schedule. National Health Systems Learning Platform: An overview, Experiences: Example of implementation research conducted, Group work: Identifying implementation research questions



- *Tamil Nadu: Implementation Challenges and Research Needs, Group work: Discussion, and framing priority research questions,*
- *Puducherry: Implementation Challenges and Research Needs, Group work: Discussion and Framing priority research questions,*
- *Karnataka: Implementation Challenges and Research Needs, Group work: Framing priority research questions*

*Day 1 concluding remarks, Recap, Rapid Evidence Synthesis, Experiences: Example of implementation research conducted*

- *Andhra Pradesh: Implementation Challenges and Research Needs, Group work: Discussion, and framing priority research questions*
- *Telangana: Implementation Challenges and Research Needs, Group work: Framing priority research questions*
- *Kerala: Implementation Challenges and Research Needs, Group work: Framing priority research questions, Presentation of revised research questions.*



## Aardram Training For Urban PHC Staff

As per the request from NUHM, SHSRC-K organized training on concept of Aardram for Medical Officers and Staff Nurses working in urban PHCs. The two-day training was conducted in two batches from 5<sup>th</sup> to 8<sup>th</sup> November 2019 at SHSRC-K, Thiruvananthapuram.

Dr. P K Jameela, State Aardram Consultant inaugurated the each batch of training. Dr Shinu K S, Executive Director SHSRC-K, Dr. George James, State Nodal Officer, NUHM, Dr. Jagadeesan Deputy DHS, Dr Rekha M Raveendran, SRO, SHSRC-K, Dr. Dhanuja V A Research officer addressed the gathering

The training basically covered the concept of FHCs and elaborated the roles and responsibilities of the Staff Nurses in the contest of FHCs. The sections elaborated the

- Day 1: Aardram Naalvazhikal, FHC activity, People friendly hospitals, Sub centre, Service package, Convergence, Job responsibilities
- Reflection for previous day classes, Open forum, Nurse as a manger, Arogyasena, Outreach institutional service and operation, E-health and Team building. Training for first batch was attended by 81 participants Staff second batch was attended by 81.



## Aardram Peoples Campaign For Peoples Health

Through the ongoing health sector reforms, ‘Aardram Mission’ has succeeded in making a positive impact in the health sector even within a short time. However these activities that are still limited to the department of health and Local Self Government have to be switched in to a large scale community led movement. The Mission has to be nurtured in to a campaign led by the people belonging to different sections through which we can find permanent solutions to the key challenges the health sector of Kerala is facing right now.

The State of Kerala, while maintaining the led position in terms of health indices and interventions in the health prevalence rate of life style hypertension, diabetes diseases chronic pulmonary which can lead to high mortality and morbidity. these disorders cannot be continuing routine screening and treatment but major transformation in the different social determinants of health are essential. A culture and system has to be developed to improve the preventive and promotive activities, simultaneously strengthening the screening and follow up activities. A people led campaign is essential to permanently control outbreaks of communicable diseases in some parts of the state, to address the issues related to the decrease in immunization rates and to address specific issues in costal and tribal areas.



Improving community participation is one of the strategies to address the challenges faced by the health system in Kerala right now. This has been stated in the State health policy, 13<sup>th</sup> five year plan guidelines and in the action plan developed for the state based on the SDG goals declared by UN. In the state level review meeting of Aardram held under the chairmanship of Mr. Pinarayi Vijayan, Hon Chief Minister of Kerala on August 6<sup>th</sup> 2019, these matters were discussed and a decision was taken to kick of a “People led campaign” in order to address the issues in Health system with a focus on life style diseases.

Experts from the health care fraternity have pointed out that Intersectoral coordination, social participation, empowerment of women, social factors that determines health and the activities conducted to resolve major causes of health issues, with changes the general living

standard of people have paved way for early achievement of improved health status in the state. With Aardram Mission, now the state is on the path of overcoming emerging health crisis-coordinating with various departments, mission and agencies under the leadership of local self Governments to address new problems and to formulate broad mass participation programmes with the need to implement it is quintessential.

We are aiming for major changes to reflect in personal life, family life, work place, schools, local communities and all rural and urban areas with the inclusion of healthy life styles and ongoing activities. We have numerous experiences like Ockhi, Nipah, Flood relief efforts in the past where mass movement have succeeded from which we have several lessons that can be replicated in this venture. It is expected that the experience and the self confidence of the State wide development of a world class decentralized planning and community based palliative care system will guide us in this exercise. The campaign is scheduled for two years.

**The campaign will be run as a continuous effort with the vision to make a healthy Kerala by addressing**

1. Healthy food habits
2. Promotion of exercise
3. Mental health and de-addictions
4. Cleanliness and waste disposal
5. Improving the health seeking behavior for promotion of a healthy living

**1. Healthy Food Habits**

- Reduce salt, sugars and oils in your diet
- We can switch to a diet without junk food and soft drinks
- Try to avoid the usage of used oil
- Avoid packaged or processed foods, which are likely to contain added salt, sugar and fats
- Include whole grains, vegetables, legumes and vegetables in the diet
- Wash vegetables thoroughly and put them in vinegar/turmeric solutions before cooking
- Use healthy cooking methods such as steaming, boiling, grilling and roasting
- Don't skip breakfast which is staple for health, prefer a light diet for night

- Drink 8-10 glasses of water per day
- Ensure the certified food label defined in food safety act, while buying a packet of food material

### 1.1 Safe Food Healthy Life

As per the law that came on 2006, the availability of safe and complete food has to be ensured for every citizen of the country. The Act is governed by various rules relating to the production, distribution and sale of food items

### 1.2 Food Safety among children is important

- Teach children about scientific hand washing techniques before and after eating
- Provide boiled water to children in Anganwadi centers and schools
- Use only clean water for cooking and washing utensils

Junk Food	Healthy/Traditional Food
Puffs, Vada and Banana Fritters	Wheat Bread, Fat & other steamed cereals
White Bread	Salads of sprouted lentils
Pizza and Noodles	Peanut toffee, Peanut Jaggery balls
Branded fried snacks (Packed Chips, etc)	Sesame, Flattened rice soaked
Ice cream, Shake, Cream	Grilled Bananas, Tapioca and peanuts
Soft Drinks	Spiced Buttermilk

### 1.3 What is Junk food?

- Food items with high fat, salt, and sugar without essential nutrients are called junk food
- Excessive consumption of junk food in children can lead to obesity and related health issues
- Provide awareness on adverse effect of junk food and promote healthy eating habits among children
- Avoid use of harmful food additives, ajinomoto (monosodium glutamate), etc

## **2. Promotion of Exercise & activities**

- Try to walk daily for at least half an hour. Do exercise activities like swimming and cycling. Avoid escalators and lifts and climb stairs whenever and wherever you can.
- Take a short break and stretch your body at regular intervals for sedentary jobs
- Do appropriate exercise at your age and physical condition
- Yoga can be a perfect meditation for a healthy mind and body

### **2.1 Why Exercise?**

- Helps to maintain body weight
- Helps to fight against lifestyle diseases such as heart diseases, diabetes, hypertension, obesity, stroke, cancer, etc.
- Helps to increase good fat (HDL) and produce positive energy
- Strengthens the bones
- Maintains positive mental health
- Increase your lifespan

### **2.2 How much exercise should you do?**

- At least 20 minutes of brisk walking and regular exercise per day contributes to well being, high energy in the day, better learning, and future positive health.
- Brisk exercise causes the production of ‘Happy Hormones’ in the brain, which can make you positive, reduce sadness, avoid chances of depression
- Walking, cycling, swimming, jogging, and yoga are some examples
- In addition to this, daily house cleaning, yard cleaning, laundry, watering plants, gardening, walking/jogging to shops and climbing stairs on daily basis can also be effective.

#### Daily Physical Exercise Target

- Cardiovascular patients- 30 Minutes
- To lose weight - 60 Minutes
- Healthy person - 45 Minutes

### **2.3 Applying some tips can make your work place less monotonous.**

- Take small breaks/intervals while using the computer (Take small breaks every 30 minutes)
- Always have your lunch with colleagues... away from work station...
- Develop a habit of greeting visitors... by standing up...
- Try conversation with colleagues instead of phone /email messages
- Drink plenty of water... Getting up to have water and using the toilet can reduce the sitting time
- Place your waste bin away from you...

## **3. Mental Health and Alcoholism**

- Mental health is just as important as physical health
- Group healthy communication is the best method to reduce stress families, Schools and work places
- Every day devote some time for mental refreshment, and share your joys and sorrow with peers and dear ones
- For a healthy and prosperous life, quit the usage of addictive substances (drugs, alcohol, etc)
- It is possible to get out of from the drug addiction when you treat it in the initial period

### **3.1 About Mental Diseases**

- A mental illness, also called a psychiatric disorder, is a behavioral or mental pattern that causes significant distress or impairment of personal functioning like other body parts
- There are different types of mental disease
- Both simple and complex mental diseases, some may recur some may not...
- Each mental disease have specify symptoms and signs
- Most mental illness don't improve on their own, and if untreated, may get worse over time and can cause serious problems
- If you have any signs or symptoms of mental illness, consult a mental health professional/experts

### **3.2 Activities under Aardram Peoples Campaign for mental health promotion**

#### **3.2.1 Promotion of Positive Mental Health**

- Promotion of healthy life style including physical exercise, balanced diet sleep hygiene, and relaxation exercises.
- Attitudinal changes
- Conducting stress buster activities like games, music, dance etc
- Arranging stress management programmes regularly
- Providing time for discussion on Positive Mental Health in meetings and programmes in the ward
- Awareness on psychological issues
- Reduction of stigma related to mental health issues and seeking treatment
- Regular screening and follow ups by Health Workers

#### **3.2.2 De-addiction**

- Monitoring of availability and abuse of tobacco, alcohol, cannabis and other psycho active substances in the ward
- Monitoring of substance abuse among alcohol children
- Ensuring de-addiction treatment for those with the substance abuse
- Ensuring regular follow up and there by relapse prevention for those who have under gone de-addiction treatment

#### **3.2.3 Bodhana program (stress management at work)**

- Establish a system for regular stress screening in the workplace
- Improving interpersonal and workforce productivity by providing psychological first aid to those in needed.

#### **3.2.4 School Mental Health**

- All activities in schools related to mental health (ORC, Friendship Club, SPC, Vimukthi Club) must be coordinated under the umbrella of school mental health

#### **3.2.5 Jeevaraksha (Suicide Prevention)**

- Awareness



- Warning Signs
- Risk Factors
- Psychological First-aid
- Aswasam-(Regarding depression screening program)
- Community gate keepers training programmes ( police, representatives of the people, priests, Arogyasena, Kudambasree members)
- Disseminate information about the Disha programs suicide prevention Telephone Counseling service
- Health Workers must visit homes where suicide has taken place and where suicide attempts have taken place (To provide psychological first aid at family members)
- As part of the Aardram program, prepare a list of high risk cases of depression in all family health centers

### **3.2.6 Whom to contact**

- Psychological treatment, such as counseling, is effective in treating certain illness
- Combining medicinal and psychological treatment with most psychological disorders is the most effective form of treatment

## **4. Cleanliness and Waste Disposal**

- Ensure personal hygiene and neighborhood hygiene
- Wash hands with soap and water before and after eating
- Drink only boiled water
- Implement scientific and decentralized solid waste disposal methods
- Keep premises and trenches clean in public places, roads, markets and officers
- Carry out the measures for control of rats
- Ensure that growers and farmers adopt individualized security measures
- Ensure sanitary urinals and toilets in schools
- Do the mosquito control methods... Conduct source reduction activities once a week in homes, Schools and other institutions
- Ensure that the guest workers live in an healthy and non-infectious environment

## **5. Improving the Health seeking behavior for prevention & promotion of health**

- Do Medical checkups at regular intervals
- If you notice any symptoms of diseases, consult a doctor
- Take the medicine exactly as prescribed by your doctor
- Avoid self medication
- Visit health centers for diagnosis and effective treatment
- There are no barriers to give immunization and vaccination to babies
- Teach your child the importance of personal hygiene
- Know and solve the health problems of older people, do not ignore them

### **5.1 For healthy life style – emphasis has to be given for following categories**

- Newborn babies
- Children
- Teenagers
- Women/Pregnant women
- Those who are marginalized (tribal/costal population, migrant workers, urban slum, etc...)
- Geriatric population
- Eye health, Ear health, Sexual Health, etc

### **5.2 Healthy family through a primary/family health centre...**

#### **The Service Packages**

- Curative Services – Medical examination and Treatment
- Referral Services
- Immunization
- Antenatal Care/Postnatal Care
- Maternal and child health
- Counseling & Health education
- Medico-legal Services
- Pharmacy and Laboratory Services
- Geriatric Care
- Implementation of National Programs

- Outreach Activities
- Routine services by JPHN,JHI,ASHA and AWW
- Work Place Related Services
- Community Participation
- Palliative Care
- Family Welfare Programme
- Project Preparation (Health) in coordination with LSGD

### **5.3 Health is our right and responsibility...**

We are moving towards a major goal. Let us set the best example by preparing the Kerala's health sector which is transforming.

This goal can be achieved only through an Intersectoral coordination with different departments. Every citizen should recognize that 'Health is our right and responsibility' and be committed to maintaining it. People Campaign, an effort by the people in an organized and active way towards a particular goal had always been successful intervention in a campaign mode. 'Aardram People Campaign' is the way to develop a healthy Kerala.

### **5.4 State Level ToT cum Planning workshop - Aardram People Campaign**

The Capacity building committee of Aardram People's Campaign organized State level TOT cum planning workshop for state and district level officials. The workshop was conducted as two batches at SHSRC-K. Around 83 officials from southern district attended workshop on 9<sup>th</sup> December 2019 and around 71 from northern districts attended on 10<sup>th</sup> December 2019.

The participants included Nodal Officers and Assistant Nodal Officers of Aardram Mission, NCD Nodal Officers, JC-IEC/BCC of NHM, District Mass Media officers, District Surveillance officer and three selected resource persons from each district

On both days the meeting started at 10.00 am. Dr. P K Jameela, Aardram State Consultant oriented the audience regarding Aardram and Aardram Peoples Campaign. Dr. Shinu K S, Executive Director SHSRC-K sensitized the participants regarding the objectives and plan of action of Capacity building committee of Aardram Peoples

Campaign. The domains of campaign were introduced to the by concerned experts. Expert from the committee responsible for IEC also addressed the participants.

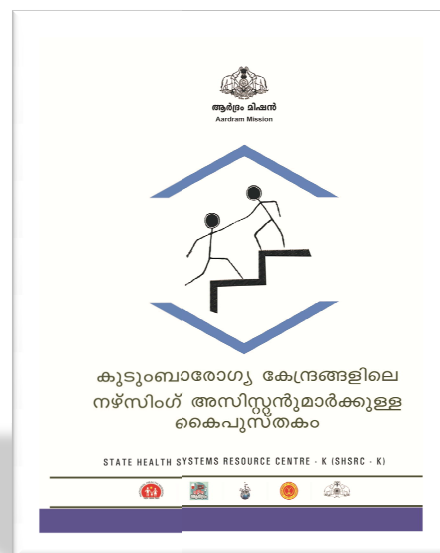
District wise group discussions were held in the afternoon, where they discussed plan of action for dissemination of the messages to grass root level in a cascade model. After the group discussion each group presented their discussion points. All the districts were directed to complete the activities for dissemination by December 31<sup>st</sup> 2019 and to reports the weekly activities to SHSRC.



## Publications (Manuals/Guidelines)

### 1. Hand Book for Nursing Assistant in Family Health Centers

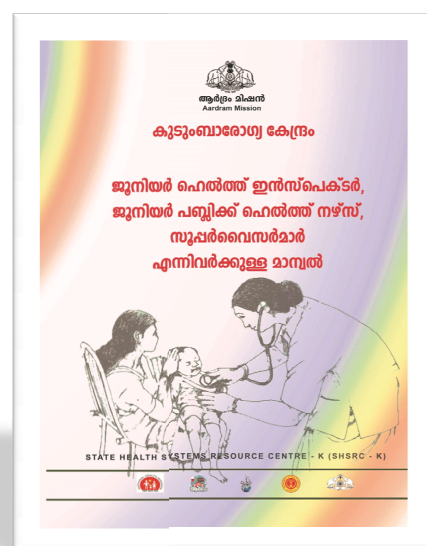
- To understand the Aardram mission
- Health- Basic wisdom
- Communication and working areas of nursing Assistant
- The nature and responsibility of the job of a nursing assistant in a family health center
- Supplementary descriptions of the job characteristics and responsibilities of a nursing assistant in a family health centre



### 2. Handbook for Field staff in Family Health Centers

#### PART - 1

- To understand the Aardram mission
- Structure and functions of the Family Health Center
- Altering sub centers
- Field Level Activities
- How to create projects
- Synchronization
- Reporting
- Teamwork
- Duties and responsibilities of Junior Health Inspector in Family Health Centers
- Duties and responsibilities of Junior Public Health Nurses in Family Health Centers



## **PART - 2**

- Communicable diseases
- Outbreak Management
- Aardram Maathruthwam
- Disaster Management and Health

## **PART – 3**

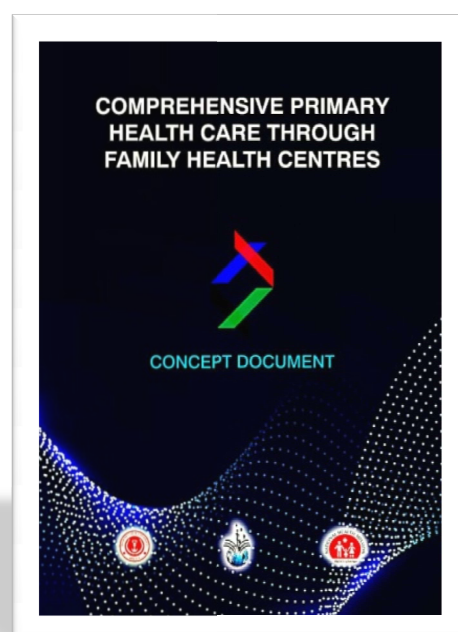
- Sub centre GO
- Insecticide, Larvicide
- Bleaching solutions, Chlorination
- Malaria Protocol
- R.C.H protocol entry foam
- H.S.R Data collection foams
- Plan Monitoring

### **3. Comprehensive Primary Health Care (CPHC) through Family Health Centers (Concept Document) 2020**

- Concept of Family Health Centers
- Service Delivery Frame Work for FHC
- Service Delivery Packages with Activity Mapping
- Implementation/Operationalization
- Role of LSG in FHC
- Monitoring and Evaluation

### **4. Documents in the pipeline**

- Handbook for Nurses on NCD
- FHC Manual



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

As a part of Aardram mission, SHSRC-K had conducted numerous consultative meetings for preparing following draft on GOs

- Block level Community Health Centers (Block PHC)
- Service delivery framework for Family Health Centers
- Standardization of District/General Hospitals
- Standardization of Women's and child Hospitals.

The draft has been finalized after considering the recommendations by experts and forwarded to the Health Secretary.

### **Expert visit**

Government of Kerala had invited seven public health experts from different organizations to visit the State Health system to receive their feedback and suggestions to improve the system. Four of them visited Kerala from 15<sup>th</sup> to 19<sup>th</sup> January 2020. The debriefing session with the experts was conducted on 18<sup>th</sup> January 2020.

Dr. Sundararaman who was present in Calicut from 14<sup>th</sup> evening to 18<sup>th</sup> January 2020 was briefed by Dr. Rekha M Ravindran, SRO, SHSRC-K, DPM Calicut, AANO Calicut and AANO Wayanad. He visited institutions in Wayanad and Kannur districts. Since he expressed his interest in looking at all levels of care he was taken to PHCs, FHCs, CHCs, Urban PHCs, GH and DH. In Wayanad, he visited the following institutions and had a discussion with DMO, FHC Noolpuzha, one subcentre under Noolpuzha FHC, one tribal settlement, GH Kalpetta, PHC Edavakode, DH Mananthavadi, Periya CHC. In Kannur, he was taken around the following institutions and interacted with the district officials ie . FHC Thilenkari, FHC Cheruthazham, Urban PHC Koovode, a sub centre under PHC Narath.

On 17<sup>th</sup> morning Dr. Abhay Shukla and Ms. Renu Khanna were briefed by VC Planning board, PS, H&FW, SMD, Dr. Ekbal, Executive Director, SHSRC-K and State Consultant Aardram. Dr. Srinath Redd joined this team on 18<sup>th</sup>. They visited the following institutions FHC Amachal, a subcentre of Amachal, FHC Poozhanad, FHC Chemmaruthy, PHC Kuttichal, an Anganwadi centre in the tribal settlement of Kuttichal, a tribal settlement in Kuttichal area, PHC Perumathura, CHC Manamboor, TH Parassala.

On 18<sup>th</sup> afternoon Hon Health Minister was debriefed by the experts. All of them were impressed by the undertakings in the health systems in Kerala. All of them agreed that FHCs

are real innovations and service delivery in primary health care institutions has increased. A good trend, in general, has been noticed in the improvement of quality as more and more institutions are going for NQAS. The development in infrastructure was commendable. The importance given for patient friendliness, patient flow, biomedical management has opened the facility for the more common population. Involvement of LSG was something laudable. According to them, there has to be international publications in this regard as it is unique to Kerala. There was a special mention on the quality and coverage of Palliative care program in Kerala. They did not forget to appreciate the enthusiasm and team effort of the health staff across the category in the transformed institutions and pointed out that the training for team building has made an impact. E-health has really helped in reducing the waiting time and has come handy to the medical officers and nurses who are using it properly. Addition of service for COPD in FHCs, namely SWAAS has impressed the experts. The compact spirometer supplied through the program is handy and user-friendly.

Some areas for improvement were also identified by the experts. The lack of continuity of care between levels has to be addressed. Referral linkage backwards and forward has to be strengthened. They also identified that coverage of NCD program was not adequate. If only 70% of the population is covered the program can become cost-effective. ASWAAS program is a very bright idea of providing mental health care at the primary level but needs improvement in the way it is designed. The income for secondary care hospitals through PMJAY can be improved through some clever interventions. The experts were unanimously arguing for more delivery points to be opened. The designated delivery points are already stretched and are crowded. One of the reasons for 70% of the deliveries happening in the private sector is the crowding and lack of privacy in the delivery points as per the experts. As a remark, they opined that ASHA training is a must for sustaining their activism, as their attitudes seem to have transformed from an activist to a regular government employee. More people are to be attracted to the public facilities to reduce the out of pocket expenditure, but at the same time, the experts were concerned about the capacity of these facilities to cater to an additional set of beneficiaries as they are performing at their maximum at present. Patients charter in its original form has to be displayed in the facilities. Anaemia has to be given importance, especially among tribals. Treatment guidelines have to be enforced for better results. Something should be done to restart the drug distribution through subcentres in NCD program as it's a major setback to the program. The whole system needs to become public centric rather than medical centric. More attention has to be given to address social determinants. Community participation has to be improved to make the program sustainable.



Less heard voices should be made prominent through inclusion of migrants, tribals and coastal representatives in the planning process. Social audit will be a good idea for improving the program. All other social structure organizations like Kudumbasree has to be involved in the process. Occupational health is not addressed in a proper way. Social determinants need to be addressed in a better manner. Adolescent health has to be strengthened and innovative methods have to be introduced to intervene boys. Alcoholism is an issue and has to be addressed.

Health Minister thanked the team and distributed mementoes. Experts promised to send a detailed report to us after going back. Altogether the whole exercise was a learning experience and the accompanying team also had several learning opportunities.



# FINANCIAL REPORT

2019 – 2020

## Research Studies (Head : B 20)

Total Amount received from NHM	Order No.	Expenditure as on 2019-20	Balance fund available
29,47,500	NHM/5478/Jr.CON (FIN)/ 2015/SPMSU dated 27/12/2018	14,10,542	1,53,69,588
<b>Total amount released for 4 studies as detailed below:</b>			
Name of investigator	Name of the study	Total Amount of the study	Expended Expenditure
Dr. K.Sakeena, DMO (H), Malappuram	A study on the rate of Post Partum screening in women effected with Gestational Diabetes Mellitus in Malappuram dist.	Rs.5,75,000/-	Rs.4,60,000/-
Dr. Sunija, Director, PH Lab, Thiruvananthapuram	A study on the anti microbial resistance pattern in Kerala	Rs.5,50,000/-	Rs.4,40,000/-
Dr. Noble gracious, State Nodal Officer, Kerala Network for organ sharing (KNOS)	Draft proposal for process documentation, publication and dissemination of Kerala's Diseased Donor organ transplantation program, of Govt. of Kerala initiative	Rs.3,95,500/-	Rs.1,58,200/-
Mrs. Radhika, Asst. Professor, Govt. College of Nursing, Trivandrum	Glycemic variability in chronic kidney disease	Rs.4,27,000/-	Rs.3,41,600/-
Meeting related to research studies		0	Rs.10,742/-

### Aardram Project - Phase II (Head : 9.5.27.4)

Total Amount received from NHM	Order No.	Expenditure as on 2018-19	Balance fund available
Rs.1,00,00,000/-	NHM/5478/Jr.CON (FIN)/ 2015/SPMSU dated 01/10/2019	Rs.18,20,967/-	Rs.81,79,033/-

### Collaborative meetings

Expenditure for the FY 2019-20	
<b>Clinical Est. Bill</b> (Rs. 7.50 lakhs has been earmarked for CEB as per the GO (Rt) No. 1689/2018/H&FWD dated 23/05/2018)	Rs.1,89,666/-
<b>Epidemeology</b> (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)	Rs.19,43,330/-

## TIME LINE

Sl. No.	Date	Trainings
1	01/03/2019	PHC Manual Writing Workshop (Public Health Domain)
2	05/03/2019 to 07/03/2019	JHI/JPHN Handbook Writing Workshop
3	06/03/2019	Aardram integration Workshop
4	08/03/2019	PHC Manual Workshop
5	09/03/2019	One day workshop for Aardram concept and implementation strategy
6	11/03/2019	PHC Manual Writing Workshop
7	11,13/03/2019	State Level tot Nursing Assistant
8	14 &15/03/2019	PHC Manual Meeting Workshop
9	18,19/03/2019	Aardram Review meeting workshop
10	22/03/2019	PHC Manual Writing Workshop
11	03/04/2019	FHC Manual Meeting
12	09/04/2019	State level training cum review workshop for district level NHM Engineers
13	16 & 17/04/2019	PHC Manual Meeting Public Health Domain
14	29/04/2019	FHC Manual Meeting Public Health NCD
15	13/05/2019	Aardram Review Meeting
16	14 & 15/05/2019	Revise Training Module for Medical Officers
17	20/05/2019	Aardram Concept Training TOT Medical Officers
18	21 & 22/05/2019	Concept Training Medical Officers Batch I
19	22/05/2019	TOT Concept Training Medical Officers
20	23/05/2019	Concept Training Medical Officers Batch II
21	24/05/2019	TOT Concept Training Medical Officers
22	26/05/2019	TOT Aardram State Level Field Staff
23	27/05/2019	State Level TOT for Field Staff
24	29 & 30/05/2019	Revise Training Module for Staff Nurses
25	11/06/2019	Aardram Concept Training Staff Nuses TOT
26	12 & 13/06/2019	Concept Training Staff Nurses Batch I

27	14 & 15/06/2019	Concept Training Staff Nurses Batch II
28	19/06/2019	PHC Manual Meeting Public Health Domain
29	09/07/2019	PHC Manual Meeting Administration and Finance
30	16/07/2019	Aardram Concept Training TOT Medical Officers
31	17 & 18/07/2019	Aardram Concept Training Medical Officers Batch I
32	19 & 20/07/2019	Aardram Concept Training Medical Officers Batch II
33	22/07/2019	Aardram Concept Training TOT Medical Officers
34	23 & 24/07/2019	Aardram Concept Training Medical Officers Batch III
35	07/08/2019	PHC Manual Meeting Public Health Domain
36	13 & 14/08/2019	Workshop for Preparing Handbook For NCD Nurses
37	26 & 27/08/2019	Hand Book preparation NCD Nurses
38	29/08/2019	Aardram Concept training Staff Nurse TOT
39	30 & 31/08/2019	Aardram Concept training Staff Nurse Batch I
40	02 & 03/09/2019	Aardram Concept training Staff Nurse Batch II
41	04 & 05/09/2019	Aardram Concept training Staff Nurse Batch
42	06/09/2019	People Campaign Planning Meeting
43	07/09/2019	Communication Strategy Workshop
44	16/09/2019	Kerala State Policy on Palliative Care
45	16/09/2019	Aardram People Movement
46	24 & 25/09/2019	FHC Manual wetting Workshop
47	14/10/2019	FHC Manual Meeting
48	21 & 22/10/2019	Preparing Hand Book For Nurses NCD
49	22/10/2019	Capacity Building committee
50	31/10/2019	Research committee meeting
51	02/11/2019	Aardram Campaign District Dissemination Meeting
52	04/11/2019	Aardram Training For Urban PHC Staffs TOT
53	05 & 06/11/2019	Aardram Training For Urban PHC Staffs Batch I
54	07 & 08/11/2019	Aardram Training For Urban PHC Staffs Batch II
55	13/11/2019	FHC Manual Workshop
56	29/11/2019	Handbook For Prevention Control Of Non communicable Diseases

<b>57</b>	04/12/2019	Aardram People Campaign Capacity Building Committee
<b>58</b>	27/12/2019	Standardization of district and general hospitals wetting workshop
<b>59</b>	13/01/2020	ToT Lab Technicians
<b>60</b>	22 & 23/01/2020	Standardization W&C GO
<b>61</b>	26/02/2020	Mental Hospital Standardization
<b>62</b>	27/02/2020	Standardization of Mental Health Centers

