

# ANNUAL REPORT 2022-2023

State Health Systems Resource Centre- Kerala







# ANNUAL REPORT

## 2022-2023



**STATE HEALTH SYSTEM RESOURCE CENTRE -KERALA**



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## ABOUT SHSRC-K

**T**he **State Health Systems Resource Centre - Kerala (SHSRC-K)** was established by the Govt. of Kerala in 2008-2009 modeled on the National Health Systems Resource Centre (NHSRC) of the Govt. of India. The main mandate of the State Health Systems Resource Centre is to provide technical support and capacity building assistance to strengthen district health systems and act as support to state health systems in strategy development, programme planning, support for innovation, and change management. SHSRC-K serves as the apex body for technical support to the state and districts, focusing on problem identification, analysis, and problem-solving in the implementation process.

SHSRC-K also undertakes implementation research and evaluation and supports the development of knowledge networks and partnerships in the state. SHSRC-K further provides support for policy and strategy development, through collating evidence and knowledge from previously published work, from experiences in implementation and thus serves as institutional memory. SHSRC-K is positioned to handhold and champion implementing new strategies and scaling up successful innovations.

In May of 2014, SHSRC-K started functioning as an autonomous institution under the Department of Health and Family Welfare, Govt. of Kerala after being registered as a society.

## VISION

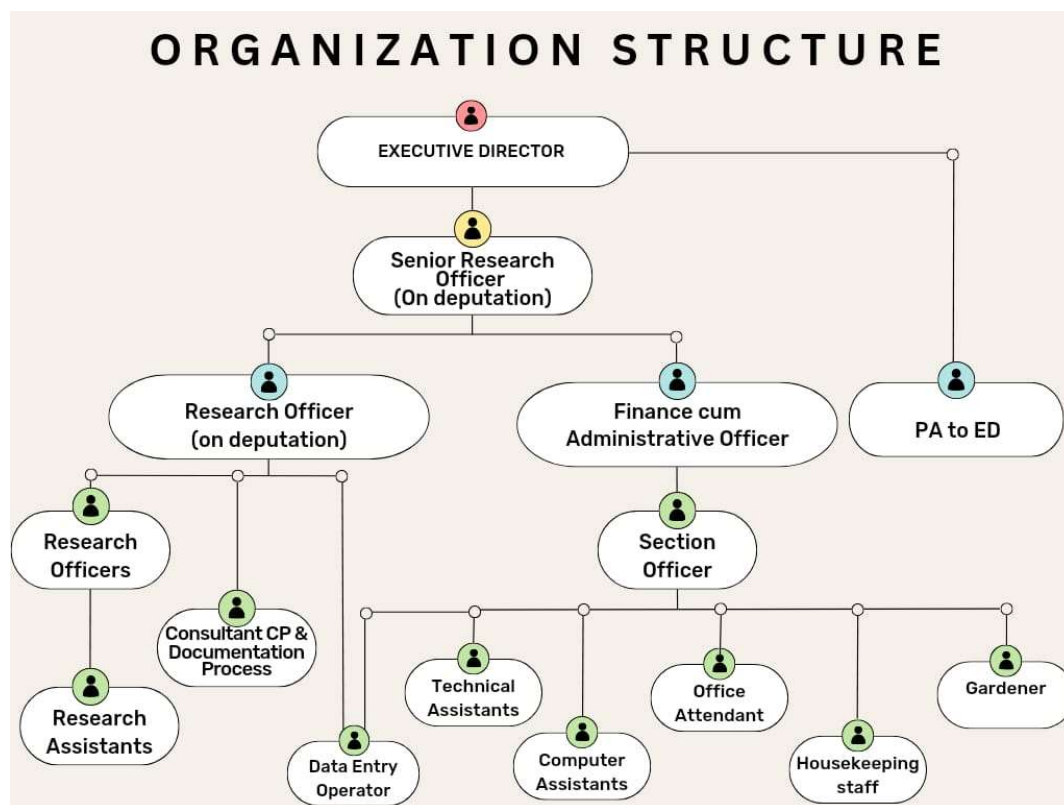
To assist the Health System in Kerala to provide equitable, affordable, accessible, and quality health care services to all with accountability and responsiveness.

## MISSION AND OBJECTIVES

- To undertake research and evaluation while providing technical support in various aspects of the health system aimed at improving the state health system.
- To develop operational guidelines for the implementation of various health programs at the State and District level.
- To develop appropriate policies and guidelines on the basis of evidence-based research.
- To evaluate and assess various health schemes/programs operational in the state of Kerala.
- To publish journals, reports and working papers in various domains of health systems aimed at improving the state health system.

## ORGANISATIONAL STRUCTURE

### ORGANOGRAM





**Table 1 : GOVERNING BODY**

MEMBERS OF THE GOVERNING BODY	POSITION
Minister for Health & Family Welfare ( H &FW)	Chairperson
Secretary to Health & Family Welfare ( H &FW)	Vice Chairperson
Secretary to Govt., Finance Expenditure(or)Nominee from Finance Dept	Member
State Mission Director, National Health Mission (NHM)	Member
Director of Health Services (DHS)	Member
Director of Medical Education (DME)	Member
Director Indian Systems of Medicine (ISM)	Member
Director, Homoeopathy	Member
Principal, KSIHFW	Member
Executive Director, SHSRC-K	Member Secretary

**Table 2 : EXECUTIVE COMMITTEE**

MEMBERS OF THE EXECUTIVE COMMITTEE	POSITION
Secretary to Health & Family Welfare ( H &FW)	Chairperson
State Mission Director, NHM	Vice Chairperson
DHS	Member
DME	Member
Director ISM	Member
ADHS PH	Member
Principal, KSIHFW	Member
Executive Director, SHSRC-K	Member Secretary

## Activities of SHSRC-K

One of the major activities of SHSRC-K is to carry out research and provide support for research conducted in other institutions. SHSRC-K has formulated an Institutional Ethics Committee (IEC) and Institutional Research Committee (IRC) to review research proposals. Both internal and collaborative research projects are undertaken, with the former being conducted by the research team of SHSRC-K and the latter being taken up in collaboration with other agencies or programmes. *(SHSRC-K provides financial support to selected studies)*

Details on the research activities carried out by SHSRC-K during the year 2022-2023 are given below.

### I. RESEARCH ACTIVITIES

#### 1.a. Ongoing in-house research projects

A. ONGOING IN-HOUSE RESEARCH PROJECTS	STATUS
Evaluation of National Program for Health Care of Elderly in State of Kerala	Data collection
Functioning of Bhoomika centres in Kerala, perceptions of staff and quality of life of survivors at GBVM centres	Data collection
Evaluation of Aswaasam program in Kerala	Data collection
Improving access to Palliative care in Kerala- Evaluation of State Palliative care program	Data Analysis
Tool development for risk assessment of falls among older persons in Kerala	Field testing
Competency mapping of Health Care Workers in FHCs in Kerala	Interim report submitted to PS
Interventions for prevention of falls among older persons - a randomized control trial in Kerala, India	Training for implementation
Catastrophic health expenditure and coping strategies among stroke survivors in Thiruvananthapuram district, Kerala	Awaiting IEC approval
Augmentation of primary health care through Mid Level Health Providers in Kerala	Draft completed

A. ONGOING IN-HOUSE RESEARCH PROJECTS	STATUS
Intervention research on Infection Control Practices in Government hospitals under Health Services Department:- Baseline assessment of existing infection control practices, development of specific infection control manuals, modules, training programs and endline assessment	Tool preparation
Preference for private health care facilities for institutional deliveries in Kerala – an explorative study	IRC approved
Evaluation of the functioning of Public dental out patient dental centres in Trivandrum	IRC approved
Assessment of WASH practices and its association on the anaemia status in Kanikkar tribal women in Nedumangad of Trivandrum District	IRC approved
Health care perspectives of intersex people in Kerala	IRC approved
Ensuring comprehensive quality health care through monitoring and evaluation	IRC approved
Assessing the implementation of Amma Manasu programme in Kerala	IRC approved

### **1.b (i) Collaborative research:**

SHSRC-K has taken up research projects in collaboration with other agencies/programs. In this financial year, two separate MoU's were signed between SHSRC-K and KSACS and the DPM of Thiruvananthapuram for carrying out research projects that would be funded by the latter. SHSRC-K had to identify research areas, develop the proposal and tools, obtain IRC and IEC approval, collect and analyze data and write reports for the above said funders.

COLLABORATIVE RESEARCH PROJECTS	AGENCY	STATUS
Targeted Interventions as a determinant of "Sustained Desirable Sexual health Behaviour" (SDSB) among Men who have sex with men (MSM) in Kerala	KSACS	Preparation of final draft
Perceived sufficiency and usefulness of IEC materials related to HIV/AIDS among adult population aged 18-49 years in Kerala	KSACS	Preparation of final draft
Exploring late detection among PLHIVs in Kerala-a multi dimensional approach.	KSACS	Preparation of final draft



COLLABORATIVE RESEARCH PROJECTS	AGENCY	STATUS
Partner non testing and its associated factors among PLHIVs registered in ART centres in Kerala	KSACS	Preparation of final draft
An exploratory cross-sectional analysis of the functioning of Urban Primary Health Centres (UPHC) in Trivandrum district, Kerala, South India	NHM Thiruvananthapuram	Draft completed

### ***1.b (ii) Other Collaborations***

#### **NCD division**

Proposals were developed for three research studies on behalf of NCD program. However, these projects are stalled for the time being due to a shortage of funds.

### ***1.b (iii) Women and Child Department***

As per the request from the Women and Child Department, SHSRC-K took leadership in developing a proposal for an intervention research study to implement a comprehensive program for anemia prevention and control for women and children in Kerala. Proposals were developed for the following groups



- Under 5 children
- Children 5- 10 years
- Adolescent boys and girls (10-19 years)
- Women in the reproductive age group
- Pregnant and lactating women

### ***1.b (iv) NHSRC***

NHSRC-KMD team SHSRC-K and Tamil Nadu are conducting a study titled “Assessment of IT-enabled Supply Chain System of Medicines in Public Healthcare facilities under NHM” to understand the IT-enabled supply chain management model for medicines adapted by the states of Tamil Nadu and Kerala. The study will compare the supply chain models’ performance in both states and assess the availability of medicines facilitated by state-specific models in healthcare institutions under/supported by NHM.

### ***1.b (v) Lancet Commission and The George Institute***

SHSRC-K in partnership with the George Institute in support of the Lancet Citizens Commission on Reimagining India’s Health System has proposed a qualitative study to inform its overarching recommendations with insights from stakeholders across the health care landscape. The aim of the study is to identify feasible pathways towards universal health coverage in India through generating evidence on district-level health system performance and priorities. The study expands on a district-level UHC Service Coverage Index (UHC-SI) developed by IIM-Bangalore, based on the WHO-World Bank index.

### ***1.b (vi) HPSR research consortium under Alliance WHO***

A proposal has been submitted for consortium under Alliance WHO with Health Systems Transformation Platform for combined research on reforms in primary health care with Karnataka and Meghalaya.

## RESEARCH PROJECT APPROVED IN NHM PIP 2022-2024

NAME OF PROJECT	STATUS
State Palliative care programme evaluation	Data analysis
Catastrophic health expenditure among stroke survivors in Trivandrum	Awaiting IEC approval
RCT on interventions for prevention for falls in elderly	Training workshop about to conduct
Evaluation of ASWASAM programme in Kerala	Secondary data collection completed
Evaluation of Bhoomika Centres in Kerala	Data collection
Development of screening tool for identifying home fall hazard of elderly	Field testing
Study on integration of e-sanjeevani into primary health care	Proposal writing
Evaluation of health care services in tribal population through FHCs	Proposal writing
Study on preference for private health care facilities for institutional delivery	Awaiting IEC approval
Ensuring comprehensive quality of health care through M&E	Awaiting IEC approval
Estimation of risk factors for Type II Diabetes Mellitus	Proposal writing

### ***1.c Institutional Research Committee (IRC), Institutional Ethics Committee (IEC) and Technical Committee:***

An Institutional Research Committee and Institutional Ethics Committee have been constituted at SHSRC-K. SOPs, formats and checklists for IRC and IEC have been prepared and published in the website of SHSRC-K. IEC-SHSRC-K has been registered at the Department of Health research, and has obtained a provisional registration number. Three IRC and IEC meetings each have already been convened and 13 research proposals have been given approval during the financial year.

Since there is no existing mechanism to provide technical opinions on research proposals from outside the department, a technical committee was formed to



scrutinize the proposals on methodological and ethical dimensions and prepare a technical report. The Executive Director, Senior research officer and Research officer on deputation at SHSRC-K are the Chair person, the Vice Chairperson and the convener of the technical committee respectively, with the research officers being members.



## **II. The policy supports for Health and Family welfare department.**

### ***II.a. Kerala Unified Public Health Bill:***

Government of Kerala had initiated steps for the unification of the then-existing Madras Public Health act 1935 and Travancore-Cochin Public Health Act 1955 to make it applicable to the whole State early since 2004. A committee was constituted for the same which was reconstituted in 2014. SHSRC-K has been coordinating the activities in this regard since 2017 with the support of this committee. Several meetings and discussions were held at different levels with the committee members and other experts for revising the draft. It was issued as an ordinance in 2021 May and later as a Bill. The committee has convened four public hearings to gather the suggestions of the public and other organizations in this regard. A group of experts from several departments were called for a meeting on behalf of select committee to discuss the compiled suggestions and comments from the public hearing. The Select committee is examining the possibilities of incorporating the changes into the Bill before it can be issued as an Act. After various rounds of vetting, the bill was finally passed in the assembly

### ***II.b. Extreme poverty eradication:***

Govt of Kerala has taken up a massive task under Local Self Government Department to eliminate extreme poverty from the state. As per the decisions of a meeting held by the Principal Secretary (H & FW) for discussing the activities of the Health Department as part of Extreme poverty eradication, SHSRC-K was directed to prepare a detailed guideline on ensuring service delivery to extremely poor families identified through a survey done by the LS GD.



SHSRC-K conducted multiple workshops at different levels with various stakeholders to develop the guidelines. After several deliberations and discussions, a detailed micro plan for health service delivery was developed. It discussed the activities that had to be done at the field level to provide the services to the extremely poor families in ten different steps. Measures have been taken to integrate the provisions under the 15<sup>th</sup> Finance commission health grant into the guidelines. Various logistic issues regarding the provision of free health services to extremely poor families and the possible solution to these problems were identified discussed in these guidelines. A plan for dissemination of the guidelines is also included in the document. The guidelines were issued as a GO (Rt) No.2205/2022/H & FWD dated 11/09/2022.



### ***II.c. Proposal for implementation of Public Health Management Cadre***

As per the directions from the Director of Health Services, SHSRC-K was involved in developing the proposal for implementing the Public Health Cadre in Department of health Services, abiding by the National guidelines and the State health Policy. Several meeting were conducted with state level officials and Public health experts from within and outside the department were also involved in the discussions. The suggestions from different professional organizations were also taken into consideration. A draft proposal has been submitted to the directorate for further action.



#### ***II.d. Consultative Workshop on Development of Integrated NCD Protocol for Ayush and Modern Medicines***

NCDs are a major public health problem in Kerala. The increasing burden of NCDs can only be tackled through a comprehensive strategy of health promotion, disease prevention, secondary prevention, and rehabilitation. In the scenario in Kerala, where people have a clear preference regarding which system of medicine to approach for different types of ailments, this can only be achieved by an integrated strategy cutting across all systems. The Principal Secretary (H&FW) and Special Secretary (AYUSH) have entrusted SHSRC-K to develop an integrated NCD prevention and control framework including both AYUSH and Modern Medicine health care systems for providing comprehensive NCD care. SHSRC-K conducted a consultative workshop on 30<sup>th</sup> March 2023, on the basis of which a draft will be developed to support operationalization of the integrated protocol.



#### ***II.e. Nava Kerala Karma Padhathi-2 (NKKP-2)***

The Government of Kerala implemented Aardram mission to revamp the health system of the state by people friendly transformation of public health service delivery system. The objective of this important Mission is to achieve the short and long term goals of the state in line with United Nations' Sustainable Development Goals. One of the strategies of the Mission was to transform all Primary Health Centres to Family Health Centres (FHC).

To achieve the objectives of the mission, the quality of services provided from all levels of care must be improved. The first step towards achieving this goal is capacity building of all categories of health care providers. Convergence between various departments at the grass root level is vital for addressing social determinants of health which is an important component of FHCs. For this purpose, it is essential to involve the Local Self Government Institutions and inform the elected representatives and other officials in the concerned departments. Providing comprehensive and continuous training for all category of staff is the policy of the government in the context of the mission to ensure quality of service delivery. In general objective of training program includes

- Orientation on the concept of the program
- Orientation on the roles and responsibilities in the context of transformation of PHCs into FHCs
- Continuing education
- Technical and soft skill development

To attain the above said objectives trainings were designed in three domains viz.

- Team building training
- Concept based training,
- Skill training

### **III. Technical support to the Department of Health Services:**

#### ***III.a. Module, handbook and guideline development***

##### ***III.a.i Revision of Comprehensive Primary Health Care clinical guidelines***

As part of Aardram and Comprehensive Primary Health care, SHSRC-K had developed Clinical guidelines for Primary care which was highly appreciated by Medical Officers. Guidelines for 53 conditions commonly attending Primary Health Centers were included in it. To illustrate the guidelines, symptomatic and problem-specific approaches were adopted. Twenty-eight multidisciplinary groups comprising of academicians from Department of Medical Education,



Public health experts, Specialists from the Health services and Assistant Surgeons working at Primary Health Centres worked together to develop guidelines for the 53 conditions. Five years post publication, taking into account the transformation that has happened in the epidemiological profile of the population, it was decided to revise the guidelines to include new disease conditions and revised modes of treatment of some specific disease conditions. Several workshops were conducted including specialists from the Departments of Medical Education and Health Services to do the revisions. Which are currently ongoing.



### ***III.a.ii Redefining Duties and responsibilities of field staff such as JHI/JPHN/MLSP***

The field level staff in health system can claim a substantial role in the achievement of better health indicators in the area of Maternal and Child health of Kerala. However their duties and responsibilities are not compatible to meet the upcoming challenges posed by the demographic and epidemiological transition, emerging and reemerging communicable diseases and climate change. In addition, as part of Ayushman Bharat, Mid Level Service Providers (MLSPs) have been recruited in the sub-centers. Considering this contextual shift, the duties and responsibilities of the JPHN and JHI were revised and role of MLSPs were delineated. Several workshops were conducted by SHSRC-K to develop these revised roles. A group of JHI, JPHN and MLSPs were invited for an initial brainstorming session, where the major domains were identified. Several rounds

of discussions were held with the professional organizations at different levels before coming up with a draft. The final draft was vetted by a group of senior officers from different categories. Discussions were also held by the district and state level officials before finalization. It was issued as a GO No. 131/2023/H & FWD dated 19/01/2023



### ***III.a.iii FHC Manual***

SHSRC-K was entrusted with preparing a manual for FHCs which will be helpful for medical officers to carry out their responsibilities effectively. A series of workshops have been held at SHSRC-K and the final drafting of Vol-1 is in progress. The manual will be released in two volumes.

### ***III.a.iv Referral protocol***

A strong healthcare system ought to have an efficient referral mechanism that will save time and effort of the staff as well as the patients. The existing guideline that was put forward a decade ago has lost its relevance due to the introduction of new hospitals as well as up gradation of some hospitals, leading to non-uniformity in the facilities provided across the hospitals. Therefore, in order to avoid treatment delays and overcrowding of higher care facilities, it is necessary to implement referral guidelines that are user-friendly to the treating physicians. Several initiatives were taken to streamline the referral mechanism of the State. However since the hospitals at different levels of care across the state vary in



terms of their infrastructure, equipment, and human resources the existing guidelines for referring cases from secondary to tertiary level centres were no longer effective. It is in this context that SHSRC-K was entrusted with the responsibility of developing guidelines applicable for the State. A realistic guideline based on a deep comprehension of the state & circumstances were developed. There was an effort to categorize hospitals in terms of infrastructure, human resources and other diagnostic services available in order to make it easier for treating physicians to refer and receive referrals for patients. It is under consideration of the government to be issued as a GO.



### ***III.a.v Community Link Worker Program for Transgender***

The health needs of the transgender community are always overlooked. The health system is not sensitive enough to deal with their specific needs. Social Development (National Health Mission) in collaboration with State Health Systems Resource Centre-Kerala has responded to this challenge by developing a 'Community Link Worker' (CLW) programme aimed at improving health care access and delivery for the trans community. Under this initiative, a member from the transgender community will be selected to act as a bridge between the transgender community and healthcare centres like District and General hospitals (DH, GH). This arrangement is expected to foster better communication, understanding and trust between the transgender community and the healthcare

system, and ultimately lead to improved health outcomes. The programme is being piloted in four districts of Kerala currently- Trivandrum, Ernakulam, Trissur and Kozhikode. The community link worker programme aligns with the principles of community-based participatory research, which emphasizes the importance of engaging communities in the design and implementation of health interventions. By empowering a member of the transgender community to act as a liaison, this initiative recognizes the unique experiences and perspectives of the trans community and incorporates these into the health care system. It is a critical step towards addressing the health care needs of the community and promoting social and health equity. Training modules for the CLWs are currently being devised ensuring inclusion of gender-affirmative and gender sensitive healthcare delivery mechanisms. These modules are devised following a participatory consultative method wherein members of the community are pooled in as the prime experts for providing insights into the development of the module apart from other healthcare professionals who are experts in their fields.



### ***III.a.vi Social Audit Proposal***

Immense resources have been directed towards the implementation of FHCs, and massive training has been provided to staff members to introduce them to the concept of FHC and prepare them to provide extended, high-quality services. It is the responsibility of the government and the healthcare system to ensure that the recipients of the services benefit from them as it was intended.

The system can monitor the immediate outputs of the process through an inbuilt monitoring mechanism but must wait for the outcome and impact to happen to evaluate the reforms. In the healthcare industry, there is a growing insistence for enhanced transparency and accountability, with vociferous demands by patients to be informed about and included in the decision-making process. As the community is not involved in the decision-making process and planning of reforms, it is important to obtain the perspectives of the beneficiaries regarding the provided services and the gaps in the service delivery. One of the ways to address these demands is by conducting audits. Audit is a Latin word which means 'to hear', and there are various types of audits such as internal or external audits, and government or social audits.

As per the request from social development wing of the National Health Mission, SHSRC-K developed a proposal for a Social audit of FHCs. The proposal was developed by the SHSRC-K team and workshops were conducted to develop the tools for the audit. The finalized proposal and tools were submitted to Social development wing of NHM.

### ***III.b. Nodal agency for coordinating research and development***

SHSRC-K has been nominated as the nodal agency for coordinating research and development activities as per GO (Rt) No. 367/2020/H&FWD dated 22/02/2020 and more clarity on its roles and responsibility to monitor and supervise the research studies under the guidance of its IRC and IEC has been brought out through G.O.(Rt) No.2954/2022/H&FWD dated 15/12/2022.

This would be an answer to several independent researchers within the health system who are interested to conduct research but unaware of what to do and whom to contact. This will streamline the research activities within the system. SHSRC-K being roped in as nodal agency will improve the quality of output of the studies as well as improve the capacity of the organization.

### ***III.c. Centre for One Health-Kerala***

SHSRC-K has been designated as the agency for setting up Centre for One Health-Kerala for coordinating the activities in connection with implementation of One Health Program. Research will be one of the major mandates of this centre thus escalating the importance of the organization in HPSR. This will be an opportunity to integrate and collaborate with other departments and organizations applying HPSR lens to accomplish the wider focal point of health and wellness. In association with the Department of Health and Family Welfare, the following programme were organized by SHSRC-Kas preparatory work for implementing One Health Programme in the State;



Sl. No	Name of the Programme	Date	Venue
1	One Health Programme- Consultation Meeting of Department Heads	12.08.2022	Hotel Mascot, Thiruvananthapuram
2	Orientation and Planning Workshop for District Level Nodal Officers and Key Officials of Line Departments	17.08.2022	Maple Hall, Central Residency, Thiruvananthapuram
3	State Level Workshop for Laboratory Heads/ Lab Officials	13.08.2022 & 14.08.2022	Conference Hall, SHSRC-K



1. As per G O (Rt) No: 2632/2022/H&FWD dated 02.11.2022, Government have accorded in principle sanction for establishing the Centre for One Health-Kerala (COH-K) and SHSRC-K is designated as the State Nodal center for setting up the Centre for One Health- Kerala.
2. The proposal for establishing the Centre for One Health-Kerala (COH-K) to implement One Health Programme in the State, was prepared and submitted for approval. The proposed budgets was Rs. 38.87 Crore which includes administrative expenses of SHSRC-K@15%. The centre is to be established at the premises of Directorate of Health Services and steps has been taken to identify space for establishing the same.
3. As per G O (Rt)No: 1904/2022/H&FWD dated 03.08.2022, SHSRC-K is designated as the Nodal Agency for conducting Capacity Building Programmes for Health and line department officials. Hence, a detailed proposal for conducting 1<sup>st</sup> phase activities of Capacity Building for Health and line department officials was submitted along with budget estimate for Rs. 11,01,125/- (Rupees Eleven lakh thousand one hundred and twenty five only) for approval.
4. On the direction of Principal Secretary (H&FW), a proposal has been prepared for organizing a Dissemination and Consultative Workshop on the learnings of the 7<sup>th</sup> World One Health Congress which took place in Singapore in 2022 and submitted to Director of Health Services with a



budget estimate for Rs.219363/- (Rupees Two lakhs nineteen thousand three hundred and sixty three only).



#### ***III.d. SIRAS (Stroke Identification Rehabilitation Awareness and Stabilization Programme)***

Stroke has emerged as a major public health problem in Kerala. To match the need for improved quality of care and reduced mortality and morbidity for stroke patients, the Government of Kerala started primary stroke care units in nine districts under the flagship of the Stroke Identification Rehabilitation Awareness and Stabilization Programme (SIRAS). These units have been established at District hospitals in Thiruvananthapuram, Kottayam, Pathanamthitta, Ernakulam, Thrissur, Kozhikode, Thodupuzha, Perinthalmanna and Palakkad. The SIRAS Programme and achievements under the program need to be reviewed. As per the direction of the Principal Secretary of Health and Family Welfare Ms. Tinku Biswal IAS, SHSRC-K conducted a review meeting on 11 April 2023. The main objective of the meeting was to explore the perspective of stakeholders regarding the barriers, if any, to providing high-quality care at the Stroke units and to improve the quality of services provided by these units.



### *III.e. Cross learning between states*

Orientation of teams from various states such as Bihar on the functioning of both the state health system as well as the role played in its functioning by SHSRC-K was also done.



### ***III.f. Capacity building***

Collaborative efforts are undertaken with different organisations to increase the capacity of not only SHSRC-K staff, but also other researchers from within and outside the health system. A comprehensive tool development workshop was conducted in association with Achutha Menon Centre for Health Science Studies, Sree Chitra Thirunal Institute of Medical Science and Technology. Proposal writing workshops were also held to aid the submission of proposals to ICMR.

### ***III.g. Human resource planning and allocation***

- |                                |  |
|--------------------------------|--|
| Contract Management            | : <i>Efficiently managing contracts of 26 Personnel</i>  |
| Annual Performance Appraisal   | : <i>Successfully concluded the Annual Performance Appraisal exercise of SHSRC. A total of 26 personnel were apprised.</i>   |
| Support for recruitment        | : <i>SHSRC supports and creates mechanisms for filling vacancies in the NHM across different categories and programmes. SHSRC undertook the conduct of examinations and ensuing procedures for recruitment to various posts.</i> |
| Group Medical Insurance Policy | : <i>A total of 148 personnel of NHSRC, RRC-NE, and MOHFW are covered under this policy</i>  |

## **IV. National Recognition programme**

### ***IV.a. Conduct of NFHS-5 Southern Regional Dissemination workshop***

SHSRC-K, on behalf of Dept. of Health and Family Welfare, Govt. of Kerala is proud to associate with the Ministry of Health and Family Welfare (MOHFW), Govt of India and the International Institute for Population Sciences (IIPS) Mumbai in conducting the South India Regional Dissemination Workshop on findings of National Family Health Survey (NFHS) 5.130 delegates from 7 Southern States and Union Territories attended the Workshop.





National Family Health Survey (NFHS) is a country-wide survey conducted by the Ministry of Health and Family Welfare, Government of India, with the International Institute for Population Sciences serving as the nodal agency. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. The NFHS-5 captured the data during 2019-20 and has been conducted in around 6.1 lakh households.



Comprehensive presentations and deliberations in the workshop will set the tone for a detailed evaluation of the survey findings by the respective States and action planning to address the gaps identified.

#### ***IV.b. Participation in the 15th Common Review Mission***

Four research officers of SHSRC-K were selected to join CRM teams of different States, which can be considered as recognition and an opportunity to understand the health systems of other states. This provided opportunities for cross-learning, exchange of ideas and networking. This will open avenues for working together in the future by taking up multicentric projects and adaptation of impactful innovation across different centers in diverse geographies which will ultimately benefit the community.

#### ***IV.c. Membership in Grant review committee***

ED SHSRC-K has been nominated as a member of Grant review committee of NHSRC. This presents an avenue to be aware of different grant opportunities available and the nuances regarding proposal review.

### **V. Trainings**

#### ***V.a. State Level Aardram Mission II***

As part of Aardram Mission, team training for Panchayat representatives and FHC officials was organized at KILA in the first phase. In converting Primary Health Centers into Family Health Centers there is a need for panchayat representatives and family health center officials to work together. In the second phase of Aardram Mission, the emphasis is on upgrading health sub-centers as health and wellness centers with public participation. Health and Wellness Centers will be hubs of activity to guide people from disease treatment to disease prevention and beyond to healthy living. The Health Department has decided to conduct team training for the newly elected Panchayat representatives and staff of the Family Health Center who are expected to lead these activities. Prior to that, training of trainers was conducted in two batches at SHSRC-K. 54 participants participated in the training program jointly conducted by SHSRC-K and National Health Mission.



### **Team building training**

This training is envisaged to build up a local team for the development of FHCs. This will inform the team of the concept of FHCs and how to carry out the activities for transforming their institutions into FHCs. In the first phase of Aardram this training was conducted at Kerala Institute of Local Administration in partnership with them. Panchayat President, Health Standing Committee Chairperson, Panchayat Secretary, Medical Officer in charge, Staff Nurse, Health Inspector, Lady Health Inspector, Pharmacist, Lab Technician, Clerk, and Block PRO from each institution attended the training together.

### **Concept training**

This type of training was given for each category staff to orient them on the concept and their roles and responsibilities.

#### Objective

- To orient the different category of staff on their roles in Comprehensive Primary Health Care based health planning & service delivery to attain sustainable Development Goals

### **Skill training**

Updating skills is important to ensure the quality-of-service provision through FHCs. Even though all category staff require a certain amount of skill to perform their roles, only doctors, nurses and lab technicians are being provided with a separate skill training including hands on training.

As per the GO. No. 2159/2022/H & FWD dated 31/08/2022, a committee has been constituted with the Additional DHS, training as the Chairperson and ED, SHSRC-K as the convener for the conduct of trainings in connection with Aardram as part of NKKP 2. SHSRC-K had conducted team training for the FHC staff and elected leaders of the concerned local governments during the first phase of Aardram. However the elected representatives have been changed, new centres were added as FHCs and redistribution of staff happened in the FHCs which call for refresher training.

Due to the changes that have happened in the health system during and after the Pandemic, the advent of MLSPs in the system, the opportunities opened through 25th Finance Commission, the training curriculums had to be revised. Multiple workshops were conducted to revise the training curriculum and modules which were vetted by several experts at different levels. The training will be conducted at different centres simultaneously in collaboration with KILA.

#### ***V.b. Training for Mid-Level Service Provider (MLSP)***

In India the community health officers are trained beforehand through a standardised course by recognised universities. But in Kerala the graduate nurses who have pursued the course, learned the basics and practised community health nursing are selected by a common examination. After selection they undergo a training programme which is at par with the curriculum of the Community health officer course. The training is conducted by State Health Systems Resource Centre Kerala, and the State training Division, NHM. There is a functional MLSP cell at SHSRC-K which deals with the preparation of content, videos, educational materials and the evaluation package. Training is provided through the Learning management System platform. Assistance through live sessions are provided to the participants and district nodal officers regarding the developments from time to time. The MLSPs register in the LMS platform once they are enrolled into the system. Once the course modules are completed, they undergo an examination and receive the certificates of completion. They can

declare the probation only if they can clear this examination and receive certificate. Certificates can be downloaded from the LMS after completing the course with which they can exercise their complete responsibilities in the field and clinical area. Details of the training contents which are uploaded in the LMS platform are divided into various units which are further divided into sub sessions. Each unit has an evaluation module to be passed before accessing the next module. The modules are designed in such a manner that the learning experience will be pleasant for the participants. Supportive data such as guidelines, government orders and prepared contents also are attached alongside. The training for the first batch commenced in March 2021 and was extended upto September when the final assessment was performed. The final outcome was 100% as the participants adhered to the training programme completely. Certification was done with approval of the State nursing Council. The second batch is undergoing training and the third batch recruitment is ongoing. A dedicated MLSP cell originated under the State Mission Director's orders at SHSRCK consisting of research wing members of SHSRC-K and two Nursing Officers deputed from the Department of Health Services. They were involved in various activities like content preparation which included preparation of various modules, supportive PowerPoint presentations after discussion with eminent subject experts and faculties, resource editing, proofreading of the content, and developing a question bank which was used for the final examinations. Professional filming crew hired specifically for shooting content rich high quality videos as per the course module brought out informative recorded sessions on each topic, some including demo sessions too. All videos were proof checked for content by the MLSP cell members. Following each unit, a post- unit test was conducted consisting of 10 multiple choice questions for which they had to score 60% or above, and a total of 3 attempts were allowed to complete the test. The participant had to qualify the post-test to move on to the next unit. After the whole training program, the candidates had to undergo an end- assessment test which consists of 50 MCQ's, to be answered by

them within an hour. These questions were from the question bank created by the MLSP cell, which were auto generated by the system and were different for each candidate. During the exam real-time monitoring and issue resolution was done by the MLSP cell and the NHM Training division as a combined effort. Only those candidates who successfully passed the MLSP training and completed the evaluation test within a maximum period of 6 months were awarded a certificate and allowed to continue in the job.

## **VI. Academic Collaborations**

### ***VI.a Research Methodology Workshop – General Hospital Post Graduate Students***

SHSRC-K organized a one-day Research Methodology Workshop for Postgraduate students of General Hospital Thiruvananthapuram. Senior Research Officer Dr. Rekha. M. Ravindran, Research Officer Dr. Ameena. S. R, Dr. Manju Madhavan, and Mrs. Anjali Kishnan R handled the sessions. The workshop covered Literature Review, Research Question Development, Study Designs, Sampling techniques and sample size calculation. The workshop concluded with an Open FQ &A forum and an interactive session led by Dr. Jithesh. V. Executive Director, SHSRC-K for clarifying the doubts regarding Research methodology.

### ***VI.b NHSRC***

NHSRC-KMD team and SHSRC and Tamil Nadu is conducting a study titled “Assessment of IT-enabled Supply Chain System of Medicines in Public Healthcare facilities under NHM” to understand the IT-enabled supply chain management model for medicines adapted by the states of Tamil Nadu and Kerala. The study will compare the supply chain models’ performance in both states and assess the availability of medicines facilitated by state-specific models in healthcare institutions under/supported by NHM.



### ***VI.c. Lancet Commission and The George Institute***

SHSRC-K in partnership with the George Institute in support of the Lancet Citizens Commission on Reimagining India's Health System has proposed a qualitative study to inform its overarching recommendations with insights from stakeholders across the health care landscape. The aim of the study is to identify feasible pathways towards universal health coverage in India by generating evidence on district-level health system performance and priorities. The study expands on a district-level India UHC Service Coverage Index (UHC-SI) developed by IIM-Bangalore, based on the WHO-World Bank index.



### ***VI.d. Collaboration with Indian School of Business (ISB)***

Indian School of Business (ISB) was contracted to conduct training sessions to build the management and administrative capacity of the Administrative cadre staff in Kerala. As per the directions of Principal Secretary (H & FWD), SHSRC-K coordinated the workshops for the training need assessment of the administrative cadre staff to develop the curriculum and training methodology.

### ***VI.e. Internship program***

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 was to develop the potential

of students in health systems research skills while providing exposure to the public health systems. Students from institutions such as CUK, AMCHSS, TISS, MAHE, SRM, NITTE and IIHMR have attended the internship program at SHSRC-K. For the year 2021-2022, students from the following institutions came for an internship

University	No. of students
Tata Institute of Social Sciences, Mumbai	1
K.S Hegde Medical Academy, Nitte	2
Central University, Kerala	8
M.S. Ramaiah University of Applied Sciences (MSRUAS)	1
AMITY Institute of Public Health	1
IIPH	1
Manipal Academy	6
Prasanna School of Public Health	1
AMCHSS	4

### Timeline 2022-2023

SL. No	Date	Programmes	Participants
01	01/04/2022	Research committee meeting	18
02	11/04/2022	NKKP 2 training planning meeting	11
03	19/04/2022	FHC Manual	16
04	19/04/2022	NUHM Research Meeting	11
05	20/04/2022	IRC Meeting	13
06	28/04/2022	FHC Manual	15
07	04/05/2022	FHC Manual vetting workshop	14
08	05,06/05/2022	FHC Manual	15
09	06/05/2022	NKKP Planning Meeting	21
10	16, 17, 18, 19, 20, 21/05/2022	FHC Manual	11

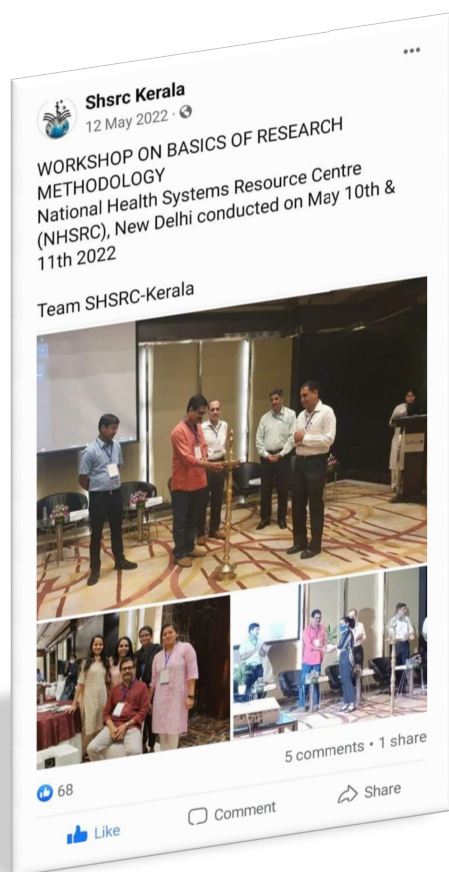


<b>11</b>	18/05/2022	IEC meeting	<b>9</b>
<b>12</b>	20/05/2022	Discussion on registers and report	<b>10</b>
<b>13</b>	23, 24, 25/05/2022	Redefining Duties and Responsibilities Field Staff	<b>25</b>
<b>14</b>	23, 24, 25/05/2022	Workshop for drafting guideline MLHP	<b>5</b>
<b>15</b>	25/05/2022	NCD Handbook Preparation	<b>8</b>
<b>16</b>	23/06/2022	WCD- Intervention Project	<b>18</b>
<b>17</b>	29/06/2022	ISB- Management Training Programme	<b>36</b>
<b>18</b>	06, 07/07/2022	Workshop Regarding Anemia Awareness – WCD	<b>27</b>
<b>19</b>	12/07/2022	Competency Mapping	<b>19</b>
<b>20</b>	20/07/2022	IEC-Training FERCAP	<b>26</b>
<b>21</b>	21/07/2022	Research Methodology Workshop	<b>20</b>
<b>22</b>	29/07/2022	FHC Manual	<b>6</b>
<b>23</b>	01,02/08/2022	Nava Kerala Karma Padhathi-2 KILA Two Batch	
<b>24</b>	12/08/2022	Consultation meeting of Department Heads-One Health	<b>47</b>
<b>25</b>	17/08/2022	Orientation and Planning Workshop for District Level Nodal Officers and Key Officials of Line Departments. One Health	<b>96</b>
<b>26</b>	26/08/2022	State-Level Workshop on Extreme Poverty Eradication	<b>32</b>
<b>27</b>	30/08/2022	Anemia Vetting workshop	<b>14</b>
<b>28</b>	02/09/2022	District level Dissemination of extreme poverty eradication guidelines	<b>74</b>
<b>29</b>	03/09/2022	Vetting Workshop on Job Responsibilities of Field Staff	<b>40</b>
<b>30</b>	13, 14/09/2022	State-Level Training for Laboratory Heads-One Health	<b>63</b>
<b>31</b>	16/09/2022	Job responsibilities of Field staff- Final vetting workshop	<b>27</b>
<b>32</b>	17/09/2022	IEC meeting	<b>8</b>
<b>33</b>	23, 24/09/2022	Referral protocol drafting workshop	<b>35</b>
<b>34</b>	25/09/2022	Question paper preparation for MO exam	
<b>35</b>	03/11/2022	Discussion on training for MLSP	<b>6</b>

<b>36</b>	19/11/2022	Public Health Cadre workshop	<b>14</b>
<b>37</b>	12/12/2022	Examination conducted for NHM PRO	
<b>38</b>	13/12/2022	IEC meeting	<b>9</b>
<b>39</b>	16, 17/12/2022	Workshop for revision of CPHC guideline	<b>16</b>
<b>40</b>	05/01/2023	Bihar Team visit	<b>49</b>
<b>41</b>	11, 12/01/2023	Team Training Module Vetting workshop	<b>30</b>
<b>42</b>	12, 13/01/2023	Community Link Worker Module Development Workshop	<b>18</b>
<b>43</b>	24/01/2023	FHC Manual	<b>2</b>
<b>44</b>	25/01/2023	Workshop for Interventions for Prevention of Falls among community older persons	<b>23</b>
<b>45</b>	25/01/2023	Meeting with District Nodal Officers	<b>23</b>
<b>46</b>	24, 25/01/2023	State Level tot Aardram Mission 2	<b>24</b>
<b>47</b>	27, 28/01/2023	State Level tot Aardram Mission 2	<b>30</b>
<b>48</b>	17/02/2023	Streamlining Review Mechanisms Development of Dashboards	<b>15</b>
<b>49</b>	01/03/2023	Clinical Guideline- Revision Workshop	<b>15</b>
<b>50</b>	02/03/2023	GH, RMW	
<b>51</b>	30/03/2023	Consultative Workshop on Development of Integrated NCD Protocol for Ayush and Modern Medicines	

## VII. Social media:

The social media handles of SHSRC-K have generated 17 posts in between April 2022 to February 2023 and were primarily involved with building awareness around initiatives such as workshops and successful publication of research articles.



## VIII.Administration

### Team Composition

Sanctioned Posts	In Position (Vacancy)
Executive Director	1
Finance Cum Administrative officer	1
Section officer	1
Computer Assistant	2
Technical Assistant	2
PA to ED	1
DEO	1
Support Staff	5
Total filled positions	14

### **General Administration:**

1. Internal audit of ISO 2020-21 completed.
2. Annual stock taking of existing assets and stationery were completed during March 2023.
3. Contract extension for car hiring services with Tours & Travels till 31<sup>st</sup> March 2023
4. Quotations for various other services (stationary supplier, computer item supplier, printing agency and advertisement agency) are being collected.
5. Booked air tickets for various official visits and arranged accommodations of officials visiting ODEPEC.
6. Coordinated office pool car service and ensured proper maintenance of vehicle logbooks.
7. Maintained various office records, maintained regular receipt and issue of official documents, drafted various letters as and when necessary. Ensured smooth functioning of day-to-day office work.
8. Ensured proper maintenance of UPS for uninterrupted power backup.
9. Maintenance of records like stock books, vehicle logbooks, register, visitors book, security guard attendance register etc.
10. Assisted during various workshops/ meetings conducted during this period.
11. Regular repairing works and other routine administrative works.

### **Human resource:**

1. Maintenance of attendance, activity sheet, leave records, issue of various Certificate, NOCs etc.
2. Maintenance of personal files of each staff
3. Prepared SoP for recruitment process
4. Induction training of newly joined staff is going on.
5. Recruitment process for the posts of three Research Assistants were completed.

**Finance:**

1. Routine Monthly bank reconciliation exercise in addition to the regular financial activities (*payments, preparation of BRS, SOE, maintenance of daily Cash Book, TDS, GST payment etc.*)
2. Checked budget for various research work approved by NHSRC.
3. Checked financial statements submitted by collaborative centers.
4. Prepared financial report.

**IT:**

1. Various actions were taken to improve the conferencing facilities with installation of HD Camera, Speaker phone etc
2. Facilitated all the virtual workshops/trainings/meetings/online recruitments conducted during April 2021 to 17<sup>th</sup> february,2022.
3. Updated website with details of recruitment, admin matters and other programmatic matters
4. Regular IT works including maintenance of internet connectivity, trouble shooting, maintenance of Biometric device etc.

## IX. Financial report (2021-22)

State Health System Resource Centre - Kerala				
Research Studies -2022-23 (HSS.11.193/SHSRC/ILC)				
SL. No	Particulars	Approved as per ROP	Fund received from NHM	Expenditure
I	<b>Fund Received from NHM</b>		1,62,53,600	
II	<b>HSS.1.1.193/SHSRC/ILC ( April 2022 - Sept 2022)</b>			6,17,175
	<i>HR Cost</i>	13000000		1,15,73,699
	<i>Other Cost</i>	2965000		24,42,586
	<b>Research Studies</b>			
	a) <i>CHE among stroke Survivors</i>	340000		7,800
	b) <i>RCT on interventions for prevention for falls in elderly</i>	600000		96,196
	c) <i>Aswasam</i>	500000		6,000
	d) <i>Bhoomika</i>	700000		31,000
	e) <i>State Palliative Care Programme</i>	285000		1,86,155
	f) <i>Study on preference for Pvt Health care facilities for inst Delivery</i>	500000		16,000
	g) <i>Ensuring Comprehensive quality of health care through M&amp;E</i>	2500000		13,443
III	<b>HSS.1.1.151/Wellness activities at HWC</b>			3,14,641
	<b>Total</b>	<b>21390000</b>	<b>1,62,53,600</b>	<b>1,53,04,695</b>
	<b>Refund to NHM</b>			<b>9,48,905</b>
I	<b>Kerala State Aids Control Society</b>			
a	(a) <i>Perceived sufficiency and usefulness of IEC materials related to HIV/AIDS among adult population aged 18-49 years in Kerala</i>	Rs.4,60,000/-	Rs.3,22,391/-	Rs.1,95,835/-
b	(b) <i>Partner non testing and its associated factors among PLHIVs registered in ART centres in Kerala.</i>			
c	(c) <i>Utilization of Targeted Interventions as a determinant of "Sustained Desirable Sexual Health Behaviour (SDSB) among Men who have sex with men (MSM) in Kerala</i>			
d	(d) <i>Proportion and factors associated with late detection among people Living with HIV (PLHIVs) in Kerala</i>			
II	<b>District Programme Manager, NHM TVPM</b>			
a	Research surveillance and Survey of health indicators in Urban areas of Trivandrum	Rs.1,00,000/-	Rs.1,00,000/-	Rs.81,391/-
III	<b>State NHM - SNO Training</b>			
a	Field level workshop on competency mapping		Rs.2,04,840/-	Rs.2,02,619/-

