



GOVERNMENT OF KERALA
HEALTH AND FAMILY WELFARE DEPARTMENT



ANNUAL REPORT

2023-2024

SHSRC-KERALA

STATE HEALTH SYSTEMS RESOURCE CENTRE KERALA

ANNUAL REPORT 2023-2024



SHSRC-KERALA

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ABOUT SHSRC- KERALA

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The State Health Systems Resource Centre, Kerala (SHSRC-K), was established in 2008-09 as a dedicated technical support organization under the Department of Health & Family Welfare, Government of Kerala. Modelled after the National Health Systems Resource Centre (NHSRC), New Delhi, SHSRC-K plays a pivotal role in strengthening the state's health systems by providing expert guidance on the formulation and implementation of effective health policies and strategies. Recognizing its growing impact and potential, the Government of Kerala granted SHSRC-K autonomous status in 2013-14. This enabled the organization to expand its mandate with a stronger focus on evidence generation which in turn facilitates the delivery of regular policy and strategic advice while mobilizing technical assistance to address critical health system challenges. Today, SHSRC-K serves as a trusted advisor to the government, fostering innovation and evidence-based approaches to improve public health outcomes across Kerala.



VISION MISSION AND OBJECTIVES

VISION

To emerge as a leading centre of excellence in Health Policy Systems Research and innovation, driving transformative change for strengthening health systems and improving the health and well-being of the people of Kerala

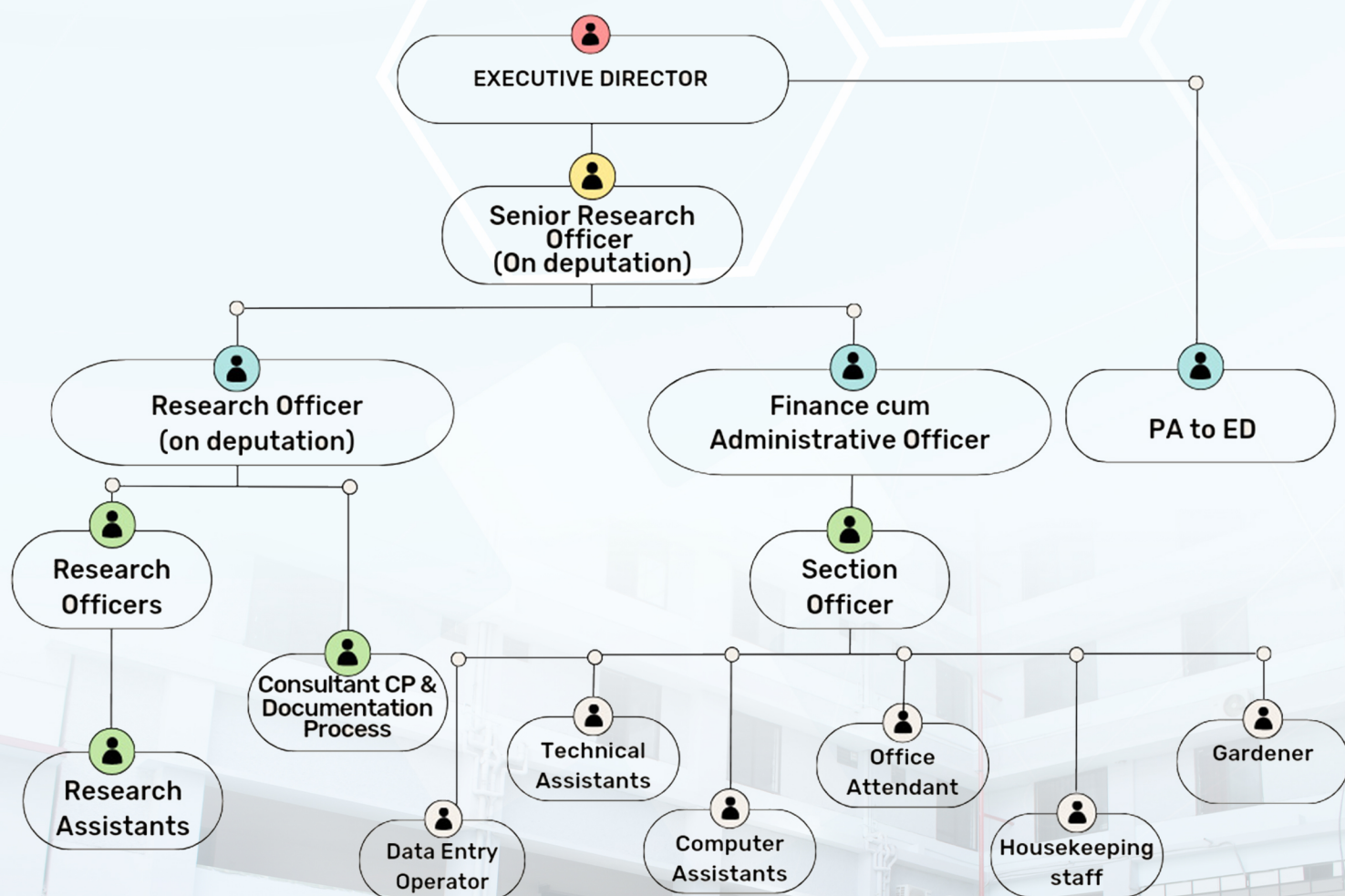
MISSION AND OBJECTIVES

To strengthen Kerala's health systems by providing high-quality technical support, fostering evidence-based decision-making, and addressing on-the-ground challenges. We aim to:

- Conduct cutting-edge research to inform and shape health policies and programs
- Assess ground realities and identify challenges in program implementation to drive practical and effective solutions
- Build the capacity of health systems at all levels to ensure efficient and equitable service delivery.
- Evaluate and monitor health interventions to measure their impact and effectiveness.
- Facilitate collaboration with academic institutions, research organizations, and other stakeholders to promote innovation and knowledge sharing.
- Leverage data, technology, and evidence-based approaches to improve health outcomes and ensure sustainable development

ORGANISATIONAL STRUCTURE

ORGANOGRAM



GOVERNING BODY

The policies, directions and overall guidance for the activities of the SHSRC-Kerala are entrusted to a regulatory body which is entitled, the 'Governing Board'. Hon'ble Minister, for Health & Social Welfare, Government of Kerala is the Chairperson of the Governing Board and has general control on the affairs of the SHSRC-Kerala.

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- Kerala	Member Secretary

EXECUTIVE COMMITTEE

The role of the Executive Committee is to implement the Governing board's strategic, and generative plans, policies, and decisions consistent with the organization's vision, mission and guiding principles. Secretary to Health & Family Welfare Department, Government of Kerala, serve as the Chairperson of the Executive Committee, along with other members as specified below.

MEMBERS OF THE EXECUTIVE COMMITTEE	POSITION
Secretary to Health & Family Welfare (H &FW)	Chairperson
State Mission Director, National Health Mission (NHM)	Vice Chairperson
Director of Health Services (DHS)	Member
Director of Medical Education (DME)	Member
Director Indian Systems of Medicine (ISM)	Member
ADHS PH	Member
Principal, KSIHFW	Member
Executive Director, SHSRC- Kerala	Member Secretary

ACTIVITIES OF SHSRC-KERALA

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SHSRC-Kerala actively conducts research and supports research initiatives of external institutions, both within and outside the Department of Health and Family Welfare. SHSRC also collaborates with other line departments such as the Women and Child Development Department, to augment the process of scientific research which can lead to the implementation of programmes and policies which are important in terms of public health. To aid this vision, SHSRC-K has established an Institutional Ethics Committee (IEC) and an Institutional Research Committee (IRC) for scientific reviewing of research proposals. The centre engages in both internal projects, undertaken with its own research fund, and collaborative endeavours with external agencies.

Below are the details of the research activities conducted by SHSRC Kerala during the year 2023-2024.



2. Competency mapping of Health Care Workers in FHCs in Kerala

The study attempted to assess the core competent areas of staff in FHCs and gaps in competency to make improvements through capacity building. The study was funded by State training division, NHM, Kerala. The study adopted a qualitative approach. Initially, a series of consultative meetings were conducted to map and document the competencies of thirteen cadres of staff working in FHCs across Kerala. Around twenty experts participated and documented the competencies required for each cadre of staff against their duties and responsibilities as specified in the government order for each category and the deliverables for each category as specified in the service delivery framework of FHCs. The listed competencies were then categorized into groups. This list was vetted by the experts to prioritize the core competencies for each category. Following that data collection tools (in-depth interview guidelines and observation checklists) were developed to elicit the prioritized competencies of each cadre of staff in FHC. The FHCs for data collection were selected using a multistage purposeful random sampling method. About six districts were selected for the study. The centres from each district were selected purposively based on the scores attained

during the assessment for National Quality Assurance Standards (NQAS) accreditation. The detailed report with policy brief was submitted to the Government of Kerala. Currently manuscript preparation is going on.

3. Partner non-testing and its associated factors among PLHIVs registered in ART centres in Kerala

The study employed a mixed-method approach to achieve its main objectives:

- To estimate the prevalence of partner non-testing among People Living with HIV (PLHIV) registered in ART centres in Kerala from 2020 to 2022.
- To determine the factors associated with partner non-testing among PLHIV registered in ART centres in Kerala from 2020 to 2022.
- To compare high and low-performing Integrated Counselling and Testing Centres (ICTCs) for partner testing in terms of infrastructure and administrative support.
- To assess the training needs of ICTC counsellors in promoting partner testing among PLHIV.

To address these objectives, the study followed various steps and procedures, resulting in significant insights into the current state of partner testing among PLHIV in Kerala. Key findings include that one in two partners of PLHIV tested positive for HIV. Factors associated with partner non-testing were identified as age, gender, partner status, risk group, and HIV clinical staging of the PLHIV.

The study concluded with several recommendations to enhance training, raise awareness, and develop Information, Education, and Communication (IEC) materials to promote partner testing effectively.

4. Proportion and factors associated with late detection among people living with HIV (PLHIVs) in Kerala

Late detection of HIV is a significant challenge for its prevention and control. To prevent the transmission of HIV and achieve elimination targets, it is crucial to identify and address the factors and pathways leading to late detection. This study employed a mixed-method approach with four main objectives:

- To determine the proportion of late HIV diagnosis among People Living with HIV (PLHIV) registered at Antiretroviral Therapy (ART) centres in Kerala.
- To identify the factors associated with late HIV diagnosis among PLHIV registered at ART centres in Kerala.
- To investigate the factors contributing to pre-ART and on-ART deaths among PLHIV registered at ART centres in Kerala.
- To explore client and provider perspectives on health-seeking pathways, treatment options, and general health conditions of PLHIV detected late, using qualitative methodology.

The analysis of these objectives revealed that factors such as age, gender, partner status, risk category, mode of transmission, and partner testing status are associated with late detection. Adults under 45 years old were found to be at a lower risk of late detection compared to those aged 45 and above. The risk factors for late detection included male gender, currently living with a partner, general category, and having partners who had not been tested.

The study recommends that healthcare facilities should focus on conducting more screening camps. Additionally, involving healthcare providers and peer navigators can help enhance clients' confidence and adherence to treatment.

5. Utilization and Sufficiency of IEC materials related to HIV/AIDS among adults in the community, Kerala- an explanatory sequential mixed method approach

SHSRC-K in collaboration with KSACS conducted a study to assess the utilization and sufficiency of information, education and communication (IEC) materials related to HIV/AIDS among adults aged 18 to 49 years in Kerala. The study adopted mixed-method approach. The final report was submitted to KSACS and the manuscript was submitted to the International Journal of Communicative Efficacy, SAGE publications.

6. Evaluation of National Program for Health Care of Elderly in State of Kerala.

Kerala has a higher percentage of elderly residents than the rest of India, at 10.1% on a national average and 16.5% in the state of Kerala. To address the issues of the rising population of older persons, the Ministry of Health and Family Welfare launched the National Programme for Health Care of Elderly (NPHCE) in 2010-2011. All the centres where the programme was implemented during the pilot stage and centres currently receiving funds under the programme in Kozhikode, Thrissur, Pathanamthitta, Alappuzha, and Idukki districts were included in the study. The study evaluated infrastructure facilities, service delivery, and human resources, perspectives of policymakers and beneficiaries. A final report was prepared based on the qualitative and quantitative data collected. Presently, as part of the dissemination of the study findings, a manuscript for peer review is being prepared. A policy brief based on the study findings is planned to be submitted to the DHS.

7. Utilization of Targeted Interventions as a determinant of “Sustained Desirable Sexual Health Behaviour” (SDSB) among Men who have sex with men (MSM) in Kerala

State Health Systems Resource Centre-Kerala (SHSRC-K) and Kerala State AIDS Control Society (KSACS) entered into a Memorandum of Understanding to conduct a research study on ‘Compliance to Targeted Interventions (TI) as a determinant of Sustained Desirable Sexual Health Behavior (SDSB) among Men who have sex with men in Kerala’; a project fully funded by NACO. The study is particularly significant since there is a paucity of literature on studies conducted among the MSM population in Kerala, and it aims to ensure this sect receives necessary support in order to achieve sustained desirable sexual health behavior. The study was collaborative research with KSACS & completed research report were submitted to KSACS and NACO.



Data Collection for MSM Project

8. An exploratory cross-sectional analysis of the functioning of Urban Primary Health Centers (UPHC) in Thiruvananthapuram District

A collaborative research effort was undertaken to explore the functioning of Urban Primary Health Centers (UPHCs) in Trivandrum district, Kerala. The study has not only tried to quantify service provision through interviews, checklists, and observations, it has also tried to tap into the challenges and possible solutions by encompassing a comprehensive stakeholder perspective. Currently the study has been completed and it is under institutional review.

9. Competency mapping among RBSK Nurses in Kerala

The study focused on mapping the competencies of Rashtriya Bal Swasthya Karyakram (RBSK) nurses in Kerala, India, to enhance the quality of healthcare services provided to children, with a focus on identifying strengths, areas for improvement, and training needs. This study was done as a sub-study of the ROP study "Competency mapping among health care workers in Kerala." The study was conducted in randomly selected districts in Kerala: Kannur, Wayanad, Palakkad, Ernakulam, Alappuzha, and Thiruvananthapuram, during the period June 2023 to January 2024. A detailed study report has been prepared. Presently, work on a manuscript for peer review is underway.

10. Assessment of Aswasam program for screening of depression at Family Health Centers in Kerala

The Government of Kerala launched the 'Aswasam programme' as part of the 'Aardram Mission' to tackle second-generation health challenges, particularly mental health issues. Launched in 2017, the programme underwent an interim analysis to understand its challenges, identify facilitating factors, and suggest improvements.

This study aimed to comprehensively examine and document the challenges and constraints faced by the programme, identify facilitating factors, and offer potential suggestions based on stakeholders' perspectives. Additionally, the research seeks to provide a status report on the services provided by Aswasam clinics at the Family Health Centres (FHCs). The ultimate goal is to formulate policy recommendations for enhancing the programme at various levels, contributing to the overall improvement of mental health services in Kerala state.

Posters related to Aswasam Program



ONGOING RESEARCH

	PROJECT TITLE & DESCRIPTION	STATUS
1	<p>Assessment of quality of care given to survivors at Bhoomika Centers in Kerala: an intervention study</p> <p>In 2009, Kerala's Government initiated a program to provide medical and psychological care to victims of gender-based violence and social abuses. They established Gender-Based Violence Management Centres, known as Bhoomika Centres, in district hospitals across all 14 districts. These centers offer counseling and support services, including legal aid, social protection, medical assistance, and police support. By 2013, the number of centers increased to 21. This study aims to evaluate the quality of services provided to gender-based violence survivors at these centers and gather stakeholder perspectives to suggest improvements for enhancing service quality.</p>	First report draft completed and under organizational review
2	<p>Interventions for prevention of falls among older persons- a randomized control trial in Kerala, India</p> <p>The global population is increasing, and falls are a major public health concern. Around 30% of older persons over 60 falls annually. Preventing falls can reduce mortality, morbidity, dependency, and healthcare costs. The study investigates if a multifactorial fall prevention program, including education, lifestyle advice, medication reviews, exercise intervention, and environmental adaptation, can reduce falls in older community residents.</p>	Intervention Phase
3	<p>Catastrophic health expenditure and coping strategies among stroke survivors in Thiruvananthapuram</p> <p>Stroke is a life changing event that affects not only the stroke survivors who may be disabled, but also their family and caregivers immensely in such a way that can lead to loss of jobs, interruptions at work, disruption in education of children, selling of assets, and intake of loans. This might lead to poverty. In India, epidemiological data regarding stroke are widely available but there is paucity of information about the cost and economic impact of stroke. Despite public health care institutions being abundant in Kerala, all comprehensive stroke units were centered around the apex</p>	Data Collection

	<p>institutions like medical college, general hospital and Sreechitra institute of medical sciences and technology which is not immediately reachable to all. The most crucial factor influencing recovery in stroke patients how quickly the patient reaches the hospital. As time progresses, complications of stroke especially physical disability occur. Therefore, people always try to bring the patient into the nearest hospital even it is a private hospital. Also, health insurance covers only 10% of people and old people are not covered by health insurance policies.</p> <p>Policies and programs are needed to address the financial needs and security of post stroke survivor's families. Insight into their health-related needs would provide valuable inputs for the development of new strategies to sustain caregivers in their vital roles. It is particularly important to address the issue of women (either survivor or caregiver) because of her multiple responsibilities in this patriarchal society. The push to develop health-financing systems that compromise financial risks and to achieve universal health coverage in developing countries is promising. However, policymakers need to ensure that the health as well as the financial burden from any long-term disease is adequately addressed in future reforms.</p> <p>There is limited information on economic burden of stroke in the Indian subcontinent and the economic burden caused by stroke in Kerala has not been explored. This study mainly aims to estimate the catastrophic health expenditure and its coping strategies among Stroke survivors in Thiruvananthapuram district.</p>	
4	<p>Preference for Private health care facilities for institutional deliveries in Kerala- an explorative study</p> <p>The institutional deliveries in India have increased over the last few decades and as per the report of NFHS 2019-20, Kerala has topped in the rate among the states with 99.8%. Government of India has been implementing numerous programs for improving maternal health through schemes but rates of utilisation of institutional deliveries are still higher in the private sector (rural 61.6%, urban – 69%) compared to rates in the public sector (rural – 37.7%, urban – 30.2%). This study seeks to explore the perspectives of women and their families and to understand the specific reasons that lead them to choose public or private institutions for maternal health needs and to identify neglected domains.</p>	Data Analysis and Report Writing stage
5	<p>Evaluation of the functioning of Public dental out patient dental Centres in Trivandrum</p> <p>The Government of India has taken several initiatives to improve the accessibility and provision of dental services to the public. Government facilities providing dental care offer OPD services, and few provide diagnostic facilities as well. But the utilization of the dental facilities in Kerala are poorly researched. This study seeks to examine the available facilities, services, infrastructure and human resources at public dental centres in Thiruvananthapuram, understand the perceptions of health</p>	Report writing

	care workers and patients regarding facilitators and barriers in delivering services at public dental centres, and document innovative approaches in service delivery for complementary/cross learning by other public dental centres.	
6	<p>Healthcare needs of Intersex People in Kerala: A qualitative study</p> <p>Intersex individuals are people who are born with physical or biological sex characteristics that do not fit typical male or female categories, and are an often marginalized and misunderstood population in India. They are mostly hidden community and refrain from coming forward to voice their needs even when invited to be a part of consultative meetings. The lack of representation is making lots of challenges and barriers that intersex individuals face, including social, individual and systemic factors.</p> <p>This formative study aims at tapping valuable perspectives, experiences and needs that can inform and enrich discussions and decision-making processes with regard to the healthcare needs of the sect within the community.</p>	Data Collection
7	<p>Exploring utilization pattern along with enablers and impediments in sustaining the teleconsultation service 'eSanjeevani' encompassing Primary Healthcare settings of Kerala in the Post-pandemic period: A Qualitative study</p> <p>eSanjeevani – National Telemedicine Service of India is a step towards digital health equity to achieve Universal Health Coverage (UHC). ESanjeevani facilitates quick and easy access to doctors and medical specialists from devices such as smartphones. You can also access quality health services remotely via eSanjeevani by visiting the nearest primary Healthcare Centre. This qualitative study describes how eSanjeevani is being utilised in the Primary Healthcare settings in Post-Pandemic period. This study has received approval from the Institutional Research and Ethics Committees and is currently in the course of official intimations, checks and data collection processes. Further data collection, analysis, report writing, its review and submission to government as policy brief etc. need to be done.</p>	Draft Completed & Under organizationa review
8	<p>Health system responsiveness to the healthcare needs of tribal communities through Family Health Centers in Kerala: A Qualitative Inquiry</p> <p>This study examines how FHCs address the healthcare needs of Scheduled Tribes; identifying challenges and gathering beneficiary perspectives to inform targeted interventions and enhance healthcare outcomes among the tribal populations of Kerala.</p>	Data Collection

<p>9</p>	<p>Towards inclusive elderly health interventions: social engagement for studying semantics of ageing, health, illness and quality of life in order persons</p> <p>The qualitative study titled "Towards Inclusive Elderly Health Interventions: Social Engagement for Studying Semantics of Ageing, Health, Illness, and Quality of Life in Older Persons" aims to explore the nuanced meanings and perceptions associated with aging, health, disease, and quality of life among older individuals. With approval from the Institutional Ethics Committee, the study has progressed through the piloting phase of interview guidelines and is currently in the data collection phase.</p> <p>Through this study we try to delve into the lived experiences, perspectives, and narratives of older adults regarding various aspects related to aging and health. By employing qualitative methods such as in-depth interviews, focus group discussions, or observational techniques, the study seeks to capture rich and detailed accounts from participants. The outcome of the study is expected to uncover the diverse ways in which older adults conceptualize and make sense of these key aspects of their well-being</p>	<p>Data Collection</p>
<p>10</p>	<p>Complexities of Urban Setting with Clusters of Socio-economically vulnerable groups and Tuberculosis, a Mini-Ethnography in Thiruvananthapuram, Kerala.</p> <p>The mini ethnographic case study in Trivandrum, Kerala, focuses on tuberculosis (TB) dynamics within urban slum communities, aiming to elucidate the socio-economic, environmental, and healthcare factors influencing TB transmission and management. With approval from the Institutional Ethics Committee (IEC), the study is set to commence data collection, utilizing participant observation, in-depth interviews, and focus group discussions to delve into the lived experiences, perceptions, and practices of community dwellers regarding TB prevention, diagnosis, and treatment-seeking behaviours. By contextualizing TB within the unique socio-cultural and healthcare landscape of Trivandrum's urban slums, the study aims to generate insights that can inform tailored interventions and strategies to improve TB control and healthcare delivery in similar settings, contributing to the broader discourse on infectious disease management and urban health equity.</p>	<p>Report Drafting</p>

11	<p>Development of a screening tool for identifying the home fall hazards of older person</p> <p>Falls represent a significant public health concern among older individuals, often arising from a multifaceted interplay of various risk factors, many of which are amendable. Environmental hazards within the built environment, including immediate physical surroundings, predominantly contribute to falls within residential settings. The objective of the study was to develop a tool to identify fall hazards for older persons in and around their households. A literature review was conducted to identify existing scales, followed by testing of content validity. Questions were pretested with experts, peers, and the target population, and a pilot questionnaire was administered. Initial data collection involving 130 participants was completed in Manickal Panchayat.</p>	<p>Ongoing</p>
12	<p>Evaluation of State Palliative care program, Kerala</p> <p>The study was a realistic evaluation to understand the functioning of State Palliative Care Programme in terms of facilitating factors and bottle necks. The quantitative part of the study was published and the qualitative part of the study was completed. The report is currently being drafted.</p>	<p>Report Drafting</p>
13	<p>Estimation of risk factors of Type 2 Diabetes Mellitus among adolescents in Kerala.</p> <p>The study aims to identify the risk factors of Type 2 Diabetes Mellitus among adolescents in Kerala. Early detection of diabetes can prevent complications associated with the disease. Therefore, the study's objective is to estimate the prevalence of each risk factor among teenagers and emphasize primary prevention to mitigate the disease's impact.</p> <p>The Principal Investigator has selected six districts in Kerala for the study: Kasargod, Malappuram, Thrissur, Ernakulam, Alappuzha, and Kollam. A total of 960 samples will be collected for the study. The State Health Systems Resource Centre (SHSRC) will collaborate with the Public Health Lab to evaluate the collected samples. Field investigations will be conducted in Family Health Centres (FHCs), Community Health Centres (CHCs), and Rural Health Training Centres (RHTCs) in the selected districts.</p> <p>The tool development for the study has been completed, and the proposal has received approval from the Institutional Ethics Committee of SHSRC-Kerala.</p>	<p>IEC Approved</p>

COLLABORATIVE RESEARCH

SHSRC Kerala has undertaken research initiatives in partnership with various agencies and programs, enhancing the scope and depth of investigation.

1. Collaborations with ICMR

In this fiscal year, SHSRC Kerala has achieved a historic milestone in collaborative research by partnering with the Indian Council of Medical Research (ICMR) to investigate four new research topics spanning various health-related areas in the state. The initial stage of obtaining Institutional Ethics Committee (IEC) approval has already been successfully completed.

	Research with ICMR	Status
1	<p>The ASPIRE study- Antenatal Salivary Progesterone to detect preterm births and improve Reproductive End points. A prospective cohort</p> <p>A handful of studies have shown that there is an association between low salivary progesterone levels and preterm births. This study seeks to study the diagnostic validity of salivary progesterone, estriol and cortisol as a biomarker for preterm births in terms of sensitivity, specificity, positive predictive value, negative predictive value, and likelihood ratios. This study also seeks to determine the incidence and outcomes of preterm births in Kerala, and to assess the factors that would influence the acceptability of such a test to predict preterm births. The budget for the first year has been received from ICMR.</p>	IEC Approved

2	<p>Upscaling of Primary stroke care units in Kerala to certified stroke care centers- an implementation research</p> <p>This participatory implementation research aims to enhance the quality of care provided in Primary Stroke Care Units (PSCUs) to levels that will make them eligible for quality certification by the World Stroke Organisation (WSO). Upgrading the PSCUs to WSO standards will bring in a drastic change in the way PSCUs function in Kerala and the way Stroke is managed both in the acute phase and the long-term follow-up phase. The study proposal was approved by the IEC. The budget for the first year has been received from ICMR.</p>	IEC Approved
3	<p>Nurse Initiated Community health worker Empowerment (NICE) Study- Developing community-based COPD management package in Primary health care setting: Randomized Control Trial</p> <p>In 2017, in the backdrop of the 'Aardram' mission, COPD clinics were established in primary health centres - "Step Wise Approach to Airway Syndromes (SWAAS) clinics. The study focuses on understanding how the SWAAS clinics can be improved through a community-based approach and how pharmacologic interventions supplemented by community-based pulmonary rehabilitation can enhance the quality of life (QOL) of COPD patients. The study was approved by the IEC.</p>	IEC Approved
4	<p>Convergence and integration of programmes and leveraging technology for enabling healthcare teams for delivery of equitable, high-quality primary healthcare services through Health and Wellness Centres (CONVERTECH- HWCs) in Wayanad district of Kerala - An implementation Research</p> <p>This multistate implementation research was approved under the Division of Socio-behavioral, Health Systems & Implementation Research. This 3-year implementation research</p>	IEC Approved

has been designed to develop an effective implementation of contextualized strategies to improve the coverage and equity in delivering comprehensive primary healthcare services through the health and wellness centres through an iterative approach. The study is planned to be conducted in the Wayanad district of Kerala. At present, the recruitment process of project staff is underway



2. Collaborations with Kerala State AIDS Control Society (KSACS)

SHSRC Kerala continues its fruitful collaboration with the Kerala State AIDS Control Society (KSACS) this fiscal year, building upon previous years' research endeavours. Notably, four research projects from the previous year have been successfully completed, while two new research studies have obtained Institutional Ethics Committee (IEC) approval.

	Research with KSACS	Status
1	<p>Awareness of HIV and its determinants among community level workers (CLWs)</p> <p>Improving awareness among the population is crucial for achieving the target of HIV-free India by 2030. According to India's progress toward the Joint United Nations Programme on HIV/AIDS; 90-90-90 target, only 79% of HIV-positive people are aware of their HIV status, and only 71% of those who are aware of their HIV status are on HIV treatment.</p> <p>The study primarily focuses on assessing the level of HIV awareness among community-level workers in Palakkad, Kozhikode, Thrissur and Thiruvananthapuram districts of Kerala.</p>	IEC Approved

2 Stigma and discrimination faced by PLHIV and key population in Kerala

The National AIDS and STD Control Programme Phase V (2021-26) has set a target of ensuring less than 10% of people living with HIV and Key Populations experience stigma and discrimination. Thus, the study intends to estimate the level of the stigma and discrimination faced by the PLHIV and key population in Kerala, and to understand the determinants, and to explore the key factors underlying the stigma and discrimination faced by them. The study will take place in Thiruvananthapuram, Kottayam, Ernakulam, Thrissur and Kozhikode in Kerala among the PLHIV and the key populations (KP). KP includes Female Sex Workers, Men having Sex with Men, Transgender and People who Inject Drugs.

IEC
Approved &
Under
Preparatory
Phase



INSTITUTIONAL RESEARCH COMMITTEE AND INSTITUTIONAL ETHICS COMMITTEE MEETINGS

In SHSRC Kerala, the Institutional Research Committee (IRC) and Institutional Ethics Committee (IEC) play pivotal roles in facilitating research endeavours. Under the leadership of SHSRC Kerala, four meetings of the Institutional Research Committee (IRC) and Institutional Ethics Committee (IEC) were convened this fiscal year. The IRC reviewed 20 research studies, while the IEC reviewed 27 research studies during their respective meetings.

For more details & SOP of IRC & IEC –

<https://shsrc.kerala.gov.in/index.php/content/index/iecirc>



IEC Meeting conducted at SHSRC-Kerala



POLICY SUPPORT FOR HEALTH AND FAMILY WELFARE DEPARTMENT

1. Integrated NCD protocol for Ayush and Modern Medicine

At the end of the previous financial year, the development of an Integrated NCD (Non-Communicable Diseases) Protocol for Ayush and Modern Medicine workshop was conducted in SHSRC Kerala to enhance collaboration between the two systems of medicine and for refinement of the draft protocol.

An initial meeting was held prior to the workshop to prepare a road map for the integration of various systems of medicine in the treatment of selected diseases or conditions. NCDs were prioritised as a first step, and it was determined to look into potential areas to combine AYUSH diabetic care with modern medicine. Three departments (ISM, Homeopathy, and Modern Medicine) and their respective responsibilities in the development of a comprehensive protocol in the field were also covered.

The workshop decided to prepare a draft protocol for NCD management by combining the three departments. The initial discussion was made by the Ayurveda, Homeopathy and Modern Medicine departments to make the draft preparation of integrated protocol and it was decided to complete all the necessary activities in the Financial Year 2023-2024.

2. Proposal for Implementation of Public Health Management Cadre

During the previous financial year, numerous meetings were conducted with various departments of the Kerala Government to implement the Public Health Management Cadre. In accordance with the directives from the Director of Health Service, SHSRC-Kerala actively participated in this initiative. The primary objective was to propose the implementation of the Public Health Management Cadre within the Health Service Department.

SHSRC-Kerala meticulously considered input from different departments and suggestions from professional organizations. The proposal's framework adhered strictly to national guidelines and the State Health Policy. Following extensive discussions and meetings, a comprehensive Draft Report for the implementation was prepared.

In the current financial year (2023-2024), the finalized Draft Report has been submitted to the Director of Health Service for the decision-making process regarding the implementation of the Public Health Management Cadre.

3. Development of State Infection Prevention and Control policy

The burden of Hospital-Acquired Infections (HAIs), also known as nosocomial infections, is disproportionately high in low- and middle-income countries (LMICs), where up to 25% of hospitalized patients have HAIs, compared to 7% in high-income nations. Multidrug-resistant organisms are the primary cause of these illnesses, which harm patients, visitors, and healthcare professionals and place a significant burden on health systems with high rates of mortality, morbidity, and economic costs. Majority of the HAIs can be avoided by using widely accessible, cost-effective techniques such as hand hygiene practices, wearing Personal Protective Equipments (PPEs), adhering to aseptic procedures, cleaning and decontaminating contaminated instruments following established standards before sterilization or high-level disinfection, and proper biomedical waste management. Therefore, standard Infection Prevention and Control (IPC) procedures in healthcare settings are imperative for the safety of patients as well as healthcare providers.

The state of Kerala lacks documentation of existing IPC practices. Currently, the Kerala Public Private Partnership (PPP) and the Government of Kerala have designed a state-wide strategy to combat AMR, including developing state-wide antibiotic clinical guidelines, updating the curriculum for medical students, and providing comprehensive training to all doctors. Therefore, there is an urgent need to do a gap analysis on the existing IPC practices and SHSRC-K has been entrusted to do the same in order to develop a state-wide IPC protocol.

For the purpose, SHSRC-K has conducted the situational analysis of the infection control practices at different levels of health care facilities in Trivandrum district, Kerala. The major objectives of the study are 1) to observe infection prevention and control activities and practices in health care centre of Thiruvananthapuram, 2) to assess the training needs of health care workers regarding infection prevention and control practises and 3) to suggest recommendations to strengthen infection prevention and control activities in District and General hospitals across State. One FHC, one CHC, one Taluk hospital, one district hospital and one General hospital were selected. Direct observation method was used with the help of an observation checklist. To explore the training needs, interviews were conducted with staff nurses, Nursing Assistants and Housekeeping staff. The study team included the Executive Director, Research Officers and Research Assistants of SHSRC-Kerala. The main findings are summarized under seven domains namely Infection control programs and procedures, Hand hygiene practices, Personal protection, Processing of instruments and equipment, housekeeping practices, Biomedical waste and Patient safety. The draft report of the research has been submitted.

4. Aardram Mission

As part of the Nava Kerala Mission - II, the Aardram Mission focuses on the development of health and wellness centers in Kerala. In the current financial year, under the leadership of Honourable Chief Minister Pinaryi Vijayan, a meeting was held to review the progress of the program. The Honourable Health Minister Veena George highlighted key issues addressed by the Aardram Mission during the meeting. The Chief Minister concluded by offering suggestions to improve various aspects discussed.

Topics covered in the meeting included yearly insurance policies, old-age care, palliative care, cancer control projects, expansion of lab networks using the hub and spoke model and elimination procedures for diseases such as black fever, malaria, filariasis, and tuberculosis. Other discussions revolved around continuing Ardrum Mission 1, implementing e-health programs, enhancing health research through research institutes, constructing isolation wards, One Health programs, availability of telemedicine services, access to medicines for rare diseases at reasonable prices, establishing health and wellness centers, and launching campaigns like "VIVA" (valarchayil ninu vilarchayilek), Healthy Life and Arogyajeevanam. Enhancing health research through research institutes was highlighted in the recent meeting, with a significant emphasis placed on Kerala's State Health System Resource Center (SHSRC) and its leadership. The research workshop conducted under the guidance of SHSRC Kerala was closely linked with the Ardrum Mission.

The January Annual Report of the Ardrum Mission clearly articulates the integration of medicine and research within it, outlining pivotal steps for strengthening the Health Department. Collaboration with esteemed research institutes such as IAV, IGIB, RGCB, and NIV has provided a robust framework for health-related research activities, further supported by the establishment of an Ethics Committee by SHSRC Kerala for research approvals.

Medical officers with postgraduate qualifications in public health from the Health Department are spearheading research endeavours. To bolster these efforts, workshops are being conducted to provide guidance to employees engaged in research activities.

Under the leadership of SHSRC Kerala, research activities span a spectrum of health-related topics including livelihood diseases, palliative care, mental health, geriatric health, and communicable diseases etc. Training workshops for Family Health Center employees and community representatives, facilitated by SHSRC Kerala, are instrumental in supporting the Ardrum mission's objectives. Additionally, SHSRC Kerala serves as the nodal agency for the Mid-Level Service Providers (MLSP) activity programme, identifying and training proficient candidates for workshops and examination for MLSP activities.



TECHNICAL SUPPORT FOR DEPARTMENT OF HEALTH SERVICES

ANNUAL REPORT Kerala

1. Disaster Management

The SHSRC Kerala plays a crucial role in disaster management in Kerala. This financial year, Kerala faced two significant incidents: the Nipah outbreak in Kozhikode and a fire accident at the waste treatment plant in Brahmapuram, Ernakulam. Through technical expertise and ideal management, the state averted catastrophic situations. To evaluate the situation and prevent future conflicts, the Kerala Government conducted meetings and proposed strategies with the SHSRC Kerala.

The Nipah outbreak resurfaced in 2023 for reasons still unknown. In previous years, the outbreak was linked to bat infections, particularly in Kozhikode District. The presence of infected bats in Wayanad also heightens the risk of Nipah spread. The recurring outbreaks, possibly due to unclear transmission mechanisms and unidentified intermediate hosts, underscore the necessity for extensive and long-term research.

In response, the Health Department tasked SHSRC Kerala with drafting a proposal to establish the Kerala One Health Center for Nipah Research (KOHCCR) in Kozhikode District. This center will conduct comprehensive and multidisciplinary research, surveillance, and management of Nipah virus infections in the state.

The main Objective of the Proposal on Nipah Virus research as drafted by SHSRC Kerala is

- To identify and document the natural history of Nipah virus disease in the context of Kozhikode district
- To identify the reasons for the repeated occurrence of the disease in Kozhikode district.
- To identify and document the pathways of spill over causing Nipah virus disease in humans
- To identify the existence any intermediate hosts in the chain of transmission from bats to humans.
- To develop a surveillance system for Nipah Virus disease and enable early detection, prompt action and reduction in mortality.

Overall management of the Nipah Research Centre will be the responsibility of The Centre for One Health – Kerala (COH-K), which was established in 2022 to manage zoonotic diseases.

es, Anti-microbial Resistance and is now slowly expanding its purview to include all communicable diseases. Thus, the Kerala One Health Centre for Nipah will be a subsidiary of the COH-K with a special focus on Nipah.

In the first week of March 2023, a fire outbreak was reported at the Brahmapuram waste plant, resulting in the emission of toxic smoke to the surrounding areas. The Government of Kerala (Health and Family Welfare) appointed a committee, with the Director of Health Services, Government of Kerala as the convenor to study and report the health issues caused by the event. According to the terms of reference, the committee is expected to document the immediate and long-term health outcomes of the event .. The terms of reference also included the probability of earth and water contamination because of the event and the chances of persistent organic pollutants entering the food chain of people.

The committee collected primary data by observing the premises of the fire and through interviews and discussions with various stakeholders. Secondary health data which was available with the district medical office was also collected and analysed. An interim Report and Plan of Action drafted by SHSRC Kerala has been send to the Director of Health Service.

2. Competitive examinations

To bolster the Health Department of Kerala, SHSRC Kerala has organized multiple examinations, providing opportunities for job seekers. Collaborating with various departments under the Ministry of Health and Family, SHSRC Kerala conducts competitive examinations to select qualified candidates for vacant positions in various Health departments.

In the current financial year, SHSRC Kerala administered competitive examinations for roles such as Junior Public Health Nurse, Laboratory Technician, Pharmacist, and Medical Officers. Following rigorous evaluation, rank lists were prepared to facilitate the recruitment process. This Recruitment was conducted for the District Program Management Thiruvananthapuram as part of supporting the launch of Urban Health and Wellness Centres

For strengthening SHSRC Kerala and the One Health Program various examinations and interviews have taken place internally in SHSRC Kerala. The vacant position of Research Assistant Research Officers & Consultant (Community Process and Documentation) have been filled for SHSRC Kerala.

3. Referral protocol

Existing guidelines on the referral protocol system in the state for referring cases from secondary- to tertiary-level institutions (district hospitals, general hospitals, medical college hospitals, and other specialty institutions) were initially developed against the backdrop of the need for a well-organised referral system in Kerala. Healthcare institutions at the primary, secondary, and tertiary levels of care across the state, however, vary in terms of their infrastructure, availability of equipment, and human resources. There was a need for these existing guidelines for referring cases to higher-level institutions to be further contextualised and made applicable to the realities of service delivery in the state.

The State Health Systems Resource Centre – Kerala, was entrusted with the responsibility of drafting revised guidelines catering to the needs of the state. Efforts were undertaken to categorise healthcare institutions, in terms of their infrastructure, the availability of human resources and other diagnostic services for the ease of physicians to refer and receive referrals of their patients. These guidelines were aimed to benefit health professionals working within the health system and improve patient health outcomes.

To draft these revised referral guidelines, state-level workshops and the formation of expert committees were undertaken. Revisions were made and forwarded to the Directorate of Health Services and the Directorate of Medical Education for review and suggestions. Suggestions that were made were duly incorporated to formulate a final draft and it will be presented and discussed in a workshop with senior consultants and experts in the field, to prepare a finalised referral protocol.

4. Best doctors & Nurses award

The Government of Kerala's Health and Family Welfare Department annually conducts the Best Doctor & Nurse Award, recognizing outstanding performers in the field. This financial year, the Health Department tasked SHSRC Kerala with revising the award criteria for use in future years, and this revised criteria was approved by the Director of Health Services.

The Best Doctor award ceremony coincides with Dr. B.C. Roy's birthday on July 1st, observed as Doctors Day. However, this year, due to the restructuring of the scrutinizing process through the formation of the New State Level Scrutinizing Committee and State Level Award Committee, the awards were distributed on August 15th. Going forward from 2024, the awards will return to being distributed on July 1st, as announced by the Committee. The state government institutes six awards annually, each comprising a citation and cash award of INR 15,000, to honour outstanding doctors across various departments, including Health Services, Insurance Medical Service, Medical Education, Corporation Hospitals, RCC, Sreechitra Institute of Medical Science and Technology, Dental Specialties, and the Private sector. SHSRC Kerala has developed separate applications for each category and established clear disqualification guidelines to ensure the eligibility of recipients.

The State Nurses Awards are distributed on 12th May of every year to honour the meritorious services rendered by the Nurses in Kerala. For ensuring the transparency of the selection procedure, the Government decided to frame guidelines for the State Nurse Award under General Nursing category in both DHS and DME and Public Health Nursing category, for which a committee was constituted, with the Executive Director of SHSRC been nominated as the convener.

The Government of Kerala's Health and Family Welfare Department annually presents the Best Doctor and Nurse Award to honour outstanding performers in the field. This financial year, the Department of Health entrusted SHSRC-K with revising the award criteria. The new criteria, approved by the Director of Health Services, will now be used consistently each year.

5. Stroke Identification Rehabilitation Awareness and Stabilisation (SIRAS) Programme

In the fiscal year 2023-2024, the SIRAS Program convened twice, with the initial meeting held in April, chaired by the Principal Secretary of Health and Family Welfare. This gathering served as a review session for the SIRAS Programme, underscoring its innovative approach and potential to serve as a model for other states. The meeting emphasized the critical need for timely care for stroke patients, particularly during the acute phase, advocating for the establishment of primary stroke care units. Attendees were urged to enhance the standards of these units, with a focus on the Tezpur model of Physician-based stroke care units in Assam. The meeting also highlighted the significance of robust database management systems, exemplified by the stroke care quality registry established by ESO-EAST (European Stroke Organisation - Enhancing and Accelerating Stroke Treatment) (RES-Q).

Furthermore, discussions addressed the challenges faced by neurologists in District/General Hospitals regarding resource availability and operational efficiency within their stroke units. Decisions were made following thorough deliberation, including the urgent development of an action plan for dedicated primary stroke care units and the drafting of guidelines to establish minimum standards for their operation. Additionally, gap analyses for all primary stroke care units, as well as the formulation of standard operating procedures (SOPs) and training modules for staff, were prioritized. To ensure effective policy-making and review of program-related SOPs and guidelines, a core committee comprising designated officers was established. This comprehensive approach aims to enhance the quality of stroke care delivery across the region, addressing challenges and fostering continuous improvement in primary stroke care services.

In connection with the ICMR project titled "Upscaling of Kerala's Primary Stroke Care Units into Certified Stroke Care Centres -Implementation research", a meeting was conducted on 28th February 2024 at SHSRC-K. The meeting was led by Dr. Jithesh. V, Executive Director,

SHSRC-K, PI of the study and Dr. Sylaja PN, Professor, Head of the Department of Neurology, in charge of the Comprehensive Stroke Care Unit, one of the Co-PIs of the study. Mrs. Anjali Krishnan R. Research Officer, SHSRC-K, Co-PI of the study, described the details of the proposal approved by ICMR. She explained the importance of the 'SIRAS Programme and the need for the up gradation of the program. , Dr. Jithesh. V, the PI of the study presented the research proposal and explained the objectives, methodology and timelines of the project. Following this, Dr. Sylaja P N did a presentation which mainly covered the importance of timely care for stroke patients, the significance of Primary Stroke Care Units and encouraged the participants to improve the standard of Primary Stroke Care Units in their institutions. During the presentation, the World Stroke Organization (WSO) certification process was explained in detail and Dr. Sylaja P N motivated the participants to make sincere efforts to get their Stroke Care Unit certified by WSO. The participants from each hospital described the facilities available in their stroke care units and the challenges they are facing for the efficient functioning of stroke care units.



An Interaction session with Primary Stroke Care Unit team



Group discussion of Primary Stroke Care Unit team



Team members of Primary Stroke Care Unit

6. Community Link Worker Programme for Transgender Persons

Social Development under National Health Mission in collaboration with State Health Systems Resource Centre-Kerala has responded to health care access challenges faced transgender people in Kerala by developing a novel initiative, the 'Transgender Community Link Worker (TG-CLW) Programme' aimed at improving health care and delivery for this marginalized group. Under this initiative, a member from the transgender community has been selected to act as a bridge between the trans community and healthcare centres like District and General hospitals (DH, GH). This arrangement is expected to foster better communication, understanding and trust between the trans community and the health care system, and ultimately lead to improved health outcomes. The programme is being piloted in four districts of Kerala currently- Trivandrum, Ernakulam, Trichur 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 trans 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 for the CLWs were devised ensuring inclusion of gender-affirmative and gender sensitive healthcare delivery mechanisms. These were devised following a participatory consultative method wherein members of the community were pooled in as the prime experts for providing insights into the development of the module apart from other healthcare professionals who were experts in their fields.



Dr.V.Jithesh Speaking at TG-CLW Programme on Ernakulam GH

7. Social Audit for NHM

Social Audit is a process in which, details of the resources, both financial and non-financial, used by public agencies for development initiatives are shared with the people, often through a public platform. Social audit is done by the public and the process is facilitated by a social audit team which is independent of the implementing agency/Government.

In the Previous Financial Year SHSRC -Kerala received a request from the Social Development Wing of the National Health Mission, to develop the proposal for the social audit of

of FHCs, on the basis of which SHSRC-Kerala conducted workshops and meeting to develop the tools for the audit. By evaluating and considering the suggestions from the workshop SHSRC formulated a proposal which was submitted to the National Health Mission (NHM). The submitted proposal had three levels namely Family Health Center (FHC), Sub-center (SC), and ward level. The process of the audit included nine different procedures including. Team constitution, Tool development, Sample selection, Entry meetings, Document review, Baseline data collection, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs), Exit meeting and Audit report.

8. Technical Committee meetings

Technical Committee meetings are conducted to scrutinise research proposals and to suggest recommendations for modification from committee experts. This committee is tasked with scrutinizing and investigating the methodological and ethical dimensions of research proposals, offering guidance for their enhancement. Chaired by the Executive Director of SHSRC Kerala, with the Senior Research Officer serving as Vice-Chairperson and the Research Officer in Deputation acting as Convener, the committee comprises other Research Officers as members. Throughout this fiscal year, the State Health Systems Resource Centre (SHSRC) has rigorously examined and refined four research proposals across four Technical Committee meetings, each focusing on diverse research titles as mentioned below.

- “Sustainable laboratory network monitoring of Haemorrhagic Fever Viruses in India and enhancing bio-risk mitigation for high-risk group pathogens” It was a multicentric study across India. The study site in Kerala are Malappuram and Wayanad.
- “Disease pattern in Urban Slums of Kerala in 2022.” The study sites where Urban Health Centres Across all district in Kerala.
- “Local governance and COVID 19: A study on Challenges and response actions in Rural Kerala”. The study site is in Thrissur District-Rural Area.
- “Effectiveness of Regulatory and Policy Control over Primary Health Centres in State of Kerala”. The study site is in Kerala State.

After meticulous scrutiny and evaluation of the research proposals, the Technical Committee has provided various recommendations. It has been emphasized that any deviations from the protocol during the study should be promptly communicated to the respective Institutional Ethics Committee (IEC) for approval, as well as to SHSRC-Kerala. Additionally, it is essential that the study reports are submitted to the Government of Kerala, SHSRC, and the Department of Health Services, as per the necessary recommendations outlined by the Technical Committee.

9. Capacity Building

SHSRC-K has developed a Standard Operating Procedure (SOP) for its capacity building program, aimed at establishing a continuous education process for the research wing. This initiative not only enhances technical knowledge but also facilitates performance appraisal. The program includes both internal and external faculty members. In the fiscal year 2023-24, SHSRC conducted capacity-building programs across 3 modules. Additionally, officials prepared test series on research-oriented topics to evaluate the research wing's proficiency. The contents of the modules for this year's capacity-building workshop are mentioned below.

Module 1	<ul style="list-style-type: none">• Qualitative Research Methods- Nature & Methods• Interview guide preparation• Coding (Qualitative)• Study Design• Qualitative Research Methods (QRM) Unit Test
Module 2	<ul style="list-style-type: none">• Quantitative Research- Introduction to Epidemiology• The survey of Epidemiology• Cross- Sectional Studies• Measures of central Tendency & Dispersion• Qualitative & Quantitative Data• Case control Study Design
Module 3	<ul style="list-style-type: none">• Research Question• Literature Review

10. Guideline for Enrolling patients in Government Hospitals for research studies

Following a directive from the Director of Health Services, SHSRC-Kerala formulated a guideline for patient enrolment in Government Hospitals for research studies in Kerala. This draft guideline was crafted by drawing heavily from the latest guidelines published by the Indian Council for Medical Research (ICMR) in 2017, which serves as the premier authority in India for guiding biomedical and health research involving human participants.

The guideline provides a comprehensive overview of the research purposes for enrolling patients in Government Hospitals. It delineates eight distinct procedures to elucidate the topic, covering:

- General Procedure for obtaining permissions
- Procedure for Obtaining permissions for submissions from outside the Health Department
- Permission for participation
- Participation enrolment

- Payment for participation
- Informing participants regarding the end of the study
- Publication and dissemination
- Special situations

Each topic highlighted in the draft proposal clearly articulates the essential decisions that the principal investigator must consider during the research process. Additionally, the draft proposal includes a clear disclaimer stating that the guideline is subject to amendments, and readers are advised to refer to the latest regulations/guidelines issued by the Government of India (GoI)/ICMR, as well as the most recent version of this guideline.

11. SOP for Nipah related Studies

In response to the resurfacing Nipah outbreak in 2023, various departments and health organizations have intensified their studies on Nipah virus-related contents. Recognizing the need for improved research standards, the State Health Systems Resource Centre (SHSRC) has developed Standard Operating Procedures (SOPs) to bolster studies related to the Nipah Virus.

The SOP is tailored to encompass both Human and Animal Studies. For studies involving Human Participants, an Investigating Team is deemed necessary, led by a Principal Investigator (PI) who may be accompanied by co-Investigators. Either the PI or Co-PI shall represent the Government of Kerala and can be sourced from Health Services, Medical Education, National Health Mission, or the State Health Systems Resource Centre- Kerala.

During the proposal submission stage, SHSRC plays a vital role. Study reports must be submitted to the Government of Kerala and obtain approval before publication. Research proposals under the Directorate of Medical Education (DME) are verified by the respective Human Ethics Committee, while those under the Directorate of Health Services are verified by the Institutional Ethics Committee at SHSRC. Proposals from non-governmental or national-level institutes require clearance from respective HECs or approval from SHSRC-Kerala or the State Board of Medical Research (SBMR).

Key components of a research proposal include Data collection, Study Procedures, Privacy and Confidentiality, Conflict of Interest, and securing Sponsorship, Grant, or funding. Regarding Animal studies in Nipah-related research topics, joint approval from the concerned department and the Director of Health and Family Welfare (DoHFW) is imperative for study conduct. Relevant interim and final study reports are to be communicated to the Department of Health Services (DHS), Directorate of Medical Education (DME), and the Director of Health and Family Welfare (DoHFW).

12. SOP Preparation for KMSCL

SHSRC has undertaken the development of various Standard Operating Procedures (SOPs) to bolster technical support across departments. In response to a request from the Kerala Medical Services Corporation Ltd (KMSCL), established on December 28, 2007, SHSRC is spearheading the implementation of an SOP to enhance operational efficiency.

Functioning as the central procurement agency for essential drugs and medical equipment within the state's public healthcare institutions, KMSCL's SOP development process is structured through methodological steps:

- Process identification
- Cross-functional team formation
- Gathering existing documentation
- Conducting a situational analysis
- Process mapping
- Drafting the SOP
- Expert review and validation
- Conducting vetting workshops
- Submission of the final draft SOP
- Approval
- Training and implementation workshops
- Feedback and evaluation
- Continuous improvement

By adhering to these steps, SHSRC aims to create a comprehensive SOP framework that ensures improved efficiency, consistency, quality, and overall effectiveness of the organization's operations. This standardized approach provides uniform protocols and standards, ensuring that staff duties and processes are consistently executed, thereby minimizing discrepancies and errors in outcomes. The SOP proposal has been drafted for submission to KMSCL, aligning with the company's requirements and objectives.

13. Cuban Collaboration

As part of the Hon'ble Chief Minister's visit to Cuba in June 2023, SHSRC-K, along with the Chief Secretary and Principal Secretary (Health and Family Welfare), prepared a draft proposal for potential areas of collaboration between Kerala and Cuba, in addition to press statements,, booklets and concept notes. During the visit, SHSRC-K was tasked with developing detailed collaborative action plans. After several rounds of discussion between Government of Kerala's team and their Cuban counterparts, it was decided to collaborate on four thematic areas:

- Biotechnology and vaccine development,
- Oncology,
- Neurological disorders, and
- Diabetic foot management

To advance the collaboration, working groups led by senior officials from both sides were formed, each focusing on one of the four areas. Additionally, subgroups were established within each working group for developing specific plans, initiatives, and team members for their respective areas of collaboration.

In order to advance collaboration, working groups will be formed led by senior officials from both sides to focus on the identified areas of collaboration. The working groups will visit the Republic of Cuba and the State of Kerala for a preliminary study, and an action plan regarding the major focus of the joint venture will be developed. Based on this study report, a formal MoU will be signed between the two countries. The working group will develop specific plans, initiatives, and team members for each area of collaboration, as well as the corresponding timelines. This Cuban collaboration marks a significant achievement for the Kerala Government's Health Department, with SHSRC playing a pivotal role in its success."

14. Diploma in Health Inspector (DHI) Course Assessment

SHSRC-Kerala received a request from the Department of Health and Family Welfare to conduct a study on the potential employability of individuals completing a Diploma in Health Inspector (DHI) course. In the backdrop of receiving multiple applications from self-financing institutions to initiate the DHI course, the government deemed it imperative to perform a need assessment to determine the necessity of such a move. It was in this context that the SHSRC-Kerala was entrusted to undertake a study to assess the potential for employability of graduates in Health Inspector courses in Kerala.

The main Objectives of the Study is to assess the current workforce of Junior Health Inspectors (JHIs), Health Inspectors (HIs) and Health Supervisors (HS) in term of strength, vacancy and demand in Kerala and to find out the projected vacancies in the next 3 years in Kerala. The study concluded that, in an ideal situation, for the next three years, the net demand for HIs is roughly 4253 which can be met by 7-8 batches of qualified persons. Considering a lag in the post creations and the number of institutes offering the DHI course, it was concluded that there is no urgent need to initiate more courses since such a move could potentially lead to an over-saturation of JHIs and HIs and affect the scope for employment. However, if the government is planning to increase the number of posts based on the population-based requirement in a step wise manner, the number of seats will have to be proportionately increased based on the quantum of creation of posts. The study discussions suggests that once more posts are created or more health centres are established to deliver primary care, initiating courses in more institutes can be considered. Priority should be given to applications from institutes in the Northern districts of Kerala such as Wayanad, Kannur and Kasargod since these districts currently don't have any centres offering the DHI course.

The Diploma in Health Inspector (DHI) Course Assessment Study Report have submitted by SHSRC -Kerala to the Principal Secretary, Kerala Government Family Health and wellness center Department.



Participants of the QACP training

15.QACP (Queer Affirmative Counselling Practices) Residential Programme

Mariwala Health Initiative (MHI), Mumbai is an agency pioneering innovative mental health initiatives, with a particular focus on making mental health accessible to marginalized persons and communities. Their core work includes advocacy, capacity building, law and policy, human rights, research and sharing of lived experiences. The Queer Affirmative Counselling Practice (QACP) certified course is one of their flagship programmes launched in January 2019, aimed at building capacity of mental health practitioners and allied professionals (counsellors, psychologists, psychiatrists, social workers, medical professionals) to respond to the specific needs and challenges of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual + (LGBTQIA+) communities. It is a 6-day course run by MHI to reorient mental health practitioners (psychologists, psychiatrists, social workers, counsellors) to an anti-oppressive therapeutic practice. The curriculum for this training is based on and built from the Gay Affirmative Counselling Practice training manual (Ranade & Chakravarty, 2013) and faculty at the course are all queer mental health practitioners themselves.

SHSRC-K Kerala collaborated with MHI and conducted the first ever QACP programme in Kerala state, among government health care providers including doctors, Bhoomika centre counsellors, etc. as well as private counsellors and Psychiatrists practising within the state. The residential programme was held from 30th October to 4th November 2023 at the Institute of Mental Health and Neurosciences (IMHANS), Kozhikode.

The training covered both perspective building to recognise inequalities and their impact on mental health and also provided tools to address distress and promote the well-being of LGBTQIA+ persons. These perspectives and tools would support practitioners to modify their ongoing practice and make it queer affirmative.

16. Keraleeyam seminar

Keraleeyam is an annual festival organized by the Kerala Government in the capital city, celebrating the state's progress, culture, and achievements. One of the key components of the festival are seminars conducted on a wide range of topics including health. SHSRC-Kerala played a pivotal role in the management, and documentation of Seminars involving the Health Department.

The Health Department conducted two seminars: "How Kerala Dealt with the Pandemic" and "Public Health in Kerala." Dr. V Jithesh, the Executive Director of SHSRC Kerala, facilitated the translation of these seminars into regional languages for wider accessibility. Additionally, SHSRC Kerala assisted in formulating press releases for the seminar on Kerala's pandemic response.

Beyond health-related topics, SHSRC Kerala's research team attended seminars across various departments during Keraleeyam to expand their knowledge base and analyze public health implications. Six participants from the research wing attended these seminars, each producing individual reports based on their selected Seminar topics. To create Research related topics. These topics were subsequently evaluated through group discussions within the organization.

Moreover, the Health and Family Welfare department requested SHSRC Kerala to highlight five major initiatives during the Keraleeyam Programme. The initiatives SHSRC included are the Kerala Public Health Act 2023, Aardram Mission, One Health Initiative, Community Link Worker Scheme & Queer Inclusive Hospital Initiative, Healthy Ageing Initiative.

Overall, SHSRC Kerala's involvement in Keraleeyam showcased its commitment to advancing public health and fostering inclusivity within the state's healthcare system.



SHSRC-K seminar presentation on Keraleeyam

17. Public Health Act 2023

The Kerala Public Health Ordinance, 2021 was promulgated by the Governor of Kerala on February 23, 2021 and in October 2021 a Bill to replace the ordinance was presented in the Assembly, to be referred to a select committee. The Kerala Public Health Bill 2021, unifying the provisions in the Madras Public Health Act, 1939 and the Travancore-Cochin Public Health Act, 1955 was passed by the Kerala Legislative Assembly in March 2023. It aims to align these laws with the Kerala Municipality Act, 1994 and the Kerala Panchayat Raj Act, 1994, which were enacted in line with the provisions of Part IX and Part IX A inserted by the 73rd and 74th amendments of the Constitution of India. It was after several rounds of discussions with SHSRC, experts from other departments, various public health fora and gathering public opinion on various aspects of the proposed law that the select committee drafted the final Bill.

The new Bill has been drafted based on a much broader premise that beyond mere diagnosis and curative services, public health should focus on improving the social determinants of health such as clean water and environment, sanitation, and waste management. The Bill also stresses the fact that the scope of a new public health law should encompass the threats posed by climate change, new and emerging viruses, non-communicable diseases and the need for special care and attention for the vulnerable, including the elderly, chronically bedridden and the disabled, welfare of migrant labourers, food safety, blood banks and blood safety, biomedical waste management, tackling antimicrobial resistance and even ensuring adequate toilet facilities in public spaces.

The Director of Health Services will be the State Public Health Authority, under whom there shall be district and local health authorities. They will prepare annual action plans before the commencement of every financial year, charting out the activities that need to be taken up in advance to prevent seasonal epidemics and manage their impact on public health. The Act also requires local bodies to earmark a portion of the health budget for implementing programmes for the prevention and control of NCDs.

One Health is an approach that recognizes that people's health is closely connected to the health of animals and our shared environment. Kerala, with its extensive forest cover and the resultant higher human-animal interfaces, high population density, large number of non-resident citizens and the resultant higher international travel, high proportion of the ageing population, high prevalence of non-communicable diseases and the resultant co-morbidities, is placed in a unique and precarious position compared to the other Indian States. Kerala has experienced recurrent outbreaks of zoonotic diseases during the past decade, including the NIPAH virus, H1N1 and Kyasanur Forest Disease. The COVID 19 pandemic has demonstrated the state's vulnerabilities to future pandemics.

In the above circumstances, Government of Kerala has initiated steps to implement the One Health Programme in the State to ensure healthy living of people through a collaborative, transdisciplinary and multisectoral approach at different levels and by involving multiple stakeholders. As in many other health initiatives, Kerala is the pioneer in the country in implementing the One Health Programme.

As a first phase, the One Health Programme has been initiated in 4 Pamba basin districts Pathanamthitta, Alappuzha, Kottayam, and Idukki under the Rebuild Kerala Initiative (RKI) with the support of World Bank and will be expanded to all other districts in the next phase. The Director of Health Services (DHS), Govt. of Kerala is the overall authority for implementing the programme in the State. The programme will be managed by the Centre for One Health-Kerala (COH-K). State Health Systems Resource Centre- Kerala (SHSRC-K) is designated as the Nodal Agency for establishing the COH-K. Under COH-K, there will be State Programme Management Unit (SPMU) at DHS and District Programme Support Unit (DPSU) in each district. Features of One Health Programme are sustained community surveillance of unusual events that could trigger zoonotic diseases, early detection of suspected Zoonotic Disease outbreaks and effective community-based participatory interventions to reduce risk factors to prevent and contain the spread of Zoonotic diseases which are key to prevent

1. ONE HEALTH DISSEMINATION AND PLANNING WORKSHOP

The Directorate of Health Services (DHS), the State Health Systems Resource Centre – Kerala (SHSRC-K), and the Centre for One Health Kerala (COH-K) collaborated to organize a two-day multi-stakeholder workshop on October 20th and 21st, 2023. The venue was KTDC Waterscapes in Kumarakom, Kottayam. The workshop brought together key stakeholders including District Medical Officers (Health), District Surveillance Officers, District Programme Managers from NHM and Aardram, as well as Nodal Officers representing various departments such as Agriculture, Animal Husbandry, Fisheries, and Environment & Climate Change. Specifically, officials from Pathanamthitta, Kottayam, Alappuzha, and Idukki districts, along with designated officers for the One Health Programme of LSGD (Rural) & (Urban), were invited. A total of 56 officials participated in the workshop. The primary objectives were to assess the current status of the One Health Programme in Kerala and to collectively devise strategies for its future direction.



Delegates at One Health Dissemination & Planning workshop

2. INDUCTION PROGRAMME FOR DISTRICT MENTORS

For the district mentors recruited as part of the One Health Program, Center for One Health Kerala (COH-K) conducted a four day Induction Programme at Manvila Agricultural Co-operative staff Training Institute. 48 District mentors from Kottayam, Pathanamthitta, Idukki and Alappuzha participated in the Induction programme.



Dr.V. Jithesh speaking at Induction Programme

NATIONAL RECOGNITION PROGRAMMES

ANNUAL REPORT KERALA

1. Annual Workshop of State Health Systems Resource Centres

The National Health Systems Resource Centre (NHSRC) organized its Annual Workshop at the end of January for evaluating State Health System Resource Centres (SHSRCs) across India. Representatives from the Government of Kerala's SHSRC participated in this crucial event. Led by SHSRC-Kerala Executive Director Dr. V. Jithesh, along with Senior Research Officer Dr. S.R. Ameena and Research Officer Dr. Bhavya Fernandez, the Kerala team showcased the centre's activities and achievements, earning commendation from NHSRC.

The two-day Annual Workshop, facilitated by expert resource persons, covered essential topics such as Research Priorities, Research Proposal Designing, Reviewing Research Proposals, and the Role of SHSRCs in State Health Accounts (SHA). Each state's SHSRC had 15 minutes to share their experiences, and group discussions were conducted to identify priorities, technical assistance needs, and coordination with NHSRC for the fiscal year 2023-24.

During their allocated time, the Kerala State Health System Resource Center presented their Programs & Projects undertaken in the last two years, Research studies conducted, approvals and expenditures in the last three years, major achievements, challenges, and the Work Plan for the next two years.



SHSRC-K Team at Annual Workshop



2. Amrita International Public Health Conference 2023

The Amrita International Public Health Conference (AIPHC) is an annual event organized by the Department of Community Medicine and Public Health in collaboration with various departments of Amrita Institute of Medical Sciences. This year marked the 6th edition of the International Public Health Conference. Continuing their tradition from previous years, SHS-RC-Kerala presented five diverse topics related to health at this year's conference. Dr. V. Jithesh, the Executive Director, also participated as a panelist in the discussion focusing on the Current Challenges in Implementing Cancer Control Programme.

The topics presented by SHSRC included:

- Genesis of Bhoomika: Kerala's Health System Response to Gender-Based Violence Against Women (GBVAW)
- Mapping of Theories and Concepts of Work-related Stress: A Scoping Review
- Compliance to Targeted Interventions as a Determinant of 'Sustained Desirable Sexual Health Behaviour' (SDSB) among Men who have Sex with Men (MSM) in Kerala
- Experience of Rehabilitative and Restorative Care and Its Association with Functional Outcomes among Stroke Survivors in Trivandrum District, Kerala
- Barriers to Health Seeking for the Transgender Community

Dr. Manju Madhavan, a Research Officer at SHSRC, received the Certificate of Appreciation award for presenting the promising paper titled "Compliance to Targeted Interventions as a Determinant of 'Sustained Desirable Sexual Health Behaviour' (SDSB) among Men who have Sex with Men (MSM) in Kerala."



Dr. V.Jithesh receiving appreciation certificate



Team members of SHSRC-K at AIPHC

TRAINING AND WORKSHOP

ANNUAL REPORT SHSRC KERALA

1. Practical approaches to managing Anti-Microbial Resistance (AMR) Surveillance – What are we doing right and wrong ?”

SHSRC Kerala organised an expert discussion on the topic “Practical approaches to managing Anti-Microbial Resistance (AMR) Surveillance – What are we doing right and wrong?” The discussion was led by Dr. Elizabeth Mathai MBBS, MD (Microbiology), DTMH, MSc (Microbiology), PhD (International Health, FRC Path (Microbiology)- with extensive international experience in laboratory, clinical and public health related research and teaching, over 30 years of work on bacterial diseases including antimicrobial resistance (AMR), infection prevention and control, 10 years of which was with WHO, Geneva. The discussion, which was attended to by doctors from various sectors of the DHS was conducted in SHSRC Hall on December 8th.

The discussions majorly covered the problems due to AMR and its impact, interventions for containment, focus areas in Human Health, surveillance, lab data surveillance, proper use of Antibiotics etc.



Dr. Elizabeth Mathai discussion session



2. Development of Protocols for Healthcare Delivery in Transgender and Gender Diverse (TGD) Individuals

The Social Justice Department recently conducted a workshop to develop a protocol for healthcare delivery to transgender and gender-diverse individuals. The event, held over two days at the Institute of Management in Government, Thiruvananthapuram, also saw participation from the SHSRC in preparing the protocol guidelines. The workshop was inaugurated

by the Honourable Social Justice and Higher Education Minister of Kerala, Dr. R Bindu. The primary aim of the workshop was to amend the current transgender policy to better reflect the present-day context. A significant focus was on addressing the mental stress that transgender individuals often face during their transition. To mitigate this, the workshop emphasized the necessity of providing proper psychological counselling and promoting the availability of counsellor facilities in all districts.

Key topics addressed during the workshop included managing the mental and physical healthcare of transgender individuals, issues related to gender reassignment surgery, and post-surgery mental health care. The workshop featured several important activities and presentations, including:

- Presentation on Importance of Health and Gender- Affirmative Procedure in the Transgender/ Intersex Persons- Issues and challenges
- Presentation of current treatment and best practices for transgender persons in the state
- Sharing experience and opinions of transgender individuals
- Presentation and Discussion of WPATH and IPATH Guidelines
- Group Formation and Discussions
- Group Representatives presented their proposals and discussions conducted
- Panel discussion on findings, Analysis and Conclusion

This workshop marks a significant step towards improving healthcare delivery and support for transgender and gender-diverse individuals in Kerala, ensuring their needs are met with sensitivity and comprehensive care.



Minister Dr. R Bindu Inaugurating the workshop



Minister Dr. R Bindu Interacting with a TGD individual

3. State Level Workshop for Gender/ Queer Inclusive Hospital Initiative

SHSRC Kerala have conducted the Workshop for the preparation of the Action Plan for Gender Inclusive Hospital Initiative (QIHI). This action plan prepared through a comprehensive multi-phasic stakeholder-level consultative participatory process by the conjoined efforts of the National Health Mission (NHM) of Kerala and State Health Systems Resource Centre-Kerala (SHSRC-K); aims at providing respectful healthcare including essential and emergency care for Transgender and Gender Diverse (TGD) persons including Intersex patients through the Department of Health Services ensuring equality, equity and minimization

of harm whether it be physical, mental, or emotional.

Since under utilization of healthcare services and delay in seeking essential treatment is a major issue observed among TGD people, mainly due to stigma, discrimination, denial of care due to professional ignorance of TGD health issues, in addition to a plethora of other factors; hospitals have a legal and ethical obligation to provide quality care that is safe, affirmative, supportive, and sustainable for the TGD people.

Exercising the rights of TGD people towards accessing healthcare can prevent the risk of precious TGD lives being lost to ill-health or suicides. District-wise groups were formed to discuss their specific problems and the workshop highlighted several gaps like Internal gaps, External gaps and Policy gaps and included separate queues for transgender people, OP tickets with gender options including transgender, provision of lab tests at subsidised rates as provided for patients below the poverty line , identification of appropriate spaces for specialised clinics for transgenders, provision of services demanded by TGD people such as hair removal treatment, training of staff, increasing the number of mental health workers and increasing job opportunities for TGD people.



State level workshop for Gender/ Queer friendly hospital initiative



ACADEMIC COLLABORATIONS

ANNUAL REPORT SHSRC KERALA

1. Azim Premji University, Bhopal

SHSRC facilitated the field practicum of students from Azim Premji University (APU) Bhopal. The practicum has conducted at the end of the financial year and extended over a period of one month. It was aimed at equipping the students with a comprehensive understanding of the working of the primary health system in Kerala. As part of this multi district learning experience, visits to FHCs across three districts were planned and executed, including those in tribal areas. Thiruvananthapuram, Kannur and Wayanad are the district that were selected by the students of (APU) for the field practicum.

2. Interactive section with MPH scholars

SHSRC-Kerala have conducted an Online interactive section with the MPH scholars of Tata Institute of Social Sciences. The Interactive session was conducted for the scholars that are interested in availing internships with SHSRC, so as to give them a clear idea about the organizations and the essential requirements that the scholars needed.

3. THE YP FOUNDATION (TYPF)

The YP Foundation (TYPF) is a youth led organisation that facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights, and social justice. TYPF ensures that young people have the information, capacity, and opportu-

4. Research Methodology workshops

A research Methodology Workshop was conducted for the medical Diplomate National Board (DNB) postgraduate students at The General Hospital Thiruvananthapuram on December 7th Indian Council of Medical Research (ICMR) Protocol Preparation Workshop for health department was also conducted on 12th April . The workshop has mentioned and highlighted the Research procedures of Literature Review, Study Designs and Proposal of Writing.

5. Extension for Community Healthcare Outcomes ECHO India

Extension for Community Healthcare Outcomes (ECHO) India is a non-profit trust dedicated to promoting equity in healthcare, education, and other Sustainable Development Goals. In partnership with the Ministry of Health and Family Welfare (MoHFW) and 28 state National Health Missions (NHMs), municipal corporations, nursing councils, and esteemed medical institutions across India, ECHO India is working to bridge gaps in these critical areas.

For the financial year 2023-2024, ECHO India has extended an invitation to the State Health Systems Resource Centre (SHSRC) Kerala to join the ECHO India Project. This initiative aims to disseminate medical knowledge from specialist hospitals and academic institutions to district hospitals, primary health centres, community health centers, and sub-centres across Kerala.

The collaboration will foster a bilateral exchange of knowledge, allowing health centers to learn from each other. This initiative is designed to provide several benefits to patients, including Reduced waiting times for specialist consultations, access to appropriate medical aid without unnecessary stress and elimination of long and costly trips to hospitals

In addition, ECHO India has invited SHSRC-Kerala to participate in webinars focused on COVID-19 and other health-related topics. SHSRC-Kerala has reviewed the project proposal, and discussions for formal collaboration are currently underway.

6. Maharashtra SHSRC Team Visit

In the financial year 2023-2024, a group of officers led by Director of Health from Maharashtra, visited the SHSRC Kerala. The three-day visit was to study the health system implementation and operations in Kerala.

The five-member team from Maharashtra's SHSRC aimed to understand the functioning, research activities, and policies of SHSRC Kerala. They engaged in detailed discussions with SHSRC Kerala officials, seeking insights into the health system's functioning and clarifying their queries regarding various activities and strategies employed by SHSRC.

Following the comprehensive and informative meetings, the Maharashtra SHSRC team expressed their gratitude to SHSRC Kerala for their time and cooperation, appreciating the valuable insights gained during the visit.



Dr.v Jithesh interacting with Maharashtra SHSRC Team

7. Center for Socio-economic and Environmental Studies (CSES)

The Center for Socio-economic and Environmental Studies (CSES) is engaged in action-oriented research, consultancy, and training programs. It strives to make timely interventions in society through research and dialogue. In the financial year 2023-2024, CSES has partnered with the State Health Systems Resource Centre-Kerala SHSRC-K to establish research collaborations. This partnership is formalized through a Memorandum of Understanding (MoU), which outlines the mutual understanding and collaborative efforts of both parties.

The discussions between CSES and SHSRC-K have led to an agreement to work together in several broad areas as specified in the “Areas of Collaboration.” For each specific project agreed upon, a separate Scope of Work will be created to detail the tasks and responsibilities involved.

Both parties share similar strategies and objectives, particularly in undertaking collaborative research in the health sector. Additionally, they aim to disseminate research findings through various means, including publications, seminars, and workshops.

8. Internship Programme

The SHSRC offers abundant opportunities for talented scholars from renowned universities, both nationally and internationally, to partake in internship programs. The primary aim is to cultivate students' potential in health systems research skills while granting exposure to public health systems. In this fiscal year, numerous scholars from various universities across India have enrolled in the internship program.

35 students from various universities namely SRM Institute of Science and Technology, Chennai, JIPMER, Central University of Kerala, Kasargod, Indian Institute of Health and Medical Research (IIHMR) Jaipur, Prasanna school of Public Health Manipal, Tata Institute of Social Science (TISS), Mumbai, Sree Chitra Institute of Medical Sciences and Technology, Trivandrum, and University of Hyderabad, Telangana have completed their internship at SHSRC in this fiscal year. Additionally, we have already begun receiving internship requests from students for the upcoming year.



WEBSITE AND SOCIAL MEDIA

ANNUAL REPORT SHSRC KERALA

The State Health System Resource Center (SHSRC) Kerala maintains an active presence on multiple social media platforms to keep the public informed and engaged with our initiatives. Our Facebook account and page are regularly updated with events and activities, providing a dynamic and interactive way to connect with our audience.

In addition to Facebook, our official website offers comprehensive information about SHSRC Kerala, including details on events, IRC & IEC materials, and various opportunities. This serves as a central hub for those seeking in-depth knowledge about our programs and resources.

This financial year, we have reactivated our previously dormant LinkedIn account to enhance our professional networking and outreach. Moreover, we have launched a new Instagram account to share health-related content and SHSRC events in an innovative and visually appealing format.

Looking ahead, we are excited to announce the upcoming activation of our new X account and Threads, further expanding our digital presence and engagement capabilities. Stay tuned for more updates and follow us across these platforms to stay informed about our latest activities and initiatives.

- SHSRC Kerala Official website- <https://shsrc.kerala.gov.in/>
- Facebook Account- <https://www.facebook.com/shsrckerala/>
- Facebook Page- <https://www.facebook.com/shsrck/>
- Instagram Account- <https://www.instagram.com/?hl=en>
- LinkedIn Account- <https://www.linkedin.com/company/shsrckerala/posts/?feedView=all>

TEAM COMPOSITION

ADMINISTRATION WING	RESEARCH WING
EXECUTIVE DIRECTOR-1	
FINANCE CUM ADMINISTRATIVE OFFICER-1	<ul style="list-style-type: none"> ➤ SENIOR RESEARCH OFFICER- 1 ➤ RESEARCH OFFICER (Deputation)- 1 ➤ RESEARCH OFFICER - 5 ➤ COMMUNITY PROCESS AND DOCUMENTATION- 1 ➤ RESEARCH ASSISTANT - 14
SECTION OFFICER-1	
COMPUTER ASSISTANT- 2	
TECHNICAL ASSISTANT- 2	
PERSONAL ASSISTANT TO EXECUTIVE DIRECTOR-1	
DATA ENTRY OPERATOR-1	
OFFICE ATTENDANT -1	
HOUSE KEEPING-2	
GARDENER-1	

FINANCIAL REPORT

ANNUAL REPORT SHSRC KERALA

FINANCIAL REPORT (2023-2024) – SHSRC KERALA				
Research Studies (2023-2024) (HSS.1.1.193/SHSRC/ILC)				
SL. NO	Particulars	Approved Amount	Receipts 2023-24	Expenditure 2023-24
I	Fund Received from State NHM		1,61,00,000	
II	HR Cost	1,80,70,000		1,17,63,759
III	Other Cost	47,20,000		24,38,859
IV	HSS.1.1.151/Wellness activities at HWC			2,05,223
				1,44,07,841
V	HSS.1.1.193/SHSRC/ILC			
	<i>a) Catastrophic Health Expenditure and coping among stroke survivors in Thiruvananthapuram</i>	3,40,000		69,353
	<i>b) RCT on interventions for prevention for falls in elderly</i>	6,00,000		2,35,271
	<i>c) Assessment of Aswasam programme for screening of depression at family health centres in Kerala</i>	5,00,000		3,00,000
	<i>d) Assessment of quality of care given to survivors At Bhoomika centres in Kerala: an interventional study</i>	7,00,000		4,50,000
	<i>e) State Palliative Care Programme</i>	2,85,000		58,039
	<i>f) Study on preference for Pvt Health care facilities for institutional Delivery</i>	5,00,000		1,77,360
	<i>g) Ensuring Comprehensive quality of health care through Monitoring & Evaluation</i>	25,00,000		0
	<i>h) Development of screening tool for identifying home fall hazard for elderly</i>	4,50,000		2,05,165
	<i>i) E-Sanjeevani (integration of teleconsultation into primary health care)</i>	4,60,000		6,000
	<i>j) Estimation of risk factors for type 2 Diabetes Mellitus in adolescents</i>	8,00,000		44,210
	<i>k) Evaluation of health care services in tribal Population through Family Health Centres</i>	5,00,000		1,46,000
				16,91,398
	Total		1,61,00,000	1,60,99,239
	Balance amount refund to NHM (31/03/2024)			761

I	Kerala State Aids Control Society (KSACS)			
	<i>a) Perceived sufficiency and usefulness of IEC materials related to HIV/AIDS among adult population aged 18-49 years in Kerala</i>			
	<i>b) Partner non testing and its associated factors among PLHIVs registered in ART centres in Kerala</i>			
	<i>c) 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>	4,60,000/-	3,22,391/-	1,95,835/-
	<i>d) Proportion and factors associated with late detection among people living with HIV (PLHIVs) in Kerala</i>			
II	District Programme Manager, NHM TVPM			
	<i>a) Research surveillance and Survey of health indicators in Urban areas of Trivandrum</i>	1,00,000/-	1,00,000/-	81,391/-
III	State NHM-SNO Training			
	<i>a) Field level workshop on competency mapping</i>		2,04,840/-	2,02,619/-
IV	One Health- Training Need Assessment			
	<i>a) Fund from Director of Health Service (DHS)</i>	10,53,250/-		
V	ICMR Study			
	<i>a) The ASPIRE study- A/N salivary progesterone to detect preterm births and improve reproductive end points. A prospective cohort</i>	58,51,915		
	<i>b) Convergence and integration of programmes and leveraging technology for enabling healthcare teams for delivery of equitable, high-quality primary healthcare services through Health and Wellness Centres (CONVERTECH- HWCs) in Wayanad district of Kerala - An implementation Research</i>	1,24,34,404		
	<i>c) Developing and piloting a scalable model for COPD management in primary health care setting. Community Based prospective control trial- (NICE) "SWAAS" Breath trail</i>	28,51,713		
	<i>d) Upscaling of Primary stroke care units in Kerala to certified stroke care centers- implementation research</i>	30,31,735		
	TOTAL	2,41,69,767/-		1,79,518

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7. Utilization of Targeted Interventions as a determinant of “Sustained Desirable Sexual Health Behaviour” (SDSB) among Men who have sex with men (MSM) in Kerala	

8. An exploratory cross-sectional analysis of the functioning of Urban Primary Health Centers (UPHC) in Thiruvananthapuram District
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4. Preference for Private health care facilities for institutional deliveries in Kerala- an explorative study
5. Evaluation of the functioning of Public dental out patient dental Centres in Trivandrum
6. Healthcare needs of Intersex People in Kerala: A qualitative study
7. Exploring utilization pattern along with enablers and impediments in sustaining the teleconsultation service 'eSanjeevani' encompassing Primary Healthcare settings of Kerala in the Post-pandemic period: A Qualitative study
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SHSRC-KERALA

**STATE HEALTH SYSTEMS RESOURCE CENTRE
KERALA**