

# **ANNUAL REPORT**

## **2020-2021**



**STATE HEALTH SYSTEMS RESOURCE CENTRE - KERALA**

**Thycaud, Thiruvananthapuram, Pin-695014**



# *Prepared by*

## ***Research Team***

***Dr. Ameena S R***

***Research Officer***

***Mrs. Chinnu R Nair***

***Research Assistant***

***Sri. Anish A S***

***Research Assistant***

## ***Editing and Layout***

***Mrs. Sowmya M V***

***Data Entry Operator***

# Table of Contents

<b>CHAPTERS</b>	<b>PAGE NO.</b>
<b>Activities of SHSRC</b>	
<b>Chapter - I</b> <i>Research activities</i>	<b>5</b>
<b>Chapter - II</b> <i>Aardram related activities</i>	<b>7</b>
<b>Chapter - III</b> <i>COVID-19 related activities</i>	<b>10</b>
<b>Chapter - IV</b> <i>Documentations</i>	<b>18</b>
<b>Chapter - V</b> <i>Academic collaborations</i>	<b>22</b>
<b>Chapter - V1</b> <i>Financial Report (2020-2021)</i>	<b>28</b>

# Chapter – I

## RESEARCH ACTIVITIES

---

One of the major activities of SHSRC-K is to carry out health systems research in the State. By Government Order, it is the authority for coordinating & streamlining research activities in the State and providing support for researches conducted in other institutions. Because of the unprecedented occurrence of COVID-19 pandemic, the SHSRC-K was supposed to focus on certain COVID-19 control and preventive activities were limited. The major milestones happened in our research activities were as given in Table (1).

**Table 1. Major research related milestones**

Sl No:	Title	Objective	Status
1	Assessment of Secondary Health Care Facilities for Air Borne Infection Control and Practices in Kerala (Original Research Article)	<ul style="list-style-type: none"> <li>To assess the gaps in facilities and practices for preventing airborne infection transmission in the district and general hospitals in Kerala.</li> <li>To develop solutions for rectifying these gaps in the health systems.</li> </ul>	Published in IJCMPPH on June 2020
2	'Not alone, we are with you' (Ottakkalla Oppamund) Psychological intervention during COVID-19 pandemic in Kerala	<ul style="list-style-type: none"> <li>Perspective paper to explain the psychological intervention done for the vulnerable groups in the context of COVID-19</li> </ul>	Final draft was prepared and ready for publication.
3	Profile of COVID-19 deaths reported in Trivandrum district Kerala	<ul style="list-style-type: none"> <li>To provide an overview about the COVID-19 associated deaths reported in Thiruvananthapuram district.</li> </ul>	Initial draft is ready
4	Glycaemic variability in Chronic kidney disease patients (External research)	<ul style="list-style-type: none"> <li>To measure the magnitude and factors predicting of glycaemic variability among patients with chronic kidney disease</li> <li>To identify glycaemic variability.</li> <li>To assess the relationship between glycaemic variability and selected socio-clinical variables</li> <li>To formulate a glycaemic management protocol for patients with chronic kidney disease on maintenance haemodialysis.</li> </ul>	Prepared final draft

5	Evaluation of deceased donor organ transplantation programs of government of Kerala and understand the process-related barriers and facilitators. (External research)	<ul style="list-style-type: none"> <li>• To evaluate the program design and the coverage of program</li> <li>• To examine the process related barriers as well as facilitators of related barriers as well as facilitators of Kerala Network for Organ Sharing (KNOS) initiative</li> <li>• To understand the implementation challenges faced by the various stakeholders involved in the program</li> </ul>	Data collection is going on
6	Life style intervention program among GDM mothers in Kerala (External research)	<ul style="list-style-type: none"> <li>• To develop evidence based culturally specific and real world life style intervention among mothers affected with GDM affected in Malappuram district, Kerala.</li> <li>• To know the impact of life style intervention on the glycemic level of GDM mothers among the intervention group compared to control group.</li> <li>• To identify individual, household and neighborhood level factors likely to affect the wider uptake and operationalization of Life style intervention program among GDM mothers in Kerala in future.</li> </ul>	Data collection is going on
7	A study on the anti-microbial resistance pattern in Kerala, India (External research)	<ul style="list-style-type: none"> <li>• To document the anti-microbial sensitivity pattern of common community and hospital acquired infections and to document the pathogenic bacteria spectrum in primary and secondary care hospital environments</li> <li>• To explore the physicians, patients, care givers and community's perspective on antibiotic prescription</li> <li>• To design a system for periodical assessment of ant-microbial resistance pattern in Kerala state.</li> </ul>	Data collection is going on

## Chapter – II

# AARDRAM RELATED ACTIVITIES

The Aardram Mission mainly aimed transformation of the state's public health system for delivering equitable, affordable and quality care to the public and it was implemented in the backdrop of United Nations Sustainable Development Goals (SDG) 2030. The major Aardram related activities done by SHSRC-K are given below:-

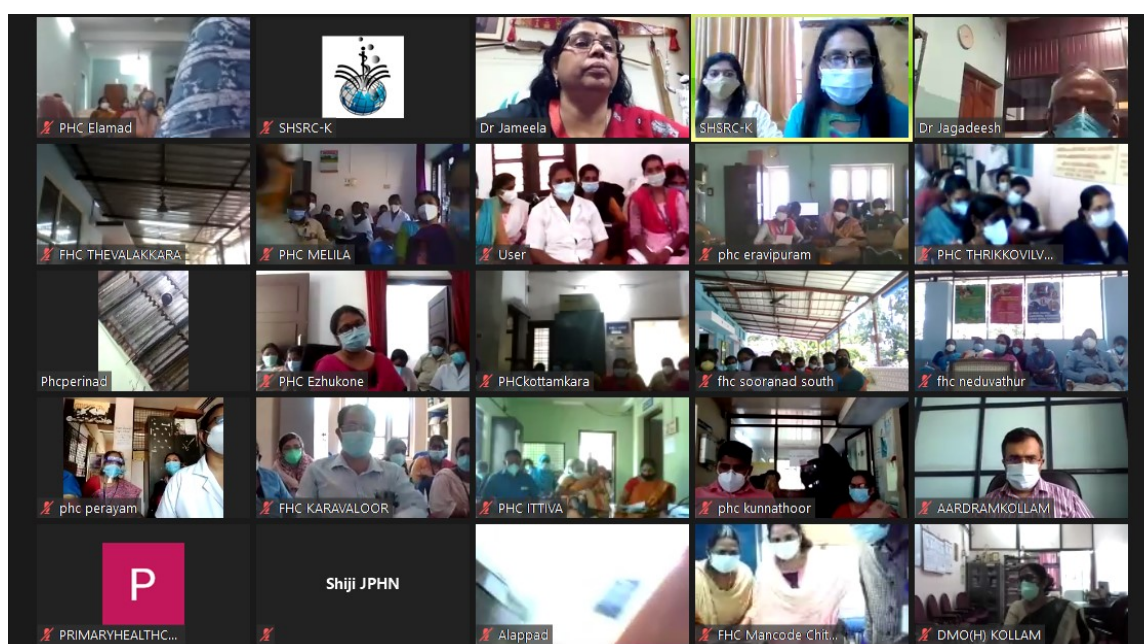
### i) Aardram training

From the beginning, SHSRC-K has carried out residential trainings using adult learning methods. But due to the pandemic COVID 19, the trainings has been stopped, then according to the directions from the honorable health minister, SHSRC-K has restarted Aardram trainings via online mode. The online trainings were conducted during the months of January and February 2021 via zoom platform. More than 4000 FHC staff were attended the training. The details of participants in each district are given below.

**Table 1: Details of Aardram online trainings**

Districts	No of institutions	No of participants
Trivandrum	38	427
Kollam	52	617
Alappuzha	8	89
Pathanamthitta	26	236
Kottayam	47	501
Idukki	29	81
Ernakulam	26	93
Thrissur	66	763

Districts	No of institutions	No of participants
Palakkad	46	331
Malappuram	66	489
Wayanad	17	106
Kozhikode	51	197
Kannur	34	603
Kasargode	5	31
<b>Total</b>		<b>4564</b>



**Image : Aardram online training for FHC staffs**

SHSRC -K also conducted an online workshop on **3<sup>rd</sup> March 2021** to finalize the training module for the Health and Education Standing Committee members of the Gram Panchayat.

## **ii) FHC Manual Workshop**

As part of FHC manual revision, SHSRC-K organized several workshops, to prepare draft chapters under various domains. The timeline of Aardram related activities are as shown in Table (2)



**Table 2: The timeline of Aardram related activities.**

<b>Date</b>	<b>Activity</b>
<b>17.09.2020</b>	Aardram review meeting
<b>23.09.2020</b>	Capacity building meeting held to conduct the training for DHS and NHM Staff.
<b>16.11.2020 - 21.11.2020</b>	Online Aardram training successfully piloted in Trivandrum district
<b>23.11.2020 - 28.11.2020</b>	Training of FHC staff in Kollam district
<b>15.12.2020 - 19.12.2020</b>	Conducted training for FHCs of Kottayam and Kannur districts
<b>04.01.2021</b>	FHC Manual Workshop
<b>06.01.2021</b>	FHC Manual Workshop
<b>04.01.2021 - 09.01.2021</b>	Conducted training for FHCs in Malappuram and Palakkad districts
<b>11.01.2021 - 16.01.2021</b>	Conducted training for staff in selected FHCs of Thrissur and Kozhikode
<b>13.01.2021</b>	FHC Manual Workshop
<b>18.01.2021 - 23.01.2021</b>	Conducted training for staff in selected FHCs of Pathanamthitta, Alappuzha, Idukki, Ernakulam, Wayanad and Kasaragod districts
<b>19.01.2021</b>	FHC Manual Workshop
<b>27.01.2021</b>	Organised a meeting to revise the training module of pharmacist.
<b>27.01.2021 &amp; 28.01.2021</b>	FHC Manual Workshop
<b>02.02.2021 &amp; 03.02.2021</b>	FHC Manual Workshop
<b>05.02.2021</b>	FHC Manual Workshop
<b>08.02.2021 - 12.02.2021</b>	FHC Manual Workshop
<b>16.02.2021</b>	FHC Manual Workshop
<b>03.03.2021</b>	KILA Workshop
<b>05.03.2021</b>	FHC Manual Workshop
<b>08.03.2021 - 10.03.2021</b>	FHC Manual Workshop
<b>09.03.2021</b>	Inauguration of Aardram training by SMD
<b>16.03.2021 - 17.03.2021</b>	FHC Manual Workshop
<b>16.03.2021 - 18.03.2021</b>	Orientation was conducted for the district level teams of two districts each in seven sessions

## **Chapter - III**

# **COVID-19 RELATED ACTIVITIES**

---

In January 2020 the World Health Organization (WHO) declared the outbreak of a new Corona virus disease in Hubei Province, China as a Public Health Emergency of International Concern (PHEIC). Since then WHO has declared it as a Pandemic affecting 216 countries and Union Territories around the globe. India has seen its first COVID-19 case in Kerala on 30th January 2020. Considering the increase in number of cases the state has strengthened the surveillance, control measures, and capacity building against the disease in view of the same.

The State Health Systems Resource Centre- Kerala (SHSRC-K) coordinated COVID-19 related trainings at state level, monitored and reports were sent on regular basis.

**The role of SHSRC-K during COVID-19 pandemic can be broadly divided into two categories such as:**

1. Training and awareness generation at state level
2. COVID 19 control room activities at state (at DHS) and district level (at Thiruvananthapuram DMO office)

### **1. Training and awareness generation for Kerala State**

SHSRC-K was coordinating and monitoring activities at the State level for the smooth conduct of the trainings. The Directorate of Health Services and the National Health Mission joined hands and extended their arms further to team up with all other existing departments in the state including all government/private organizations. Upon the directions of the DHS, SHSRC-K was made a part of the Capacity building and Monitoring Committee in which the organization holds the role of the 'Training Implementation and Monitoring Team'.

## Members of the Training Implementation and Monitoring Team at SHSRC-K

Institution	Name	Designation
SHSRC-K	Dr. Shinu. K. S	Executive Director, SHSRC, Principal KSIHFW
	Dr. Rekha. M. Ravindran	Senior Research Officer
	Dr. Dhanuja. V. A	Research Officer
	Dr. Manju Madhavan	Research Officer
	Smt. Anjali Krishnan	Research Officer
	Smt. Chinnu. R. Nair	Research Assistant
	Smt. Aswathy. K. L	Research Assistant
	Mr. Hiran. M. Das	Research Assistant
	Mr. Anish. A. S	Research Assistant
	Mr. Arun Babu	Consultant Documentation/ Community Process

### Details of training:

Actively involved in the coordination and conduct of COVID-19 ICU, swab collection and physical training for various categories of staff. Co-ordinated various other trainings such as AIDS Day Awareness, Election guidelines, cancer day awareness, vaccine trainings, Post Covid clinic trainings, Covid brigade trainings, trainings of TB Control programme etc through online platform.

The Executive Director of SHSRC-K was designed as the Chair person of the COVID-19 Capacity Building Committee, thus SHSRC-K has rolled out COVID-19 training under four domains like:

- (i) Sensitization programme
- (ii) Skill training
- (iii) Motivational and stress management training
- (iv) Refresher trainings.

The methods in which the above mentioned trainings done were:

**(i) Sensitization programme**

- Given to all category of staff and the general public in a time-bound manner, based on needs.
- Information dispersed covers areas like- infection and its transmission, break the chain programme, quarantine and reverse quarantine, steps to follow when a person becomes symptomatic, precautionary measures to be taken during travelling, attending social gatherings, orientation on laboratory testing for COVID-19, general guidelines for hospitalisation etc.
- SHSRC-K organized sensitization programme on prevention and control of COVID 19 for Lead District Managers of all Banks. After that directions were given to all district's training nodal officers to contact Lead District Managers (LDM) to conduct training programs for bank employees regarding prevention and control of COVID 19. In addition to that zoom training for police officers, airport duty staff, medical shops employees including pharmacists, treasury officers and selected volunteers.

**(ii) Skill training**

- Skill training imparted to all frontline health care workers, volunteers and other departmental staff who are associated with various containment activities of COVID-19.
- During the training, the following information were dispersed:
- Infection control practices including proper use of PPEs, donning and doffing
- methods
- Quarantine/isolation measures
- Triaging and crowd management
- Sero surveillance
- Swab collection and safe transportation of samples
- Hospital management of COVID-19 including ICU and ventilator care
- Dead body management

- Home care and follow up of positive patients
- Counselling of patients, family members and neighbours
- Stress management

***(iii) Motivational and stress management training***

- Periodic motivational training
- Crisis and stress management
- Counselling and psycho social support

***(iv) Refresher training***

- Updating knowledge through repetitive trainings at regular intervals.

**Training Materials:**

The training materials are designed in such a way as to effectively incorporate all the desired elements to contain COVID-19 and are uploaded in Kerala Health Online Platform.

<https://www.youtube.com/channel/UCSE0zP8darFGvDn3CyC2ERg/videos>

**Training coordination:**

District level coordinators have been identified in all fourteen districts to conduct and coordinate trainings. In addition a Core Committee comprising of Medical Officer, Nurse, and Ministerial staff was formed at all major institutions.

Capacity building exercises during COVID-19 includes five major activities, they are:

***(i) Cyclic institutional review meetings via Zoom platform***

Review meeting cycles hosted by the DHS and ED SHSRC-K addressing staff of PHC/CHCs across all districts (with one or two districts covered in a day via zoom meetings). These review meetings which encourage live interaction and reporting to the DHS was begun on 5<sup>th</sup> June 2020.

The objectives of this process:

- a) To identify the gaps faced by PHC/CHC Medical Officers and to identify issues faced by peripheral institutions in tackling COVID-19 and other communicable diseases.
- b) To assess the field level activities implemented by the centres with regard to COVID-19 and communicable diseases
- c) To identify further need of trainings among the staff.
- d) To sensitize of the current status of communicable diseases in each district w.r.t NVBDCP to the health centre teams and pointers on how to handle it

Once a round of interaction with all districts is completed, this review process get started again in all districts (with 7-10 days gap in between each cycle) to keep track of improvements and for identifying further gaps for rectification.

***(ii) District wise training***

SHSRC-K gave district-wise COVID-19 training to different categories of staff who were working in both public and private sector. More than nine lakhs health care workers attended the training.

***(iii) Training for newly recruited staff***

SHSRC-K collected details of newly recruited staff hired on temporary basis for combating the COVID-19 pandemic viz. the categories of staff recruited, the number of sanctioned posts, staff in-position and total numbers trained in each category. The objective was to identify gaps with respect to both recruitment and training. This helped to chart out a definitive plan for training the staff.

***(iv) Online ventilator training***

SHSRC-K and Kerala Social Security Mission (KSSM) in collaboration with WHO has conducted an online TOT for Emergency Medicine and Critical Care Physicians from all districts via zoom platform. The objective of the TOT was to obtain maximum utilization of ventilators and to enable maximum personnel to

operate ventilator service effectively. The first online TOT was scheduled on 6<sup>th</sup> June 2020. The participants including Emergency Physicians, Anesthetists, Critical Care Physicians and Pulmonologists. A total of 100 doctors attended the training including two to three participants each from all government medical colleges and five to seven participants from government health services attended and a total of around 100 doctors attended the training. Following which a few rounds of TOT were also conducted.

***(v) Training of COVID Jagratha app***

As per the orders from DHS, all District Nodal Officers were contacted in order to furnish SHSRC-K regarding the training updates in COVID Jagratha App. This data was collected from 13/05/2020 to 16/05/2020 to verify updates on training. Details collected included categories of staff trained with their numbers, mode of training/ venue of training (eg. zoom meeting or venue), date and time of training, further training plans etc in COVID Jagratha App.

**2. State and Thiruvananthapuram district COVID-19 Control cell activities**

SHSRC-Kerala played an inevitable role and staffs were deputed to State and district COVID-19 control cell room for the pandemic control activities. Our team engaged in the following areas:

***(i) Line list preparation and positive case communication***

- Downloading of daily results from LDMS portal
- Sorting of positive cases
- Scrutinizing of already declared and duplicated cases from the positive cases
- Communication of positive results to patients and finding of exposure details through individual phone calls.
- Reporting of positive cases to jail authorities and airport officials.
- Preparation of final line list and submission to surveillance team.

**(ii) e-sanjeevani programme**

- Actively played significant role in the implementation and coordination of e-Sanjeevani programme in Trivandrum district.
- Collection and preparation of Doctors database through phone calls.
- Preparation of duty chart on weekly basis.
- Transmission of orders and other information to Doctors and their concerned institutions via phone call and e mail
- Communication of tutorial videos to concerned Doctors through online platform.

**(iii) COVID-19 death analysis**

- Epidemiological analysis of COVID-19 deaths reported in Trivandrum district and prepared its presentations and reports on regularly
- Assisted the district death reporting team in daily reporting of COVID-19 deaths
- Managed COVID-19 death online portal – daily reporting, Death Investigation Report (DIR) approval etc
- Also assisted the COVID-19 Death Ascertaining Committee at district level in dealing with COVID-19 death appeals
- Prepared a research paper titled ‘Profile of COVID-19 deaths reported in Trivandrum district Kerala’ for publication.
- Involved in the distribution of COVID-19 death declaration document.



## PHOTOS



# Chapter IV

## DOCUMENTATION & COMMUNICATIONS

---

**i) Documents published**

- Standard Operating Procedure (SOP) for health care in COVID-19 First Line Treatment Centers (CFLTC)

**ii) Documents in the pipeline**

- Handbook for Nurses on NCD
- FHC Manual
- SDG Handbook

**iii) Official website link of SHSRC-K**



State Health Systems Resource Centre – Kerala (SHSRC-K) website has successfully launched (<http://www.shsrckerala.org/>). ***This site is designed, hosted and maintained by the National Informatics Centre (NIC) Kerala, Government of India.***

- The official website of SHSRC-K takes one on a journey through the various activities already undergone at the organization plus the ongoing activities with constant updation.
- It furnishes details on the various activities, news and other important updates related to health systems and research work happening at the centre.

#### ***iv) Guideline preparation***

##### **Introduction:**

Under the directions of the Govt. of Kerala, the Capacity Building Team led by SHSRC-K has monitored and closely worked with the Health Department to curb the pandemic COVID-19 spread across all 14 Districts. As a part of the plan to enhance the preparations to face the COVID-19 challenge, the Health Department prepared a roadmap and proposal for the formation of a secondary work force to assist in COVID-19 management. This acted as a backup force to assist the Govt. of Kerala to contain the pandemic by utilizing the already trained services of volunteer forces such as **STATE SANNADHA SENA/NCC/SPC/NSS** (which have always been supporting the state during all its disaster situations) with required training from the Health Department to augment its relief efforts to fight the pandemic.

The Govt. of India approved to make use of the services of volunteers aged 18 or above, to fight against the widening corona virus pandemic. The volunteer forces extended their support to help the civilian authorities by lending their services, especially in Kerala.

##### **Objectives:**

- To protect the public from COVID-19 infection.
- To prevent community transmission.
- To ensure quarantine/reverse quarantine/isolation.

- Awareness creation and effective implementation of **Break the Chain** activities.
- To render psychosocial support to those in need.
- To assist healthcare workers, police and other Govt. officials engaged in COVID-19 control activities.



**Meeting with NCC Director-Col. Francis for formation of Task Force**

**General guidelines for volunteer activity:**

- The volunteers should be in the age group of 20-40 years.
- Must be fit, healthy and prepared for the voluntary task.
- Should not have history of indulgence in any unlawful activities/crimes.
- DO NOT attempt to volunteer for any activity if they/any member in the house are in the quarantine period.
- The volunteer can serve in call centers, screening points(check posts/airport/railway stations), Covid First Line Treatment Centers (CFLTC), non-infective areas of hospitals, management of logistics, data management, queue and traffic management, assisting healthcare workers, police and other Govt. officials or any other COVID-19 related duties as requested by the higher officials.

- DO practice universal infection control precautions like wearing mask and face shield, frequent hand washing, social distancing, cleaning as advised by the health authority.
- Personal protection amenities will be provided by the deploying agency/government.
- Must wear proper ID card/possess pass duly signed by the authorities during voluntary work.
- Each volunteer should undergo adequate training as per the curriculum before voluntary work.
- No volunteer should be deployed for more than 8 hours continuously for volunteer work.
- Actual TA shall be paid/travel arrangements shall be made, if the place of duty is away from the place of residence. If needed, accommodation should be provided by the concerned authorities.
- Deploying agency should ensure that adequate refreshments are distributed during the voluntary work.
- Volunteers should report to concerned Govt. health institution/local police station/LSGD as per the directions.
- The volunteer work should be as per the guidelines issued by the Govt. of Kerala with regard to COVID-19.
- Volunteer work should be gentle, sincere and in cooperation with the public and the Govt. authorities.
- Voluntary duty time should not be utilized for any other personal/organizational/political/religious activities.
- If any volunteer develops symptoms suspected of COVID-19 should immediately report to the health workers in the concerned area.
- An authentic certificate will be issued to each volunteer on completion of their work.

## Chapter - V

# ACADEMIC COLLABORATIONS

---

### *(i) Internship programmes:*

SHSRC-K provides ample opportunities to young talented MPH and MBA students from reputed universities (both national and international universities) to do their internship programs. The main objective was to develop the potential of students in



health systems research skills and exposure to the public health systems. The internship period was for 1-2 months.

For the year 2020-2021, students from following institutions came for internship.

University	Number of students
Manipal Academy of Higher Education	3
Central University, Kasargode, Kerala	8
<b>Total</b>	<b>11</b>

The interns at SHSRC-K have played a major role in the conduct of several programmes, COVID-19 activities, research activities and other work at the organization.

### *(ii) MLSP training*

State Health System Resource Centre is the nodal agency for conducting MLSP training. The training strategies of Health Services Department have taken a new direction in the scenario of COVID-19 pandemic. Most of the training is converted

in to online methodology. In order to conduct training program for MLSP's through online necessary training material content creation (video content capturing, editing/animation/videos instructions material) has to be done urgently technical specification for videos preparation and evaluation of technical competence of bidders etc has to be done. Transportation for onsite shootings and site visits.



**Meeting with MLSP TEAM at SHSRC-K**

MLSP Zoom meetings/review meetings/emergency announcements for the training work at all districts on every month, with the Aardram Nodal Officers (ANOs), District Nodal Officers (DNO-s) and PROs.

DATE	ACTIVITY
19.03.2021	An orientation was conducted for the district level teams of two districts each in seven sessions.
30.03.2021	Orientation training for MLSP (Middle Level Service Providers) through LMS (Learning Management System). SHSRC-K and training division of NHM are working together to make the MLSP training more successful and effective.

***(iii) Kerala Health Webinar***

The department of health and family welfare, Government of Kerala organised a series of webinar in 2021. The theme of the conference was “Making the SDG a

reality”. The webinar was planned on five days during the months of February-March 2021 (February 17<sup>th</sup>, 18<sup>th</sup>, 24<sup>th</sup>, 25<sup>th</sup>, and March 4<sup>th</sup> 2021). SHSRC K developed a report of the Kerala Health Webinar series that happened in February-March 2021. We also developed the policy brief document of the webinar series.

Date	Time	Subject
<b>17/02/2021</b>	17.00-20.00 Hrs	Universal Health Coverage: Moving towards better health
<b>18/02/2021</b>	17.00-20.00 Hrs	COVID-19 pandemic: Health System Response – Resilience - Preparedness
<b>24/02/2021</b>	17.00-20.00 Hrs	Achieving SDGs related to MMR & IMR – Dream or Reality?
<b>25/02/2021</b>	17.00-20.00 Hrs	Meet the SDGs - Beat the NCDs
<b>04/03/2021</b>	17.00-20.00 Hrs	Moving towards TB Elimination – a call for action

The conference mainly aimed to bring policy makers, programme managers, health experts, public health specialists, academicians and civil society across the globe to share their experiences, facilitate cross learnings and plan steps to achieve SDG in future. The thematic areas included transforming primary health care, maternal and child health, non-communicable diseases and communicable diseases were dedicated for each day of the webinar. The webinar was conducted as three segment:

- Panel discussions by international experts
- Experience sharing by global health leaders
- Talks by heads of governments and developmental partners.

The expected outcome of the webinar was to produce concise monographs on respective themes. The webinar series was inaugurated by the Honourable Chief Minister of Kerala Shri. Pinarayi Vijayan in the presence of Honourable Minister for Health, Social Justice and Women & Child Development Smt. K. K. Shailaja, dignitaries from across the globe.

SHSRC-K was entrusted to do three activities:



- Preconference document
- Policy brief of first three days of the webinar
- Overall documentation of the webinar

For the documentation purpose, a committee namely documentation committee was formulated with Chairperson Dr. Shinu K S, DMO, Trivandrum & Executive Director SHSRC-K and Dr. Rekha M Ravindran, Senior Research Officer, SHSRC-K as member. Then we formulated documentation secretariat. The secretariat for documentation was stationed at SHSRC-K. The persons who were in charge included Dr. Namitha, Epidemiologist, DMO, Trivandrum, Mrs. Anjali Krishnan, Research Officer, SHSRC-K, Dr. Manju Madhavan, Research Officer, SHSRC-K and Mrs. Chinnu R Nair, Research Assistant, SHSRC-K. Some of the medical officers from health service also became the part.

SHSRC-K has also actively participated in the paper presentation conducted as part of the webinar.

### **Goal of the conference**

The conference aimed to bring policy makers, program managers, health experts, public health intervention specialists, academicians, front line fighters and civil society across the globe to share the experiences, facilitate cross learning and plan for future to achieve the SDGs.

### **Conference Segments**

- Panel discussions by International Experts
- Experience sharing by leaders across the globe
- Dialogues among heads of governments and developmental partners

### **Themes of Webinar**

#### ***1. Universal Health Coverage: Moving towards better health***

Universal health coverage (UHC) is a vision where all people and communities have access to quality health services where and when they need them, without

suffering financial hardship. Countries and states are on different pathways towards UHC. COVID-19 pandemic has exposed the strengths and weaknesses of health systems across the world. This conference theme will have a panel discussion by global experts on opportunities and challenges in ensuring better health in next decade and experience sharing by heads of Governments of various countries and states in improving the health and wellbeing of citizens.

## **2. *COVID-19 pandemic: Health System Responses***

The COVID-19 pandemic is a global health crisis of a scale never witnessed before. Within a few months, it has devastated many countries around the globe, requiring an unprecedented mobilization of health systems. The pandemic is yet another reminder that we need to invest in public health, ramp up health system's capacities to detect a disease early and respond rapidly to emerging infections and rely on evidence base for policymaking. It is high time that we paid heed to these lessons and strengthened our health systems, as epidemics and pandemic soft his nature will continue to challenge public health well into the future. This conference theme will witness responses of health systems across the globe to COVID-19 pandemic and discuss the way forward to get prepared to meet further threats.

## **3. *Meet the SDGs - Beat the NCDs***

NCDs are one of the major challenges for development in 21<sup>st</sup> century. NCDs are responsible for 70% of all deaths worldwide. A large proportion of such deaths are premature: and nearly one third dies between the ages of 30 and 70. 85% of premature deaths from NCDs occurred in developing countries; including 40% in lower-middle-income countries where the probability of dying from an NCD between the ages of 30 and 70 is up to four times higher than in developed countries. Most of these premature deaths from NCDs could have been prevented or delayed. But based on the current rate of decline in premature mortality from the four main NCDs, will the world be able to meet the Sustainable Development

Goal target 3.4 to, by 2030, reduce by one third premature mortality from NCDs through prevention and treatment. What have we done so far and what more to be done?

#### **4. *Achieving SDGs related to MMR & IMR – Dream or Reality?***

Healthy women and children are the linchpin for healthy and thriving societies. Significant and long-lasting benefits are ensured from investing in the health of women and children. Many countries and states have made remarkable progress in improving the access to quality health care among women and children, and improve outcomes for children. Still there are many gaps visible. Investing in the health of women and children is indispensable to achieving the new Sustainable Development Goals (SDGs) agenda. This conference theme will discuss the progress made so far and witness efforts of many regions in improving the health and wellbeing of women and children.

#### **5. *Moving towards TB Elimination – a call for action***

Although global efforts have averted a more than 50 million TB deaths since 2000, TB remains the world's deadliest infectious disease. To meet the global target of ending TB by 2030 and to achieve the UNHLM targets, countries are urgently accelerating their response. COVID-19 has posed many challenges to TB Elimination efforts across the globe. This session will discuss the progress made in TB Elimination so far from various countries as well as throw light on to the opportunities during the COVID-19 pandemic.

# Chapter VI

## FINANCIAL REPORT

Financial details of the organization in the year 2020-2021 are as below:

Research Studies (Head: B 20)			
Total Amount received from NHM	Order No.	Expenditure as on 2020-21	Balance fund available
29,47,500	NHM/5478/Jr.CON (FIN)/2015/SPMSU dated 27/12/2018	14,10,542	1,53,69,588
<b>Total amount released for 4 studies as detailed below:</b>			
Name of investigator	Name of the study	Total Amt. of the study	Expended Expenditure
<b>Dr. K. Sakeena, DMO(H), Malappuram</b>	A study on the rate of Post Partum screening in women effected with Gestational Diabetes Mellitus in Malapuram dist.	5,75,000	4,60,000
<b>Dr. K. Sakeena, DMO(H), Malappuram</b>	A study on the rate of Post Partum screening in women effected with Gestational Diabetes Mellitus in Malapuram dist.	5,75,000	4,60,000
<b>Dr. Sunija, Director, PH Lab, TVPM</b>	A study on the anti microbial resistance pattern in Kerala	5,50,000	4,40,000
<b>Dr. Noble gracious, State Nodal Officer, Kerala Network for organ sharing (KNOS)</b>	Draft proposal for process documentation, publication and dissemination of Kerala's Diseased Donor organ transplantation program, of Govt of Kerala initiative	3,95,500	1,58,200
<b>Mrs. Radhika, Asst. Prof., Govt. College of Nursing, Trivandrum</b>	Glycamic variability in chronic kidney disease	4,27,000	3,41,600
<b>Meeting related to research studies</b>		0	13,763
<b>Aardram Project - Phase II (Head : 9.5.27.4)</b>			
Total Amount received from NHM (in the FY 2019-20)	Order No.	Expenditure as on 2020-21	Balance fund available
1,00,00,000	NHM/5478/Jr.CON (FIN)/2015/SPMSU dated 01/10/2019	7,73,664	74,07,771
<b>Collaborative meetings</b>			
		Expenditure as on 2020-21	
<b>Public Health Bill</b>		4,520	
<b>Epidemiology (Total amount of Rs. 1,11,54,635/- received from DHS as per the GO (Rt) No. 3113/2016/H&amp;FWD dated 18/11/2016 and GO (Rt) No. 472/17/H&amp;FWD dated 22/02/2017)</b>		41,39,760	

**THANK YOU**