

ANNUAL REPORT

2018-2019



STATE HEALTH SYSTEMS RESOURCE CENTRE
KERALA

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Message

Over the past years Government of Kerala has undertaken several initiatives to improve the quality of services in ground level with emphasis on preventive, promotive, curative, rehabilitative and palliative care. SHSRC-K has been established for providing technical support to the department of health in areas of health policy, health care financing, capacity building, health care administration and health system strengthening through operational research and public health program evaluation. SHSRC-K has done tremendous work for improving the quality of health care, through capacity building programmes in connection with Aardram Mission.

This mission has helped in restructuring and revamping the public health system to enable more patient-friendly and efficient government hospitals, by delivering optimum level of care with minimum out of pocket expenditure. Providing comprehensive and incessant training for all category staff was the giant step SHSRC-K was taken to ensure quality of service delivery. I appreciate the sincere efforts of SHSRC-K team for maintaining continuum in health care.

SHSRC-K is a core leader and forerunner in providing health policy recommendations through health system research. I congratulate entire SHSRC-K team for their time, wisdom and commitment.

K K Shailaja Teacher

Message from the Executive Director



Dear Friends and Colleagues,

Greetings from SHSRC, Kerala!!!

I am pleased to present the report of activities of State Health Systems Resource Centre - Kerala for the year 2018-2019. As an organisation under the Department of Health and Family Welfare, Government of Kerala, we strive to put our best every day to serve the public in the most efficient and effective ways possible. In this year's report, we are highlighting many, though certainly not all, of the Center's accomplishments and activities to advance our vision supporting the health systems research, health policy & planning, strategy development, innovation and knowledge management.

The past year, 2018 -19, proved to be another eventful year for our institution. In the coming year, SHSRC-K will continue to restructure and revamp the activities in connection with the health system reforms and expand capacity building programs by providing comprehensive and incessant trainings through Aardram.

This success to our centre would not have happened without our dedicated staff. A sincere appreciation goes to each and every one for the wonderful job they do. I am proud to pronounce that we have a team committed to working together for the success of our center.

I would also like to offer my sincere gratitude to our committed Governing body members, Executive Committee members, and volunteers who were always been in support for carrying out the activities. In this juncture, SHSRC-K also acknowledges the Department of Health and Family Welfare, Department of Health Services as well as NHM and provincial organizations that partner with us without whom the journey would have been difficult for us.

With the continued help of our extended group of resource persons within in the system, throughout the state, we look forward to many successes in 2019-2020. Also we look forward to continue to be more flexible and adapt to whatever new plans that are created for the development of health sector.

A handwritten signature in blue ink, appearing to read 'Dr. Shinu KS'. The signature is stylized and fluid, with a long horizontal stroke at the end.

Dr. Shinu KS
Executive Director, SHSRC-K

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State Health Systems Resource Centre - Kerala

An Overview

State Health Systems Resource Centre, Kerala (SHSRC-K), was established in 2008-09 as a technical support organization for the Department of Health & Family Welfare, Government of Kerala. The main objective of SHSRC-K has been to undertake research, evaluate and provide technical support aimed at strengthening the health system of Kerala. During the initial years, it mainly functioned as the ASHA resource center and in the year 2013-14, Government of Kerala accorded SHSRC-K as an autonomous body under the Department of Health And Family Welfare with the objective of advising the government on a regular basis on policy and strategy development and to mobilize technical assistance for specific health system issues. SHSRC-K has been formed on the lines of National Health Systems Resource Centre (NHSRC), New Delhi, a technical support organization to National Health Mission, Government of India.

Vision

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

Mission and Objectives

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

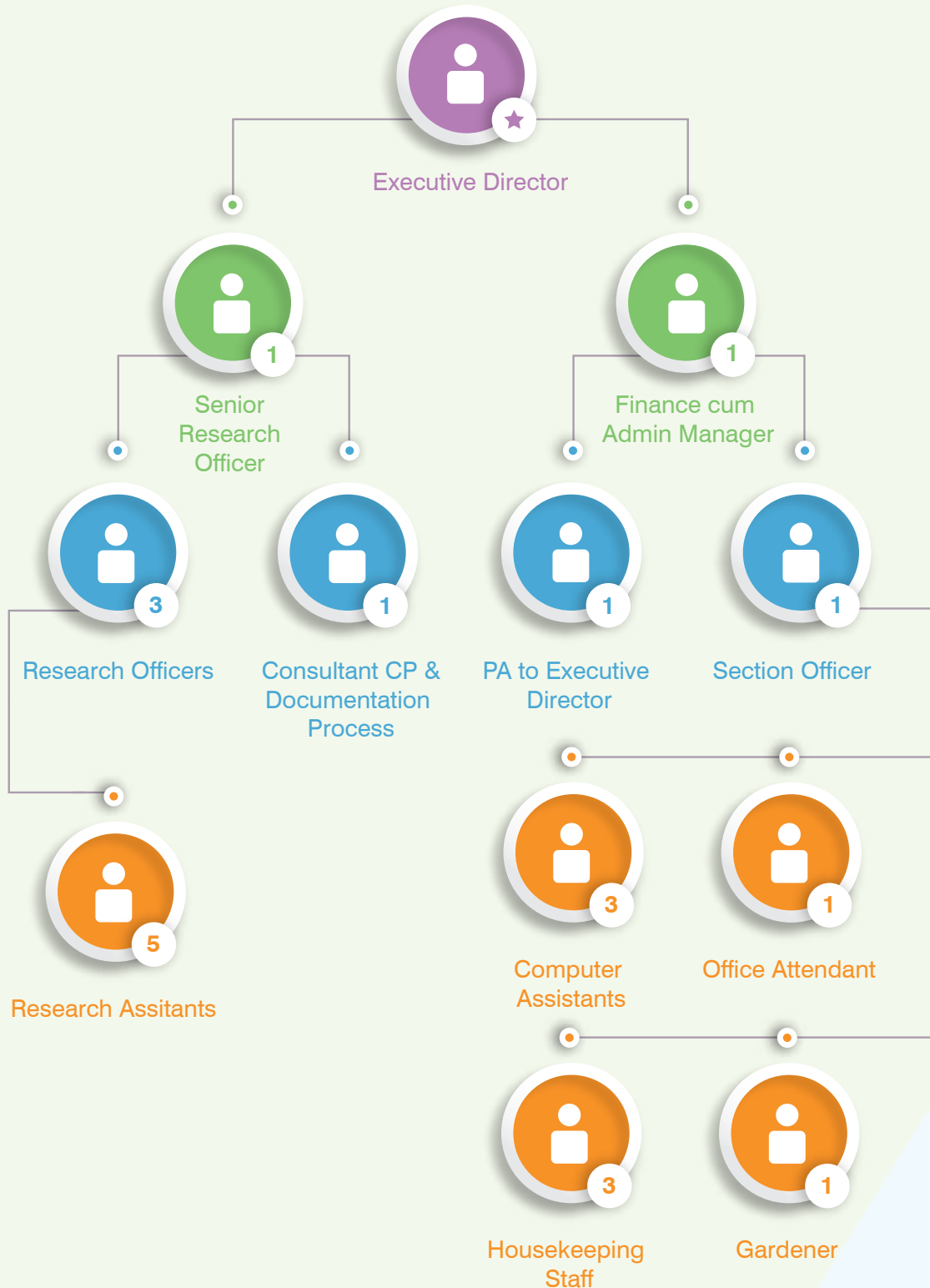
Thematic areas

Strengthening Health System	Support state in implementing health programs
Policy Recommendations	Developing policies/guidelines/modules for the upliftment of Health care delivery system
Strengthening Primary Health Care	Support in rolling out Comprehensive Primary Health Care as a part of Aardram Mission
Capacity Building	Capacity building and competency based training as part of Aardram Mission
Research	Conduct evaluations and research works to support health system



Organogram of SHSRC-K

The organization chart of SHSRC-K is given below



Activities of SHSRC-K

I Research

SHSRC-K carries out research and provides financial support for the research work conducted in other institutions. The institution ensures that health systems researches are conducted in the best interests of the people in a fair, honest, and transparent manner.

Details on the research activities carried out by SHSRC-K during the year 2018-2019 are given below;

Sl. No	Research topic	Objectives	Current status
1	Assessment of Secondary Health Care Facilities for Air Borne Infection Control and Practices in Kerala	<ul style="list-style-type: none"> To assess the gaps in facilities and practices for preventing air borne infection transmission in the district and general hospitals in Kerala. To develop solutions for rectifying these gaps in the health system. 	Draft report ready
2	Program Evaluation of Arogya Kiranam Scheme in Kerala	<ul style="list-style-type: none"> To understand the goals, structure, expected outcomes, pattern, and stakeholder ship of Program. To delineate the current policy process To understand the utilization pattern 	
3	Aardram Mission, a boon for health sector in Kerala- People friendly health delivery system	<ul style="list-style-type: none"> To describe and reflect on “Aardram Mission” - the strategy adopted by the government of Kerala to transform its health system 	



II Health and wellness centres (Aardram Mission)

The Government of Kerala has implemented Aardram mission under the ‘Nava Kerala Karmapadhai’ to revamp the health system of the state by people friendly transformation of public health service delivery system.

The objective of this important Mission is to achieve the short and long term goals of the state in line with United Nation’s Sustainable Development Goals. One of the strategies of the Mission is to transform all Primary Health Centres to Family Health and Wellness Centres (FHC) by redefining the package of services offered and also by improving quality. The transformed services aim to achieve universality (making services available to all irrespective of whether they approach institutions or not) and comprehensiveness (includes promotive, preventive, curative, rehabilitative and palliative services) thus addressing social determinants of health through intersectoral collaborations and community participation.

The Chief Minister is the Chairman, Health Minister- Co-chairperson and Additional chief Secretary of Health & Family Welfare is the Chief Executive Officer of the Aardram Mission.

The primary objectives of the Aardram mission are:

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

Activities in connection with Aardram Mission

A. Publication of Manuals / Handbooks

Over the years SHSRC-K has prepared and published several manuals and handbooks to instruct and guide health care workers on technical procedures, and many other kinds of information that is not intuitively obvious or easy to remember. The manuals that are already published is given below;

Aardram Douthyarekha

Mission Aardram aims at creating “People Friendly” Health Delivery System in the state. Aardram Douthyarekha fixed various health sector targets in the year 2020 and 2030 in terms of training activities and programmes.



Content of the Aardram Douthyarekha includes:

- Understanding the Aardram Mission
- People friendly hospitals
- Improvement and better quality services
- Transformation of Primary Health Centre to Family Health Centres,
- Jagratha –communicable diseases

- E- Health
- Participation of Local Self Government
- Tribal health
- Monitoring and evaluation
- Other marginalized group
- Aardram Mission- through peoples participation
- Other programmes

FHC Manual

Finance management is an important area of FHC Management and is mainly the responsibility of Medical Officer in charge. Over the years, there has been a good inflow of funds for the program.



The main sources of funding include the State Plan fund, NHM fund, LSG funds, comprising of funds from the LSG Projects and from various national programs – State and Central.

Many new schemes are being implemented in the Primary Health Centers through the State and National Health Programmes. Diagnostic Laboratory Services using new technologies are being brought in at the Primary Care level for early detection, cure, control and prevention.

The total governance of the Family Health Centre that includes interaction with LSG, administration of finance and assets, management of human resources, issue of several certificates and carrying out several functions as health authority of a Panchayat has to be carried out by the Medical officer in charge. It is thus the responsibility of the Medical Officer to make the necessary arrangement for the smooth functioning of the centre.

SHSRC is entrusted with preparing a management manual for FHCs which will be helpful for Medical Officers to carry out their responsibilities effectively. A series of workshops have been held at SHSRC-K and the work is still in progress.

The committee including selected faculties, who are selected for manual preparation discussed various aspects of the manual in detail and the following domains and experts were identified. The domains are:

- FHC Administration
- Financial management - Material & Asset management
- Organization and Management of Clinical care services
- Media including Social Media Management - IEC
- Community interaction activities management
- Personal management
- Time management
- Stress management
- Personnel management
- Convening, conducting meetings and conferences
- Health Data Management
- e Health
- Health planning



- Project preparation, implementation and supervision and reporting
- Quality standards and quality assurance
- Medico-legal issues
- Ethics and code of conduct
- Organisation and Management of Public Health programs (National, State and Panchayath/Municipal)
- Sub centre Management (Infrastructure, Services, Clinics, Field works)
- Laisoning with the Local Government
- Intersectoral Coordination (AYUSH, Social Justice, Education, Agriculture, Animal husbandry, Irrigation, PWD, SC and ST, Police, Fire force,) & convergence with Kudumbasree
- Social accountability including Social Auditing
- Acts, Rules and Policies
- Helpline numbers

- Documentation – Records and Archives and linkage with Panchayat website

The group discussed different styles and formats for the manual preparation and the contents to be included. The merits and demerits of different styles were narrated by the experts.

The following decisions were taken:

- Identify packages and services under Public Health programs to be delivered from FHC/ CHC/ PHC
- Add brief summary of document concerned to the particular packages and services in each section and give reference for further readings.
- An officer should be identified to read the documents and come up with summary and specific responsibilities.
- Add the responsibilities of MO, Supervisors and field staff separately for delivering the packages and services.



Workshops conducted as part of manual and handbook preparation are mentioned below.

Dates	Workshop
5th June 2018	Curriculum on female supervisory training
12th June	Development of monitoring tool for FHC
29th, 30th June , 16th, 18th July, 5th, 7th March	JHI/JPHN Handbook writing workshop
26th, 27th July	Modification of lesson plan- team building training
30th July to 1st Aug 2018 28th Sept, 4th, 5th, 16th Oct,	KUHS Trainer's manual preparation
8th, 15th, 16th, 19th, 22nd, 27th, 23rd, 29th Nov 19th, 20th Dec, 8th, 14th, 15th, 22nd March	PHC manual domain (Finance & Admin) domain expert committee meeting
31st Oct	PHC manual 15th Domain expert committee meeting
18th Jan	Lab Technician module preparation
21st Jan	Revising the skill training module for lab technicians working in FHC's
11th, 23rd Jan	Writing workshop for revising conceptual training module of medical officers in FHC
24th, 25th Jan	Workshop for revising training module of medical officers in FHC
28th, 29th Jan	Writing workshop for revising training module of Nursing Assistant in FHCs
31st Jan, 1st Feb	Writing workshop for revising training module lesson plan of JHI/JPHN in FHCs



B. Capacity building programme

To achieve the objectives of the Aardram Mission, quality of services provided from all levels of care has to be improved. The first step towards achieving this goal is providing comprehensive and incessant training of all categories of health care providers. To achieve this, SHSRC Kerala has been entrusted with the responsibility of conducting trainings at state and district level.

Training & development helps to improve performance of the health care workers by increasing ability to perform through learning, usually by changing the attitude or increasing his or her skills and knowledge.

SHSRC-K has organized training programs and developed the lesson plan of training for each category of staff. Some of the trainings are conducted at state level and some at district level. In general, objective of each training program includes

- Continuing education and updating knowledge
- Soft skill development
- Increase efficiencies in processes
- Attitudinal change
- Increase motivation and engagement
- Up skill development
- Ethical Orientation
- Build self-confidence, self-reliance, problem-solving skills and independence
- Contribute to viable and sustainable programs

To attain the above said objectives trainings were designed in three domains viz. Team Building training, Concept based training and Skill training. The training curriculum was designed in such a way as to effectively incorporate all the desired elements. A State Skill lab was

also operationalised in Kerala State Institute of Health and Family Welfare to conduct some of technical trainings. District level training centres have already been identified to conduct hands on training for Medical Officers, Nurses and other paramedical staff. District level Skill labs will also be set up attached to all the district level training centres. Since LSG representatives and officials were also being trained, a liaison with the Kerala Institute of Local Administration was established for conducting the trainings.



Process of developing the training

The target population for training was defined by conducting several workshops involving eminent clinicians, academicians and public health specialists in the state

- A consensus was reached on the trainings to be conducted and content to be delivered to the different categories of staff
- Brainstorming sessions were conducted to develop clinical guidelines, training curriculum and training materials.
- The selected skills and knowledge were organized into suitable teaching units (modules) and develop the training design (including brief outlines of module content and planned training methods).

- The draft expanded outlines of modules, including instructional objectives, main body of text, and descriptions of training methods, examples and exercises.
- Experts provided realistic examples and information for use in exercises.
- The complete modules, facilitator guidelines, and course director guidelines were drafted.
- An effective state level resource team from the cross section of all categories of health care providers in the state was created (Doctors, Nurses, Pharmacists, Lab Technicians, and Field staff).
- A core training group and a district level resource pool was created.
- Workshops were conducted to develop lesson plan and activities for executing the content. The objectives of each training session were also defined
- Training of trainers (TOT) was conducted and the trainers were trained and evaluated on all aspects.
- The training materials were field tested.
- The training materials were revised and finalised based on the field test.

Training process

All trainings were residential in nature. The training sessions were developed in such a way as to encourage participation of all trainees. The number of trainees was limited so that all trainees got individual attention. The resource persons were facilitators and the training process was not just didactic.

All sessions were divided into three parts.

1. The first part is an activity designed to elicit the gaps and issues in the existing service delivery mechanism.
2. The second part is designed to prompt the trainees to come up with their own solutions to address the gaps and issues identified.
3. The third part is a short presentation meant to convey the developed concept of proposed health reforms.



- Team building and problem solving exercises were also conducted during the course of concept based trainings.
- An open forum was also scheduled during the course of trainings where the participants could interact with the administrative authorities to voice their concerns and apprehensions in the implementation of the Aardram mission.
- A reflection session was also included from the second day onwards where the trainees were encouraged to share their experience on how the previous day's training had influenced them to carry out their responsibilities.
- At the end of the training, a session was devised where the trainees could share their experience and also provide feedback about the training and suggestions for improving future trainings.
- The trainees who displayed exceptional



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

The trainings which are conducted as part of capacity building programmes are specified below:

a) Team building training



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

Objectives

- To orient the team on concept of FHCs for smooth implementation

- To build a stake holder team with the ownership of elected representatives in each Panchayat
- Exchange of ideas
- Learning from each other

Conduct of training

This two day training included sessions on the importance of Aardram, its history, concept of Aardram and FHCs, and team building. At the end of the training, the team was supposed to present the details of transformation they were willing to bring to their institution, how and when.

The team building training for first phase and second phase FHCs were conducted in several batches in several locations namely KILA- Thrissur, IRTC- Palakkad and SHSRC- Trivandrum. Since this training was important for team building and equipping the LSG for taking the lead in conversion of PHCs to FHCs, it was decided to conduct this training under the supervision of a state team. In the trainings conducted at SHSRC, Minister for Health and Family Welfare, Additional Chief Secretary (H&FW) and Director of Health Services visited the participants to motivate them.

Team building training in KILA (Thrissur) held on 06/08/2018 was done in 3



batches comprising of 447 trainees.

Team building training sessions in IRTC (Palakkad) was held from 04th October 2018 to 13th December 2018. 18 batches with 2657 trainees (including the PHC staff and People's Representatives) attended the training. District Medical Officers, DPMs participated in the training sessions.

The Team building training held in SHSRC (Thiruvananthapuram) was conducted in 4 batches with 651 trainees from 11th January 2019 to 19th January 2019.



Details of training

Phase	Institutions covered	No of persons trained
I	164	1391
II	504	3898

FHC Team Building Training	–	Phase II
Total institutions selected	–	504
Number of participants attended the training	–	3898
Number of district level officials attended	–	238
Number of Resource Persons trained and developed as faculty	–	77

b) Concept training

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

Objective

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

Conduct of training

Medical Officers, staff nurses, lab technicians, pharmacists, field staff, Nursing Assistants, hospital attendants, Part time sweepers, ASHA, AWW, Arogyasena were given training separately. In these trainings, the participants was oriented on the program as a whole. They were informed about, their changing roles and responsibilities in the context of conversion of PHCs to FHCs. The Medical Officers, Staff Nurses, Lab Technicians and Pharmacists of the first phase FHCs were trained in direct supervision by the state team at SHSRC Trivandrum. The training for field staff was conducted at KILA, Thrissur owing to the

lack of space then, for training at SHSRC. The training for the staff in second phase FHCs were decentralized to district level training centres for ease. But the training for Medical Officers and Nurses were conducted at State level to maintain the quality of the training and also for the convenience of the Health Minister, Health Secretary and Director of Health Services to visit the participants. The training for ASHA, Arogyasena and AWW is yet to start in the districts.



Details of the training

Phase I

Institutions	Category	No of persons trained
164	MO	568
	Staff Nurse	624
	Pharmacist	156
	LabTechnician	187
	Ministerial	139
	Field staff	1432

Phase II

Institutions	Category	No of persons trained
504	Medical Officers	315
	Pharmacist	635
	Ministerial	645
	Lab Technicians	242
	Field staff	391
	NA	154
	HA/PTS	344

FHC Concept Training for Pharmacist

As a part of Aardram Mission, SHSRC-K conducted second step of concept training programme for Pharmacist for 111 institutions on 4th April to 6th April 2018. There were 87 Pharmacists who attended the training.

The training basically covered the concept of FHCs and elaborated the roles and responsibilities of Pharmacist in the context of FHCs. The difference between PHCs and FHCs were explained with examples.



FHC Concept Training For Lab Technicians (Mop Up)

As a part of Aardram Mission, SHSRC-K conducted mop up training for those who have not yet received the training on FHC concept. The training for Lab Technicians was from 23rd May 2018 to 25th May 2018. The number of people who attended the trainings is mentioned below:

- 23rd April 2018 (TOT):17
- 24-25th April 2018:43

The training basically covered the concept of FHCs and elaborated the roles and responsibilities of the Lab Technicians in the context of FHCs. The difference between PHCs and FHCs were explained with examples

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



FHC Concept Training For Field Staff at KILA

As part of Aardram, SHSRC-K organized a residential training programme on FHC concept for field staff from 9th April to 23rd April 2018 at KILA. The training covered 110 FHCs. The training was organized in collaboration with KILA, Thrissur. The participants were trained in four batches at KILA.

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

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



The training was residential in nature. The training could impart the concept of Aardram to 954 participants of 110 FHCs and the difference between PHCs and FHCs were explained in the training.



c) Skill training

Updating skills is important to ensure the quality of service provision through FHCs. Even though all category staff requires certain amount of skill to perform their roles, only doctors, nurses and lab technicians are being provided with a separate skill training including hands on training in a hospital. To provide this training, district training centres are being set up with facilities and administrative back up for conducting classes and to provide hands on training. These are centres attached to District/ General hospitals in each district.



Nurses

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



Doctors

The doctors in FHCs are to be trained in the 53 conditions for which clinical guidelines have been developed. A team of doctors from concerned specialties in each district will be selected to provide the training at each centre. The training of trainers will be provided at state level to transact the skill and information to the participants. The curriculum and lesson plan for the same will be developed by the state team. The training is yet to begin.



Lab technicians

Skill training for lab technicians shall be conducted district wise by categorising the districts into North, Central and South zones. In this training lab technicians would be oriented on the concept of FHCs, their roles and responsibilities and hands on training at a regional public health lab and a lab in an FHC.



Training status

Trainings	First phase (170) & Second phase (504))
Skill training for Nurses	District level training to be scheduled
Skill training for Lab Technicians	Scheduled at regional level: Ekm., Kannur, Tvm.
Hands on training for Doctors	At proposed district training centres to be scheduled

Other trainings held during the year 2018-19 are:

Date	Training	Participants
15th & 16th Jan	ToT - Training for Ministerial staff in FHCs (56 Inst)	12
17th & 19th Jan	Training for Ministerial staff in FHCs (56 Inst)	46
27th to 28th Jan	ToT - FHC Team building training for LSGDs and Officials (Second phase 75 Inst)	38
29th & 30th Jan	FHC Team building training for LSGDs and Officials (Second phase 75 Inst) Batch I	174
31st Jan & 1st Feb	FHC Team building training for LSGDs and Officials (Second phase 75 Inst) Batch II	197
02nd & 03rd Feb	FHC Team building training for LSGDs and Officials (Second phase 75 Inst) Batch III	234
05th Feb	ToT - Training for staff nurses (56 Inst)	16
06th 07th Feb	Training for staff nurses(56 Inst) Batch I	46
08th & 09th Feb	Training for staff nurses(56 Inst) Batch II	52
12th & 13th Feb	ToT - FHC Training for Field staff (56 Inst)	49
14th & 16th Feb	FHC Training for Field staff (56 Inst) Batch I	209
17th & 19th Feb	FHC Training for Field staff (56 Inst) Batch I	265
22nd Feb	ToT - FHC Training for Staff Nurses (108 Inst)	15

23rd & 24th Feb	FHC Training for Staff Nurses-(108 Inst) Batch I	55
26th 27th Feb	FHC Training for Staff Nurses-(108 Inst) Batch II	64
05th 06th March	ToT - FHC Training for Ministerial Staff-(108 Inst)	26
06th & 07th March	FHC Training for Ministerial Staff-(108 Inst)	93
08th & 09th March	ToT - FHC Training for Lab Technician (108 Inst)	25
08th & 09th March	FHC Training for Lab Technician (108 Inst)	90
17th March	ToT - Training for Medical Officers on FHC Concept (111 Inst)	22
19th March	Training for Medical Officers on FHC Concept(111 Inst) Batch I	68
21st & 22nd March	Training for Medical Officers on FHC Concept (111 Inst) Batch II	75
26th March	ToT - Training for Nurses on FHC Concept (21 Inst)	17
27th & 28th March	Training for Nurses on FHC Concept (21 Inst)	44
04th April	ToT - Training for Pharmacist on FHC Concept (111 Inst)	18
05th & 06th April	Training for Pharmacist on FHC Concept (111 Inst)	87
09th April	ToT - FHC Training for Field staff (111 Inst)	35
10th & 12th April	FHC Training for Field staff (111 Inst) Batch I	180
16th April	ToT - FHC Training for Field staff (111 Inst)	45
17th – 19th April	FHC Training for Field staff (111 Inst) Batch II	257
20th to 22nd April	FHC Training for Field staff (111 Inst) Batch III	252
23rd to 25th April	FHC Training for Field staff (111 Inst) Batch IV	265
21st May	ToT - FHC Mopup training for Pharmacist	13
22nd May	THC Mopup training for Pharmacist	19
23rd May	ToT - FHC Mopup training for lab Tech	14
05th Aug	ToT - FHC - Team Building training	32
06th & 07th Aug	FHC - Team Building training Batch I at KILA	170



8th to 9th Aug	FHC - Team Building training Batch II at KILA	155
13th & 14th Aug	FHC - Team Building training Batch III at KILA	122
04th & 05th October	FHC - Team Building training Batch III at IRTC	174
08th & 9th October	FHC - Team Building training Batch VI at IRTC	140
10th & 11th October	FHC - Team Building training Batch VII at IRTC	168
12th & 13th October	FHC - Team Building training Batch VIII at IRTC	159
23rd & 24th October	FHC - Team Building training Batch IX at IRTC	154
25th & 26th October	FHC - Team Building training Batch X at IRTC	154
27th & 28th October	FHC - Team Building training Batch XI at IRTC	160
29th 30th October	FHC - Team Building training Batch XII at IRTC	155
12th & 13th Nov	FHC - Team Building training Batch V at IRTC	185
14th & 15th Nov	FHC - Team Building training Batch XIII at IRTC	153
22th & 23rd Nov	FHC - Team Building training Batch XIV at IRTC	118
24th & 25th Nov	FHC - Team Building training Batch XV at IRTC	136
30th Nov.& 01st Dec	FHC - Team Building training Batch XVIII at IRTC	204
02nd & 03rd Dec	FHC - Team Building training Batch XVI at IRTC	160
04th & 05th Dec	FHC - Team Building training Batch XIX at IRTC	148
06th & 07th Dec	FHC - Team Building training Batch XX at IRTC	142
10th & 11th Dec	FHC - Team Building training Batch XXI at IRTC	145
12th & 13th Dec	FHC - Team Building training Batch XXII at IRTC	156
16th to 18th Aug	Workshop for vetting FHC Training Manual	5



d) District Level training

The Government of India allocates significant funds to the states for implementing healthcare. However, quality of services provided from all level of care has to be improved. The first step towards achieving this goal is providing comprehensive and incessant training of all categories of health care providers.

The second phase of Aardram training aimed at decentralization. Decentralization as a reform measure aims to improve inputs, management processes and health outcomes, and has political, administrative and financial connotations. It is argued that the robustness of a health system in achieving desirable outcomes is contingent upon the width and depth of 'decision space' at the local level.

As part of this, there were trainings decentralized to districts and SHSRC Kerala entrusted with the responsibility of conducting training at districts.

The main role of SHSRC-K is facilitating and monitoring the conduct of training. SHSRC-K also provides a state resource person and an observer for the smooth conduct of the ToT and the Concept.

Role of SHSRC-K:

- Provision of faculty and relieving them for the training
- Selection of participants from all districts and relieving them for training
- Making training module, PPT presentations etc
- Would send an Observer for supervision/ guidance



Following category of the staffs were trained through district trainings.

Districts	Completed Concept training	Completed Skill training
Trivandrum	Pharmacist (42)	Nurses (64)
Kollam	Pharmacist (49) Clerk (37) OA (37)	NA (49) HA (49) PTS (46)
Alappuzha	Nil	Nurses (35)
Pathanamthitta	OA (32)	
Idukki	OA	
Kottayam	Pharmacist (50) Clerk(42) OA (43) HI(36) PHN(33)	Nurses (39)
Ernakulam	Pharmacist(47) Clerk (38) OA, HI/PHN (59) Field staff (92)	Nurse (34) NA (54)
Thrissur	Pharmacist(71)	
Palakkad	Pharmacist(78)	
Malappuram	Pharmacist (76) Clerk, OA	Nurses(46)
Kozhikode	Pharmacist, Clerk, OA	
Wayanad	Nil (OA/Clerk-planning)	
Kannur	Clerk, OA	
Kasaragod	Pharmacist Clerk OA	NA PTS HA



C. Government orders (GOs) for Aardram Mission

The Government of Kerala envisioned strengthening the health care system through “Aardram Mission”. The prime strategy of the mission was to transform the Primary Health Centres into Family Health Centres by redefining the service packages and improving the quality of services.

SHSRC-K being the technical support unit, formulated drafts pertaining to the duties and responsibilities of the health care workers in Kerala in consultation with the constituted expert working groups. Several discussions were held with academicians and experts from the Health Service Department. Final approval was given by the Government of Kerala, which was then published and implemented.

During the year 2018-2019, following government orders were published:

1. G.O. (P) No.116/2018/H&FWD- Dated 23/08/2018- Revision of duties and responsibilities of Public Health Nurses working in FHCs.
2. G.O. (P) No.119/2018/H&FWD- Dated 29/08/2018- Revision of duties and responsibilities of Junior Public Health Nurses (Grade 2&1) working in FHCs.
3. G.O. (P) No.118/2018/H&FWD- Dated 26/08/2018- Revision of duties and responsibilities of Health Inspectors working in FHCs.
4. G.O. (P) No.120/2018/H&FWD- Dated 01/09/2018- Revision of duties and responsibilities of Junior Health Inspectors (Grade 2&1) working in FHCs.
5. G.O. (Ms) No.168/2018/H&FWD- Dated 18/08/2018- Duties and responsibilities of Pharmacists in FHCs.
6. G.O. (Ms) No.134/2018/H&FWD- Dated 16/07/2018- Duties and responsibilities of Lab Technicians in FHCs.
7. G.O. (Rt) No.140/2018/H&FWD- Dated 19/07/2018 - Revision of duties and responsibilities of Nursing Assistant, Hospital Attendant working in FHCs.

D. Other workshops and meetings conducted as part of Aardram Mission are as follows:

One day workshop – Aardram concept and implementation strategy

A workshop on Aardram Concept and Implementation Strategy was conducted at SHSRC-K on the 11th of March 2019 for the State Nodal Officers of Aardram Mission.

The Inaugural Session was followed by different sessions that were aimed at orienting and training the district nodal officers of Aardram Mission to conduct and facilitate district level trainings of Aardram Mission as well as to implement and monitor the activities and programs related to Aardram Mission.

The Sessions were:

1. Orientation to Job responsibilities, Monitoring, Reporting and Evaluation
2. Training Guidelines & Updates
3. Health and Wellness Centres
4. Liaoning with Panchayath, Department, DMO, DPM, Contractors



5. SWAAS program
6. ASWAASAM program
7. NCD and E-health

The sessions were mostly interactive with the resource persons answering the queries. The session concluded with a decision to conduct follow-up monthly and to continue discussions and queries over the mobile application, Whatsapp.

Workshop on Standardization of Secondary level District/Taluk Hospitals

The superintendents of well-performing Taluk / District hospitals were invited for this meeting. The goal of the workshop was to emphasize on equitable and affordable health care. The template to prepare the proposal was presented under following heads: human resources, emergency services, infrastructure, O.P services, I.P wards, labour room and O.T, dialysis unit, team building and change management, other support services.

Sri.Ranjith, Advisor to Chief Minister presided the discussions and Dr. P K Jameela summarized the framework. He asserted that standardization is a mechanism to identify the gaps in the secondary health care.

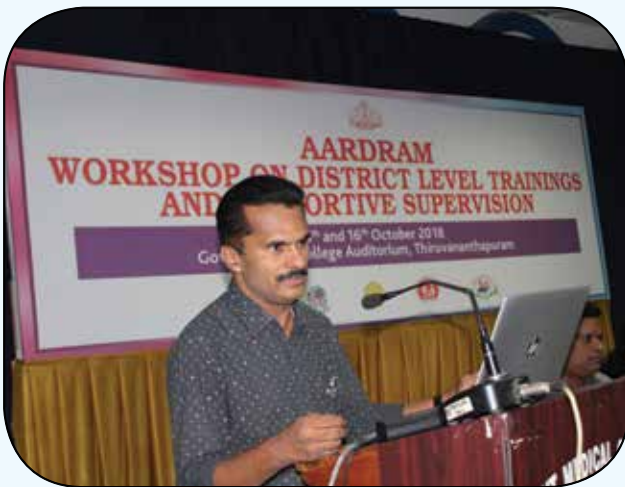
Following are the recommendations:

- Referral linkage protocol
- Institutional Disaster management plan (Committee with SOP)
- Regulations for selection of contractual staffs.
- Performance appraisal system for contractual staff selected through HMC
- Standards to be listed into essential and desirable requirements separately
- Social Auditing
- Creating awareness among the HMC members regarding the standardization to make them more accountable.
- Meetings at Taluk level with all the stakeholders to inform them about the plan and to generate sponsorship and voluntary help.
- Effective utilization of municipality funds.
- Convergence with Kudumbasree, etc for provision of free lunch at hospitals.
- Standardization to be completed in time bound manner.



Workshop on District Level Training and Supportive Supervision

SHSRC-K conducted workshops on 15th and 16th of October 2018 at old auditorium Medical College Thiruvananthapuram as directed by the Additional Chief Secretary (H&FW), Shri. Rajeev Sadanandan. The workshop was planned to discuss the training, implementation, and supervision of the activities of Aardram to be conducted at the district level.



Officials from Thiruvananthapuram, Kollam, Pathanamthitta, Alappuzha, Kottayam, and Idukki districts attended the workshop on 15th October followed by officials from Ernakulam, Thrissur, Palakkad, Malappuram, Kozhikode, Wayanad, Kannur, Kasaragod on 16th October.

Sri Rajeev Sadanandan, IAS, Additional Chief Secretary (H&FW) inaugurated the program. Sri. Keshavendra Kumar, IAS, State Mission Director, NHM, Dr. Saritha R L, DHS, Dr. P K Jameela State Consultant Aardram, Dr. Shinu K S, Executive Director, SHSRC-K were the other officials as part of the inauguration event.

Dr. P K Jameela State Consultant Aardram presented a report on the ongoing activities, and the future plans for Aardram followed by Dr. Shinu K S, who gave a detailed report on the training component.



The concerned authority evaluated the challenges in implementing the Mission. The district teams were divided into groups, and group discussions were held on conducting training at District level, implementation, and supervision of FHCs, implementation of dialysis units and cath labs, and challenges at the district level. Dr. Jagadeesan presented ideas to support the implementation of the Mission, and Dr. P K Jameela ended the workshop by pointing out the remarks.

A state level ToT for Lab Technicians, Ministerial Staff and for JHI/JPHN was organized at SHSRC-K for the district level trainings.

State level ToT for Lab Technicians was conducted from 26th February 2019 to 28th February 2019. Dr. Jameela P K, State Aardram Consultant, and other Department Officials Dr. Jagadeeshan Deputy DHS, Dr Shinu K S, Executive Director, SHSRC-K, Dr Divya VS, state Aardram training coordinator inaugurated



the programme. State Training Co-coordinator, Dr Rekha M Ravindran, Senior Research Officer attended the inaugural function.

As a part of Aardram Mission, SHSRC-K organized a training of trainers for District resource persons to conduct concept level training for Ministerial Staff at District level. ToT was conducted on 05.02.2019 and Dr. P K Jameela inaugurated the training. Other department officials also attended the inaugural function. A total of 54 participants attended the



training.

SHSRC-K organized State level ToT for JHI/JPHN from 14th February to 15th February 2019. During the first phase four Districts were selected (Thiruvananthapuram, Alappuzha, Kottayam and Ernakulam). 26 participants attended the training. The programme was inaugurated by Dr. Jagadeeshan Deputy DHS and many other officials including Dr. Shinu K S (Executive Director, SHSRC-K), Dr. Divya VS State Training coordinator (NHM) Dr. Rekha M Ravindran, Senior Research Officer SHSRC-K.

Consultative meeting on Aardram for making a documentary on FHC

SHSRC-K conducted a meeting on April 3rd, 2018, to discuss the content and objectives

of the documentary. Dr. P K Jameela began the discussion explaining the intended content of the documentary. Dr. C K Jagadeesan listed out the institutions that could be included in the documentary, following which Dr. Shinu K S summed up the activities to be covered in the documentary.

- The documentary aims to sensitize the public on the reforms of the Kerala Public Health system.
- The documentary envisioned to inclusion of all the significant achievements through Aardram Mission
- Three documentaries were planned of 20 mins each viz Documentary on Aardram, Documentary on FHC and a one-minute promo video.
- Dr. Manu, STDC, and Sri. Prakash, SFM, NHM would took a lead role in handling the project.
- The script was finalized after a meeting at KILA Thrissur in the third week of April 2018, and it was planned to begin the shoot shortly at KILA during the field staff training.
- After the discussion, a small group discussed the script of the documentary.

E. Establishing District Training centres and showcasing of best performance FHC'S

As a result of Aardram Mission - Health System in Kerala is undergoing transformation both in infrastructure and quality of services thus ensuring comprehensive primary health care services across the state. In the first phase, 170 Primary Health Centres (PHCs) in the state have been transformed as Family Health Centres (FHCs) whereas in the second phase 504 PHCs are being transformed.

As per the directions from the ACS,

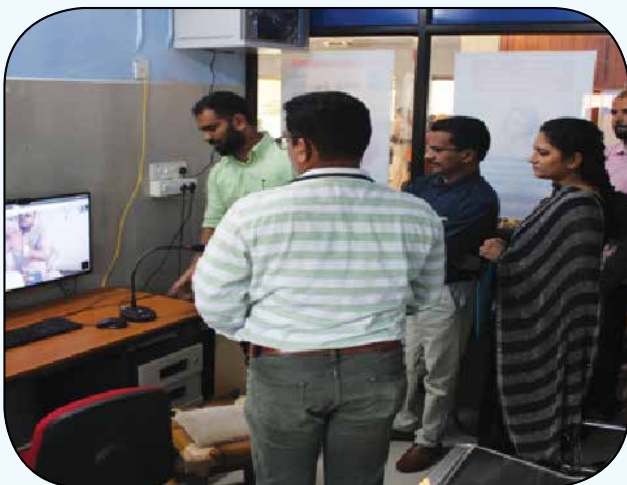
Health & Family Welfare, a team from SHSRC-K team visited all districts to experience the transformation and documenting the best practice in FHCs.

The team covered all districts in Kerala and visited around 55 Family Health Centers.

Main Purpose of the visits were:

- To support the districts in establishing District Training Centres to strengthen the district level trainings.

- To ensure the development of hands on training centres based at District Hospitals.
- To interact with the various stake holders to ensure the smooth functioning of the Aardram activities.
- To visit the well functioning FHCs for the purpose of documentation and showcasing.
- To interact with Medical Officers and staffs of FHCs selected during the first phase of Aardram Mission.



Other activities of SHSRC-K

III. The Kerala Clinical Establishments (Registration and Regulation) Act 2018

The Kerala Clinical Establishments (Registration and Regulation) Act 2018 has been implemented with effect from Jan 2019 with an objective to bring about uniformity in the services provided by the government and private establishments and to ensure minimum standards in the services rendered by all the health establishments.



The Hon'ble Health Minister launched the website for the Kerala Clinical Establishments by the state division of the National Informatics “www.clinicalestablishments.kerala.gov.in.” The registration portal opened in a phased manner for the 14 districts in the state wherein all the Clinical Establishments under Modern Medicine (including Dental, Laboratories and Diagnostic and Imaging Centres) of both private and public institutions were instructed to apply for a certificate of Provisional Registration under the Kerala Clinical Establishments (Registration and Regulation) Act, 2018. The rules of the act have already been framed and published.

In the subsequent stage, the registration portal will open for the Indian Systems of Medicine and Homeopathy.

Kerala is one of the most medically



dense societies. There are large numbers of hospitals and clinical establishments run by the government, private establishments, co-operatives, and ESIs. More than 70% of them are under the private sector, and there is no system in place to providing treatment on time, or denial of appropriate treatment is reported every day. Most of the laboratories function without any quality check. Medical expenses are soaring up, and Kerala tops in per-capita medical expenses in the country. There are a good number of unqualified/under qualified/fake doctors who offer unscientific treatments to gullible patients. Thus the act came into force with the aim to ensure quality and transparency in the functioning of medical establishments by bringing them under social control.

As per the act, unregistered establishments will not be allowed to function. Each establishment will be required to display details

of services available, fees for such services, and the qualification and experience of doctors and paramedical staff employed there. There will be a dedicated team to check complaints regarding medical service. The punishment for poor service would include termination of registration of the institution concerned and levying fine.

Temporary registration (Provisional registration certificate) is being provided to existing institutions, and the permanent registration process will begin within 2 years.

Councils have been set up under the new law at the district and state levels for the registration and regulation of medical establishments. District councils will be authorized to register medical service providers, to renew such registration and to cancel registration in case violation of the rules. The Council will notify the life-saving services to be rendered by each category of the medical establishment. The Council will notify a panel of experts for making a periodic appraisal of different institutions. Each registered institution

will be required to undergo evaluation at least once in two years to ensure the maintenance of standards.

Activities as part of Clinical Establishment (Registration and Regulation) Act, conducted by SHSRC-K

- The National Informatics Centre, Go- K, developed the software.
- Documented the activities and compiled the minutes and records.
- Documented the suggestions from stakeholders of KCEA draft rules.
- Assisted in preparing the Standard Operating Procedures for the District Registering Authorities and Instruction manual to fill the application form.
- Translated the Act in Malayalam
- A subcommittee was constituted to set up the minimum standards for the establishments, and the report of the same was submitted in May.



- The training was given to call center executives to establish a 24 hours call center at IT Mission.
- Workshops conducted:
 - ◇ Workshop on KCEA Draft Rules, 2018
 - ◇ Discussion on the chapter's assessment and inspection – Kerala Clinical Establishment Draft Rules.
 - ◇ A two-day seminar on Orientation and Training of Kerala Clinical Establishments (Registration and Regulation) Act, 2018 was given to District Medical Officers and other supporting staff from each district. The training was mainly a hands-on session where the participants were expected to fill application forms online.

IV. Epidemiological Surveillance-KIRAN

The rise of non-communicable diseases (NCDs) burden is causing increasing morbidity and premature mortality in developing countries. There was lack of an organized national system for monitoring these risk factors over time so as to inform policy and programme for appropriate interventions.

Thus, the Directorate of Health Services has proposed a baseline survey to assess the NCD burden and its risk factors. The survey was implemented by the NCD control division of Health Services Department through Achutha Menon Centre for Health Science Studies (AMCHSS) of Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum (SCTIMST), State Health Systems Resource Centre (SHSRC) and e-Health Kerala.

The KIRAN surveillance program was implemented in 14 districts in the pre designated wards. The District Nodal Officer of NCD or designated officer was responsible

for coordinating the activities under District Medical Officer in every district. The state nodal officer of NCD is the state nodal person under Director of Health Services. SHSRC-K was entrusted to coordinate the training for field data collectors.

V. Diabetic Retinopathy Project

State Health Systems Resource Centre (SHSRC) in MOU with Public Health Foundation of India and Department of Health and FW and Little flower Hospital trust, Angamaly has proposed a project to bring down preventable blindness due to diabetic retinopathy. PHFI held the responsibility for training, research and policy development. LFH carries out various ophthalmic diagnostic investigations and treatments including outreach activities for the welfare of poor in the field of preventable blindness and is working closely with the Government. DHFW implements various National and State Health Programme of Public Health importance and also provides Comprehensive Health Care Services to the people of the State of Kerala through various types of Health and Medical Institutions. SHSRC-K acted as a nodal agency for implementing this project.

This programme involved hands-on training of Ophthalmologist, skill up-gradation of the Ophthalmic Surgeons, Ophthalmic Assistants and Physicians. This aims to bring down preventable blindness in patients having diabetic retinopathy by providing needed skills, equipments and hands-on training to the concerned human resource in public health institutions of District Taluk Hospitals/Community Health Centres of Thrissur district based on the guidelines developed.

As of now, SHSRC-K has conducted hands on training for the ophthalmologists in the system, ophthalmic assistants, and Physicians.

Other activities conducted by SHSRC-K as part



of Diabetic Retinopathy Project are;

- Screening of patients with diabetes
- Capacity building of the ophthalmologists and other health care professionals
- Developing IEC material to spread awareness on DR amongst rural, sub-rural and urban population (through advocacy and communication)
- Investing in HMIS by developing DR software (database of registered patients with diabetes with DR screening details)

VI. Academic collaborations / Internship

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

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

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



SHSRC-K planned activities for year 2019-2020

a) Research

Following research projects are approved in the ROP for the financial year 2019-20.

Evaluation of National Program for Health Care of Elderly in State of Kerala	Project approved in the ROP for financial year 2019-20
Functioning of Bhoomika centres in Kerala, perceptions of staff and quality of life of survivors at GBVM centres	
Evaluation of ASWAAS programme in selected family health centres of Kerala	
Improving access to palliative care in Kerala – Evaluation of State palliative care programme from 2013 to 2018	
Impact of Nutrition Rehabilitation Centre (NRC) among tribal's of Wayand district	
Risk assessment for falls among older persons in Kerala	
Nosocomial infections among health care workers in secondary hospitals - a major public health problem	



b) Trainings in connection with Aardram

As part of Aardram Mission following training programmes are planned for the year 2019-20

Mon	State level	District level
May	Concept training for MOs not received training in first phase ToT for field staff in 10 districts	Continuation of concept training for different category staff (2018-19)
Jun	Concept training for staff nurses not received training in first phase	Continuation of concept training for different category staff (2018-19)
Jul	Concept training for MOs in second phase institutions ToT for hands own training of MOs	Continuation of concept training for different category staff (2018-19) Hands on training for MOs in district training centres
Aug	Concept training for MOs in second phase institutions Concept training for Nurses in second phase institutions	Continuation of concept training for different category staff in Districts Hands on training for MOs in district training centres
Sep	Concept training for MOs and nurses in second phase institutions Aardram-LSG Ward level orientation - KILA ToT ToT for hands own training of nurses	Continuation of Aardram training in Districts (2019-20) Hands on training for MOs in district training centres
Oct	Concept training for MOs and Nurses in 2nd phase Aardram-LSG Ward level orientation - KILA ToT Ward level Orientation workshop with KILA	Continuation of Aardram training in Districts (2019-20) Hands on training for MOs and nurses in district training centres
Nov	Concept training for MOs and Nurses in 2nd phase Aardram-LSG Ward level orientation - KILA ToT Ward level Orientation workshop with KILA	Continuation of Aardram training in Districts (2019-20) Hands on training for MOs and nurses in district training centres
Dec	ToT for Taluk standardisation Team building for third phase institutions	Ward level Orientation workshop with KILA Continuation of Aardram training in Districts (2019-20) Hands on training for MOs and nurses in district training centres



Jan	Team building for third phase institutions	Training for Taluk hospital staff Ward level Orientation workshop with KILA Continuation of Aardram training in Districts (2019-20) Hands on training for MOs and nurses in district training centres
Feb	Team building for third phase institutions	Training for Taluk hospital staff Continuation of Aardram training in Districts (2019-20) Hands on training for MOs and nurses in district training centres
Mar	Team building for third phase institutions	Training for Taluk hospital staff Continuation of Aardram training in Districts (2019-20) Hands on training for MOs and nurses in district training centres

c) Publications as part of Aardram

Following are the handbooks and manuals that are in the pipeline for the upcoming year,

Sl No:	Category / Handbook	Objective	Current Status
1	JHI/JPHN Handbook	To understand <ul style="list-style-type: none"> • FHCs concept and activities • Improvement in quality of services • Strengthening Sub centers • Improvement participation of local self government and community participation • Preparation of projects • Strengthening of field level activities 	In the press
2	Nursing Assistant module	<ul style="list-style-type: none"> • To understand the concept of Aardram mission • Duties and responsibilities of Nursing Assistants • Infection control • Housekeeping • Biomedical • Waste management 	



3	Handbook for Nurses on NCD	To understand the risk factors for NCD and the activities to be carried out at the community level, sub centre level and institution level for preventive and control of NCDs in the context of Aardram mission	Work is progressing
4	FHC Manual	<ul style="list-style-type: none"> The overall aim is to improve the administration of FHCs and make it more responsive A reference manual for medical officers and other category staff for overall administration and supervision activities 	

d) Aardram Mission: People Led Campaign

People led campaign in health equip the community to take responsibility for their health by ensuring that the needs of the community are adequately addressed and that the strategies and methods used are culturally and socially appropriate or acceptable. It is the responsibility of the government, non-governmental organizations, health care program planners and providers to facilitate the community to organize themselves and be involved in their health care and development.

Aim of the campaign;

Active engagement of the community to develop a healthy Kerala Society, and to have beginning through the AardrakeralamArogya campaign.

For this campaign SHSRC-K will function as the programme management unit, wherein, activities such as, preparation of Service Delivery framework, State level completion of activities and coordination of all health related activities will be carried out by SHSRC-K.

e) SHSRC-K Ethics Committee

SHSRC-K proposes to constitute an Ethics Committee at SHSRC which will be titled as State Ethics Committee to promote research within the system and to streamline the activities of those who intend to do the research.



Committees of SHSRC-K

(a) Members of the Governing Body 2018-19 (Table I)

Sl. No	Name and Designation	Status in the Society
1	Hon'ble Minister for Health & Social Welfare, Govt. of Kerala	Chairperson
2	Secretary to Government, Health & Family Welfare Department, Government of Kerala	Vice Chair Person
3	Secretary to Government, Finance Expenditure (or) Nominee from Finance Department	Member
4	Mission Director, National Rural Health Mission, Government of Kerala	
5	Director Health Services , Government of Kerala	
6	Director, Medical Education, Government of Kerala	
7	Director, Indian System of Medicine, Government of Kerala	
8	Director, Homoeopathy, Government of Kerala	
9	Principal, State Institute of Health & Family Welfare, Government of Kerala	
10	Executive Director , SHSRCK	Member Secretary

(b) Executive Committee (Table II)

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

Financial Report (2018-19)

Details about the receipt and payment account for the year 2018 – 19 is given below:

Total Amount received from NHM	Order No.	Expenditure as on 2018-19	Balance fund available
₹ 29,47,500	NHM/5478/Jr.CON (FIN)/2015/SPMSU dated 27/12/2018	₹ 11,89,870	₹ 17,57,630

Research Studies (Head : B 20)

Total amount released for 4 studies as detailed below:

Name of investigator	Name of the study	Total Amt. of the study	Expended Expenditure
Dr. K.Sakeena, DMO (H), Malappuram	A study on the rate of Post Partum screening in women effected with Gestational Diabetes Mellitus in Malappuram dist.	₹ 5,75,000	₹4,60,000
Dr. Sunija, Director, PH Lab, Trivandrum	A study on the anti microbial resistance pattern in Kerala	₹ 5,50,000	₹2,20,000
Dr. Noble gracious, State Nodal Officer, Kerala Network for Organ Sharing (KNOS)	Draft proposal for process documentation, publication and dissemination of Kerala's Diseased Donor organ transplantation program, of Govt. of Kerala initiative	₹ 3,95,500	₹1,58,200
Mrs. Radhika, Asst. Professor, Govt. College of Nursing, Trivandrum	Glycemic variability in chronic kidney disease	₹ 4,27,000	₹3,41,600
Meeting related to research studies		0	₹ 10,070

Aardram Project (Head : 9.5.27.4)

Total Amount received from NHM	Order No.	Expenditure as on 2018-19	Balance fund available
₹ 1,50,00,000	NHM/6615/F1/2016/SPMSU dated 29/03/2018 NHM/5478/Jr.CON (FIN)/2015/SPMSU dated 20/10/2018	₹ 77,98,089	₹ 72,01,911

Collaborative meetings

	Expenditure for the FY 2018-19
Clinical Est. Bill (Rs. 7.50 lakhs has been earmarked for CEB as per the GO (Rt) No. 1689/2018/H&FWD dated 23/05/2018)	₹ 5,75,554
Epidemeology (Total amt of Rs. 1,11,54,635/- received from DHS as per the GO (Rt) No. 3113/2016/H&FWD dated 18/11/2016 and GO (Rt) No.472/17/H&FWD dated 22/02/2017)	₹ 8,53,079
Health Policy	₹ 3,53,888
SDG	₹ 10,780

Meet Our Team

