

STATE HEALTH SYSTEMS RESOURCE CENTER, PUNE

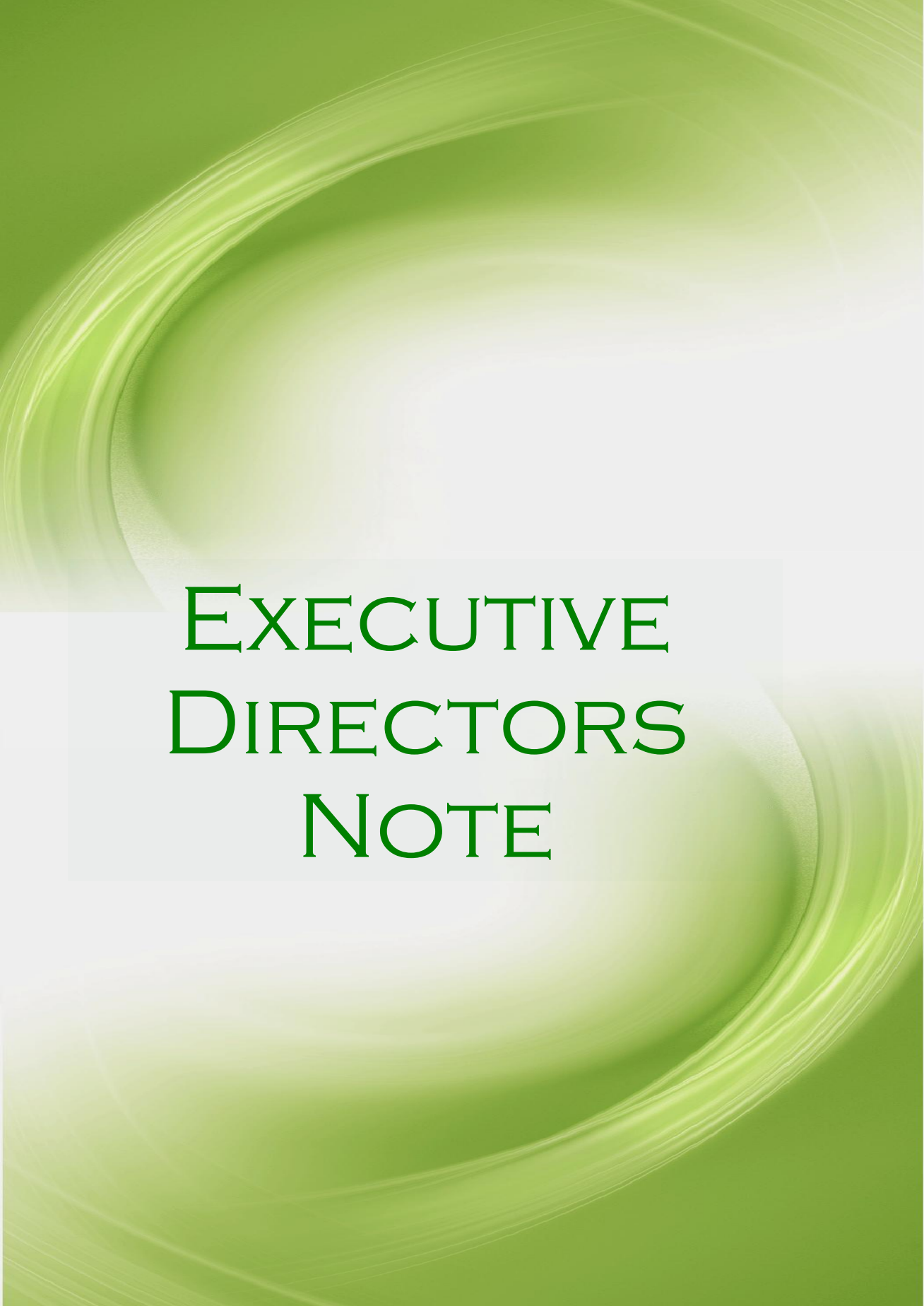
ANNUAL REPORT 2010



PUBLIC HEALTH DEPARTMENT
GOVERNMENT OF MAHARASHTRA

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EXECUTIVE DIRECTORS NOTE

EXECUTIVE DIRECTOR'S NOTE

In view of the rapid progress of the State on issues concerning health, the State Health Systems Resource Centre was established in July 2008 with the vision to provide technical support to National Rural Health Mission (NRHM) and Public Health Department (PHD). The Centre has evolved through infancy and has completed two successful years of research and trainings.

There have been extensive trainings conducted by the staff at SHSRC for a range of health topics and for different cadres of health personnel. The Centre has initiated the preparation and publication of quarterly technical journal "Health Reflector" to constantly build capacities of in service medical officers. The "Health Status Report, Maharashtra 2010" is ready for publication which portrays all significant health indicators for the State. Research is aimed at providing solutions to health issues which are a need of the hour. Hence, the Centre has undertaken a study on "Integration of Diabetes Mellitus and Hypertension Management at the Primary Health Care Level" which will form the basis for proposing integration of treatment for non communicable diseases at the PHC level.

Due to the multi disciplinary role of SHSRC, evaluation and research activities, academics, trainings, documentation is aimed at integrating the different components of health care. Being a technical hub, the Centre also functions as an advisor/ consultant to various other non governmental organization (NGOs) and private organizations by providing expertise in the planning, implementation and evaluation of health activities.

Today, I am pleased to publish the second Annual Report of the Centre. This report will help to portray the Physical and Financial progress of the Centre for the calendar year 2010. I would like to conclude by thanking Additional Chief Secretary, Public Health Department, Commissioner Family Welfare, Director Health Services and Mission Director, NRHM for their valuable guidance and constant support.

Dr. P. P. Doke
Executive Director
SHSRC

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ABOUT SHSRC

ESTABLISHMENT OF SHSRC

State Health Systems Resource Centre was established in July 2008, as per the approved norms under Program Implementation Plan of NRHM for the year 2008-09. SHSRC was conceived primarily as an agency/institution that is responsive to and available for providing technical assistance to Government of Maharashtra, National Rural Health Mission for better implementation of the program & the districts for building their capacity in improving service delivery in the health sector.

Goal

The goal is to improve health outcomes by facilitating governance reform, technical innovation, improved information sharing among all stake-holders at state, district and sub district levels through capacity development and convergent community action.

Objectives

- To become the focal point for convergence in identification, documentation and dissemination of knowledge and experiences in health systems across countries and the Indian States.
- To develop a monitoring system based on latest data management innovations.
- To provide evidence based insights on wider determinants of health outcomes.
- To create a pool of institutions and individuals who improve the capacity, efficiency and outcomes of health systems, through meaningful interventions at National, State, District and Sub District levels.
- To facilitate the process of accountable service delivery, community ownership, and technical innovation in health systems.
- To develop frameworks for pro-poor innovations that reduce out of pocket expenditure and disease burden of poor households, and experiment in partnership with States and Districts.
- To provide appropriate implementation framework for backward regions of the State and Districts through a range of non-governmental partnerships, demand side financing and improved service delivery from the public health system.

Envisaged Role

State Health Systems Resource Centre (SHSRC) is the nodal technical support team for Public Health Department but also for the National Rural Health Mission and upcoming National Urban Health Mission. SHSRC is also responsible to systematically review the needs of health services of the community and make the necessary recommendations to improve healthcare delivery. Strengthening public health staff through well planned short courses is also another responsibility of SHSRC.

Institutional Arrangement

As per Government of India (GOI) suggestions, SHSRC will be a semi-autonomous registered society working under Secretary Public Health Department. It is thought that this arrangement will best suit the working conditions. A Draft of the constitution has been prepared. Society will have a governing board chaired by Additional Chief Secretary, Public Health Department, Maharashtra State and other representatives of the government, public health experts and also activists. An executive committee will be responsible for smooth daily functioning of the SHSRC office. The proposal is under consideration.

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SHSRC TEAM

SHSRC TEAM

The SHSRC Team has an appropriate mixture of senior as well as young professionals. The multi disciplinary team at SHSRC is well renowned in the field of Public Health and contributes their expertise to the ongoing research projects and training of various cadres of health personnel. This team has not let the initial enthusiasm fade and continue to work with undivided effort, motivation and consistency every day.

Composition of Team

SHSRC is headed by the Executive Director. The Deputy Executive Director is responsible for overall administration. There are five units established under SHSRC umbrella namely;

- Public Health
- Research and Documentation
- Social Development
- Human Resource and Infrastructure Development
- Health Economics/Finance.
- ASHA Resource Center

A senior consultant is appointed for each unit. A Program Manager provides technical assistance to all these units. SHSRC has also undertaken few projects funded by the UNFPA. There are Project Coordinators to look after those projects. The Administrative and Accounts officer heads the support staff consisting of Statisticians, Steno, Librarian, and Data Entry Officers

The recruitment of Consultants for Social Development, Human Resource and Infrastructure Development and Health Economics/ Finance is in process.

The brief information about the SHSRC Team is as follows;

Executive Director

Name : Dr Prakash P Doke

Designation : Executive Director

Qualification : MD (PSM), DNB (Epidemiology), PhD (PSM)

Experience : 7 years experience in teaching, 26 years as Public Health Administrator (DHO, Deputy Director, Director of Health Services) in PHD

Being the head of the Center, Dr Doke has overall responsibility such as delegating roles to SHSRC team members, conceptualization of new projects and implementing them, organizing and participating in various capacity building sessions. He is also responsible for reporting the progress of the projects undertaken to the Mission Director NRHM, Additional Chief Secretary Public Health.

Dr Doke also works in capacity of a visiting faculty at the Interdisciplinary School of Health Science, University of Pune and Tata Institute of Social Sciences, Mumbai.

Deputy Executive Director

Name : Dr Sudhakar S Shelke

Designation : Deputy Executive Director

Qualification : MD in PSM

Experience : 14 years of experience in Public Health Department as Medical Officer at various PHCs and ADHO.

Dr Shelke who is on deputation duty is the Deputy Executive Director, provides support to the Executive Director to undertake situational analysis of health sector with complete involvement of districts in line with SHSRC PIP. Dr Shelke takes full authority of the administration while coordinating other activities of SHSRC. Dr Shelke fulfills additional duties as a Nodal Officer for RCH of Osmanabad District.

Senior Consultant- Public Health

Name : Dr Ashok P Kulkarni

Designation : Senior Consultant-Public Health

Qualification : MD PSM, DPH, PhD PSM

Experience : Retired Professor of PSM from Government Medical College Aurangabad having 34 years experience in teaching

Dr A P Kulkarni is in charge of conducting situational analysis on various aspects of health sector. He also provides his expertise during the formulation of new research proposals in terms of defining the research methodology, sampling and during preparation of protocols. Facilitating implementation of NRHM through proper planning is also one of the activities of Public Health Consultant. Dr Kulkarni is also responsible for monitoring the Health Management Information System (HMIS) by studying the monthly reporting, identification of outliers and maintaining validation checks.

Senior Consultant- Research and Documentation

Name : Dr Shailesh R Deshpande

Designation : Senior Consultant- Research and Documentation

Qualification : MD in PSM

Experience : More than 10 years experience in Health Management, Training and Research through Non governmental organizational set up

Dr Deshpande is actively involved in designing and conducting research studies in vivid areas of health. One of the activities assigned to the Research and Documentation Consultant is to document the best practices in the state and to formulate plans for scaling up. Developing monitoring systems, appraisal protocols, coordinating and designing evaluation studies related to the health, defining goal and systems are some of the major activities being carried out by Dr. Deshpande.

Senior Consultant- ASHA Resource Centre

Name : Dr. Vijaysingh H Mohite

Designation : Senior Consultant-ASHA Resource Centre

Qualification : MBBS, DPH

Experience : 33 years experience of public health administrator as Assistant Director, DHO

ASHAs are the most important link workers in our health setup. ASHA Program is the leading program of National Rural Health mission. Hence an ASHA Resource Centre has been developed under the umbrella of SHSRC to assist NRHM in implementing the program more effectively. Being a senior consultant for ASHA Resource Centre, Dr

Mohite looks after the the various trainings meant for building capacities of ASHAs and other support mechanism, developing training modules, planning the assessment of ASHAs etc.

Senior Project Coordinator

Name : Dr (Mrs) Varsha Dhurde

Designation : Senior Project Coordinator

Qualification : M.Sc. (Health Sciences), PhD

Experience : 9 years of experience in Research and 3 years in teaching as a Contributory Faculty. Worked in capacity of Counselor of Public Nutrition at IGNOU Center for Masters in Dietetics and Food Service Management.

SHSRC has undertaken a project on the Sensitization of Judicial Magistrates about the about the Act on PCPNDT. UNFPA provides financial support for this project. Dr Varsha is in charge of the entire project focusing essentially on accounts and administration of the project.

State Program Manager

Name : Ms. Dhanashri Ramdas

Designation : State Program Manager

Qualification : MPH (Masters of Public Health)

Experience :Eight month's experience of field work and research in Non Governmental Organizational set up. Six months experience in a Government Organization as a Junior Consultant for Research and Documentation.

Ms Dhanashri, who is the Program Manager of SHSRC, is responsible for coordinating all the units of the office. She is in charge of providing technical assistance and monitoring the ongoing research activities. Managing administrative activities of the office, keeping good liaison with the officials of State Health Society, NRHM, NHSRC and other stakeholders is also one of the tasks assigned to Program Manager of SHSRC.

Project Coordinator

Name : Ms Ashwini Devane

Designation : Project Coordinator

Qualification : M.Sc. (Health Sciences), Qualified UGC NET Lectureship

Experience : Selected as a Project coordinator through campus interview conducted in the University of Pune.

Ms. Ashwini is responsible for coordinating the entire project. She has to coordinate with Maharashtra Legal State Authority and District Appropriate Authorities whose support is essential for the project. Ms Ashwini is in charge of making logistic and administrative arrangements that are required for the projects.

Administrative and Accounts Officer

Name : Mr. Mohan Gokhale

Designation : Administrative and Accounts Officer

Qualification : M.Com

Experience : 28years of experience in Maharashtra State and Road Transport Corporation (MSRTC), retired as Divisional Accounts officer.

Mr. Gokhale has complete responsibility of coordinating the support staff. He manages the administration of the entire office, maintains records and accounts of the various activities constantly being carried out in the Center.

SUPPORT STAFF OF SHSRC

This Team provides extensive support to the technical staff and ensures a smooth functioning of daily activities.

NAME	DESIGNATION	EDUCATION	EXPERIENCE
Ms. Neelam Gurav	Stastician	M.Sc. (Statistics)	3 years
Ms Sarika Mane	Statistical Assistant	M.Sc. (Statistics)	1.5 years
Mr Sachin Hazare	Librarian	M.A, B.Lib, I.S.C	10 years
Mrs Pardeshi	Steno	B.A.	19 years
Mr. Hannure	Data Entry Operator	B.Com. PGDCA	15 years
Ms Manisha Deshmukh	Data Entry Operator	B.A.	4 years
Mrs Bharati Landge	Data Entry Operator	B.Com	4 years



FINANCIAL REPORT

FINANCIAL REPORT

SHSRC being established under NRHM, State Health Society is funded through NRHM. The total expenditure incurred for various purposes from Jan. 2010 To Dec.2010 is given as below:

Sr.No.	Particulars	Total cost (Rs)
A	Non recurring	
1	Computer	282526
2	Civil work	-
3	Furniture	268495
	Total - Non recurring	551021
B	Recurring	
1	Salary of staff	5566083
2	Travel Expenses	351009
3	Cleaning,sweeping,security	161525
4	Office Expenses	622077
5	Advertisement	921771
6	Contingency	153367
	Total -Recurring	7775832
C	Evaluation Studies	
1	2 Pilot Projects at Krishna Institute of Medical Sciences	750000
2	Mother NGO Scheme	614755
3	Janani Suraksha Yojana	2423320
4	Integration of Diabetes Mellitus and Hypertension Management at Primary Health Care Level	1062650
5	ASHA Resource Center	74275
	Total - Activities	4925000
	Grand Total	13251853

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ACTIVITIES OF SHSRC

ACTIVITIES OF SHSRC

A) Research Activities:

1. Integration of Diabetes Mellitus and Hypertension Management at Primary Health Care Level.

There are 1816 PHCs in Maharashtra out of which 320 are tribal PHCs. A pilot project is being implemented across 18 randomly selected PHCs of Maharashtra wherein screening camps for Diabetes and Hypertension will be conducted in selected villages under each PHC. Taking a 1% representation from tribal PHCs, 3 PHCs are tribal while 15 are a 1% representative of the other PHCs in Maharashtra. Each PHC covers a population of approximately 50,000 populations. Those individuals who are found to be suffering from either or both the disease will be provided referral services to a Physician who will confirm the disease and prescribe appropriate drugs, which will be provided free of cost to the patients. This project is being implemented mainly with the view of estimating the prevalence of both the diseases and integrating preventive and curative services for non communicable diseases at the level of primary health care.



At present, 15 PHCs have completed the conduction of screening camps while 2 out of them have also conducted the referral camps.

Preliminary findings: (Data from 8 PHCs)

Total population in the selected villages above the age of 40 years = **8323**

Total present for the screening camps: **5290**

Of which, males were = **2498** and females were = **2792**

Number which are not suffering from any disease = **4397**

Total number of population above the age of 40 years found to be suffering from Diabetes and/or Hypertension = **1075**

Hence, prevalence of both the diseases is 20.32%

2. Outcomes of Pregnancy

An online software called eMIS was developed to track the outcomes of all the ANCs registered in the calendar year 2008 in all sub centers of Maharashtra. The training sessions took place in DHS Mumbai, HFPTC Pune, Aurangabad and Nagpur. Data was collected on the three outcomes namely abortion, still birth and live births. Further information on live births was categorized on the place, time and type of delivery. Data entry operators were trained at block level to enter the data. Each and every block in the state has entered the data. The total number of pregnancies registered has crossed the million plus mark. Information in this data set includes tribal and non tribal regions also.

The findings are as follows:

1. Live Births = **93.1%**
2. Still Births = **1.55%**
3. Spontaneous Abortions = **2.95%**
4. Induced Abortions = **2.39%**
5. Sex Ratio at Birth = **850**

3. Analysis of HMIS

Every month, selected reproductive and child health indicators are analyzed mainly to maintain a check on the progress of activities and secondly to identify the outliers. This data is submitted to the State Family Welfare Bureau, where appropriate action is taken against defaulters and corrective measures are taken to avoid recurrence of mistakes. Analysis is also being directed to study the difference of statuses between tribal v/s non tribal regions, FRU v/s non FRU and IPHS v/s non IPHS facilities.

Another exercise of listing health institutions, namely PHCs was undertaken according to the legislative constitution assemblies they fall under. The list of legislative assemblies

was taken from the Chief Electoral Officers website and in reference to this list, all PHCs were listed. Proceeding in this manner, the listing was completed for all the districts of Maharashtra. These lists have been forwarded to the Additional Chief Secretary for further action. During analysis it was realized that there is a discrepancy between the list of PHCs available on the Maha-Arogya web portal and those on the HMIS-PHD site. Efforts are now being directed to study the reasons behind these differences (whether it is due to change in the spellings, conversion of PHCs who are being taken under municipal corporations). It is now planned to re arrange the existing HMIS in such a way that the output generated is as per the Legislative Constituencies they fall under.

4. Simplification of the Human Development Index by modified methods:

It was realized that data on the criteria of "Life Expectancy at Birth" used for assessing the Human Development Index was not available at the level of a district. Hence in order to be able to estimate Human Development Index for Maharashtra State, district wise, it was thought of using 'crude birth rate' and 'infant mortality rate' as a substitute to "Life Expectancy at Birth". Comparison of end results shows that substitution of proxy indicators is hence useful.

5. Mapping of Maternal and Child Health (MCH) centers/ delivery points in three high focus districts of Maharashtra:

A team of Senior Consultants from National Health Systems Resource Center (NHSRC) visited SHSRC where a meeting was organized with the District Health Officers and District Programme Managers of the high focus namely Gadchiroli, Gondia and Nandurbar districts to prepare this plan. The selection of these high focus districts was as a result of the poor performance of the RCH indicator of institutional deliveries. The NHSRC staff had prepared formats to assess the current status of the health institutions in these districts. It is envisioned that these detailed facility assessment will be helpful for the mapping of delivery points. The establishment of MCH Centres has been proposed for 2011-12.

6. Accessing Inaccessibility of Health Facilities in Maharashtra:

Incentives are being given to the medical officers who are working at Primary Health Centers in rural and inaccessible regions. In order to standardize the incentive, the

National Health Systems Resource Center had undertaken an exercise to standardize the incentives being. Formats were developed to assess the following:

- Accessibility: Distance of PHC from urban health centers, Road access and availability of public transport.
- Environment: Geographical (hilly/forest/island), and social (tribal, level of conflict, annual parasitic index) factors.
- Housing and Family Amenities: Availability of housing or rent facilities for doctors and nurses, availability of water and electric supply, distance to nearest middle and high school.
- Vacancy: Assessment of vacant medical officers' posts and time duration (MBBS).

SHSRC was responsible for the collection of district wise data for Maharashtra. The formats were sent to all district health officers who collated information per primary health center. Data analysis was done at SHSRC and it was sent to NHSRC.

7. Small Grants for Research in RCH:

SHSRC with the help of Karad Institute of Medical Sciences (K.I.M.S), Karad is undertaking a research project titled "Field Testing of Appropriate Technology Tools for Monitoring of Slow Growth of LBW babies below 2500 grams at PHC/RH level". Since the topic is related to RCH and the cost effective intervention can lead to a reduction in neonatal mortality, a small grants have been sanctioned to K.I.M.S.

B) Evaluation Studies on:

a. Mother NGO Scheme

SHSRC is in charge for evaluating the mother NGO scheme in Maharashtra as per the directives received by NRHM. The first meeting was organized in the month of January with the concerned staff belonging to the health department. Heads of the Department of Community Medicine/ Preventive and Social Medicine from Government Medical Colleges were approached to undertake the evaluation. Representatives from all medical colleges were called for a preliminary discussion on May 2009 at SHSRC, Pune. In this study, the respondents are few beneficiaries of the MCH services, community members and health providers.

Currently 27 districts of Maharashtra have completed the evaluation. Subsequently SHSRC was asked by NRHM to evaluate the MNGO scheme in 3 more districts, where the evaluation is still on.



b. Janani Suraksha Yojana

It was thought that the evaluation of the incentive based scheme Janani Suraksha Yojana to promote institutional deliveries must be evaluated to study the overage and efficacy of the scheme. Similarly for this project, Heads of the Preventive and Social Medicine/ Community Medicine were approached. The sample size, method of collection etc. was finalized with the help of social scientists from IIPS Mumbai. The formats for the study have been prepared and following pre-testing of the same has also been carried out.

FORMATS SENT TO	EVALUATION COMPLETED BY
35	27

c. Evaluation of the Pilot phase of Community Based Monitoring (CbM):

SATHI-CEHAT and NGO from Pune has undertaken a pilot project on community based monitoring in Maharashtra. Thane, Nandurbar, Amrawati, Osmanabad & Pune are the five districts where the pilot phase of CbM was implemented. SHRC is playing the role of external evaluation agency. The senior SHSRC staffs were involved in the finalization of the formats by pre testing them in PHCs, SCs and villages in Purandar Block. SHSRC in coordination with Preventive and Social Medicine departments of 4 Medical Colleges is evaluating various health activities under CbM in 45 PHCs, 225 SCs and villages each. Equal number of control PHCs, SCs and villages have been selected.

d. Evaluation of the Silent Observer and Web Portal Development:

A private corporate company named 'Magnum Opus' in Kolhapur has created a recording device called the 'Silent Observer' which is fit in every sonography machine. This device keeps an account of all the ultra sonography (USG) done by the machine. Thus it is useful in cross-checking if there have been any sex selective abortions. Under “Save the Baby Girl Initiative”, SHSRC along with financial support from UNFPA has undertaken the evaluation of the Silent Observer and the Web Portal wherein all practitioners who conduct USGs are expected to fill the F form online. The 'F' form is required to be filled by all practitioners conducting USGs for pregnant women. The objectives of this project are to study the improvement in reporting system both in terms of quality & quantity, to study the technical feasibility & financial implications of the web portal and SiOb and to study the future potential for replication in other districts with low sex ratio.

Currently, data collection has been initiated and interviews have been conducted with various target groups.

C) SHSRC Publications:

1. Preparation and publishing of a quarterly technical journal "Health Reflector"

SHSRC felt the need to provide Medical Officers a constant capacity building by making available for them technical information on various aspects of health as well as keeping them informed about the latest innovations in the field. This led to the conceptualization of a quarterly health journal called as the '**Health Reflector**'. Prominent personalities are requested to write articles on their field of specialization. It is ensured that this journal reaches each and every Primary Health Center and Rural Hospital of Maharashtra. Two issues of the journal were published and dispatched to the PHCs. The editorial committee has reviewed the draft of the third issue. The issue is being finalized.

2. Publication of Health Status Report

SHSRC has prepared "**Health Status Report of Maharashtra State**" by compiling data from various sources. Detailed district wise important health indicators have been included in the Health Status Report by the office. In NRHM, publication of health report is an important activity. The Health Status Report for the year 2009 has been published and the Center has received a very positive response from the health fraternity. The Health Status Report for the year 2010 is ready and due for publication.

3. "Suvarna Mahotsavi Maharashtra: Arogyachi Vatchal" a memoir

SHSRC has undertaken the responsibility of dedicating a memoir to the progress of the health system in Maharashtra. It describes the health developments in Maharashtra and its progress through 50 years. There is a detailed description of the establishment of various health programs in the state- how a need was felt, planning of activities/strategies, setting of targets and its achievement. After a series of discussions, the final draft of the memoir has been prepared and is awaiting publication.

D) Module Preparation:

1. Preparation of ASHA Block Facilitator's Module

There is a block level facilitator at every PHC to monitor the activity of ASHA's. A meeting was held in the month of March 2009 to discuss the roles and responsibilities of ASHA Block Facilitator. ICICI Centre for Child Health and Nutrition (ICCHN) was given the responsibility of preparation of the module for the training of these Block Facilitators. SHSRC is providing technical support to ICCHN in the compilation of certain technical topics which are included in the module.

The contributions made by senior SHSRC staff in the form of chapters are as follows:

- Brief description of National Health Programs.
- Organizational set up of the Public Health Department.
- Communicable Diseases

Apart from these chapters, SHSRC staff were also asked to periodically review the content of other non technical chapters as well.

Field testing of the modules was done in Pune on the 25th of September 2010 and in Nandurbar on the 1st of October 2010 in the presence of block facilitators. After repeated discussions, the module has been finalized and has been sent to the press. Training for capacity building of the block facilitators is also under consideration.

SHSRC has completed the translation of the training guide for the facilitators of the 5th module.

2. Rugna Kalyan Samiti (RKS) Coordinators:

A need was felt to have coordinators at the district level to monitor and facilitate the functioning of the Rugna Kalyan Samitis. Currently, 17 district coordinators have been appointed.

- Module focusing on orientation as well as capacity building of RKS coordinators is being developed.

3. Revision of the PHC Manual:

The PHC manual was written before NRHM was implemented. It was edited in 2008.

A need was felt by SHSRC team to update and hence revise the manual to facilitate Medical Officers to deal with daily health/clinical issues. The work is almost completed.

E) Trainings/ Capacity Building:

1. Maternal Death Review/ Audit:

Maternal deaths are still a major cause of concern in our country. Government Resolution has been passed to conduct a nationwide audit on all the maternal deaths. To facilitate this, a State wide sensitization workshop is being organized for regional, district, block and PHC level officers/personnel. SHSRC conducted the State Level ToT along with the State Family Welfare Bureau, Pune & UNICEF. SHSRC team actively participated in the State level training and also visit the regional trainings as facilitators.

SR NO	TOPIC	DATE	PARTICIPANTS	DURATION	TRAINERS
(A)	State Level Sensitization about Maternal Death Audit				
1	District Level Training	2 events	Nodal officers, DRCHO, RCH Officers (corporation) & Gynecologists from each district of Maharashtra	1 day	- Dr Doke, Executive Director, SHSRC - Dr A P Kulkarni, Sr Consultant Public Health, SHSRC - Dr Karnataki, Maternal Health Consultant, UNICEF - Dr Bhosale, Prof Ob Gy, Sasoon Hospital
2	Training of Medical Staff	21.12.10	Gynecologists from 41 Medical Colleges of Maharashtra	1 day	Same as Above

SR NO	PLACE	DATE	PARTICIPANTS	DURATION	TRAINERS
(B)	Regional Trainings of Maternal Death Audit				
1	HFWTC Nagpur	18.9.10	- CDPO, - Dy CEO (Bal Kalyan), - MODTT, - Faculty (HFWTC), - Dist level Officers, - RMO (Outreach)	1 day	- Dr Karnataki, Maternal Health Consultant, UNICEF
2	HFWTC Amarawati	18.11.10			- Dr AP Kulkarni, Sr Consultant, Public Health, SHSRC
3	HFWTC Aurnagabad	19.10.10			- Dr AP Kulkarni
4	HFWTC Pune	19.10.10			- Dr Doke, Executive Director, SHSRC
5	HFWTC Nashik	12.01.11			- Dr Doke
6	HFWTC Kolhapur	1.2.11			- Dr Doke

2. Training of Mid Level Managers:

In collaboration with UNFPA and IIPS, SHSRC senior faculties have developed training modules for building the capacities of Mid Level Managers.

The trainings focuses on

- Principals of Management
- Major indicators in health such as fertility and mortality.
- Understanding the operation and use of different MIS web portals
- SWOT analysis.

It is a three day residential training program. Six trainings were organized region wise for the convenience of the participants.

SR NO	DATE	PARTICIPANTS	DURATION	TRAINERS
1	21st-23rd October 2010	Region wise training of District Level managers (Statistical Officer, Assistant Directors of Leprosy, Asst Director TB, Asst. District Health Officers etc)	3 days residential training	- Dr Doke, Executive Director, SHSRC
2	27th to 29th October 2010			- Dr A P Kulkarni, Sr Consultant Public Health, SHSRC
3	11-13th November 2010			- Prof Ram, Director IIPS
4	25-27th November 2010			- Prof Usha Ram
5	22nd-24th December 2010			- Prof Singh, Associate Prof, IIPS.
6	27-29th December 2010			- Dr Nagrajan, Reader, GIPE.

3. Organization of Judicial Colloquium under PCPNDT Act:

In collaboration with UNFPA, SHSRC conducts the sensitization of judicial officers in all the districts of Maharashtra on the PCPNDT Act. This intervention was felt is thought to be most useful in the influencing the verdict on the individuals who commit and promote serious crimes such as sex selective abortions. SHSRC prepared the contents and schedule for the capacity building of Hon. District's Judges under PCPNDT Act with the financial support from UNFPA through colloquia. The Maharashtra Legal Services Authority was actively involved in the planning the colloquia.



Resource persons like prominent advocates and representatives from NGOs working in this area were identified for the colloquia. The colloquia have been planned in all the 33 districts of the state. In 2009, 9 Judicial Colloquia are planned and 24 in 2010. In 2009 all 9 planned colloquia have been completed. In each colloquium (excepting at Solapur and Sangli) some Hon. Justice from Mumbai attended and they have expressed satisfaction. All the judicial magistrates (about 55 to 80) attend the colloquia. The details of the colloquia arranged are as follows;

Judicial colloquia conducted in Maharashtra

SR NO	DISTRICT	DATE OF COLLOQUIUM	NO OF JUDGES WHO ATTENDED	NO OF PLEADERS/ PROSECUTORS WHO ATTENDED
1	Pune	26/7/2009	83	5
2	Satara	08/8/2009	65	-
3	Solapur	26/9/2009	54	4
4	Aurangabad	10/10/2009	50	-
5	Ahmednagar	08/11/2009	81	10
6	Jalgaon	14/11/2009	66	15
7	Beed	28/11/2009	56	6
8	Kolhapur	13/12/2009	56	19
9	Sangli	20/12/2009	58	6
10	Nagpur	09/01/2010	42	10
11	Thane	13/02/2010	53	5
12	Chandrapur	21/02/2010	45	8
13	Gadchiroli	27/02/2010	18	12
14	Bhandara & Gondia	13/03/2010	45	18
15	Wardha	27/03/2010	40	2
16	Ratnagiri & Sindhudurga	24/04/2010	30	16
17	Jalna	10/07/2010	24	23
18	Buldhana	25/07/2010	35	23
19	Parbhani	14/08/2010	43	37
20	Latur	28/08/2010	36	27
21	Nanded	19/09/2010	36	26
22	Nashik	09/10/2010	53	10
23	Akola & Washim	10/10/2010	49	10
24	Raigad	23/10/2010	30	17
25	Amrawati	13/11/2010	43	31
26	Osmanabad	11/12/2010	29	20
		TOTAL	1220	351

During colloquia, it was realized by the team that they also need to focus on sensitizing the following groups to facilitate a change:

a. Sensitization of HoD Professors (Radiology, ObGy and PSM) from all Medical Colleges in view of declining sex ratio in Maharashtra –

The child sex ratio is a powerful indicator of the social health of any society. In Maharashtra, the child sex ratio has fallen from 946 in 1991 to 913 in 2003. Health service providers are the generally the first contact point for couples intending to go in for sex selection. Hence it was decided to build capacities of senior professors and Heads of the Departments from the department of Radiology, Gynecology, Preventive and Social Medicine and seek their involvement in orienting the other faculty. Workshops were organized on the 12th of October 2010 in Aurangabad and on 24th November 2010 in Pune where a total of 84 professors interacted in these events.



b. Strengthening of pending cases under PCPNDT by sensitization of Government Pleaders handling these cases.

Along with the sensitization of medical faculty, it was thought that a separate sensitization must be organized for Government Pleaders as they are the key officials responsible for strengthening of cases pending under PCPNDT. A meeting was organized on the 31st of October 2010 in Pune for Assistant Public Prosecutors (APPs). A total of 39 APPs attended the meeting.

c. Analysis of the outcomes of PCPNDT cases prior to the implementation of the colloquia and now (pre and post organization of colloquia).

To judge the impact of colloquia being organized under this project, it was decided to analyze the outcomes of PCPNDT cases prior and post implementation of the colloquia. It is observed that there has been a positive change in the verdict being delivered by Judicial Officers as a result of the sensitization.

Following are the legal actions taken post organization of colloquiums:

- 5 applications were submitted to Medical Council/ Appropriate Council for cancellation of medical registration of Accused Doctors.

- Two doctors convicted for advertisement on sex selection and sex determination in 2009 and sentenced three years rigorous imprisonment with Rs 10,000 fine (sec 22 of Act).

- Another at Jalgaon for non maintenance of record in July 2010. One year rigorous imprisonment with Rs 5000 fine (sec 25, rule 19).

- Decoy case- at Karad JMFC declare on 6th September 2010. Three years imprisonment with Rs 9,000 fine (sec 23,29,3 (1), 5, 6, 29 (1)(2),18)

- Court has refused bail to three doctors who revealed sex of the child to decoy clients.

d. Sensitization of various groups on PCPNDT Act

The following groups were also sensitized

- **NSS:** A pre camp symposium was organized at University of Pune which was attended by NSS district coordinators and NSS Group Representatives where the message was to disseminate the message of valuing a girl child.
- **Rotary Club Members**
- **Mahila Mandals/ SHGs**

5. Conduction of training workshop of District Community Mobilizers

ASHA Community Mobilizers have already been recruited in the districts of Maharashtra State. SHSRC organized the two day training workshop for these community Mobilizers in order to aware them about the health department, NRHM, ASHA Program and basically their responsibilities in the whole system.

6. Decentralized planning of health services at district and Taluka levels:

SHSRC in collaboration with SATHI-CEHAT is involved in the preparation of a module meant for building the capacities of

- Medical Officers
- District Program Managers
- Taluka Health Officers
- Local NGOs
- Members of the Panchayati Raj Institution (PRI)

This project is funded by WHO.

F) Capacity Building of SHSRC Team:

Team members of SHSRC have attended the following conferences/ workshops and participated actively as resource persons:

SR NO	TOPIC	DATE	VENUE
1	Quality in Health Care	2-5th February 2010	NIHFW, New Delhi
2	Research Methodology	5-6th and 19-20th March and 2-3rd April 2010	Krishna Institute of Medical Sciences Karad
3	Global Maternal Health Conference	30th August-1st September 2010	New Delhi
4	Bharatiya Swasthya Chintan	12-13th May 2010	Shimla
5	National level workshop on Zoonotic Tuberculosis	1st-2nd August 2010	Gandhinagar
-	Zoonotic Tuberculosis Workshop	30th November 2010	Aurangabad
6	Village Level Micro Planning	19th-20th October 2010	YMCA, Mumbai
7	Interactive Workshop on Research Methodology, Epidemiology and Proposal Development- AYUSH	15th to 17th November 2010	YCM, Pune
8	NCD- Risk Factor Surveillance under IDSP (Phase I)	15th December 2010	Auditorium of Institute of Pathology (ICMR), Safdarjung Hospital campus, New Delhi
9	34th Indian Social Science Congress and paper presentation on 'Declining Sex Ratio in Maharashtra'	27th to 31st December 2010	Gauhati University

G) Celebration of Various Health Days:

1. World Health Day

World Health Day is celebrated on the 7th of April with an objective to create awareness regarding a specific health theme to highlight a priority area of concern for WHO. In collaboration with Symbiosis Institute of Health Science and State IEC Bureau, World Health Day was celebrated on 7th April 2010 at Symbiosis Institute, Pune. The theme for 2010 was "1000 cities"- 1000 lives": "Be a part of the Global Movement of Make Cities Healthier". State IEC Bureau in collaboration with SHSRC presented a hypothetical periodical/ health magazine that will be published in 2050.

2. World Tuberculosis Day

World Tuberculosis Day was announced on 24th March in 1982 on the centenary of discovery of Mycobacterium Tuberculosis by Dr. Robert Koch. World Tuberculosis Day is constituted to build community awareness about tuberculosis. SHSRC, Leprosy and TB cell, Public Health Department, Government of Maharashtra, organized a symposium on the eve of the world TB day. The students from three medical colleges of Pune, from Preventive and Social Health discipline were the participants. These are future Public Health Specialists; hence conducting a symposium for them is constructive investment. The Taluka Health Officers and Medical Superintendent of Rural Hospital are the present public health administrators; hence were also invited for the participation. Speakers and the chair persons who are specialists in their own field like microbiology, pathology, resistance and treatment of the disease respectively.



3. Commemoration of World Population Day

SHSRC and State IEC Bureau with help of State Family Welfare Bureau (SFWB) successfully organized world population day program on 11th July 2010 at Alfabachat Bhavan in Pune. This year the theme was "**Be counted; say what you need**".

Prominent personalities from SHSRC, SFWB, UNFPA, private practitioners were present. On this occasion Primary Health Centers and Rural Hospital conducting highest number of institutional deliveries were awarded. Beneficiaries of Savitribai Phule Kanya Kalyan Yojna were honored.

4. International Women's Day:

SHSRC celebrated International Women's Day on the 8th of March 2010 for which all the women staffs working for the health department of Pune were present. A session was conducted on the significance of declining sex ratio and discrimination of girl child.

H) Human Resource Cell:

For departmental strengthening, it was thought that the Centre will undertake the responsibility of recruiting new personnel at various cadres in the system. The Center was approached by the following programme heads for the appointment of necessary staff whose details are as follows:

1. Integrated Disease Surveillance Program.

SR NO	POSITIONS	POSTS	APPLICATIONS RECEIVED	APPLICATIONS SHORT LISTED
1	District Epidemiologist	26	134	66
2	Microbiologist	3	34	24
3	Entomologist	1	11	6

2. National Program for Prevention and Control of Flurosis in Nanded and Chandrapur districts of Maharashtra.

SR NO	POSITIONS	POSTS	APPLICATIONS RECEIVED	APPLICATIONS SHORT LISTED
1	Consultants	2	27	8
2	Lab Technicians	2	21	12
3	Field Investigators	6	54	27

3. State Health Transport Organization.

SR NO	POSITIONS	POSTS	APPLICATIONS RECEIVED	APPLICATIONS SHORT LISTED
1	Data Entry Operators	2	31	15

Advertisements for the same were given in prominently circulating English and Marathi local newspapers. The interview panel includes three-four experts from the field of Public Health. Candidates are marked on the basis of their qualification, experience, general knowledge and knowledge regarding health issues. On the basis of these criteria, desired numbers of candidates are chosen.

DEVELOPMENT OF LIBRARY

SHSRC has well developed and well maintained library. There are 2110 books available with SHSRC Library. SHSRC has also subscribed journals for the coming year; the details of the subscription are as follows;

NO	NAME OF THE JOURNAL	PERIODICITY	PUBLICATION
1	Bulletin of the World Health Organization	Monthly	World Health Organization, Delhi
2	Indian Journal of Community Medicine	Quarterly	Medknow publication & Media Pvt Ltd
3	Indian Journal of Public Health	Quarterly	Medknow publication & Media Pvt Ltd
4	Indian Pediatrics	Monthly	Indian Pediatrics, New Delhi
5	The Lancet	Weekly	The Lance, Subscription Dept RH 16, 3 DH, UK
6	American Journal of Epidemiology	Fortnightly	Oxford Journals OX2, ^DP UK
7	Aarogya Patrika	Monthly	State Public Health Department

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PLANS FOR THE FUTURE

SHSRC intends to under take the following activities along with the continuation of present activities.

❖ **Research Activities:**

1. Study on Utilization Trends of RKS Budget in Five Districts of Maharashtra.
2. Quality Enhancement on RCH & Family Welfare Services- Exit Interviews of Clients.
3. Analysis of the Referral Transport System in the Context of Institutional Deliveries in eight Districts of Maharashtra.
4. Study of the Causes of Low Proportion of Institutional Deliveries in 5 High Focus Districts of Maharashtra.
4. Determination of the Urban Health Status in Maharashtra.
5. Analysis of the Effect of NRHM on the Per Capita Expenditure of Rural Families in Maharashtra.
6. Quality Improvement of the Cause of Death as in SCD.
7. Drop Out Rate of ASHA in the State.

❖ **Documentation:**

1. Documentation of the Best Practices under NRHM in Maharashtra.

❖ **Evaluation Studies:**

1. Evaluation of Navsanjivani Project in 15 Tribal Districts of Maharashtra.
2. Evaluation of Intra Uterine Devices (IUD) Insertions in Maharashtra.
3. Monitoring and Evaluation of Maternal Deaths in Maharashtra.

❖ **Trainings/ Capacity Building:**

1. Training of Village Health Nutrition and Sanitation Committee (VHNSC) and Rogi Kalyan Samiti (RKS).
2. Workshop and Re Orientation of Block Facilitators (Introduction and re orientation to national health programs, guidance on monitoring, evaluation and supervision).
3. Study Tour of ASHAs.
4. Distribution "Arogya Patrika" to all ASHAs.

❖ **Public Health Report:**

1. Sensitization and Persuasion of District Level Officers in Preparation of a District Health Status Report.

❖ **HMIS:**

1. Re grouping of the PHCs for selected indicators under HMIS as per the Legislative Constituency Assemblies they fall under.

❖ **Institutional Strengthening:**

1. ISO Certification of SHSRC.