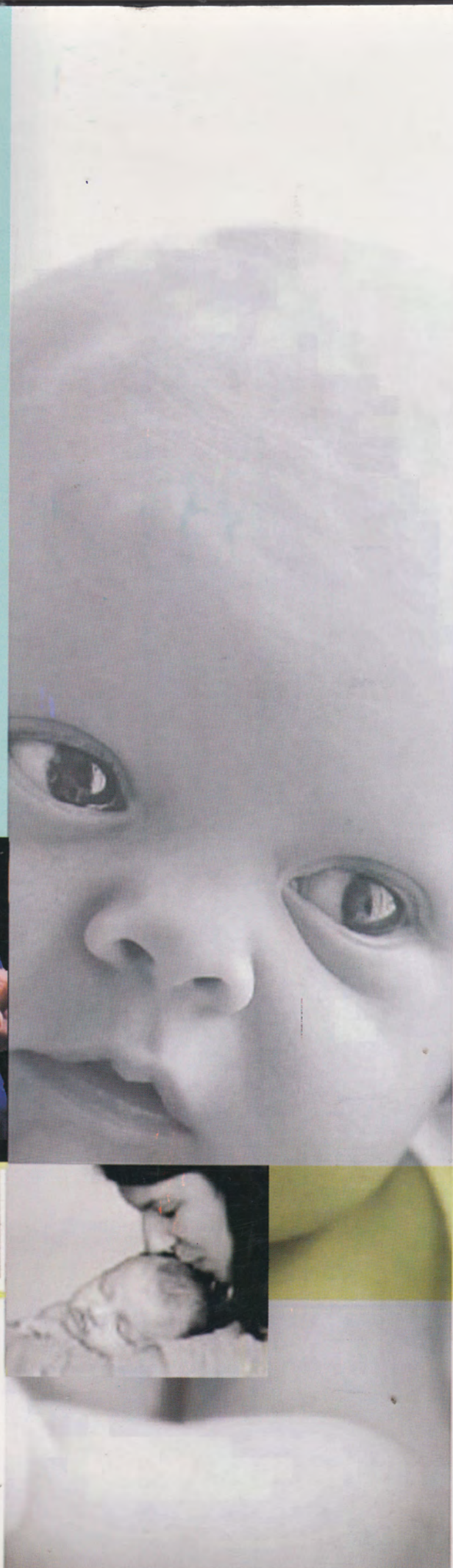


Annual Report 2012-13



**STATE HEALTH SYSTEMS
RESOURCE CENTRE (SHSRC)**



STATE HEALTH SYSTEMS RESOURCE CENTRE (SHSRC)

ANNUAL REPORT 2012 - 13



Government of Maharashtra
Public Health Department
Directorate of Health Services

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Government of Maharashtra
**Commissioner, Family Welfare and
Director, National Rural Health Mission**

Office of the State Health Society, Public Health Department

Dr. K. H. Govinda Raj

I.A.S.

**Commissioner (Family Welfare) &
Mission Director (National Rural Health Mission)**

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Mumbai - 400 001.
www.nrhm.maharashtra.gov.in

From the desk of MD, (NRHM) and Commissioner (Family Welfare)

Dear friends and colleagues,

The National Rural Health Mission was started with an aim to strengthen the public health systems and ensuring health for all. Using a multi-pronged approach, the Mission is working to improve infrastructure, capacity-building of primary health units and seamless provision of drugs and services.

Maharashtra has been considered a leader and visionary state for implementation of NRHM programs. The Mission is committed to providing all possible support to achieve tangible health outcomes. Several beneficiaries have availed services, notably under the Janani Suraksha Yojana and the Janani Shishu Suraksha Karyakram. Innovative measures such as e-files, e-banking, telemedicine and Health Advisory Call Center have brought best health and administrative practices to every doorstep. Everyone's participation and cooperation has made this possible.

Such investment in public health cannot be feasible without sound technical assistance. The State Health Systems Resource Center was established with this very objective and continues to serve commendably. In the last five years, the Center has been involved in undertaking several monitoring and evaluation projects that resulted in better understanding of the challenges faced, applicability of solutions and their impacts. With this Annual Report 2013, I extend my heartiest congratulations and wish them the very best for their future activities.

*Dr. Shri K.H. Govinda Raj I.A.S
Commissioner (Family Welfare) and MD (NRHM)
National Rural Health Mission, Maharashtra, Mumbai*

Directorate of Health Services, Maharashtra State, Mumbai



Dr. Satish Pawar
D.P.H, M.D, Ph.D
Director, Health Services



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From the desk of Director, Health Services, Maharashtra State

Dear friends and colleagues,

In recent years Public Health Department in Maharashtra has always been addressing health issues using differential planning and focused implementation. Various national-level and state-level programs are currently being implemented under the umbrella of the State Health Systems. The National Rural Health Mission has also provided the necessary thrust to close several gaps between the needs of the community and the processes for health care delivery. The ultimate aim remains the same - to provide constant and quality health care to the most underprivileged and marginalized sections of society.

The very foundation of SHSRC was based on providing technical assistance and help in capacity-building at different levels among varied health care delivery programs. SHSRC serves primarily to identify gaps, undermine challenges and provide solutions for effective program implementation. Supportive supervision, constant monitoring and evaluation are necessary to improve quality of programs. SHSRC has been conducting a variety of such projects in the last few years aimed at providing technical assistance and capacity building.

This Annual Report will provide a glimpse in to the work done and also an idea about their upcoming projects. I wish them the very best for all their endeavors.

Dr. Satish Pawar
Director Health Services,
Maharashtra

From the desk of Executive Director

Dear friends and colleagues,

Greetings from SHSRC, Pune!

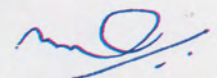
It gives me immense pleasure to present to you the Annual Report of State Health Systems Resource Center (SHSRC), Pune.

Established in July 2008, the SHSRC was started with an aim to improve health outcomes by providing technical assistance and capacity building that are required to strengthen the state public health system. It is our constant endeavor to serve as a central agency for technical activities, with a current focus on research and evaluation of various programs implemented by the State Health Systems. We are also keenly involved in development of monitoring systems and technological innovations, aligned with real-time data.

SHSRC continues to be grateful to the Mr. Jayant Kumar Banthia (Honorable Chief Secretary), Mr. T.C. Benjamin (Honorable Former Additional Chief Secretary), Mr. Vikas Kharge (Honorable Former MD, NRHM and Commissioner (Family Welfare)), for their guidance and motivation. I would also like to thank all state officials for their support and cooperation. I would also thank the SHSRC staff for their dedication and commitment to work. Though the Annual Report is a team activity, I appreciate the dedicated efforts of Mrs. Mukta Gadgil (Sr. Consultant and Advisor - Social Development) and Dr. Netrali Dalvi (Sr. Consultant and Advisor - Research and Documentation) in conceptualization and realization of the same.

The last year has been dynamic at SHSRC, with additions of new members, improvements and series of trend-setting activities. I invite you all to leaf through the report and revisit the same.

Looking forward to forging new associations and charting new journeys!



Dr. U.H. Gawande
Executive Director
SHSRC, Pune

BACKGROUND

The SHSRC has a crucial role in being responsive to and providing appropriate technical assistance to all programs under the aegis of the State of Maharashtra, including the various schemes implemented under National Rural Health Mission. It functions from the first floor of the Parivartan Building of IEC Bureau, Vishrantwadi, Pune.

The Goal

SHSRC has a goal 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.

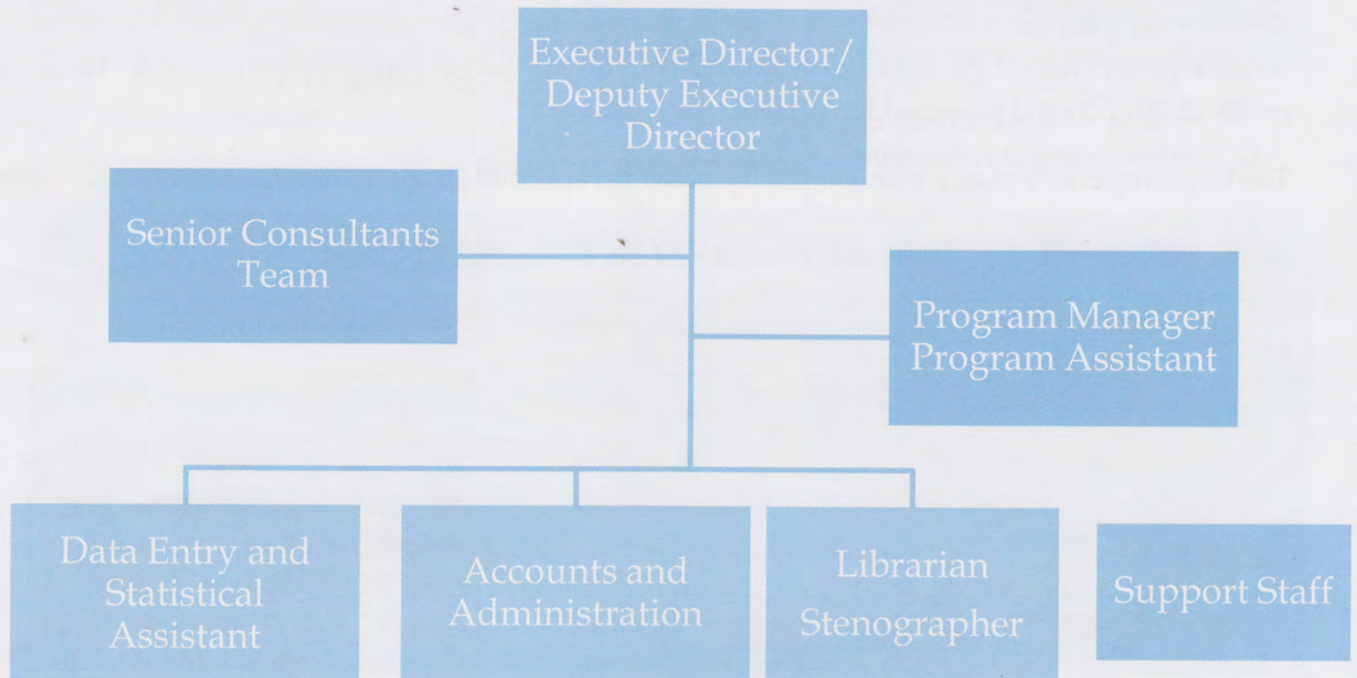
Objectives

- To develop a comprehensive monitoring system based on the latest data management innovations
- 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 provide evidence based insights on wider determinants of health outcomes
- To develop framework 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, and to demand side financing and improved service delivery from the public health system.
- To evolve as the single collection point for effective sharing of documents, reports, studies and general information
- To eventually become the focal point or convergence in identification, documentation and dissemination of knowledge and experiences in health systems across countries and the Indian States
- To provide support to Public Health Department in improving health outcomes through capacity development, sharing of good practices, training and orientation.

Mandate

The main mandate of the SHSRC is to provide technical assistance and capacity building for strengthening for district health systems as well as support to state health systems in program planning, strategy development, innovation and change management.

SHSRC Team Organization Chart



The SHSRC is headed by the Executive Director/ Deputy Executive Director who are responsible for the overall administration of the office.

The team of Senior Consultants comprises of a consultant each for *Public Health, Social Development, Research and Documentation, Human Resource and Infrastructure Development and Health Economics and Finance*.

The Program Manager and Assistant Program Manager are responsible for the overall technical assistance to and coordination of the Senior Consultants Team.

The support staff comprises of the Accounts and Administration Officer, the Data entry and Statistical Assistants, the Librarian and the Stenographer.

Currently (2013-14) all the positions in the office, except the Deputy Executive Director, are contractual and all positions are incumbent.

SHSRC ACTIVITIES

Since the inception of SHSRC at Pune, there have been several administrative changes. This is an attempt to chronicle the activities at SHSRC with three separate chronological sections, viz, pre-2012, 2012-13 and projected for 2013-14.

The following is at-a-glance summary of the activities at SHSRC prior to March 2012

Summary of Work done up to March 2012

Sr. No	Activity/Project	Duration	Status/ Outcome
1	Judicial Colloquia completed in 33 districts of Maharashtra through 28 events	2010-2011	Compiled report submitted to concerned authority -Increased conviction for filed PCPNDT court cases among the judicials -Clearance of PCPNDT court cases has become faster
2	Celebration of various Health Days		Awareness generation regarding disease and health promotion among health officials and common public
	World Health Day - 2010-2011	2010-2011	
	World TB Day - 2010-2011	2010-2011	
	World Population Day - 2010	2010	
3	Maharashtra Health Status Report - 2009 & 2010 published	2009-2010	-Published and disseminated at state level -Report now serves as reference point for Human development Index and other public health forums.
4	Health Reflector (Vol. 1, Issue 1,2 & 3) published	2009-2011	- Published and disseminated - Helped in improving clinical knowledge of health practitioners
5	Evaluation of Mother NGO (MNGO) scheme	2009-2010	- Decision making for continuation and funds allocation to concerned MNGO

6	Pilot Phase of community Based monitoring in five districts of Maharashtra	2010-2011	- Helped in decision making regarding scaling up the CBM project
7	Evaluation of service NGO Scheme in Maharashtra	2010-2011	- Decision making for continuation and funds allocation to concerned SNGO
8	Field testing of Appropriate technology Tools for Monitoring of slow progress of Labour and Growth of LBW babies at PHC/RH level by Krishna Institute, Karad	2010-2011	-Report Submitted -Two simple practical technologies proved helpful in field -If disseminate widely and at grass-root levels can be helpful for reducing neonatal mortalities and delivery complications. -Findings were communicated to MoHFW and is under consideration for widespread application in the field
9	Survey to evaluate the sonography centres, IVF Clinics, genetic counseling & testing center in PCMC, Pune	2010-2011	Helped in effective implementation of the PcPNDT act

SHSRC Activities during 2012-13

Sr. No.	Project Title	Project details/ Objectives	Current Status
1	Evaluation study on Janani Suraksha Yojana (JSY)	To evaluate the performance of Janani Suraksha Yojana in Maharashtra in 2010	Project completed and findings communicated to SFWB for corrective measures
2	Evaluation study on IUD insertion	1. To study the retention rate of IUDs inserted in the year 2011-12 2. To obtain information about reasons for removal. 3. To obtain information about complications of IUD insertion 4. To obtain information about	- Preliminary analysis completed and first draft report ready

		quality of services offered to IUD beneficiaries	
3	Quality Enhancement of RCH and Family welfare services (Exit interview)	<ol style="list-style-type: none"> 1. To study clients perspective about the delivery and/or Tubectomy services offered in public sector particularly in PHCs/RHs 2. To use the feedback reports for improvement in services 	Project completed and findings communicated to SFWB for corrective measures, and to MoHFW New Delhi
4	Integration of Diabetes Mellitus and Hypertension Management In Primary Health Care In Maharashtra (IDHM)	<ol style="list-style-type: none"> 1. To estimate the prevalence of diabetes mellitus and Hypertension in rural population Above 40yrs of age in Maharashtra using appropriate diagnostic tools 2. To set up a ongoing surveillance system 3. To plan and integrate appropriate secondary preventive measures in present public health delivery system 	<p>Phase I completed and findings submitted.</p> <p>The findings from Phase I were used in planning the NCD program in Maharashtra.</p> <p>Phase II comprised of establishing surveillance system.</p> <p>However, as NCD program has been initiated at State level and surveillance is integral part of the NCD program, Phase II was withdrawn.</p>
5	Publishing : "Suvarna mahotsavi Maharashtra: Arogyachi Vatchal"	To prepare a memoir depicting health developments since 1960 known as "Suvarna Mohotsavi Maharashtra: Arogyachi vatchal"	Under Publication
6	Study of implementation of School Health Program in Urdu Schools in Maharashtra 2012-13	To study the implementation of School Health Program in Urdu schools of Maharashtra.	Project completed and report submitted. The findings from this report were highly useful for program improvement.

SHSRC Ongoing Activities 2013-14

Sr. No.	Project Title	Project details/ Objectives	Outcome
1	Pilot project on Evaluation of Menstrual Hygiene Programme in Maharashtra	To document current status and performance of the scheme	Based on outcome Government of India, MoHFW revised and expanded scheme
2	Study on community based monitoring evaluation (CBM)	To evaluate the functioning of community based monitoring in five pilot districts in Maharashtra	- Report completed and disseminated -Working committee has been formed (SATHI,SHSRC and NRHM) to operationalize the recommendations of the findings
3	Evaluation of impact of PCPNDT Act implementation in Maharashtra	-Empanelled consultant organization (Pune health Care Management, Pune)	- Report completed and disseminated and findings communicated to SFWB, PcPNDT Cell and NRHM for corrective measures
4	Evaluation of District Advisory committee constituted under PcPNDT Act 1994	To evaluate the functioning of district and corporation advisory committee constituted under PCPNDT	- Report completed and disseminated and findings communicated to UNFPA, SFWB, PcPNDT Cell and NRHM for corrective measures
5	Training program for various stakeholders for effective implementation of PcPNDT and MTP Act	To conduct training workshops targeted at various health and judicial officials with a focus to increase awareness and improve implementation of the Acts	Ongoing and continuous Skill building, knowledge sharing

6	Evaluation study on Preferred Place of Delivery	To understand the factors/reasons associated with preferred place of delivery among women delivered in 2011-2012, in Maharashtra	Completed and secondary analyses
7	Evaluation of two service NGOs (SNGO) working in Akola and Thane district	To evaluate the functioning of two service NGOs to assess the impact on the given health indicators	- Decision making for continuation and funds allocation to concerned MNGO
8	Evaluation study of Taluka Health Officers.	To evaluate and assess the working of Taluka Health officers	Completed and shared with GoM and recommendations under consideration
9	Comprehensive Child Health Care Booklet	English and Marathi Booklet has been prepared which gives brief account of the various ongoing programs related to mother and child health care - Gov. of India has launched "Rashtriya Bal Swasthya Krayakram" in Feb 13 from Thane district of Maharashtra. On this occasion NRHM has published these booklets	Completed and unveiled at the hands of UPA Chairperson Smt. Sonia Gandhi, Hon CM (Maharashtra) Mr. Prithviraj Chavan, Hon. Health Minister (Maharashtra), Mr. Suresh Shetty at the inaugural function of RBSK scheme at Palghar, Thane
10	Public Health Department, Maharashtra- efforts towards ensuring health for all Handbook of programs under Public Health Department	To prepare a book providing information on all programs under Public Health Department	Under publishing
11	Comparative study of Implementation of Sickle Cell Disease Control Program	To Evaluate Implementation of Sickle Cell Disease Control Program in Maharashtra: Comparison of performance in selected districts covered by NGOs and ASHAs	In collaboration with GGMC. On going.

12	KAP study of early initiation of breast - feeding	To Assess Early Initiation of Breast Feeding Patterns, Practices and Determinants among Ever Married Rural/Urban Women delivered at Hospital or Home with Special Focus on Role of Health Care Providers in promoting early breast feeding, in Selected Districts of Maharashtra	In collaboration with Pravara Institute of Medical Sciences. Ongoing.
13	Evaluation of SNCU in Maharashtra State	To conduct a rapid assessment of existing neonatal practices in Maharashtra	Project is being implemented in collaboration with NHSRC, New Delhi through technical support partner. Study assigned to Pune Healthcare Management Group. Ongoing.
14	Compilation of Health Laws	To prepare a ready list of health laws for easy use by medical professionals	First draft completed and under consideration
15	Development of e-library	Updating the present library to enhance the utility	-PHC manual uploaded -Database of library digitized through E-granthalay - Compendium of GRs under process

Proposed SHSRC Activities during 2013-14

Activities SHSRC Pune 2013-14			
Sr.No.	Name of the activity	Description	Collaborating Agency
Activities under Research and Documentation Unit			
1	Study of Janani Shishu Suraksha Karyakram (JSSK)	To explore/ understand the factors affecting availing the services by beneficiaries to identify the gaps in the scheme, On sampling basis and mix of quantitative and qualitative approach	PRC Gokhale Institute, Pune
2	To study level of anemia and utilization of ANC services in this regard in tribal ANC women	To assess the actual level of anemia To evaluate the utilization of ANC services To study the adequacy of IFA tablets in terms of quantity given to ANC women, Longitudinal cohort study, quantitative-qualitative approach	PSM Dept; BJ Medical College, Pune
3	Record based analysis of maternal deaths in 2012-13 in Maharashtra	To understand the different causes of maternal deaths	In-house
4	Study to assess level of anemia in ANC and utilization of Iron Sucrose services in women from selected rural districts	To understand the baseline level of anemia among ante-natal women in rural areas and study the need for Iron Sucrose injections	PSM Dept; BJ Medical College, Pune
5	Health Status Report and Health Reflector	To create both the documents periodically	In-house
Activities under Social Development Unit			
6	Development of ASHA and Community Processes resource centre	- Capacity building, monitoring and evaluation of training programs, - Support SPMU in ASHA data analysis, - Developing ASHA resource materials - VHNSC capacity building (Gaps assessment (qualitative study), Guidelines for committee, planning and organization of workshops or course material for them)	In-house

7	Community Based Monitoring Processes	-Transition policy framework, - Sensitization and orientation programs for HCPs, - Orientation booklet for Health officials	SATHI-CEHAT
8	District Health Action Plan and PIP	- Understanding the process of PIP - Involvement in creation of DHAP for 2 districts for a pilot phase	In-house
Activities under Health Economics and Finances Unit			
9	Budget Tracking System	To analyze the budget flows and effective planning and allocation of funds.	In-house in association with NHSRC
10	Study on Medical Mobile Unit	Cost-benefit analyses on existing National Medical Mobile Units	In-house
11	Supporting for District PIP Preparation for the year 2014-2015	Providing Assistance in District PIP Preparation for the year 2014-2015	In-house
12	Review of fund flow mechanism of district to Sub-centre level	To understand the fund flow mechanism and address challenges	In-House
13	Study of Respiratory and Cardiovascular Health of People Living in Chandrapur District.	To Identify the cause & effect of Air Pollution at Chandrapur district: find out and recommend the solution. As immediate action, Five surveillance Centers are going establish at Chandrapur after completion of study.	Ongoing (Data Collected is completed)
Activities under Human Resources and Infrastructure Development Unit			
14	Facilitate up scaling of book the bed website	To promote early registration and early admission practice	In-house
15	NHSRC, Delhi	1. Regulatory measures for attraction & retention of doctors into rural health services in India. 2. Causative analysis of better dispersion of skilled health professional in rural & remote areas. 3. Study current HR status in Maharashtra; review and provide recommendations for improvement	NHSRC 2) In-house 3) In-house

		4. Performance appraisal of NRHM contractual staff	
Activities under UNFPA Unit			
16	MGM Medical College & Hospital, Kamothe. (Consultant)	Mapping of assisted reproductive technology centers, genetic clinics & counseling centers	MGM College
17	Chakulya Muklelya	Depicting current trends in female sex ratio in state for 2012-13	Published
18	PcPNDT training activity	Training to variety of stakeholders	On-going continuous

Brief overview of Activities completed at SHSRC during 2012-2013

Completed Reports				
	Title	Objectives	Methodology	Outcome
1	Stillbirths in Maharashtra, 2012-13	To study incidence of stillbirths	HMIS (GoI portal) data on stillbirths in Maharashtra, for the year 2012-13 is analyzed for its incidence	Results and recommendations communicated to NRHM and DHS offices for corrective measures.
2	Analysis Report on performance of RCH Key Indicators during 2012-2013	To study effectiveness of Key RCH indicators via secondary analyses	Data from DHIS-2 (April 2012-March 2013) is analyzed for Key RCH indicators	Results and recommendations communicated to NRHM and DHS offices for corrective measures.
3	Validation Study of Maharashtra DHIS-2 data on Live Births (Male and Female) for the period April 2012-July 2012	To validate DHIS-2 data in Live Births which occurred within pre-specified time	Data was analyzed by comparing data reported on DHIS-2 during a specified period and actual data	Results and recommendations communicated to NRHM and DHS offices for corrective measures.

			collected from the same sites. Real-time data was collected by Taluka Health Officers and Health Assistants, Nurses.	
4	Mapping of MTP Centers -August 2013	To map presence of government and private MTP centers in the state	Data collected for functioning MTP centers	Results and recommendations communicated to NRHM and DHS offices for corrective measures.
5	Unusable inventory of IUD devices and IFA tablets in Maharashtra	To monitor unusable stock in state	Data from DHIS-2 portal used for analysis	Results and recommendations communicated to NRHM and DHS offices for corrective measures.

Routine Activities at SHSRC

1) Monthly Physical performance of HMIS

Reports are generated each month and are shared with concerned authorities in Public Health Department

2) Financial Monthly Performance Report

Reports are generated each month and are shared with concerned authorities in Public Health Department

3) Field visits

Regular field visits are conducted by all team members to various government health facilities. Observations are then communicated to respective district officials and also to state.

FINANCIAL REPORT 2012-2013

STATE HEALTH SYSTEM RESOURCE CENTRE: PUNE (as submitted to NRHM) RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED April 2012 To Mar 2013

RECEIPTS			PAYMENTS		
Particulars			Particulars		
	AMOUNT			AMOUNT	AMOUNT
	(Rs.)				(Rs.)
<u>Opening Balance</u>			<u>Funds utilized out of State Health Society Funds</u>	-	
Bank	3,628,052.00		Salary	3,327,450.00	
Cash	9,681.00	3,637,733.00	TA / DA	264,567.00	
Funds received (from State Health Society, NRHM)	-		POL	214,927.00	
from SFWB Pune Breast Feeding Evaluation		5,000,000.00	Furniture Office Expenditure	123,860.00	
PCPNDT Evaluation	1,339,657.00		House Keeping Computer & AC Maintenance	219,796.00	
UNFPA unspent balance transfer to SHSRC	1,000,000.00	2,339,657.00	Library Evaluation Activities	29,348.00	
			SHSRC	999602.00	
		41,649.00	SHSRC Expenditure	5879779.00	
			Evaluation Activities from other SFWB (Operational Research)	135167.00	
Received Bank Interest		203,522.00		-	6,014,946.00

<u>Miscellaneous Receipts:</u>		3,440.00			
Sale of Tender forms	1,200.00				
Sale of Old News papers	2,240.00				
			<u>Closing Balance</u>		
			Cash-in-hand	21.00	
			Cash-in-bank	<u>5,211,034.00</u>	5,211,055.00
Total		11,226,001.00	Total		11,226,001.00

Quarterly Expenditure Statement

Sr.No.	Particular	April to June 2012	July to Sept 2012	Oct to Dec 2012	Jan to Mar 2013	Amt (Rs.)
1	Salary	283470	408324	1179898	4632202	3327450
2	Office Expenditure	61678	81810	599166	2172025	1552727
3	Evaluation Activities					0
	SHSRC Activities	353	265000	2160	1266409	999602
	Total expenditure (SHSRC) -	345501	755134	1781224	8070636	5879779
	Evaluation Activities					
4	SFWB (Operational Research)	265	14581	96455	245938	135167
	Grand Total -	345766	769715	1877679	8316574	6014946

Closing Balance as on 31st March 2013

Particular	Amt (Rs.)
State Health System Resource Center	1078999
Grant received from State Family Welfare Bureau Pune (Operational Research)	1792399
Grant received from State Family Welfare Bureau Pune (PCPNDT Evaluation)	1339657
Grant received from State Family Welfare Bureau Pune (Breast feeding)	1000000
Closing Balance as on 31st March 2013	5211055

SHSRC PARTNERS AND EMPANELMENT

Research and innovations are integral to the role of SHSRC. To execute the various projects undertaken at SHSRC, a detailed procedure for empanelment is designed, under which five research organizations are contracted annually via MoU. These organizations are assigned different roles such as proposal development, data collection, data analysis and report writing. However, the final ownership of work done by them remains with Public Health Department, Maharashtra State.

A list of criteria is used and a scoring system has been developed to ascertain capabilities of the empanelled organizations. This process may be reviewed every year to facilitate collaborations with the best organizations. For the year 2012-13, the following partner organizations were selected to partner with SHSRC

1) Pravara Institute of Medical Sciences (PIMS)

Pravara Institute of Medical Sciences (PIMS) was established in 2001, as part of Comprehensive Rural Health Model that was promoted by Pravara Medical Trust. PIMS is the only rural medical university in India, pioneered in socially meaningful, community oriented medical and allied health sciences education. PIMS attained the status of Deemed University in 2003 under section 3 of UGC Act 1956 of Govt of India and Accredited by NAAC with B grade (2.57)

2) Pune Health Care Management and Research Center (PHCMRC)

This institute was primarily formed with an objective to strengthen health systems with a focus on capacity building and evaluation of health projects/ programs. It offers a plethora of services aimed at improving the quality of health care services and health care delivery system. It seeks to deliver such services that are cost-effective, efficient and which translate in to sustainable development.

3) Prognosis Research and Management

Prognosis Management and Research Consultants Pvt. Ltd. were established in 2010. PROGNOSIS offers plethora of services aimed at improving the quality of services rendered by various sectors including mechanism for strengthening existing delivery systems. It seeks to deliver such services that are cost-effective, efficient and which translate into sustainable development.

4) Gramin Samassya Mukti Trust

Gramin Samassya Mukti Trust is a registered, non-profit, secular, voluntary organization established in year 1991 and actively working in the field of rural and urban development since the past 20 years. It has been established with specific objectives to solve the livelihood, health and educational issues which are greatly

interlinked. Organization is working with most ignored, socially and economically oppressed communities towards making sustainable development with special emphasizing on women empowerment.

5) **Infrastructure Professionals Pvt Ltd.**

Infrastructure Professionals Pvt. Ltd. is a leading development sector consultancy providing services in the fields of monitoring and evaluation, international development, public financial management, governance and institutional development, social and public policy programme management, financial management reforms, capacity building etc.

WAY FORWARD

The SHSRC is motivated to continue with dynamic and apt work in support of the recent achievements in the state. Going forward, the team envisions concrete steps in the following areas:-

- 1) **Decentralized Planning** SHSRC is planning to participate actively in preparation of district level Program Implementation Plan (PIP) and District Health Action Plan (DHAP). This is being visualized as a pilot project in a few districts initially to understand the intricacies of PIP and DHAP. Also SHSRC feels it is imperative to understand the composition and working of VHNSC to explore ways to strengthen it, since it is assumed to reflect the needs of the grass-root beneficiaries.
- 2) **ASHA Resource Center- Training of ASHA and ASHA Facilitators** ASHA workers are considered as a pivotal point and are emerging as a very strong component, actually the very background of the PH system. The numbers have grown to almost 60,000 plus in the state. More focus needs to be given to training of facilitators, translation of modules, and expansion of ASHA-based services. The area of payment options should also be explored. Although this activity is ongoing, the domain needs more extensive boost to aid in continued capacity building of ASHA and ASHA facilitators.
- 3) **Ensuring Quality of Health Services** The first phase of NRHM dealt with infrastructural changes and improvements in service utilization. The second phase concentrates on improving quality of care. SHSRC plans to conduct activities related to focus on quality of services such as MCTS and HMIS data monitoring for quality issues; field visits and feedback; involvement in improvement of trainings; training need assessment and post-training assessment. This can be achieved by developing guidelines, conducting soft skills workshops and sensitization of health care staff.

Human Resources and Infrastructure Development

1. **Collaborations** SHSRC plans to tie-up with National and International research and academic organizations via research collaborations, exchange programs etc to increase efforts to collaborate with various institutes such as UNDP, UNFPA, PHFI to exchange expertise and resources for the effective program planning and implementation.

Health Finance/ Economics

1. Analysis of last TWO years budget of all districts to provide the suggestions / observations for improvements while preparing district budgets.
2. Evaluation of existing financial system: Observation and suggestions for improvement of functioning of the existing Fund Flow, Disbursement system being implemented at district and Taluka and Distribution system of the beneficiaries.

3. Evaluation of accounting process being implemented DH, RH, PHCs, SCs and suggestion to for the improvements.
4. Unit Cost Analysis and its effectiveness: Mobile Medical Unit, Janani Shishu Surksha Yojana, Tribal Camps, Rugna Kalyan Samiti, Janani Surksha Yojana etc.

SHSRC CURRENT TEAM 2013-14

Executive Director

Name: Dr. Udhhao Gawande

Education: DPH, MD (PSM), PG C.M. H&FW, WHO (Fellow)

Experience: 32 years

Incumbent Since: Oct 2012

Deputy Executive Director

Name: Dr. L.S. Sale

Education: MBBS, DPH

Experience: 32 years

Incumbent Since: June 2012

Consultant team

Sr. Consultant (Public Health)

Post: Vacant since May 2013

Sr. Consultant (Social Development)

Name: Mrs. Mukta Gadgil

Education: MSc. (Anthropolgy)

Experience: 10 years

Incumbent Since: July 2012

Sr. Consultant (Research and Documentation)

Name: Dr. Netrali Dalvi

Education: B.A.M.S. (Pune), M.P.H. (Epidemiology-Biostatistics) (Los Angeles)

Experience: 4 years

Incumbent Since: April 2013

Sr. Consultant (Human Resources and Infrastructure Development)

Name: Mr. Nelson Dcosta

Education: B.COM, D.L.L. & L.W., M.P.M.

Experience: 16 years

Incumbent Since: April 2013

Sr. Consultant (Health Economics and Finance)

Name: Mr. Ganesh Pathak

Education: M.A. (Economics)

Incumbent Since: April 2013

Experience and areas of expertise: 8 years

Support Staff

	Designation	Name of incumbent	Education	Incumbent since
1	Program Manager	Vacant		
2	Program Assistant	Mr. Maheboob Hannure	B.Com. PGDCM	Dec 2008
3	Administrative and Accounts Officer	Mr. K. T. Dhumak	M.Com	Nov 2013
4	Librarian	Ms. Shaheen Shaikh	B.A., M.Phil, LL.B.	
5	UNFPA Assistant Program Manager	Ms. Kavita Shelar	M.Sc.(Health Science)	Aug 2013
6	UNFPA Assistant Program Coordinator	Ms. Madhuri Pailwan	M.Com, GDC&A	Nov 2013
7	Statistician	Mr. Gurudatt Potdar	M.Sc.(Statistics)	July 2013
8	Statistical Assistant	Mr. Rushikesh Salvitthal	M.Sc.(Statistics)	July 2013
9	Data Entry Operator	Mrs. Bharati Landge	B.Com	Dec 2009
10	Data Entry Operator	Mrs. Manisha Deshmukh	B.A.	Oct 2009
11	Stenographer	Mrs. E.S. Pardeshi	B.A. (Stenography)	April 2009
12	Office Boy	Mr. Sachin Jadhav	X pass	
13	Office Boy	Mr. Sandeep Kengar	VI	May 2012
14	Driver	Mr. Premdas Rathod	B. A	Dec 2008



Government of Maharashtra
Public Health Department
Directorate of Health Services