



Annual Report

2013 - 14



STATE HEALTH SYSTEMS RESOURCE CENTRE
(SHSRC), PUNE
Maharashtra

State Health Systems Resource Centre
(SHSRC), Pune

ANNUAL REPORT 2013-14



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Government of Maharashtra

**Commissioner (Family Welfare) and
Director, National Health Mission**

Office of the State Health Society, Public Health Department



Smt. I. A. Kundan A.S.

Commissioner (Family Welfare) and
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Dear friends and colleagues,

National Rural health mission is now in its second phase with enhanced scope both in rural and urban areas. While strengthening the public health system and ensuring health for all, through multipronged approach, 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 provide all possible support to achieve tangible health outcomes. Use of information technology and other innovative measures such as e-file, e-banking, telemedicine, Health Advisory Call Center, ASHA software, E-Aushadhi have brought best health and administrative practices to every doorstep. Everyone's participation and cooperation has made this possible. Focused and concerted efforts have made the improvements in vital indicators of Maharashtra.

Such investment in public health cannot be feasible without sound technical assistance. The State Health Systems Resource Center (SHSRC) was established with this very objective and continues to serve commendably. In the last six years, the Center has been involved in various monitoring, evaluation and skills building activities. This has helped in better understanding of the challenges faced, applicability of solutions and their impacts. With this Annual Report 2013-2014, I extend my heartiest congratulations and wish them the very best for their future activities.


(I.A. Kundan I.A.S)

HEALTHY VILLAGE, HEALTHY NATION

Directorate of Health Services, Maharashtra State, Mumbai



Dr. Satish Pawar

D.P.H., M.D., Ph.D.

Director, Health Service



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From the desk of Director, Health Services, Maharashtra State

Dear friends and colleagues,

Public Health Department, Maharashtra is committed to provide appropriate and quality healthcare services to people of the state. Various initiatives, schemes and programs have been successfully operational in the state which caters to health needs of various populations, especially vulnerable and deprived populations such as poor, women and children. Since the advent of NRHM, there have been various programmatic and policy level changes, which have also reflected on the improved service provision, planning and delivery of health care.

State Health Systems Resource Centre (SHSRC) being an institution providing technical assistance to various programs under NHM and SHS has been actively involved in planning and implementation. It 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 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 an immense pleasure to present you the Annual Report 2013-14 of State Health Systems Resource Center (SHSRC), Pune which is third in the series.

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 is grateful to the Mrs. Sujata Saunik (Honorable Principal Secretary, Public Health, Maharashtra), Mrs. I.A. Kundan (Hon. Commissioner (FW) & Director (NHM)) and Dr. Satish Pawar (Director, Health Services) 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 K. Gadgil (Sr. Consultant and Advisor – Social Development) and Ms. Shaheen C. Shaikh (Librarian, SHSRC) in conceptualization and realization of the same.

The last year has been very productive at SHSRC, with completion of many research and evaluation projects, and series of trend-setting activities. The focused efforts would be made in this year on operationalization of the study recommendations for program improvements.

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. Under this endeavor attention is also being paid to take special care of the needs of the people of the tribal areas and backward regions. 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. Its main role is to provide support in the process of health sector reforms. This includes support in:

- Policy planning and strategic thinking
- Capacity development
- Development of Innovative and Adaptive Programme design
- Community based Health Program
- Conducting Health system Research
- Assisting the Department of Health and Family Welfare, Maharashtra to implement innovative strategies.

To facilitate this, the SHSRC has an innovative work charter a special organizational structure and an appropriate positioning.

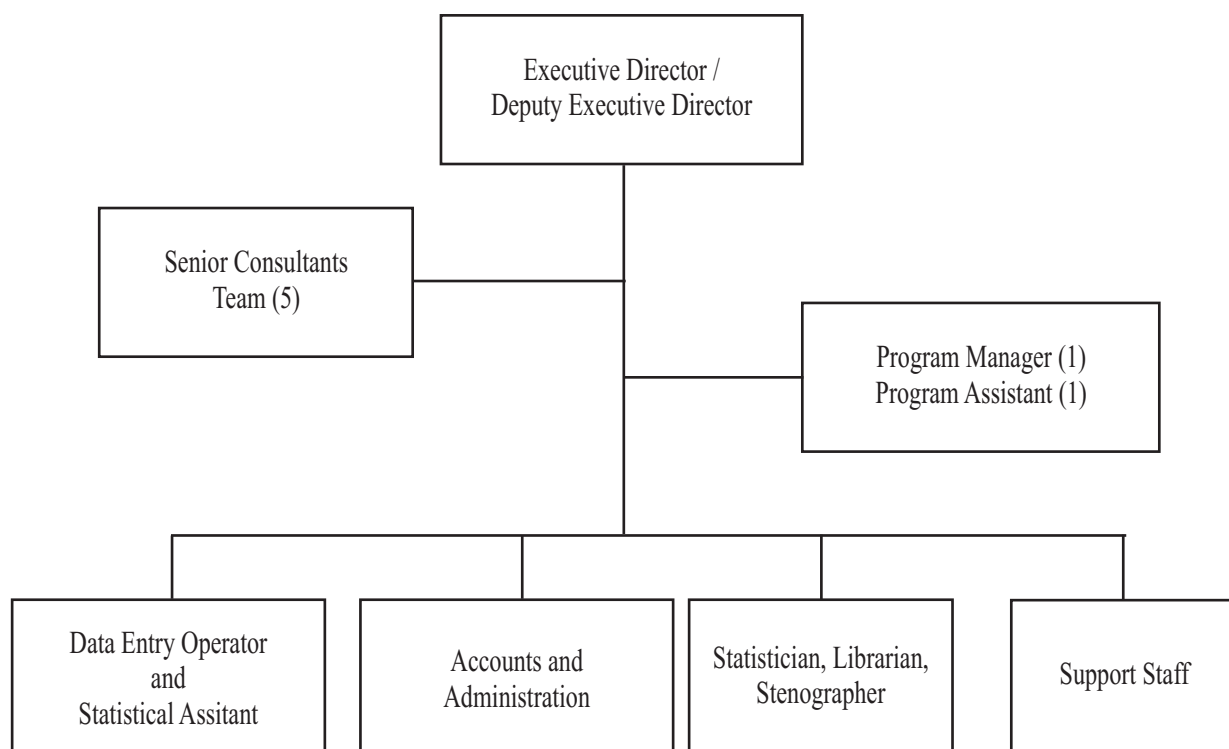
Mandate

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.

The main deliverables of SHSRC are:

- Sustainable support to the Public Health Department for improving and strengthening the health system
- District level capacities to draw up health plans and to implement such plans.
- Support for Health Management Information System
- Strengthening of community processes of NRHM (CBMP, VHNSC, ASHA)
- Quality improvement systems for all health services and all programmes.
- Improved health policy and evidence based strategy development.

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.

ACTIVITIES/ PROJECTS COMPLETED in 2013-14

I) Research and Evaluation Projects of SHSRC

1. Evaluation of Janani Suraksha Yojana (JSY) in Maharashtra

Maternal mortality is a serious concern for The Governments across the globe. According to SRS 2011 MMR for India is 212 and for Maharashtra 104. Despite investing numerous resources in strengthening the maternal health care services, poor women are still at risk as they face a number of barriers, particularly financial, to access obstetric care in the absence of social safety nets and widely prevalent out-of-pocket payment mechanisms. To combat this issue government of India has launched a new Maternity Benefit Scheme under the National Rural Health Mission (NRHM) viz. Janani Suraksha Yojana (JSY), in 2005. The scheme was being implemented with the objective of reducing maternal and neonatal mortality and promoting institutional delivery particularly among the poor pregnant women.

State Health Systems resource Centre (SHSRC), Pune, Maharashtra had conducted a survey to evaluate the performance of JSY in Maharashtra in 2010 with the following objectives.

- 1) To estimate the proportion of JSY beneficiaries in Maharashtra

- 2) To study the factors affecting the implementation of a scheme
- 3) To know the extent of institutional deliveries taken place in private Institutions under JSY
- 4) To find out the gap/deficiencies and suggest ways for improving the scheme

Cross sectional quantitative survey was conducted using stratified random sampling in all districts of Maharashtra in 2010. The survey had been conducted in collaboration with PSM departments of Government medical colleges.

Final report of the study has been submitted and study results had been disseminated with NRHM in November 2013.

2) Evaluation of Taluka Health Officer (THO) Scheme in Maharashtra

The idea of health official at Taluka level (Taluka Health Officer aka THO) was first conceived under European Commission (EC) supported Sector Investment Program (SIP). At that time, there existed a three tiered rural infrastructure where the District Health Officer, the Additional District Health Officer and the Medical Officer (at PHC level), functioned in hierarchy. However with increase in number of PHCs, it was found that district level officers had to cater to almost 50 to 100 PHCs, which would not be effective. The creation of THO post was to bridge the gap between MO PHCs and district level health officers. Thus, the pilot was initiated in Satara district. This initiative was found effective with encouraging results as it provided for improved mid-level management. The creation of THO post also complemented the initiatives under NRHM.

Since the introduction of the THO position, no evaluations were done to assess their roles, effectiveness and scope. An evaluation study using both qualitative and quantitative data was conducted by SHSRC, Pune through empanelled organization, Pune Health Care Management in 2012.

Final report of the study has been submitted and study results had been disseminated with NRHM in November 2013.

3) Evaluation of Community Based Monitoring and Planning (CBMP) of health care services under NRHM [Pilot Phase] in Maharashtra

Community Based Monitoring and Planning (CBMP) of health services was initiated in 2007 on pilot basis, in 9 states of India (Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Rajasthan and Tamil Nadu). Total 35 districts from 9 states were identified for the pilot phase. The CBMP process in Maharashtra was initiated in 5 districts (Amravati, Nandurbar, Pune Thane, and Osmanabad) in June 2007. Later in 2010 it was expanded to 8 more districts and at present the CBMP process is being implemented in 13 districts, 35 blocks and 116 PHCs covering 615 villages of Maharashtra. Over 25 civil society organizations (CSOs) are involved collaboratively in facilitating CBMP in these 13 districts.

In order to understand the actual process of CBMP, its outcome and challenges in implementation of this whole complex process, the State Health Systems Resource Centre (SHSRC), Pune undertook the evaluation of CBMP process implemented under NRHM in Maharashtra with the following objectives.

1. To examine the execution of the objectives of 'Community Based Monitoring and Planning' of health services under NRHM.
2. To assess the effectiveness of the decided process of implementation of 'Community Based Monitoring and Planning' of health services under NRHM.
3. To assess the impact of 'Community Based Monitoring and Planning' of health services under NRHM.
4. To assess the sustainability of 'Community Based Monitoring and Planning' of health services under NRHM.

The evaluation study was conducted in collaboration with consultant organisations empanelled by SHSRC, Pune namely Gramin Samasya Mukti Trust (GSMT), Yavatmal and Pravara Institute of Medical Sciences (PIMS), Loni (Bk), Ahmednagar. Study results had been discussed and disseminated with CBMP NGO partners as well as with NRHM team. The final report had been submitted to NRHM.

Operationalization of study recommendations is in process.

4) Understanding the factors associated with Preferred Place of Delivery among women in Maharashtra (Currently Pregnant and delivered in calendar year 2012)

A research study was conducted in 2012-13 to understand the factors associated with preferred place of delivery among both pregnant and recently delivered women with the following objectives.

- 1) To study factors associated with choice of place for recent delivery
- 2) To understand facilitators and barriers for the institutional deliveries
- 3) To explore socio-cultural aspects for the choice of place of delivery

A mixed methodology, using both qualitative and quantitative tools, was used to elicit data regarding factors affecting preference for delivery facility among urban and rural women. A sample of 600 women both recently delivered and pregnant women was collected from 5 randomly selected districts from areas reflective of both urban and rural population.

The study had been undertaken in collaboration with consultant organization, 'Prognosis' and study report submitted to NHM, Mumbai.

5) Evaluation of two service NGOs from Akola and Thane District

NGOs with an established institutional base and delivery infrastructure are encouraged to complement the public health system in achieving the goals of the RCH programme. Service NGO Scheme is expected to promote the achievement of the RCH objectives in the areas which are un-served or under-served by the public health services and infrastructure and complement the MNGO Scheme. SNGOs can provide a range of clinical and non-clinical services, directly to the community.

The two service NGOS from Thane and Akola districts namely "Dr.M.L. Dhavale Memorial Trust" and "Ashray Mahila Samuday Vikas Sanstha" respectively were being asked by SFWB NGO cell to get evaluated for their physical and financial performances. Therefore the evaluation activity had been performed in 2012 through Pravara Institute of Medical Sciences (PIMS).

Final report had been submitted to SFWB for further action.

6) Evaluation of IUD insertions in Maharashtra

In 2006, GOI launched “Repositioning IUCD in National Family Welfare Program” with an objective to improve the method mix in contraceptive services and has adopted diverse strategies including advocacy of IUCD at various levels; community mobilization for IUCD; capacity building of public health system staff starting from ANMs to provide quality IUCD services and intensive IEC activities to dispel myths about IUCD. Currently IUD is the most reliable temporary method in government Family planning program. In case of IUD which is considered as the most popular temporary method, the acceptance depends largely on the side effects and complications which ultimately affect the retention of the IUD.

Therefore to understand the status of IUD retentions, complications and side effects associated with it the study has been taken up by State health Systems Resource Centre, Pune, Maharashtra in 2012.

Study findings were disseminated with NHM and report is submitted to NHM and SFWB for perusal.

7) Study of Respiratory and Cardiovascular Health of people living in Chandrapur

District : An important study on Respiratory and Cardiovascular Health of people living in Chandrapur District of commissioned by SHSRC and executed by PROGNOSIS has concluded. Main trigger for commissioning this study was questions raised by Hon. Members of Legislative Assembly regards concerns of worsening health of people living in Chandrapur due to industrial air pollution. This study was undertaken between August–November 2013 with the following objectives

Overall objective :

1. To determine effects of ambient air pollutants on children and adults in Chandrapur district

Specific objectives :

1. Determine prevalence of respiratory symptoms and diseases (asthma, tuberculosis, LRTI/ Pneumonia, Cancer) among children studying in schools in Chandrapur District

2. Determine prevalence of respiratory symptoms and diseases and cardiovascular health status of adult people living in Chandrapur District
3. Determine symptoms and diseases for which a patient visits a doctor in Chandrapur District

The study design had a mix of quantitative and qualitative methods wherein the quantitative sample covered children (2000) and adults (2400) living in study area and control and qualitative interviews were taken of key stakeholders (MLA, officials of Health Department and Pollution Control Board, Press, NGO).

The findings of this study are critical and will enable Health Department, Government of Maharashtra to undertake measures to mitigate effects of air pollution on the local population.

8) Evaluation of implementation of Sickle Cell disease control program in State of Maharashtra: Comparison of Performance in selected district covered by NGO's and ASHA's

The Government of Maharashtra with the aim to control sickle cell disease in Maharashtra implemented the Sickle cell disease control program (SCDCP) in 20 districts of Maharashtra. Initially the program was implemented in the high prevalent districts through Non-Governmental Organization with specific focus on increasing the awareness towards Sickle Cell Disease, screening the population and counseling for preventing the occurrence of Sickle Cell Disease in future generation. In the next phase the same was implemented in other districts through the existing Health system mainly through the ASHAs.

It's almost 7 yrs that the program is being implemented in these districts. Therefore an evaluation study had been undertaken by Department of Community Medicine Grant Government Medical College (GGMC) Mumbai in collaboration with State Health Systems Resource Centre, Pune to assess the performance of SCDCP in both NGO implemented and ASHA implemented districts in 2013.

9) VHNSC fund utilization Study:

VHNSC is one of the important means of decentralized planning at village level and effective tool of community involvement under NRHM. The every VHNSCs are allocated funds of

Rs.10,000/- per village, per annum and have autonomy to spend the same. The judicious use of funds and efficiency of expenditure reflects the quality of functioning of the VHNSCs. There are three components of VHNSC, viz. Health, Nutrition and Sanitation. The equitable expenditure on above components is desired. CBMP study conducted by SHSRC has shown that there is a scope for improving the functioning of VHNSCs. Hence, a record based analysis on component wise expenditure of select VHNSCs in the state for the period of April-December 2013 is performed.

For the purpose of analysis, one district each from 7 major divisions were selected and from such each districts, three blocks (only one block from Dhule district) were considered on random basis. Thus, secondary data on expenditure from 19 blocks of 7 districts were called from Block Programme Management Units. Analysis performed on percentage of expenditure against the budget available and proportion of expenditure on the different components, viz. health, nutrition and sanitation.

II) Development of Resource Centre

1) Development of Library

State Health Systems Resource Centre, Pune has rich collections of books nearly 2212. Till recently the functioning of the library carried out purely in a traditional manner wherein a reader visits to the library and browse the shelves for searching the information. But with the advent of Information Technology new software now enables reader to search and access the information immediately by clicking on one button. It not only saves the time of reader but also encourages them to read.

Following this trend, the State Health Systems Resource Centre has digitized the library by using "**e-granthalaya**" software which is prepared by National Informatics Centre, New Delhi. It is open source software which is available free of cost. The effort of digitization has been taken by our Librarian and has resulted in successful uploading of the database of SHSRC Library. To access the SHSRC Library, please use the following link ***http://eglibnet.nic.in/Library.aspx?LIB_CODE=SHSRC***.

State Health Systems Resource Centre, Pune, MS
National Rural Health Mission (NRHM)
Government of India
AROGYA BHAVAN, PARIVARTAN BUILDING 1ST FLOOR, YERAWADA,
PUNE-411006



राज्य स्वास्थ्य प्रणाली संसाधन केंद्र, पुणे, महाराष्ट्र
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन (एनआरएचएम)
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National Rural Health Mission (NRHM)

About Parent Organization The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. The Union Cabinet vide its decision dated 1st May 2013, has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission. NRHM seeks to provide equitable, affordable and quality health care to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities.

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Basic Search

About Library State Health Systems Resource Centre(SHSRC) has 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 and the districts for building their capacity in improving service delivery in the health sector. It was established in July 2008, as per the approved norms under Program Implementation Plan of NRHM for the year 2008-09. SHSRC has well developed library which intends to incorporate the latest technology and adopt user friendly approach

2) Publications:

a) Annual Report 2012-2013

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. The Annual Report 2012-13 provides glimpse of the work done so far and about the ongoing and projected activities.

b) Public Health Programmes in Maharashtra - Status Report 2014

This report provides brief overview of the health system and current programs and allied structures which support health care services in the state. Each of its chapter encapsulates brief background about a program and provides latest data. This document can be helpful as a reference guide for health officials, civil society organizations, development partners and the community at large

c) ASHA Flipchart

ASHA is the important community level cadre established under NRHM. It is known that use of visual aid such as Flipcharts, posters, leaflets etc during information dissemination is more effective than mere verbal information dissemination. It is also helpful for health worker because then she/he doesn't need to recollect the information and it becomes more interactive.

Therefore SHSRC has prepared a flipchart for ASHA which will be helpful for ASHA during the field work. This flipchart is divided in to two major sections one is Role and responsibilities of ASHA and information regarding existing health structure (From village till district level). And second part is completely dedicated to Maternal and Child Health.

Final draft of the flipchart is submitted to NHM and under printing procedure.

ACTIVITIES FUNDED BY UNFPA:**1) Trainings**

UNFPA is supporting Maharashtra to address the issues of skewed sex ratio, for which SHSRC organizes trainings/ workshops with support of UNFPA on Pre-Conception and Prenatal Diagnostic Techniques (PCPNDT) for various stakeholders which includes Appropriate Authorities, NGOs, Legal Counsellors, District Advisory Committee Members, PCPNDT Medical Officers and Judiciary Officers. Basically the aim of the workshop/ training is to build the capacity of various stakeholders for effective implementation of PCPNDT Act and MTP Act. The renowned resource persons such as Ms. Anuja Gulati, UNFPA State program Co-ordinator; Adv. Varsha Deshpande, President Dalit Mahaila Mukti Organisation Satara; Dr Uddhao Gawande, Executive Director, SHSRC, Pune; Dr A.P. Khade, Consultant (PCPNDT) and Adv. Shrinivas Kulkarni, State Legal Counsultant (SFWB). Such 10 workshops were conducted where in 324 various stakeholders were trained. These workshops were found to be very much useful in implementation of PCPNDT Act, as evidenced by registration of more than 470 PCPNDT cases in the Hon.Court.

2) Publications**a) Chakuleya Muklelaya - 3rd Edition**

The State Health Systems Resource Centre, Pune in with support of UNFPA has published the third edition of Chakuleya Muklelaya wherein the Block-wise Child Sex Ratio of all the

Districts of Maharashtra is included in it. Further it provides the comparison of last three censuses. This book has been useful for creating the awareness about skewed sex ratio at block.

b) Report on Adolescent Health State Level Training of Master Trainers

Public Health Department and State Health Systems Resource Centre (SHSRC), Maharashtra organized State level training of Master Trainers on adolescent health in the month of November 2013. It was supported by UNFPA, Maharashtra State.

Prognosis Management & Research Consultants Pvt. Ltd. Pune provided the trainers for conducting these training programs. The main objective of the training program was to develop Master trainers to roll out the ARSH program in the state. The participants were District and Corporation level officers from Public Health Department as Master Trainers in adolescent health. The training program emphasised the training needs of adolescent health and implementation of adolescent friendly health services under the ARSH Program.

These trainings were held at three places namely, Nagpur, Aurangabad and Lonavala covering about 94 Officers such as Assistant District Health Officers, District RCH Officers, Outreach RMOs, Medical Superintendent Sub District Hospital, Corporation Medical Officers and RCH Nodal Officers.

c) Court Case Tracking System (SCCTS):

The basic objective of this software is to keep track of all the court cases currently underway under the PCPNDT Act all over Maharashtra. The software has provision for entering the details of the court cases and the Day to day Case Hearing details. On the basis of the data entered the software generates reminders by way of sending SMS regarding impending Hearing for a court case and also a reminder if the data is not updated within a specific number of days after the hearing date is over. The software generates various reports based on the data entered in the software. Each Office (individual District or Municipal Corporation) can see its own data where as the Central Administrator can see the reports for all over Maharashtra. This activity was also supported by UNFPA.

Ongoing Activities of SHSRC

SHSRC Ongoing Activities 2013-15 – Updated on 31st May 2014

Sr. No	Name of the Activity	Project details/Objectives	Nodal Officers from SHSRC	Collaborating partner	Current status
		Research Projects			
1	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	Mukta Gadgil	Pravara Institute of Medical Sciences, Loni	- Draft report is under review.
2	Evaluation of SNCU in Maharashtra	To conduct a rapid assessment of existing neonatal care in public health institutions in Maharashtra	Dr. Netrali Dalvi	NHSRC, New Delhi and Prognosis, Pune	- Report is submitted for approval.
3	Study of Janani Shishu Suraksha Karyakram (JSSK) in Maharashtra	To explore/ understand the factors affecting availing the services by beneficiaries to identify the gaps in the scheme.	Mukta Gadgil	- PRC, Gokhale Institute	- Draft report under preparation
4	Understanding Maternal Death Review process in Maharashtra	- To understand the current process of MDR vis-à-vis the establishment of structure and implementation -To analyze the MDR cases in rural Maharashtra in the last year to identify focus areas for improvement and provide recommendations	Mukta Gadgil	In house	- Data Collection ongoing

5	To study level of anemia and utilization of ANC services in Tribal ANC women	<p>To assess the actual level of anemia</p> <p>To evaluate the utilization of ANC services</p> <p>To study the adequacy to ANC women.</p>	Dr. Netrali Dalvi	PSM Dep. B.J. Medical College, Pune	- On Hold
6	Evaluation of Mobile Medical Units	<p>-To identify GAPS in structure of MMU</p> <p>-To evaluate services whether effectively reaching the target population in remote areas.</p> <p>-To establish cost benefits of the services of MMU to patients and the health system.</p> <p>-To provide recommendations to improve MMU functioning.</p>	Ganesh Pathak	In house	- Report writing is in process.
7	Maharashtra Public Health Budget and Expenditure Tracking for year 2009-10 to 2011-12	<p>- To track the state health budget and expenditure.</p> <p>-To find out the gaps in fund distribution and to assess budgetary allocation between different heads.</p> <p>-To provide inputs by using the tracked information for decision making and planning of PIP.</p>	Ganesh Pathak	NHSRC, New Delhi	- Draft report is submitted to Hon. MD, NHM, Mumbai

8	Regulatory Measures for Attraction and Retention of Doctors in Rural Health Services in India	<ul style="list-style-type: none"> - To document the various measures (financial, non-financial and regulatory) existing in the state to attract and retain doctors and specialists in rural areas. - To document the perspectives and views of bonded doctors who signed the bonds in last six years. - To document the perspectives and insights of the key informants i.e. policy makers and administrators, programme managers, financial officials under the Directorate of Health Services, Medical Education and Bond Enforcement Cell (BEC) about the programme, status of implementation, challenges, bottlenecks and way forward. - To analyze the effectiveness of the regulatory measures in attracting doctors and specialists to rural postings and retaining them. - To provide recommendations for further improvement. 	Nelson D'Costa	NHSRC, New Delhi and Prognosis, Pune	- Draft report is ready for further inputs of NHSRC
9	Evaluation of Second ANM Study	<ul style="list-style-type: none"> - To assess utilization of RCH services, change in community perceptions at SC before and after the intervention. The methods of conducting VHNDs and its services delivered with support of ASHA's & AWW's and SHG's. - The study has examined SCs those who served by an ANM and two ANMs separately along with identifying impelling & impending factors for effective functioning of ANM. - To understand the functioning mechanism currently in operation and identify strengths & weaknesses. 	Kavita Shelar and Nelson D'Costa	Pravara Institute of Medical Sciences, Loni funded by UNFPA	- Draft Report submitted for further inputs

10	Proposal of Appointment of Contractual Medical Officers at Ayurvedic and Allopathic Dispensaries in Maharashtra	<p>The operational cost incurred on Ayurvedic and Allopathic dispensary is in huge amount compare to its output as OPD patients treated. Hence, it is proposed to appoint contractual doctors at Dispensary and utilise the services of experienced MOs at vacant positions of MO at PHC.</p> <p>- There will be a substantial savings in expenditure on salary of doctors which can be utilized for supplies of adequate medicines to the dispensaries and up gradation of other Health Institutes including dispensaries.</p> <p>-The assured OPD services will be available at Dispensaries and therefore optimum utilization of dispensaries will be achieved.</p>	Mr. Ganesh Pathak	In-House	Report submitted to Govt. for consideration
Publications					
11	Preparation of Ethics and Advisory committee guidelines for Public Health Department	-To prepare detailed document (ToR) for the advisory committee and ethics committee for Public Health Department	Mukta Gadgil	In House	- Draft is ready. To be discussed with DHS
12	Proposal for compilation of Health and health related laws		Shaheen Shaikh	In house	- It is on the verge of completion and send for valuable comments

Proposed SHSRC Activities during 2014-2015

Activities SHSRC Pune 2014-15			
Sr. No.	Name of the activity	Description	Collaborating Agency
Activities under Research and Documentation Unit			
1.	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
Activities under Social Development Unit			
2.	Development of ASHA and Community Processes resource centre	<ul style="list-style-type: none"> - 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) - Trainings of VHNSCs - Formation of Community processes forum 	In-house
3.	Community Based Monitoring Processes	<ul style="list-style-type: none"> - Transition policy framework, - Sensitization and orientation programs for HCPs, - Orientation booklet for Health officials 	SATHI-CEHAT

4.	DHIS-2 Data Quality Improvement efforts	<ul style="list-style-type: none"> - To identify the lacunae in reporting system through field visits - Regular monitoring and follow up with Districts to address field level issues 	In-house in collaboration with DHIS and NHM-MIScell
5.	Preparation of Ethics and Advisory committee guidelines for Public Health Department	- Draft of Guidelines Submitted to DHS for approval	- Draft is ready. To be discussed with DHS
Activities under UNFPA Unit			
6.	MGM Medical College & Hospital, Kamothe. (Consultant)	Mapping of assisted reproductive technology centers, genetic clinics & counseling centers	MGM College
7.	Chakulya Muklelya	Depicting current trends in female sex ratio in state for 2012-13	Published
8.	PCPNDT training activity	Training to variety of stakeholders	On-going continuous

Routine activities of SHSRC :**Monthly Feedback on HMIS**

HMIS data is monthly analyzed at SHSRC and feedback is given to the districts for improvement in the activity/ programs. It helps to identify the areas where the performance is less than the expected and helps in improvement. Analyzed report is being circulated to all the Districts and also highlights the high prone areas to be considered for further improvement.

Monthly feedback on Financial Performance:

The financial data is being analyzed at SHSRC and feedback provided to NHM and districts for their review. It is useful to identify gaps/drawbacks in financial performance and districts to consider for further improvements.

Supportive Supervision

Regular field visits are undertaken by faculties of SHSRC in order to improve the quality of health care services in Maharashtra.

ASHA RESOURCE CENTRE:

Facilitate ASHA resource centre as envisaged by Government of India and agreed by the state from time to time and to coordinate all the activities related to the community level health processes in the state, Village Health Committees initiatives, Community Based Monitoring etc, in order to serve as a community interface of Department of Health and Family Welfare, State Government of Maharashtra.

FINANCIAL REPORT 2013-2014

Receipt and Payment Account for the year 2013-2014

Funds received from	Amount (Rs)	Utilized Funds	Amount (Rs)
A. NHM	1,21,43,704.00	A. Salary	Rs. 61,42,988.00
B. SFWB, Pune	41,32,056.00	B. Research & Evaluation Activities	Rs. 83,85,761.00
C. UNFPA	1,18,620.00	C. Office Expenditure (Contingency)	Rs.17,83,462.00
D. NHSRC	3,75,787.00		
E. Miscellaneous Receipts (Tender Fees, Cancellation of Cheques)	Rs.22,510.00		
Total (A+B+C+D+E)	1,67,92,677.00	Total (A+B+C)	1,63,12,211.00
Balance as on 1 st April 2014.			4,80,466.00

Admin. & Account OfficerState Health System Resource Centre,
Pune**Executive Director**State Health System Resource Centre,
Pune

SHSRC EMPANELLED PARTNERS :

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. *The procedure for new empanelment has been called through quotation in the month of January 2014 and procedure of selection as per laid down rules is going to be complete by the end of March 2014.*

For the year 2013-14, 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) **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
- 2) **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; Quality improvement of labour room and intra-partal and early post-partal care, specific interventions for reduction of maternal mortality at high focused block; reduction of acute maternal morbidity through 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.
- 3) **Health finance and Economics:**
 - Technical Support in preparation of state and district PIP 2015-16.
 - Capacity Building of various intermediate functionaries on financial process/proposals, accounting and project managements.
 - Create and maintain a database & regularly update unit cost analysis of various resources.
 - Cost-benefit and effective analysis: Untied Funds, AMG, Referral Transport, Telemedicine etc.
 - Studies on out pocket expenditure and health care financing.

SHSRC TEAM DURING 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: M.Sc. (Anthropology)

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 D'costa

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: 8 years

Support Staff of SHSRC

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

	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 C. Shaikh	B.A., M.Phil, LL.B.	Dec. 2012
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. Hrushikesh 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 Jadha	Xth pass	
13	Office Boy	Mr. Sandeep Kengar	VI	May 2012
14	Driver	Mr. Premdas Rathod	B. A	Dec 2008



STATE HEALTH SYSTEMS RESOURCE CENTRE (SHSRC)

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