



ANNUAL REPORT, 2014-15



STATE HEALTH SYSTEMS RESOURCE CENTRE, PUNE

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From the desk of Commissioner (FW) and Director (NHM)

From the desk of Director, Health Services, Maharashtra State

From the desk of Executive Director

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 Health Mission. Under this endeavour 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, and Pune.

Vision

To position SHRSC as a premier technical institute in public health responsive to emerging state and national needs based on values of inclusion and quality of services delivery and appropriate management.

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.

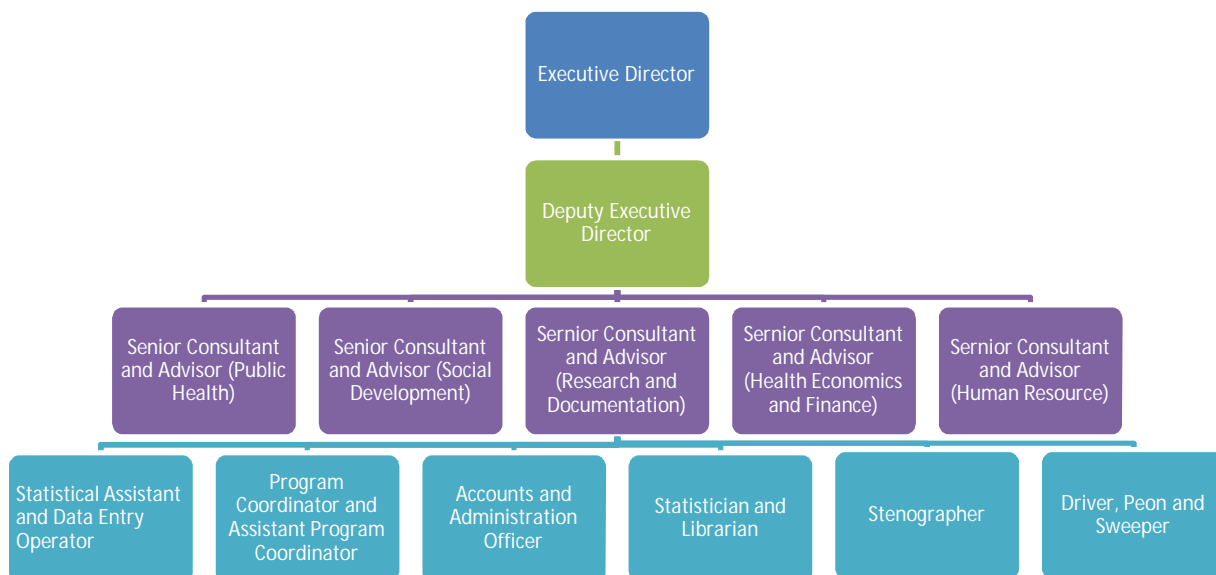
Mandate

The main mandate of the SHSRC is to provide technical assistance and capacity building for strengthening the 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 & Infrastructure Development and Health Economics & 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 Administrative Officer, Statistician, the Data Entry Operator and Statistical Assistants, the Librarian and the Stenographer.

Completed Projects / Reports 2014-2015

1) Rapid Assessment of SNCUs in Maharashtra (In collaboration with NHSRC and Pune Health Care Management and Research Centre, Pune)

MDG 4 aims at reducing the child mortality by 2/3 by 2015. The neonatal mortality contributes in major way to child mortality. Most of the deaths are preventable such as hypothermia, asphyxia, infections, pre maturity and respiratory distress like causes could be treated on time to reduce mortality. Therefore there was a need to take concentrated efforts to reduce neonatal mortality. Major initiative to achieve this is the establishment of "Facility Based New-born Care (FBNC) services" at different levels of health care facilities. MoHFW established Special New-born Care Unit (SNCU) in 2009-10 under this initiative, focusing on comprehensive care to a New-born at district hospital level. In Maharashtra, 34 SNCUs are operational at district and sub-district level.

Rationale:

GOI has laid down the norms for establishing these SNCUs in the form of guidelines, giving details of all essential infrastructures, human resource, trainings required to build capacities of SNCU staff and equipment, drugs. It was necessary to assess the situation of established SNCUs in the state compared to the laid down norms. The gaps identified could help in appropriate management decisions. Therefore, NHSRC through SHSRC had commissioned this study of assessment of SNCU to Pune Health Care Management and Research Centre Pune with the below objectives.

Objectives:

Overall aim was to conduct a rapid assessment of the SNCUs in Maharashtra. The specific objectives were –

1. To determine the overall utilization of SNCU
2. To perform descriptive analysis of the following factors - Evaluation of functionality, availability and adequacy of the facilities at the SNCU with reference to the standard check list
3. To perform association analysis Socio- demographic and clinical factors with the treatment outcome
4. To find out the Out of pocket expenditure on the transport, drugs, diagnostics, private practitioners, food and loss of daily wages by the families of the new-borns admitted the SNCU

2) Cost Benefit Study of National Medical Mobile Units in Maharashtra

The principle behind NMMUs is to reach underserved areas by taking healthcare to the doorstep of the people. The units would primarily cater to primary health care needs. The Mobile Medical Units have been envisaged to provide preventive, promotive and curative health care in inaccessible areas and difficult terrains, which are underserved or un-served areas under usual circumstances. The objective of the study is as follows:

- To identify GAPS in structure of NMMU
- To evaluate services whether effectively reaching the target population in remote areas
- To establish cost benefits of the services of NMMU to patients and the health system
- To provide recommendations to improve NMMU functioning

A mixed method approach was used. Quantitative as well as qualitative data was collected from primary and secondary data sources. Primary data was collected by interviews and FGDs with the stakeholders and secondary data on annual number of patients visited and costs was collected. Check-list was prepared to collect data on the current status of infrastructure and equipment, drugs available with NMMU for comparing it with the norm stated by GOI.

3) Report on Appointment of Contractual Medical Officers at Ayurvedic and Allopathic Dispensaries in Maharashtra

Health care delivery in India has been envisaged at three levels namely primary, secondary and tertiary. The preventive as well as curative health services are provided to the public through vast networks of Public Health Institutes like District Hospitals, General Hospitals, District

Women Hospitals, Sub-district Hospitals, Rural Hospitals, Primary Health Centers, Dispensaries and Sub-centers. Additionally there are other institutes like Super-specialty Hospitals, TB Hospitals and Leprosy Hospitals which are few in numbers. These centres are however fulfilling the tasks entrusted to them only to a limited extent.

Dispensaries function as, an intermediary unit between PHC and SC level, delivers medical services to the rural population and functions in substantial numbers; Ayurvedic and Allopathic dispensaries being 475 & 131 respectively. Such dispensaries are manned with one BAMS Medical Officer (Gr-B/A) and one Attendant cum Dresser (Class IV). Additionally, Allopathic Dispensaries have one Pharmacist. The dispensaries which are located at village level are owned by ZillaParishad (ZP) under control of PHC Medical Officer. Some of the dispensaries do not have own Govt.ZP building and are run in Gram Panchayat or any other community place in village. There are no residential quarters available for the staff; hence almost all Medical Officers stay in distant towns.

Recommendations:

- ✓ The Medical Officers working at the dispensaries can be posted at PHCs against the vacancies
- ✓ Positions at dispensaries to be filled in by contractual doctors.

4) Understanding Maternal Death Review Process in Maharashtra

The Maternal Death Review process has been implemented in Maharashtra in 2010. However it's functioning and implementation is never assessed. Considering the importance of the process for reducing Maternal Mortality it is imperative to study how these committees are functioning in the districts. Therefore the study was undertaken by State Health Systems Resource Centre (SHSRC), Pune, Maharashtra in June 2014 with the aim to understand how the MDR process is conducted in the state and attempts to comment on the implementation and effectiveness of the process.

Objective:

1. To evaluate structure of MDR committees w.r.t. to its establishment, reporting status and periodicity
2. To evaluate functioning of MDR committees w.r.t. effectiveness and outcome
3. To identify challenges in the above processes and suggest systemic improvements to refine the MDR process

5) Report on maternal deaths (April 14 to September 14) and correlate with the qualitative findings

Maharashtra has achieved significant reduction of maternal mortality ratio (MMR) in recent past. Recently, (January 2015) Registrar General of India (Vital Statistics) has reported MMR as 68 (SRS- 2011-13). The corrected HMIS data reveals district wise variation; in certain blocks, the maternal mortality is very high. Further decline of MMR at present pace will only be achieved if area specific interventions are made. During the beginning of this decade the MDR process in Maharashtra has been institutionalized; however the quality of review and its utility in further prevention of maternal deaths has been a concern. Therefore, the need was felt to ascertain the area specific medical as well as social reasons and other related factors contributing maternal mortality; so as to plan the evidence based area specific focused interventions to reduce the maternal mortality.

The information received in the monitoring format from districts for a period of April 14 to September 14 has been analysed at SHSRC. The unpleasant events which took place during the mentioned period like death on road, delivery at home, severe anaemia, multiple referrals etc. are preventable which have been presented in the present analysis. In the said report the high burdened blocks have been indicated where there is a need to plan the area specific interventions for further reduction of maternal as well as early neonatal mortality.

6) Maharashtra Public Health Budget & Expenditure Tracking for Year 2009-10 to 2011-12

The main aim of this document is to increase public expenditure on health and to rise in public spending on health from 0.9% to 3% of GDP. Considering the problems and difficulties in tracking of funds,

National Health systems Resource Centre has developed the exercise called as "Budget Tracking System". Based on this similar exercise is carried out for Maharashtra State wherein the budget received from different heads like Treasury, NHM etc and the expenditure incurred thereof for last 3 years have been worked out in different indicators. This booklet will be useful for the annual planning process.

7) Evaluation of Janani Shishu Suraksha Karyakaram in Maharashtra(In collaboration with Population Research Centre, Gokhale Institute, Pune)

JSSK in Maharashtra was implemented on 7th October 2011 in all the districts of Maharashtra. The present study is an attempt to evaluate the functioning of JSSK in order to improve the service provision under the scheme by identifying the strengths and weaknesses of the scheme. The major objective of the study is to evaluate the functioning of the JSSK with respect to all its dimensions through a field-survey in Maharashtra. The specific objectives are:

- To evaluate the adequacy of the infrastructure under JSSK like manpower, equipment, drugs, consumables, IEC, etc. at the selected facilities.
- To evaluate the JSSK through the interview of the beneficiaries of the scheme in selected districts.
- To understand the views/opinion of the health personnel about the implementation of JSSK and the issues faced by them in the selected districts.
- To identify the gaps in implementation of JSSK, if any and suggest the measures to improve the same.

8) Case study of the Regulatory Measures for Attraction and Retention of Doctors into Rural Health Services in India & Causative Analysis for better dispersion of Skilled Health Professionals in Rural and Remote Areas

Inadequate availability of health personnel and unequal dispersion of health personnel in the states is disturbing and still remains an impediment towards ensuring quality health care service delivery. Most (60%) health workers are present in urban areas where 28% of the population resides. The problem of the unequal distribution of the health workforce between cities and villages has severe consequences on the availability and quality of health services, and on health outcomes in rural and remote geographical areas. This study was aimed at

understanding the existing policies and practices related to human resource management in the state.

9) Study Report on Assessment of Breastfeeding Patterns, Practices and Determinants among Ever Married Woman with Special focus on Role of Health Care Providers in Promoting Early Breastfeeding in Selected Districts of Maharashtra (In Collaboration with Pravara Institute, Loni, A.Nagar)

Breast feeding practices have significant influence on health of both mother and baby. The influence varies by the duration and intensity of breastfeeding. Although breastfeeding is nearly universal in India, very small percentage of children is put to the breast immediately after birth.

National Family Health Survey (2005-06) – NFHS-3, of India has revealed startling lower prevalence /incidence/percentage of early initiation of breastfeeding (within half-an-hour of birth) and exclusive breastfeeding (EBF) rates as 23.6% and 46% respectively. Although the rates are better for Maharashtra there is still a big scope for improvement. The different barriers to breastfeeding, especially socio-cultural, economic factors are not clearly known. Therefore, Maharashtra State Health System Resource Centre, Pune has initiated a study across the State – rural, urban and tribal population to assess the breastfeeding patterns, practices, knowledge regarding usefulness of breastfeeding and factors influencing the breastfeeding practices. The study has also focused in understanding the role and involvement of health care providers and professional bodies in promotion of breastfeeding practices in the State.

Pravara Institute of Medical Sciences (PIMS) -Deemed University, Loni which is been empanelled as Technical Consultant with SHSRC, Pune has been assigned the task of conducting the study under the active contribution from the SHSRC, Pune & State NRHM, Mumbai.

10) Mapping of ART/ IVF Centers and Genetic Centers

In Maharashtra, the PCPNDT Act implementation is being done rigorously which includes the regular inspection and surprise checks of USG centers for detecting the breach of Act as well as creating the deterrents amongst sonologists. At present, the implementation of Act focuses on USG centers and not on the other methods and techniques like Assisted Reproductive Technology (ART)/ In-vitro Fertilizations (IVF) which are potential centers for the prenatal sex selection. ART / IVF centers are

functional in sizeable number in the state. Such centers till last few months were not brought under the purview of PCPNDT Act 1994 and were not registered as per the provision in the said Act.

11) A Report on Rapid Assessment Study on Effect of Posting Second Auxiliary Nurse Midwife (ANM) at Sub Centres in Maharashtra: In collaboration with Pravara Institute of Medical Sciences, Loni

In order to improve the basic health services in the rural areas and recognizing the implications of additional responsibility on the performance of the ANM, the NRHM has made provision for an additional ANM (second ANM) to perform clinical work on non-itinerary basis in each Sub-Centre, since one ANM was believed to be inadequate to handle the increased workload. The second ANM is expected to supplement and augment the services provided by the first ANM and they would complement each other. In order to check the impact of posting 2nd ANM at sub center, the study was undertaken with the broad objective "To find out the effect of increasing Human Resources (HR) at SC level on access and quality of RH services"

Study Design and Methodology: The study was case control, retrospective study with primary and secondary data collected from the ANM and Sub center as well as the community member's and the supervisors of the ANM's. The sub centers with single ANM and two ANMs were sampled randomly was collected for two reference periods i.e. for last two preceding years for single ANM and before and after appointment of 2nd ANM for Sub-Centre with two ANMs. The base for selection of districts was the performance of the districts in terms of the percent institutional deliveries in three categories i.e. better, average and poor performing districts.

For quantitative data, 150 sub centers (75 with Single ANM and 75 with two ANM's) were randomly selected from 15 districts of Maharashtra to assess the performance of the sub centers and to the effect of posting 2nd ANM. For qualitative data 30 sub centers (15 with single ANM and 15 with two ANM's) were randomly selected from three districts i.e. Nashik, Gadchiroli and Gondia of Maharashtra. The qualitative study also includes the health workers (49ASHA & 59 AWW, 1 each from same and farthest village of the SC), community members (60 PRI & 56 SHG -1 each from same & farthest village of the SC) and 30 supervisory staff of the Sub centers under study.

ONGOING ACTIVITIES

Sr.No	Name of the Activity	Action /Decision taken	Current status
1.	HR Rationalization	For rational deployment and utilization of contractual HR under NHM various components have been addressed-Job charts and Performance appraisals	Proposal Completed and Submitted to NHM for their valuable views.
2.	Prescription audit of patients attendees in public health facilities in Maharashtra with special reference to rational use of antibiotics	To analyse the prescription of drugs given to the patients in OPD and IPD of the primary and secondary level public hospitals in Maharashtra.	Proposal Completed and Submitted to NHM for their valuable views.
3.	Rapid evaluation of obstetrics cases and sick infants referral in few districts of Maharashtra	To asses and review entire referral pathway and causes for referral delivery as well as sick infants from home to health facilities	Proposal Completed and Submitted to NHM for their valuable views.
4.	Rapid Assessment of Uses of Uterotonic Drugs in Obstetrics in Maharashtra	To find out the different indications of uses of Oxytocin in delivery cases with its incidence rate. To find out the availability of uterotonic drugs and its storage facility at Level I, II & III Delivery Facility and provide suggestions to improve.	Proposal Completed and Submitted to NHM for their valuable views.
5.	Stillbirths: an important public health issue in Maharashtra	To identify and understand the local causes of and risk factors for stillbirth both from the medical and sociological perspective & to develop programmes for identifying, monitoring and reducing stillbirth rates at different levels of health care through inter-disciplinary team approach	Proposal Completed and Submitted to NHM for their valuable views.
6.	Analysis of Secondary Data of SNCU's in Maharashtra	To understand correlation between various factors	Data retrieving is in process

7.	Analysis of RKS Data	To understand the RKS fund expenditure pattern	Report submitted
8.	Analysis of ASHA database	To understand district wise ASHA performance and incentive pattern	Data retrieving is in process
9.	Community Processes	Strengthening VHNSC and RKS functions (RKS guidelines, VHNSC trainings, RKS coordinators training, RKS social audit) Support and facilitation CBMP program ASHA: support and strengthening ASHA Program (regular data analysis and feedback to SPMU for monitoring, trainings & workshops)	planning and conducting sensitization workshops, regular follow ups, field visits to CBMP districts for strengthening CBMP process
10.	Proposal for compilation of Health Legislation	Compiled the Health related Legislation which is important for stake holders	Completed and In process for printing
11.	Report on Maternal Deaths in Maharashtra	Reporting of all maternal deaths during the specified period in the state.	Data collection done, analysis and report writing in process
12.	Comparative analysis of the performance of public health institutions in relation to services	Continuous process	Data collection done, analysis and reporting writing in process
13.	Rapid assessment study to assess access to safe abortion services in Maharashtra	To study the availability and utilization of safe and legal first and second trimester abortion services both in public and private sector To study whether strict implementation of PCPNDT act in the state has had an adverse impact on access to abortion services	Data collection is in process
14.	Health Status Report 2015	Report regarding health indicators for each year	Data collection is in process

Trainings / Workshops

The UNFPA organizes trainings/ workshops in collaboration with State Health Systems Resource Centre, Pune on Pre-Conception and Prenatal Diagnostic Techniques (PCPNDT) at various circles of Maharashtra. Basically the aim of the workshop/ training is to make the awareness about the Act and its ways of implementation. The workshop is kept for Medical Officers, District Appropriate Authority, Sub-District Appropriate Authority, legal Counselors etc. to know their responsibility towards the society as well as to the profession. These workshops bring out the success story as well as the recent amendments in the relevant Act.

Date of Workshop	Name of the Workshop	Training Conducted With	No of Participants	Place of Workshop	Circles Covered
8th May 2014	Workshop for Legal Counsellors and Medical Officers Act	PCPNDT Medical officers and Legal Counsellors	30	Aurangabad	Aurangabad, Akola, Latur, Nagpur Circles
29th May 2014	Workshop for Capacity Building of District & Corporation Advisory Committee members	DAC/CAC members	46	Aurangabad	Aurangabad, Latur circles
12th June 2014	Workshop for Capacity Building of District & Corporation Advisory Committee members	DAC/CAC members	37	Pune	Pune
25th July 2014	Workshop for Legal Counsellors and Medical Officers	Medical officers and Legal Counsellors	46	Pune	Pune
9th August 2014	Training of Special Prosecutors on Sex Selection and PCPNDT Act	Assistant Public Prosecutors and Additional public prosecutors	78	Uttan, DistThane	All Maharashtra
12th August 2014	Training of Sub District Appropriate Authorities	Sub District AAs	50	Vashi ,New Mumbai	Thane

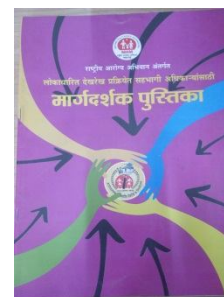
13th August 2014	Training of Sub District Appropriate Authorities	Sub District AAs	67	Nashik	Nashik
20th September 2014	Training of Sub District Appropriate Authorities	Medical Superintendent	40	Aurangabad	Aurangabad, Latur
22nd September 2014	Training of Sub District Appropriate Authorities	Medical Superintendent	60	Nagpur	Akola, Nagpur
29-30 June 2015	CBMP Orientation workshop for District level officials	DMP,CPM,RMO, RKS coordinators		Pune	SHSRC and SATHI

SHSRC PUBLICATIONS: 2014-15

a) Community Based Monitoring of Health Services-Guideline Booklet(लोकाधारित देखरेख

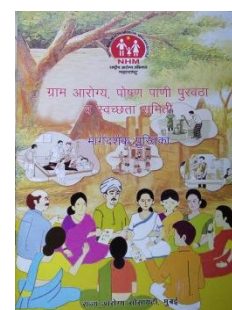
प्रक्रियेत सहभागी अधिकार्यांसाठी मार्गदर्शक पुस्तिका)

This book has been brought in collaboration with SATHI and described the background of Community Based Monitoring and Planning of Health Services in Maharashtra. The main focus of the book is to orient the district level health official regarding the CBMP process and their role and responsibility in the process.



b) Development of VHNSC Guidelines in Marathi

Village Health Nutrition and Sanitation Committees (VHNSCs) have been established in almost all the revenue villages of Maharashtra. However these are not functioning to the fullest of its potential. One of the main challenges for this is the lack of clear understanding about the working, roles and responsibilities of the committee. Therefore SHSRC has prepared the VHNSC guidelines in Marathi. These guidelines are primarily based on the GoI guidelines for VHNSC. A



day's workshop had also been organized with NHM concerned team, SATHI (State Nodal organization for CBMP) and field level officials (including THOs, DPMs, MOs, ANMS, ASHAs and AWW) to discuss the issues regarding VHNSC. Based on this discussion appropriate additions and modifications were made in the guidelines and translated in Marathi.

c) **Development of Panchayat Extension to Scheduled Areas Act (PESA) Guidelines in Marathi**

The Panchayat Extension of Scheduled Areas Act (PESA) has been passed in the year 1996. The State Government of Maharashtra has entrusted the work of preparation of guidelines in Marathi language. Hence, State Health Systems Resource Centre, Pune in collaboration with SATHI, CEHAT, Pune has prepared the guidelines and submitted to NHM for approval.

d) **Guidebook for enhancing performance of MPW (Female) (वर्कबुक; I fodi ph dk; Zlerk ok dj.; k l B h e k z ' k l i f r d k)**

This Guidebook for Enhancing the Performance of Multi-Purpose Workers (Female) is a comprehensive work charter who is posted at Sub-Centre. A section of the guidebook also lists performance indicators for performance assessment and appraisal of MPW (F). This guidebook is intended as a reference document for use by the states, which can then be augmented or modified according to state-specific needs and priorities.

e) **Report of the Trainings Conducted under Rashtriya Kishor Swasthya Karyakram**

The Rashtriya Kishor Swasthya Karyakaram (RKSK) was launched on 7th January, 2014. The key principles of this programme are adolescent participation and leadership, Equity inclusion of Gender equity and strategic partnerships with other sectors and stakeholders. Towards this, State Health Systems Resource centre, Pune has taken up the activity of training in phases like Training of Master Trainers and Orientation of Medical Officers.



f) Prepared the ASHA Flip Chart:

A Flip Chart is prepared in order to assist the ASHAs for counseling the mother and family members at Village level. Behavior Change Communication is an effective tool for ensuring improved care of a newborn baby and recently delivered mother. Ideally care of a baby starts from pregnancy itself and care during pregnancy influences the outcome. So as a continuum, this flip chart attempts to address the key issues during pregnancy, delivery, care of the newborn baby and mother in the first month after delivery.

g) Proposal prepared for skill based recruitment of doctors approved by Gol (English and Marathi Version)

Contractual medical officers and specialist has being recruited through National Health Mission. To deliver quality health care services through these cadres, competency should be checked while recruiting this manpower. Hence a three member committee is formed who has to work out on the recruitment procedure, minimum qualification and desired skill required for the respective post. The committee prepared the detailed proposal for recruitment of Doctors and Specialists based on their competency skills.

h) Publication of "Sadafulli" Newsletter



State Health Systems Resource Centre, Pune in collaboration with UNFPA conducts various activities to address the skewed sex ratio in Maharashtra. The activities like training workshops for Medical Officers, Legal Counsellors, Appropriate Authorities, Govt. Prosecutors, NGOs working in area of gender issues etc. for development of their skills for effective implementation of PCPNDT Act and addressing the sex ratio issues at various Districts of Maharashtra. "**Sadafulli**", a publication issue deals with the Act, its implementations and brief

outcome of activities held in the state. Its periodicity is quarterly and published in Marathi language.

i) Public Health Programme in Maharashtra- Status Report 2014

Public Health Department, Maharashtra is committed to provide appropriate appropriate and quality healthcare services to people of the State. Various initiatives, schemes and programmes have been successfully operational in the state which caters to health need 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 service provision, planning and delivery of health care. A review of these changes, new initiatives and cataloguing of the evaluation of previous programmes and policies was needed. To address these, the Public Health Department, along with State Health Systems Resource Centre, Pune has created this report- "Public Health Programme in Maharashtra- Status Report 2014". The report is designed to provide brief overview of Health system and current programme and aligned structures which support health care services in the State. This document can serve as a reference guide for health officials and also useful to civil society organisation, development partners and the community at large.

Articles published in Journal / Arogya Patrika:

1) Evaluation of JSY in Maharashtra, India: Important lessons for implementation -IJTDH, 2014

The study was conducted to estimate the proportion of eligible women for Janani Suraksha Yojana and to understand the factors affecting receipt of benefits in Maharashtra State. It was as comparative observational study conducted in Maharashtra State having a population of 112.37 million. Each district was divided into five strata tribal, rural, Municipal Council, slum and non-slum in Municipal Corporation. In each district about 2400 household were surveyed comprising proportionate quotas from each stratum. Surveying unit from each stratum was randomly selected. The study population consisted women delivered in 2008-2009 year. Firstly Head of household was interviewed for confirming child delivery in the reference period. Then delivered woman was interviewed for checking eligibility to JSY and then details of receipt of

benefits were obtained from her. Receivers and non-receivers of benefits were compared with respect to some variables. The study was undertaken with the help of Community Medicine Department from Government Medical Colleges. The uptake of the scheme may be slightly higher than 53% and there are many factors responsible for not reaching to entire eligible population. Modifiable risk factors like delivery in government health institution and awareness about the scheme are playing major role in receiving the benefits.

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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. For the year 2012-13, the following partner organizations were selected to partner with SHSRC –

- 1) Pravara Institute of Medical Sciences (PIMS)
- 2) Prayas
- 3) Pune Health Care Management and Research Center (PHCMRC)
- 4) Prognosis Research and Management

5) Sosva Training and Promotion Institute, Pune

Routine activities at SHSRC

- Utilization of HMIS & DHIS-2 data for preparing reports
- Regular feedback to the field functionaries at district level
- Communication of Quality issues in HMIS & DHIS-2 to state
- Support to state MIS cell for data analysis for effective monitoring.
- RMNCH+A, IMR, Mapping of deliveries institute wise, RCH indicators, Physical and Financial performance report prepared regularly.
- Develop and upgraded Software for Tracking of PCPNDT Court Cases in collaboration with SMART Solutions.
- Develop Software on Quality Assurance facilities at RH in Collaboration with Delmon Solutions Pvt. Ltd.

Supportive supervision

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

Financial Report 2014-15

Receipt and Payment Account for the year 2014-2015

Funds received from	Amount (Rs)	Utilized Funds	Amount (Rs)
A. NHM (With Opening Balance)	58,80,466.00	A. Salary	40,49,242.00
B. NHSRC	1,20,000.00	B. Research & Evaluation Activities	10,60,851.00
C. Miscellaneous Receipts (Tender Fees, Bank Interest, Cancellation of Cheques, etc)	47,483.00	C. Office Expenditure (Contingency,POL)	6,61,031.00
Total (A+B+C)	60,47,949.00	Total (A+B+C)	57,71,124.00
Balance as on 1 st April 2015		2,76,825.00	

Way forward

Public Health

Designing the Performance Appraisal system for yearly evaluation of NHM staff

Evaluation of NCD programme in Maharashtra

Still birth evaluation and strategies for its reduction

Preparation of road map for effective implementation of NCD programme

Review and update the reporting system of the different health programs

Time motion study of health care staff.

Social Development

Social Development Unit of SHSRC, Pune will continue work on strengthening community processes with respect to following broad areas:

1) State level processes

- Formation of Community process forum
- Facilitation and active role in the state level CBMP committee
- Field visits to CBMP districts for orientation and sensitisation of district level authorities (DHO, CS and PRI members)

2) Support and facilitation in trainings and capacity building

- Developing the resource materials (RKS guidelines, Guidelines to describe flow and mechanisms to access regular state fund for health institutions)
- Trainings and capacity building
 - Sensitization and orientation of DPM, CPM, RMO regarding CBMP
 - Research methodology workshop for gov health officials
 - RKS coordinator training
 - VHNSC training

3) Research and studies

- Secondary data analysis of ASHA database
- ASHA training evaluation
- How empowered ASHAs: A qualitative study

4) Decentralized Planning:

- Planning to focus more on decentralized planning process starting from VHNSC.
- Active involvement in preparation of District Health Action Plan

Research and Documentation

Research and Documentation Unit of SHSRC, Pune undertakes formative as well as operational research, and hold rapid programme appraisals to make planning based on evidences and to assess progress towards initiating corrective measures.

1) Research activities

- Conducting Health System Research
- Active role in the in-house state level research

- Coordination with the stakeholders regarding future projects in the districts and state
- Field visits to districts, evaluation of programs and preparing report and giving specific suggestions to state
- Monitoring of various programs being implemented in the state and preparing evaluation reports
- Generating evidence for policy formulation & strategic planning of interventions in health.
- Monthly, quarterly, six monthly and yearly reporting on public health issues e.g. stillbirths, uterotonic drugs usage, institutional deliveries, ART IVF centers etc

2) Training and Capacity Building:

- Training of MO and Paramedical Staff in research activities
- Capacity building of the people involved in data management and analysis

Health Economics and Finance

- Review of current financial practices in the state
- To implement Public Financial Management System (PFMS) in state
- Implementation of Direct Beneficiary Transfer (DBT), Payment of ASHA & JSY beneficiaries through DBT.
- Capacity Building of Accounting & Financial Management, PFMS, DBT etc
- Analysis of FMR & Fund Release

SHSRC CURRENT TEAM 2015-16

Executive Director:

Name : Dr Uddhao Gawande

Designation : Executive Director

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

Dy. Executive Director:- Vacant

Name :

Designation :

Qualification :

Senior Consultant & Advisor (Public Health)

Name: Dr. Sona Anil Deshmukh

Designation: Senior Consultant & Advisor (Public Health)

Qualification: MBBS, M.P.H. Epidemiology (TISS, Mumbai)

Senior Consultant & Advisor (Social Development)

Name: Mrs. Mukta Gadgil

Designation: Senior Consultant & Advisor (Social Development)

Qualification: M.Sc.(Anthropology)

Senior Consultant & Advisor (Research & Documentation)

Name: Dr. Suhas Kadam

Designation: Senior Consultant & Advisor (Research & Documentation)

Qualification: BAMS, M.P.H. Epidemiology (TISS, Mumbai)

Senior Consultant & Advisor (Infrastructure & HRD) -Vacant

Name:

Designation:

Qualification:

Senior Consultant & Advisor (Health Economics & Finance)

Name: Mr. Ganesh Pathak

Designation: Senior Consultant & Advisor (Health Economics & Finance)

Qualification: M.A.[Economics]

Assistant Programm Manager- Vacant

Name:

Designation: Assistant Program Manager

Qualification:

Assistant Program Co-ordinator

Name: Mr. Abhishek D. Ghadge

Designation: Program Coordinator

Qualification: B.Sc.(Medical Technology), MBA(HR)

Administrative and Accounts Officer

Name : Mr. M.A. Hannure

Designation : Administrative and Accounts Officer

Qualification : B.Com., PGDCM

Support Staff of SHSRC

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

Sr.No.	Name	Designation	Qualification	Incumbent since
1	Mr. Gurudatt Potdar	Statistician	M.Sc.(Statistics)	July 2013
2	Mr. Hrushikesh Salvitthal	Statistical Assistant	M.Sc.(Statistics)	July 2013
3	Ms. Shaheen C. Shaikh	Librarian	B.A., M.Phil, LL.B.	Dec. 2012
4	Mrs. E. Pardeshi	Steno	B.A.(Stenography)	April 2009
5	Mrs. Manisha Deshmukh	Data Entry Operator	B.A.	Oct. 2009
6	Mrs. Bharati Landage	Data Entry Operator	B.Com	Dec. 2009
7	Mr. Vishnu Suryawanshi	Program Assistant	B.Com	May 2015
8	Mr. Premdas Rathod	Driver	B. A.	Dec. 2008
9	Mr. Sandip Kengar	Sweeper	VI	May 2012