



ANNUAL REPORT 2023-24

**STATE HEALTH SYSTEMS RESOURCE
CENTRE, MAHARASHTRA**



Amgothu Shri Ranga Naik, IAS
Commissioner (Health Services) &
Mission Director (National Health Mission)
Maharashtra



GOVERNMENT OF MAHARASHTRA
**Commissioner (HS) &
Mission Director (NHM)**
Maharashtra

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FOREWORD

The Public Health Department and the National Health Mission (NHM), Maharashtra, are making continuous and concerted efforts to ensure the provision of a wide range of quality healthcare services. These efforts aim to address health challenges through strategic planning and targeted interventions. Numerous initiatives, schemes, and national health programs have been formulated and implemented to provide adequate healthcare services, particularly to vulnerable and underserved populations such as women and children.

State Health Systems Resource Centre (SHSRC) being an institution providing technical assistance to various programs under NHM and Public Health Department has been actively supporting the planning and implementation of these initiatives. SHSRC primarily focuses on identifying gaps, addressing challenges, and providing actionable recommendations to enhance program planning and implementation. Its involvement in monitoring and evaluation projects has contributed significantly to improving the processes and outcomes of program execution.

SHSRC has always been at the forefront of adopting new initiatives and innovations in healthcare, showcasing its progressive approach. In addition to its existing activities, SHSRC has undertaken innovative programs such as the DHO-CS-MOH Ranking, PHC Manual Revision, Hospital Administrative Manual Revision, and Capacity Building Webinar Series, various research activities etc.

With this Annual Report 2023-24, I extend my heartfelt congratulations to the SHSRC team for their commendable efforts. I fervently hope that SHSRC continues to grow and evolve in the coming years, further establishing itself as a centre of excellence in providing technical support to address the health system challenges of Maharashtra.

(Amgothu Shri Ranga Naik, IAS)
Commissioner (Health Services) &
Mission Director (NHM), Maharashtra



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Government of Maharashtra
State Health Systems Resource Centre



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FROM THE DESK OF EXECUTIVE DIRECTOR, SHSRC

Greetings from SHSRC, Maharashtra!!

It is a matter of great pleasure in presenting you the Annual Report of State Health Systems Resource Centre, Maharashtra for the Year 2023-24.

SHSRC was established in July, 2008 with an aim to provide technical assistance and supporting the efforts directed at strengthening public health systems in Maharashtra through research, evaluations of various health programs, developing guidelines for implementation of health schemes and capacity building of health staff. The last year has been dynamic at SHSRC with series of new activities focused on development of HR Policy, Revision of PHC Manual, Revision of Hospital Administration Manual, strengthening ASHS & RKS, developing various policies and Manuals etc.

I am thankful to Hon. Milind Mhaiskar, Addition Chief Secretary, Public Health Department, Govt. of Maharashtra for his guidance and motivation. I gratefully acknowledge the extensive support and co-operation received from Hon. Commissioner, Health Services & Mission Director, NHM Maharashtra. I would be also thankful to all other State and District officials under Public Health Department for extending their constant cooperation to SHSRC activities.

I appreciate the efforts and commitments of entire SHSRC team and supporting staff for undertaking various assignments/projects and in drafting of this report. I appreciate the dedicated efforts of team & realization of the same. The annual report 2023-24 will provide a glimpse into the activities done and also about the upcoming projects.

Looking forward to forging new associations and charting new journeys in the future

Dr Nitin Ambadekar
Executive Director,
SHSRC, Maharashtra

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ABOUT SHSRC

The State Health Systems Resource Centre (SHSRC), Maharashtra has a crucial role in being responsive to and providing appropriate technical assistance to all programs under the aegis of Public Health Department, Government of Maharashtra, including various schemes and programs implemented under National Health Mission. SHSRC has been constantly providing technical assistance to the Health Department in the areas of policy formulation, public health planning and implementation, community processes, Human Resource and Health care financing, capacity building, monitoring & evaluation, operational research, and strengthening HMIS in the state.

It functions from the second floor of the Annex building of State Family Welfare Bureau Premises, Kutumb Kalyan Bhavan (Shifted to HFWTC New Building Ground Floor Aundh)Pune, Maharashtra.

Vision:

To position SHSRC as a premier technical resource institute in public health responsive to emerging needs of the Public Health Department and National Health Mission and to facilitate effective health sector strengthening with focus on research and evaluations, capacity building, community processes, management information system and quality of service delivery.

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 Programs
- 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:

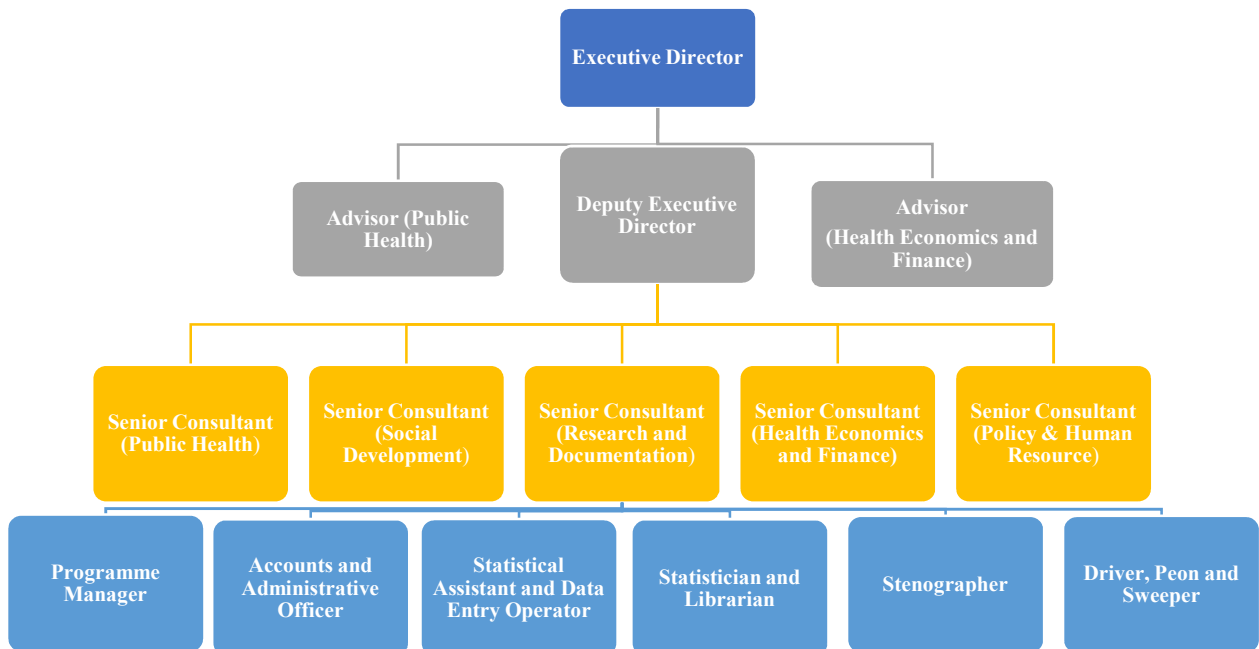
The core mandate of SHSRC is to build capacities and technical assistance to the state public health department and NHM on a regular basis on the 7 identified areas.

Core Mandate areas:



Additionally State Innovation Hub (proposed activity)

SHSRC ORGANIZATION STRUCTURE



SHSRC CURRENT TEAM

Sr. No.	Post	Filled/ Vacant	Name	Qualification
1	Executive Director	Filled	Dr. Nitin Ambadekar	MD (PSM), Ph.D.
2	Deputy Executive Director	Filled	Dr. Sanjay Deshmukh	MBBS, MS(ENT)
3	Advisor (Public Health)	Vacant	-	-
4	Advisor (Health Economics and Finance)	Vacant	-	-
5	Senior Consultant (Social Development)	Filled	Ms. Mukta Gadgil	M.Sc.(Anthropology), MPS (IIPS)
6	Senior Consultant (Public Health)	Filled	Dr. Sharad Gore	M.D.(Hom.), M.P.H.
7	Senior Consultant (Health Economics and Finance)	Filled	Dr. Prachi Chikane	B.H.M.S, M.P.H
8	Senior Consultant (Research and Documentation)	Filled	Dr.Swapnil Nimkar	B.A.M.S, M.P.H
9	Senior Consultant (Policy and HR)	Filled	Rani Shinde	MBA (HR)
10	Program Manager	Filled	Dr. Geetanjali Ghule	B.H.M.S, M.P.H
11	Administrative and Accounts Officer	Filled	Smt. Dhanashree Bhosale	M.Com
12	Statistician	Filled	Mrs. Kajal Patil	M.Sc (Statistics)
13	Statistical Assistant	Filled	Ms. Poonam More	M.Sc(Statistics)
14	Librarian	Filled	Ms. Asha Kawade	B A, M. Lib
15	Steno	Filled	Ms. E.S. Pardeshi	B.A. (Stenography)
16	Data Entry Operator	Filled	Smt. Manisha Pisal	B.A
17	Data Entry Operator	Filled	Smt. Bharati Landge	B.Com
18	Driver	Filled	Mr. Premdas Rathod	B. A
19	Attendant	Vacant	-	-

SHSRC Activities

- 1. Capacity Building: Webinars, Group Meeting, Workshops etc**
- 2. Development of Resource Material**
- 3. Data Analytics and HMIS**
- 4. Research Activities (Short Term)**
- 5. Implementation Research (Long Term)**
- 6. Responsive Mandate**
- 7. Internship programme for MPH, MHA students.**

Work Divisions & Activities

1. SOCIAL DEVELOPMENT

A. Key Deliverables:

- 1) Strengthening community-based programs such as Rugna Kalyan Samiti (RKS), Village Health Sanitation and Nutrition Committee (VHSNC), Accredited Social Health Activist (ASHA), Community Based Monitoring and Planning of Health Services (CBMP), Decentralized Health Planning (DHP) and Mahila Aarogya Samiti (MAS) for both rural and urban areas.
- 2) Periodic performance monitoring and supervision to identify the challenges and facilitations for appropriate resolutions
- 3) Undertake studies, rapid reviews, and policy advocacy for Community Processes

B. Team Composition:

Position	Sanctioned	In Position	Vacancy
Sr. Consultant	1	1	0
Total	1	1	0

C. Ongoing/Completed Work in FY 2023-24

1) Research Studies:

a) Health Status of Sugarcane Cutter Migrant Women in Selected Districts of Maharashtra

Collaboration:

In-house

Study Findings:

- The prevalence of Hysterectomy in the study population is high (8.5%).
- This proportion is highest in the Beed Non-Migrant population (10.1%) and also high in Beed Migrant Population (10%) and lowest in Other District Migrants (4.9%).

Current Status

- Completed

Action Taken

- Report submitted to Government of Maharashtra, Additional director (SFWB), Joint Director (Hospital)
- Based on study recommendations, guidelines for Beed Specific district and other district were prepared and disseminated

b) Evaluation of Community Action for Health (CAH) State Nodal NGO- SATHI and STAPI

Collaboration:

- In-house

Study Findings:

- CAH process implementation and functioning, the work of both State Nodal NGOs is found to be satisfactory.
- No obvious financial irregularity or serious issues have been found for both the State Nodal organization.

Current Status

- Completed

Action Taken

- Detailed Study report along recommendation submitted to Joint Director (T) NHM, Mumbai
- Based on study recommendation conducted meeting with State NGO's for revision of PIP activities for FY 2024-26, developing monitoring visit format and output indicator for better implementation

c) Post COVID-19 Impact on the Mental Health of Children: Rapid Assessment in Pune District, Maharashtra

Collaboration:

- Pune University

Study Findings:

- Nearly 70% of the children reported minimal or mild depression and anxiety, whereas around 30% reported moderate to severe levels of depression and anxiety

Current Status

- Completed

Action Taken

- Report submitted to Joint Director Hospital section.

d) A Situation Assessment Study on Knowledge, Skills and Challenges Faced by ASHAs in Maharashtra

Collaboration:

- PATH

Study Objectives:

- To obtain a multi-stakeholder perspective on individual, organizational and contextual challenges that ASHAs face in their day-to-day functioning.
- To identify leads for strengthening ASHAs' service provision concerning primary health care activities

Current Status

- On-going

e) Assessment of Community Health Officers Role in Delivering Comprehensive Primary Health Care Services in Maharashtra

Collaboration:

- PATH

Study Objectives:

- To assess the knowledge, skills, practices, and performance of Community Health officers in the state of Maharashtra.
- To identify the implementation gaps in health and wellness centre program and identify strategies to fulfil the gaps.

Current Status

- On-going

f) Secondary Data analysis of ASHA data with regards to ASHA profile, Training status and Incentives

Collaboration:

- In-house

Study Objectives:

- To study the basic profile of the rural ASHAs working in Maharashtra (2022-23)
- To study the training status of the rural ASHAs in year 2022-23
- To study the incentive pattern of rural ASHAs in year 2022-23

Current Status:

- On-going

g) Immunization coverage in Maharashtra.

Collaboration:

- In-house

Study Objectives:

- To assess extend of Fully Immunization Coverage in children age 12 to 23 months.
- To assess the extent of Partial Immunization Coverage in children age 12 to 23 months

Current Status:

- On-going

2) Capacity Building:

a) Consultative Training with RKS coordinators for planning strategies to Strengthen and streamline RKS &JAS

Collaboration:

- In-house

Detail of workshop:

- Two days workshop was organized for all districts RKS Coordinator in order to understand field level issues and strategic planning to strengthen and streamline RKS & JAS committees.
- RKS coordinators of all district and state officials participated in workshop. Total 43 participants attended the workshop.

Current Status:

- Completed

Action Taken:

- MOM prepared and submitted to JDHS (Technical).

b) Technical and Administrative Webinar for CHO

Collaboration:

- In-house

Detail of webinar:

- Online webinar on every 1st Friday is organized for CHO's from all over Maharashtra
- Objective of the webinar is to refresh administrative and clinical knowledge, to increase the presence in National Programme, Case Study Discussion, Addressing field level difficulties

Current Status:

- Monthly Activity

D. Planned Activity in FY 2024-25

1) Strengthening CHO Program-

- a) Clinical & Administrative webinar for CHO's
- b) Based on current year study titled "Assessment of Community Health Officers Role in Delivering Comprehensive Primary Health Care Services in Maharashtra" results action plan for Strengthening of CHO program will be prepared.

2) ASHA Program-

- a) ASHA Profiling of Maharashtra Document (Programmatic data analysis of ASHA and progress report preparation.)

2. HEALTH ECONOMICS AND FINANCE

A. Key Deliverables:

- 1) Estimation of State Health Account is one of the prime activities undertaken by SHSRC
- 2) Undertaking Economic Evaluation Studies
- 3) Developing Policies, Standard Operating Procedures (SOP), Guidelines on various topics

B. Team Composition:

Position	Sanctioned	In Position	Vacancy
Advisor	1	0	1
Sr. Consultant	1	1	0
Total	2	1	1

C. Ongoing/Completed Work in FY 2023-24

1) Research Studies:

- a) A Study to Determine Reasons for Home Deliveries in Bhiwandi & Malegaon Corporation of Thane and Nashik District

Collaboration:

- IAPSM, Maharashtra

Study Findings:

- Identified major drivers of home deliveries were poor socio-economic conditions, traditional beliefs, lack of healthcare infrastructure, and deficiencies in healthcare service delivery.
- Additionally, negative healthcare experiences and concerns about institutional care further compounded the preference for home births.

Current Status

- Completed

Action Taken:

- Report submitted to SFWB.

- b) Secondary data analysis of RKS Fund Expenditure

Collaboration:

- In-House

Study Findings:

- Identified major drivers of home deliveries were poor socio-economic conditions, traditional beliefs, lack of healthcare infrastructure, and deficiencies in healthcare service delivery.
- Additionally, negative healthcare experiences and concerns about institutional care further compounded the preference for home births.

Current Status

- Completed

Action Taken

Reports submitted to JD Technical for further action.

2) Capacity Building:

- a) Orientation on Administrative Issues and Strategic Planning workshop for strengthening NUHM.

Collaboration:

- In-house

Detail of workshop:

- The management of NUHM activities are coordinated by a City Program Manager. City Program Manger are involved in managerial, financial and administrative work.
- In order to orient them on administrative processes and to understand their issues two days' workshop was planned.
- 45 participants attended the workshop.

Current Status:

- Completed

3) Resource Material Development:

- a) State Health Accounts 2020-21

Collaboration:

- NHSRC

Detail:

- The National Health Systems Resource Centre (NHSRC) was designated the National Health Accounts Technical Secretariat (NHATS) in August 2014 by the Ministry of Health and Family Welfare with a mandate to institutionalize Health Accounts in India.
- Till now 6 rounds (2013-14, 2014-15, 2015-16, 2016-17, 2017-18, 2018-19) of estimation in the series of annual Health Accounts for India has been completed.
- NHA 2019-20 is the 7th round of estimation (prepared in 2023)
- SHSRC is a Nodal Agency at State Level for preparation of State Health Accounts with technical support from NHSRC.
- SHSRC has prepared SHA with the help of NHSRC

Current Status:

- Completed

b) SOP for internship/Dissertation/PHD

Collaboration:

- In-house

Detail:

- Public health students from various universities/institutes approaches Public Health Department for Internship/Dissertation/PHD.
- There was no nodal point for applying for Internship/ Dissertation/ PHD under Public Health Department and no course (things to do in internship) for these students.
- Hence, SOP for Internship/ Dissertation/ PHD under Public Health Department was prepared with the help of various documents and contacting various academic institutions and universities for need, content of internship etc.

Current Status:

- Completed

Action Taken:

- SOP has been circulated with all Bureaus.

c) Revision of Delegation of Powers

Collaboration:

- In-house

Detail:

- Delegation of Administrative and financial book was published in the year of 2008. Since, then no revision has been made Over a period of time many changes in administrative and financial powers has taken place.
- In order to revise this document two committees were formulated

- a) Document Revision Committee (Under the chairmanship of Deputy Executive Director, SHSRC)
- b) Review Committee (Under the chairmanship of Hon. Commissioner (HealthServices) & Mission Director (NHM))
- Draft of revised Delegation of Power is ready for final review

Current Status:

- On-going activity

3. PUBLIC HEALTH

A. Key Deliverables:

1. Support to States in capacity building
2. Conduct Research studies
3. Support to States for various COVID-19 activities.
4. Support state for implementation of Supportive Supervision Softwarelike DHO/CS ranking software

A. Team Composition:

Position	Sanctioned	In Position	Vacancy
Advisor	1	0	1
Sr. Consultant	1	1	0
Total	2	1	1

B. Ongoing/Completed Work in FY 2023-24

1) Research Studies:

a) Secondary Data Analysis of RH Mahabaleshwar

Collaboration:

- In-House

Study Findings:

- It endeavours that hospital indicators increased lot but emergency OPD indicators like Emergency OPD, Snake Bite, Other National Programs indicators like ANC Registration, Laparoscopic sterilizations, Postpartum IUCD insertions etc., has not improved.

Current Status:

Completed

Action Taken:

- Report submitted to Joint Director Hospital section for further action.

b) Evaluation of Implementation of Anaemia Mukh Bharat Program in

Maharashtra.

Collaboration:

- **SHSRC & IAPSM- Maharashtra Chapter**

Aim of Study:

To understand processes, current scenario of Anaemia Mukht Bharat Program.

Study area:

7 districts & 4 corporations in Maharashtra.

Beneficiaries:

- **ANC Mothers**
- **PNC Mothers**
- **Non- school going girls**
- **Children of age 6-59 months**
- **Children of age group 5-9 years.**
- **Adolescent girls and boys (10-19 years of age)**

Sample Size: 1090 (Beneficiaries & Service providers)

Study Design:

A cross-sectional study comprising of both quantitative & qualitative methods

Duration of Study: 4 months (Nov. 2022 to March 2023)

Study Findings:

- **Prevalence of Anaemia among ANC was 60.5% as compared to NFHS-5 figures of 52.2%.**
- **75% mothers (married before the age of 18yrs) were anaemic.**
- **8.4% ANC mothers had not received a single tablet of IFA.**
- **18.8% PNC mothers had received ≥ 180 IFA tablets.**
- **67.5% PNC mothers were Anaemic.**
- **Receipt of IFA tablets (>180) by Lactating mothers were seen in only 18.7%.**
- **62.8% children (of age 6-59months) received IFA syrup bottle**
- **Distribution of deworming tablet and consumption was satisfactory in majority of the children and pregnant women.**
- **Only 51.22% parents (of children age 6-59 months) received training from ASHA for giving IFA syrup to child.**
- **Out of total school children, 51.29% had received IFA supplement.**
- **Awareness about anaemia among school children was poor (32.3%).**
- **84.9% AWWs were not providing IFA tablets to the non-school going beneficiaries.**
- **79.2% AWWs were not reporting AMB data regularly.**
- **Screening of anaemia for children <5 years was done in 49.1% of cases by ASHA workers.**

- IFA syrup- not in stock at 52(91.2%) places and IFA tablets was not in stock in 40(70.2%) places during on-site visit.
- There were many PHC (39.3%) where parenteral iron was not administered to moderate and severe Anaemia pregnant woman.
- AMB programme activities at the municipal corporation areas were poor as compared to rural areas.

Recommendations:

- Regular medicine & logistic supply.
- Training and retraining of ASHA & AWW workers.
- Awareness, IEC activities to be carried out frequently among ANC, PNC mothers
- Awareness campaign about AMB amongst school teachers.
- 100% haemoglobin testing in first trimester of ANC should be done.
- Managerial issue calls for better logistics management at state and district levels.
- Strengthening of procurement and supply of instruments.
- Display IEC material in local language especially tribal areas.
- Strengthening of AMB program in corporation area.
- Parenteral iron administration facility should be made available at all PHCs.

Action Taken:

- Dissemination meeting conducted with IAPSM & SFWB officials.

Study Status:

- Completed

2) Capacity Building:

a) TOT Workshop on Basic Life Support & Advance Cardiac Life Support.

Collaboration:

- TOT Workshop was conducted in collaboration with Symbiosis Centre for Health Skills (SCHS), Lavale, Pune, which is recognized as an International Training Centre (ITC) Of the American Heart Association (AHA), USA.

Detail of workshop:

- Participants were MO from SIHFW, HFWTC, DTT & HTT
- Total 40 participants attended the workshop.
- Three-day capacity building TOT was organized
- This TOT imparted Trainers with the essential skills and knowledge required to manage a broad spectrum of emergencies, even in resource- constrained settings, and further, they can train our Health Care Providers like MO, Staff Nurses, ANM, etc.

Current Status:

- Completed

Action Taken:

Letter issued to Director, SIHFW, Nagpur to conduct further training at each HFWTC.

b) MIS Capacity Building Workshop

Collaboration:

- In collaboration with CTARA, IIT Bombay

Detail of workshop:

- Participants were Statistical Officer, Monitoring & Evaluation Officers Statistical Investigators from Circle District and District Level.
- 45 participants attended workshop.
- Two-day workshop was organized
- This will help to obtain accuracy and to handle the data analysis work more efficiently

Current Status:

- Completed

3) Resource Material Development:

a) Maternal Death Report (2021-22)

Collaboration:

- In-house with the support of Senior Gynaecologist

Detail:

- This report attempts to analyse the MDR data collected at districts and collated at the State level by the State Family Welfare Bureau, Pune.
- This analysis will help in identifying the causes attributed to maternal deaths and determine the highly burdened circles/districts to plan the evidence-based specific area-focused interventions to further reduce maternal mortality at a faster rate.

Current Status:

- Complete

Action Taken:

- Action points described in report. Distribution of report is in process.

b) Child Death Report (2022-23)

Collaboration:

- In-house with the support of Senior Paediatrician

Detail:

- This report attempts to analyse the CDR data collected at districts and collated at the State level by the State Family Welfare Bureau, Pune.
- This analysis will help in identifying the causes attributed to child deaths and determine the highly burdened circles/districts to plan the evidence-based specific area-focused interventions to further reduce maternal mortality at a faster rate.

Current Status:

- Complete

Action Taken:

- Action points described in report. Distribution of report is in process.

c) Revision of Primary Health Centre (PHC) Manual

Collaboration:

- In-house

Details:

- The manual has undergone significant revisions from its previous edition in 2007 to reflect evolving healthcare needs and policies, particularly with the introduction of new programs and initiatives.
- SHSRC is revising this document by formulating committee.
- Drafting Committee members: Director, SIHFW, Principal, HFWTC, Sr. Scientific Officer Nutrition Bureau, HOD Forensic Medicine Dept., Professor, SIHFW, Asst. Director, Malaria, Asst. Director, Leprosy, Psychiatrist, Class 1 Physician, Paediatrician, DRCHO, ADHO, DTO, Dist. Epidemiologist, THO, MO-DTC, MO- HFWTC, MO-PHC, UNICEF Consultant, MO- BTT, Consultant, DMEO, PHN, Rtd. ADHS, Rtd. CS, Rtd. DTO, Rtd. CAO DDHS, Rtd. THO, Rtd. Epidemic MO.
- Review Committee Members: DDHS, Mumbai, (PHC, HC & Dispensary), DD, IEC, IEC Buero Pune, ADHS, Thane Circle, ADHS, SFWB, Pune, ADHS(Medical), Pune Circle, ADHS, IEC Bureau, Pune, Class I -Paediatricians, Class I Epidemic Officer, HFWTC, Pune, MS, Chest hospital, Aundh, Pune, RMO (Outreach), DRCHO, State Entomologist, Dy. Executive Director, SHSRC, THO, MO-HFWTC, SSO-IDSP, MO-PHC, MO-DTT, MO-SBHIVS, Statistical Officer, UNICEF Consultant, Circle Program Manager, PO-SFWB, Ret. CAO.
- Proposed Finalization Committee Member: Director, Health Services, Mumbai, Director, State Institute of Family Welfare, Nagpur, Joint Director, (PDE),Mumbai, Joint Director, (Water Borne Vector Borne Diseases), Pune, Joint Director, (TB & Leprosy), Pune, Deputy Director (PHC), Mumbai, Deputy Director, EPI, Pune, DD Procurement, Mumbai, Professor, SIFW, Nagpur, Principal, HFWTC, Nagpur, Chief Medical Officer, State TB Training Centre, Pune, Assistant Director, Malaria, Nagpur Circle, Medical Officer Health, Municipal

Corporation, Nagpur, Deputy Executive Director, SHSRC, Pune, Ret. Deputy Director, Nagpur Circle.

- Technical Support Team: Ex. Executive Director, SHSRC, Pune, Dy. Executive Director, SHSRC, Pune, Sr. Consultant (Public Health), SHSRC, Pune, Program Manager, SHSRC, Pune.
- Overall, the updated PHC Manual reflects contemporary healthcare priorities, integrating new programs and initiatives while maintaining a strong foundation in primary healthcare delivery and administration.
- 1st draft prepared at all HFWTCs & SIHFW level.
- 4 Draft review meetings were conducted at SHSRC, SIHFW, Nagpur and HFWTC, Nashik.
- Finalization meetings planned in April, May 2024.

Current Status:

- First draft prepared, review of draft completed. Finalization meetings planned in April, May 2024. Ongoing Activity.

4) Monitoring and Evaluation:

a) DHO, CS and MOH Ranking

Collaboration:

- In-house

Detail:

- SHSRC prepares Rankings every month.
- There is Separate Ranking System for DHO, CS and MOH. e.g. Maternal Health, Child Health, NCD, HR etc. DHO CS MOH each has overall Consists of 100 indicators. Each program has on an average 4 indicators.
- Each indicator has marks & the program has marks and weightage. Based on Performance for each program ranking system is developed. Major Programs are selected for Ranking & important Program specific indicators were selected in discussion with Bureau Chief.
- Selection of indicator are based on priorities given by GOI & State, Niti Ayog Indicators & PIP Conditionalities

Current Status:

- Ongoing Monthly Activity

Action Taken:

- Monthly information is published to DHO, CS, MOH which is discussed in monthly meeting.

b) Maharashtra HMIS Analyzer

Collaboration:

- In collaboration with CTARA, IIT, Mumbai

Detail :

- SHSRC has provided technical support to develop portal
- HMIS Analyzer HMIS Analyzer is a web portal representing data analysis and visualization of HMIS data.
- Analyzer portal comprises two main pages, i.e., the Dashboard page and the Compare page. The dashboard page contains four visualization techniques, Map, Bar, Line, and Pie, for analysis and policy implementation.
- In addition, a color-coded table to visualize all the data elements and indicators of each category at a time. The Portal also shows the data quality-related issues of zero, blank, outlier, and duplicate reporting of different data elements at the block level.

Current Status:

- Activity completed and handed to MIS cell, Mumbai for further action

E. Planned Activity in FY 2024-25

- a) 5 years Strategic Plan for Important health programs under Public Health in Collaboration with PATH
 - Important programs will be taken up such as TB, Leprosy, Child Health, NCD & HWC.
 - Comprehensive Gap Assessment (Through secondary data analysis, Primary quantitative data collection, Qualitative interviews, feedback and programmatic guidelines)
 - Based on this gap assessment a detailed plan will be developed along with set goals for achievements for selected indicators in consultation with respective program officers
 - Rolling out of strategic plan along with hand holding, mentoring program officer & district authorities
- b) Analysis:
 - Child Death Analysis Report
 - Maternal Death Analysis Report
 - Programmatic data analysis of RBSK and DEIC and progress report preparation
- c) Capacity Building:
 - Enhancing District Capacities for evidence-based monitoring and evaluation
- d) Strengthening and Assessment of Supportive Services
 - Study the bottlenecks in the effective utilization of online portals and devising solutions to improve
- e) Resource Material Development:
 - PHC Manual revision

4. RESEARCH AND DOCUMENTATION

a) Key Deliverables:

1. An analysis of health information available from multiple sources, primarily from HMIS
2. Analysis of secondary data of the health department, which includes the data of various programs and of the maternal and child deaths in Maharashtra
3. Research & Evaluation activities

b) Team Composition:

Position	Sanctioned	In Position	Vacancy
Sr. Consultant	1	1	0
Total	1	1	0

c) Ongoing/Completed Work in FY 2023-24

1) Research Studies:

- a) Evaluation of SNCU for reducing neonatal deaths in selected districts of Maharashtra.

Collaboration:

- PATH

Study Findings:

There are almost 31% out-born admissions in SNCUs, in which nearly 6% admissions are coming as a community referral. It shows the scope to further improve the out-born referral by strengthening NBSUs and establishing the referral protocol.

There is an increase in the percentage of admissions for babies with normal birth weight (NBW), rising from 39% in 2020-21 to 43.2% in 2023-24.

The number of admitted babies with self-transport has decreased from 36.7% in 2020-21 to 31.7% in 2023-24. The pre-term admissions in SNCUs have been decreased from 35% in 2020-21 to 31% in 2023-24 highlighting the potential for improving labour management to achieve better delivery outcomes.

The percentage of newborns discharged got increased from 80% in FY 2020-21 to 84.6% in FY 2023-24, and mortality rates got decreased from 7.1% to 5.2% during the same period.

In 2023-24, SNCU Dharni shows the highest mortality rate of 5.2%. SNCU Javhar has the highest admissions followed by SNCU Achalpur. SNCU SDH Pusad showing highest referral rate

(33.33%) followed by SDH Aheri, SDH Karad and SDH Kalwan. SNCU Pusad also showed the highest LAMA rate (8.43%) followed by SNCU Achalpur (5.97%), SNCU Dharni (5.02%) and SNCU Pandharpur (5%). It is found that out of a total of 58,121 admissions, 3,284 babies (5.63%) expired in the year 2023-24.

It is observed that, of the 51 SNCU's in the state, SNCU at Dr. Bhausaheb Hire GMC Dhule had highest mortality rate (15.3%) followed by SNCU PVPGH Sangli (12.8%), SNCU DH Nandurbar (12%), and SNCU DH Chandrapur (10.8%) which constitutes 50 % of total deaths in SNCU's. Highest referred out in FY 2023-24 were found in FY 2023-24.

Current Status:

- Ongoing

Action Taken:

- Secondary data analysis and quantitative study completed. Qualitative study is completed in 3 districts namely Satara, Nagpur and Gadchiroli. Recommendations are given to above 3 districts for improvement in SNCU functioning.

2) Capacity Building:

a) Clinical Webinar

Collaboration:

- In-house activity

Details:

- In site of capacity building of MOs Clinical webinar series started from Dec. 2022.
- Aiming to refresh clinical knowledge and recent updates along with protocol & guidelines.
- In line with National lecture series activity initiated by NHSRC, State Health Systems Resource Centre (SHSRC), Maharashtra, started Clinical Webinar Series, in association with various Medical Colleges, NGOs & Renowned Medical and Health Professionals across India
- It will help the young and newer batch of Medical Officers in the Public Health Department will be trained in the various types of case management, thus to serve remote villages of Maharashtra in FY 2023-24, 17 webinars have been conducted successfully.
- MMC accredited with 1 credit point per Webinar are given to MO

Current Status:

- Monthly Activity, every 3rd Friday of month.

b) Administrative Webinar

Collaboration:

- In-house activity

Details:

- The objective of the webinar was to help all medical officers to understand the administrative aspects, Establishment, Tax provision and Health related software to gain current information & knowledge to MOs, sometimes CHOs and paramedics.
- Webinar is conducted once in a month
- In FY 2023-24, 15 webinars have been conducted successfully

Current Status:

- Monthly Activity

3) Resource Material Development:

a) Revision of Hospital Administration Manual

Collaboration:

- In-house

Details:

- The Hospital Administration Manual (Vol I & II) of Maharashtra state was prepared in 1976. Since it was prepared long back, there is a need to omit or delete some outdated information.
- This information will be updated. Additional information about new topics will be incorporated along with references.
- Apart from this, a few information without references will be added as per the technical expertise and experience in the Public Health Department.

This activity consists of three Steps.

- A. Preparation of first draft
- B. Preparation of Second draft
- C. Preparation of final draft of manual

Proposed hospital administration manual were reviewed by members from following Cadre:

1. Director, Health Services, Mumbai
2. Director, Health Services, Pune
3. Joint Director, Hospital
4. Deputy Directors (from any 2 Circle)
5. Civil Surgeons (from any 2 Districts)
6. Retired Director/ Joint Director

Approximately 100 committee members were selected for hospital administration manual revision purposes in September 2022.

Step I: Preparation of the first draft: Preparation of the first draft is completed. Few committee members have completed the preparation of drafts.

Seven VCs/Meetings were conducted with various committee member groups from 8th April to 16th Sep. 2022.

3 major Workshops were conducted for rewriting the chapters at Nashik, Pune & Nagpur.

Step II: Preparation of Second Draft: The preparation of second drafts required a detailed discussion about technical aspects among committee members within the group.

In 2022-23, three more workshops were held to review the contents of chapters at Nagpur, Nashik & Pune.

Step III Preparation of the final draft of the manual: Planned in April - May 2024

Current Status:

- Ongoing Activity

E. Planned Activity in FY 2024-25

a) Analysis:

- Programmatic data analysis of NCD and progress report preparation.
- Assessment of Trauma Care Units in Maharashtra.

b) Resource Material Development:

- Policy for Ant- Microbial Resistance
- Revision of Hospital Administration Manual

c) Capacity Building:

- Clinical webinar for MO in Public Health Department

5. HUMAN RESOURCE & POLICY

A. Key Deliverables:

1. Support States in strengthening HR cells
2. Prepare Policy documents, guidelines, circular
3. HR rationalization
4. Develop software for HR management

B. Team Composition:

Position	Sanctioned	In Position	Vacancy
Sr. Consultant	1	1	0
Total	1	0	1

C. Ongoing/Completed Work in FY 2023-24

a) Human Resource Policy for Maharashtra State

Collaboration:

- In-house

Details:

- Draft of HR Policy is prepared based on different states HR policy and guidelines on HR for Health for NHM (GOI).
- State Level Review Committee was formulated for reviewing and finalizing document

Current Status:

- Completed
- Policy is approved in State Executive Committee.

Action Taken:

- Submitted to JD (NT, NHM).
- State have implemented the policy.

b) Transfer Policy for Maharashtra State

Collaboration:

- In-house

Details:

- Draft of transfer Policy is prepared based on different states transfer policy

Current Status:

- Completed
- Policy submitted to HR cell for further action

c) Career Progression Policy for Maharashtra State

Collaboration:

- In-house

Details:

- Draft of Career Progression Policy is prepared based on different states policies

Current Status:

- Completed
- Policy submitted to HR cell for further action

D. Planned Work in FY 2024-25

a) Resource Material Development:

- Public Health Management Cadre- Develop Operational Guidelines
- Preparation of Job charts for all cadres (around 20) in NUHM

b) Developing software for HR Management System:

TECHNICAL SUPPORT PROVIDED TO STATE

- a) **Prepared Policy for State sponsored Capacity Building programs under Quality Assurance Program.**
- b) **Prepared Policy for Public Private Partnerships (PPP)**
- c) **Prepared Fire Safety Manual.**
- d) **Adopted ECHO's innovative 'Hub and Spoke' Model platform for online learning.**
- e) **Conducted Data to Policy training Program (D2P) for state level Consultants under collaboration of vital strategies and Commissionerate Health Services, state of Maharashtra.**
- f) **SHSRC-Maharashtra has also been assigned as a coordinating agency for Implementation of Health Technology Assessment (HTA) activities in Maharashtra along with ICMR-NIRRCH and NIV-Pune.**

- g) **SHSRC is providing technical support, coordination and collaborating with ICMR- NIRRCH for study titled "Equitable, Quality Universal health coverage Implementation research Project for optimizing comprehensive primary health care through Health and Wellness Centers (EQUIP-HWCs)- Urban HW"**
- h) **SHSRC is providing technical support, coordination and collaborating with Vital Strategies and Pure Earth for study titled "Lead Poisoning study in Maharashtra"**

INSTITUTIONAL ETHICAL COMMITTEE FOR RESEARCH (IECR)

Overview:

The State Health Systems Resource Centre (SHSRC) has established an Institutional Ethical Committee for Research (SHSRC-IECR) in 2015. The main vision of the EC is to review all research proposals involving human subjects irrespective of the funding agency and within the larger domain of Public Health Department.

SHSRC-IECR has been registered with Directorate of Health Research in November 2020. SHSRC-IECR has received provisional registration certificate

Key Deliverable:

- This committee will provide common platform where all research studies undergoing in public health domain will be discussed and reviewed
- All research projects aligned with PHD should be approved by this committee and this would be done in accordance with current guidelines of Directorate of Health Research

Composition:

There is total 13 members in the committee. The composition of committee is as per government norms.

Current Status:

Currently, SHSRC -IECR is in process of restructuring & obtaining permanent registration certificate.

COLLABORATIONS

A. Collaborations for Research Activities:

Research and innovations are integral to the role of SHSRC. To execute the various projects undertaken at SHSRC. 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.

- 1) Indian Council of Medical Research (ICMR)
- 2) Indian Association of Preventive and Social Medicine (IAPSM)
- 3) Grant Medical College, Mumbai
- 4) Tata Institute of Social Sciences, Mumbai
- 5) B. J. Medical College, Pune
- 6) School of Health Sciences, University of Pune
- 7) Bharati Vidyapeeth Medical College, Pune
- 8) International Institute for Population Sciences, Mumbai
- 9) KEM research Centre, Pune

B. Academic Collaborations/Internship:

SHSRC believes in building partnerships and collaborations with academic organizations and provides ample opportunities to young talents from reputed academic Universities/institutions across Maharashtra.

The objective of such internships program is to provide exposure of Public Health Systems to students and help them to gain public health research and management skills.

Students from following universities visit SHSRC for internship:

- 1) Tata Institute of Social Sciences, Mumbai
- 2) School of Health Sciences, University of Pune
- 3) Indian Institute of Public Health, Gujarat
- 4) Symbiosis College, Pune
- 5) Manipal University, Karnataka
- 6) MIT College, Pune

FINANCIAL REPORT 2023-24

Total Amount Sanctioned in PIP: 250 lakhs

Total Amount allotted to SHSRC:130.06 lakhs

Total Expenditure: 130.06 lakhs

Percentage of Expenditure: 52.02 % of Total PIP

Sr No	Particular	Amount (In lakhs)
1	HR (Staff Salary, Outsourced Agency Fees)	72.14
2	Office Expenditure (Maintenance, Purchase, POL, TA/DA etc)	16.65
3	CTARA (Technical Collaboration Fees for Development of Automation)	2.36
4	Technical Activities Research Studies, Academic Workshops, Webinars etc)	38.91
	Total	130.06

PLAN 2024-25

1. Society Registration of SHSRC under Maharashtra Society Registration Act 1860.
2. SHSRC Institutional Ethical Committee for Research (IECR). Renewal of registration.
3. Implementation Research with ICMR & KEM Hospital, Pune.
4. Establishment of STATE INNOVATION & HTA RESOURCE HUB at SHSRC, Maharashtra.
5. Interactive Two way Learning Modular training of entire District (Hub & Spoke model)10 weeks activity in programmes like VATSALYA, STEMI etc.
6. Strengthening CHO Program:
 - a) Clinical & Administrative webinar for CHO's
 - b) Based on current year study titled "Assessment of Community Health Officers Role in Delivering Comprehensive Primary Health Care Services in Maharashtra" results, action plan for Strengthening of CHO program will be prepared.
7. ASHA Program:

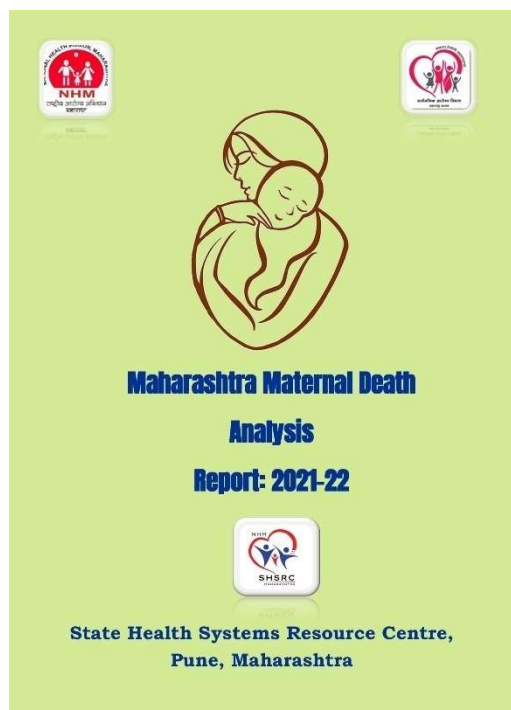
ASHA Profiling of Maharashtra Document (Programmatic data analysis of ASHA and progress report preparation.)
8. Research Activities:
 - a) Five years Strategic Plan for Important health programs under Public Health in Collaboration with PATH
 - Important programs will be taken up such as TB, Leprosy, Child Health, NCD & HWC
 - Comprehensive Gap Assessment (Through secondary data analysis, Primary quantitative data collection, Qualitative interviews, feedback and programmatic guidelines)
 - Based on this gap assessment a detailed plan will be developed along with set goals for achievements for selected indicators in consultation with respective program officers
 - Rolling out of strategic plan along with hand holding, mentoring program officer & district authorities
 - b) Trauma Care centre Evaluation Study.
9. Analysis:
 - Child Death Analysis Report
 - Maternal Death Analysis Report.
10. Capacity Building:
 - Enhancing District Capacities for evidence-based monitoring and evaluation

- 11. Strengthening and Assessment of Supportive Services**
 - **Study the bottlenecks in the effective utilization of online portals and devising solutions to improve in PHC records/ documentation.**

- 12. Resource Material Development:**
 - **Preparation of Job charts for all cadres (around 20) in NUHM**

- 13. Developing software for HR management.**

PUBLICATIONS 2023-24



VARIOUS ACTIVITIES 2023-24

Review Meeting of SHSRC by Hon. Commissioner (H.S.) & M.D. (NHM)



BLS -ACLS TOT Symbiosis International Institute



PHC Manual Finalisation Meeting SIHFV, Nagpur



PHC Manual Finalisation Meeting YASHADA, Pune



PHC Manual Review Meeting at SHSRC , Pune



Hospital Administration Manual Revision Workshop



RKS JAS Workshop



MIT MPH Student Orientation Workshop





State Health Systems Resource Centre (SHSRC),

State Family Welfare Bureau Premises,

Kutumb Kalyan Bhavan, Raja Bahaddur Mill Road,

Behind Pune Railway Station, Naidu Hospital Compound,

Pune: 411 001

(Temporary shifted to HFWTC, New Building, Aundh Pune)

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