



ANNUAL REPORT 2024-25



**STATE HEALTH SYSTEMS RESOURCE
CENTRE, MAHARASHTRA**

INDEX

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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.

SHSRC is a registered organization under Society Registration Act 1860.

It functions from the Ground floor, new HFWTC building, Aundh District Hospital Premises, Near Sangvi Phata, Aundh Camp, Aundh, Pune, Maharashtra - 411027

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

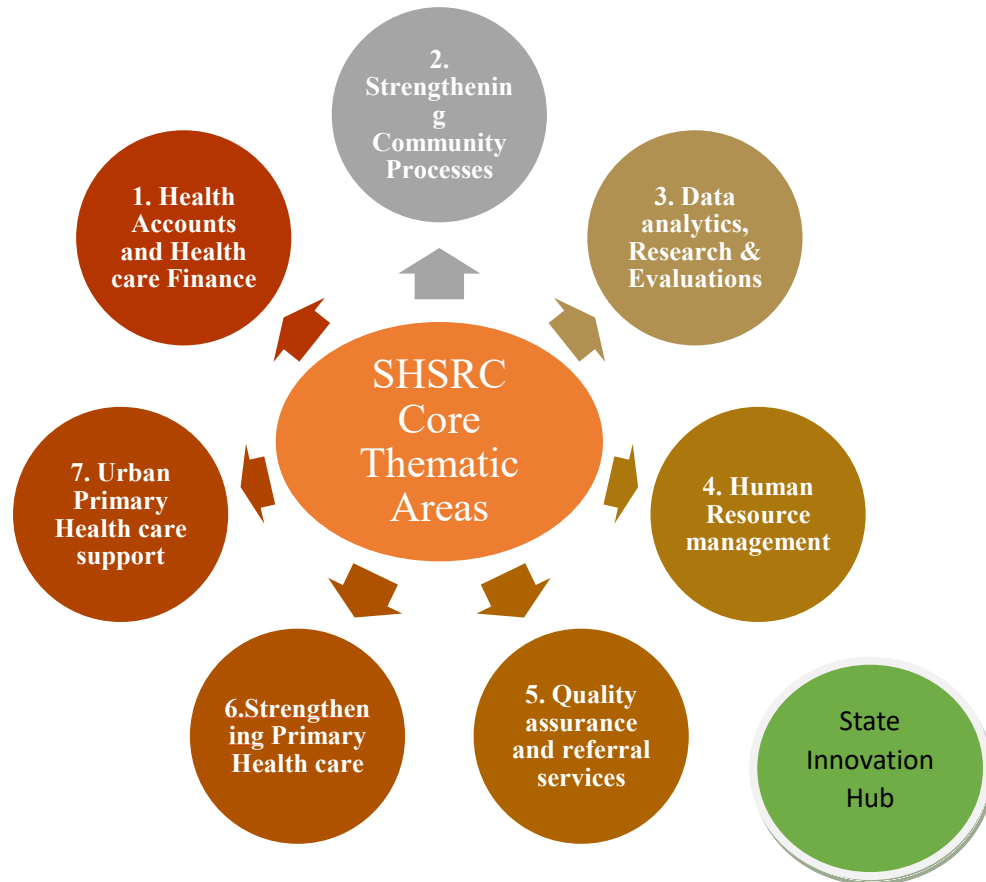
- Assisting the Department of Health and Family Welfare, Maharashtra to implement innovative strategies

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

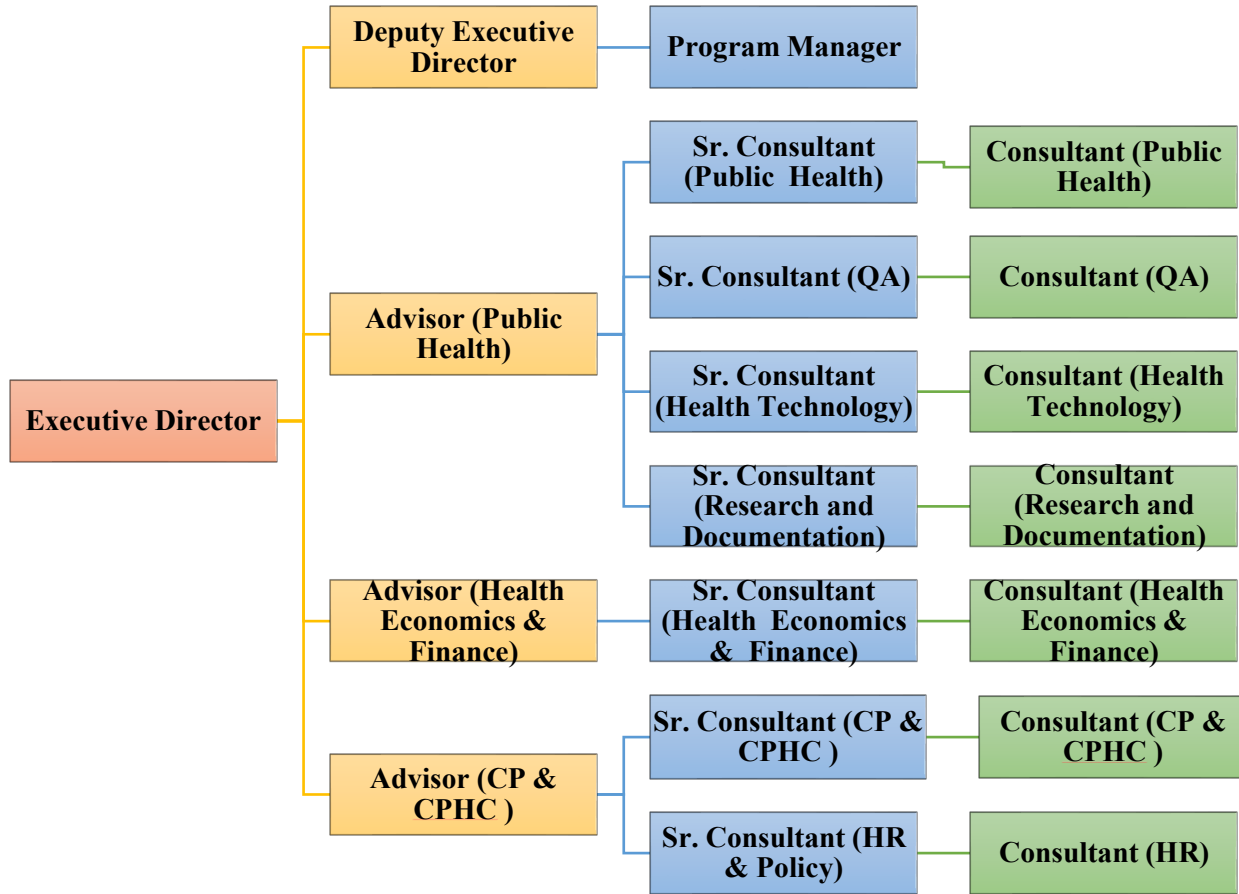
Mandate:

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 with State Innovation Hub.

Core Mandate areas:



ORGANOGRAM (Technical)



SHSRC CURRENT TEAM

Sr. No.	Post	Name	Qualification
1	Executive Director	Dr. Nitin Ambadekar	MD (PSM), Ph.D.
2	Deputy Executive Director	Dr. Sanjay Deshmukh	MBBS, MS(ENT)
3	Advisor (Public Health)	Vacant	
4	Advisor (Health Economics and Finance)	Vacant	
5	Advisor (CP & CPHC)	Vacant	
6	Senior Consultant (CP & CPHC)	Ms. Mukta Gadgil	M.Sc.(Anthropology), MPS (IIPS)
7	Senior Consultant (Public Health)	Dr. Sharad Gore	M.D.(Hom.), M.P.H.
8	Senior Consultant (Health Economics and Finance)	Dr. Prachi Chikane	B.H.M.S, M.P.H
9	Senior Consultant (Research and Documentation)	Dr. Swapnil Nimkar	B.A.M.S, M.P.H
10	Senior Consultant (Policy and HR)	Rani Shinde	MBA (HR)
11	Senior Consultant (QA)	Vacant	
12	Senior Consultant (Health Technology)	Vacant	
13	Consultant(CP & CPHC)	Vacant	
14	Consultant (Public Health)	Vacant	
15	Consultant (Health Economics and Finance)	Vacant	
16	Consultant (Research and Documentation)	Vacant	
17	Consultant (Policy and HR)	Vacant	

18	Consultant (QA)	Vacant	
19	Consultant (Health Technology)	Vacant	
20	Program Manager	Dr Geetanjali Ghule	B.H.M.S, M.P.H
21	Administrative and Accounts Officer	Smt.Dhanashree Bhosale	M.Com
22	Statistician	Vacant	
23	Statistical Assistant	Ms. Poonam More	M.Sc.(Statistics)
24	Librarian	Ms. AshaKawade	B A, M. Lib
25	Steno	Vacant	
26	Data Entry Operator	Smt. Manisha Pisal	B.A
27	Data Entry Operator	Smt. BharatiLandge	B.Com
28	Driver	Vacant	
29	Attendant (Outsourced)	Mr. Naiknavare	HSC
30	Sweeper	Vacant	

SHSRC DIVISIONS

- 1) Community Process & CPHC
- 2) Health Economics & Finance
- 3) Public Health
- 4) Research and Documentation.
- 5) HR & Policy
- 6) Health Technology
- 7) Quality Assurance

ACTIVITY AREAS

- 1) Capacity Building: Webinars, Workshops, Interactive Learning sessions, etc.
- 2) Resource Material Development.
- 3) Data Analytics & HMIS.
- 4) Research Activities
- 5) Implementation Research
- 6) Responsive Mandate
- 7) Internship Programme for MPH students.

KEY DELIVERABLES OF DIVISIONS

1. Community Process & CPHC

- a) Strengthening community-based programs such as Jan Aarogya Samiti (JAS), 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.
- b) Periodic performance monitoring and supervision to identify the challenges and facilitations for appropriate resolutions.
- c) Undertake studies, rapid reviews, and policy advocacy for Community Processes.

2. Health Economics & Finance

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

3. Public Health

- a) Support to States in capacity building
- b) Conduct Research studies
- c) Support state for implementation of Supportive Supervision Software like DHO/CS ranking software.

4. Research and Documentation.

- a) An analysis of health information available from multiple sources, primarily from HMIS, RCH, SNCU Software etc.
- b) Analysis of secondary data of the health department, which includes the data of various programs in Public Health Department such as maternal and child deaths in Maharashtra
- c) Research & Evaluation of various programmes

5. HR & Policy

- a. Support States in strengthening HR cells
- b. Prepare Policy documents, guidelines, circular
- c. HR rationalization/ Restructuring of HR
- d. Develop software for HR management

6. Health Technology(*Proposed*)

7. Quality Assurance(Proposed)

ACTIVITY DETAILS

CAPACITY BUILDING

A. Ongoing/Completed Work in FY 2023-24

1. Webinars

a. Technical and Administrative Webinar for CHO

Collaboration:

- In-house

Details of webinar:

- Online webinar 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.

Sr. No.	Month	Topic	Speaker	Designation
1	April'24	Orientation of Ayushman Bharat-Vision, Scope and road ahead. CHO as a team leader, Roles & Responsibilities of CHO and other members of HWC	Dr. Himanshu Bhushan	Rtd. Advisor (Public Health Administration), NHSRC, Delhi.
2	May'24	Community Engagement and JAS	Dr. Balu Natha Mote	Sr. Consultant- CP-CPHC, NHSRC, Delhi
3	June'24	Communicable diseases & Surveillance activity- Vector borne diseases, Water borne diseases & DICF	Dr. Pradeep Aute	Assistant Director, Nagpur Circle
			Dr. Mahendra Jagtap	State Entomologist, NVBDCP, Pune
4	July'24	Child Health	Dr. Rajendra Dusane	Paediatrician, DH, Nashik.

			Dr. Avinash Gore	Paediatrician, RH, Ghoti, Nashik.
5	Aug.'24	Maternal Health	Dr. Kamalapurkar	Joint Director, SFWB, Pune
			Dr. Ramesh Bhosale	Retired HOD Ob.Gy.Dept., B.J.GMC, Pune
6	Sep.'24	Routine Immunization and AEFI	Dr. Govind Chaudhari	Dy. Director, Routine Immunization, SFWB Pune
			Dr. Chetan Khade,	(SMO) WHO Office, Pune
7	Oct.'24	Overview of RMNCHA + N Programme	Dr. Kamalapurkar	Additional Director, SFWB, Pune
		Anaemia Mukht Bharat & NDD	Dr Rajkumar Jagtap	Assistant Director, Child Health, SFWB, Pune
8	Nov.'24	Developmental Milestones, DEIC and Nutrition across Lifecycle	Dr Samir Dalwai	Developmental Pediatrician, New Horizon Child Development Center NH-CDC
			Dr Vinita Jain	Retired Dy. Director, Nagpur
			Prof. Nilima Joshi	Sr Nutritionist, Nutrition Bureau, Nagpur
9	Dec.'24	Cancer and Oral Health STEMI	Dr. Nagnath Mudam	Join Director, NCD, Mumbai
			Dr. Rita Parwade	ADHS, NCD, Mumbai
10	Jan.'25	Common Infectious Conditions in Children - (Fever, Rash, Febrile, Seizures, Mumps, Enteric Fever etc.)	Dr. Rajkumar Jagtap	Assistant Director, Child Health, SFWB, Pune
11	Feb.'25	Air Borne Diseases and Zoonotic & RTI/STI	Dr. Pradeep Aute	Rtd. State Surveillance Officer
			Dr. Lokesh Gabhane	Joint Director-STI, MSACS, Mumbai
12	Mar.'25	Record Keeping at HWC Level for CHO (Online & Offline)	Dr. Vaishali Amte	NCD Coordinator ZP, Pune,
			Dr. Vinod Swami	ZP, Pune
			Smt. Minakshi Khetkade	Consultant, SFWB, Pune

Current Status:

- Continuous Ongoing Activity.
- Every 1st Friday of the month

b. 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 2024-25, 17 Clinical webinars have been conducted successfully for MOs.
- MMC accredited with 1 credit point per Webinar are given to MOs.

Sr. No.	Month	Topic	Speaker	Designation
1	19-04-24	Prevention Strategies and Clinical Management of Heat Related Illness or events	Dr. Aravind Gandhi P	Assistant Professor, Dept of Community Medicine, AIIMS Nagpur
			Dr Abhiyant Tiwari	Lead-Health & Climate Resilience, NRDC Delhi
2	17-05-24	Clinical Management of Snakebites and action Plan for snakebites Envenoming	Dr. Ajit Shewale	Deputy Director, DZDP, Delhi
			Dr. Sadanand Raut	Cardiologist and Toxinologist, Pune
			Dr. Amith Balachandran	Assistant Professor, Department of General medicine, CMC Vellore.
3	19-06-24	Sickle Cell disease Management and Prevention	Dr. Mangalani	Director, Bone Marrow Transplant Foundation, Mumbai
			Dr. Yogeshwar Kalkonde	Public Health Practitioner Chhattisgarh

4	21-07-24	UWIN programme Implementation for supporting UIP	Dr. Deepak Gundpatil	Assistant Professor, Dept of Biochemistry, Atal Bihari Bajpai Medical College, Pune
			Dr Pankaj Somani	National Project Coordinator, UNDP Delhi
			Dr. Amit Lokhande	SPO, UNDP Maharashtra
5	16-08-24	Breast Cancer and its related malignancies, Clinical Management	Dr. Aruna Karad	HOD & Prof Surgery, M G M Hospital, ChhSambhajinagar
			Dr. Prakash Devde	Medical Oncologist, ChhSambhajinagar
			Dr. Aditi Kaldate	Radiation Oncologist, ChhSambhajinagar
6	30-08-24	Violence with Doctors - a need of hour	Dr. Rajesh Dere	HOD and Prof, Dept of FMT, LTMMC, Mumbai.
7	20-09-24	Epidemiology, Pathogenesis and Clinical Management of MPox Infection	Dr. Rima Sahay	Scientist D (Medical), ICMR-NIV, Pune
			Dr. Anita Shete	Scientist E (Medical), ICMR-NIV, Pune
			Dr. Sanjay Godbole,	Senior Medical Specialist & Physician, H N Reliance Hospital, Mumbai
8	18-10-24	Clinical Management of Acute Respiratory Care Illnesses in Children	Dr. Abhishek Madhura	Associate Professor Pediatrics, AIIMS Nagpur
			Dr. Meenakshi Girish	Professor & Head, Pediatrics, AIIMS Nagpur
			Dr. Abhijit Choudhary	Associate Professor Pediatrics, AIIMS Nagpur
9	22-11-24	Advanced Clinical Management in HIV Care"	Dr. Girish Kumthekar,	Consulting Obstetrician and Gynaecologist, Infertility Specialist & Medico Legal Consultant
			Dr Vijay Kandewad,	Additional Project Director, Maharashtra State AIDS Control Society(MSACS), Mumbai
			Dr. Shobini Rajan	Dy. Director General, National AIDS Control Organisation, New Delhi.

			Dr. Priya Patil	General Physician, Grant Medical College and J J Hospital Mumbai
10	20-12-24	Clinical Management of Acute and Chronic Kidney Disease, Dialysis and Orientation of PMNDP	Dr. Suhas Bavikar,	Consultant Nephrologist & Kidney Transplant Physician, Ch. Sambhajanagar, Maharashtra
			Dr. Purva Bavikar	Consultant Nephrologist & Kidney Transplant Physician, Ch. Sambhajanagar, Maharashtra
11	17-01-25	Role of Nutrition in Continuum of Care & Clinical Management of SAM children	Dr. Ranjana Rathod,	Senior Scientific Officer, Nutrition Bureau, Nagpur,
			Dr. Manish Tiwari	HOD and Professor, Department of Paediatrics, GMC Nagpur
			Dr. Siddharth Waghulkar	Deputy Head-Nutrition and School Feeding, World Food Programme, India
12	21-02-25	"Epidemiology and Clinical Management of Guillain Barre Syndrome (GBS)"	Dr. Nina Borade	MOH-PMC, Pune
			Dr. Haridas Prasad	Professor-Internal Medicine, BJGMC Pune
			Dr. Pradnya Shinde	Scientist C (Medical), ICMR-NIV, Pune
13	21-03-25	Heat Health Preparedness and Clinical Management of Heat Related Illness (HRI)'	• Dr KrishnanandHosalikar	Retd. Additional Director General, Climate Research & Services, IMD, Pune
			Dr. Pankaj Bharadwaj	Professor & Head, School of Public Health, AIIMS Jodhpur
			Dr. Amol Dubey	Additional Professor, Department of Internal Medicine, AIIMS Nagpur

Current Status:

- Ongoing continuous Activity.
- Every 3rd Friday of each month.

c. 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 2024-25, 6 webinars have been conducted successfully

Sr. No	Date	Webinar Topics	Speakers Name	Speakers Designation
1	12-04-24	Income Tax provision and Tax Calculation Part 2.	Mr. Ganesh Saste	Asst. Director-A, CPTP, Yashada, Pune.
2	10-05-24	Income Tax provision and Tax Calculation Part 2.	Mr. Ganesh Saste	Asst. Director-A, CPTP, Yashada, Pune.
3	14-06-24	NHM Finance.	Smt. Sushma Bharne	Account Officer, PHI NAgpur.
			Smt. Shubha Salame	Administrative Officer, PHI Nagpur.
4	12-07-24	Pension Process and National Pension Scheme 2015.	Shri. Devram Shelke	Treasury Officer, Pune and Other Treasury Officers.
5	09-08-24	Condemnation Process, Inspection& Round of Health Institutions.	Mr. Jayant Mule	Assistant Director, Transport, Pune
			Mr. Abhay Junnarkar	Biomedical Engineer, Transport, Pune
			Dr. Sanjay Deshmukh,	Dy Executive Director, SHSRC, Pune
6	13-09-24	Condemnation Process, Inspection& Round of Health Institutions.	Dr. Sanjay Deshmukh,	Dy Executive Director, SHSRC, Pune

Current Status:

- Activity Completed

2. Workshops

a. MIS Capacity Building Workshop

Collaboration:

- In house

Detail of workshop:

- Participants were Statistical Officer, Monitoring & Evaluation Officers Statistical Investigators from Circle District and District Level.
- One Day Workshop arranged.
- HMIS Analyser software training is provided.
- This will help to obtain accuracy and to handle the data analysis work more efficiently

Current Status:

- Completed

RESEARCH STUDIES

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

Aim of the Study:

To assess knowledge, skills and challenges in the day-to-day functioning of ASHAs in Maharashtra.

Objectives of the Study:

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

Current Status

Study Completed and Report along with Actionable submitted to NHM for further action.

Actionable

- Communication to be sent to other departments such as RDD, Water supply, Education, WCD etc. mentioning ASHA may be assigned with the task aligned with health component. Also, the incentive to be given to ASHA for such additional task if they perform.
- A grievance redressal committee will be formed at the block, district, and state levels. This will provide platform for ASHAs to voice their demands and concerns.
- A booklet with incentive-wise payment to be given to ASHAs
- Implementation of ASHA software for improving transparency in payment to be urgently done.
- Geographically ASHA workload and ASHA population, and program-wise ASHA incentive are to be improved by regular programmatic data analysis and review.
- Priority is to be given to ASHA incentive payments from the district level. NHM ASHA cell to send letters to all districts informing the same.
- ASHA to map a people and emergency transport contact list from the village, and the TA will be given as per actual. Payment can be made from VHSNC.
- Basic self-defence training can be given to ASHAs

- ASHA harassment or abuse-related and security issues while working odd hours must be brought to the attention of Gram panchayat and Sarpanch. They must provide a support mechanism for the same. Letter regarding same can be given from state office to Districts.
- MO PHC and staff should address the transportation issues for ASHAs in case of emergency at night. 5)ASHA should be provided with rooms at RH and above level.
- State to revise mobile recharge allowances.
- ASHA software management training to be conducted
- Further exploratory study to be performed to understand the nuances and the feasibility of removing the offline data reporting system

b) 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

Data Collection and Analysis is completed.

Report writing ongoing.

c) 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:

Study completed and Report Submitted to NHM

Actionable:

- 1) Data Handling training of DCM and BCM needs to be conducted for proper data collection and management.
- 2) Structured monthly reporting format to be prepared and same to be utilised by all districts.
- 3) As evident from the data maximum incentive is on routine reporting and meeting attendance activities and low performance in other health indicator related activities. Thus, monthly incentive wise analysis to be prepared. Based on this analysis all respective program managers can take review at state as well as district level.
- 4) If some indicators are redundant from the program perspective revision in them can also be considered. Respective Program officers may revisit the indicator list and make changes if required.
- 5) ASHAs to be recurrently made aware about the various indicators for which they must perform as well as incentives for each indicator.

d) 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:

Report completed and submitted to State Family Welfare Bureae (SFWB) for further action.

Actionables

1. **Improve MCP Card Documentation Practices.**
 - Ensure that healthcare providers consistently update the MCP card after each vaccination session.
 - Encourage caregivers to bring the MCP card to every vaccination visit through reminders (e.g., SMS or phone calls) to improve documentation accuracy.
2. **Address Discrepancies Between Vaccines:**
 - Investigate logistical challenges that could be preventing caregivers from completing these vaccine series and address supply chain issues for vaccines like Hepatitis B and bOPV.

3. **Focus on Record-Keeping Accuracy:**
 - Provide refresher training for healthcare workers on proper MCP card documentation and emphasize the importance of filling in the card at the point of vaccination.
4. **Improve Caregiver Awareness of MCP Cards:**
 - Many caregivers may not realize the importance of consistently using the MCP card for immunization tracking.
 - Conduct educational campaigns to emphasize the importance of maintaining the MCP card and remind caregivers to bring it to every vaccination appointment. Distribute posters, brochures, and SMS reminders highlighting its significance.
5. **Identify Critical Dropout Points:**
 - Focus on reducing dropout rates between key vaccines, particularly from Penta 1 to Penta 3 and MR1 to MR2, where dropout rates are high.
 - Strengthen follow-up systems and introduce reminders or incentives for completing multi-dose vaccines. SMS reminders or phone calls from healthcare providers could help reduce drop-out rates.
6. **Improving Vaccine Supply Chains**
 - Better Supply Chain Management: Strengthen vaccine distribution and storage to ensure continuous availability in all regions, particularly in rural or underserved areas.
 - Buffer Stock Policy: Maintain buffer stocks to address potential shortages caused by logistical delays or unexpected demand.
7. **Enhancing Public Awareness**
 - **Mass Communication Campaigns:** Run targeted media campaigns through radio, television, and social media to inform parents about vaccination schedules and the importance of timely vaccinations.
 - **Community Health Workers:** Utilize community health workers to engage directly with households, providing education on vaccination and addressing misconceptions.
8. **Tailored Messaging for Specific Groups**
 - Conduct surveys to identify demographic groups with lower vaccination awareness and tailor the messaging to their specific needs. Consider using simple, accessible language and culturally relevant content.
9. **Leverage Community Leaders:**
 - Partner with local leaders, influencers, and community organizations to spread accurate vaccination information in regions with low knowledge levels. This could increase trust and acceptance of vaccination programs.

e) **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 & Study Actionable submitted to SFWB

Actionables

- **Health education by ASHA** to promote the benefits of institutional deliveries and dispel misconceptions about home births.
- **Increased home visits** by healthcare providers to educate women and their families about the importance of institutional deliveries and to address any concerns or barriers they may face.
- Strengthening IBPACR programs that empower women and their families to plan for facility-based births and prepare for potential obstetric complications.
- **Mass Media Campaigns** Launch mass media campaigns using radio, television, social media, and other communication channels to disseminate information about the benefits of institutional births and address common misconceptions about childbirth.
- Foster **collaboration between TBAs and healthcare providers** to ensure seamless referrals and continuity of care for women who choose to deliver at home but may require medical intervention.

f) **Evaluation of Implementation of Anaemia Mukht Bharat Program in**

Maharashtra.

Collaboration:

- SHSRC & IAPSM- Maharashtra Chapter

Study Findings:

- Prevalence of Anaemia among ANC was 60.5% as compared to NFHS-5 figures of 52.2%.
- 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 6-59 months) received IFA syrup bottle
- The IFA syrup was not received by 37.2% of children (of age 6-59 months).
- 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.
- 5.6% of AWWs could correctly state the colour of IFA tablets.
- 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.

Study Status:

- Completed.
- Recommendations and Actionable shared with SFWB

Actionable:

- Supervision and Monitoring
- 100% ANC Registration in first trimester
- **Increase coverage of out of school children**
- **Training to MO, ANM & ASHA**
- IEC -The front-line workers such as ANM and ASHA have to concentrate on IEC activities regarding importance of anaemia prevention in all pregnant and child bearing woman in community. To develop and display IEC material in local language especially tribal areas.
- Ensure availability of functional Blood storage unit
- Ensure Availability of IFA supplementation-Parenteral medicines to treat moderate/ severe anaemia like Iron Sucrose/Ferric Carboxy Maltose are to be made available at PHCs.
- Availability of equipment & consumables-State & District official must resolve issues related to the procurement, supply, and maintenance of digital hemoglobinometers, other equipments & their consumables for PHCs and frontline workers.
- Reporting from corporation and council side must be improved
- Interdepartmental coordination between health, education, ICDS need to be strengthened. Regular coordination meetings with education & ICDS dept to be conducted
- Focus on tribal area -Additional special drive in Tribal area of AMB.
- Enhance RBSK Involvement: Increase the involvement of RBSK teams in the AMB program, particularly in the screening of children under five years old.
- Strengthening of AMB program in corporation area.

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

Collaboration:

- PATH

Aim of Study:

To evaluate Special Neonatal Care Unit (SNCUs) in order to reduce neonatal deaths in Maharashtra.

Study Objectives:

- To understand the functioning of Special Newborn units (SNCUs) with respect to human resources, infrastructure, equipment, and health service delivery.
- This study assesses the effectiveness of supportive care, neonatal admissions, and treatment outcomes for sick neonates admitted to SNCU.
- To assess the knowledge, skills, practices, and training status of SNCU staff.
- To review the referral pathway and causes for referral of sick neonates to SNCU.

Current Status:

- Completed

Study Findings:

- The number of admitted babies with self-transport has decreased from 36.7% in 2020-21 to 31.7% in 2023-24.
- Death rate increases in SNCU at Dh Chandrapur, WH Amravati, DH Thane, WH Gondia, and DH Gadchiroli in year 22-23 to 23-24. SNCU Dharni is constantly showing improvement in death rate compared to last three years data and mortality rate gone down from 8.5 % in year 21-22 to 5.2% in year 23-24. Nandurbar DH, Chandrapur DH and Amaravati WH are leading facilities with highest death rate in 2023-24. The percentage of outborn newborns has decreased from 43.3% to 41.9% over the same period, yet the number of deaths has not significantly declined. Hospitals may need to take steps to enhance facility-based newborn care.
- It is evident that out of a total of 58,121 admissions, 3,284 babies (5.63%) expired in the year 2023-24. The majority of deaths occurred on the first day (19.19%), and a significant proportion of babies who left against medical advice (LAMA) (13.59%) or were referred to another facility (52.05%) also did so on the first day of their stay in the SNCU. Additionally, approximately 68% of the total deaths occurred within the first three days of stay in the SNCU. SDH Pusad, WH Jalana and Buldhana DH show the highest percentages of referred-out cases in 2023-24.
- DH Aurangabad has only 3 radiant warmers available. 9 SNCUs have less than 5 infusion pumps. SNCH DH Jalgaon shows non-functionality of 56 infusion pumps- to be cross-checked. 13 SNCUs have one or more phototherapy machines nonfunctional Pulse oximeters not available in SNCU DH Aurangabad, SDH Pusad, and Yavatmal. 8 SNCUs have 1 or more C-PAP nonfunctional. 6 SNCUs do not have Multipara Monitors.
- 11 Hospitals have vacancies of staff nurses of more than 30%. 18 hospitals have less than 50% staff trained for FBNC. 11 hospitals have 100% LHV staff not trained for FBNC. 18 hospitals have Paediatrician positions filled less than 50%, out of 10 SNCUs have not paediatrician posted.

Actionables

- i. Virtual webinar on lactation management through SHSRC for SNs and ANMs needs to be conducted.

- ii. Training on advance lactation management for paediatricians and staff nurses in Support of BPNI
- iii. Screening of the lactation management videos on TV screen installed at wards and step down SNCU areas is needed.
- iv. The indicator on EIBF and EBF % needs to be included in periodic review at state and district level.
- v. Piloting the breastfeeding support group and peer counsellor intervention in selected hospitals and scaling up based on the outcomes. Regular rounds to PNC wards should be taken and hands-on support to all mothers should be provided.
- vi. Logistic support for KMC needs to be provided to establish KMC practices in the facility. E. g KMC chairs, KMC beds, KMC bags, KMC cloths.
- vii. IEC / Counselling material for Staff needs to be provided regarding involvement of fathers in KMC.
- viii. Regular family education sessions needs to be conducted in PNC wards and SNCU & also in Step-down areas.
- ix. Strengthening of newly inaugurated SNCUs needs to be done.. Also there is need to strengthen diagnostic services like Blood cultures and digital X-rays.
- x. Strengthening the Biomedical and Oxygen Equipment Management System and regular maintenance should be done for this equipment.
- xi. Post-discharge follow-up Services needs to be strengthened.

h) Assessment of Trauma Care Units (TCUs) in Maharashtra

Aim of Study:

To generate evidence for strengthening Trauma Care Units (TCUs) and assess preparedness in Maharashtra.

Objectives:

1. To review the functioning of TCUs to ascertain the progress made concerning
2. Assess the preparedness of level III trauma care facilities in delivering emergency care across the accident care continuum.

Study Design:

A cross-sectional, convergent parallel mixed methods study design has been used by which quantitative and qualitative data collection methods will be implemented.

Out of the sanctioned 112 Trauma Care Facilities (TCUs) in Maharashtra, 78 are functional as of 4 December 2024. The Ministry of Road Transport and Highways (MoRTH) has identified accident and blackspots in all districts of Maharashtra. As per Maharashtra Road Crash Report 2022, the 1004 black spots are identified. The proposed study has been conducted in eight Health Circles in Maharashtra. In every circle following the four criteria, namely (i) number of Road Traffic Accidents (RTAs) (ii) black spots identified (iii) distance from nearest two National Highways less than 100 KM and iv) lastly taking cognizance of secondary data of Number of Orthopaedic Surgeries, General Surgeries etc. from Hospital Section, we have selected total 16 TCUs spread over twelve districts as study sites.

Current Status:

- Ongoing, In report preparation stage

i) Secondary data analysis on Antimicrobial Resistance

Aim of Study:

To understand the pattern of antimicrobial resistance in Maharashtra

Objectives:

To frame the recommendations for combating antimicrobial resistance (AMR) in Maharashtra

Current Status:

- Completed

Study Findings:

The data for antimicrobial resistance is obtained from HLL and it is analysed for the

Health Circles	E Coli	Klebsiella Pneumoniae	Pseudomonas Aeruginosa	Staphylococcus Aureus	CONS (Coagulase Negative Staphylococci)
Akola	818	349	74	169	9
Aurangabad	40	6	10	34	5
Kolhapur	169	28	28	123	51
Latur	28	5	18	40	36
Nagpur	1559	901	22	129	64
Nashik	1827	2011	620	999	72
Pune	63	9	11	46	32
Thane	236	47	83	262	178
Grand Total	4740	3356	866	1802	447

In case of all selected bacterias, it can be seen that the majority of samples were found resistant to the 1st line antibiotics. Also, the highest resistance were observed for E Coli and Klebsiella Pneumoniebacterias.

The significant resistance against E Coli is observed in Nagpur and Nashik circles for antibiotics like Ceftazidime, Levofloxacin, Ciprofloxacin, Amoxicillin-Clavulanate, Nitrofurantoin etc.

The significant percentage of sensitivity is found in Nashik and Nagpur circles for Meropenem, Piperacillin-Tazobactam, Tigecycline, Colistin, Chloramphenicol etc. predominantly.

Out of total samples with the presence of E Coli (4742), Higher resistance pattern for antibiotics existed in the range from Cefuroxime (54.15 %) to Nitrofurantoin (82%) with respect to E Coli. Antibiotics such as Cefixime, Cefazolin also contributes in this.

Conversely, Sensitivity pattern ranges from Piperacillin (93.83%) to Tigecycline (99.7%). Antibiotics such as Meropenem, Chloramphenicol, Colistin etc also contribute in this.

Out of total samples positive for Klebsiella Pneumoniae, the antibiotics named Piperacillin-Tazobactam (92.86%) and Meropenem (92.85%) are found to be effective against Klebsiella P. Moreover, the antibiotics such as Amoxicillin (83.94%), Ampicillin-Sulbactam and Ceftazidime show the higher sensitivity apart from the antibiotics, mentioned above.

Moreover, it is observed that the higher resistance is found against the antibiotics such as Cefixime, Cefazolin, Amoxicillin, Oxacillin and Penicillin etc.

In addition to this, out of the total samples with the presence of Pseudomonas Aeruginosa, the antibiotics like Amoxicillin Clavulanate (84.64%), Ampicillin Sulbactam (80.86%) forms the major resistance pattern for Klebsiella Pneumoniae.

Out of total samples with the presence of Staphylococcus aureus, Cefoperazone (100%) and Cefixime (93.35%) shows the higher resistance pattern with respect to Staphylococcus aureus. Similarly, Erythromycin (10.12%), azithromycin (10.79%) and ofloxacin (6.07%) contributes the major part of the resistance out of total antibiotics resistance.

Similarly, Amikacin (92.93%), Nitrofurantoin (92.71%), Vancomycin (98.91%), chloramphenicol (90.85%), colistin (80%), Tetracycline (87.82%), Doripenem (96.66%), Tigecycline (99.12%) and Teicoplanin (96.09%) shows the higher sensitivity pattern with respect to total samples of staphylococcus aureus.

Actionables

1. General Actionable: i) For State
ii) For District
iii) For Facilities
iv) For Community
2. Specific Actionables: about five most common organisms found (E.Coli, Klebsiella Pneumoniae, Pseudomonas Aeruginosa, Staphylococcus aureus & CONS (Coagulase Negative Staphylococci) and significant resistance/ sensitivity to particular antimicrobial. These actionable also define the area of more common resistance/ sensitivity.
3. AST (Antimicrobial Sensitivity Test) reports prepared for all 35 districts.

j) Realizing Children's full potential by Ending Lead Poisoning.

Introduction

Pure Earth and Vital Strategies, both global NGOs, are embarking on a project titled "Realizing Children's Full Potential by Ending Lead Poisoning" in Maharashtra in partnership with Public Health Department by signing MOU with Commissionerate of Health Services. Under this

project, Pure Earth and Vital Strategies aspire to work in partnership with the State of Maharashtra to conduct public health surveillance to estimate the local burden of childhood lead exposure, evaluate the leading sources of lead exposure, and use these data to inform activities that will reduce exposures to enable children to achieve their full potential.

Objectives of the project:

1. Assess and build capacity to monitor lead exposure among children in Maharashtra
2. Support the State of Maharashtra in understanding the severity and distribution of childhood lead poisoning through state-wide surveillance
3. Increase multi-sectoral knowledge about sources and pathways of exposure of children to lead
4. Increase knowledge of health professionals, community health workers, teachers, parents, and workers with occupational lead exposure

Methodology:

- **Surveillance districts:**

In Maharashtra, blood lead surveillance will be done in randomly selected eight districts. One district is randomly chosen from each administrative circle. Also urban and rural areas will be included in the project.

- **Target population:** 1400 children between the age group of 13 months to 72 months

Activity Description:

- a. **Blood surveillance strategy:**
- b. **Home-based assessment (HBA):**

Expected outcome:

- Childhood lead exposure surveillance will help understand the severity of lead poisoning among children and their major sources of lead exposure in Maharashtra
- Surveillance will aid decision-making by identifying high-risk areas. This information can be used to inform policy priorities and develop targeted interventions for different areas.
- Strengthened the state's capacity to use health, environment, and industry data to create and implement policies and interventions and enforce control measures to reduce toxic emissions to reduce exposures of children and vulnerable populations.
- Healthcare professionals equipped with lead poisoning knowledge can help spread this knowledge to the community and will be critical for prevention, early detection, and proper treatment of lead poisoning.

Current Status:

A State working group has been formed, and the methodology has been reviewed. The Ethics approval has been obtained from ICMR-NITVAR, Pune. The blood survey has been started in Pune district followed by Home based assessment.

Ongoing Activity.

A. Ongoing/Completed Work in FY 2024-25

a. Maternal Death Report (2022-23 & 23-24)

Collaboration:

- In-house with the support of Senior Gynecologist

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

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

c. Revision of Primary Health Centre (PHC) Manual

Collaboration:

- In-house

Detail:

- 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
- 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.

Current Status:

Completed and published on NHM website.

d. State Health Accounts 2019-20

Collaboration:

- NHSRC

Detail:

- National Health Accounts (NHA) estimates provide details of financing schemes in Health through which money is channeled and on which health components expenditure is made. NHSRC is a nodal agency for at National level for preparation of NHA estimates. Till now NHSRC has prepared 9 rounds of estimation in the series of annual Health Accounts for India.
- On similar line, SHA report is generated using data from various sources like expenditure under NHM, Annual reports of Municipal corporation & Municipal Administration, Annual reports of ESIC, National Sample Survey data, Expenditure of Rural Local Bodies, PMJAY data etc.
- SHSRC is a Nodal Agency at State Level for preparation of State Health Accounts with technical support from NHSRC.
- SHSRC has prepared SHA 2019-20 with the help of NHSRC

Current Status:

- Completed and Published

e. 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 (Health Services) & Mission Director (NHM))
- Draft of revised Delegation of Power is ready for final review

Current Status:

Draft submitted to Director (Finance) for review and finalization

f. 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, there is a need to omit or delete some outdated information. So the revision was needed.
- This information is updated. Additional information about new topics has been incorporated along with references.
- Apart from this, a few information without references will be added as per the technical expertise and experiences from the Public Health Department.
- The manual will help all officers update themselves about the guidelines and routinely make decisions accordingly.
- The team of committee members have reviewed and finalized the document in order to achieve completeness of the hospital manual revision process. Annexures were prepared and QR codes were generated for annexures for each chapter. Hospital administrative Manual Volume I & II has got approval from Hon. Secretary-Health at the end.

Current Status:

- Completed and published on NHM Website
- Print copy is on the way.

g. Revision of PHC Manual

Collaboration:

- In-house

Details:

- PHC manual was lastly prepared in 2009-10. Since than lot of changes in working pattern of PHC has taken place. IPHS standards established, Health Wellness Centres (AAM) paved the way through radical changes in comprehensive Primary Health Care.
- The team of experts from Public Health Department has entirely revised the manual and incorporated all the series of change. Annexures were prepared and QR codes were generated for annexures for each chapter.
- Govt. of Maharashtra has approved PHC Manual.

Current Status:

- Completed and published on NHM Website
- Print copy is on the way.

h. Human Resource Policy for NHM Employee

- Till now NHM has issued various guidelines regarding HR Component, time to time.
- Some of the issues were not addressed so far.
- Considering the present status and huge number of NHM Employees, administrative difficulties, Hon CHS has asked to form a complete policy document addressing all NHM issues. SHSRC in house team had a series of discussion and workshop with NHM Employees, State officials to formulate NHM HR Policy. While preparing the policy SHSRC team also referred the NHSRC and other State policies.
- NHM Public Health Department of Maharashtra circulated the approved copy to the State office and Districts.

A. Ongoing/Completed Work in FY 2024-25

1. Job Chart preparation of NHM & NUHM Posts:

Collaboration:

- In House

Details:

- Job Chart of total 486 posts under National Health Mission have been prepared out of 490 Posts.
- Job Chart of total 84 posts under National Urban Health Mission have been prepared out of 96 Posts.

Current Status:

- Completed

Action Taken:

- Submitted to Joint Director (NT) NHM and Assistant Director, NUHM

2. Metro City Allowance Policy for Contractual Employees Working under NHM, Maharashtra:

Collaboration:

- In House

Details:

- Draft of Metro City Allowance Policy is prepared.
- Two Method Suggested for for giving Metro Allowance
 - As per GR HRA 11th August 2017 (GOI Memorandum dt.7th July 2017) and Govt. of Maharashtra's Resolution dt. 5th Feb 2019.
 - Lump Sum/Fixed Amount as per Salary Slab.

Current Status:

- Completed

Action Taken:

- Submitted to Joint Director (NT) NHM

3. Employee of the year Policy for Contractual Employees working under NHM, Maharashtra

Collaboration:

- In House

Details:

- Draft of Employee of the Year Policy is prepared.

Current Status:

- Completed

Action Taken:

- Submitted to Joint Director (NT) NHM

RESPONSIVE MANDATE

(Technical support to State)

- HR Policy draft prepared. NHM Accepted the draft.
- Adopted ECHO's innovative 'Hub and Spoke' Model platform for online learning.
- NCD Campaign- Technical support in creation of Data collection Google forms. Monitoring support during entire campaign for Reports & analysis.
- As per Data to Policy training Program (D2P) for state level Consultants, policy has been designed for usage of Low Dose Aspirin amongst other policies prepared. This has been accepted by PHD.
- Monitoring formats for Health Advisory Call Centre (HACC-104) has been entirely remodelled for quarterly Inspection. New formats have been submitted to Government for approval.
- SHSRC nominated as nodal agency for all research activities in State

- 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.

- 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”

- SHSRC is providing technical support , coordination and collaborating with Vital Strategies and Pure Earth for study titled “Lead Poisoning study in Maharashtra”

IMPLEMENTATION RESEARCH

- In various part of the Public Health Department, evidence-based changes are required, this can be ensured through the implementation research studies. IR requires a longer period of time to collect the evidences, formulate SOPs and translate into practice.
- These long-term studies are done with Collaborating partners/ other agencies.

Name of Study	Collaborating Partners
Implementation Research to develop an optimized model of comprehensive intervention package and delivery strategies to reduce stillbirth	ICMR- KEM Research Centre
Childhood lead Exposure study	Pure Earth & Vital Strategies
"Vaccine Seroepidemiology Network (VacSeNe): Immunoepidemiology in Disease Surveillance and Immunization Programmes for Achieving Disease Elimination	ICMR- NIV
Use of Geospatial Technologies for Mapping the Measles Vaccination Coverage in Maharashtra	ICMR-NITVAR
Implementation Research to enhance screening, early diagnosis and treatment of Cancer in Palghar district	ICMR-NIRRCH

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:

Approval for restructuring of committee received from Hon. CHS, Mumbai.

On basis of it, process has been initiated for renewal of IECR-SHSRC with DHR, New Delhi.

SPECIAL ACTIVITIES

1. State Innovation Hub

Best Practice and innovation is a key of any system to get reformed. Various practices are implemented in a geo-diversified area of Maharashtra. Some of this practices or innovative concepts can be replicated and scaled up to entire state. The State Innovation Hub, conceived to coordinate, collaborate, replicate these innovations for Pan Maharashtra use. State Innovation Hub was established at SHSRC, Maharashtra, Pune and received approval on 1st October 2024.

Two Committees were formed:

- a) Good Practices and Innovation Scrutiny & Advisory Committee (Technical Committee) under chairmanship of Executive Director, SHSRC.
- b) State Innovation Committee (Executive Committee) under chairmanship of Hon. Commissioner & MD (NHM)

In 2024-25, nearly 8 innovative concepts were received from district/ corporation or created in house at SHSRC

SHSRC Innovative Ideas:

- Clinical Webinar: Capacity Building of Medical Officers
- Administrative Webinar: Capacity Building of Medical Officers
- Vatsalya two-way interactive modular learning.
- ASHA Dnyan Setu: Continues Capacity Building of ASHAs

2. Two Way Interactive Learning Sessions (10 Modules)

Vatsalya program consists of Preconception care, ANC& PNC Care, Child health upto age of 2yrs. of life.

Modular training activity with interactive dialogue started as a pilot project in Washim district and later on extended to Dharashiv.

Considering lack of awareness, low reporting and poor uptake of Vatsalya Program, Modular Training Activity has incorporated with Program Modules to get the desired results.

This activity consists of learning, reporting, gap analysis and awareness.

Participants- Medical Officers, Community Health Officers, ANM and LHV of all PHC's of selected districts.

Type-Hub & Spoke model (*through ECHO Platform*)

Frequency- Weekly (*Every Thursday*)

Modules- Teaching, assessment, gap analysis, reporting, Community Participants, Block and District presentation, etc.

3. SHSRC Society Registration

- To strengthen the functioning of the State Health Systems Resource Centre (SHSRC) and facilitate faster decision-making, it was decided by the Hon. Commissioner of Health Services and the Mission Director, NHM Maharashtra, to register SHSRC as an autonomous body under the Societies Registration Act, 1860 with the Charity Commissioner.
- The agenda for this registration was approved during the 40th Executive Committee (EC) meeting of the State Health Society, Maharashtra and a proposal was submitted to the government for issuance of a GR.
- As per the GR dated 21st March 2024, the Government of Maharashtra has given approval for registration of SHSRC under the Societies Registration Act, 1860, along with the formation of its Governing Body (GB) and Executive Committee (EC). Byelaws has been defined in said GR.
- The Governing Body (GB) has been constituted under the Chairmanship of the Additional Chief Secretary/Principal Secretary, Public Health Department, Maharashtra.
- The Executive Committee (EC) has been constituted under the Chairmanship of the Commissioner of Health Services and Mission Director, NHM, Maharashtra.
- The Society Registration Certificate was received on 10th December 2024.
- Since formation, a meeting of Governing Body and Executive Committee has been conducted.

4. Maharashtra Representation in CRM:

MoHFW periodically conduct Common Review Mission (CRM) for review and concurrent evaluation of the system in a impartial way.

16th CRM was conducted in 2024 in various states of India including Maharashtra.

SHSRC was a member in 16thCRM along with National representatives and visited following States

- **Tripura-** Dr. Sanjay Deshmukh, Dy. Executive Director, SHSRC
- **Karnataka-** Mrs. Mukta Gadgil, Sr. Consultant, CP & CPHC, SHSRC

It was great learning in primary, secondary care and cross cutting themes of the visited states. Some of the innovations in the states can be implemented in Maharashtra.

5. Training of SHSRC Consultants:

SHSRC is a nodal agency for Capacity Building of Public Health Department, to enhance capacity of employees, consultants at SHSRC undergoes newer techniques and software training to polish their skills.

Following trainings has been received by SHSRC Officials:

- Data to Policy
- R Software
- Research Paper writing

6. Technical Support for HRMS Software Development for NHM Employees

Collaboration:

- ICICI Bank

Details:

- HRMS Software tool for NHM employees has been Developed
- Technical support for Software Development has been completed

Current Status:

- Completed
- Changes have been done as per instructions given by Hon. CHS and MD. NHM, Maharashtra

Action Taken:

- Submitted to Joint Director (NT) NHM.

COLLABORATIONS

1. 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 the Public Health Department, Maharashtra State.

1. Government Medical Colleges, Maharashtra
2. Indian Association of Preventive and Social Medicine- Maharashtra Chapter (IAPSM)
3. Tata Institute of Social Sciences, Mumbai
4. KEM Research Center, Pune
5. Bharati Vidyapeeth Pune
6. Symbiosis College, Pune
7. International Institute for Population Sciences (IIPS), Mumbai
8. Gokhale Institute of Politics and Economics, Pune
9. Health Sciences Department, Pune university
10. Indian Council of Medical Research (ICMR)
11. School of Health Sciences, University of Pune

2) 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 an internship program is to provide exposure to Public Health Systems to students and help them to gain public health research and management skills.

Students from following Universities/ Academic Institutes 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 (IIPH), Gujarat
4. Symbiosis College, Pune
5. Manipal University, Karnataka
6. MIT College, Pune
7. MUHS, Nashik
8. Pravara Institute
9. D.Y Patil University, Navi Mumbai

3) Developmental Partners:

To improve the quality of Health Care, awareness, community participation and IEC, Public Health Department works hand in hand with developmental partners. SHSRC keeps the Liasoning with:

1. UNICEF
2. PATH
3. JSI
4. JHPIEGO
5. Vital Strategies
6. ICMR- NIRRH
7. WHO
8. PURE- EARTH

WAY FORWARD....2025-26

1. Health Technology orientation Workshop.
2. State Health Accounts 2021-22
3. Scientific Advisory on Cervical Cancer Screening
4. **5 years Strategic Plan for Important health programs under Public Health**
5. Child Death Analysis Report 2024-25.
6. Maternal Death 5 years trend Analysis Report
7. Programmatic data analysis of DEIC and report preparation.
8. MIS Capacity Building workshop: Enhancing District Capacities for evidence-based monitoring and evaluation- Data Analysis using R programming Language.
9. Preparation of State Health Policy.
10. Civil Medical Code, Part 1 & 2 revision activity.
11. Establishment of Health Technology Wing

PHOTO GALLERY

- Team SHSRC Maharashtra!



- First EC meeting of SHSRC Society





CRM visit to Tripura



Best practices & innovation workshop by Madhya Pradesh NHM. I represented for Maharashtra & delivered lecture on Training scenerio of public health dept Maharashtra.



Team SHSRC Gujrat visit to SHSRC Maharashtra



- Team SHSRC Gujrat visited our centre of excellence... DEIC Pune



- Primary Health Care Manual Revision Workshop



- Primary Health Care Manual Revision Workshop



- Webinar



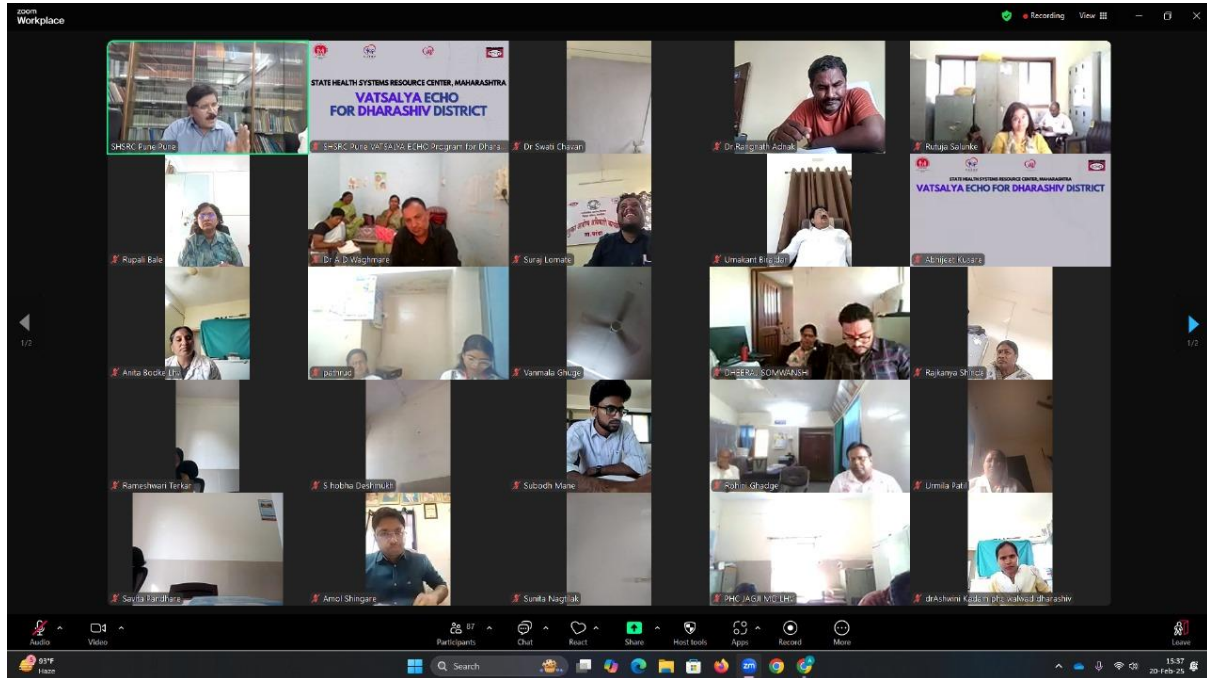
- Hospital Manual Meeting



आशा कौशल्य व निरंतन प्रशिक्षण कार्यक्रम



- **VATSALYA For Dharashiv District**



- **CHO Webinar**



- Study Discussion Meeting With KEM Hospital Team



- **Hospital Manual Meeting**





**State Health Systems Resource Centre
(SHSRC) ,**

**Aundh District Hospital Premises, HFWTC New
Building**

**Near Sangvi Phata, Aundh Cantonment,
Aundh, Pune - 411027**

**Ph. No.:- 020-26057501
26057510**

E-mail :-- shsrc.gom@gmail.com