

# National Rural Health Mission

## E-FILE SYSTEM

### MAHARASHTRA



The journey towards *transparent*  
and *efficient* organization



सत्यमेव जयते



SAVE THE GIRL CHILD

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**Message**

I am extremely happy to announce that the e-file system has been successfully launched for the first time in the Public Health Department, Government of Maharashtra at the National Rural Health Mission, Arogya Bhavan, Mumbai office.

I congratulate the entire team of NRHM, Maharashtra for their open attitude and quick acceptance of the paperless office concept.

I am confident that this publication will encourage and enable the other departments of the Government of Maharashtra to initiate and implement the e-file system and move ahead in the technological world.

*Jayant Kumar Banthia*  
**(Jayant kumar Banthia)**

**REGISTER ALL BIRTHS AND DEATHS**





पारदर्शकता, विश्वासार्हता आणि गतिमानता यांचा त्रिवेणी संगम ई फाईलिंग मध्ये झालेला असून सध्याच्या स्पर्धेच्या जगतात यशस्वीरित्या टिकण्यासाठी या संकल्पनेचा अंगिकार करणे आवश्यक आहे.

आपल्या देशात पंतप्रधान कार्यालयात ई-फाईलिंग कार्यान्वित असल्याची माहिती होती मात्र मसुरी येथे प्रशिक्षण साठी गेलो असता या योजनेची सर्वकष माहिती तर मिळालीच परंतु सध्याच्या परिस्थितीत तिची अनिवार्यता लक्षात आली. प्रशिक्षणानंतर जिथे पोस्टिंग होईल तिथे ही संकल्पना राबवायची असा संकल्प केला. महाराष्ट्रातील आरोग्य विभागात ई-फाईलिंग हा प्रकल्प पायलट रूपात राबविण्याची संधी मिळाली याचे मनापासून समाधान वाटते.

कोणत्याही फाईलचा प्रवास कर्मचाऱ्याकडून आवश्यक त्या नोंदी, सूचना नोंदवत वरिष्ठ अधिकाऱ्याकडे होत असतो. या साखळीमधील एखादी व्यक्ती गैरहजर असल्यास फाईलचा प्रवास खंडित होतो. फाईलचा टेबलवरील मुक्काम वाढतो. अशा वेळी तात्काळ स्वरूपाचा फाईलचा मारा झाल्यास फाईल्सच्या ढिगाऱ्यात पहिली आलेली फाईल विस्मरणात जाते प्रसंगी गहाळ होते व या घटनेचे दुष्परिणाम कर्मचाऱ्यापासून अधिकाऱ्यांना कार्यालयातील सर्वांनाच भोगावे लागतात.

ई-फाईलिंग ची खासियत अशी आहे की, कर्मचाऱ्याकडून फाईलचा प्रवास जेव्हा सुरु होतो त्याची नोंद अगदी (दिवस,तास, मिनिटे, सेकंद) मध्ये संगणकात होत असते. फाईलच्या प्रवासातल्या साखळीमधील एखादी व्यक्ती गैरहजर असल्यास ती व्यक्ती असेल तिथे अद्यावत सुविधेच्या आधारे फाईलवर प्रक्रिया करू शकते. विभागप्रमुख अथवा प्रकल्प प्रमुखास आता या क्षणी फाईलची काय स्थिती आहे हे अगदी एका क्लिकवर समजू शकते. फाईलवर केलेल्या नोंदी कायम स्वरुपी असल्याने कोणालाच त्या डिलिट करता येत नाहीत.

पूर्वी दोन दिवसात किंवा दिवसामाजी २५ ते ३० फाईल प्राप्त होत होत्या आता या क्षणी दोन दिवसाच्या कालावधीत १११ फाईल्स ई बस्त्यात आहेत. इलेक्शन ड्युटीमुळे मला २१ दिवस कार्यालयाबाहेर रहावे लागले तरीही या अभिनव योजनेमुळे कार्यालयातील कामकाजात कोणत्याही प्रकारे अडथळा न येता फाईल्सचा प्रवास अखंडितपणे चालूच राहिला. साखळी मधील अधिकाऱ्यास अपरिहार्य कारणामुळे फाईलवर प्रक्रिया करणे अशक्य असल्यास त्याच्याकडे पाठवलेली फाईल परत घेऊन पुढील कार्यवाहीसाठी साखळीतील वरिष्ठांकडे पाठवता येते.

ई-फाईलिंग मध्ये काम करत असता भाषेचा अडथळा येत नाही असे सांगून खारगे म्हणाले की, सर्व भाषांचा पर्याय या आज्ञावलीमध्ये विकसित करण्यात आला आहे. त्यामुळे आपल्याला हव्या त्या सुधारणा सहजपणे करता येतात. तसेच या सुधारणा नव्या ड्राफ्टमध्ये तयार होतात. ड्राफ्टमध्ये करण्यात आलेल्या दुरुस्त्या वरिष्ठ अधिकाऱ्यास पाहता येतात. त्यामध्ये आवश्यक फेरबदल, थेट मागणी नोंदवता येते.

ई-फाईलिंग ने दोन कार्यालयातील भौगोलिक अंतर नष्ट केले आहे. पूर्वी पुणे कार्यालयातील एखादी फाईल मागवायची असल्यास ती व्यक्तीशः आणली जाई त्यामध्ये प्रवासामुळे बराच कालावधी लागत असे मात्र या सुविधेमुळे पुण्यातील कोणतीही फाईल सेकंदात अपेक्षित कार्यालयास उपलब्ध होऊन कामास विलक्षण गती आली आहे.

पेमेंट फाईलीना ई-बँकेची जोड दिली असल्याने आर्थिक व्यवहार देखील विनाविलंब होऊ लागले आहेत. आरोग्य विभागाच्या अन्य विभागांना लागणारा निधी या संकल्पनेमुळे थेट त्यांच्या अकाउंटला जमा होत असल्याने संबंधिताना निधीसाठी वाट पहावी लागत नाही. एस.एम.एस. व्दारा ग्रामीण भागातून विविध प्रकारचे अहवाल कार्यालयास प्राप्त होत असून त्यांना या योजनेमुळे योग्य वेळी मार्गदर्शन व आवश्यक तो पुरवठा करणे शक्य झाले आहे.

ई-फाईलिंगमुळे मॉनेटरींग करणेही सुलभ झाले आहे. एखाद्या कडे फाईल आल्यानंतर त्यावर तासाच्या आत कार्यवाही पूर्ण करावयाची आहे. कार्यवाही पूर्ण झाली असेल तर फाईल क्लोज करावी. यासाठी काही संदर्भ हवे असल्यास काही काळासाठी ही फाईल पार्क या पर्यायाचा वापर करून बाजूला ठेवता येते. आवश्यक ते संदर्भ उपलब्ध झाल्यानंतरच कार्यवाही केली जाते.

कार्यालयातील टपाल घेणारा कर्मचारी या योजनेचा आत्मा आहे. त्याच्याकडे आलेली टपाल स्कॅन करण्यात येतात. त्यानंतर त्या कार्यवाहीसाठी एकापेक्षा अधिक व्यक्तीकडे पाठवणे आवश्यक असल्यास त्याच्या प्रती काढून संबंधितांकडे पाठविण्यात येतात.

आरोग्य विभागाचे पुणे व मुंबई येथील कार्यालये राष्ट्रीय ग्रामीण आरोग्य अभियान (एनआरएचएम) नेटवर्क ने जोडून ई-फाईलिंग योजनेचा पहिला टप्पा पूर्ण करण्यात आला. या प्रकल्पात २५० वापरकर्ते असून प्रत्येकाला डिजिटल सही व डोंगल देण्यात आले आहे. प्रकल्पाच्या पूर्वतयारी साठी पाच पहिल्याचा कालावधी लागला. सर्वप्रथम अधिकारी कर्मचारी वर्गाची मानसिकता बदलणे तसेच त्यांना योग्य प्रशिक्षण देणे आवश्यक असल्याने प्रथम त्यावर भर देण्यात आला. तांत्रिक अडचणींवर मात करण्यासाठी कार्यालयातच एका गटाची स्थापना करण्यात आली असून त्यांच्याकडून आकास्मिकरित्या निर्माण होणाऱ्या अडचणीचे निराकरण करण्यात येते.

ई-फाईलिंग पायलट प्रकल्पाच्या यशामुळे पुढील टप्प्यात राज्याचा संपूर्ण आरोग्य विभागात प्रकल्पाच्या कक्षेत आणण्याचा प्रयत्न आहे.

## Commissioner (FW) & NRHM-Mission Director

Before launch of e-file system...



After launch of e-file system...



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# Background



## Background

The need for effectiveness and transparency in Government processes and service delivery mechanism is a long-felt one. Moreover large volumes of files are being managed and processed in all the Government offices which include documents like policies, forms, decisions, circulars, guidelines and standards, annual reports, office orders, office memorandums, manuals and so on. The physical file movement of these documents incurs a lot of time and requires a continuous monitoring from desk to desk before the final decision is made by the senior officials. Consequently, many crucial decisions get delayed due to the low movement of files and/or non availability or absence of the senior officials in the office for clearing these files. Theft and missing of files is also not uncommon in most of the government offices. The immediate need in this scenario was to have a system where an authorized employee can locate the required documents and/or files in the shortest possible time, update and share them with other relevant users and eventually store them with proper reference. This will make the system not only efficient by speeding up the decision making process but also make the office virtually paperless.

Impressed by the initial project of e-filing by NIC at The Lal Bahadur Shastri National Academy of Administration (LBSNAA), Mussoorie, the Commissioner (FW) and Mission Director of National Rural Health Mission, Mumbai (commonly abbreviated as NRHM) immediately arranged an initial presentation for the NRHM officials followed by a discussion on various issues like security, record keeping, audit, language, data corruption etc. All these issues were resolved through continuous meeting and training

sessions and sensitization and motivation of the staff. Eventually the advantages outweighed the inadequacies and finally the decision to initiate and implement the e-filing project at NRHM, Mumbai and Pune was taken.



# Introduction

## Introduction

To augment the operational efficacy of the Government offices and for decreasing the overburden of piling documents, the e-file system has been launched. The main aim of this project is to create smart office environment by doing away with the cumbersome load of documents and files and move towards a transparent and accountable system. Streamlining of the workflow and effective monitoring to reduce the processing delays is also at the core of the e-file system.

Considering these benefits, the Government of Maharashtra has approved the e-file system vide GR dated 15 Feb. 2012 (GR attached in Annexure). As this is a totally secured web based system, the Government has also given permission to preserve the financial documents electronically. Government of Maharashtra is one of the pioneers in promotion of Information and Communication Technology and e-governance in India. National Rural Health Mission is at the forefront in launching this system in order to give transparency and access to information on public administration processes which has been the thrust area of e-governance in the State.



This system is an initiative of Honorable Additional Chief Secretary-Public Health Shri. Jayantkumar Banthia, Secretary 2 Public Health Shri. Bhushan Gagrani and Commissioner Family Welfare and Mission Director-National Rural Health Mission (NRHM) Mumbai, Shri.

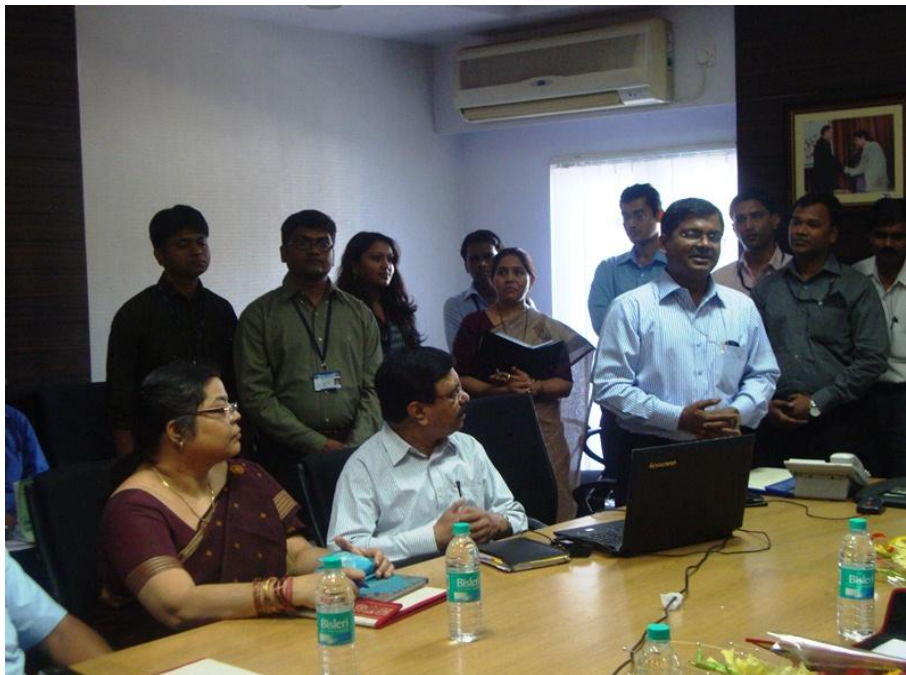
Vikas Kharage. In addition to the NRHM Mumbai and Pune office, this system will be

gradually launched in other offices of the public health department, govt. of Maharashtra in Pune, like National Vector borne Disease Control Programme, Leprosy Control Programme, Tuberculosis Control Programme and IEC Bureau. In the next financial year it has been planned to cover the entire Public Health Department at the State and divisional Level.

**E-file inauguration on 13<sup>th</sup> March 2012 at Mantralaya, Mumbai  
at the hands of Hon. Shri Suresh Shetty Minister for Public Health and F.W.**



Hon. Shri Suresh Shetty Minister for Public Health and F.W. and Hon. State Minister for Public Health and F.W. Prof. (Smt.) Fauzia Khan, Additional Chief Secretary Public Health Shri. Jayantkumar Bantia, Commissioner F.W, Mr. Bhushan Gagarani, Secretary 2 Public Health and Mission Director NRHM Mumbai Shri. Vikas Kharage at the E-file inauguration in Mantralaya, Mumbai.



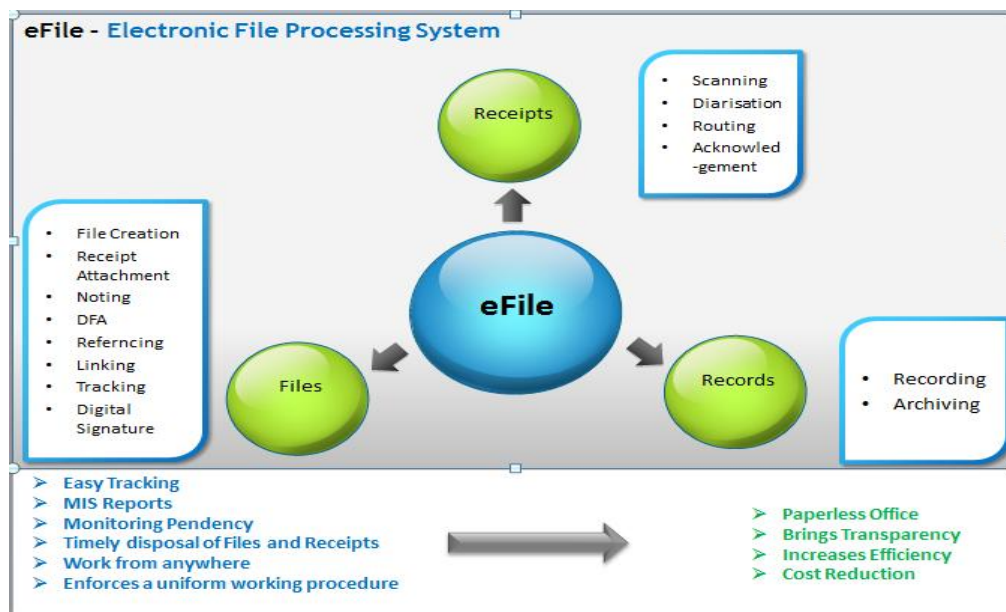
Hon. Commissioner F.W. and Mission Director NRHM Mumbai Shri. Vikas Kharage at the E-file inauguration in Mantralaya, Mumbai.



# What is e-file system?

## What is e-file system?

E-file System comprises of a systematic and stepwise process of distribution of day-to-day correspondence, managing the Inward/Outward documents, movements of files followed by remarks & decision making by the senior officials - all through an online computing system. Being a secured web based system; it enables the officers to clear the files even if they are on tour. It saves their time as well as enables faster file movement & brings transparency in the office procedures unlike the usual manual system which piles up the files day after day. This leads to a faster decision making process.



The e-File supports the complete lifecycle of the electronic file creations and transparent movements from one officer to the other and thus speeds up intra-office communication. It creates a Central Document Repository of documents that can be accessed by all users based on their roles and access privileges. It also helps fast movements of the files and the urgent files can be cleared within a short period of time.

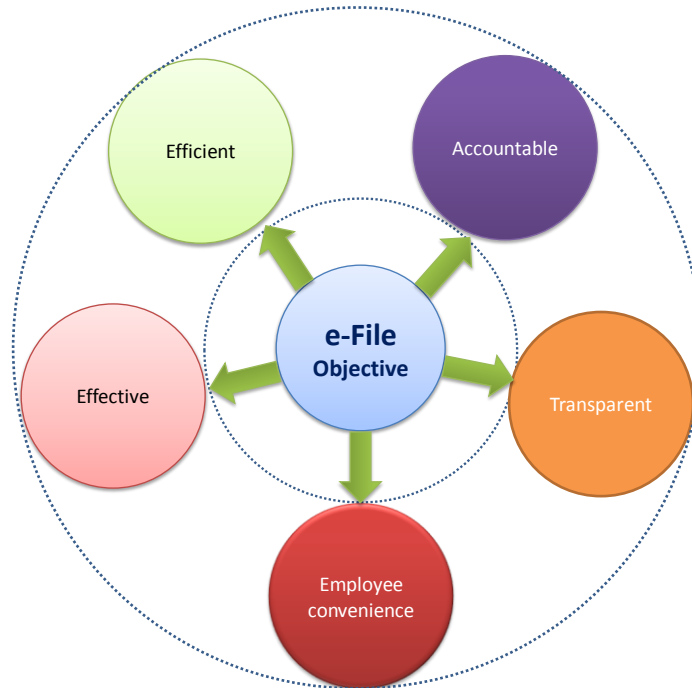


Even file from the other offices or other districts can be received within fraction of seconds. This helps the seniors officials continuously monitor the file movement which in turn reduces the pending time of the document with the other officers. The system has the powerful search option which enables the search of any file or receipt by putting the relevant keyword. It is a workflow based application for enabling an end to end electronic file movement across the office. Using e-File, the user can create electronic files, add noting to the files, create draft for approvals and attach correspondences in an easy and user friendly way.



# Objectives of e~file system

## Objectives of e-File system



The objectives of an e-file system can be described precisely in the following bullet points-

- ***An efficient e-File System***
  - i) Individual Efficiency
    - a) Speed in Decision making
    - b) Error free output
  - ii) Organizational Efficiency
    - a) Speed in Decision making
    - b) Collaborative work Environment
    - c) Speed in Communication
    - d) Optimal utilization of resources
    - e) Scalability
  - iii) Efficiency from External Perspective
    - a) Minimum interaction
- ***An effective e-File System***
  - i) Result / Outcome orientation
  - ii) Quality of output

- iii) On – time Delivery
- iv) Cost effectiveness: Value for money
- v) Culture of discipline
- vi) Soft skills development
- ***An accountable e-File System***
  - i) Traceability of decisions
  - ii) Adherence to service levels
- ***A transparent e-File System***
  - i) Accessibility and Availability of information
  - ii) Set procedures/ norm followed
- ***Employee convenience***
  - i) Ease of use
  - ii) Trusted digital environment
  - iii) Reduction of efforts
  - iv) Ease of retrieval of files
  - v) Remote functioning
  - vi) Employee benefit/ Administrative activities
  - vii) Personal growth/ Skilled workforce
  - viii) Online help/assistance (Help Desk)



# Implementation of e~file system

# Different phases of implementation of e-office

## 1. Discussion regarding implementation

Implementation of e-File in NRHM office of Maharashtra has been done in the following three stages:

1. Planning (or e-file Deployment Planning)
2. Execution (or e-file Deployment Execution)
3. Adoption (or e-file Adoption)

Before the actual implementation, comprehensive discussion on the following issues was conducted -

### ***Awareness presentation -IEC***

NRHM made an initial presentation to the department highlighting the key features of the application and outlining the deployment plan.

### ***Deployment handbook***

NRHM also provided a set of guidelines to the department for assistance during deployment, which it can use as it is or customize. This has been described in the deployment handbook.

### ***Department project team***

Every department then appointed a nodal officer along with other officers to form a project team (Core committee) that will drive implementation in the department.

### ***Preliminary study***

NRHM in some cases conducted a brief study of the department to understand its structure, functions, processes, and any special features, with a view to assessing the readiness and any potential roadblocks.

### ***Allocation of funds***

Departments needed to allocate funds primarily for covering any gap in their IT Infrastructure. It was decided that NRHM, as the nodal department for this project, will provide the software, training and hand-holding support for the initial period of six months.

### ***Assessment of infrastructure requirements***

Our technical team carried out an infrastructure gap assessment study to identify the required infrastructure to be procured for the installation of the e-file system.

### ***Procurement and installation of necessary hardware and software***

Once the infrastructure required was frozen, the process of ordering and delivery was initiated. See the section 'Infrastructure Procurement' for more details.

### ***Digitization of active records***

Since most decision-making will now be processed through the system, the department will have to convert its physical files to electronic format. Any new files will also have to be opened in electronic format and receipts scanned and uploaded into the system. This process is called digitization.

It involves two basic steps:

1. Scanning of paper documents (e.g. letters, circulars, guidelines, reference)
2. Tagging them with certain meta data prescribed in the system (based on certain guidelines)

#### **1. Scanning**

Since scanning could involve handling a large volume of documents, the department can decide to digitize them in one lot or stagger the scanning in phases.

## **2. Tagging and loading into the system**

Scanned documents need to be loaded into the system. e-file provides a user interface for this purpose. The tagging methodology will be covered in the user training.

### ***User setup***

This is the process of identifying the users, loading all relevant master data for e-file, setting up security privileges, and carrying out any other basic configuration required to get the product operational.

### ***Providing handholding support to address deployment issues***

Teams deputed from NIC will handhold users during deployment to make the transition to an electronic environment as seamless as possible.

### ***Manage user training***

We have arranged repeated user training sessions on the e-file application to all the users.

### ***Post-deployment support***

The handholding team positioned by the NIC team will provide support to the department for six months after it is made live. During the deployment, NIC will set up a cell to provide online and call-based support to users.

### ***Conduct detailed change management***

Working in an electronic environment is a major change to users at all levels. The NRHM/ department shall initiate suitable awareness and counseling sessions as well as suitable communication mechanisms in order to streamline the process of change and encourage users to adopt the new system enthusiastically.

## **3. Preparation of proposal**

Initial proposal was prepared taking into account the number of users and the available infra-structure. In the beginning it was decided to restrict the e-file system only to MD



NRHM, Mumbai office but considering the large number of files from Pune and other NRHM sections it was decided to extend the facility to the entire NRHM offices in Mumbai and Pune. Accordingly the initial proposal was sent for about 250 users.

#### **4. Fulfilling the Basic Requirements for implementing the E-File system**

Strong infrastructure and efficient manpower forms the backbone of any effective technical system. To implement the e-file system in our organization, some basic requirements of Infrastructure and Manpower had to be fulfilled.

##### **Manpower requirement**

At the outset of the initiation and implementation of the e-file system, the most important step was the identification and the decision about the number of users who would be actually using the system. This facilitates the process of sending the request to NIC for the DSC (Digital Signature Certificate) Tokens or the Dongle. The bare minimum requirement for the user of e-file system is that he/she must be a computer literate. One nodal officer for the office was appointed who was given all the responsibilities for the issues related to the system and a technical team was appointed to solve the related technical issues.

##### **Technical support**

For functioning of the e-file system the National Informatics Center's Network (NICNET) is required. The bandwidth of lease line was decided according to the no. of users (at least 2Mbps). Apart from this a router and a structured LAN in the Office was also needed. An Alternative (Failure) Link is required in case of failure of the existing link in order to avoid inconvenience and delays.

## **Infrastructure procurement**

This section prescribes the categories of technical infrastructure that we have provided the users for effective e-file operation.

These Infrastructure categories can be broadly specified as -

- a. Computers (PCs)
- b. Scanners
- c. Internal network connectivity
- d. External network connectivity

### ***a. Computers systems***

We have provided separate and compatible computer systems to all the e-file users. The minimum PC specifications, which were used in the e-file project were:

Hardware (Minimum Recommended)

Processor speed: 2.0 GHz

RAM: 1.0 GB

USB 2.0 controller (for Digital Signature Certificate)

Software (Minimum Recommended)

Windows XP, Windows Vista, Windows 7 or Linux

Ethernet card (Port) 10/100 Mbps and above

Internet Explorer (6.0 and above) or other browsers

Adobe Reader 9 (downloadable-free of cost)

Any Antivirus

Note:

1. These specifications are optimal for the use of e-file alone (or co-located with basic PC-based office software). If the department is using or planning to use other special purpose applications (e.g. project management systems) that could consume sizable computer resources, then the specifications might need to be re-defined bearing the consolidated PC workload in mind.
2. NIC will provide the final specifications as part of the gap analysis they will do for each ministry/ department.

### ***b. Scanners***

We have deployed 12 Scanners required for digitizing the following:

1. Currently active files (including their contents)
2. Files that could become active (including any relevant content)

Paper receipts from outside the department, books or other documents that need to form part of the e-file knowledge base. The number of scanners was based on the following considerations:

- Estimated documentation load (in pages per day)
- Organizational units (Divisions or sections) that need to maintain confidentiality
- Officers who have special confidentiality needs
- Geographical spread of the department

The general recommendation is the following:

- One heavy duty scanner in the CRU
- One medium-duty scanner for every section or at least one per floor
- One light-duty scanner per official including and above the rank of DS.
- However one medium-duty scanner per floor



HP Scanjet Scanner 7500

### ***c. Internal network connectivity***

All computers with e-file were connected together in a modern LAN configuration with the standard configuration of cables, switches, and other networking equipment.

### ***d. External network connectivity***

The Department/Ministry will be connected to the e-file servers located in NIC data centres over the Web. This required primary and a standby lease lines.



Router for internal to external connectivity



Mux unit - Lease line end

### **Procurement process**

The procurement of any gap infrastructure by the Department was done as per existing government rules and procedures.

### **Financial Expenditure incurred for the implementation of e-file system**

Our organization has incurred a fixed cost towards e-filing software, hardware, up gradation of LAN connectivity and end to end Lease line connectivity. The e-file customization and Technical services includes training and hand holding, project management cost with post implementation support charges and DSC charges @ Rs.555 per user. The lease line connectivity charges mentioned above are recurring on the annual basis. The details of the financial expenses have been given in the following table.

<b>Total Expenditure for e-office System</b>			
<b>Sr. No.</b>	<b>Description</b>	<b>Location</b>	<b>Expenditure (In Lakhs)</b>
1	NIC e-file	Mumbai & Pune	19.47
2	Connectivity between State Health Society Arogya Bhavan to NIC Mantralaya Mumbai	Mumbai	3.7
3	Scanner (HP scanjet 7500)	Mumbai & Pune	6.04
4	LAN Connectivity	Mumbai	1.99
5	Router	Mumbai & Pune	3.4
6	Connectivity	Pune	2.68
<b>Total</b>			<b>37.26</b>

### **Fulfilling the other e-file pre-requisites**

E-mail ids for the entire staff were created. Templates for file movements and heads of each section were prepared. Identification and training of nodal officers for preparation of templates for file movements of each section was then done. Employee master database (EMD) was then created for each section and finally listing of employees for the digital signature certificate (DSC) was carried out.

### **5. Creating awareness**

In order to create awareness, a message through mobiles was sent every alternate day. IEC pamphlets were distributed and displayed on the notice boards. A lot of mouth to mouth publicity was also given so as to spread the concept and advantages of e-file system among the employees.

### **6. Training and motivation of the staff**

Post implementation of the software, the entire staff was trained through repeated training and handholding sessions. Individual training was also imparted to highlight the advantages and benefits of using e-filing. Personal handholding was done at all

levels, queries were resolved immediately and suggestions were welcomed thereby enhancing the comfort level of the employees and facilitating continuous modification of the system.



e-file system training session of NRHM employees

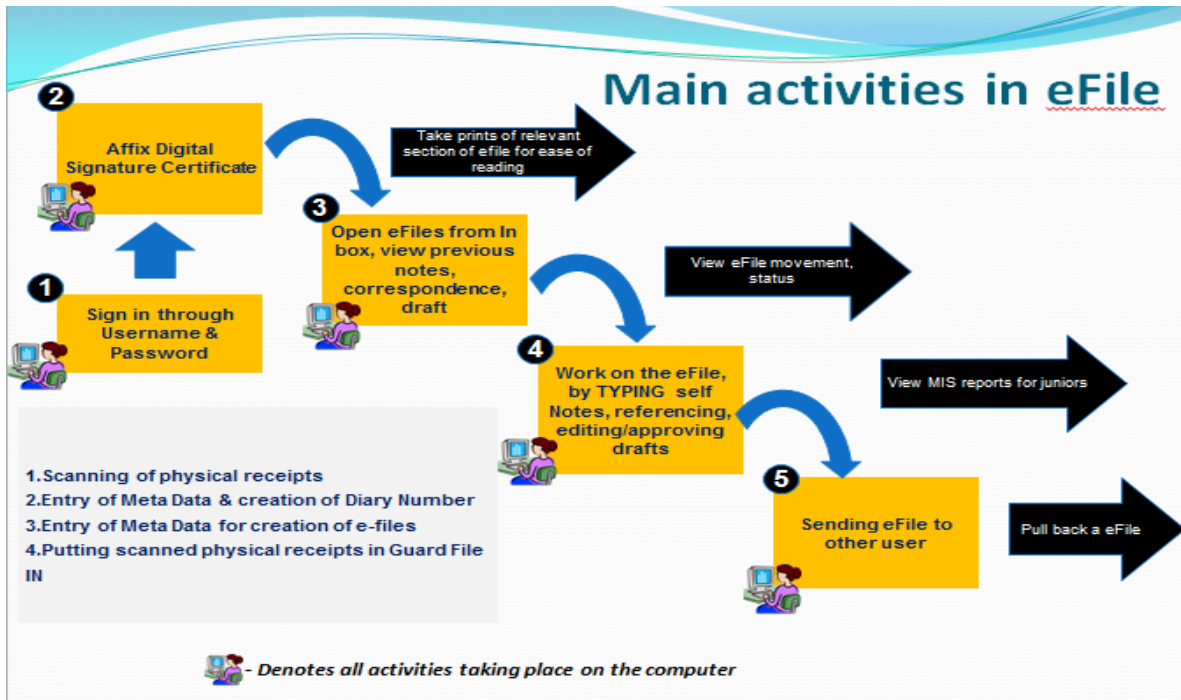


e-file system training session of NRHM employees



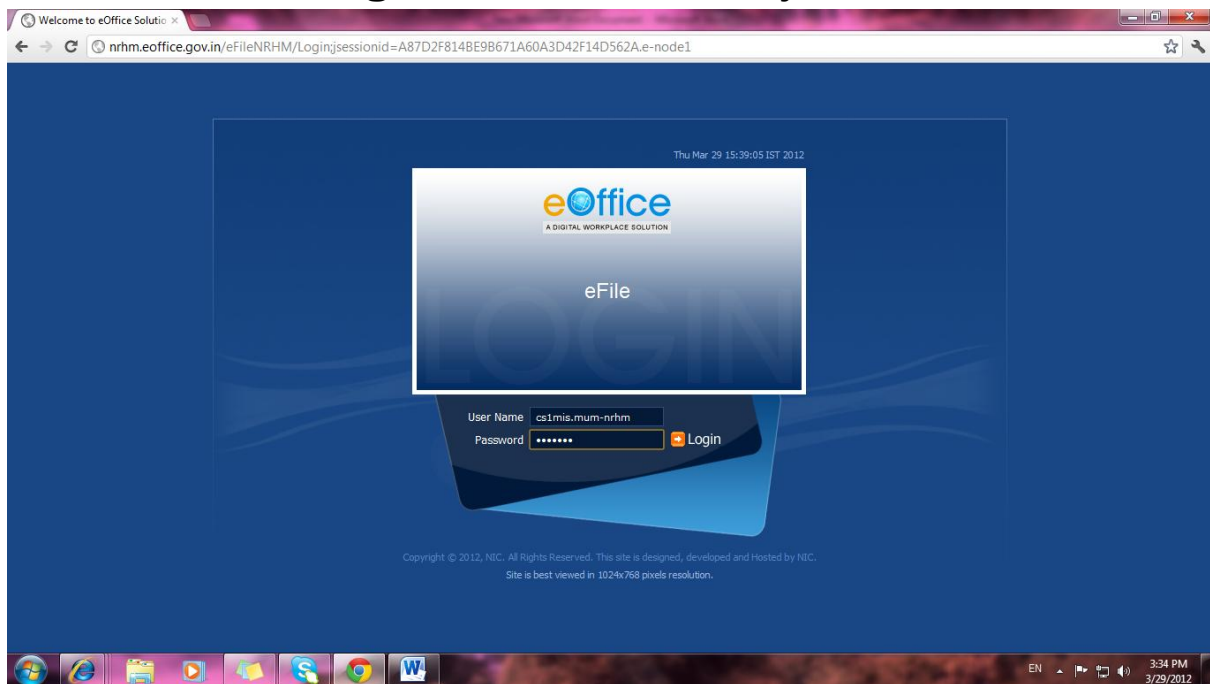
# The Complete e~file process

# Flow chart of e-file system



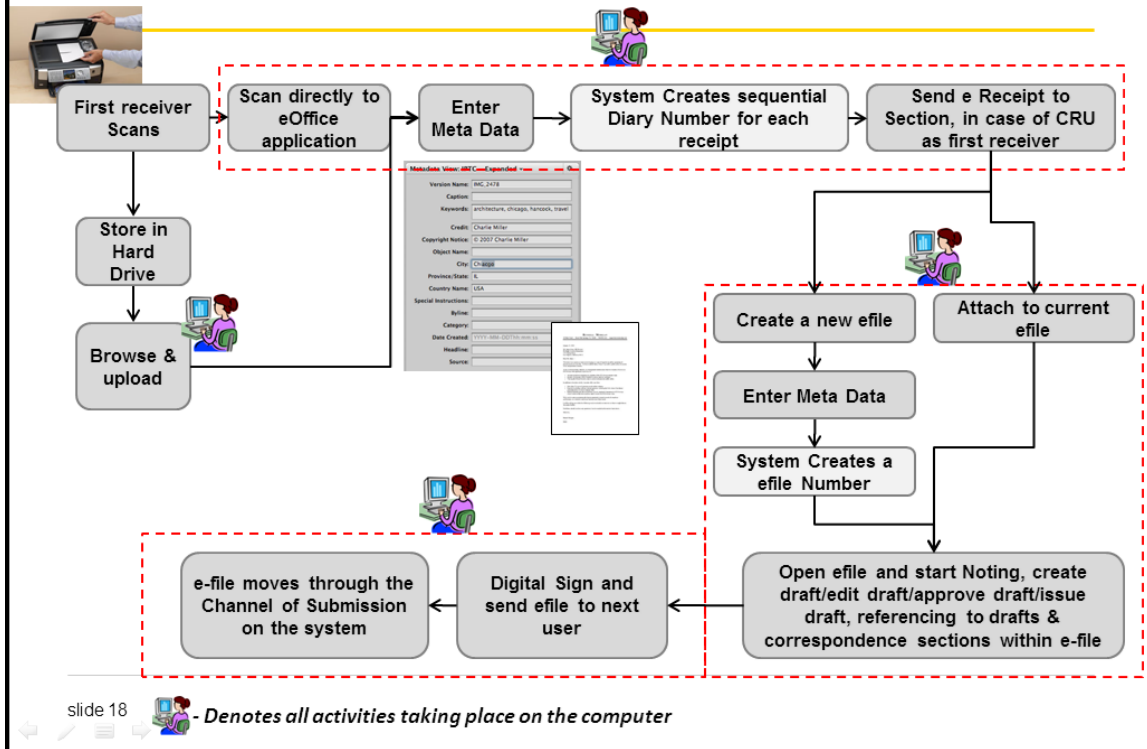
## The complete e-file process

### Login window of e-file system





# eFile Process

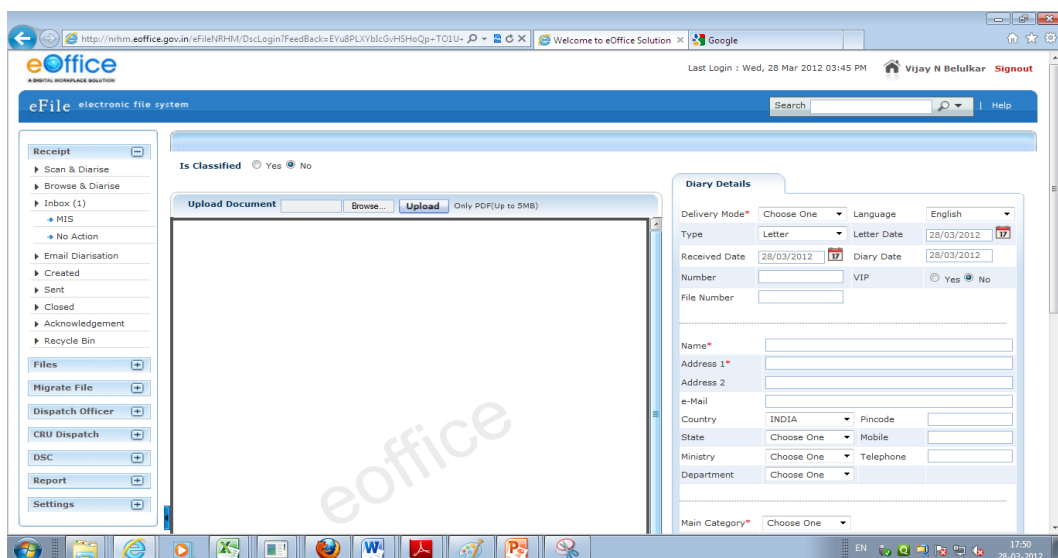


**First receiver Scans**

Scan all inwards documents and diaries and store on hard drive and upload it through the e-File system

**Scan directly to e Office**

There is a facility to scan directly from e-File System



**Enter  
Meta Data**

Details of the receipts e.g. document/letter/receipt date, mode type, Sender name, Sender address etc.

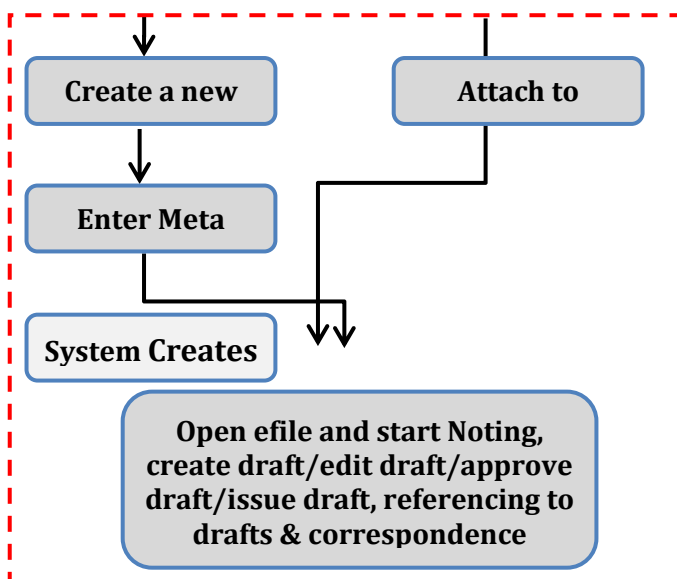
**System Creates sequential  
Diary Number for each**

This is automatic unique e-File system generated number. E-File system maintain the generation of sequence of the receipts number.

**Send e Receipt to Section,  
in case of CRU as first  
receiver**

Receipt Number	:	5048/2012/MD Cell
File No.	:	
Subject	:	Regarding E-file tra...
From	:	UmehsMohod
Date	:	26/03/12

Send receipt to the concern officers.



**File Section:-**

All users in the department for processing the files will use this module. The file manager will handle the workflow, right from the initiation to the final approval and issuance of drafts.

**File Creation :** An electronic file similar to the physical file is created, with different options as per the priorities, due date etc.

The observations on the file are captured in the file as notings.

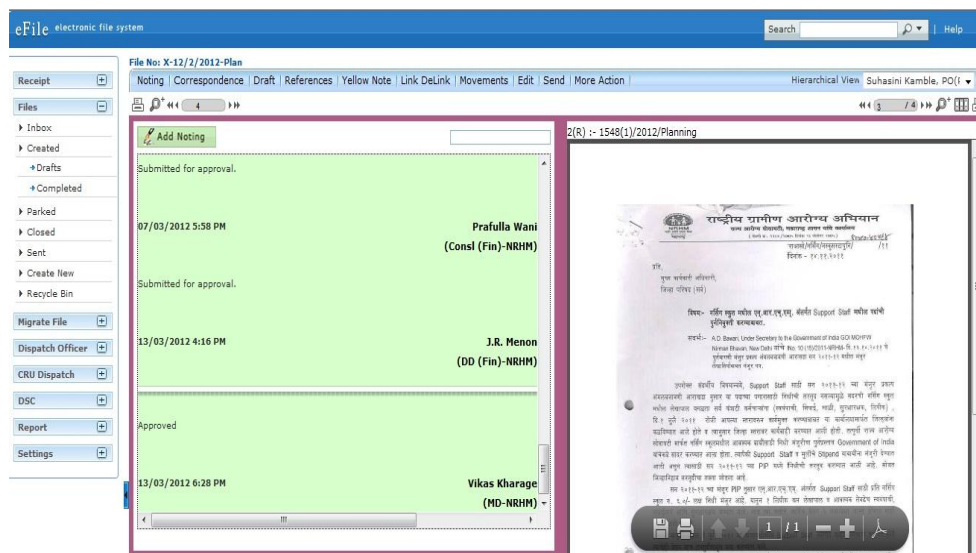
**Digital Signature:**

**Digital Sign and send efile to next user**

e-File uses Digital Signature Certificates for signing a file thus providing high level security to the users of this application.



**Actual e-file view**

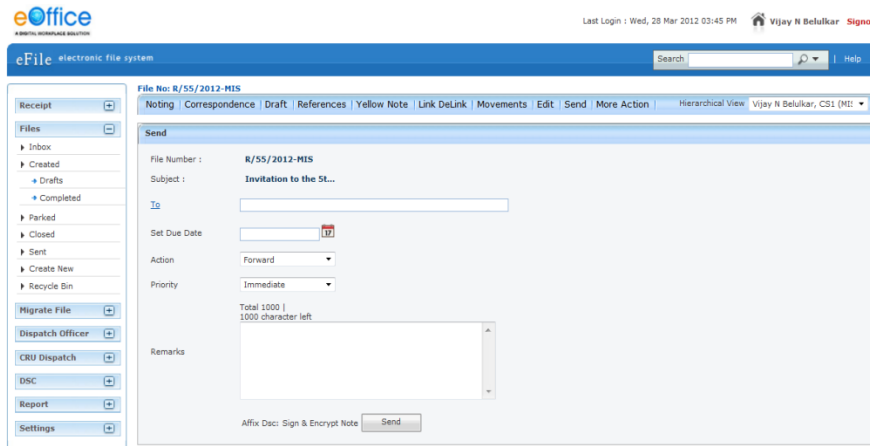


## Correspondence attachment & File Movement

The correspondence can be attached to the file and moved for different action purpose.

**e-file moves through the  
Channel of Submission  
on the system**

Here the journey of e-file begins...



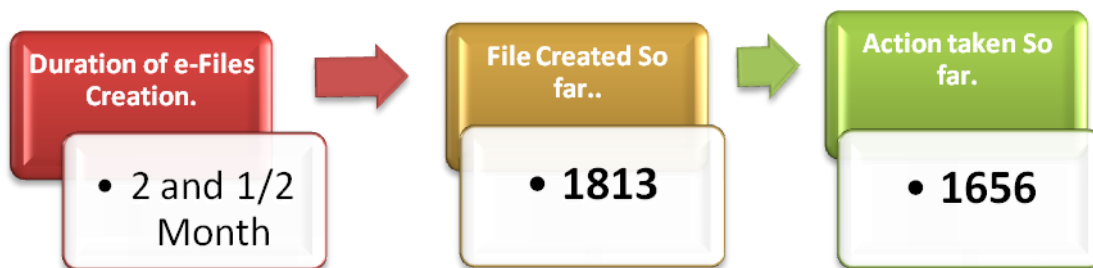
The screenshot displays the eFile system interface. At the top, the logo 'eoffice' and 'eFile electronic file system' are visible. The user is logged in as 'Vijay N Belulkar' on 'Wed, 28 Mar 2012 03:45 PM'. The main content area shows a 'Send' form for file 'R/55/2012-MIS'. The subject is 'Invitation to the St...'. The 'To' field is empty. The 'Set Due Date' field is empty with a calendar icon. The 'Action' dropdown is set to 'Forward', and the 'Priority' dropdown is set to 'Immediate'. A text area for 'Remarks' is present, with a character count of 'Total 1000 | 1000 character left'. A 'Send' button is at the bottom right of the form. The left sidebar contains navigation options like 'Receipt', 'Files', 'Inbox', 'Created', 'Drafts', 'Completed', 'Parked', 'Closed', 'Sent', 'Create New', 'Recycle Bin', 'Migrate File', 'Dispatch Officer', 'CRU Dispatch', 'DSC', 'Report', and 'Settings'.



# Our Journey so far...

## E~file system: Our Journey So far .....

- ✓ *Honorable MD-NRHM cleared the 360 important files remotely from Unao district of UP when he was on election duty for 21 days in the month of February 2012.*
- ✓ *Successfully implemented the project with in very short duration. e-File system was operational within three months with continuous monitoring, follow up and motivation from senior officials.*



The program-wise e-file system output of the file and receipt creation till 28<sup>th</sup> March 2012 is as below:

<b>File Register Quarterly Report for Mumbai &amp; Pune Office till 28th March 2012</b>				
<b>Sr. No</b>	<b>Name of Section</b>	<b>January</b>	<b>February</b>	<b>March</b>
1	PMU	5	34	10
2	Sickle Cell	11	7	9
3	CASH(SFWB)	0	0	1
4	Office of JD (Procurement)-DHS	3	28	11
5	Office of Joint Director(T)	2	0	0
6	Office of JD (Hospital)-DHS	0	14	6
7	RCH	8	49	36
8	Grievances	2	19	20
9	MMU	0	8	13
10	Office of DD.Dir-DHS	0	2	0
11	Office of JD (PDE)-DHS	0	8	0
12	ASHA	8	26	27
13	Office of JD (NVBDCP)-NRHM	0	4	15
14	Finance	17	50	69
15	HR	2	12	8
16	Office Maintenance	0	1	6
17	Budget SFWB	0	0	5
18	Store Section	0	41	21
19	DCP	5	24	12
20	PCPNDT & Gender	7	23	7
21	Hospital	0	0	1
22	IDW	0	11	22
23	NPCB	1	13	5
24	PCPNDT	0	2	21
25	PPP	12	23	32
26	SHP	10	14	12
27	Office of JD (Leprosy and TB)	0	2	16
28	MIS	9	54	64
29	Office of JD	0	3	2
30	JSY	0	0	3
31	AYUSH	17	16	27
32	Office of JD(NT)	5	67	60
33	MCTS	0	5	15
34	FW	0	0	17
35	CBM	1	15	10
36	EMS	4	15	20
37	IPHS	14	29	127
38	Procurement	14	62	61
39	NGO	0	10	20
40	Training	25	52	52
41	Nav Sanjeevani	0	2	23

<b>Total</b>	<b>182</b>	<b>745</b>	<b>886</b>
<b>Grand Total</b>		<b>1813</b>	

**Receipts Register Quarterly Report for Mumbai & Pune Office till 28th March 2012**

Sr. No	Name of Section	January	February	March	Total
1	PMU	3	25	8	36
2	Procurement	35	62	91	188
3	Sickle Cell	6	2	0	8
4	NGO	0	9	76	85
5	Training	16	44	35	95
6	Nav Sanjeevani	0	1	16	17
7	Office of Joint Director(T)	3	0	0	3
8	Office of JD (Procurement)-DHS	0	6	8	14
9	RCH 3 2 7	3	2	7	12
10	Grievances	1	24	33	58
11	MMU	0	0	2	2
12	ASHA	2	0	2	4
13	Office of JD (NVBDCP)-NRHM	0	0	20	20
14	Finance	15	29	77	121
15	HR	3	3	2	8
16	Budget SFWB	0	1	2	3
17	Office Maintenance	0	2	7	9
18	Store Section	1	14	7	22
19	DCP	2	7	5	14
20	PCPNDT & Gender	5	10	2	17
21	IDW	1	1	9	11
22	NPCB	6	19	6	31
23	PCPNDT	0	2	9	11
24	SHP	4	7	7	18
25	PPP	0	11	24	35
26	Office of JD (Leprosy and TB)	2	4	14	20
27	MIS	12	41	63	116
28	Office of JD	0	7	11	18
29	JSY	0	0	1	1
30	AYUSH	7	19	37	63
31	MCTS	2	1	1	4
32	Office of JD(NT)	3	41	13	57
33	FW	0	0	8	8
34	CBM	1	2	11	14
35	EMS	10	15	42	67
36	IPHS	74	175	108	357
<b>Total</b>		<b>217</b>	<b>586</b>	<b>764</b>	<b>1567</b>



- ✓ E-file system at NRHM Mumbai office is functional from 11<sup>th</sup> Jan 2012.
- ✓ Hands on Training provided to all employee From 5<sup>th</sup> of Jan to 8<sup>th</sup> of Jan 2012
- ✓ NIC Technical Staff is positioned at Mumbai and Pune office for post implementation support and handholding for six months to solve the queries related to e-filing .
- ✓ Training session have been arranged in batches for 5 days.
- ✓ Buffer server data was kept on server for 2 days for hands on practice of all employees.
- ✓ Flushing of the buffer data & application went live from 11<sup>th</sup> January 2012
- ✓ After implementing the application all the files (old file & newly created file) are dealt electronically.
- ✓ Repeated training sessions were organized for the whole month of January in Mumbai Office for enhancing the comfort level of the staff
- ✓ E-file system at the Pune office started functioning from 1<sup>st</sup> February 2012
- ✓ Hands on Training provided to all employee From 24<sup>th</sup> January to 28<sup>th</sup> Jan 2012
- ✓ Buffer data kept in server for 2 days for hands on practice of all employees.
- ✓ Flushing the buffer data & application went live from 1<sup>st</sup> Feb. 2012
- ✓ Repeated training sessions were organized for the whole month of February in Pune Office for enhancing the comfort level of the employees.

- ✓ Till today 1813 Nos. files are created and the decision is taken on more than 700 e-files.
- ✓ Daily more than 100 hardcopies of Letters are getting scanned and converted into e-file receipts.

### **Replicability of the system in other departments**

The basic requirement of the e-file system is primarily related to the infrastructure and training as the software is available free of cost. This model can therefore be easily replicated in other government departments provided the employees have the openness to accept the technological change in handling the routine office chores. This can be easily done by motivating the staff through repeated training and handholding sessions. Looking at our successful launch of the e-file system many other organizations like the Forward Market Commission (FMC), MMRDA and the Directorate of Health Services, Mumbai have approached us for the information and the initiation procedure. This system would also be implemented soon in different department of Mantralaya, Govt.of Maharashtra.



# Challenges we faced!

## Challenges we faced...!

- Due to lack of clarity in the technical issues like bandwidth requirement and specifications of equipments like scanners, the implementation was delayed.
- Lease line connectivity on OFC (Optical fiber cable) - After consultation with various lease line providers, it was difficult to initiate the project due to lack of commitment from a few.
- There was a delay in getting lease line due to issues related to permission for road digging from the concerned Municipal Corporation.
- Transportation issues - Delay in initiation and implementation of e-file system due to transportation issues of scanners from Delhi.
- Motivation and hand holding of users-Initially there was resistance from office staff due to fear and anxiety of technical skills required to handle the system. This was overcome by providing frequent training and hands holding to individual users.
- Overcoming the security issues -Security of finance, purchase and tender file was questioned. The role of Digital signature Certificate was informed to all and demonstrated during training. In addition, fire wall was installed at NIC and server locations for enhanced security reasons.
- Language compatibility-Initially e-File was compatible with English language only, but considering users in Marathi language e-File system was modified with Marathi font. Now this is the first model of e-File system having bilingual (Devnagari, English) language compatibility.



# Advantages of e~filling

## Advantages of e-file system

- Being a secured web based system; it enabled the officers to clear the files even if they were on tour. It saved their time as well as facilitated faster file movements & brought transparency in the office procedures. This led to a faster decision making process. Due to faster file movements, MD NRHM who could tackle merely 25-30 files per day started receiving around 75-80 files in his inbox for clearance.
- **E Banking:** This e-file system has played a vital role in linking the financial aspects of public health organization with E banking. With the manual system, clearing the financial physical files and cheques used to take more time because of desk to desk file transfer between officers. E banking has facilitated real time fund transfer including employee salary, paying the vendors online etc. This has not only led to better and timely utilization of funds but also enhanced the efficiency in decision making.

The added advantages of E-file system are:-

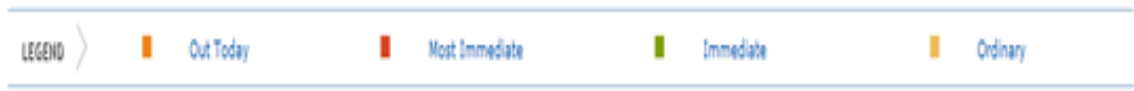
- Virtually Paperless office - Due to electronic movement of files and /or receipts the usage of paper reduced considerably and virtually the office has become paperless.



Dr.Satish Pawar, Joint Director (Technical), NRHM clearing the files through the e-file system

- It is totally secured system as the database is maintained on NIC server.
- Records management – A unique file /receipt id is automatically generated so we could maintain different files and receipts from different departments/sections easily.
- Monitoring pending files – Tracking of pending files by the senior officials can now be done in a single click. That has put a check on the number of pending files to be cleared by the staff.
- Enforced a Uniform working procedure – This application is based on Central Secretariat manual Office Procedure (CSMOP) which has standardized work flow of the entire organization.
- All the inwards letters can now be monitored electronically therefore the search is very easy.
- Because of electronic movement of files/receipts from different locations, a lot of time, manpower and other resources are saved.

- The E-filing system provides all necessary links such as inward, outward & all necessary proformas on one single screen, which saves time in searching the information at different locations.
- This system provides the ability to quickly create pre-defined templates for draft for approval.
- The entire department can now trace & view E-file at any stage. Employees can trace any order file/document of his section through search engine.
- We can categories the file like: Out today, most immediate, Immediate and ordinary etc.



- We can tag the file like :
- The files from other districts can be received with in fraction of seconds, which previously use to take number of days. This has also reduced the financial burden related to transport expenditures of the staff moving to and fro with the documents.





# Words of Appreciation!

## Words of Appreciation ...!

The initiative of a paperless office, particularly taken up for the first time at the public health department of NRHM, Mumbai office in the state of Maharashtra has been highly appreciated and valued by all.

### ई-फाईलिंगचा राज्यातला पहिला प्रयोग

# अन् फाईली सरकू लागल्या !

मुंबई | दि. १५ (प्रतिनिधी)

फाईल गहाळ झाली, सापडत नाही किंवा सापडली तरी पुढे सरकत नाही, कुठे फाईल अडली हे कोणी सांगत नाही, अशा सगळ्या प्रश्नांची उत्तरे आता विचारण्याची, शोधण्याची गरज राहणार नाही. सगळ्याच्या सगळ्या विभाग ई फाईलिंगमध्ये बदलण्याची किमया साधली आहे ती एनआरएचएम या विभागाने.

राज्याचे सार्वजनिक आरोग्यमंत्री सुरेश शेट्टी यांच्या हस्ते आज या उपक्रमाचे उद्घाटन झाले. यासाठी पुढाकार घेणारे या विभागाचे प्रमुख विकास खारगे आणि त्यांच्या टीमचा या वेळी आरोग्यमंत्र्यांनी सत्कारही केला.

पंतप्रधान कार्यालय ई फाईलिंग करणारा देशातला पहिला विभाग. त्यानंतर देशातला दुसरा व राज्यातला पहिला ई फाईलिंग करणारा विभाग म्हणून एनआरएचएमची देशात नोंद झाली आहे. राष्ट्रीय ग्रामीण आरोग्य विभागातर्फे दरवर्षी १४०० कोटी रुपये खर्च होतात. एकेकाळी हा विभाग देशपातळीवर सर्वात वाईट अशी ख्याती प्राप्त करून होता, पण दोन-तीन वर्षात या विभागाने बदल करणे सुरू केले. प्रकल्प संचालक खारगे यांनी घेतलेल्या पुढाकाराने ई फाईलिंगला गती मिळाली आणि केवळ फाईलीच कॉम्प्युटरवर गेल्या नाहीत तर या विभागाचे बँकेतील अकाउंटसदेखील कॉम्प्युटराईज झाले आहेत. आजच्या



उद्घाटन सोहळ्यात खारगे यांनी दोन ठेकेदारांच्या खात्यात थेट रक्कम जमा करून उपस्थितांना सुखद धक्काही दिला. टप्प्याटप्प्याने वर्षभरात संपूर्ण

सार्वजनिक आरोग्य विभाग ई फाईलिंगच्या क्षेत्रात येईल असे या वेळी आरोग्यमंत्र्यांनी जाहीर केले. फाईलचा प्रवास, किती अधिकाऱ्यांनी हाताळली, कोणत्या तारखेला सही केली, काय सूचना केल्या इथपासून ते कोणी किती काळ फाईल स्वतःकडे ठेवली या सगळ्या गोष्टींची नोंद यावर मिळणार आहे. बटन दाबले की ही माहिती क्षणात उपलब्ध होईल.

आज झालेल्या या शुभारंभप्रसंगी आरोग्य राज्यमंत्री फौजिया खान, अप्पर मुख्य सचिव जयंतकुमार बाँठिया, सचिव भूषण गगराणी, तंत्रज्ञान विभागाचे सचिव राजेश अग्रवाल, आरोग्य संचालक डॉ. चिंधे आदींची उपस्थिती होती.



Hon. Shri Suresh Shetty Minister for Public Health and F.W. greet Mrs. Sanghamitra (NIC) with Commissioner F.W. and Mission Director NRHM Mumbai Shri. Vikas Kharage at the e-file inauguration

# राज्यातला पहिला ई-फाइलिंगाचा प्रयोग

मुंबई दि. १३ (विशेष प्रतिनिधी)


**लोकमत शुभवर्तमान**

फाईल गहाळ झाली, सापडत नाही किंवा सापडली तरी पुढे सकत नाही, कुठे फाईल अडली हे कोणी सांगत नाही, अशा सगळ्या प्रश्नांचा उत्तर आता विचारण्याची, शोधण्याची गरज राहणार नाही. सगळ्याच्या सगळ्या विभाग ई फाइलिंगमध्ये बदलण्याची किमया साधली आहे ती एनआरएचएम या विभागाने!

राज्याचे सार्वजनिक आरोग्यमंत्री सुरेश शेट्टी यांच्या हस्ते आज या उपक्रमाचे उद्घाटन झाले. यासाठी पुढाकार घेणारे या विभागाचे प्रमुख विक्रम खारे आणि त्यांच्य टीमचा यावेळी आरोग्यमंत्र्यांनी सत्कारही केला.

Marathi News-Paper Lokmat dated 14<sup>th</sup> March 2012

## e-file system at NRHM state unit

MUMBAI: The state unit of the National Rural Health Mission became the first department in the government to completely computerise its administrative and financial work on Tuesday. Minister for Public Health Suresh Shetty said the entire department would function online within a year and this was the first step in bringing transparency. ENS

The Indian Express News-Paper dated 14<sup>th</sup> March 2012

### आरोग्य विभागात अवतरणार ई-फायलिंग सकाळ न्यूज नेटवर्क

मुंबई, ता. १३ : प्रशासन पारदर्शक व गतिमान करण्यासाठी राज्याच्या आरोग्य विभागात ई-फायलिंग अवतरणार आहे. राष्ट्रीय ग्रामीण अभियानामार्फत हा प्रकल्प राबविण्यात येणार असून, या प्रकल्पाचा प्रारंभ मंगळवारी मंत्रालयात करण्यात आला. या प्रकल्पामुळे आरोग्य विभागातील प्रशासन गतिमान होणार आहे. हा राज्यातील पहिलाच प्रकल्प असून येत्या वर्षभरात संपूर्ण राज्यात हा प्रकल्प राबविण्यात येणार आहे.

ई-फायलिंगचा कार्यक्रम देशात सर्वप्रथम पंतप्रधान कार्यालयाने राबविला. त्यानंतर आरोग्य खात्याने हा प्रकल्प राबविला आहे. या प्रकल्पांतर्गत आरोग्य विभागाचे पुणे कार्यालय व मुंबई येथील राष्ट्रीय ग्रामीण अभियान कार्यालय ई-फाईल प्रकल्पांतर्गत नेटवर्कद्वारे जोडण्यात आले आहेत.

Marathi News-Paper Dainik Sakal dated 14<sup>th</sup> march 2012



## राज्याच्या आरोग्यसेवेला 'ई फायलिंग'चा बूस्टर

पंतप्रधान कार्यालयानंतर राज्यातील 'एनआरएचएम' खात्यात 'ई-क्रांती', कुटुंब कल्याण, आयडीएसपीचा विभाग ऑनलाईन

**मुंबईचे आरोग्य**

राज्याचे सार्वजनिक आरोग्यमंत्री सुरेश शेट्टी यांच्या हस्ते आज या उपक्रमाचे उद्घाटन झाले. यासाठी पुढाकार घेणारे या विभागाचे प्रमुख विक्रम खारे आणि त्यांच्य टीमचा यावेळी आरोग्यमंत्र्यांनी सत्कारही केला.

**मटा विशेष**

राज्याच्या सगळ्या विभागांत ई-फायलिंगचा प्रयोग राबविण्यात येणार आहे. या उपक्रमाचे उद्घाटन आज झाले. यासाठी पुढाकार घेणारे या विभागाचे प्रमुख विक्रम खारे आणि त्यांच्य टीमचा यावेळी आरोग्यमंत्र्यांनी सत्कारही केला.

**ई-फायलिंग**

राज्याचे सार्वजनिक आरोग्यमंत्री सुरेश शेट्टी यांच्या हस्ते आज या उपक्रमाचे उद्घाटन झाले. यासाठी पुढाकार घेणारे या विभागाचे प्रमुख विक्रम खारे आणि त्यांच्य टीमचा यावेळी आरोग्यमंत्र्यांनी सत्कारही केला.

Marathi News-Paper Maharashtra Times dated 19<sup>th</sup> March 2012



# Future Plans

## Future Plans

In addition to National Rural Health Mission, Mumbai office, this system will be gradually launched in other offices of Health Department in State of Maharashtra in the following stages :-

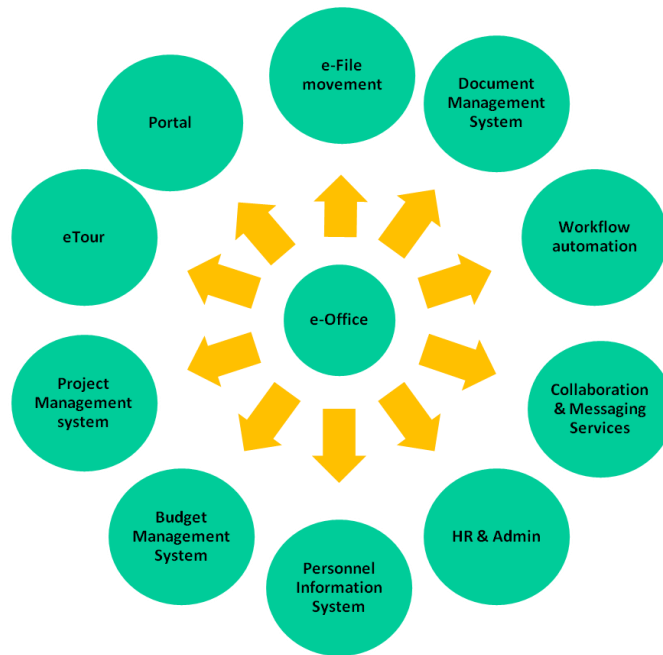
- 1) National Vector borne Disease Control Programme Pune.
- 2) Leprosy Control Programme Pune.
- 3) Tuberculosis Control Programme and IEC Bureau Pune
- 4) Public Health Department offices of 8 Deputy Director Circles
- 5) Public Health Department offices 33 districts the State (i.e CS and DHO Offices).

A meeting with BSNL Officers in this regard has already been initiated for proper and smooth implementation of e-file system throughout the public health department

The State Health Society Office, Mumbai and State Family welfare Bureau, Pune now goes to the second level of the e-governance .i.e. now e-file goes converted in e-office system which having following features.

- Establish a Single and Central Government Information Repository:
- Access to common and shared documents and data based on roles.
- Information sharing across departments files, documents and data.
- Establishment of Global Directory for Inter Government files movement.
- Single Authoritative Employee Directory for maintaining employee information.
- Management will be centralized with option for de-centralized updating.

# E-Office: Application Components



Various modules of e-office

## Acknowledgements

No initiative is possible without the contribution and efforts of several hands. We take this opportunity to remember and acknowledge the support, encouragement, help and guidance received from everybody during different stages of the implementation of e-file system at the NRHM office, Mumbai.

At the outset, our heartfelt thanks to the visionary Hon. Additional Chief Secretary, Public Health Shri. Jayantkumar Banthia for his constant motivation and solid support in whatever initiatives we undertake. We also extend our gratitude to the Secretary 2 Public Health Hon. Shri Bhushan Gagrani for his encouragement and support. We owe our deepest gratitude to the Commissioner (Family Welfare) and Mission Director National Rural Health Mission, Mumbai Shri. Vikas Kharage for his broad attitude, encouragement and trust in his employees while undertaking any new projects. We also wish to thank the Director of Health Services, Mumbai Dr. G.S. Chindhe for the support extended at every stage. Our sincere thanks are also due to Joint Dir. (Technical) Dr. Satish Pawar, Joint Dir. (Non Technical) Shri. Girish Bhalerao, Joint Dir. (Hosp.) Dr. Archana Patil, Deputy Dir. (Finance) Hon. Shri. Jaygopal Menon, S.E. Shri. Vitthal Bodkhe and Asst. Dr. Dr.Sadhana Tayade.

A big contribution and hard work from the entire e-file team during the last 6 months is highly appreciated. Implementation of the e-file system in such a small time frame would not have been possible without their enthusiasm and untiring effort.

Last but not least, we would like to thank all the NRHM Staff who have been supportive and open to the new technological change in their routine office work.

The e-file system has been developed by the National Informatics Center Delhi and the content is released under the Creative e-office team of NRHM Mumbai. The content of this publication was developed by e-office team of NRHM Mumbai.



## Annexures

### GR dated 15<sup>th</sup> February about e-file implementation

सार्वजनिक आरोग्य विभागातील राष्ट्रीय ग्रामीण  
आरोग्य अभियान योजनेच्या कार्यालयातील  
E-Office Software ला मान्यता देणेबाबत

महाराष्ट्र शासन  
सार्वजनिक आरोग्य विभाग  
शासन निर्णय क्रमांक : ईजीव्ही २०१२/प्र.क्र. ५/ई-गव्हर्नन्स  
मादाम कामा मार्ग, हुतात्मा राजगुरु चौक,  
मंत्रालय, मुंबई - ३२  
दिनांक : १५ फेब्रुवारी, २०१२

**वाचा :** १) सा.प्र.वि., शा.नि.क्र. मार्तस२०११/प्र.क्र. १२५/३९, दिनांक २३ सप्टेंबर, २०११

**प्रस्तावना :** शासनाच्या संदर्भाधीन शासन निर्णयाद्वारे माहिती तंत्रज्ञानाच्या माध्यमातून शासनाच्या सेवा, प्रभावी पारदर्शक रित्या व जलदगतीने देण्याचे शासनाचे धोरण आहे. त्यानुसार सार्वजनिक आरोग्य विभागांतर्गत कार्यालयातील सर्व कामकाज संगणकीकृत डिजिटल माध्यमातून करण्याचा प्रस्ताव शासनाच्या विचाराधीन होता. याचा एक भाग म्हणून राष्ट्रीय ग्रामीण आरोग्य अभियान योजनेच्या कार्यालयामध्ये NIC, नवी दिल्ली यांनी तयार केलेल्या e-office च्या संगणक प्रणालीद्वारे पत्रांचे वाटप, नस्त्यांची आवक जावक, त्यावरील अभिप्राय व निर्णय या सर्व बाबी टप्प्याटप्प्याने संगणकाच्या माध्यमातून पार पाडल्या जाणार आहेत. उपरोक्त संगणक प्रणाली ही वेब-बेस्ड असून Nick Net च्या Network वर उपलब्ध होणार असल्याने आरोग्य विभागाच्या अधिकाऱ्यांना कोटूनही कामकाज करणे शक्य होणार आहे. त्या अनुषंगाने नस्तीवरील कार्यवाही व नस्तीचा प्रवास याबाबतच्या नोंदी सदर संगणक प्रणालीवर घेण्यात येणार आहेत. NIC ने विकसित केलेले e-office या संगणक प्रणालीच्या कार्यालयीन वापरामुळे विभागाच्या कामामध्ये गतीमानता / पारदर्शकता येईल या उद्देशाने खालीलप्रमाणे निर्णय घेण्यात येत आहे.

**शासन निर्णय :** सार्वजनिक आरोग्य विभागांतर्गत कार्यालयामध्ये e-office या संगणक प्रणालीद्वारे संचलित होणाऱ्या इलेक्ट्रॉनिक दस्तऐवजांना अधिकृत रित्या मान्यता देण्यात येत आहे. तसेच या संगणक प्रणालीच्या माध्यमातून दैनंदिन टपाल वर्गीकरण, निर्णयाच्या नस्त्या तयार करणे, सादर करणे व त्यावर निर्णय घेणे इत्यादी बाबी Electronically पार पाडण्यात याव्यात. आवश्यकतेनुसार या

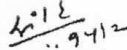
नस्यांचे छापील प्रिंट आऊट्स शासनास व इतर कार्यालयांस वेळोवेळी उपलब्ध करून देणे बंधनकारक राहिल. NRHM प्रकल्पांतर्गत समाविष्ट कार्यालयांचे वित्तीय लेखेसुध्दा Electronic पध्दतीने जतन करून ठेवण्यास मान्यता देण्यात येत आहे. तथापि या लेख्यांची एक हार्ड कॉपी समांतरपणे ठेवण्यात यावी व महालेखाकार व इतर कार्यालयांना आवश्यकतेनुसार उपलब्ध करून देण्यात यावी.

उपरोक्त संगणक प्रणालीच्या वापरास खालील अटी व शर्तीच्या अधिन राहून मान्यता देण्यात येत आहे.

१) संगणक प्रणालीचा वापर करणाऱ्या अधिकारी व कर्मचारी यांचे User ID व Password हे कार्यालय प्रमुखांनी authenticate करणे बंधनकारक राहिल तसेच सदर संगणक प्रणालीचा वापर करण्यापूर्वी संबंधितांनी User Policy च्या नियम / अटी व शर्ती या स्वीकृत करणे आवश्यक राहिल.

२) उपरोक्त संगणक प्रणालीच्या वापरास केंद्र शासनाच्या Information Technology Act 2008 मधील नियम व अटी (वेळोवेळी सुधारित केल्यानुसार) लागू राहतील.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने,

  
(संजय कमलाकर)

अवर सचिव, महाराष्ट्र शासन  
सार्वजनिक आरोग्य विभाग

प्रत --

आयुक्त कुटुंब कल्याण व संचालक, राष्ट्रीय ग्रामीण आरोग्य अभियान, मुंबई  
संचालक, आरोग्य सेवा, मुंबई  
अतिरिक्त संचालक, कुटुंब कल्याण, पुणे  
सहसंचालक, राष्ट्रीय रोग नियंत्रण कार्यक्रम (सर्व)  
उपसंचालक, राज्य आरोग्य शिक्षण ब्युरो, पुणे  
अपर मुख्य सचिव (सा.आ.) यांचे स्वीय सहायक  
सचिव (२) यांचे स्वीय सहायक  
सर्व सहसचिव / उपसचिव, सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई - ३२  
अवर सचिव (आरोग्य-७), सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई - ३२  
निवड नरती (ई-गव्हर्नन्स)

## List of Abbreviations

<b>ACS</b>	ADDITIONAL CHIEF SECRETARY
<b>ANC</b>	ANTE NATAL CARE
<b>ANM</b>	AUXILIARY NURSE MID-WIFE
<b>ASHA</b>	ACCREDITED SOCIAL HEALTH ACTIVIST
<b>AYUSH</b>	AYURVEDA YOGA UNANI SIDHA HOMEOPATHY
<b>AWW</b>	ANGANWADI WORKER
<b>BCC</b>	BEHAVIOUR CHANGE COMMUNICATION
<b>BEMOC</b>	BASIC EMERGENCY OBSTETRIC CARE
<b>BPL</b>	BELOW POVERTY LINE
<b>BPMU</b>	BLOCK LEVEL PROGRAMME MANAGEMENT UNIT
<b>CBM</b>	COMMUNITY BASED MONITORING
<b>CAN</b>	COMMUNITY NEEDS ASSESSMENT
<b>CBOS</b>	COMMUNITY BASED ORGANIZATION
<b>CHC</b>	COMMUNITY HEALTH CENTER
<b>CTC</b>	CHILD TREATMENT CAMP
<b>CPR</b>	COUPLE PROTECTION RATE
<b>CSSM</b>	CHILD SURVIVAL AND SAFE THERHOOD
<b>DEO</b>	DATA ENTRY OPERATOR
<b>DALY</b>	DISABILITY – ADJUSTED – LIFE – YEARS
<b>DCP</b>	DISEASE CONTROL PROGRAM
<b>DHS</b>	DIRECTOR OF HEALTH SERVICES

<b>DHIS</b>	DISTRICT HEALTH INFORMATION SYSTEM
<b>DH</b>	DISTRICT HOSPITAL
<b>DHO</b>	DISTRICT HEALTH OFFICER
<b>DPMU DPM</b>	DIVISIONAL PROGRAM MANAGEMENT UNIT DISTRICT PROGRAM MANAGER
<b>DAM</b>	DISTRICT ACCOUNT MANAGER
<b>DMO</b>	DISTRICT MALARIA OFFICER
<b>DP</b>	DEVELOPMENT PARTNER
<b>DPT</b>	DIPHThERIA PERTUSIS TETANUS
<b>DT</b>	DIPHThERIA TETANUS
<b>DTO</b>	DISTRICT TUBERCULOSIS OFFICER
<b>EAG</b>	EMPOWERED ACTION GROUP
<b>EC</b>	EUROPEAN COMMISSION
<b>EMOC</b>	EMERGENCY OBSTETRIC CARE
<b>EMPC</b>	EMERGENCY PEDIATRIC CARE
<b>EMS</b>	EMERGENCY MEDICAL SERVICE
<b>FOGSI FMG</b>	FEDERATION OF OBSTETRICIAN & GYNECOLOGISTS SOCIETY OF INDIA FINANCE MANAGEMENT GROUP
<b>FRU</b>	FIRST REFERRAL UNIT
<b>GRC</b>	GRIEVANCE REDRESSAL CELL
<b>GOI</b>	GOVERNMENT OF INDIA
<b>GOM</b>	GOVERNMENT OF MAHARASHTRA

<b>GTZ</b>	DEITSCHGE GESELLSCHAFT FUR TECHNISCHE ZUSAMMENARBEIT
<b>HACC</b>	HEALTH ADVICE CALL CENTRE
<b>HDP</b>	HUMAN DEVELOPMENT PROGRAMME
<b>HFWTC</b>	HEALTH AND FAMILY WELFARE TRAINING CENTER
<b>HMIS</b>	HEALTH MANAGEMENT INFORMATION SYSTEM
<b>HIV/AIDS</b>	HUMAN IMMUNO DEFICIENCY VIRUS/ ACQUIRED IMMUNO DEFICIENCY SYNDROME
<b>HQ</b>	HEAD QUARTER
<b>HQAC</b>	HEALTH QUALITY ASSUARANCE CELL
<b>HRC</b>	HUMAN RESOURCE CELL
<b>HRD</b>	HUMAN RESOURCE DEVELOPMENT
<b>ICDS</b>	INTEGRATED CHILD DEVELOPMENT SCHEME
<b>ICPD</b>	INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT
<b>IDSP</b>	INTEGRATED DISEASE SURVEILLANCE PROGRAMME
<b>IDW</b>	INFRASTRUCTURE DEVELOPMENT WING
<b>IEC</b>	INFORMATION, EDUCATION, COMMUNICATION
<b>IFA</b>	IRON FOLIC ACID
<b>IMA</b>	INDIAN MEDICAL ASSOCIATION
<b>IMNCI</b>	INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESSES
<b>IMR</b>	INFANT MORTALITY RATE
<b>IPDP</b>	INTEGRATED POPULATION AND DEVELOPMENT PROJECT

<b>IPHS</b>	INDIAN PUBLIC HEALTH STANDARDS
<b>IPPI</b>	INTENSIFIED PULSE POLIO IMMUNIZATION
<b>ISM</b>	INDIAN SYSTEM OF MEDICINE
<b>IUD</b>	INTRA UTERINE DEVICE
<b>IUGR</b>	INTRA UTERINE GROWTH RETARDATION
<b>JSY</b>	JANANI SURAKSHA YOJANA
<b>JSSK</b>	JANANI SHISHU SURAKSHA KARYAKRAM
<b>LFA</b>	LOGICAL FRAMEWORK ANALYSIS
<b>LHV</b>	LADY HEALTH VISITOR
<b>LSCS</b>	LOWER SEGMENT CESAREAN SECTION
<b>MCH</b>	MATERNAL AND CHILD HEALTH
<b>MCTS</b>	MOTHER AND CHILD TRACKING SOFTWARE
<b>MCI</b>	MEDICAL COUNCIL OF INDIA
<b>MDG</b>	MILLENNIUM DEVELOPMENT GOALS
<b>M &amp; E</b>	MONITORING AND EVALUATION
<b>MHSDP</b>	MAHARASHTRA HEALTH SYSTEM DEVELOPMENT PROJECT
<b>MHU</b>	MOBILE HEALTH UNIT
<b>MIS</b>	Management Information System
<b>MMR</b>	MATERNAL MORTALITY RATE
<b>MMU</b>	MOBILE MEDICAL UNIT
<b>MNGO</b>	MOTHER NON GOVERNMENT ORGANIZATION <b>MODTT</b>

<b>MOV</b>	MEANS OF VERIFICATION
<b>MPW</b>	MULTI PURPOSE WORKER
<b>MSACS</b>	MAHARASHTRA STATE AIDS CONTROL SOCIETY
<b>MTP</b>	MEDICAL TERMINATION OF PREGNANCY
<b>NFHS</b>	NATIONAL FAMILY HEALTH SURVEY
<b>NGO</b>	NON-GOVERNMENT ORGANIZATION
<b>NICU</b>	NEO NATAL INTENSIVE CARE UNIT
<b>NIDDCP</b>	NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAM
<b>NLEP</b>	NATIONAL LEPROSY ERADICATION/ ELIMINATION PROGRAM
<b>NMCP</b>	NATIONAL MALARIA CONTROL PROGRAM
<b>NMR</b>	NEONATAL MORTALITY RATE
<b>NPCB</b>	NATIONAL PROGRAM FOR CONTROL OF BLINDNESS
<b>NRHM</b>	NATIONAL RURAL HEALTH MISSION
<b>NSV</b>	NON-SCALPEL VASECTOMY
<b>NVBDCP</b>	NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME
<b>ORS</b>	ORAL RE-HYDRATION SALT/ SOLUTION
<b>OT</b>	OPERATION THEATRE
<b>OVI</b>	OBJECTIVELY VERIFIABLE INDICATOR
<b>PA</b>	PROGRAM ASSISTANT
<b>PDE</b>	PLANNING, DEVELOPMENT AND EVALUATION
<b>PEM</b>	PROTEIN ENERGY MALNUTRITION

<b>PH</b>	PUBLIC HEALTH
<b>PHC</b>	PRIMARY HEALTH CENTER
<b>PIP</b>	PROGRAM IMPLEMENTATION PLAN
<b>PMP</b>	PRIVATE MEDICAL PRACTITIONER
<b>PHU</b>	PRIMARY HEALTH UNIT
<b>PMU</b>	PROJECT MANAGEMENT UNIT
<b>PNDT</b>	PRE NATAL DIAGNOSTIC TECHNIQUE
<b>PO</b>	PROGRAM OFFICER
<b>POL</b>	PETROL-OIL- LUBRICANTS
<b>PPH PPC</b>	POST PARTUM HEMORRHAGE POST PARTUM CENTRE
<b>PPI</b>	PULSE POLIO IMMUNISATION
<b>PPP</b>	PUBLIC PRIVATE PARTNERSHIP
<b>PPTCT</b>	PREVENTION OF PARENT TO CHILD TRANSMISSION
<b>PRI</b>	PANCHAYAT RAJ INSTITUTION
<b>QAP</b>	QUALITY ASSURANCE PROJECT
<b>RCH</b>	REPRODUCTIVE AND CHILD HEALTH
<b>RH</b>	RURAL HOSPITAL
<b>RNTCP</b>	REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME
<b>RMO</b>	RESIDENT MEDICAL OFFICER
<b>RKS</b>	RUGNA KALYAN SAMITI
<b>SBR</b>	STILL BIRTH RATE



<b>SC/ST</b>	SCHEDULED CASTE/TRIBE
<b>SC</b>	SUBCENTRE
<b>SDH</b>	SUB DISTRICT HOSPITAL
<b>SFWB</b>	STATE FAMILY WELFARE BUREAU
<b>SHG SHS</b>	SELF HELP GROUP STATE HEALTH SOCIETY
<b>SHP</b>	SCHOOL HEALTH PROGRAM
<b>SHSRC</b>	STATE HEALTH SYSTEMS RESOURCE CENTRE
<b>SN</b>	STAFF NURSE
<b>SMP</b>	SUBSIDIZED MEDICAL PRACTITIONER
<b>SRS</b>	SAMPLE REGISTRATION SURVEY
<b>SPKKY</b>	SAVITRIBAI PHULE KANYA KALYAN YOJANA
<b>SPMU</b>	STATE PROGRAM MANAGEMENT UNIT
<b>SPM</b>	STATE PROGRAM MANAGER
<b>SAM</b>	STATE ACCOUNT MANAGER
<b>STD</b>	SEXUAL TRANSMITTED DISEASES
<b>STI/RTI SS</b>	SEXUAL TRANSMITTED INFECTION / REPRODUCTIVE TRACT INFECTION SENIOR STATISTICIAN
<b>SI</b>	STATISTICAL INVESTIGATOR
<b>TBA</b>	TRADITIONAL BIRTH ATTENDANT
<b>THO</b>	TALUKA HEALTH OFFICER
<b>TFR</b>	TOTAL FERTILITY RATE
<b>c</b>	
<b>TMP</b>	TRADITIONAL MEDICAL PRACTITIONERS
<b>TOR</b>	TERMS OF REFERENCE

<b>TSC</b>	TOTAL SANITATION CAMPAIGN <b>UNFPA</b>
<b>USAID</b>	US AGENCY FOR INTERNATIONAL DEVELOPMENT
<b>VHSC</b>	VILLAGE HEALTH AND SANITATION COMMITTEE
<b>VCDC</b>	VILLAGE CHILD DEVELOPMENT CENTRE
<b>WCD</b>	WOMEN AND CHILD DEVELOPMENT
<b>WHO</b>	WORLD HEALTH ORGANIZATION

## Our e-file Team

