

# **MAHARASHTRA STATE REPORT**

## Maharashtra

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**Maharashtra**  
**Summary of Approvals**

<b>Financial Management under NRHM (Rs. in crore)</b>					
<b>Years</b>	<b>Allocation</b>	<b>Release</b>	<b>Expenditure</b>	<b>% Release against Allocation</b>	<b>% Expenditure against Release</b>
2005-06	310.72	338.58	194.43	108.97	57.43
2006-07	512.95	366.11	160.70	71.37	43.89
2007-08	671.14	706.34	523.99	105.24	74.18
2008-09	701.67	622.42	420.78	88.71	67.60
2009-10	712.32			0.00	
<b>Total</b>	<b>2908.79</b>	<b>2033.45</b>	<b>1299.91</b>	<b>69.91</b>	<b>63.93</b>

<b>S. No.</b>	<b>Timeline Activities</b>	<b>Achievement</b>	<b>%</b>
1	ASHA	Selection	14195
		Training	8242
2	VHSC	39392	90
3	24X7 PHCs	397	22
4	Mobile Medical Unit	0	0
5	Rogi Kalyan Samiti	2281	98

<b>Budget Allocations (2005-09) ( Amount in Crores)</b>			
	<b>Allocation</b>	<b>Releases</b>	<b>Expenditure</b>
<b>RCH Flexipool</b>			
2005-06	115.09	52.81	13.76
2006-07	156.54	119.25	40.53
2007-08	111.92	186.21	74.74
2008-09	191.51	82.95	80.03
2009-10	196.01		
<b>Total (A)</b>	<b>771.07</b>	<b>441.22</b>	<b>209.06</b>
<b>NRHM Flexipool</b>			
2005-06		65.33	0.00
2006-07	131.31	113.94	8.89
2007-08	229.55	177.88	132.68
2008-09	166.83	193.63	65.29
2009-10	172.96		
<b>Total (B)</b>	<b>700.65</b>	<b>550.78</b>	<b>206.86</b>
<b>National Disease Control Programme</b>			
2005-06	35.70	33.75	38.44
2006-07	43.41	38.16	37.43
2007-08	52.26	39.05	37.53
2008-09	61.64	50.62	17.49
2009-10	63.18	3.92	0.00
<b>Total (C)</b>	<b>256.19</b>	<b>165.51</b>	<b>130.90</b>
<b>Grand Total (A + B + C)</b>	<b>1727.91</b>	<b>1157.51</b>	<b>546.82</b>

**Record of Proceedings (2005-2009) for Mission Flexible Pool**

<b>Approval for Infrastructure Facilities (Rs. in Crore)</b>						
<b>S. No</b>	<b>Health Facilities</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Sub C	9.73	14.45	25.00	0.00	0.00
2	PHC			12.00	0.00	30.61
3	CHC	21.00	55.40	15.00	0.00	10.07
4	DH			4.00	182.43	70.76
5	Equipment			4.00	0.00	10.32
6	Transport			0.00		19.76
7	Others		0.30	38.99	0.00	152.30
	<b>Total</b>	<b>30.73</b>	<b>70.15</b>	<b>98.99</b>	<b>182.43</b>	<b>293.83</b>

<b>Approval for Human Resource Support (Rs. in Crore)</b>						
<b>S. No</b>	<b>Personnel</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Doctors			0.00	0.00	0.00
2	Specialists			0.00	0.00	0.00
3	Staff Nurses		4.8	0.00	16.32	15.87
4	ANM		26.62	12.00	43.20	51.01
5	Others		1.972	5.09	15.96	24.84
	<b>Total</b>	<b>0.00</b>	<b>33.39</b>	<b>17.09</b>	<b>75.48</b>	<b>91.72</b>

<b>Approval of other activities (2005-2009) in Rs. Lakh</b>							
<b>S.No</b>	<b>Initiative</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>Remarks</b>
		<b>Released</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	
<b>ASHAs</b>							
1	ASHA			336.36			
	<b>TOTAL</b>		<b>900</b>	<b>336.36</b>	<b>1633.97</b>	<b>4176.8</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS funds related matters</b>							
2	Rogi Kalyan Samiti		196		2390	2408	
3	Rogi Kalyan Samiti- DH			125.00			

4	Rogi Kalyan Samiti-Referral Hospital			381.00			
5	Rogi Kalyan Samiti-PHC			1818.00			
6	Untied funds to Health Institutions					1948.4	
7	Untied Fund				1734.25		
8	Untied Fund for CHC			95.25			
9	Untied Fund for PHC		445				
10	Untied Fund for SC	973	387	1053.50			
11	Untied Fund for VHSC		1500	1650	4345.75	4109.5	
12	Untied Fund under NRHM				100		
13	Annual Maintenance Grant				2535	2450.9	
14	Annual Maintenance Grant- DH			125.00			
15	Annual Maintenance Grant - CHC			381.00			
16	Annual Maintenance Grant -PHC		890	500			
	<b>TOTAL</b>	<b>973</b>	<b>3418</b>	<b>6128.75</b>	<b>11105</b>	<b>10916.8</b>	
<b>Infrastructure related matters</b>							
18	MMU			1579.20	506.71	1376.97	
19	Additional MMU for Gadchiroli and Gondia Districts					350.6	
20	Emergency & Referral Services				610.5		
21	Call centre for Medical Emergencies					13.77	
	<b>TOTAL</b>			<b>1579.20</b>	<b>1117.21</b>	<b>1741.34</b>	

#### Status of Infrastructure 2005-2010

Health Facilities	As per RHS 2008	New Construction	Upgradation / Renovation
Number of Sub Centre	10579	105	1591
Number of PHC	1816	0	1302
Number of CHC	407		315
Number of DH	23	0	37
	As per State Data Sheet, NRHM		

**Status of NRHM as on 15.05.2009**

1	ASHA	Selection	14195
		Training	8242
2	VHSC		39392
3	Joint A/C Joint A/C @ Sub Centre and VHSC		38578
4	24X7 Facility		851
5	FRU		469
6	Contractual Manpower	Doctors & Specialist	407
		AYUSH Doctors	272
		Staff Nurse	50
		Paramedics	36
		ANM	5045
7	JSY Beneficiaries (in Lakhs)		8.24

**National Disease Control Programme**

**NLEP**

The state has already achieved the goal of elimination of leprosy. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions

**IDSP**

It is a Phase III state. The recruitment of key human resources (Data managers, Epidemiologists, microbiologists etc) needs to be fast tracked and completed in a time bound manner. The data reporting should start from all the districts.

**NBCP**

UCs for GIA released to State Blindness Control Society not being received timely. SOE for Cash Grant are also not being received timely. Performance of School Eye Screening Programme needs to be improved.

**NVBDCP**

There is marginal increase in incidence of malaria cases. The goal of Elimination of Lymphatic Filariasis in the country is set to be achieved by 2015. Capacity building for case management and strengthening of health facilities need to be taken on priority basis for diagnosis and case management.

**RNTCP**

Overall performance of RNTCP in the State of Maharashtra is not good and shows a downward trend. Total Case Detection and cure rate need to be improved. This appears to be due to gaps in key HR (STO, DTO and other levels), weak supply chain management and supervision.

## Demographic, Socio-economic and Health profile

### HEALTH INDICATORS OF MAHARASHTRA

The Total Fertility Rate of the State is 2. The Infant Mortality Rate is 34 and Maternal Mortality Ratio is 130 (SRS 2004 - 06) which are lower than the National average. The Sex Ratio in the State is 922 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

**Table I: Demographic, Socio-economic and Health profile of Maharashtra State as compared to India figures**

S. No.	Item	Maharashtra	India
1	Total population (Census 2001) (in million)	96.88	1028.61
2	Decadal Growth (Census 2001) (%)	22.73	21.54
3	Crude Birth Rate (SRS 2007)	18.1	23.1
4	Crude Death Rate (SRS 2007)	6.6	7.4
5	Total Fertility Rate (SRS 2007)	2	2.7
6	Infant Mortality Rate (SRS 2007)	34	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	130	254
8	Sex Ratio (Census 2001)	922	933
9	Population below Poverty line (%)	25.02	26.10
10	Schedule Caste population (in million)	9.88	166.64
11	Schedule Tribe population (in million)	8.58	84.33
12	Female Literacy Rate (Census 2001) (%)	67.0	53.7

**Table II: Health Infrastructure of Maharashtra**

Particulars	Required	In position	Shortfall
Sub-centre	12153	10579	1574
Primary Health Centre	1984	1816	168
Community Health Centre	496	407	89
Multipurpose worker (Female)/ANM at Sub Centres & PHCs	12395	12027	368
Health Worker (Male) MPW(M) at Sub Centres	10579	9956	623
Health Assistant (Female)/LHV at PHCs	1816	3323	-
Health Assistant (Male) at PHCs	1816	3182	-
Doctor at PHCs	1816	1191	625
Obstetricians & Gynaecologists at CHCs	407	143	264
Physicians at CHCs	407	41	366
Paediatricians at CHCs	407	99	308
Total specialists at CHCs	1628	352	1276
Radiographers	407	294	113
Pharmacist	2223	1976	247
Laboratory Technicians	2223	769	1454
Nurse/Midwife	4665	6150	-

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

**The other Health Institution in the State are detailed as under:**

<b>Health Institution</b>	<b>Number</b>
Medical College	39
District Hospitals	23
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	55
Ayurvedic Dispensaries	469
Unani Hospitals	5
Unani Dispensaries	25
Homeopathic Hospitals	45
Homeopathic Dispensary	-

## **Note on Progress of NRHM in Maharashtra (June 2009)**

Maharashtra has implemented the activities of National Rural Health Mission to provide accessible, affordable and equitable health services. Maharashtra is making all efforts towards identifying gaps and adopting measures to achieve the goal and objectives of the mission. NRHM has transformed public health service delivery in the State. The decentralization, responsiveness to local needs, paradigm shift in health system management and availability of untied funds has improved the facilities and their credibility among members of the public. The performance of JSY, community mobilization by ASHAs, institutional deliveries, OPDs has significantly improved. Brief information on progress of activities is as follows:

### **Institutional Framework of NRHM**

Meeting of State Health Mission held 4 times and of District Health Mission held 65 times. Progress of institutional setup at state and district level is comparatively slow. Meeting of State Health Mission need to be held regularly, the status of District Health mission meetings is better than the State Mission meetings. Merger of societies is completed in 33 districts. 39392 VHSCs have been constituted & 38578 Joint Accounts at sub centre level have been operationalised. Rogi Kalyan Samiti is operational at 23 DH, 365 CHCs & 1804 PHCs. 33 districts have started developing their own IDHAP.

### **Infrastructure Improvements**

A total of 345 PHC have been strengthened with three Staff Nurses each to make them operational for 24x7 works. State has 365 CHC functioning on 24X7 basis & facility survey completed in 105 (including others health institution also). A total of 81 SDH, 365 CHC including others equal to but below district level and 23 District Hospitals are functioning as FRUs.

### **Human Resources**

A total of 14,195 ASHAs have been selected & 1694 are trained upto 4<sup>th</sup> Module. And, 8161 ASHAs have been provided with drug kits. A total of 8100 Sub-centres are functional with an ANM. And, 4318 SCs are strengthened with 2nd ANM. State has appointed 272 Contractual AYUSH Doctors. As far as manpower augmentation is concerned, 407 specialists, 50 SN, 5045 ANMs recruited on contractual basis

### **Services**

Institutional deliveries improved from 10.95 lakhs (2006-07) to 13.46 lakhs (2007-08). During the year 2008-09 there were 15.53 lakhs Institutional deliveries have been performed. JSY beneficiaries increased from 1.81 lakhs (2006-07) to 2.19 lakhs (2007-08). The numbers of JSY beneficiaries 2.24 lakh during the year 08-09. Female sterilizations has reduced from 5.74 lakh (06-07) to 5.28 lakh (2007-08) and male sterilisation has increased from 20480 (2006-07) to 25611 (2007-08). During year 2008-09, 501151female & 38265 male sterilization have been reported. 33 districts are implementing IMNCI & 29320 people trained so far. 434468 VHND held since the launch of NRHM. First Phase of Community Monitoring has been operationalised in the state.

## **General**

Overall improvement in health system since NRHM

### Achievements made

- Improved OPD cases at SC, PHCs and CHCs.
- Increase in institutional deliveries.
- All 24x7 PHC are with basic lab facilities, semi-auto analyzer, ECG, and X-ray.
- ASHAs working in tribal areas. Fourth module training going on.
- Free meals for mothers at institutions are in execution.
- ASHAs are selected, trained upto IVth module and provided with drug kits.
- VHSC formed and bank accounts have been opened.
- Societies have merged. SPMU and DPMUs are functional
- MMUs are providing services to underserved areas
- More than 4000 SCs are functional with Second ANMs.
- Successfully completed the first phase of the community monitoring.

### Areas for Further Improvement

- Sub district hospitals need to be improved for better support for patients.
- JSY incentive distribution need to be improved
- Newborn care at institute need to be strengthened.
- Regular meetings of State & District Health Mission should be held.
- Initiatives need to be taken for more BPMUs to make them functional.
- The state need to plug the gap of Staff Nurse and doctors.

## **Infrastructure**

- Excellent construction of new infrastructure and repair/up gradation of the existing infrastructure.
- Staff Quarters in good condition. Rational utilization of civil works as per guidelines is needed.
- 30% of SC and PHCs upgraded to IPHS, additional Blood storage facilities are available at these facilities.

## **Human Resources**

- The State need to address shortage of anesthetists and also need to rationalize posting of anesthetists.
- Need to rationalize posting of Specialists to ensure service guarantees.
- Multi specialty training for nurses posted in tribal and extremist affected pockets is on priority.
- To improve the manpower provision of higher payments in tribal and naxal areas.

## **Service Delivery**

- Very well functioning web based HMIS.
- Significant increase in institutional deliveries

## An Analysis of Financial Monitoring Report for the FY 2008-09

### A. RCH Flexible Pool

#### Component wise expenditure & Utilization under RCH against the approved PIP

Activity	Rs. in Crores		
	SPIP	Utilization	%age Utilisation
Maternal Health	30.93	30.69	99.24%
Child Health	6.28	6.77	107.73%
Family Planning Services	56.63	39.44	69.64%
Adolescent Reproductive	1.69	0.87	51.50%
Urban RCH	40.16	15.43	38.43%
Tribal RCH	2.78	1.23	44.25%
Vulnerable Groups	9.81	0.32	3.24%
Innovations/PPP/ NGO	9.14	8.84	96.66%
Infrastructure & Human Resources	10.30	5.76	55.91%
Institutional Strengthening	2.45	0.59	23.93%
Training	17.04	8.47	49.68%
BCC / IEC	9.53	4.41	46.29%
Procurement	159.39	45.40	28.49%
Programme Management	7.17	8.16	113.80%
Total	363.29	176.37	48.55%

Based on table above and records available in FMG, the observations and areas of concern are as under:-

#### General Observations

1. Rs.176.37 crores, i.e. only 48.55% of the approved PIP of Rs.363.29 crores has been utilized under RCH-II as compared to average national level expenditure of 71%.
2. Remarkable increase i.e. 79% in expenditure as compared to 2007-08.
3. Since the launch of RCH-II, Rs. 329.18 crores, i.e. 74.61% has been utilized by the state against the release of Rs. 441.21 crores during the period 2005-06 to 2008-09.
4. More than 99% and 107% expenditure during 08-09 under MH and Family Planning Services respectively is appreciable as compared to the approved PIP.

#### Areas of Concern

1. Negligible expenditure is reported under Vulnerable Group.
2. Expenditure under Procurement is very low.
3. More than 55% expenditure is reported in the last quarter of 2008-09.

### B. Mission Flexible Pool:-

#### Component-wise utilization against approved PIP

Activity	Rs. In Crores		
	SPIP	Utilization	%age
ASHA	16.34	6.19	37.88%
Untied Funds	18.34	39.61	215.95%
Hospital Strengthening	75.31	71.75	95.27%
Annual Maintenance Grants	25.35	22.31	88.00%
New Constructions/ Renovation and Setting up	67.36	89.40	132.72%
Corpus Grants to HMS/RKS	23.90	23.90	100.00%

District Action Plans (Including Block, Village)	2.05	1.75	85.37%
Panchayati Raj Initiative	43.46	0.00	0.00%
Mainstreaming of AYUSH	1.96	1.96	100.00%
IEC-BCC NRHM	11.04	4.83	43.77%
Mobile Medical Units (Including recurring	5.07	0.00	0.00%
Referral Transport	6.11	6.34	103.86%
School Health Programme	25.00	32.46	129.85%
Additional Contractual Staff	75.48	48.54	64.31%
PPP/ NGOs	1.05	0.00	0.00%
Training	41.23	20.36	49.38%
Incentives Schemes	0.00	0.51	
Planning, Implementation and Monitoring	8.46	3.23	38.14%
Procurements	3.46	0.40	11.46%
New Initiatives/ Strategic Interventions (As per State	30.64	5.93	19.37%
Health Insurance Scheme	0.50	0.00	0.00%
Research, Studies, Analysis	0.19	0.00	0.00%
State level health resources center(SHSRC)	0.74	0.75	100.96%
NRHM Management Costs/ Contingencies	14.86	19.86	133.64%
Other Expenditures (Power Backup, Convergence etc)	0.00	3.04	
Total	497.89	403.12	80.97%

Based on table above and records available in FMG, the observations and areas of concern are as under:-

#### General Observations

1. As compared to 2007-08, 209% increase has been noticed in expenditure during 2008-09.
2. Since the launch of the programme, Rs.550.78 crore were released to the state and the utilization is Rs.542.49 crores (98.5%).
3. Almost 100% utilization is achieved under Annual Grants.
4. More than 60% of total expenditure is incurred under Annual grants and Civil Works.

#### Areas of Concern

1. 85% of total expenditure is reported for the last quarter of 2008-09..
2. There is no utilisation under Health Insurance Scheme against Rs 0.50 crores approved.
3. Against Rs.43.46 crores approved under Panchayati Raj Initiatives during 08-09 no expenditure is reported.
4. Under the Training component less than 50% of approved PIP has been spent.

## NOTE ON RCH II : MAHARASHTRA

### A. Background/ current status

#### 1. RCH II Goals

Maharashtra's MMR at 130 (SRS 04-06) has improved from 149 in SRS 01-03 and is the third best in the country after Kerala and Tamil Nadu. The IMR (SRS 2007) at 34 has reduced from 42 (SRS 2003) and is close to the national target of 30 in 2012. TFR at 2.0 (SRS 2007) is better than the national target of 2.1 for 2012 (refer Annex 1).

#### 2. RCH II Outcomes

Maharashtra's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) is mixed (refer Annex 1):

- Mothers having full ANC's increased from 22.5% to 33.9%.
- Institutional deliveries have increased from 57.9% to 63.6%.
- Full immunisation in children 12-23 months marginally declined from 70.9% to 69.1%.
- Children with diarrhoea receiving ORS has increased from 42% to 44.2%.
- Unmet need for family planning increased from 12.6% to 14.2%; while, use of modern contraceptives has marginally increased from 60.8% to 62.6%.

#### 3. Expenditure

Audited expenditure has increased sharply from Rs. 13.76 crores in 05-06 to Rs. 40.53 crores in 06-07 and Rs. 98.53 crores in 07-08; reported expenditure in 08-09 was Rs. 176.37 crores i.e. 48.5% of allocation (Rs. 363.29 crores). JSY accounted for 13.5% of the reported expenditure in 08-09.

### B. Key achievements

#### 1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 0.06 lakhs in 05-06 to 0.97 lakhs in 06-07 and 1.98 lakhs in 07-08. A total of 2.24 lakh beneficiaries have availed of the services in 08-09.
- State has initiated several incentive packages to improve institutional deliveries in the state
  - Cash incentive for PHC staff for conducting institutional deliveries over and above 150% of previous year.
  - Hardship allowance to staff in Tribal and Naxalite areas
  - Incentive to staff of low performing institutions for increasing no. of institutional deliveries
- State has operationalised 469 FRUs (against the target of 230) and 397 PHCs as 24x7 (against the target of 900). Further, 227 doctors have been trained in EmOC and 98 in LSAS, and 2199 SNs/ ANMs are trained in SBA.
- Considering non availability of blood storage facilities at the FRU level, state has established blood bank linkages with trust hospitals.
- State has provided ambulance to almost all facilities including PHCs (102 new ambulances to PHCs) to enhance the referral transport mechanism. Toll free no. and help line for prompt referral services through GPRS has been approved.
- 62% of planned VHNDs have been conducted in 08-09 (394412 out of 636149).
- MAPEDIR (Maternal and Perinatal Death Investigation and Response) has been initiated by the state.

## 2. Child Health

- 33 out of 35 districts are implementing IMNCI and about 29,000 personnel have been trained so far.
- State is conducting all key child health training e.g. IMNCI, FBNC, HBNC etc.
- State has proposed to establish Child Treatment Camps for management of severely malnourished children in State plan for 09-10. Further, state has 438 Nutritional Rehabilitation Centres in place.

## 3. Other initiatives

- State has decentralized administrative and financial powers till PHC level. Power for appointment of nursing staff on contract basis has been delegated to Block Medical Officer.
- Arogya Gram Sabha: A special gram sabha in the villages intended to enhance participation of men in women and child health activities such as increasing age of marriage, early ANC registration, early breast feeding, malnutrition of Grade III and Grade IV children etc.
- Adarsh PHC Yojana: An incentive scheme for PHC performance under which three PHCs with high performance, on pre determined indicators will be rewarded in the state on a yearly basis. The cash award is to be utilized for improvement of the PHC environment.

## C. Key issues

### 1. Maternal Health

- While state has operationalised more number of FRUs, pace of PHC operationalisation seems to be slow (397 against the target of 900 PHCs by 2010).
- While district hospitals have excess number of specialists, there is a shortage at sub district FRUs.
- Irrational placement of multi skilled doctors seems to be a serious concern; 158 EmOC trained and 24 LSAS trained doctors are working at either 24x7 PHCs or other PHCs.
- Some MH indicators are not improving DLHS-III vs. DLHS-II (IFA consumption & full ANC). State needs to provide quality & full range of ANC services through the platform of VHNDs & also upgrade the health facilities like PHC/ CHC/ FRUs etc.

### 2. Child Health

- Neonatal mortality rate (NMR – infant deaths within 4 weeks of life per 1000 live births) at 25 (SRS 2007) accounts for 74% of the IMR, while early NMR (infant deaths within one week of life per 1000 live births) at 21 (SRS 2007) accounts for 84% of the NMR. 48 hours stay at the facility after delivery does not always take place, as highlighted in various reviews; this is clearly a missed opportunity to address early neonatal mortality. Further, it is important to note that there is no reduction in early neo-natal mortality in past two SRS (remains static at 21).
- Additionally, facility based newborn care is not easily available in the state; earlier it was reported that there is no SNCU in place.
- Pre-IMNCI training has not been started in the state.
- During the appraisal of State plan for 09-10, it was observed that, strategy for control of anaemia is missing; while state has a high burden of anaemia 71% (NFHS3).

**A. Progress on Key Indicators***1. RCH II Goals*

INDICATOR	MAHARASHTRA		INDIA	
	Trend (year & source)		Current status	RCHII/NRHM (2012) goal
Maternal Mortality Ratio (MMR)	149 (SRS 01-03)	130 (SRS 04-06)	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	42 (SRS 2003)	34 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	2.3 (SRS 2003)	2.0 (SRS 2007)	2.7 (SRS 2007)	2.1

*2. RCH II Outcomes*

S. No.	RCH OUTCOME INDICATOR	MAHARASHTRA		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	69.2	76.0	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	22.5	33.9	16.5	19.1
3.	Institutional deliveries (%)	57.9	63.6	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	70.9	69.1	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	14.0	33.6	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	42.0	44.2	30.3	33.7
7.	Use of any modern contraceptive method (%)	60.8	62.6	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	12.6	14.2	21.4	21.5

\* - Provisional results for DLHS-3

**B. Trends in Financial Expenditure***(Rs. crores)*

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	52.81	119.25	186.20	82.95
Audited Expenditure	13.76	40.53	98.53	176.37*

\* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 363.29 crores.

**C. Progress on Key Strategies***1. Demand side interventions*

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1	Janani Suraksha Yojana	5650	97390	198015	2,24,000
2	Total Sterilisation	659537	595728	554284	na
3	IUD Insertions	455862	421584	408689	na

(Source: M&E Division reports, and JSY reports from the states)

2. *Technical interventions*

S. No.	Indicators	Achievement upto March 2009	
		Number	%
1.	No. of First Referral Units (FRUs) operationalised	469	203.9 (against the target of 230 FRUs)
2.	No. of PHCs operationalised to provide 24-hour services	397	44.1 (against the target of 900 PHCs)
3.	No. of private institutions accredited under JSY	1,451	NA
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	33	94.3 (out of 35 districts)
5.	No. of people trained in IMNCI	29,320	NA
6.	No. of Village Health & Nutrition Days (VHNDs) held	4,34,468	NA

(Source: NRHM MIS report, April 2009)

## Immunization

### *Maharashtra*

#### Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	64.3	78.4	58.8	58.9	72.7	70.9	74.0
BCG	<b>86.9</b>	<b>93.7</b>	<b>95.3</b>	<b>95.6</b>	<b>92.3</b>	<b>96.2</b>	<b>95.7</b>
Measles	70.2	<b>84.3</b>	<b>84.7</b>	<b>82.3</b>	74.3	<b>85.4</b>	<b>88.4</b>
DPT 3	<b>83.1</b>	<b>89.4</b>	76.1	<b>81.0</b>	73.0	<b>88.2</b>	78.9

#### Progress

- The State has been maintaining good coverage levels of BCG at above 90% and Measles above 80%.
- The State has good AEFI surveillance system with good reporting of AEFI cases.
- The State has made good progress in training of Health workers by training 25971 workers out of 39172 over last 2 years.

#### Issues

- The State continues to have high dropout at 17.5% from BCG to DPT 3 which is critical for further improvement in full immunization coverage.
- The State needs to accelerate the trainings of Health workers which is at 66.3%, since further refresher trainings of Medical Officers and other field staff also need to be conducted.
- There is need to improve coverage of **Hepatitis B** vaccine in the state under routine immunization.

#### Comments

- The State needs to further improve service delivery and other infrastructure as **Rubella** vaccine is going to be introduced shortly in form of **MR vaccine** for children of 16-24 months.

## Brief on National TB Control Programme in Maharashtra

### 1. Infrastructure

Total Population	-	1083 lakh
No. of Districts/reporting Units	-	34 (48 Reporting Units)
No. of Tuberculosis Units (TUs)	-	552
No. of Designated Microscopy Centres (DMCs)	-	1235

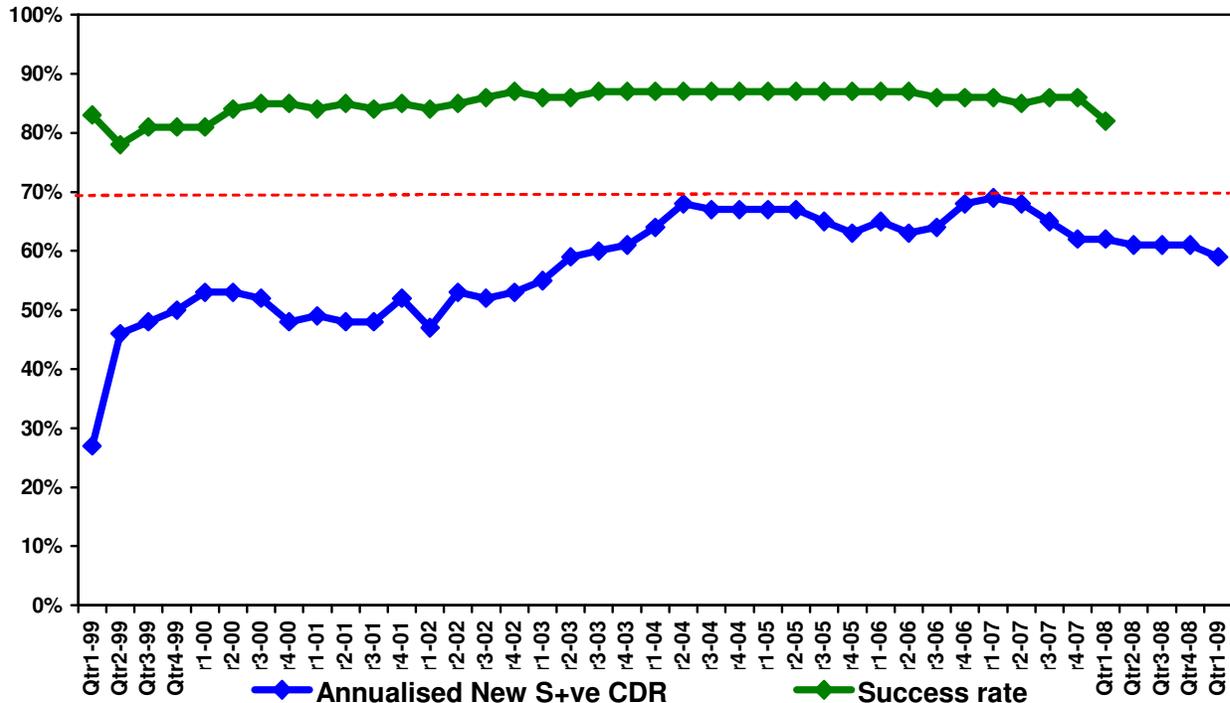
### 2. Status of Implementation

- Whole of Maharashtra with population of 1083 lakh spread in 34 districts (48 administrative units) was covered under RNTCP in phased manner and full coverage under RNTCP was attained on 6.10.2003.

### 3. State level Performance: (Based on quarterly reports for 1<sup>st</sup> quarter of 2009)

- **Overall performance of RNTCP in the State of Maharashtra is not good and shows a downward trend.** Only 146 TB suspects/lakh pop are examined which is slightly low and is the main reason for low case detection rate. Total case detection rate of 132/lakh and new sputum positive (NSP) case detection rate of 48/lakh (61%) are low.
- Sputum conversion rate of 90% is just satisfactory but cure rate of 82.0% in NSP cases is low. Cure rate of 58% in retreatment sputum positive patients is very low.

### **Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Maharashtra, 1999-2009\***



•Population projected from 2001 census

•Estimated no. of NSP cases - 80/100,000 population per year (based on recent ARTI report)

#### 4. District wise Performance (Based on quarterly reports for 1<sup>st</sup> quarter of 2009)

Many districts are not doing well.

- In 14 of 48 reporting districts less than 120 TB suspects/lakh pop are examined.
- 19 of 48 districts have very low TCD rate of <108/lakh (50%) and 14 districts have very low NSP case detection rate of <40/lakh (50%).
- 5 of 48 districts have very low sputum conversion rate of <85% and 13 districts have very low cure rate of <80% in NSP patients.

Name of Districts	TB Suspects examined per lakh population	Annualised total case detection rate/lakh (against >151/lakh)	Annualised new sputum positive case detection rate (against >56/lakh and 70%)	Sputum conversion in new cases (against >90.0%)	Cure rate in new cases (against >85%)
Ahmadnagar	111	85	35 44%	90%	83%
Akola	102	100	40 50%	80%	63%
Amravati Mun Corp	301	129	51 64%	88%	82%
Amravati Rural	142	107	35 43%	88%	83%
Aurangabad Muni Corp	174	124	57 71%	91%	86%
Aurangabad-MH	102	85	47 59%	92%	88%
Bhandara	141	103	36 45%	86%	76%
Bid	97	88	50 63%	93%	85%
Buldana	122	97	35 44%	88%	79%
Chandrapur	154	115	42 53%	88%	85%
Dhule	174	135	59 74%	91%	84%
Gadchiroli	138	114	45 57%	89%	81%
Gondiya	155	88	32 41%	84%	82%
Hingoli	115	123	45 56%	90%	84%
Jalgaon	125	109	37 46%	88%	80%
Jalna	107	86	32 40%	89%	79%
Kalyan Dombivli MC	115	177	54 68%	91%	85%
Kolhapur	144	81	31 39%	89%	79%
Kolhapur Mun Corp	128	95	28 35%	75%	82%
Latur	117	79	31 39%	79%	68%
Mumbai	186	241	71 88%	92%	87%
Nagpur Muni Corp	179	172	51 64%	89%	82%
Nagpur Rural	111	119	54 68%	93%	88%
Nanded	100	107	40 50%	90%	85%
Nanded Waghela MC	164	127	51 64%	93%	71%
Nandurbar	135	119	49 61%	89%	82%
Nashik	125	108	53 66%	93%	86%
Nashik Corp	145	138	55 69%	90%	84%
Navi Mumbai	346	244	74 93%	91%	87%
Osmanabad	87	73	36 46%	93%	85%
Parbhani	106	100	35 43%	90%	86%
Pimpri Chinchwad	198	176	60 75%	90%	84%
Pune	116	141	52 64%	91%	87%
Pune Rural	202	105	51 64%	91%	81%
Raigarh-MH	135	146	50 62%	85%	73%
Ratnagiri	163	139	51 63%	92%	85%
Sangli	195	109	43 53%	89%	84%

Sangli Muni Corp	142	120	32	<b>40%</b>	89%	88%
Satara	150	112	34	<b>43%</b>	86%	<b>72%</b>
Sindhudurg	175	131	46	58%	94%	<b>74%</b>
Solapur	144	<b>84</b>	46	58%	90%	85%
Solapur Muni Corp	177	141	55	69%	87%	<b>79%</b>
Thane	137	167	63	79%	90%	72%
Thane Muni Corp	177	247	58	73%	92%	82%
Ulhasnagar Muni Corp	169	177	64	80%	93%	<b>76%</b>
Wardha	165	119	42	52%	86%	<b>63%</b>
Washim	<b>105</b>	<b>100</b>	43	53%	<b>84%</b>	86%
Yavatmal	121	<b>102</b>	41	51%	89%	84%
<b>Overall</b>	<b>146</b>	<b>132</b>	<b>48</b>	<b>61%</b>	<b>90%</b>	<b>82%</b>

5. **Funds Status (as on 31<sup>st</sup> March 2009) (Rs. In lakh)**

C/F	Release	Bank interest	Expenditure	Balance
<b>112.00</b>	<b>2053.00</b>	<b>13.19</b>	<b>1966.05</b>	<b>212.14</b>

\* Amount in pipeline for release towards 1<sup>st</sup> installment - Rs. 392.00 lakh

6. **Drugs** : Anti TB drugs have been released as per the requirement projected in the quarterly reports.

7. **Issues:**

- **Human Resource**
  - STO (Dr. Ladda) has applied for VRS and has moved on a long leave. Dr. Chavan has joined as in charge STO. A full time and trained STO should be posted.
  - 1 Post of DD of ADHS TB and MO each vacant in STC.
  - One State Accountant of STC Pune engaged in the State NRHM Cell, Mumbai.
  - One post of Microbiologist (Contractual) vacant at STDC Pune. Posts of 2 MOs, 1 Epidemiologist of STDC Pune are also vacant and so supervisory activities are compromised.
  - 11 of 48 DTOs/CTOs posts held by adhoc persons.
  - Posts of 7 DTOs, 8 MO-DTCs, 5 MO-TCs, 5 STSs and 12 STLs are vacant at district/sub-district level. Vacant posts of these key personnel need to be filled up on priority.
- **Drug Management**
  - For 2<sup>nd</sup> Line drugs, SDS Nagpur does not make 3-monthly IP & CP boxes as per RNTCP guidelines. Instead, only 1 month pouches are being prepared & issued to the districts (as loose drugs packed in a poly-bag). This also does not allow proper recording/reporting of 2<sup>nd</sup> line drugs as recommended by the programme.
  - An equivalent quantity of drugs for 1 year, for 30 patients have been transferred to DTC Mumbai for implementation of DOTS Plus activity in the district, against a request for drugs for 50 patients. DTC should follow the recording/ reporting guidelines & send district quarterly report for 2<sup>nd</sup> line drug to CTD.
  - STC don't have proper system for transportation of drugs to the districts.
  - Training status on drug logistics not submitted by STC. The issue needs streamlining.

- **Supervision and Monitoring** – Supervisory activities are suboptimal at all level.
- **Performance**
  - Overall performance of the State is low and shows a downward trend.

Qtr/year	TB suspects examined/ lakh pop	An. TCD rate/ lakh	An. NSP Notification rate (%)		% of Retreatment Sputum positive cases out of all sputum positive patients	Sputum conversion rate in NSP	Cure rate in NSP
1 <sup>st</sup> qtr 07	147	139	55	69%	21%	91%	86%
1 <sup>st</sup> qtr 08	139	134	50	62%	23%	90%	84%
1 <sup>st</sup> qtr 09	146	132	48	60%	23%	90%	82%

- NSP case detection rate is less than 50% in 14 districts and cure rate in NSP patients is less than 80% in 13 districts.
- **Recording and Reporting** – STC and STDC lack capacity to analyse the data and compile the quarterly report.
- **TB-HIV Collaboration** – Supervisory visits by officials from STC and MSACS to districts not happening.
- **Intermediate Reference Laboratory (IRL)**
  - IRL accredited in September 2007.
  - Upgradation of Culture and DST laboratory at STDC Pune underway.
  - Upgradation of Culture and DST Laboratory at STDC Nagpur for LPA and liquid Culture methods underway.
  - STDC Pune training activity compromised due to lack of MO and epidemiologist.
  - EQA data collection, compilation and feedback lacking at STDC Pune due to lack of manpower, STDC Nagpur not monitoring the same stringently for area allocated to STDC Pune.
- **DOTS Plus**
  - DOTS Plus services were initiated in the Nagpur division (7 districts) in March 2007 and the first patient was put on treatment in August 2007
  - The state has expanded DOTS Plus services to the Akola Division (6 districts) in 2008.
  - Accreditation visits to Hinduja hospital anticipated soon.
  - Upgradation at JJ hospital underway.
  - Pune district (rural, PMC and PCMC) planned to be covered under DOTS Plus in 2009.
  - At the end of 1Q2009 the status of DOTS Plus is as follows

Total MDR Suspects examined	528
Total MDR cases detected	159
Total MDR cases on Cat IV treatment	103

(Gujarat in the same period has examined 698 suspects, diagnosed 232 cases and put 159 patients on treatment)

- Issues in DOTS Plus
  - Intake of patients is slow
  - 8 out of 34 patients enrolled on treatment in 4 Q07 have defaulted

- Contamination and culture negativity of the IRL at Nagpur are high
- **ACSM**
  - ACSM is not visible and community awareness is low. Community based activities needs to be strengthened. State IEC officer should visit the field for monitoring the district level IEC activities.
  - Only 2 Communication facilitators for one district each. Rest 6 removed in 2008.
- **Participation of Private Sector/Medical College** – Only 41 out of 54 Medical Colleges in the State are participating in RNTCP. Remaining Medical Colleges also need to be involved. Authorised staff are provided not to all participating medical colleges.
- **NRHM** – Support received for upgradation of Liquid Culture Laboratories at STDC Pune and Nagpur.

## Fact Sheet on NVBDCP - Maharashtra

### Background Information

The State has 37 districts with a population of 96.88 million. There are 407 CHCs, 1800 PHCs, 10453 Sub-centres and 43711 villages. There are 9598 Multipurpose Workers (Female)/ANM, 6097 Health Worker (Male), 1718 Health Assistants (Female)/LHV, 1800 Health Assistant (Male) and 769 Laboratory Technician.

### Malaria

#### Epidemiological Situation

Year	Total slide examined	Total Malaria cases	Total Pf cases	Deaths
2006	16937173	54420	17506	133
2007	13559505	67850	22691	182
2008	13236115	67321	22238	164
2009(Upto March)	3003333	9764	2911	16

- The malaria incidence in the state is showing marginal increase in total cases as well as Pf cases during the last three years.
- 5 high endemic districts have been identified to be covered under World Bank Assisted National Vector Borne Disease Control Support Project during Phase-II.

### Filaria

- The goal of Elimination of Lymphatic Filariasis in the country is set to be achieved by 2015. In pursuance to achieve this, Government of India during 2004 initiated Mass Drug Administration (MDA) with annual single dose of DEC tablets to all the population living at the risk of filariasis excluding pregnant women, children below 2 years of age and seriously ill persons. The population coverage of MDA in the state was 78.68% in 2004, 90.23% in 2005, 87.80% in 2006, 88.39% in 2007 and 89.71% in 2008.
- Line listing of Lymphoedema and Hydrocele cases was also initiated in 2004 for Morbidity management and as per updated report (2007), there are 56699 Lymphoedema and 50096 Hydrocele cases.

**Japanese Encephalitis:** Districts Amravati, Nagpur Rural and Bhandara were taken up for JE vaccination during 2007 and district Yeotmal was covered during 2008. The cases and deaths are as below:

Year	Cases	Deaths
2006	1	0
2007	0	0
2008	24	0
2009 (Prov. Upto March)	0	0

**Dengue/DHF:** The incidence is given below:

Year	Cases	Deaths
2006	736	25
2007	614	21
2008	743	22
2009(Upto 27 <sup>th</sup> May.)	120	1

**Chikungunya:** Earlier in 2007, 37 districts of the state reported 1762 suspected Chikungunya cases and in 2008, the state reported 853 cases. In 2009 till 27<sup>th</sup> May, 155 suspected Chikungunya have been reported. Out of 29 samples sent for testing, 16 were confirmed for Chikungunya.

For proactive surveillance 15 Sentinel Surveillance Hospitals with laboratory support have been identified in the state. All these 15 Sentinel Surveillance Hospitals linked with National Institute of Virology, Pune which has been identified as Apex Referral Laboratory. NIV Pune has been entrusted the supply of IgM ELISA test kits to the identified institutes.

#### Central assistance

Year	(Rs. in Lakhs)					
	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	218.38	866.48	1084.86	218.38	374.86	593.24
2005-06	196.60	1821.98	2018.58	444.54	370.57	815.11
2006-07	652.83	871.01	1523.84	1005.22	266.79	1272.01
2007-08	880.44	1025.41	1905.85	663.31	1188.08	1851.39
2008-09	1140.69	540.14	1680.83	733.32	230.79	964.11
2009-10(B.E.)	361.00	600.61	961.61			

#### Issues:

##### Malaria:

- Acceleration of anti malaria activities in Brihan Mumbai Corporation (BMC) would require intersectoral coordination, for improving surveillance and management of malaria cases, particularly severe and complicated cases of Pf.
- Although, Government of Maharashtra has initiated action for management of lymphodema and surgical operation of Hydrocele, strengthening of PHCs/CHCs would be required to sustain such interventions.
- Sentinel surveillance system for Dengue and JE needs to be established in endemic districts.
- Out of 116 contractual male MPW, 21 yet to be filled up.

##### Filaria:

- The line listing of lymphoedema and hydrocele cases needs to be mapped for each district indicating the village-wise list in order to provide morbidity management.

##### Japanese Encephalitis/Acute Encephalitis Syndrome:

- Intensive surveillance in the affected areas should be carried out.
- Sentinel surveillance sites and treatment centres in the JE endemic districts need to be strengthened.
- Most of the cases are reported at Private clinics / hospitals that need to be involved in timely diagnosis and prompt management including transportation / referral protocols for serious patients.
- Trained teams of Clinicians and Nurses should be developed by the state.
- Vaccine coverage report along with detailed report on AEFI cases should be submitted to Dte. of NVBDCP.

## STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN MAHARASHTRA

- **Epidemiological scenario-**  
The state has already achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 9866 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**  
During 2008-09, a total of 14274 new leprosy cases were detected as compared to 12397 new cases detected during the corresponding period of previous year. Out of 12252 cases discharged during the year, 11516 cases (94%) were released as cured after completing treatment.
- **Reconstructive Surgery for leprosy affected persons-**  
There are 6 Govt. hospitals/medical colleges and 6 NGO institutions recognized by GOI for providing reconstructive surgery services to leprosy affected persons with disability in the state. In the year 2008-09, about 530 reconstructive surgeries were performed in these institutions.
- During 2008-09, NLEP action plan amounting to Rs.300.34 lakh has been approved for the State.

### Issues -

1. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out in-depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
  - (i) Ensuring completion of treatment in each of the new cases detected.
  - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
  - (iii) Carrying out family contact survey against all multibacillary and child cases.
2. The State has listed around 2100 grade II disability cases in the last 5 years. RCS services are being provided by 12 GOI recognised institutions. The state should utilize the services of these institutions effectively for conducting RCS so that the backlog of leprosy cases with disability could be reduced.
3. There are about 32 leprosy colonies in the state. The state should ensure provision of proper health care facilities like ulcer care, provision of supportive drugs and dressing materials to the persons affected with leprosy residing in these colonies.

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS  
STATUS NOTE ON MAHARASHTRA**

**Magnitude:**

Prevalence of blindness: 2001 0.95%  
Estimated blind persons 9.19 lakhs

**Infrastructure developed**

Upgraded Medical Colleges 5  
Upgraded District Hospitals 39  
District Blindness Control Societies 29  
Mobile Eye Care Units 33  
Eye Banks 84  
Upgraded PHC's 612

**Cataract Performance**

YEAR	TARGET	ACHIEVEMENT
2007-2008	550000	712305
2008-2009*	725000	718606

**School Eye Screening**

YEAR	TEACHER TRAINED IN SCREENING FOR REFRACTIVE ERRORS	SCREENED	DETECTED WITH REFRACTIVE ERRORS	PROVIDED FREE GLASSES
2007-08	0	2407477	70011	21454
2008-09	0	3559885	97567	74062

**GIA released to Distt. Blindness Control Societies/ State Blindness Control Society**

*(Rs in lakhs)*

YEAR	RELEASED	EXPENDITURE	BALANCE
2007-2008	1217.50	941.54	275.96
2008-2009	1238.49	1812.190	-574.41

**Issues:-**

- UCs for GIA released to State Blindness Control Society are not being received timely.
- SOE for Cash Grant are also not being received timely.
- Perform
- mance of School Eye Screening Programme needs to be improved.

**NIDDCP**

**Maharashtra**

	<b>Activity</b>	<b>Amount proposed</b>	<b>Amount Approved</b>	<b>Remarks</b>
<b>1</b>	Establishment of IDD Control Cell	8.50	6.00	The State Government may carry out the activities as per the fund allocation of GOI.
<b>2</b>	Establishment of IDD Monitoring Lab	5.50	3.50	
<b>3</b>	Health Education and Publicity including activities of global IDD day celebrations	12.00	12.00	
<b>4</b>	IDD surveys	3.00	2.50	
	Total	29.00	24.00	

## Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

NATIONAL RURAL HEALTH MISSION							
Maharashtra							
Total MFP Approvals		18536	23268.76	49789.00	66780.42		
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
<b>ASHAs</b>							
1	ASHA		900	336.36	1633.97	4176.8	
	<b>TOTAL</b>		<b>900</b>	<b>336.36</b>	<b>1633.97</b>	<b>4176.8</b>	
<b>Infrastructure related matters</b>							
2	Repairs & New Construction					7076	
3	Repairs & new Construction				6570		
4	Facilities required for RH/PHCs/SHC				320.7		
5	Construction of CHC			1500.00			
6	Construction of PHC			1200.00			
7	Construction of Sub Centres		1444.8	2500			
8	Establishment of Block Level Training Centres					296.4	
9	Upgradation of CHC to IPHS	2100	5540				

10	Upgradation of Health Institutions				7531.32	13118.2	
11	Strengthening of District Hospitals			400.00			
12	Strengthening the Nursing Schools & Services			1500.00	1124.76	1715.70	
13	Enhancing capacity building of ANMTC		10	800.00			
14	establishment of Block Level Training Institutes				505.40		
15	MMU			1579.20	506.71	1376.97	
16	Additional MMU for Gadchiroli and Gondia Districts					350.6	
17	Emergency & Referral Services				610.5		
18	Solar power back-up system			400.00	304.00	592.50	
19	Solar water heating system					130.50	
20	Strengthening of physical infrastructure and facilities						
21	Strengthening of PHC Lab Facility					309	
22	Call centre for Medical Emergencies					13.77	
	<b>TOTAL</b>	<b>2100</b>	<b>6994.8</b>	<b>9879.2</b>	<b>17473.39</b>	<b>24979.64</b>	
	<b>Human Resources related matters</b>						
23	Additional Staff Nurse in PHCs		480.00		1632.00	1587	
24	Supervisory Nurse in PHCs		1087.20	509.04	1596.00	1839.00	
25	Additional ANM at SHC		2662	1200	4320	5101	
26	Creation of Nursing cell at the Directorate		10.00				
27	Volunteer to Tribal PHCs				14.35	20.5	
28	Hardship allowance to staff					256.8	
	<b>TOTAL</b>		<b>4239.20</b>	<b>1709.04</b>	<b>7562.35</b>	<b>8804.30</b>	
	<b>Programme Management related matters</b>						
29	SHSRC		20	20	74.19	100	
30	SPMU				134.56	148.78	
31	FMG					89.78	
32	BPMU				1351.58	1491.07	
33	M&E @ State Level		40	20.00	159.02	708.25	
34	M & E initiatives at the District Level		165				
35	M&E				651.63		
36	Block Supervisory Teams		1980	1500			

37	Strengthen supervision and monitoring system					390.7	
38	Community Based Monitoring					244.32	
39	Support services for Staff/Patients/Doctors			157.00			
40	Mobility support					1154.9	
41	Preparation of DHP	350			205	195	
42	Preparation of District & State Public reports				18.5	18.5	
43	Formation of Grievances Cell @ SHS					1.8	
44	Infrastructure Development Wing			354.72	553.32	651	
45	IPHS Monitoring Wing					198	
46	IPHS Wing				166.32	198	
	<b>TOTAL</b>	<b>350</b>	<b>2205</b>	<b>2051.72</b>	<b>3314.12</b>	<b>5590.1</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS funds related matters</b>							
47	Rogi Kalyan Samiti		196		2390	2408	
48	Rogi Kalyan Samiti- DH			125.00			
49	Rogi Kalyan Samiti- Referral Hospital			381.00			
50	Rogi Kalyan Samiti-PHC			1818.00			
51	Untied funds to Health Institutions					1948.4	
52	Untied Fund				1734.25		
53	Untied Fund for CHC			95.25			
54	Untied Fund for PHC		445				
55	Untied Fund for SC	973	387	1053.50			
56	Untied Fund for VHSC		1500	1650	4345.75	4109.5	
57	Untied Fund under NRHM				100		
58	Annual Maintenance Grant				2535	2450.9	
59	Annual Maintenance Grant- DH			125.00			
60	Annual Maintenance Grant - CHC			381.00			
61	Annual Maintenance Grant -PHC		890	500			
	<b>TOTAL</b>	<b>973</b>	<b>3418</b>	<b>6128.75</b>	<b>11105</b>	<b>10916.8</b>	
<b>Training &amp; Capacity Building related matters</b>							
62	Training & Capacity Building Plan under NRHM			778.00	2403.06	1637.01	
63	Training plan for Nursing Staff				89.6	143.5	
64	Training of DEOs			40.00			
	<b>TOTAL</b>			<b>818.00</b>	<b>2492.66</b>	<b>1780.51</b>	
<b>Innovations related matters</b>							
65	Health Melas		384				

66	School Health Programme			1500.00	2500	3083.39	
67	Health Insurance Scheme			50.00	50.00		
68	Innovative Scheme: Comprehensive Health care Scheme			220	908.5	484	
69	Supply of Drugs to CHCs/PHCs		70				
70	Management of Sickle cell anaemia		50		341.11	1043.45	
71	Supply of Drugs to District hospitals		75				
72	Procurement plan of state				345.96		
73	Procurement for RCH					4205.63	
74	Strengthen Procurement services					203.96	
75	Computerisation of HMIS			250.00			
76	IT interventions in the state		200	200			
77	Implementation of new strategic interventions under State Health Policy			5.00			
78	AYUSH			114.24	195.6		
79	PPP				105.4	105.4	
80	IEC Activities				1103.96	500.46	
81	Quality Assurance Project			6.44	35	56	
82	Communication facility					69.21	
83	Telemedicine				176	517.7	
84	Oral Health Programme					42.8	
85	Geriatric care				300	250.26	
86	Maher Scheme				146.25	168	
87	Drug supply for CHC/FRU	2180					
	<b>TOTAL</b>	<b>2180</b>	<b>779</b>	<b>2345.68</b>	<b>6207.78</b>	<b>10730.26</b>	