



Public Health Department Government of Maharashtra

Comprehensive Note for 1st Session of Year 2025 March 2025

Part - 1

**Commissionerate Health Services, Mumbai
Arogya Bhawan, St. Georges Hospital Campus, P.D.Mello Road,
Mumbai**

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CHAPTER 1

MAHARASHTRA AT A GLANCE

- Maharashtra, area wise the third largest State in the country, ranks second in population.
- As per Census 2011 total Population of Maharashtra State is 1123.74 lakhs.
- Out of this 45.22% is Urban Population (508 Lakhs) while rural population is 54.77% (615 lakhs).
- Sex Ratio is 929 females per 1000 males & Child Sex Ratio is 876 female child population per 1000 male child population. (SRS 2020, Bulletin published in Oct 2022).
- The State occupies 12th position in Literacy Rate which is 82.3%.
- Per capita income for the year at current prices is expected to be Rs. 215233 (Source – Economic Survey of Maharashtra – 2022-2023)
- As per Sample Registration System (SRS 2020, Bulletin published in Oct 2022) Crude Birth Rate is 15.0, Crude Death Rate is 5.5 per 1000 Population.
- Infant Mortality Rate of Maharashtra is 16 (SRS 2020, Bulletin Oct 2022) per 1000 live births.
- Life Expectancy at birth : Total – 72.9, Male – 71.6 & Female – 74.3 (SRS Abridged Life Tables 2016-2020)
- As per Special Bulletin on Maternal Mortality in India 2011-2013, Maternal Mortality Ratio was 68 per 100000 live births. As per Special Bulletin on Maternal Mortality in India 2018-20 (Nov. 2022 Publication), Maternal Mortality ratio has reduced to 33 per 100000 live births. Maharashtra now ranks second lowest in Maternal Mortality ratio among major states of India.
- Total Fertility Rate for the SRS 2020, Bulletin published in Oct 2022 is 1.5

COMPARISION OF IMPORTANT INDICATORS - MAHARASHTRA AND INDIA

Features	Maharashtra	India
Area (Square Km.) (1000)	307.7	3287
% of State area to total area in Country	9.4	-
No. of Districts	36	640
No. of Sub Districts	355	5924
No. of Towns (Incl.CT)	534	7933
No. of Villages	43662	640930
Population (in millions)	112.37	1210.72
% State Population to Total population of country	9.28	-
Urban Population	50.818 Million	377.10 Million
% of Urban Population to Total Population	45.22	31.15
Rural Population	61.556 Million	833.62 Million
% of Rural Population to Total Population	54.77	68.85
Population Density / Sq.Km.	365	382
Sex Ratio	929	943
Child Sex Ratio	894	919
Literacy Rate (%)	82.91	74.04
Female Literacy Rate (%)	75.48	65.46

Source - Census 2011

Maharashtra State - Census 2011 – District wise population

Sr. No.	State / District Name	Population	Decadal Growth Rate	Sex Ratio	Child Sex Ratio	Popu. Density/sq.km.	Average Family Size
		Persons	2001-11	2011	2011	2011	2011
	MAHARASHTRA	112374333	15.99	929	894	365	4.6
1	Mumbai	3085411	-5.75	832	914	20038	4.4
2	Mumbai (Suburban)	9356962	8.01	860	913	20925	4.4
3	Raigarh	2634200	19.36	959	935	368	4.3
4	Thane	11060148	35.94	886	924	1157	4.4
5	Pune	9429408	30.34	915	883	603	4.4
6	Solapur	4317756	12.1	938	883	290	4.9
7	Kolhapur	3876001	9.96	957	863	504	4.6
8	Ratnagiri	1615069	-4.96	1122(1)	936	196	4.1
9	Sangli	2822143	9.18	966	867	329	4.7
10	Satara	3003741	6.94	988	895	287	4.6
11	Sindhudurg	849651	-2.3	1036(2)	922	163	4.0
12	Ahmednagar	4543159	12.43	939	852	266	4.9
13	Dhule	2050862	19.96	946	898	285	5.0
14	Jalgaon	4229917	14.71	925	842	359	4.7
15	Nandurbar	1648295	25.5	978	944	276	5.1
16	Nashik	6107187	22.33	934	890	393	5.0
17	Aurangabad	3701282	27.33	923	858	365	4.9
18	Hingoli	1177345	19.43	942	882	244	5.1
19	Jalna	1959046	21.84	937	870	255	5.0
20	Parbhani	1836086	20.18	947	884	295	5.1
21	Akola	1813906	11.6	946	912	321	4.6
22	Amravati	2888445	10.77	951	935	237	4.5
23	Buldana	2586258	15.93	934	855	268	4.6
24	Washim	1197160	17.23	930	863	244	4.6
25	Yavatmal	2772348	12.9	952	922	204	4.3
26	Bid	2585049	19.65	916	807	242	4.8
27	Latur	2454196	18.04	928	889	343	5.1
28	Nanded	3361292	16.7	943	910	319	5.1
29	Osmanabad	1657576	11.69	924	867	219	4.7
30	Bhandara	1200334	5.52	982	950	293	4.3
31	Chandrapur	2204307	5.95	961	953 (3)	192	4.1
32	Gadchiroli	1072942	10.46	982	961 (1)	74	4.3
33	Gondiya	1322507	10.13	999(3)	956 (2)	253	4.5
34	Nagpur	4653570	14.39	951	931	470	4.5
35	Wardha	1300774	4.8	946	919	205	4.2

After Census 2011, Palghar district has been created as new district from Thane District. Population of Palghar District is 29,90,116 & population of Thane District is 80,70,032.

Maharashtra State Population – Census 2011
District & Corporation wise population

Sr. No.	District	Population		
		Rural	Urban	Total
1	Br.Mumbai		12442373	12442373
2	Thane	2545470	1057785	3603255
	Thane Corporation		1841488	1841488
	Bhivandi Corporation		709665	709665
	Kalyan Corporation		1247327	1247327
	M.Bhaindar Corporation		809378	809378
	New Mumbai Corporation		1120547	1120547
	Vasai Virar Corporation		1222390	1222390
	Ulhasnagar Corporation		506098	506098
	Thane Total	2545470	8514678	11060148
3	Raigad	1664005	970195	2634200
4	Ratnagiri	1351346	263723	1615069
5	Sindhudurg	742645	107006	849651
6	Nashik	3509814	630092	4139906
	Nashik Corporation		1486053	1486053
	Malegaon Corporation		481228	481228
	Nashik Total	3509814	2597373	6107187
7	Dhule	1479826	195477	1675303
	Dhule corporation		375559	375559
	Dhule Total	1479826	571036	2050862
8	Nandurbar	1372821	275474	1648295
9	Jalgaon	2887206	882483	3769689
	Jalgaon corporation		460228	460228
	Jalgaon Total	2887206	1342711	4229917
10	A'nagar	3630542	561758	4192300
	A'nagar corporation		350859	350859
	Ahmednagar Total	3630542	912617	4543159
11	Pune	3678226	899032	4577258
	Pune Corporation		3124458	3124458
	Pimpri-Chinchwad corp.		1727692	1727692
	Pune Total	3678226	5751182	9429408
12	Solapur	2918665	447533	3366198
	Solapur Corporation		951558	951558
	Solapur Total	2918665	1399091	4317756
13	Satara	2433363	570378	3003741
14	Kolhapur	2645992	680773	3326765
	Kolhapur Corporation		549236	549236
	Kolhapur total	2645992	1230009	3876001
15	Sangli	2102786	216564	2319350
	Sangli Corporation		502793	502793
	Sangli Total	2102786	719357	2822143
16	Aurangabad	2081112	445054	2526166

Sr. No.	District	Population		
		Rural	Urban	Total
	Aurangabad Corporation		1175116	1175116
	Aurangabad Total	2081112	1620170	3701282
17	Jalna	1581617	377429	1959046
18	Parbhani	1266280	262636	1528916
	Parbhani Corporation		307170	307170
	Parbhani Total	1266280	569806	1836086
19	Hingoli	998612	178733	1177345
20	Latur	1829216	242040	2071256
	Latur Corporation		382940	382940
	Latur Total	1829216	624980	2454196
21	Osmanabad	1376519	281057	1657576
22	Beed	2070751	514298	2585049
23	Nanded	2447394	363459	2810853
	Nanded Corporation		550439	550439
	Nanded Total	2447394	913898	3361292
24	Akola	1094165	293924	1388089
	Akola corporation		425817	425817
	Akola Total	1094165	719741	1813906
25	Washim	985747	211413	1197160
26	Amravati	1851158	390230	2241388
	Amravati Corporation		647057	647057
	Amravati Total	1851158	1037287	2888445
27	Yavatmal	2174195	598153	2772348
28	Buldhana	2037398	548860	2586258
29	Nagpur	1474811	773094	2247905
	Nagpur Corporation		2405665	2405665
	Nagpur Total	1474811	3178759	4653570
30	Wardha	877474	423300	1300774
31	Bhandara	966503	233831	1200334
32	Gondia	1096577	225930	1322507
33	Chandrapur	1428929	454999	1883928
	Chandrapur Corporation		320379	320379
	Chandrapur Total	1428929	775378	2204307
34	Gadchiroli	954909	118033	1072942
State Total		61556074	50818259	112374333

- As per Census 2011, there are total 23 corporations. After Census 2011, 4 corporations namely Parbhani, Latur, Chandrapur and Panvel (2016) have been newly established. Presently there are total 27 Corporations in the State.

Population Projections:

Source –National Health Profile 2020 by CBHI

Projected Population:

Projected Population – 2024 to 2030 ('000)		
Year	India	Maharashtra
2024	1400744	127360
2025	1413324	128334
2026	1425908	129308
2027	1436478	130137
2028	1447051	130965
2029	1457628	131794
2030	1465102	132622

% Population of age 60 + to Total Population by Sex & Residence 2019			
Area	Sex	India	Maharashtra
Total	Total	8.1	8.9
	Male	7.8	8.5
	Female	8.4	9.3
Rural	Total	8.0	9.9
	Male	7.6	9.2
	Female	8.3	10.6
Urban	Total	8.4	7.7
	Male	8.3	7.7
	Female	8.5	7.7

Projected Crude Birth Rate – 2011-2035		
Year	India	Maharashtra
2011 - 2015	20.1	15.2
2016 - 2020	17.9	13.9
2021 - 2025	16.0	12.4
2026 - 2030	14.4	11.4
2031 - 2035	13.1	10.4

Projected Crude Death Rate – 2011-2035		
Year	India	Maharashtra
2011 - 2015	7.2	6.6
2016 - 2020	7.1	7.0
2021 - 2025	7.0	7.2
2026 - 2030	7.1	7.6
2031 - 2035	7.3	8.0

INTER STATE COMPARISON OF VITAL RATES						
State	CBR*	CDR*	IMR*	Life expectancy #		Sex Ratio \$
				Male	Female	
Maharashtra	15.0	5.5	16	71.6	74.3	929
Karnataka	16.5	6.2	19	67.9	71.9	973
Andhra Pradesh	15.7	6.3	24	69.1	72.2	993
Tamil Nadu	13.8	6.1	13	71.0	75.5	996
Kerala	13.2	7.0	6	71.9	78.0	1084
Gujarat	19.3	5.6	23	68.1	73.2	919
Madhya Pradesh	24.1	6.5	43	65.5	69.5	931
India	19.5	6.0	28	68.6	71.4	943
Source: * SRS 2020, <i>Bulletin published in Oct 2022.</i> \$ Census 2011. # SRS Based Abridged Life Tables 2016-20						

VITAL RATES - Crude Birth Rate, Crude Death Rate, Infant Mortality Rate.						
YEAR	MAHARASHTRA			INDIA		
	C.B.R.	C.D.R.	I.M.R.	C.B.R.	C.D.R.	I.M.R.
1991	26.2	8.2	60	29.5	9.8	80
1992	25.3	7.9	59	29.2	10.1	79
1993	25.2	7.3	50	28.7	9.3	74
1994	25.1	7.5	55	28.7	9.3	74
1995	24.5	7.5	55	28.3	9.0	74
1996	23.4	7.4	48	27.5	9.0	72
1997	23.1	7.3	47	27.2	8.9	71
1998	22.5	7.7	49	26.5	9.0	72
1999	21.1	7.5	48	26.0	8.7	70
2000	20.9	7.5	48	25.8	8.5	68
2001	20.7	7.5	45	25.4	8.4	66
2002	20.3	7.3	45	25.0	8.1	63
2003	19.9	7.2	42	24.8	8.0	60
2004	19.1	6.2	36	24.1	7.5	58
2005	19.0	6.7	36	23.8	7.6	58
2006	18.5	6.7	35	23.5	7.5	57
2007	18.1	6.6	34	23.1	7.4	55
2008	17.9	6.6	33	22.8	7.4	53
2009	17.6	6.7	31	22.5	7.3	50
2010	17.1	6.5	28	22.1	7.2	47
2011	16.7	6.3	25	21.8	7.1	44
2012	16.6	6.3	25	21.6	7.0	42
2013	16.5	6.2	24	21.4	7.0	40
2014	16.5	6.0	22	21.0	6.7	39
2015	16.3	5.8	21	20.8	6.5	37
2016	15.9	5.9	19	20.4	6.4	34
2017	15.7	5.7	19	20.2	6.3	33
2018	15.6	5.5	19	20.0	6.2	32
2019	15.3	5.4	17	19.7	6	30
2020	15.0	5.5	16	19.5	6	28
Source : Sample Registration System By RG, India						

Sample Registration System (SRS) Vital Rates
Crude Birth Rate (CBR)

Year	India			Maharashtra			Tamilnadu			Kerala			Globe
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	
2001	27.1	20.2	25.4	21.0	20.1	20.6	19.6	17.8	19	17.4	16.6	17.2	17 (World Population Data Sheet 2022)
2002	26.6	19.9	25.0	20.5	19.8	20.2	19.1	17.5	18.5	17.0	16.3	16.8	
2003	26.4	19.8	24.8	20.1	19.4	19.9	18.8	17.3	18.3	16.9	16.0	16.7	
2004	25.9	19.0	24.1	19.9	17.9	19.1	17.8	16.2	17.1	15.4	14.6	15.2	
2005	25.6	19.1	23.8	19.6	18.2	19.0	16.9	16.0	16.5	15.1	14.8	15.0	
2006	25.2	18.8	23.5	19.2	17.5	18.5	16.5	15.9	16.2	15.0	14.6	14.9	
2007	24.7	18.6	23.1	18.7	17.3	18.1	16.0	15.5	15.8	14.8	14.5	14.7	
2008	24.4	18.5	22.8	18.4	17.2	17.9	16.2	15.8	16.0	14.6	14.6	14.6	
2009	24.1	18.3	22.5	18.1	16.9	17.6	16.5	16.0	16.3	14.6	14.9	14.7	
2010	23.7	18.0	22.1	17.6	16.4	17.1	16.0	15.8	15.9	14.8	14.8	14.8	
2011	23.3	17.6	21.8	17.3	15.8	16.7	16.0	15.7	15.9	15.4	14.4	15.2	
2012	23.1	17.4	21.6	17.4	15.5	16.6	15.8	15.6	15.7	15.1	14.2	14.9	
2013	22.9	17.3	21.4	17.2	15.4	16.5	15.7	15.5	15.6	15.0	14.0	14.7	
2014	22.7	17.4	21.0	16.8	16.0	16.5	15.5	15.4	15.4	14.9	14.8	14.8	
2015	22.4	17.3	20.8	16.6	15.9	16.3	15.3	15.2	15.2	14.8	14.8	14.8	
2016	22.1	17.0	20.4	16.3	15.5	15.9	15.1	15.0	15.0	14.3	14.4	14.3	
2017	21.8	16.8	20.2	16.0	15.4	15.7	15.0	14.9	14.9	14.1	14.2	14.2	
2018	21.6	16.7	20.0	15.9	15.2	15.6	14.8	14.6	14.7	13.8	14.0	13.9	
2019	21.4	16.4	19.7	15.6	15.0	15.3	14.3	14.0	14.2	13.4	13.7	13.5	
2020	21.1	16.1	19.5	15.3	14.6	15.0	14.0	13.6	13.8	13.1	13.3	13.2	

Infant Mortality Rate (IMR)

Year	India			Maharashtra			Tamilnadu			Kerala			Globe
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	
2001	72	42	66	55	27	45	54	35	49	12	9	11	29 (World Population Data Sheet 2022)
2002	69	40	64	52	34	45	50	32	44	11	8	10	
2003	66	38	60	48	32	42	48	31	43	12	10	11	
2004	64	40	58	42	27	36	45	35	41	13	9	12	
2005	64	40	58	41	27	36	39	34	37	15	12	14	
2006	62	39	57	42	26	35	39	33	37	16	12	15	
2007	61	37	55	41	24	34	38	31	35	14	10	13	
2008	58	36	53	40	23	33	34	28	31	12	10	12	
2009	55	34	50	37	22	31	30	26	28	12	11	12	
2010	51	31	47	34	20	28	25	22	24	14	10	13	
2011	48	29	44	30	17	25	24	19	22	13	9	12	
2012	46	28	42	30	17	25	24	18	21	13	9	12	
2013	44	27	40	29	16	24	24	17	21	13	9	12	
2014	43	26	39	27	14	22	23	16	20	14	10	12	
2015	41	25	37	26	14	21	22	16	19	13	10	12	
2016	38	23	34	24	13	19	20	14	17	10	10	10	
2017	37	23	33	23	14	19	19	14	16	9	10	10	
2018	36	23	32	24	14	19	18	12	15	9	5	7	
2019	34	20	30	22	12	17	17	12	15	7	5	6	
2020	31	19	28	20	11	16	15	10	13	4	9	6	

Maternal Mortality Ratio (MMR)

Year	India	Maharashtra	Tamilnadu	Kerala	Globe
2001-03	301	149	134	110	211 (Estimated 2017 Global MMR)
2004-06	254	130	111	95	
2007-09	212	104	97	81	
2010-12	178	87	90	66	
2011-13	167	68	79	61	
2014-16	130	61	66	46	
2015-17	122	55	63	42	
2016-18	113	46	60	43	
2017-19	103	38	58	30	
2018-20	97	33	54	19	

Total Fertility Rate (TFR)

Year	India	Maharashtra	Tamilnadu	Kerala	Globe
1998-99 *	2.85	2.52	2.19	1.96	2.3 (World Population Data Sheet 202)
2005-06 *	2.68	2.11	1.80	1.93	
2008-09**	2.60	1.9	1.7	1.7	
2012**	2.4	1.8	1.7	1.8	
2013**	2.3	1.8	1.7	1.8	
2014**	2.3	1.8	1.7	1.9	
2015**	2.3	1.8	1.6	1.8	
2016**	2.3	1.8	1.6	1.8	
2017**	2.2	1.7	1.6	1.7	
2018**	2.2	1.7	1.6	1.7	
2019**	2.1	1.6	1.5	1.6	
2020**	2.0	1.5	1.4	1.5	

*as per NFHS (National Family Health Survey) ** SRS (Sample Registration System-Time Series Data)

Crude Death Rate (CDR)

Year	India			Maharashtra			Tamilnadu			Kerala			Globe
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	
2001	9.0	6.3	8.4	8.5	5.9	7.5	8.4	6.0	7.6	6.8	6.1	6.6	8 (World Population Data Sheet 2022)
2002	8.7	6.1	8.1	8.3	5.6	7.3	8.6	5.9	7.7	6.4	6.2	6.4	
2003	8.7	6	8	8.2	5.6	7.2	8.5	5.6	7.6	6.4	6.1	6.3	
2004	8.2	5.8	7.5	6.8	5.4	6.2	8.1	6.7	7.5	6	6.4	6.1	
2005	8.1	6.0	7.6	7.4	5.7	6.7	8.2	6.2	7.4	6.3	6.5	6.4	
2006	8.1	6.0	7.5	7.4	5.8	6.7	8.3	6.4	7.5	6.8	6.5	6.7	
2007	8.0	6.0	7.4	7.3	5.7	6.6	8	6.3	7.2	6.9	6.4	6.8	
2008	8.0	5.9	7.4	7.4	5.6	6.6	8.2	6.3	7.4	6.7	6.4	6.6	
2009	7.8	5.8	7.3	7.6	5.5	6.7	8.5	6.6	7.6	6.8	6.5	6.8	
2010	7.7	5.8	7.2	7.5	5.3	6.5	8.2	6.9	7.6	7.1	6.7	7.0	
2011	7.6	5.7	7.1	7.3	5.1	6.3	8.1	6.4	7.4	7.1	6.6	7.0	
2012	7.6	5.6	7.0	7.3	5.0	6.3	8.2	6.4	7.4	7.0	6.5	6.9	
2013	7.5	5.6	7.0	7.1	5.0	6.2	8.1	6.3	7.3	7.0	6.6	6.9	
2014	7.3	5.5	6.7	6.8	4.8	6.0	7.9	6.2	7.0	6.8	6.5	6.6	
2015	7.1	5.4	6.5	6.6	4.7	5.8	7.6	6.0	6.7	6.7	6.4	6.6	
2016	6.9	5.4	6.4	6.9	4.6	5.9	7.1	5.7	6.4	7.3	7.8	7.6	
2017	6.9	5.3	6.3	6.6	4.6	5.7	7.6	5.9	6.7	7.2	6.5	6.8	
2018	6.7	5.1	6.2	6.3	4.5	5.5	7.8	5.3	6.5	7.1	6.7	6.9	
2019	6.5	5.0	6.0	6.2	4.4	5.4	7.4	4.9	6.1	7.1	7.2	7.1	
2020	6.4	5.1	6.0	6.2	4.6	5.5	7.2	5.1	6.1	7.0	7.1	7.0	

Time Series Data - 2017 as per Sample Registration System (SRS by RGI, GOI) (Updates July 2020)

Sl. No.	States	Crude Birth rate							Infant Mortality Rate							Crude Death Rate							TFR						
		2013	2014	2015	2016	2017	Rank		2013	2014	2015	2016	2017	Rank		2013	2014	2015	2016	2017	Rank		2013	2014	2015	2016	2017	Rank	
							2005	2017						2005	2017						2005	2017						2005	2017
	ALL INDIA	21.4	21.0	20.8	20.4	20.2			40	39	37	34	33			7.0	6.7	6.5	6.4	6.3			2.3	2.3	2.3	2.3	2.2		
1	Andhra Pr.	17.4	17.0	16.8	16.4	16.2	16	18	39	39	37	34	32	27	26	7.3	7.3	7.1	6.8	7.2	25	33	1.8	1.8	1.7	1.7	1.6	10	2
2	Assam	22.4	22.4	22.0	21.7	21.2	27	28	54	49	47	44	44	31	35	7.8	7.2	7.1	6.7	6.5	32	22	2.3	2.3	2.3	2.3	2.3	26	16
3	Bihar	27.6	25.9	26.3	26.8	26.4	34	36	42	42	42	38	35	29	28	6.6	6.2	6.2	6.0	5.8	30	14	3.4	3.2	3.2	3.3	3.2	34	22
4	Chhattisgarh	24.4	23.4	23.2	22.8	22.7	30	29	46	43	41	39	38	30	29	7.9	7.7	7.5	7.4	7.5	30	36	2.6	2.6	2.5	2.5	2.4	28	17
5	Gujarat	20.8	20.6	20.4	20.1	19.9	25	25	36	35	33	30	30	26	24	6.5	6.2	6.1	6.1	6.2	21	20	2.3	2.3	2.2	2.2	2.2	24	14
6	Haryana	21.3	21.2	20.9	20.7	20.5	26	27	41	36	36	33	30	28	24	6.3	6.1	6.1	5.9	5.8	16	14	2.2	2.3	2.2	2.3	2.2	24	14
7	Jharkhand	24.6	23.8	23.5	22.9	22.7	29	29	37	34	32	29	29	23	21	6.8	5.9	5.8	5.5	5.5	29	12	2.7	2.8	2.7	2.6	2.5	29	18
8	Karnataka	18.3	18.1	17.9	17.6	17.4	21	22	31	29	28	24	25	23	20	7.0	6.8	6.6	6.7	6.5	21	22	1.9	1.8	1.8	1.8	1.7	15	8
9	Kerala	14.7	14.8	14.8	14.3	14.2	3	7	12	12	12	10	10	2	3	6.9	6.6	6.6	7.6	6.8	14	30	1.8	1.9	1.8	1.8	1.7	4	8
10	Madhya Pradesh	26.3	25.7	25.5	25.1	24.8	32	34	54	52	50	47	47	35	36	8.0	7.8	7.5	7.1	6.8	34	30	2.9	2.8	2.8	2.8	2.7	31	20
11	Maharashtra	16.5	16.5	16.3	15.9	15.7	15	16	24	22	21	19	19	14	14	6.2	6.0	5.8	5.9	5.7	16	13	1.8	1.8	1.8	1.8	1.7	15	8
12	Odisha	19.6	19.4	19.2	18.6	18.3	23	23	51	49	46	44	41	34	32	8.4	7.9	7.6	7.8	7.4	35	35	2.1	2.1	2.0	2.0	1.9	23	12
13	Punjab	15.7	15.5	15.2	14.9	14.9	10	9	26	24	23	21	21	20	16	6.7	6.4	6.2	6.0	7.0	16	32	1.7	1.7	1.7	1.7	1.6	12	2
14	Rajasthan	25.6	25.0	24.8	24.3	24.1	31	33	47	46	43	41	38	31	29	6.5	6.4	6.3	6.1	6.0	20	17	2.8	2.8	2.7	2.7	2.6	32	19
15	Tamil Nadu	15.6	15.4	15.2	15.0	14.9	8	9	21	20	19	17	16	15	11	7.3	7.0	6.7	6.4	6.7	26	27	1.7	1.7	1.6	1.6	1.6	4	2
16	Telangana		18.0	17.8	17.5	17.2		20		35	34	31	29		21		6.7	6.5	6.1	6.6		25		1.8	1.8	1.7	1.7		
17	Uttar Pradesh	27.2	27.0	26.7	26.2	25.9	34	35	50	48	46	43	41	33	32	7.7	7.4	7.2	6.9	6.7	32	27	3.1	3.2	3.1	3.1	3.0	33	21
18	W. Bengal	16.0	15.6	15.5	15.4	15.2	12	13	31	28	26	25	24	17	19	6.4	6.1	5.9	5.8	5.8	14	14	1.6	1.6	1.6	1.6	1.6	12	2
19	Arunachal Pradesh	19.3	19.2	18.8	18.9	18.3	24	23	32	30	30	36	42	15	34	5.8	6.6	6.0	6.2	6.1	6	18	..	..	..	..	..	22	
20	Delhi	17.2	16.8	16.4	15.5	15.2	11	13	24	20	18	18	16	13	11	4.1	3.8	3.6	4.0	3.7	4	2	1.7	1.7	1.7	1.6	1.5	15	1
21	Goa	13.0	12.9	12.7	12.9	12.5	2	2	9	10	9	8	9	3	2	6.6	6.6	6.4	6.7	6.2	21	20	..	..	..	..	..	1	
22	Himachal Pradesh	16.0	16.4	16.3	16.0	15.8	20	17	35	32	28	25	22	21	17	6.7	6.7	6.6	6.8	6.6	19	25	1.7	1.7	1.7	1.7	1.6	15	2
23	J & K	17.5	16.8	16.2	15.7	15.4	14	15	37	34	26	24	23	23	18	5.3	5.1	4.9	5.0	4.8	10	8	1.9	1.7	1.6	1.7	1.6	21	2
24	Manipur	14.7	14.6	14.4	12.9	14.6	1	8	10	11	9	11	12	1	5	4.0	4.3	4.0	4.5	5.3	2	11	..	..	..	..	..	4	..
25	Meghalaya	23.9	24.1	23.7	23.7	22.8	28	31	47	46	42	39	39	21	31	7.6	7.5	7.4	6.6	6.1	28	18	..	..	..	..	..	27	..
26	Mizoram	16.1	16.4	16.2	15.5	15.0	12	11	35	32	32	27	15	6	10	4.3	4.3	4.2	4.2	4.0	7	3	..	..	..	..	..	10	..
27	Nagaland	15.4	15.3	14.8	14.0	13.5	7	5	18	14	12	12	7	4	1	3.1	3.1	3.0	4.5	3.6	1	1	..	..	..	..	..	4	..
28	Sikkim	17.1	17.1	17.0	16.6	16.4	19	19	22	19	18	16	12	11	5	5.2	5.1	5.0	4.7	4.5	7	5	..	..	..	..	..	15	..
29	Tripura	13.7	14.9	14.7	13.7	13.0	5	3	26	21	20	24	29	12	21	4.7	4.7	5.2	5.5	5.2	12	10	..	..	..	..	..	2	..
30	Uttarakhand	18.2	18.2	17.8	16.6	17.3	22	21	32	33	34	38	32	18	26	6.1	6.0	6.4	6.7	6.7	26	27	..	2.0	2.0	1.9	1.9	..	..
31	A&N Islands	14.6	14.7	12.0	11.7	11.4	4	1	24	22	20	16	14	8	8	4.6	4.6	5.0	5.2	5.1	5	9	..	..	..	..	..	2	..
32	Chandigarh	14.7	14.3	13.7	13.9	13.5	9	5	21	23	21	14	14	5	8	4.0	4.0	4.4	4.5	4.5	3	5	..	..	..	..	..	9	..
33	D&N Haveli	25.5	25.6	25.5	24.5	23.6	32	32	31	26	21	17	13	18	7	4.4	4.2	3.9	4.0	4.4	7	4	..	..	..	..	..	29	..
34	Daman & Diu	17.9	17.3	17.1	24.0	20.2	16	26	20	18	18	19	17	9	13	4.9	4.6	4.7	4.6	4.7	11	7	..	..	..	..	..	12	..
35	Lakshadweep	14.8	14.0	14.7	18.9	15.0	16	11	24	20	20	19	20	7	15	6.3	6.1	6.2	6.0	6.5	13	22	..	..	..	..	..	15	..
36	Puducherry	15.7	14.6	13.8	13.9	13.2	6	4	17	14	11	10	11	9	4	7.0	6.6	6.8	7.2	7.3	21	34	..	..	..	..	..	4	..

Survey Of Causes Of Deaths Scheme (Rural) - Vital Rates																	
SN	Rates	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Fertility Rates																	
1	Crude Birth Rate	17.6	17.8	17.3	16.9	16.6	16.4	16.1	15.6	14.78	14.33	14.27	13.73	13.2	12.82	12.66	13.31
2	Still Birth Rate	10.6	10.4	9.5	8.5	8.2	8.3	8.07	8.2	8.53	7.30	6.97	6.31	5.2	5.26	5.66	5.26
3	General Fertility Rate	69	69	67	65	65	65	64	62	59.47	56.35	61.71	56.19	52.9	53.68	51.11	53.68
4	Total Fertility Rate	2.18	2.21	2.14	2.08	2.07	2.08	2.03	1.97	1.91	1.80	1.90	1.82	1.6	1.78	1.69	1.78
5	Gross Reproduction Rate	1	1.02	0.98	0.95	0.95	0.98	0.96	0.94	0.92	0.86	0.9	0.87	0.8	0.85	0.81	0.85
Age Specific Fertility Rates																	
i	15 – 19	18	17	15	14	14	13	13	10	9.0	8.6	11.36	11.18	11	14.2	13.63	13
ii	20 – 24	249	257	259	251	249	252	246	241	230.0	212.2	205.4	206.52	178	190.1	186.4	181
iii	25 – 29	133	134	128	124	127	124	123	117	121.0	113.7	121.2	118.78	101	105.4	109.7	124
iv	30 – 34	29	28	21	21	19	21	20	20	19.0	21.2	26.64	22.19	23.0	21.9	23.09	30
v	35 – 39	6	6	5	5	4	5	5	5	4.0	3.9	7.29	5.20	5.00	4.4	4.29	6
vi	40 – 44	0	0	0	1	0	1	0.5	0.4	0.3	0.1	1.3	0.64	0.70	0.8	0.68	1.0
vii	45 – 49	0	0	0	0	0	0	0	0	0.0	0.0	0.44	0.00	0.00	0.3	0.2	0.4
7.	Sex Ratio at Birth	86	86	85	84	85	89	89	91	92.7	92.0	94	920	926	920	919	920
Mortality Rates																	
1	Crude Death Rate	7.1	6.7	6.6	6.8	6.3	6.2	6.3	6.3	6.36	6.47	5.95	6.18	6.5	6.72	8.28	6.72
2	Perinatal Mortality Rate	28	28	26	23	21	21	21	18	19.6	17.3	13.6	12.31	10.7	10.94	10.33	10.94
3	Early Neonatal Mortality Rate	18	18	17	15	13	13	13	10	11.1	8.8	6.7	6.04	5.5	5.71	4.69	5.71
4	Late Neonatal Mortality Rate	4	5	4	5	5	4	4	3	2.8	3.3	3.4	3.14	4.0	2.09	2.6	2.31
5	Neonatal Mortality Rate	22	23	21	20	18	17	17	13	13.9	12.1	10.1	9.17	9.5	7.80	7.29	7.8
6	Post Neonatal Mortality Rate	9	8	8	8	6	7	5	5	4.3	5.2	4.7	4.43	4.0	2.51	2.6	2.51
7	Infant Mortality Rate	31	31	29	28	24	24	22	19	18.2	17.3	14.8	13.6	13.4	10.31	9.89	10.31
8	Child Mortality Rate (0-4) Rate	8.7	7.5	6.9	6.8	5.6	5.2	5.1	4.3	4.1	6.5	3.1	2.10	2.60	2.40	2.1	2.21
9	Sex Ratio at Death	78	79	78	78	75	77	78	79	77.9	79.3	75.0	737	790	764	737	755

Survey of Causes of Deaths Scheme (Rural) - Fertility Rates

S.N.	District	2013						2014						2015					
		C.B.R.	S.B.R.	G.F.R.	T.F.R.	G.R.R.	S.R.B.	C.B.R.	S.B.R.	G.F.R.	T.F.R.	G.R.R.	S.R.B.	C.B.R.	S.B.R.	G.F.R.	T.F.R.	G.R.R.	S.R.B.
1	Raigad	14.15	9.61	50.89	1.68	0.79	89.17	13.09	7.16	47.56	1.54	0.70	84.25	11.19	16.59	41.42	1.40	0.68	94.38
2	Ratnagiri	10.75	9.44	42.00	1.48	0.71	91.09	9.61	11.70	37.95	1.36	0.67	96.97	9.81	16.06	39.95	1.59	0.78	96.79
3	Thane	19.49	10.07	73.60	2.48	1.18	90.25	19.08	12.45	72.46	2.48	1.21	94.65	15.96	6.77	59.84	1.96	0.96	95.92
4	Sindhudurg	10.02	1.51	39.10	1.34	0.68	104.32	10.00	7.69	37.75	1.32	0.62	88.60	9.82	6.32	36.48	1.29	0.66	102.90
5	A'Nagar	17.09	2.74	69.47	2.16	1.03	91.57	14.76	4.16	59.72	1.80	0.87	92.75	13.94	3.33	57.65	1.90	0.87	85.02
6	Dhule	17.51	3.97	68.56	2.02	0.94	87.65	17.61	1.46	68.55	2.00	0.92	85.25	17.84	3.33	69.79	1.97	0.93	88.58
7	Nandurbar	18.81	8.67	75.06	2.36	1.13	92.47	17.88	14.62	71.59	2.28	1.05	84.79	17.79	4.74	71.17	2.27	1.09	92.92
8	Jalgaon	14.09	17.95	60.45	1.73	0.79	84.43	15.14	7.34	60.99	1.74	0.83	91.28	15.23	6.96	61.75	1.76	0.85	92.93
9	Nashik	17.17	1.34	68.68	2.05	0.94	84.62	17.03	1.34	65.83	2.02	0.93	86.41	17.01	2.22	70.94	1.99	0.91	84.21
10	Pune	16.38	7.37	63.99	1.96	0.92	89.32	15.29	6.14	60.27	1.84	0.85	85.80	15.09	6.42	59.18	1.76	0.84	90.86
11	Satara	13.69	8.74	53.34	1.75	0.84	91.75	13.64	7.08	55.37	1.80	0.84	88.03	12.81	5.23	52.00	1.69	0.85	100.47
12	Solapur	17.02	6.74	70.82	2.30	1.06	85.27	16.97	7.02	70.10	2.21	1.06	92.76	15.75	2.75	66.67	2.13	1.00	88.68
13	Kolhapur	15.00	8.35	60.80	1.96	0.93	90.24	14.07	8.56	56.56	1.80	0.84	87.77	13.75	5.66	54.99	1.78	0.84	88.72
14	Sangli	16.80	9.79	64.56	1.91	0.90	88.19	16.64	4.12	63.94	1.91	0.90	89.93	16.20	3.88	62.20	1.86	0.86	85.98
15	Aurangabad	17.00	8.61	69.05	2.10	1.00	91.38	16.56	7.12	67.09	2.05	0.98	91.75	16.21	8.29	65.41	2.02	0.97	91.57
16	Jalana	20.26	5.44	86.68	2.78	1.22	78.17	17.67	6.19	73.36	2.29	1.08	89.02	18.66	9.07	82.24	2.67	1.29	93.20
17	Parbhani	17.16	12.95	69.01	2.18	1.06	94.89	16.70	6.97	68.32	2.16	1.07	98.91	15.55	10.62	69.06	2.17	1.06	96.39
18	Hingoli	16.23	8.85	64.02	1.93	0.93	93.85	16.35	10.00	61.22	2.04	0.97	91.86	16.19	8.97	60.73	2.02	0.97	93.39
19	Latur	16.65	5.97	69.89	2.24	1.05	88.01	16.06	5.83	67.43	2.18	1.06	94.12	14.76	3.70	61.02	1.93	0.92	90.51
20	Beed	16.55	6.15	70.58	2.27	0.99	77.00	15.86	6.27	68.93	2.31	1.09	88.47	14.67	2.03	63.93	2.14	0.93	77.83
21	Nanded	17.05	10.38	71.07	2.31	1.06	84.12	17.57	11.31	74.35	2.33	1.12	93.09	15.54	10.25	68.27	2.28	1.10	93.23
22	Osmanabad	16.30	16.48	66.61	2.14	1.02	91.59	15.46	15.59	63.32	2.01	0.97	93.55	15.11	18.14	62.47	1.99	0.97	94.29
23	Akola	16.61	12.38	65.46	2.05	1.00	94.11	16.24	17.27	67.93	2.11	1.05	99.37	15.13	11.24	63.10	2.01	0.95	89.85
24	Washim	16.34	7.42	69.89	2.17	0.98	81.94	14.51	23.26	59.67	1.87	0.88	89.62	13.85	9.84	56.05	1.84	0.89	93.98
25	Amrawati	14.75	12.22	54.66	1.74	0.86	96.95	14.37	12.45	52.93	1.69	0.82	94.78	14.56	11.20	53.80	1.72	0.84	96.06
26	Buldhana	15.76	2.53	68.87	2.40	1.10	85.08	16.61	0.89	74.70	2.47	1.19	92.72	16.33	3.45	73.05	2.53	1.20	89.98
27	Yavatmal	16.95	7.89	64.71	1.99	0.96	92.35	15.38	6.47	58.94	1.83	0.89	94.72	15.26	6.10	59.15	1.81	0.88	95.52
28	Bhandara	16.38	13.88	63.30	2.02	0.98	93.41	14.02	14.26	52.92	1.73	0.81	87.70	14.10	14.96	54.72	1.79	0.86	92.37
29	Gondia	14.85	2.77	61.44	2.06	1.04	101.30	13.64	10.28	55.91	1.93	0.92	92.20	13.35	2.88	54.21	1.86	0.92	96.59
30	Chandrapur	12.00	10.73	42.70	1.40	0.69	96.45	13.08	9.79	47.60	1.58	0.80	97.10	12.90	10.73	46.51	1.56	0.78	100.17
31	Gadchiroli	15.01	19.91	54.68	1.70	0.86	102.53	16.88	22.52	62.52	2.00	0.98	96.80	15.92	31.68	58.84	1.86	0.95	104.36
32	Nagpur	14.16	7.91	51.59	1.72	0.86	99.52	13.94	11.62	51.41	1.69	0.84	98.75	13.95	8.20	51.32	1.73	0.83	91.92
33	Wardha	14.85	9.10	61.01	1.95	0.97	99.09	12.88	15.65	51.22	1.65	0.79	90.57	13.43	9.97	54.67	1.77	0.83	88.61
State		16.12	8.07	64.26	2.03	0.96	89.31	15.60	8.17	62.04	1.97	0.94	91.23	14.78	8.53	59.47	1.91	0.92	92.67

S.N.	District	2016						2017						2018					
		C.B.R.	S.B.R.	G.F.R.	T.F.R.	G.R.R.	S.R.B.	C.B.R.	S.B.R.	G.F.R.	T.F.R.	G.R.R.	S.R.B.	C.B.R.	S.B.R.	G.F.R.	T.F.R.	G.R.R.	S.R.B.
1	Raigad	12.10	13.04	44.01	1.39	0.65	88.38	12.81	3.14	46.09	1.54	0.74	92.12	12.91	2.03	47.59	1.51	0.72	92.2
2	Ratnagiri	NR						NR						8.88	15.58	36.03	1.31	0.59	819
3	Thane	13.00	2.20	50.30	1.76	0.84	91.14	13.94	3.02	37.03	1.88	0.91	93.93	--					
4	Palghar	16.01	13.38	56.94	1.75	0.82	88.67	14.87	8.17	55.47	1.84	0.96	110.10	15.38	4.70	56.71	1.95	0.93	91.8
5	A'Nagar	11.09	2.07	46.62	1.48	0.71	92.02	13.63	3.88	53.65	1.58	0.76	91.98	13.57	0.68	56.41	1.82	0.85	87.4
6	Dhule	15.09	1.10	60.12	1.70	0.82	92.79	15.05	2.51	58.82	1.91	0.93	95.58	15.45	4.81	62.94	1.88	0.91	93.1
7	Nandurbar	19.76	9.24	78.36	2.52	1.20	91.17	17.69	22.83	70.34	2.22	1.06	91.24	17.33	19.46	68.97	2.19	1.06	93.4
8	Jalgaon	NR						---	---	---	---	---	---	14.27	1.24	56.77	1.70	0.80	89.3
9	Nashik	16.55	1.78	68.91	1.97	0.93	89.22	16.25	2.23	69.05	1.96	0.92	88.90	16.16	5.49	62.80	1.96	0.92	89.4
10	Pune	14.95	7.12	60.00	1.91	0.89	87.41	13.76	3.26	55.23	1.76	0.80	83.24	12.26	4.09	49.57	1.58	0.76	93.5
11	Satara	12.37	5.98	50.21	1.64	0.74	82.33	12.37	5.98	50.21	1.64	0.74	82.33	11.46	7.02	46.31	1.51	0.71	89.5
12	Solapur	16.14	5.45	68.06	2.23	1.08	94.09	17.41	5.68	73.40	2.41	1.17	94.44	16.34	6.05	68.90	2.26	1.10	94.7
13	Kolhapur	14.28	4.31	56.55	1.82	0.86	90.91	13.03	5.98	51.01	1.70	0.79	87.44	12.56	0.88	50.08	1.64	0.75	84.4
14	Sangli	15.18	4.48	59.74	1.79	0.85	89.09	15.06	9.28	57.75	1.73	0.80	86.90	14.61	3.44	56.02	1.68	0.75	81.2
15	Sindhudurg	9.50	13.20	36.34	1.31	0.66	100.67	9.06	3.50	34.64	1.27	0.67	111.11	8.96	3.47	34.97	1.19	0.62	108.7
16	Aurangabad	15.96	8.88	62.18	1.90	0.92	93.39	15.93	8.26	61.98	1.88	0.91	93.45	15.74	8.08	59.02	1.83	0.89	94.4
17	Jalana	16.12	7.78	71.29	2.41	1.17	93.50	15.17	7.02	66.86	2.32	1.07	85.06	14.10	9.38	63.07	2.17	1.07	97.9
18	Parbhani	15.57	6.74	66.32	2.04	0.99	94.43	12.13	3.86	51.67	1.95	0.91	87.48	14.44	7.53	60.49	2.05	0.97	88.7
19	Hingoli	15.61	8.18	57.54	1.91	0.92	93.61	14.15	10.06	51.97	1.71	0.79	86.92	12.27	2.56	45.14	1.48	0.73	97.0
20	Latur	13.26	4.59	56.64	1.80	0.83	85.85	12.29	5.08	59.09	2.85	1.29	82.87	10.61	4.55	52.55	2.50	1.23	98.0
21	Beed	13.97	4.86	60.94	2.00	0.92	85.51	11.96	3.55	60.24	2.04	0.97	90.23	12.89	0.75	54.98	1.74	0.86	98.7
22	Nanded	13.87	6.11	59.87	2.05	0.99	93.87	13.34	2.28	57.58	2.05	0.96	87.41	13.46	2.70	60.35	1.81	0.87	93.7
23	Osmanabad	14.58	11.90	65.65	2.08	1.03	98.56	14.48	7.17	65.09	2.08	0.95	84.74	14.12	12.90	63.60	2.02	0.92	84.1
24	Akola	15.27	9.99	64.39	2.09	0.99	89.54	14.77	11.44	64.21	2.19	1.06	94.06	13.19	13.01	59.63	2.02	0.95	89.7
25	Washim	14.29	15.46	58.67	1.97	0.95	93.91	13.27	7.74	54.49	2.01	0.95	89.41	13.54	11.46	53.90	1.75	0.82	88.8
26	Amrawati	13.50	18.43	56.40	1.99	0.96	92.86	13.27	22.19	52.69	1.69	0.83	95.99	13.34	14.82	55.80	1.81	0.87	93.6
27	Buldhana	NR						15.28	2.31	66.41	2.19	1.04	89.90	13.74	4.85	63.75	2.12	1.00	89.9
28	Yavatmal	15.08	8.34	57.32	1.77	0.86	95.38	---	---	---	---	---	---	--	--	--	--	--	--
29	Bhandara	14.13	17.30	35.93	1.12	0.59	111.52	13.53	7.79	53.28	1.73	0.81	88.80	12.26	9.51	47.66	1.59	0.81	103.5
30	Gondia	12.47	3.02	45.38	1.45	0.73	99.60	12.95	2.90	52.65	1.76	0.85	94.71	12.51	1.02	50.40	1.72	0.84	94.5
31	Chandrapur	11.18	6.67	53.31	1.82	0.88	94.23	---	---	---	---	---	---	-	-	-	-	-	-
32	Gadchiroli	11.81	33.01	27.23	0.93	0.46	99.72	15.02	24.75	55.25	1.81	0.86	90.88	16.13	17.74	58.58	1.90	0.89	89.0
33	Nagpur	14.02	7.19	73.48	3.62	1.78	97.42	12.18	10.73	44.80	1.77	0.86	93.23	12.94	10.20	49.63	1.64	0.77	89.3
34	Wardha	10.85	3.68	20.23	0.67	0.32	90.49	12.06	7.56	49.07	1.72	0.81	88.17	-	-	-	-	-	-
	state	14.33	7.30	56.35	1.80	0.86	91.96	14.19	6.97	57.41	1.90	0.90	90.31	13.73	6.31	56.19	1.82	0.87	91.2

Fertility Rates SCD (Rural) 2019								Fertility Rates SCD (Rural) 2020						Fertility Rates SCD (Rural) 2021					
S.N.	District	C.B.R	S.B.R	G.F.R	T.F.R	G.R.	S.R.B	C.B.R	S.B.R	G.F.R	T.F.R	G.R.	S.R.B	C.B.	S.B.	G.F.R.	T.F.	G.R.	S.R.
1	Raigad	13.10	4.00	48.29	1.53	0.74	921	13.19	0.00	50.62	1.61	0.77	923	13.33	2.80	50.52	1.61	0.77	928
2	Ratnagiri	8.44	7.90	34.34	1.31	0.61	875	9.75	12.26	38.47	1.39	0.67	944	7.98	11.5	30.62	1.07	0.48	812
3	Thane	7.18	0.00	27.73	0.00	0.00	963	7.18	0.00	27.73	0.97	0.48	963	7.74	3.26	31.19	1.10	0.55	1018
4	Palghar	14.84	0.00	53.87	1.80	0.91	1023	13.24	2.72	47.49	1.55	0.76	965	14.67	2.07	49.87	1.66	0.81	955
5	A'Nagar	13.41	0.69	55.71	1.80	0.84	868	13.72	1.35	57.01	1.84	0.88	906	12.82	1.03	53.53	1.78	0.85	912
6	Dhule	15.99	3.67	65.41	1.96	0.96	961	15.32	1.42	60.48	1.74	0.84	933	15.24	6.05	60.50	1.74	0.84	938
7	Nandurbar	16.26	18.98	64.38	2.05	0.99	937	16.26	18.62	66.42	2.10	0.98	870	16.13	15.8	65.30	2.06	0.97	887
8	Jalgaon	NR	NR	NR	NR	NR	NR	12.75	0.00	52.80	1.83	0.87	911	12.91	0.00	54.63	1.88	0.89	894
9	Nashik	14.14	2.40	54.94	1.72	0.83	938	11.90	1.41	46.61	1.45	0.68	878	10.77	0.58	42.73	1.34	0.61	835
10	Pune	13.79	0.40	55.78	1.78	0.83	878	13.39	0.00	54.15	1.73	0.84	941	12.67	2.26	53.75	2.04	0.94	858
11	Satara	12.60	6.94	50.82	1.66	0.81	943	11.77	9.85	47.29	1.55	0.76	974	12.45	7.37	49.79	1.69	0.83	978
12	Solapur	16.08	7.16	66.96	2.25	1.06	889	15.72	5.57	68.11	2.22	1.06	904	15.84	4.58	67.97	2.21	1.05	907
13	Kolhapur	12.46	3.08	49.77	1.85	0.89	929	12.18	2.69	48.89	1.61	0.79	967	12.23	3.99	49.25	1.62	0.80	968
14	Sangli	14.26	1.95	54.60	1.64	0.79	933	13.74	4.42	52.53	1.59	0.77	931	13.34	2.89	50.97	1.56	0.76	936
15	Sindhudur	8.83	1.90	34.39	1.17	0.59	1008	9.33	3.54	37.39	1.35	0.62	852	7.04	16.1	28.28	1.01	0.49	928
16	Aurangaba	15.53	7.05	58.10	1.79	0.87	945	15.49	6.99	57.94	1.79	0.87	941	15.41	6.96	57.58	1.78	0.86	943
17	Jalana	14.49	0.61	64.83	2.23	1.05	888	13.95	5.49	60.53	2.03	0.93	836	12.05	2.11	52.19	1.76	0.85	924
18	Parbhani	13.37	4.09	57.90	1.94	0.93	908	13.51	4.11	59.59	2.05	0.95	863	12.69	5.43	55.86	1.93	0.96	993
19	Hingoli	12.31	2.53	45.21	1.47	0.64	763	11.28	2.72	41.69	1.36	0.65	931	11.12	2.75	41.12	1.34	0.67	1011
20	Latur	NR	NR	NR	NR	NR	NR	14.08	8.53	61.02	2.01	0.93	868	14.50	7.76	60.40	2.10	1.01	931
21	Beed	12.87	2.98	55.22	1.80	0.85	893	12.66	0.00	56.33	1.86	0.89	926	12.17	1.53	54.82	1.81	0.86	912
22	Nanded	13.02	4.61	58.63	0.00	0.00	941	12.68	4.70	57.35	1.71	0.83	942	NA	NA	NA	NA	NA	NA
23	Osmanaba	13.83	3.33	62.30	1.98	0.94	912	14.44	0.80	65.05	2.07	0.92	807	14.71	4.65	66.41	2.12	0.96	833
24	Akola	12.42	2.44	48.35	1.71	0.83	935	12.06	3.32	46.99	1.64	0.78	908	12.60	17.3	50.15	1.72	0.83	933
25	Washim	13.63	2.57	49.21	1.62	0.75	854	13.61	11.29	57.38	1.91	0.88	854	13.50	8.87	56.49	1.88	0.87	862
26	Amrawati	12.93	16.72	54.07	1.82	0.87	922	12.01	17.09	50.44	1.72	0.84	947	11.73	15.6	49.15	1.68	0.81	932
27	Buldhana	NR	NR	NR	NR	NR	NR	12.57	1.18	53.00	1.86	0.84	827	12.94	1.13	54.25	1.89	0.87	849
28	Yavatmal	13.46	11.46	55.04	1.83	0.86	894	13.10	11.79	53.96	1.77	0.85	937	13.12	16.6	54.33	1.84	0.92	988
29	Bhandara	11.96	11.56	46.42	1.56	0.76	940	11.57	13.90	44.74	1.51	0.72	917	11.93	11.5	45.41	1.52	0.75	979
30	Gondia	10.73	0.00	43.21	1.47	0.75	1036	9.57	0.00	38.55	1.31	0.64	963	10.86	0.00	43.81	1.50	0.73	943
31	Chandrapu	10.18	17.56	35.86	1.22	0.59	957	10.63	3.02	37.41	1.27	0.61	922	11.00	0.99	41.16	1.49	0.79	1120
32	Gadchiroli	15.08	13.31	56.28	0.00	0.00	1166	14.34	20.25	52.26	1.57	0.77	960	14.26	20.2	52.24	1.57	0.79	997
33	Nagpur	11.53	4.79	44.53	1.46	0.72	968	11.32	2.01	43.93	1.48	0.67	832	12.21	0.89	45.97	1.54	0.71	864
34	Wardha	11.66	1.90	45.56	1.57	0.77	955	10.69	8.44	42.23	1.36	0.65	926	10.81	18.0	42.25	1.34	0.64	918
State		13.23	5.18	52.90	1.59	0.76	926	12.82	5.10	51.83	1.69	0.80	910	12.66	5.66	51.11	1.69	0.81	919

Survey Of Causes Of Deaths Scheme (Rural) -2022 Fertility Rates SCD (Rural) 2022

S.N.	District	C.B.R.	S.B.R.	G.F.R.	T.F.R.	G.R.R	S.R.B.
1	Raigad	8.75	4.60	34.45	1.28	0.64	985
2	Ratnagiri	8.05	18.00	32.36	1.15	0.55	923
3	Thane	13.13	0.00	46.83	1.73	0.87	1008
4	Palghar	14.10	2.12	48.57	1.62	0.80	969
5	A'Nagar	13.29	0.33	55.50	1.84	0.88	920
6	Dhule	15.14	4.17	60.30	1.74	0.81	876
7	Nandurbar	17.36	13.33	70.37	2.22	1.02	852
8	Jalgaon	14.84	1.79	62.23	2.14	1.00	884
9	Nashik	11.05	3.37	43.81	1.41	0.64	819
10	Pune	13.65	0.93	56.10	1.92	0.89	871
11	Satara	13.55	4.56	52.00	1.74	0.84	933
12	Solapur	15.11	4.65	61.54	1.99	0.98	961
13	Kolhapur	12.12	3.61	48.56	1.62	0.78	932
14	Sangli	13.30	3.71	50.23	1.51	0.73	933
15	Sindhudurg	7.88	13.36	31.62	1.10	0.57	1080
16	Aurangabad	15.40	5.37	57.55	1.78	0.86	945
17	Jalana	16.16	5.64	68.86	2.36	1.14	945
18	Parbhani	13.89	2.98	61.21	2.11	0.99	878
19	Hingoli	12.20	1.24	45.14	1.47	0.69	894
20	Latur	15.27	10.50	64.06	2.12	1.02	933
21	Beed	13.01	0.71	59.39	1.96	0.93	902
22	Nanded	11.90	1.99	52.72	1.58	0.77	952
23	Osmanabad	13.15	2.59	59.24	1.91	0.90	889
24	Akola	14.58	6.24	61.88	2.31	1.13	955
25	Washim	14.09	14.41	57.48	1.91	0.86	820
26	Amrawati	13.27	15.73	56.03	1.92	0.95	980
27	Buldhana	NR	NR	NR	NR	NR	NR
28	Yavatmal	14.36	11.83	59.38	2.01	0.99	983
29	Bhandara	11.57	10.01	45.07	1.49	0.71	909
30	Gondia	NR	NR	NR	NR	NR	NR
31	Chandrapur	11.36	1.93	45.46	2.50	1.26	1008
32	Gadchiroli	14.22	20.03	50.12	1.53	0.73	916
33	Nagpur	12.93	0.86	48.23	1.64	0.83	1030
34	Wardha	10.98	6.00	44.79	1.45	0.67	854
State		13.31	5.26	53.68	1.78	0.85	920

Survey Of Causes Of Deaths Scheme (Rural) -2023 Fertility Rates SCD (Rural) 2023

S.N.	District	C.B.R.	S.B.R.	G.F.R.	T.F.R.	G.R.R	S.R.B.
1	Raigad	8.28	0.00	31.54	1.19	0.55	868
2	Ratnagiri	11.04	0.00	39.28	1.45	0.68	900
3	Thane	14.52	12.06	50.20	1.66	0.85	1039
4	Palghar	12.80	0.00	54.85	1.94	0.90	862
5	A'Nagar	14.56	1.94	58.23	1.72	0.82	922
6	Dhule	15.40	6.93	62.28	1.99	0.98	964
7	Nandurbar	12.14	0.53	51.08	1.72	0.80	879
8	Jalgaon	11.27	4.95	44.70	1.44	0.66	836
9	Nashik	14.72	0.57	60.50	2.07	0.96	857
10	Pune	11.22	4.92	43.43	1.45	0.67	853
11	Satara	15.63	0.00	63.79	2.07	1.00	931
12	Solapur	12.08	1.81	48.41	1.62	0.78	933
13	Kolhapur	13.69	2.39	52.01	1.57	0.71	829
14	Sangli	7.73	11.57	30.49	1.05	0.52	977
15	Sindhudurg	7.19	7.59	28.80	1.04	0.54	1059
16	Aurangabad	12.58	0.59	47.24	1.46	0.71	949
17	Jalana	14.21	7.45	57.66	1.98	0.93	879
18	Parbhani	12.69	7.59	56.05	1.90	0.86	834
19	Hingoli	12.05	4.98	44.81	1.52	0.72	907
20	Latur	14.47	8.43	59.37	2.10	1.02	936
21	Beed	12.38	0.73	56.43	1.86	0.84	825
22	Nanded	11.17	4.65	51.67	1.77	0.84	915
23	Osmanabad	13.39	3.25	57.67	1.70	0.80	878
24	Akola	12.63	7.32	51.68	1.85	0.89	923
25	Washim	13.17	6.43	56.83	2.02	1.01	1003
26	Amrawati	11.42	9.49	48.89	1.61	0.75	879
27	Buldhana	13.92	2.69	59.81	1.98	0.94	906
28	Yavatmal	13.86	9.05	57.39	1.95	0.97	996
29	Bhandara	11.46	10.06	44.35	1.46	0.70	914
30	Gondia	9.46	0.00	40.04	1.40	0.72	1061
31	Chandrapur	10.59	1.03	41.02	1.28	0.63	962
32	Gadchiroli	13.28	15.00	47.51	1.47	0.72	963
33	Nagpur	12.31	3.60	46.62	1.51	0.75	979
34	Wardha	9.66	8.10	37.83	1.29	0.60	856
	State	12.61	4.07	50.96	1.68	0.80	905

Survey of Causes of Deaths Scheme (Rural) - Mortality Rates

S. N.	District	2013									2014								
		C.D.R.	C.M.R. (0-4)	Peri. N.M.R.	E.N.M.R.	L.N.M.R.	N.N.M.R.	P.N.M.R.	I.M.R.	S.D.R.	C.D.R.	C.M.R. (0-4)	Peri. N.M.R.	E.N.M.R.	L.N.M.R.	N.N.M.R.	P.N.M.R.	I.M.R.	SDR
1	Raigad	6.81	2.84	14.41	4.85	1.94	6.79	3.88	10.67	87.88	6.33	2.13	14.31	7.21	0.00	7.21	3.09	10.30	74.72
2	Ratnagiri	9.68	5.00	22.04	12.71	2.12	14.83	5.30	20.13	86.00	9.08	3.46	16.37	4.73	2.37	7.10	8.28	15.38	87.56
3	Thane	3.52	3.97	17.02	7.02	4.21	11.23	4.56	15.79	71.91	3.84	4.43	16.60	4.20	2.26	6.47	4.85	11.32	72.78
4	Sindhudurg	9.46	2.18	9.05	7.55	1.51	9.06	0.00	9.06	88.25	10.44	3.28	15.38	7.75	3.10	10.85	3.10	13.95	91.48
5	A'Nagar	5.63	6.29	20.57	17.88	2.75	20.63	3.30	23.93	72.87	6.11	3.32	9.28	5.14	2.89	8.04	4.82	12.86	87.06
6	Dhule	5.89	5.10	14.40	10.47	5.98	16.45	5.98	22.43	79.52	5.97	4.75	7.32	5.86	8.79	14.66	5.37	20.03	80.26
7	Nandurbar	5.12	6.00	17.79	9.20	5.52	14.73	14.27	28.99	86.75	5.19	5.77	21.22	6.70	6.70	13.40	14.83	28.23	82.28
8	Jalgaon	5.69	7.89	30.77	13.05	2.61	15.67	8.27	23.93	76.43	6.04	3.90	19.57	12.32	3.29	15.61	4.52	20.12	69.34
9	Nashik	5.75	2.83	12.30	10.97	4.70	15.67	4.93	20.60	84.80	5.73	3.92	12.69	11.37	4.24	15.61	4.91	20.51	83.48
10	Pune	6.12	3.55	19.53	12.25	2.23	14.48	2.97	17.45	83.76	5.79	2.48	14.20	8.11	0.39	8.49	3.47	11.97	89.19
11	Satara	8.12	4.69	25.14	16.54	1.10	17.64	2.76	20.40	80.23	7.64	3.13	17.98	10.98	1.65	12.62	1.65	14.27	72.59
12	Solapur	6.32	4.05	15.41	8.73	2.59	11.31	6.79	18.10	77.86	6.27	4.02	16.59	9.64	3.85	13.49	4.18	17.67	69.62
13	Kolhapur	7.02	4.88	19.25	10.99	2.56	13.55	5.86	19.41	76.87	7.09	3.40	16.73	8.24	0.39	8.63	6.28	14.91	86.21
14	Sangli	6.93	2.89	16.89	7.16	1.71	8.87	2.05	10.91	81.68	6.93	2.49	7.89	3.79	1.72	5.51	2.75	8.26	89.50
15	Aurangabad	5.20	4.88	22.05	13.56	4.34	17.91	6.51	24.42	72.17	4.97	4.54	19.16	12.13	4.96	17.09	5.51	22.60	65.15
16	Jalana	5.99	5.26	18.12	12.76	0.91	13.67	5.47	19.13	83.33	5.08	4.35	16.49	10.37	3.63	14.00	3.11	17.12	64.88
17	Parbhani	4.99	5.20	29.70	16.98	5.40	22.38	4.63	27.01	80.38	5.51	4.14	25.54	18.71	0.00	18.71	3.90	22.60	84.72
18	Hingoli	4.93	4.46	24.58	15.87	2.98	18.85	1.98	20.83	72.88	5.70	4.25	23.00	13.13	1.01	14.14	6.06	20.20	79.69
19	Latur	5.89	5.44	24.35	18.48	3.23	21.72	4.16	25.88	82.38	6.16	3.52	16.52	10.75	0.00	10.75	4.89	15.64	79.22
20	Beed	6.11	8.61	23.37	17.33	7.43	24.75	9.90	34.65	73.04	5.43	4.58	16.93	10.73	6.31	17.03	2.52	19.56	75.16
21	Nanded	6.30	5.86	27.30	17.09	2.33	19.43	3.11	22.53	72.91	6.14	6.43	25.91	14.77	4.43	19.20	7.01	26.21	80.88
22	Osmanabad	6.91	8.08	32.97	16.76	6.38	23.14	4.79	27.93	81.85	7.24	6.86	34.45	19.17	2.50	21.67	8.33	30.00	80.71
23	Akola	5.86	6.63	31.27	19.13	5.28	24.41	3.96	28.36	70.93	6.15	6.29	33.93	16.95	3.77	20.72	4.39	25.11	79.46
24	Washim	5.63	5.45	21.19	13.87	6.40	20.28	4.27	24.55	73.66	6.27	6.01	39.53	16.67	5.95	22.62	3.57	26.19	52.52
25	Amrawati	6.84	7.24	28.51	16.49	4.64	21.13	6.19	27.32	61.87	7.07	6.44	28.54	16.29	4.73	21.02	4.20	25.22	73.84
26	Buldhana	5.95	4.92	18.71	16.22	2.53	18.75	3.55	22.30	76.96	6.16	2.25	6.22	5.34	0.89	6.22	4.89	11.12	75.21
27	Yavatmal	6.26	3.41	20.00	12.20	3.71	15.92	4.24	20.16	68.12	4.88	3.25	15.63	9.22	0.54	9.76	8.13	17.90	72.57
28	Bhandara	8.42	9.01	34.33	20.74	2.96	23.70	7.41	31.11	74.81	7.63	5.47	26.85	12.77	3.40	16.17	3.40	19.57	83.09
29	Gondia	7.56	3.69	11.07	8.33	2.78	11.10	5.55	16.65	71.34	7.81	4.32	23.36	13.22	0.94	14.16	2.83	17.00	75.65
30	Chandrapur	6.92	3.90	22.36	11.75	2.71	14.47	5.42	19.89	83.86	8.08	7.63	27.73	18.12	4.94	23.06	7.41	30.48	83.37
31	Gadchiroli	7.65	8.36	42.88	23.44	9.38	32.81	1.56	34.38	84.18	7.92	8.35	39.74	17.62	0.00	17.62	12.20	29.81	78.35
32	Nagpur	6.90	5.59	22.13	14.34	6.37	20.72	3.19	23.90	82.14	7.21	7.36	27.11	15.67	3.13	18.81	6.27	25.08	88.57
33	Wardha	7.44	9.11	24.28	15.31	7.66	22.97	7.66	30.63	73.94	7.99	6.40	27.83	12.37	3.53	15.90	7.07	22.97	84.74
State		6.32	5.06	21.17	13.23	3.62	16.83	5.10	21.93	77.81	6.34	4.31	18.43	10.34	3.01	13.36	5.22	18.58	79.20

Survey of Causes of Deaths Scheme (Rural) - Mortality Rates – 2015

S.N.	District	C.D.R.	C.M.R.(0-4)	Peri.N.M.R.	E.N.M.R.	L.N.M.R.	N.N.M.R.	P.N.M.R.	I.M.R.	SDR
1	Raigad	6.50	3.54	24.88	8.43	3.61	12.05	6.02	18.07	81.20
2	Ratnagiri	9.83	3.31	32.11	16.32	2.33	18.65	2.33	20.98	129.33
3	Thane	4.89	3.14	9.96	3.21	0.00	3.21	8.02	11.23	87.71
4	Sindhudurg	10.32	3.29	15.80	9.54	4.77	14.31	1.59	15.90	87.25
5	A'Nagar	5.64	3.74	9.07	5.76	1.52	7.28	6.67	13.95	82.24
6	Dhule	6.65	4.80	15.68	12.40	3.34	15.74	4.77	20.51	72.25
7	Nandurbar	4.78	4.09	13.28	8.58	4.76	13.34	7.62	20.96	73.01
8	Jalgaon	5.77	4.21	16.78	9.89	2.88	12.77	2.88	15.66	83.07
9	Nashik	5.39	2.94	10.42	8.22	3.78	11.99	6.66	18.66	69.48
10	Pune	6.04	3.72	13.21	6.84	1.14	7.98	4.18	12.16	78.47
11	Satara	7.60	4.14	12.78	7.59	2.34	9.93	4.09	14.02	78.25
12	Solapur	5.77	4.15	14.10	11.38	2.41	13.79	3.79	17.59	78.66
13	Kolhapur	6.49	3.08	14.56	8.95	0.41	9.35	4.07	13.42	76.56
14	Sangli	6.94	2.10	7.76	3.89	1.06	4.96	1.42	6.37	77.42
15	Aurangabad	5.25	4.21	19.89	11.70	4.46	16.16	4.46	20.61	78.77
16	Jalana	5.38	2.07	14.33	5.30	0.48	5.78	1.45	7.23	64.29
17	Parbhani	5.15	1.88	27.31	16.87	2.30	19.17	3.07	22.24	58.24
18	Hingoli	5.13	4.57	19.94	11.07	1.01	12.07	9.05	21.13	89.76
19	Latur	6.14	2.48	8.98	5.30	2.12	7.42	4.77	12.20	82.75
20	Beed	5.24	4.99	17.58	15.58	3.39	18.97	4.07	23.04	66.25
21	Nanded	5.41	4.53	23.26	13.15	0.80	13.94	3.59	17.53	80.21
22	Osmanabad	6.76	4.95	41.22	23.51	4.20	27.71	3.36	31.07	73.62
23	Akola	6.36	5.19	21.81	10.70	4.68	15.37	7.35	22.73	67.73
24	Washim	5.99	5.82	28.29	18.63	3.73	22.36	4.97	27.33	66.51
25	Amrawati	6.51	3.19	17.81	6.69	2.57	9.26	3.60	12.87	81.42
26	Buldhana	5.53	1.15	7.76	4.33	0.87	5.19	1.73	6.92	69.48
27	Yavatmal	5.33	3.50	16.65	10.61	3.35	13.96	4.47	18.43	64.30
28	Bhandara	7.38	4.80	29.09	14.35	5.91	20.25	1.69	21.94	81.29
29	Gondia	6.16	1.90	8.65	5.78	2.89	8.67	0.96	9.63	76.10
30	Chandrapur	7.39	7.43	33.83	23.35	0.00	23.35	1.67	25.02	83.69
31	Gadchiroli	7.95	9.51	52.34	21.34	5.69	27.03	5.69	32.72	72.06
32	Nagpur	6.98	7.33	23.12	15.04	3.76	18.80	4.51	23.31	77.33
33	Wardha	7.16	6.42	23.26	13.42	5.03	18.46	6.71	25.17	81.71
State		6.36	4.13	19.56	11.14	2.78	13.92	4.28	18.20	77.89

Survey of Causes of Deaths Scheme (Rural) - Mortality Rates – 2016										
S.N.	District	C.D.R.	U5 MR	Peri.N.M.R.	E.N.M.R.	L.N.M.R.	N.M.R.	P.N.M.R.	I.M.R.	SDR
1	Raigad	5.38	2.45	16.30	3.30	0.00	3.30	5.51	8.81	87.91
2	Thane	2.61	1.05	2.20	0.00	1.10	1.10	1.10	2.21	71.70
3	Palghar	5.22	0.44	22.29	9.04	3.23	12.27	6.46	18.72	74.14
4	A'Nagar	5.29	2.88	7.26	5.20	3.12	8.32	5.54	13.86	77.91
5	Dhule	6.04	3.23	8.79	7.70	3.30	11.00	2.75	13.75	68.68
6	Nandurbar	5.64	0.89	15.96	6.78	7.63	14.41	7.21	21.62	66.01
7	Nashik	5.18	3.14	9.59	7.82	4.69	12.51	6.03	18.54	70.35
8	Pune	6.50	5.14	14.99	7.92	3.02	10.94	1.89	12.83	76.96
9	Satara	7.91	3.89	12.57	6.62	2.41	9.03	3.01	12.04	74.96
10	Solapur	7.34	3.29	12.60	7.19	2.74	9.93	6.16	16.09	76.26
11	Kolhapur	7.58	3.06	12.93	8.66	3.15	11.81	3.54	15.35	79.26
12	Sangli	7.41	2.74	10.82	6.37	1.12	7.50	2.25	9.75	82.24
13	Sindhudurg	11.52	5.98	16.50	3.34	6.69	10.03	8.36	18.39	92.31
14	Aurangabad	5.27	4.01	18.88	10.08	5.04	15.13	5.60	20.73	84.06
15	Jalana	5.53	3.48	17.78	10.08	1.68	11.76	3.36	15.12	79.47
16	Parbhani	4.95	2.32	17.23	10.56	4.52	15.08	3.77	18.85	87.56
17	Hingoli	5.25	4.08	14.31	6.19	2.06	8.25	9.28	17.53	82.12
18	Latur	6.82	3.09	13.20	8.65	2.31	10.96	5.19	16.15	87.79
19	Beed	5.43	3.72	14.57	9.76	2.79	12.55	4.88	17.43	75.71
20	Nanded	6.21	5.30	19.65	13.62	1.76	15.38	5.27	20.65	76.91
21	Osmanabad	7.24	4.95	26.98	15.26	3.21	18.47	4.82	23.29	87.84
22	Akola	6.64	5.18	23.98	14.13	3.36	17.50	5.38	22.88	76.50
23	Washim	6.71	6.56	27.35	12.08	4.83	16.91	6.04	22.95	80.09
24	Amrawati	7.48	5.95	29.81	11.60	4.42	16.01	7.18	23.19	78.65
25	Yavatmal	5.04	3.13	17.72	9.46	3.15	12.61	4.20	16.82	72.36
26	Bhandara	8.50	2.67	31.30	14.25	4.19	18.44	1.68	20.12	79.50
27	Gondia	7.18	1.51	9.05	6.05	1.01	7.06	0.00	7.06	87.21
28	Chandrapur	8.05	4.69	13.33	6.71	5.75	12.46	5.75	18.22	85.43
29	Gadchiroli	6.67	4.76	49.52	17.07	4.27	21.34	15.65	36.98	77.23
30	Nagpur	6.95	14.37	19.42	12.32	4.35	16.67	7.25	23.91	92.13
31	Wardha	6.90	1.11	9.21	5.55	0.00	5.55	5.55	11.09	69.46
State total		6.47	3.84	17.29	8.82	3.26	12.07	5.18	17.26	79.31
Districts Jalgaon, Ratnagiri, Buldhana – not reported										

Survey of Causes of Deaths Scheme (Rural) - Mortality Rates – 2017										
S.N.	District	CDR	U5 MR	Peri. NMR	ENMR	LNMR	NMR	PNMR	IMR	SRD
1	Raigad	5.15	1.28	4.19	1.05	2.10	3.15	3.15	6.31	66.09
2	Thane	3.12	0.00	3.02	0.00	1.01	1.01	2.02	3.03	76.19
3	Palghar	4.70	2.08	10.90	2.75	0.69	3.43	2.75	6.18	71.64
4	A'Nagar	5.77	2.52	10.57	6.72	0.35	7.08	2.12	9.20	69.07
5	Dhule	5.24	3.18	8.02	5.53	1.51	7.04	7.54	14.58	73.87
6	Nandurbar	4.16	4.18	29.22	6.54	6.07	12.62	7.01	19.63	75.26
7	Jalgaon	---	---	---	---	---	---	---	---	---
8	Nashik	5.12	2.47	6.46	4.24	6.48	10.72	8.26	18.99	73.86
9	Pune	6.29	2.11	7.33	4.09	2.04	6.13	6.13	12.26	72.53
10	Satara	7.91	3.89	12.57	6.62	2.41	9.03	3.01	12.04	74.96
11	Solapur	7.43	3.29	12.31	6.67	2.54	9.21	6.35	15.56	75.82
12	Kolhapur	7.18	2.35	13.24	7.30	0.43	7.73	3.01	10.74	79.69
13	Sangli	7.44	2.58	14.48	5.25	2.62	7.87	3.00	10.87	77.87
14	Sindhudurg	9.60	2.57	6.99	3.51	1.75	5.26	7.02	12.28	77.13
15	Ratnagiri	---	---	---	---	---	---	---	---	---
16	Aurangabad	5.19	3.66	17.62	9.44	5.00	14.44	4.44	18.88	81.73
17	Jalana	4.84	2.53	12.29	5.30	5.30	10.61	2.36	12.96	70.66
18	Parbhani	4.02	1.59	8.68	4.84	0.97	5.81	2.90	8.71	96.55
19	Hingoli	5.11	3.26	14.53	4.51	3.39	7.90	3.39	11.29	86.05
20	Latur	5.65	5.04	11.30	6.25	3.41	9.65	4.54	14.20	78.81
21	Beed	5.15	3.60	10.66	7.13	2.85	9.99	3.57	13.55	70.61
22	Nanded	4.76	4.42	10.03	7.77	3.65	11.42	5.48	16.90	76.70
23	Osmanabad	6.04	3.31	15.92	8.82	0.80	9.62	6.42	16.04	84.40
24	Akola	6.50	4.51	21.53	10.21	6.81	17.02	4.77	21.78	75.54
25	Washim	6.02	9.67	19.35	11.70	7.80	19.51	1.30	20.81	76.26
26	Amrawati	6.72	6.91	38.96	17.16	4.43	21.58	6.64	28.22	68.38
27	Buldhana	5.59	1.68	5.54	3.24	0.92	4.16	2.31	6.47	66.53
28	Yavatmal	---	---	---	---	---	---	---	---	---
29	Bhandara	7.17	4.98	19.05	11.34	6.11	17.45	6.11	23.56	78.01
30	Gondia	6.20	4.26	11.62	8.74	2.91	11.65	2.91	14.56	65.67
31	Chandrapur	---	---	---	---	---	---	---	---	---
32	Gadchiroli	7.33	6.14	32.02	7.46	10.45	17.91	4.48	22.39	71.20
33	Nagpur	5.76	4.39	20.64	10.02	5.84	15.86	4.17	20.03	75.00
34	Wardha	6.28	7.96	22.68	15.24	7.62	22.86	7.62	30.48	92.02
State Total		5.92	3.26	13.58	6.66	3.39	10.05	4.74	14.79	75.02
Districts Jalgaon, Ratnagiri, Yavatmal and Chandrapur not reported										

Survey Of Causes Of Deaths Scheme (Rural) - Mortality Rates 2018										
S.N.	District	C.D.R.	CMR	Peri.N.M.R.	E.N.M.R.	L.N.M.R.	N.M.R.	P.N.M.R.	I.M.R.	SRD
1	Raigad	5.40	0.37	3.05	1.02	0.00	1.02	1.02	2.04	684
2	Thane	-	-	-	-	-	-	-	-	-
3	Palghar	5.08	3.13	8.74	4.05	3.38	7.43	7.43	14.85	759
4	A'Nagar	5.63	2.09	6.16	5.48	2.74	8.21	2.05	10.27	747
5	Dhule	6.10	2.76	10.11	5.32	7.25	12.57	2.42	14.99	857
6	Nandurbar	4.24	5.28	19.46	0.00	11.34	11.34	15.12	26.47	721
7	Jalgaon	6.17	2.25	8.69	7.46	1.66	9.11	2.90	12.01	806
8	Nashik	5.39	4.39	10.11	4.64	6.41	11.05	6.41	17.46	742
9	Pune	5.93	1.28	7.72	3.65	1.37	5.01	3.19	8.20	650
10	Satara	7.79	5.97	12.13	5.14	3.21	8.35	1.93	10.28	733
11	Solapur	6.33	3.34	12.77	6.76	2.71	9.47	6.43	15.89	696
12	Kolhapur	7.93	2.29	6.16	5.28	1.32	6.60	3.52	10.12	742
13	Sangli	7.55	1.37	7.27	3.84	0.77	4.60	1.15	5.76	761
14	Sindhudurg	10.77	0.76	5.21	1.74	1.74	3.48	0.00	3.48	917
15	Ratnagiri	9.09	1.53	17.00	1.44	0.00	1.44	4.32	5.76	937
16	Aurangabad	5.18	3.73	17.78	9.78	5.43	15.21	3.80	19.01	900
17	Jalana	4.66	2.25	16.88	7.57	0.63	8.20	2.52	10.73	622
18	Parbhani	4.75	1.88	12.23	4.74	0.00	4.74	0.00	4.74	817
19	Hingoli	4.10	1.10	3.85	1.29	0.00	1.29	1.29	2.57	769
20	Latur	4.55	2.17	9.10	4.57	1.71	6.29	2.29	8.57	856
21	Beed	5.21	3.54	9.79	9.04	0.75	9.80	6.03	15.83	680
22	Nanded	4.86	2.10	7.21	4.52	0.90	5.42	3.16	8.58	686
23	Osmanabad	7.08	3.04	19.35	6.54	4.08	10.62	3.27	13.89	687
24	Akola	6.31	2.81	22.40	9.52	2.20	11.71	3.66	15.37	730
25	Washim	6.39	3.18	19.11	7.73	0.00	7.73	5.15	12.89	751
26	Amrawati	7.24	8.93	30.19	15.60	5.01	20.61	10.03	30.64	687
27	Buldhana	5.16	2.68	10.19	5.36	3.41	8.78	3.90	12.68	729
28	Yavatmal	-	-	-	-	-	-	-	-	-
29	Bhandara	8.66	5.10	20.91	11.52	2.88	14.40	6.72	21.11	724
30	Gondia	6.20	2.00	6.10	5.09	1.02	6.11	3.05	9.16	803
31	Chandrapur	-	-	-	-	-	-	-	-	-
32	Gadchiroli	8.13	8.67	34.11	16.67	6.94	23.61	11.11	34.72	771
33	Nagpur	7.22	4.50	22.11	12.03	2.58	14.60	3.44	18.04	776
34	Wardha	-	-	-	-	-	-	-	-	-
State		6.18	3.08	12.31	6.04	3.14	9.17	4.43	13.60	752

Note - Thane, Yavatmal Chandrapur and Wardha districts report not received.

Survey Of Causes Of Deaths Scheme (Rural) - Mortality Rates 2019										
S.N.	District	C.D.R.	CMR	Peri.N.M.R.	E.N.M.R.	L.N.M.R.	N.M.R.	P.N.M.R.	I.M.R.	SRD
1	Raigad	5.78	1.64	6.99	3.01	3.01	6.02	1.00	7.02	947
2	Ratnagiri	9.80	1.91	14.22	6.37	1.59	7.96	1.59	9.55	913
3	Thane	2.07	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1033
4	Palghar	4.91	1.46	2.53	2.53	0.63	3.16	3.16	6.32	720
5	A'Nagar	6.09	1.44	2.42	1.73	2.08	3.81	2.08	5.89	772
6	Dhule	6.24	2.28	8.72	5.07	0.46	5.53	8.29	13.82	746
7	Nandurbar	4.86	5.00	18.98	0.00	15.38	15.38	10.42	25.79	748
8	Jalgaon	NR	NR	NR	NR	NR	NR	NR	NR	NR
9	Nashik	5.56	1.65	8.16	5.77	14.92	20.69	9.62	30.32	768
10	Pune	6.75	0.85	2.43	2.03	0.81	2.84	1.62	4.46	697
11	Satara	7.89	4.30	10.40	3.49	0.00	3.49	2.91	6.40	862
12	Solapur	6.47	4.04	14.00	6.89	3.61	10.49	3.61	14.10	771
13	Kolhapur	8.11	1.43	6.59	3.53	1.32	4.85	1.32	6.17	769
14	Sangli	8.04	1.13	4.29	2.35	0.78	3.13	1.95	5.08	748
15	Sindhudurg	11.85	4.18	9.49	7.60	1.90	9.51	3.80	13.31	853
16	Aurangabad	5.16	3.43	16.26	9.28	4.91	14.19	3.28	17.47	903
17	Jalana	5.13	1.12	2.45	1.84	1.84	3.68	1.23	4.91	722
18	Parbhani	4.91	1.61	11.24	7.18	0.00	7.18	0.00	7.18	764
19	Hingoli	4.83	0.88	5.05	2.53	1.27	3.80	1.27	5.06	856
20	Latur	NR	NR	NR	NR	NR	NR	NR	NR	NR
21	Beed	5.38	2.74	10.42	7.46	2.24	9.70	2.99	12.69	1014
22	Nanded	5.75	1.98	9.23	4.64	0.93	5.56	2.78	8.34	826
23	Osmanabad	7.22	2.12	8.31	5.00	2.50	7.51	0.83	8.34	969
24	Akola	5.71	3.02	4.87	2.44	5.70	8.14	6.51	14.65	817
25	Washim	6.80	4.41	19.26	16.73	1.29	18.02	0.00	18.02	665
26	Amrawati	7.83	6.61	27.87	11.34	6.24	17.57	4.54	22.11	671
27	Buldhana	NR	NR	NR	NR	NR	NR	NR	NR	NR
28	Yavatmal	5.86	4.53	22.92	11.59	1.93	13.52	5.15	18.67	645
29	Bhandara	8.57	4.53	22.16	10.72	2.92	13.65	3.90	17.54	801
30	Gondia	6.20	2.00	2.37	2.37	0.00	2.37	2.37	4.74	715
31	Chandrapur	7.99	9.39	41.32	24.19	11.57	35.75	9.46	45.22	1016
32	Gadchiroli	8.75	7.05	25.15	11.99	3.00	14.99	9.00	23.99	945
33	Nagpur	8.38	3.46	13.41	8.66	3.85	12.51	2.89	15.40	704
34	Wardha	9.01	7.48	5.71	3.82	7.63	11.45	1.91	13.36	738
State total		6.53	2.71	10.65	5.50	3.96	9.46	3.96	13.43	790

Survey Of Causes Of Deaths Scheme (Rural) - Mortality Rates 2020											
S.N.	District	C.D.R.	U5	Peri.N.M.R.	E.N.M.R.	L.N.M.R.	N.M.R.	P.N.M.R.	I.M.R.	S.R.D.	C.M.R.
1	Raigad	6.27	4.76	1.90	1.90	0.00	1.90	0.95	2.86	782	0.61
2	Ratnagiri	11.78	15.17	19.07	6.90	1.38	8.28	4.14	12.41	938	3.59
3	Thane	2.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1016	0.00
4	Palghar	5.33	10.22	6.79	4.09	0.68	4.77	2.72	7.49	738	1.97
5	A'Nagar	6.27	9.14	5.41	4.06	2.03	6.10	0.68	6.77	765	1.77
6	Dhule	6.75	9.97	5.69	4.27	0.47	4.75	3.80	8.54	672	1.54
7	Nandurbar	4.45	31.78	18.62	0.00	18.50	18.50	10.91	29.41	702	5.55
8	Jalgaon	7.28	14.04	6.09	6.09	2.34	8.43	0.94	9.36	821	2.86
9	Nashik	4.86	17.51	7.05	5.65	4.52	10.17	3.11	13.27	736	2.57
10	Pune	7.02	3.34	1.25	1.25	0.83	2.09	0.83	2.92	758	0.49
11	Satara	9.29	31.08	16.62	6.84	3.73	10.57	0.62	11.19	791	5.83
12	Solapur	7.16	16.14	10.81	5.27	5.27	10.54	3.62	14.17	776	3.52
13	Kolhapur	7.93	10.33	8.06	5.39	3.14	8.53	0.90	9.43	697	2.07
14	Sangli	8.07	5.24	6.42	2.02	1.21	3.23	1.21	4.44	805	1.04
15	Sindhudurg	12.67	14.21	10.62	7.10	1.78	8.88	3.55	12.43	934	3.17
16	Aurangabad	5.14	19.48	16.12	9.20	5.41	14.61	2.71	17.32	916	3.40
17	Jalana	4.70	8.59	7.32	1.84	1.84	3.68	1.84	5.52	601	1.39
18	Parbhani	6.04	6.19	8.22	4.13	0.00	4.13	0.00	4.13	760	1.22
19	Hingoli	3.93	10.93	8.17	5.46	0.00	5.46	2.73	8.20	821	1.73
20	Latur	6.90	0.57	19.91	11.47	6.31	17.79	3.44	21.23	725	0.11
21	Beed	5.62	11.16	3.72	3.72	1.49	5.21	2.23	7.44	756	1.59
22	Nanded	5.49	11.34	9.40	4.72	2.36	7.09	2.83	9.92	839	1.92
23	Osmanabad	7.98	15.97	3.99	3.19	2.40	5.59	0.00	5.59	774	2.65
24	Akola	5.94	3.33	4.15	0.83	0.83	1.66	1.66	3.33	767	0.57
25	Washim	6.25	12.69	23.84	12.69	0.00	12.69	0.00	12.69	732	2.44
26	Amrawati	7.69	39.42	27.92	11.01	9.86	20.87	12.17	33.04	811	8.49
27	Buldhana	6.15	8.88	5.32	4.14	1.18	5.33	1.78	7.10	657	1.86
28	Yavatmal	6.13	20.54	20.96	9.28	5.30	14.58	3.31	17.89	650	4.27
29	Bhandara	8.59	19.13	20.85	7.05	7.05	14.10	5.04	19.13	726	3.71
30	Gondia	6.15	6.65	1.33	1.33	1.33	2.66	1.33	3.99	677	0.91
31	Chandrapur	7.81	8.06	8.04	5.04	3.02	8.06	7.06	15.12	981	1.48
32	Gadchiroli	8.69	25.44	34.27	14.31	4.77	19.08	1.59	20.67	716	5.71
33	Nagpur	7.88	10.05	6.02	4.02	2.01	6.03	4.02	10.05	623	2.08
34	Wardha	7.84	23.40	14.77	6.38	0.00	6.38	10.64	17.02	643	4.72
State total		6.62	13.49	10.11	5.03	3.46	8.49	2.93	11.42	764	2.39

Survey Of Causes Of Deaths Scheme (Rural) - Mortality Rates 2021											
S.N.	District	C.D.R.	U5 MR	Peri. N.M.R.	E.N.M.R.	L.N.M.R.	N.M.R.	P.N.M.R.	I.M.R.	SRD	CMR
1	Raigad	6.91	5.62	4.67	1.87	0.00	1.87	1.87	3.75	787	0.65
2	Ratnagiri	14.96	10.03	19.83	8.36	0.00	8.36	1.67	10.03	873	1.84
3	Thane	2.56	2.18	3.26	0.00	2.18	2.18	0.00	2.18	674	0.26
4	Palghar	7.84	6.22	4.83	2.76	0.00	2.76	3.46	6.22	688	1.38
5	A'Nagar	8.92	7.57	3.09	2.06	1.38	3.44	2.06	5.51	717	1.36
6	Dhule	8.56	11.72	11.18	5.15	2.81	7.97	1.41	9.37	728	1.80
7	Nandurbar	6.63	26.03	15.84	0.00	12.30	12.30	12.30	24.61	702	4.57
8	Jalgaon	7.07	5.48	0.91	0.91	0.91	1.83	0.91	2.74	753	1.07
9	Nashik	6.24	10.11	6.35	5.78	2.02	7.80	1.44	9.24	747	1.29
10	Pune	9.49	2.26	3.39	1.13	0.38	1.51	0.00	1.51	687	0.39
11	Satara	10.56	14.23	12.29	4.95	1.24	6.19	2.48	8.66	838	2.97
12	Solapur	7.80	16.44	10.15	5.59	5.59	11.18	3.62	14.80	808	3.59
13	Kolhapur	9.68	7.11	8.86	4.89	0.44	5.34	1.78	7.11	767	1.30
14	Sangli	10.36	4.15	4.55	1.66	0.00	1.66	1.66	3.32	756	0.80
15	Sindhudurg	16.69	14.08	27.71	11.74	2.35	14.08	0.00	14.08	906	2.58
16	Aurangabad	5.12	19.96	16.07	9.17	5.93	15.10	2.70	17.80	913	3.46
17	Jalana	4.65	9.85	4.91	2.81	2.11	4.92	2.81	7.74	601	1.38
18	Parbhani	7.25	15.30	15.22	9.84	2.19	12.02	2.19	14.21	868	2.82
19	Hingoli	5.13	4.13	2.75	0.00	1.38	1.38	0.00	1.38	736	0.65
20	Latur	9.35	20.11	17.74	10.06	6.15	16.20	2.79	18.99	803	3.80
21	Beed	7.24	7.65	4.58	3.06	0.76	3.82	3.06	6.88	611	0.93
22	Nanded	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
23	Osmanabad	8.89	17.93	10.86	6.24	0.78	7.01	6.24	13.25	615	3.01
24	Akola	6.90	16.12	23.38	6.14	3.07	9.21	5.37	14.58	743	3.08
25	Washim	6.75	7.67	11.41	2.56	0.00	2.56	5.12	7.67	722	1.43
26	Amrawati	8.77	34.08	27.18	11.75	5.29	17.04	5.29	22.33	658	7.53
27	Buldhana	7.25	3.95	2.82	1.69	0.00	1.69	0.56	2.26	666	0.83
28	Yavatmal	8.90	16.96	26.94	10.44	5.87	16.31	1.30	17.61	630	3.72
29	Bhandara	12.21	20.53	21.26	9.78	1.96	11.73	2.93	14.66	778	4.14
30	Gondia	7.94	7.02	1.17	1.17	1.17	2.34	0.00	2.34	712	1.01
31	Chandrapur	10.40	9.93	5.95	4.97	3.97	8.94	0.99	9.93	682	2.08
32	Gadchiroli	8.46	25.44	31.15	11.13	3.18	14.31	1.59	15.90	688	6.06
33	Nagpur	11.00	6.25	4.46	3.57	0.89	4.46	0.00	4.46	734	1.34
34	Wardha	10.57	24.44	26.00	8.15	2.04	10.18	6.11	16.29	655	4.77
State total		8.28	12.02	10.33	4.69	2.60	7.29	2.60	9.89	737	2.10

Survey Of Causes Of Deaths Scheme (Rural) - Mortality Rates 2022											
S.N.	District	C.D.R.	U5 MR	Peri.N.M.R	E.N.M.R.	L.N.M.R.	N.M.R.	P.N.M.R.	I.M.R.	SRD	CMR
1	Raigad	7.16	7.70	7.67	3.08	1.54	4.62	1.54	6.16	1.25	649
2	Ratnagiri	9.45	15.00	27.82	10.00	3.33	13.33	0.00	13.33	2.77	841
3	Thane	3.76	7.03	2.01	2.01	1.00	3.01	4.02	7.03	1.40	875
4	Palghar	7.36	5.67	4.25	2.13	0.00	2.13	1.42	3.55	1.23	673
5	A'Nagar	6.74	5.31	2.32	1.99	0.00	1.99	1.99	3.98	0.99	730
6	Dhule	5.84	7.91	5.56	1.40	2.33	3.72	3.72	7.45	1.21	686
7	Nandurbar	4.79	22.22	17.20	3.92	4.79	8.71	10.46	19.17	4.19	714
8	Jalgaon	7.35	6.28	5.82	4.04	0.45	4.49	0.45	4.93	1.41	775
9	Nashik	5.51	16.62	12.35	9.01	3.94	12.96	2.54	15.49	2.18	720
10	Pune	6.67	3.10	2.48	1.55	0.31	1.86	0.62	2.48	0.62	738
11	Satara	8.97	9.73	10.83	6.30	0.00	6.30	1.72	8.01	2.39	776
12	Solapur	6.21	15.26	15.81	11.21	2.49	13.71	0.00	13.71	2.94	863
13	Kolhapur	8.13	10.43	7.23	3.63	1.36	4.99	3.63	8.61	1.71	843
14	Sangli	8.28	8.26	8.65	4.96	0.00	4.96	1.24	6.20	1.60	832
15	Sindhudurg	12.05	13.54	20.04	6.77	4.51	11.29	0.00	11.29	2.73	768
16	Aurangabad	5.06	16.68	11.71	6.38	5.89	12.27	2.45	14.72	2.89	707
17	Jalana	5.01	7.73	9.22	3.61	1.03	4.64	0.52	5.15	1.46	610
18	Parbhani	5.45	2.99	5.96	2.99	0.00	2.99	0.00	2.99	0.60	783
19	Hingoli	4.33	6.23	2.49	1.25	3.74	4.98	1.25	6.23	1.06	647
20	Latur	7.37	13.26	18.37	7.96	2.65	10.61	2.65	13.26	2.47	782
21	Beed	6.05	8.47	6.35	5.65	0.71	6.35	0.00	6.35	1.10	831
22	Nanded	5.50	11.95	5.46	3.48	1.49	4.98	2.49	7.47	2.06	884
23	Osmanabad	7.16	16.46	6.91	4.33	8.67	13.00	1.73	14.73	2.49	759
24	Akola	6.35	17.45	15.95	9.77	2.09	11.86	4.19	16.05	3.41	814
25	Washim	6.25	19.49	25.21	10.96	3.65	14.62	4.87	19.49	4.14	590
26	Amrawati	7.57	17.01	23.85	8.25	3.61	11.86	4.64	16.49	4.28	771
27	Buldhana	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
28	Yavatmal	6.69	15.57	21.30	9.58	2.40	11.98	2.40	14.37	3.82	725
29	Bhandara	8.43	20.22	19.02	9.10	4.04	13.14	5.06	18.20	4.20	729
30	Gondia	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
31	Chandrapur	6.74	18.41	11.61	9.69	1.94	11.63	0.97	12.60	4.11	594
32	Gadchiroli	8.54	18.87	29.28	9.43	1.57	11.01	4.72	15.72	4.18	802
33	Nagpur	7.08	8.60	3.44	2.58	0.00	2.58	5.16	7.74	2.13	690
34	Wardha	9.26	32.19	28.00	22.13	2.01	24.14	8.05	32.19	6.56	690
State total		6.72	11.89	10.94	5.71	2.09	7.80	2.51	10.31	2.21	755

Survey Of Causes Of Deaths Scheme (Rural) - Mortality Rates 2023											
S.N	District	C.D.R	U5 MR	Peri.N.M.R	E.N.M.R	L.N.M.R.	N.M.R	P.N.M.R	I.M.R	SRD	CM R
1	Raigad	7.03	5.07	1.69	1.69	0.00	1.69	0.00	1.69	677	0.80
2	Ratnagiri	3.38	2.30	0.00	0.00	0.00	0.00	0.00	0.00	847	0.41
3	Thane	4.50	4.07	12.73	0.68	1.36	2.04	1.36	3.39	638	0.91
4	Palghar	5.90	1.72	0.69	0.69	0.69	1.37	0.34	1.72	833	0.33
5	A'Nagar	6.34	7.77	5.33	3.40	0.49	3.88	1.46	5.34	689	1.18
6	Dhule	4.60	13.02	9.70	2.79	0.93	3.72	5.11	8.83	638	2.18
7	Nandurbar	6.37	0.53	0.53	0.00	0.00	0.00	0.53	0.53	641	0.10
8	Jalgaon	5.45	9.94	10.16	5.25	2.21	7.45	1.38	8.83	730	1.33
9	Nashik	6.42	4.03	1.44	0.86	0.86	1.73	1.15	2.88	803	0.86
10	Pune	7.64	10.39	9.35	4.45	0.99	5.44	3.46	8.90	804	2.48
11	Satara	6.74	14.13	11.42	11.42	1.50	12.92	1.20	14.13	896	2.77
12	Solapur	7.97	4.08	3.62	1.81	0.00	1.81	0.91	2.72	787	0.67
13	Kolhapur	7.57	6.78	4.78	2.39	0.40	2.79	3.59	6.38	858	1.25
14	Sangli	12.05	9.37	11.57	0.00	7.03	7.03	2.34	9.37	845	1.89
15	Sindhudurg	10.47	17.21	18.98	11.47	0.00	11.47	3.82	15.30	964	3.24
16	Aurangabad	4.43	10.04	2.95	2.36	3.54	5.90	2.36	8.26	782	1.47
17	Jalana	4.24	10.40	13.19	5.78	1.16	6.93	2.31	9.24	883	1.86
18	Parbhani	5.46	6.56	11.93	4.37	0.00	4.37	1.09	5.46	807	1.20
19	Hingoli	4.48	6.26	6.23	1.25	1.25	2.50	1.25	3.75	641	1.05
20	Latur	7.02	13.04	16.86	8.50	1.70	10.20	1.70	11.90	736	2.71
21	Beed	5.49	5.11	2.92	2.19	2.19	4.38	0.00	4.38	734	0.63
22	Nanded	5.14	15.56	20.13	15.56	0.00	15.56	0.00	15.56	807	2.55
23	Osmanabad	7.11	17.92	10.55	7.33	8.14	15.47	0.00	15.47	707	2.76
24	Akola	5.93	12.29	14.63	7.37	1.64	9.01	3.28	12.29	680	2.11
25	Washim	6.08	15.52	15.42	9.06	1.29	10.35	3.88	14.23	759	3.35
26	Amrawati	7.43	11.38	11.27	1.80	3.59	5.39	4.79	10.18	618	2.26
27	Buldhana	6.63	8.09	7.00	4.32	3.24	7.56	0.54	8.09	670	1.62
28	Yavatmal	6.95	18.26	16.28	7.30	4.26	11.56	4.26	15.82	651	4.08
29	Bhandara	8.35	17.28	18.11	8.13	4.07	12.20	4.07	16.26	766	3.58
30	Gondia	6.85	8.06	2.69	2.69	0.00	2.69	2.69	5.38	833	1.05
31	Chandrapur	8.09	10.32	9.28	8.26	0.00	8.26	2.06	10.32	764	1.50
32	Gadchiroli	9.91	20.30	30.00	15.23	5.08	20.30	0.00	20.30	716	4.09
33	Nagpur	7.43	10.83	6.29	2.71	0.00	2.71	6.32	9.03	848	2.50
34	Wardha	8.83	14.29	16.19	8.16	4.08	12.24	0.00	12.24	691	2.98
State total		6.48	9.36	8.74	4.69	1.59	6.28	1.92	8.20	761	1.66

Norms for establishment of Health Institutions :

- ❖ 1 PHC for 30,000 populations in Non Tribal Area.
- ❖ 1 PHC for 20,000 populations in Tribal Area.
- ❖ 1 Sub Centre for 5,000 population in Non Tribal Area.
- ❖ 1 Sub Centre for 3,000 population in Tribal Area.
- ❖ 1 Rural Hospital for every 4 to 5 Primary Health Centers.

Sr.No.	Health Institutions in the State	Total
1	Sub Centres	10766
2	Primary Health Centers	1939
3	Other primary health care institutes-(Ayu disp 462,Mobile Medical unit-66,Allop disp 92,PHU-121,Mufsal disp-13,Civil disp-4, ZP disp -31,Unani Disp-25.Ashramschoools-37)	851
4	Rural Hospitals (30 Beds)	367
5	Sub District Hospitals. (50 Beds)	68
6	Sub District Hospitals. (100 Beds)	33
7	General Hospitals (Central Hospital No-3 Ulhasnagar, Pandit Bhimsen Joshi GH- Meera Bhyander-Thane, GH Malvani - Mumbai, GH Malegaon - Nashik, GH Kahamgaon & Shegaon District Buldhana, Indiragandhi GH-Ichalkaranji Dist Kolhapur, Udgir dist Latur)	8
8	District Hospitals	19
9	Super Specialty Hospital (Nashik & Amravati)	2
10	Mental Health Institutes (Thane, Ratnagiri, Pune, Nagpur)	4
11	Women Hospitals (Akola, Amravati, WH Achalpur(Amravati),Jalna, , Latur, Neknoor(Beed), Ambejogai (Beed), WH Nanded, WH Basmat- Hingoli, Ulhasnagar, WH Baramati-Dist.Pune, Gadchiroli, Nagpur, WH Dhule, WH Malegaon – Nashik, WH Kudal- Dist.Sindhudurg, WH Washim, WH Yavatmal, WH Jalgaon, Buldhana, Ratnagiri, Solapur)	22
12	TB Hospitals (Kolhapur, Pune, Amravati, Buldhana,Shiwri Mumbai)	5
13	Leprosy Hospitals (Pune, Kolhapur)	2
14	State Health & Family Welfare Institution, Nagpur	1
15	Health & Family Welfare Training centres HFWTC– Thane, Pune, Nashik, Kolhapur, Aurangabad, Amravati, Nagpur)	7

Districtwise Health facilities Table 1

Circle	District	DH	GH	Super Speciality (RRH)	WH	SD H 100	SD H 50	RH	PHC	SC	Lepr osy Hosp itals	TB Hospita ls	Mental Hospita ls
THANE	Mumbai	0	1	0	0	0	0	0	0	0		1	
	Thane	1	2		1	2	1	6	33	191			1
	Raigad	1	0		0	2	4	8	54	288			
	Palghar	0	0		0	2	1	9	46	314			
	Circle Total	2	3	0	1	6	6	23	133	793	0	1	1
PUNE	Pune	1	0		1	2	3	19	108	543	1	1	1
	Solapur	1	0		1	1	2	16	77	434			
	Satara	1	0		0	1	2	15	84	414			
	Circle Total	3	0		2	4	7	50	269	1391	1	1	1
NASHIK	Nashik	1	1	1	1	2	4	23	112	592			
	Jalgaon	0	0		1	1	2	19	78	443			
	Ahmadnaga	1	0		0	0	3	22	98	565			
	Dhule	1	0		1	1	1	6	41	232			
	Nandurbar	0	0		0	0	2	12	61	293			
	Circle Total	3	1	1	3	4	12	82	390	2125	0	0	0
KOLHAPUR	Kolhapur	0	1		0	1	4	15	78	413	1	1	
	Sangli	0	0		0	0	3	12	65	348			
	Sindhudurg	0	0		1	2	2	6	38	248			
	Ratnagiri	0	0		1	1	2	8	68	378			1
	Circle Total	0	1		2	4	11	41	249	1387	1	1	1
AURANGABAD	Aurangabad	1	0		0	1	2	10	53	279			
	Jalna	1	0		1	0	1	9	44	223			
	Parbani	0	0		0	0	2	7	37	215			
	Hingoli	1	0		1	1	1	3	24	134			
	Circle Total	3	0		2	2	6	29	158	851	0	0	0
LATUR	Latur	0	1		1	0	1	11	51	252			
	Osmanabad	0	0		0	2	3	6	45	216			
	Beed	1	0		2	2	1	10	55	296			
	Nanded	1	0		1	1	3	14	70	383			
	Circle Total	2	1	0	4	5	8	41	221	1146	0	0	0
AKOLA	Akola	0	0		1	1	0	5	31	179			
	Amravati	1	0	1	2	1	5	8	59	339		1	
	Buldana	1	2		1	0	1	14	52	280		1	
	Yavatmal	0	0		1	0	3	14	67	450			
	Washim	1	0		1	1	0	6	27	155			
	Circle Total	3	2	1	6	3	9	47	236	1403	0	2	0
NAGPUR	Nagpur	0	0		1	0	2	10	56	317			1
	Wardha	1	0		0	1	1	8	32	183			
	Bhandara	1	0		0	1	1	7	33	193			
	Gadchiroli	1	0		1	0	3	9	52	376			
	Chandrapur	0	0		0	3	1	10	65	342			
	Gondia	0	0		0	0	1	10	45	253			
	Circle Total	3	0	0	2	5	9	54	283	1669	0	0	1
STATE TOTAL		19	8	2	22	33	68	367	1939	10766	2	5	4

Districtwise Health facilities Table 2											
Sr No	District	Ayurvedic Disp	Allop. Disp	Primary Health Unit	Mobile health unit	Mufsal Disp	Civil Disp	Unani Disp	ZP Disp	Ashram School Team	Total
1	Thane	1		5					2	1	9
2	Palghar	4		18	3				5	4	34
3	Raigad			3					7	1	11
	Thane Circle	5		26	3				14	6	54
4	Nashik	10			15					6	31
5	Nandurbar	7		8						4	19
6	Jalgaon	18			1					1	20
7	Dhule	13								2	15
8	Ahmadnagar	2		5						2	9
	Nashik Circle	50		13	16					15	49
9	Pune	12		11	8					2	33
10	Satara	17		6		3					26
11	Solapur	5		1							6
	Pune circle	34	0	18	8	3				2	65
12	Sangli	14	1	2							17
13	Kolhapur	16			6				7		29
14	Ratnagiree										0
15	Sindhudurg								10		10
	Kolhapur Circle	30	1	2	6				17		56
16	Aurangabad	4				2		6			12
17	Jalna	3		2		1		3			9
18	Parbhani	4		4		1		2			11
19	Hingolee	3		4			1				8
	Aurangabad circle	14	0	10		4	1	11			40
20	Latur	7						1			8
21	Nanded	7			4			6		2	19
22	Osmanabad	5					3	2			10
23	Beed	8	1	3		4		5			21
	Latur Circle	27	1	3	4	4	3	14		2	58
24	Akola	25	4		2						31
25	Washim	9	1	1						1	12
26	Amrawati	65	18	12	8					2	105
27	Buldhana	70	5								75
28	Yawatmal	19	1	1	2					2	75
	Akola Circle	188	29	14	12					5	148
29	Nagpur	33	25	1	3					1	63
30	Gondiya	26	3		4					1	34
31	Bhandara	29	4							1	33
32	Chandrapur	10	9		7						27
33	Wardha	11	20								31
34	Gadchiroli	5		34	3	2				4	48
	Nagpur Circle	114	61	35	17	2				7	236
	Total	462	92	121	66	13	4	25	31	37	851

Cadrewise Staff available in Public Health Department (Excluding ZP Staff)					
S. N.	Cadre	Sanction	Filled in	Vacant	% Vacant
1	Maharashtra Medical Health Services Gr.A (Class	1805	1017	791	44
2	Maharashtra Medical Health Services Gr.A (Class	8610	7810	800	9
3	Maharashtra Medical Health Services (MO)	1310	732	587	44
4	General State Services Gr. A & B	992	338	654	66
5	Grade C	32389	25647	6742	21
6	Grade D	12340	9725	2615	21
Total		57446	45269	12189	26

Position of Senior Officials in PHD					
S. N.	Cadre	Sanction	Filled in	Vacant	% Vacant
1	Mission Director, NHM	1	1	0	0
2	Additional Mission Director, NUHM	-	-	-	-
Total		1	1	0	0

Position of Senior Officials in PHD					
S. NO	Cadre	Sanction	Filled in	Vacant	% Vacant
1	Director of Health Services	2	1	1	50
2	Additional Director of Health Services	4	0	4	100
3	Joint Director of Health Services	10	4	6	60
4	Deputy Director of Health Services	25	21	4	16
Total Sr.MMHS (CL.1)		41	26	15	37
5	Dist. Health Officer Cadre	291	198	93	32
6	Civil Surgeon Cadre	७३७	४६०	२७७	38
7	Specialist Cadre	680	308	372	55
Sub Total of Jr. MMHS (CL1)		1751	993	758	43
8	Medical Officer (Gr. A)	8610	7810	800	9
9	Medical Officer (Gr. B) (BAMS)	1310	732	578	44
Sub Total of Medical Officer		11671	9535	2136	18
10	Others (Posts outside Cadre)	2	2	0	0
Grand Total		11673	9537	2136	18

Position of Class -I Specialists in Public Health Department					
S.N.	Category	Sanctioned	Filled	Vacant	% Vacant
1	Paediatrician	62	41	21	34
2	Obst. &Gynaecologist	68	45	23	34
3	Anaesthetist	83	57	26	31
4	Ophthalmologist	44	25	19	43
5	Orthopaedic Surgeon	34	20	14	41
6	ENT	33	27	6	18
7	Radiologist	62	25	37	60
8	Psychiatrist	95	32	63	66
9	Pathologist	36	26	10	28
10	Chest & TB	32	8	24	75
11	Dermatologist	31	1	30	97
12	Police Surgeon	1	1	0	0
13	Dentist	26	0	26	100
14	Super speciality Hosp. Posts	61	0	61	100
15	Higher Grade Specialists	12	0	12	100
Total		680	308	372	55

Statement Showing the postion of sanctioned, filled & Vacant posts of MMHs Gr-A Medical Officer (S-20)

S.N	Dist	State Sector						Z.P Sector						Total					
		Sanct ioned	Filled in				Vac ant	Sancti oned	Filled in				Vacant Posts	Sanctione d	Filled in				Vacant Posts
			Ragular	Bond	Adhoc	Total			Regul	Bonde	Adho	Total			Regul	Bonded	Adhoc	Total	
1	Thane	203	170	1	23	194	9	66	52	1	9	62	4	259	222	2	32	256	13
2	Palghar	98	37	1	27	65	33	87	61	9	11	81	6	185	98	10	38	146	39
3	Raigad	129	94	4	28	126	3	138	83	3	48	134	4	267	177	7	76	260	7
4	Mumbai	73	58	0	2	60	13	0	0	0	0	0	0	73	58	0	2	60	13
Mumbai Circle		503	359	6	80	445	58	291	196	13	68	277	14	794	555	19	148	722	72
5	Pune	264	249	2	5	256	8	234	195	9	30	234	0	498	444	11	35	490	8
6	Solapur	111	82	2	4	88	23	172	135	37	0	172	0	283	217	39	4	260	23
7	Satara	107	71	7	10	88	19	187	119	30	25	174	13	294	190	37	35	262	32
Pune Circle		482	402	11	19	432	50	593	449	76	55	580	13	1075	851	87	74	1012	63
8	Kolhapur	121	86	0	30	116	5	181	102	6	66	174	7	302	188	6	96	290	12
9	Sangli	63	43	0	20	63	0	154	87	2	18	107	47	217	130	2	38	170	47
10	S'durg	111	34	8	47	89	22	85	27	7	33	67	18	196	61	15	80	156	40
11	Ratnagiri	112	42	7	35	84	28	143	39	3	71	113	30	255	81	10	106	197	58
Kolhapur Circle		407	205	15	132	352	55	563	255	18	188	461	102	970	460	33	320	813	157
	Nashik	292	228	1	6	235	57	210	134	4	65	203	7	502	362	5	71	438	64
13	Dhule	78	57	0	16	73	5	81	40	3	33	76	5	159	97	3	49	149	10
14	Nandurb	121	76	0	8	84	37	87	65	0	10	75	12	208	141	0	18	159	49
15	Jaigaon	150	67	0	13	80	70	175	83	0	62	145	30	325	150	0	75	225	100
16	Ahmedna	148	102	11	25	138	10	221	144	29	28	201	20	369	246	40	53	339	30
Nashik Circle		789	530	12	68	610	179	774	466	36	198	700	74	1563	996	48	266	1310	253
17	c.sambh	124	114	2	0	116	8	128	102	3	23	128	0	252	216	5	23	244	8
18	Jalana	92	79	1	1	81	11	99	74	0	25	99	0	191	153	1	26	180	11
19	Parbhani	98	82	1	2	85	13	87	77	0	10	87	0	185	159	1	12	172	13
20	Hingoli	77	64	0	1	65	12	66	60	3	1	64	2	143	124	3	2	129	14
C.sambhajinaga		391	339	4	4	347	44	380	313	6	59	378	2	771	652	10	63	725	46
21	Latur	112	100	0	11	111	1	121	113	0	6	119	2	233	213	0	17	230	3
22	Dharashi	111	91	2	15	108	3	105	94	0	11	105	0	216	185	2	26	213	3
23	Beed	147	132	9	0	141	6	133	121	6	7	134	-1	280	253	15	7	275	5
24	Nanded	138	132	0	5	137	1	165	149	5	11	165	0	303	281	5	16	302	1
Latur Circle		508	455	11	31	497	11	524	477	11	35	523	1	1032	932	22	66	1020	12
25	Akola	64	55	2	6	63	1	74	66	3	2	71	3	138	121	9	8	138	0
26	Amravati	222	165	4	20	189	33	131	113	12	2	127	4	353	278	21	22	321	32
27	Buldhan	146	123	6	15	144	2	125	111	8	2	121	4	271	234	8	17	259	12
28	Yavatma	115	88	6	6	100	15	129	101	3	8	112	17	244	189	14	14	217	27
29	Washim	74	53	4	8	65	9	66	51	5	6	62	4	140	104	11	14	129	11
Akola Circle		621	484	22	55	561	60	525	442	31	20	493	32	1146	926	63	75	1064	82
30	Wardha	97	50	1	22	73	24	75	31	1	40	72	3	172	81	2	62	145	27
31	Bhandar	84	74	2	7	83	1	75	56	4	11	71	4	159	130	6	18	154	5
32	Chandra	138	86	1	31	118	20	145	56	8	62	126	19	283	142	9	93	244	39
33	Gondia	93	63	0	17	80	13	81	49	6	22	77	4	174	112	6	39	157	17
34	Gadchir	104	77	3	15	95	9	89	62	0	17	79	10	193	139	3	32	174	19
35	Nagpur	146	137	0	6	143	3	132	102	5	20	127	5	278	239	5	26	270	8
Nagpur Circle		662	487	7	98	592	70	597	356	24	172	552	45	1259	843	31	270	1144	115
State Total		4363	3261	88	487	3836	527	4247	2954	215	795	3964	283	8610	6215	313	1282	7810	800

CHAPTER 2 BUDGET AT A GLANCE

Plan Schemes / Non Plan Scheme

- The Budgetary Outlay available for Public Health Department in 2024-25 under Plan schemes along with Sanctioned Supplementary demand is Rs.12968.94 Crore. Out of this State share is of Rs.9080.49 crore.
- The Budgetary Outlay available for Public Health Department in 2024-25 under Non-Plan schemes is Rs.9612.46 Crore.
- In 2024-25 the Public Health department demand was of Rs.11798.30 Crore. But the Outlay sanctioned for Public Health Department in 2024-25 is Rs.8007.22 Crore.
- Under Plan Scheme an additional outlay of Rs.4302.38 crore is made available for Public Health Department by Supplementary demand in Rainy assembly session 2024.
- Under Plan Scheme an additional outlay of Rs.659.34 crore is made available for Public Health Department by Supplementary demand in winter assembly session 2024
- For the year 2022-23 to 2024-25 , the budgeted outlay & Expenditure is given in table " Appendix-A

Appendix-A

(Rs. Incr.)

Year	Plan	Budgeted Outlay (Including Supplementary Demand)					Expenditure				
		Plan Scheme			Non Plan #	TOTAL	Plan Scheme			Non Plan #	TOTAL
		State	Center	Total			State	Center	Total		
2022-23	Gen	5255.65	3238.09	8493.74	7950.77	16444.51	4909.54	2833.52	6943.06	6392.56	13343.51
	SCP	512.44	373.63	886.07	0.00	886.07	455.65	128.21	583.86	0.00	583.86
	TSP	486.23	286.96	773.19	0.00	773.19	379.13	92.67	471.80	0.00	471.80
	Total	6254.32	3898.68	10153.00	7950.77	18103.77	4944.32	3054.40	7998.72	6392.56	14399.17
2023-24	Gen	5453.26	3206.15	8659.41	8990.59	17650.00	4713.31	2311.65	7024.96	7067.46	14092.42
	SCP	540.24	423.87	964.11	0.00	964.11	509.17	324.08	833.25	0.00	833.25
	TSP	312.42	213.73	526.15	0.00	526.15	299.65	115.91	415.56	0.00	415.56
	Total	6305.92	3843.75	10149.67	8990.59	19140.26	5522.13	2751.64	8273.77	7067.46	15341.23
2024-25*	Gen	8163.53	3441.67	11605.20	9612.46	21217.66	3598.42	2106.26	5704.68	6704.83	12409.51
	SCP	506.44	263.21	769.65	0.00	769.65	294.38	183.17	477.55	0.00	477.55
	TSP	410.52	183.57	594.09	0.00	594.09	252.15	151.18	403.33	0.00	403.33
	Total	9080.49	3888.45	12968.94	9612.46	22581.40	4144.95	2440.60	6585.55	6704.83	13290.38

This information is received from the Assistant Director of Pune.

* Expenditure up to January, 2025. Source- B.D.S.

Programme Head wise Plan Schemes (Gen+SCP+TSP) Information for year 2022-23 to 2024-25 are as follows-

(Rs.In Crore)

Programme heads	PLAN TYPE	Funding Source	Revised Budgeted 2022-23	Expenditure 2022-23	Revised Budgeted 2023-24	Expenditure 2023-24	Budgeted 2024-25	Expenditure upto Jan 2025
Commissionerate of Health	Gen	State	840.14	808.00	1380.95	1101.92	2926.70	1421.26
		Central	168.60	144.45	173.42	106.38	189.67	83.72
	Gen Total		1008.74	952.45	1554.37	1208.30	3116.37	1504.98
	SCP	State	0.00	0.00	0.00	0.00	0.00	0.00
	SCP Total		0.00	0.00	0.00	0.00	0.00	0.00
	TSP	State	0.00	0.00	0.00	0.00	0.00	0.00
	TSP Total		0.00	0.00	0.00	0.00	0.00	0.00
Commissionerate of Health Total			1008.74	952.45	1554.37	1208.30	3116.37	1504.98
Family Welfare	Gen	State	170.75	159.95	198.00	164.69	187.88	69.25
		Central	1135.98	1143.08	1438.26	1286.31	1721.59	796.77
	Gen Total		1306.73	1303.03	1636.26	1451.00	1909.47	866.02
	SCP	State	17.00	11.38	17.31	1.07	20.00	0.00
		Central	0.00	0.00	25.97	0.00	34.91	0.00
	SCP Total		17.00	11.38	43.28	1.07	54.91	0.00
	TSP	State	15.00	9.93	13.70	0.93	5.00	0.00
		Central	0.00	0.00	20.55	0.00	7.50	0.00
	TSPTotal		15.00	9.93	34.26	0.93	12.50	0.00
Family Welfare Total			1338.73	1324.34	1713.79	1453.01	1976.88	866.02
Consturction	Gen	State	1002.96	355.01	1333.18	974.98	1188.22	209.83
	Gen Total		1002.96	355.01	1333.18	974.98	1188.22	209.83
Consturction Total			1002.96	355.01	1333.18	974.98	1188.22	209.83
Mahatma Jyotiba Phule Jan Arogya Yojna	Gen	State	1156.17	1126.95	1214.87	1183.90	2203.14	621.86
		Central	0.00	0.00	0.00	0.00	0.00	0.00
	Gen Total		1156.17	1126.95	1214.87	1183.90	2203.14	621.86
	SCP	State	165.56	162.76	185.23	181.73	267.45	110.03
	SCP Total		165.56	162.76	185.23	181.73	267.45	110.03
	TSP	State	123.73	123.73	131.11	131.11	217.05	83.85
TSP Total		123.73	123.73	131.11	131.11	217.05	83.85	
Mahatma Jyotiba Phule Jan Arogya Yojna Total			1445.46	1413.44	1531.21	1496.74	2687.64	815.74
SBTC	Gen	State	6.00	3.22	6.66	5.58	5.00	0.00
	Gen Total		6.00	3.22	6.66	5.58	5.00	0.00
SBTC Total			6.00	3.22	6.66	5.58	5.00	0.00
Maharashtra Medical Goods Procurement Authority	Gen	State	0.00	0.00	0.00	0.00	181.30	6.75
	Gen Total		0.00	0.00	0.00	0.00	181.30	6.75
Maharashtra Medical Goods Procurement Authority Total			0.00	0.00	0.00	0.00	181.30	6.75

Programme heads	PLAN TYPE	Funding Source	Revised Budgeted 2022-23	Expenditure 2022-23	Revised Budgeted 2023-24	Expenditure 2023-24	Budgeted 2024-25	Expenditure upto Jan 2025
National Aayush Mission	Gen	State	15.63	0.00	18.38	9.19	17.00	0.00
		Central	23.44	0.00	27.57	13.79	37.85	0.00
	Gen Total		39.07	0.00	45.95	22.98	54.85	0.00
	SCP	State	2.74	0.39	7.34	3.67	3.00	0.00
		Central	3.51	0.00	11.02	5.51	5.67	0.00
	SCP Total		6.25	0.39	18.36	9.18	8.67	0.00
	TSP	State	5.58	3.73	4.08	2.04	2.99	0.00
		Central	2.78	0.00	6.12	3.06	4.49	0.00
	TSP Total		8.36	3.73	10.20	5.10	7.48	0.00
National Aayush Mission Total			53.68	4.12	74.52	37.26	71.00	0.00
NRHM	Gen	State	2061.40	1655.92	1298.50	1272.72	1451.43	1269.07
		Central	1905.61	1542.26	1561.55	901.52	1486.24	1222.22
	Gen Total		3967.00	3198.18	2860.04	2174.25	2937.68	2491.29
	SCP	State	327.14	281.11	330.36	322.70	215.99	184.35
		Central	370.11	128.21	386.89	318.57	222.64	183.17
	SCP Total		697.25	409.33	717.25	641.27	438.63	367.51
	TSP	State	341.93	241.75	163.10	165.56	185.48	168.29
		Central	284.18	92.67	187.05	112.85	171.58	151.18
	TSPTotal		626.11	334.42	350.15	278.41	357.06	319.47
NRHM Total			5290.37	3941.93	3927.44	3093.92	3733.36	3178.28
Social Welfare	Gen	State	0.47	0.15	0.54	0.03	0.05	0.00
	Gen Total		0.47	0.15	0.54	0.03	0.05	0.00
Social Welfare Total			0.47	0.15	0.54	0.03	0.05	0.00
Secretariate	Gen	State	2.15	0.34	2.19	0.29	2.80	0.40
		Central	4.47	3.73	5.35	3.65	6.31	3.55
	Gen Total		6.62	4.07	7.54	3.94	9.11	3.96
Secretariate Total			6.62	4.07	7.54	3.94	9.11	3.96
Total			10153.01	7998.73	10149.25	8273.77	12968.94	6585.55

CHAPTER 3 HOSPITAL SERVICES

Introduction:

Government of Maharashtra has given priority for prevention of diseases and to provide curative services to the people through the network of Primary Health Centers, Rural Hospitals, Sub-district Hospitals, District Hospitals, Woman Hospitals and General Hospitals. Referral Services are provided through district hospitals & Sub-district hospitals and rural hospitals.

Sr. No	Hospital Type	Functioning	Available Beds
1	District Hospitals	19	5027
2	Regional referral hospital	2	320
3	General Hospital	8	1382
4	Woman Hospital	22	2805
5	Sub District Hospital (100 Bed)	33	3300
6	Sub District Hospital (50 Bed)	68	3400
7	Rural Hospital	367	11010
8	Trauma Care Unit	78	1560
Total		597	28804

i] District Hospitals

The specialty services provided at various hospitals are as follows.

No.	Specialties
1	General Medicine
2	General Surgery
3	Obstetrics & Gynaecology
4	Pediatrics
5	Orthopedics
6	Anaesthesia
7	Radiology
8	Pathology
9	Psychiatry
10	Dermatology
11	Chest diseases & TB
12	Ophthalmology
13	ENT
14	Dental Services

Services & Activities:

1. I.C.U.:

Government has sanctioned Intensive Care Unit (6 beds) in District / General Hospitals with the additional staff of 18 for I.C. Unit. Necessary equipments are provided for these Intensive Care Units.

2. SNCU Ward (Special Newborn Care Unit):

To take care of low birth weight and premature babies 34 SNCUs are being established at each district and women hospitals with the additional Staff of 10 and essential equipments like Radiant warmers and phototherapy units.

3. Burn Ward

To reduce the mortality in Burn cases separate burn wards are sanctioned. 3 posts (2 Class II Staff Nurse and 1 class IV Sweeper) are sanctioned for this ward. There are 5 beds for male and 5 for female.

4. C.T. Scan

For diagnosis of various diseases CT scan is required. C.T.Scan facilities are available at all District Hospitals.

5. Psychiatric ward:

As per Government Resolution dated 1/3/2006, 10 bedded psychiatric ward is sanctioned for 23 district hospitals. Under this 20 posts are sanctioned.

6. Sonography Services:

To make correct diagnosis of diseases sonography facility is made available in all district hospitals, women hospitals and general hospitals.

7. Dialysis Services:

Dialysis services are made available in 63 hospitals which includes, all District hospitals, General hospitals, Super speciality hospitals, Women hospital Nanded, Sub district hospitals. 396 machines are available in these hospitals. Training provided to M.O., Physician, dialysis technician and staff nurse in all hospitals. Nephrologist is appointed on contract in all hospitals.

Sr. No.	Year	Dialysis done
1	2017-18	66384
2	2018-19	75492
3	2019-20	81961
4	2020-21	67770
5	2021-22	71159
6	2022-23	93389
7	2023-24	103080
8	2024-25 (Up to Jan. 25)	99824

8. Security, ambulance, diet and cleaning services are made available in these hospitals on contract basis.

II] Sub-district hospitals.

33 SDH (100) are functioning of which 30 rural hospitals (30 bedded) are upgraded to 100 bedded sub-district hospitals. 68 rural hospitals (30 bedded) are upgraded to 50 bedded Sub-district hospitals. At these sub-district hospitals the patients referred from PHC's and Rural Hospitals are treated by providing specialist and surgical services. For sub-district hospitals (100 bedded), 8 specialty services and for sub-district hospitals (50 bedded) 5 specialty services are made available.

Security, ambulance, diet and cleaning services are made available in these hospitals on contract basis.

No.	Specialties available in SDH 100	Specialties available in SDH 50
1	General Medicine	General Medicine
2	General Surgery	General Surgery
3	Obstetrics & Gynaecology	Obstetrics & Gynaecology
4	Pediatrics	Pediatrics
5	Orthopedics	Anaesthesia
6	Anaesthesia	
7	Ophthalmology	
8	Dentistry	

III] **Rural Hospitals:**

In state 367 rural hospitals are functional in the state. 143 are sanctioned under regional imbalance scheme. It is 30 bedded referral hospitals with 1 medical superintendent, specialists like Gynecologist, Pediatrician and Anesthetist. Cases referred from PHC are treated in RH. X-ray facility, Laboratory and ambulance services are also available in RH. Staffing norm is 25 and security, ambulance, diet and cleaning services are on contract basis.

Hospital Performance:

Hospital performance 2019-20

Indicator	DH	GH	WH	SDH 100	SDH 50	RH	Total
Total OPD	5851384	1012251	861091	3061061	5291140	15589302	31666229
New OPD	4909591	820616	758268	2779816	4226397	13512421	27007109
New IPD	809701	129719	201189	290482	349031	1002464	2782586
Major Surgeries	95270	7255	24423	23510	18178	28131	196767
Minor Surgeries	110510	23648	16104	26561	40686	71897	289406
X-ray Taken	396643	45378	8623	86491	80924	204438	822497
Lab Test Performed	7304225	723307	1113913	2543495	2481262	7370937	21537139

Hospital performance 2020-21

Indicator	DH	GH	WH	SDH 100	SDH 50	RH	Total
New OPD	1858307	395163	411840	1075573	1732230	7037116	12510229
Total OPD	2280216	521737	439701	1183375	1960936	7887776	14273741
New IPD	400008	77854	185651	166221	228630	586358	1644722
Major Surgeries	29898	3928	25516	12063	9378	15732	96515
Minor Surgeries	45718	11299	17405	15910	22331	59379	172042
X-ray Taken	186251	29175	11195	61416	70941	157281	516259
Lab Test Performed	3492544	654878	1353722	1198334	1317701	3866757	11883936

Hospital performance 2021-22									
Indicator	DH	GH	WH	SDH 100	SDH 50	RH	Ortho Hosp	RRH	Total
Total OPD	2940968	910155	696297	1800450	2255741	7976878	8219	77918	16666626
New IPD	468654	113730	231184	216883	260681	640030	623	19523	1951308
Major Surgeries	52432	6726	34005	17316	13836	20602	167	2301	147385
Minor Surgeries	53722	11145	21935	22425	26303	59084	1060	2730	198404
X-ray Taken	242482	53259	13347	113018	104946	235037	2161	11320	775570
Lab Test Peformed	4753603	837959	1852482	1673059	1746336	5178976	1086	185459	16228960

Hospital performance 2022-23									
Indicator	DH	GH	WH	SDH 100	SDH 50	RH	Ortho Hosp	RRH	Total
Total OPD	4307101	1309113	820818	2758519	3792395	13015409	6805	113810	26123970
New IPD	617659	145018	257809	260590	293489	887678	5816	23018	2491077
Major Surgeries	83284	8918	35896	25485	18822	28987	408	3936	205736
Minor Surgeries	76124	17228	23961	31894	44202	86468	1881	5799	287557
X-ray Taken	365646	97315	22204	172227	161765	448301	2833	16702	1286993
Lab Test Peformed	6268424	1297954	2420081	2713883	2933477	7440554	3254	316587	23394214

Hospital performance 2023-24									
Indicator	DH	GH	WH	SDH 100	SDH 50	RH	Ortho Hosp	RRH	Total
Total OPD	5167245	1457590	712545	3308326	4538396	16111995	68434	118495	31483026
New IPD	527664	147456	212138	253735	278892	905782	1953	24222	2351842
Major Surgeries	71164	10421	31414	21263	15749	25684	598	3902	180195
Minor Surgeries	77442	18259	23691	35573	39681	95954	4220	7436	302256
X-ray Taken	475156	114322	16701	190766	175482	525519	12005	16958	1526909
Lab Test Peformed	6336677	1368764	1867860	2678858	3269424	7834209	1531	685758	24043081

Hospital performance 2024-25 (Up to Jan.25)								
Indicator	DH	GH	WH	SDH 100	SDH 50	RH	RRH	Total
Total OPD	4555867	1396704	735853	3636250	5047795	17466650	114530	32953649
New IPD	441299	140624	188268	239488	283392	918915	26452	2238438
Major Surgeries	55940	8741	27540	22963	15395	23513	3893	157985
Minor Surgeries	87488	13301	19258	44377	45849	124405	8846	343524
X-ray Taken	512621	123746	22052	238288	238043	743194	18647	1896591
Lab Test Peformed	5470527	1352080	2135487	3143250	3894907	8492194	564908	25053353

IV] Trauma Care Services

Government has decided to provide Trauma Care ward with staff, equipment and well-equipped ambulance in the hospitals, which are placed on National Highway. 112 Trauma Care has been sanctioned in the state, out of which 75 are functional. A staff of 15 is sanctioned for these Trauma care units.

Trauma Care Units Performance				
Sr. No.	Year	OPD	IPD	Surgeries
1	2017-18	739698	46247	23744
2	2018-19	542242	51268	11021
3	2019-20	875622	87224	19904
4	2020-21	347724	43904	28881
5	2021-22	239734	28453	12721
6	2022-23	417869	46044	16910
7	2023-24	500664	48334	17405
8	2024-25 (Up to Jan.25)	586867	48350	17005

VI] Super Specialty Services:

A] Nashik -

Super Specialty health services are available in some Medical Colleges. State Government has taken a decision to establish **Super Specialty Hospital at Nashik**, which was started functioning from 26 June 2008.

The following services are made available at this hospital.

- Cardiology, Cardiovascular and cardiothoracic surgeries.
- Nephrology & Urology.
- Oncology and Chemotherapy Unit & Oncosurgeries.

Staffing position is as follows

S.N	Particular	Sanction Post	Filled Post	Vacant Post
P H A S E - I				
1	Class - I Officer	12	05	07
2	Medical Officer II	33	19	14
3	Class III Staff	140	107	33
4	Class IV contractual posts	182	86	96
	Total	367	217	150
P H A S E - II				
S.N	Particular	Sanction Post	Filled Post	Vacant Post
1	Class - I Officer	32	10	22
2	Medical Officer II	26	24	02
3	Chief Administrative Officer	01	00	01
4	Class III Staff	114	69	45
5	Class IV contractual posts	00	00	00
	Total	173	103	70

Performance of Hospital-

Indicator	April 2019 to March 2020	April 2020 to March 2021	April 2021 to March 2022	April 2021 to March 2022	April 2022 to March 2023	April 2023 to March 2024	April 2024 to Jan. 25	July 08 to Jan. 25
OPD	77993	46188	56290	16345	57705	85916	73062	829637
IPD	7605	5702	7031	2008	8289	8803	8771	123607
Angiography	1296	494	686	274	993	695	808	17013
Angioplasty	523	221	315	17	383	286	344	6757
Dialysis	3747	3936	4774	1181	5337	5531	5156	65909
Chemotherapy	1049	630	744	206	917	1015	1485	15255
Mamography	157	0	124	55	135	102	129	864
Open heart surgeries	150	82	45	12	65	31	10	1808
Major Surgeries (Uro/ Onco)	961	575	728	238	935	996	696	11412
Minor Surgeries	1222	646	752	279	1059	1166	1022	12310
X ray	6614	4675	4038	1230	5128	5355	4831	75416
Sonography	4618	2817	4157	1425	5414	6110	6451	59610

B] Amravati -

Super Speciality Hospital Amaravati, started functioning from 26 May 2008. The following services are made available at this hospital in first phase.

- Nephrology & Urology.
- Plastic Surgery.
- Pediatric Surgery

In second phase following services will be made available

- Cardiology and Cardio Vascular and Thoracic Unit
- Oncology and Chemotherapy Unit.
- Neurology & Neurosurgery

Staffing position is as follows

SN	Particular	Sanction Post	Filled Post	Vacant Post
P H A S E - I				
1	Class – I officer	10	5	05
2	Class II Officer	26	22	4
3	Class –III Staff	106	80	26
4	Contract and Class – IV Staff	177	132	45
	Total	319	239	80

Note : 9 vacant posts of Cl-I is filled on Contract Base

P H A S E - II (This phase is under process to start)				
SN	Particular	Sanction Post	Filled Post	Vacant Post
1	Class – I officer	52	2	50
2	Class II Officer	43	33	10
3	Class –III Staff	196	48	148
4	Contract and Class – IV Staff	163	127	36
	Total	454	210	244

Performance of Hospital –

Sr.	Indicator	April 19 to March 2020	April 2020 to March 2021	April 2021 to March 2022	April 2022 to March 2023	April 2023 to March 2024	April 2024 to Jan. 25	July 08 to Jan. 25
1	OPD	43416	15468	23490	35841	53789	63875	461785
2	IPD	14445	7369	10196	14133	17726	19540	156196
3	Dialysis	9259	6649	8460	9589	11701	10278	107739
4	Major Surgeries	3076	747	1479	2699	3794	5067	32471
5	Minor Surgeries	4323	1159	2077	4843	7667	9916	46377
6	X ray	13145	3916	7282	11574	13982	14546	109738
7	Sonography	1673	828	2098	4083	7234	10027	46338

VIII] Disability Assessment and certification based on “Thae Right of persons with disability Act, 2016”

To raise social status and make equal opportunities available for disabled persons the Government of India has introduced.

The following documents are required for obtaining handicap certificate:

- 1) Two copies of Identity Card Size Photographs
- 2) Residential Proof (Ration Card/Electric Bill/Domicile Certificate etc.)
- 3) Purpose of requirement of Certificate.

Services Provided

1. Supply of appliances to disabled persons.
2. Rehabilitation of disabled persons.
3. Surgical correction of disability.
4. Physiotherapy, 5. Occupation therapy.
6. Construction of ramps at all hospitals

As a part of e-governance and to get the correct assessment of the disability, Government has launched online certification system. The certificate is issued by a medical board consisting of three members, one of which is the concerned specialist. Only those persons with disability of more than 40% will only get the certificate of Disability. The assessment and certification of the disability is done every working Wednesday.

Validity of the temporary certificate will be maximum 5 years from the date of issue or till the period mentioned on the certificate. For permanent certificate, the validity will be life long.

The new GR issued on 14th Sept. 2018 which cover 21 disabilities for certification. The 21 types of disabilities for Divyang Certificate are as follows.

- 1) Blindness, 2) Hearing Impairment (deaf and hard of hearing), 3) Locomotor Disability,
- 4) Mental Illness, 5) Intellectual Disability, 6) Multiple Disabilities including deaf-blindness,
- 7) Dwarfism, 8) Autism Spectrum Disorder, 9) Cerebral Palsy, 10) Muscular Dystrophy,
- 11) Chronic Neurological conditions, 12) Specific Learning Disabilities, 13) Multiple Sclerosis,
- 14) Speech and Language disability, 15) Thalassemia, 16) Hemophilia, 17) Sickle Cell disease,
- 18) Acid Attack victim, 19) Parkinson’s disease, 20) Low-vision, 21) Leprosy Cured persons.

Districtwise hospital Performance April 2019 to March 2020

Name of Hospital	New OPD	Total OPD	New IPD	Major Surgeries	Minor Surgeries	X-ray Taken	Lab Test Peformed
AKOLA	380009	451672	62792	1887	1878	12773	343643
AMRAVATI	1290106	1404624	153274	12945	22258	31797	911839
BULDHANA	1058711	1417428	145619	7354	8629	34454	633553
WASHIM	622893	670017	55749	1908	2450	13196	497335
YEOTMAL	697027	791208	92114	1770	1159	8550	348527
Akola Circle Total	4048746	4734949	509548	25864	36374	100770	2734897
AURANGABAD	587332	617350	49580	459	7730	6917	371782
HINGOLI	310342	355487	54326	2536	22453	9566	260501
JALNA	640534	692370	79134	3896	5418	20997	381862
PARBHANI	886783	984585	123592	8466	12287	14557	961845
Aurangabad Circle Total	2424991	2649792	306632	15357	47888	52037	1975990
KOLHAPUR	667870	858032	48143	5706	6040	31566	671747
RATNAGIRI	416265	504755	54397	4633	5542	19384	462478
SANGLI	625858	711580	21230	1019	3741	10965	193521
SINDHUDURG	332476	476750	44117	4137	6229	25355	736712
Kolhapur Circle Total	2042469	2551117	167887	15495	21552	87270	2064458
BEED	843851	912672	91984	9407	8932	24483	683655
LATUR	857337	927683	69940	3866	4833	15661	640504
NANDED	1287397	1365206	126985	6579	10606	20704	665654
OSMANABAD	843598	1009354	98088	8115	14944	26779	1163070
Latur Circle Total	3832183	4214915	386997	27967	39315	87627	3152883
MUMBAI	87290	116608	3756	19	420	964	72541
PALGHAR	708518	804707	88037	2365	8503	15385	593074
RAIGAD	652452	764468	67690	6678	4904	25627	578644
THANE	831504	1052003	118641	5839	11900	41688	1003732
Mumbai Circle Total	2279764	2737786	278124	14901	25727	83664	2247991
BHANDARA	761977	915545	76685	10529	7138	21178	466300
CHANDRAPUR	1188856	1434993	108980	10685	13833	54365	791029
GADCHIROLI	575731	656203	61391	3733	3831	16541	387714
GONDIA	614453	697450	57862	5291	3932	32923	333444
NAGPUR	841431	1002501	63070	8919	3451	11598	669212
WARDHA	987134	1160186	61349	3737	8632	30445	546295
Nagpur Circle Total	4969582	5866878	429337	42894	40817	167050	3193994
AHMADNAGAR	842901	917691	83374	6333	3901	30514	699015
DHULE	289448	346004	23391	857	1799	3946	172328
JALGAON	914521	1066362	103947	6141	2793	29756	349689
NANDURBAR	420382	448094	58773	3156	3145	22736	469550
NASHIK	1684182	1808769	198989	14077	37510	65296	1848602
Nasik Circle Total	4151434	4586920	468474	30564	49148	152248	3539184
PUNE	1569244	2375652	95021	10584	12417	46643	1224385
SATARA	752061	957580	77748	8221	12564	31937	931765
SOLAPUR	936635	990640	62828	4920	3604	13251	471592
Pune Circle Total	3257940	4323872	235597	23725	28585	91831	2627742
State Total	27007109	31666229	2782596	196767	289406	822497	21537139

Districtwise Hospital Performance (2020-21)

Name of Hospital	Total OPD	New IPD	Major Surgeries	Minor Surgeries	X-ray Taken	Lab Test Peformed
AKOLA	187461	55352	2235	2314	10863	305440
AMRAVATI	837360	105095	8500	17765	30393	563319
BULDHANA	456479	81070	3678	4406	25172	528638
WASHIM	257209	38167	785	1658	8241	279777
YEOTMAL	297410	38667	475	974	2579	146754
Akola Circle Total	2035919	318351	15673	27117	77248	1823928
AURANGABAD	134743	29557	30	4820	6100	100516
HINGOLI	72287	24265	1009	5548	3742	97707
JALNA	260820	50326	2027	4274	15706	211144
PARBHANI	439779	75356	5886	8514	8961	526047
Aurangabad Circle Total	907629	179504	8952	23156	34509	935414
KOLHAPUR	571965	32045	3005	4580	32881	460516
RATNAGIRI	282066	38446	2482	3005	15448	334006
SANGLI	257777	10197	585	1620	9191	84135
SINDHUDURG	318330	34390	3165	5549	25638	447596
Kolhapur Circle Total	1430138	115078	9237	14754	83158	1326253
BEED	403758	61870	3734	3855	12042	371020
LATUR	399781	46076	3702	3707	10246	406258
NANDED	573772	83708	3782	7090	14157	343719
OSMANABAD	488606	81104	4106	5890	19537	494772
Latur Circle Total	1865917	272758	15324	20542	55982	1615769
MUMBAI	47393	1938	18	475	369	40958
PALGHAR	353219	58064	1782	6079	8874	309719
RAIGAD	378978	48174	3270	3039	18619	298092
THANE	366238	46354	1218	4852	16214	338716
Mumbai Circle Total	1145828	154530	6288	14445	44076	987485
BHANDARA	468972	51044	6455	4125	16153	349575
CHANDRAPUR	521098	29976	1525	1963	12307	246845
GADCHIROLI	306266	47494	4175	3487	9251	425354
GONDIA	250258	15239	315	3281	4854	106351
NAGPUR	1220888	44073	6327	2568	8259	638258
WARDHA	572105	42342	1751	5810	18966	275732
Nagpur Circle Total	3339587	230168	20548	21234	69790	2042115
AHMADNAGAR	414540	40503	1138	2396	24356	322476
DHULE	163853	14782	158	1170	2374	76022
JALGAON	292383	26716	445	1315	7532	113049
NANDURBAR	117510	32773	169	2608	1751	185058
NASHIK	856185	132798	8810	23192	46717	1250054
Nasik Circle Total	1844471	247572	10720	30681	82730	1946659
PUNE	738033	63407	3767	10183	41664	591207
SATARA	636949	51848	3985	7004	25265	503804
SOLAPUR	385585	22290	2388	3378	4473	160122
Pune Circle Total	1760567	137545	10140	20565	71402	1255133
State Total	14330056	1655506	96882	172494	518895	11932756

Districtwise Hospital Performance - 2021-22

Name of Hospital	Total OPD	New IPD	Major Surgeries	Minor Surgeries	X-ray Taken	Lab Test Performed
AKOLA	262104	64842	3040	2761	12527	258043
AMRAVATI	949431	139335	17767	21412	50310	940460
BULDHANA	903143	99807	5109	4933	32622	494745
WASHIM	271710	35350	973	2064	11684	284165
YEOTMAL	325355	64030	1458	2080	10081	242828
Akola Circle Total	2711743	403364	28347	33250	117224	2220241
AURANGABAD	238371	43071	247	4947	12062	143880
HINGOLI	151080	46019	2330	7523	10081	178044
JALNA	327534	56877	3905	4331	20300	309296
PARBHANI	484424	85358	6435	9517	16620	653301
Aurangabad Circle Total	1201409	231325	12917	26318	59063	1284521
KOLHAPUR	609062	39820	3150	5543	42374	547770
RATNAGIRI	236268	32585	2106	3141	16527	391029
SANGLI	258054	13779	399	1172	12116	93771
SINDHUDURG	244250	32336	2816	4902	27649	493125
Kolhapur Circle Total	1347634	118520	8471	14758	98666	1525695
BEED	438369	66545	5848	2768	19654	478387
LATUR	419891	50969	4007	4814	16616	505917
NANDED	744625	85343	6785	9355	18965	347200
OSMANABAD	501436	78862	4924	5254	25376	607568
Latur Circle Total	2104321	281719	21564	22191	80611	1939072
MUMBAI	79709	2322	27	466	2381	57366
PALGHAR	491795	60362	3065	7276	16052	427556
RAIGAD	482432	50544	3477	3102	27389	461575
THANE	780067	70572	2530	7746	36514	606663
Mumbai Circle Total	1834003	183800	9099	18590	82336	1553160
BHANDARA	567373	61584	10022	4224	18437	298702
CHANDRAPUR	528150	33468	2110	2330	17470	253764
GADCHIROLI	378932	60023	6825	4382	16631	1140255
GONDIA	268106	12918	812	1510	8326	114628
NAGPUR	684988	54756	9833	4503	11983	1152186
WARDHA	813515	41821	2511	7816	28155	410099
Nagpur Circle Total	3241064	264570	32113	24765	101002	3369634
AHMADNAGAR	455455	35855	2144	1710	21452	315787
DHULE	176176	13865	472	1411	6797	101971
JALGAON	319695	29922	818	2430	8914	148986
NANDURBAR	242212	57536	3119	5994	15626	260548
NASHIK	1197855	158465	14120	25356	64109	1765500
Nasik Circle Total	2391393	295643	20673	36901	116898	2592792
PUNE	710025	77177	4881	9683	65569	720499
SATARA	628908	57326	5285	8262	39736	651009
SOLAPUR	496126	37864	4035	3686	14465	372337
Pune Circle Total	1835059	172367	14201	21631	119770	1743845
MAHARASHTRA Total	16666626	1951308	147385	198404	775570	16228960

Districtwise Hospital Performance - 2022-23

District Name	Total OPD	New IPD	Major Surgeries	Minor Surgeries	X-ray Taken	Lab Test Peformed
AKOLA	331823	77661	5493	2240	19873	413731
AMRAVATI	1276342	161770	21018	28547	75340	1112170
BULDHANA	884050	121737	8464	4044	43189	829572
WASHIM	451906	46371	1520	2781	21418	449643
YEOTMAL	607505	85074	1905	2678	18147	379200
Akola Circle Total	3551626	492613	38400	40290	177967	3184316
AURANGABAD	637983	59804	933	7953	34281	320125
HINGOLI	347765	56447	2849	11008	17617	277703
JALNA	666637	80082	5388	8075	29745	510586
PARBHANI	648916	95996	5921	11983	17603	925058
Aurangabad Circle Total	2301301	292329	15091	39019	99246	2033472
KOLHAPUR	1283154	54681	4643	8788	70930	1002278
RATNAGIRI	394816	34894	3409	5283	24417	421666
SANGLI	412728	17590	1102	2782	31491	219666
SINDHUDURG	295351	39191	5677	6882	36011	618352
Kolhapur Circle Total	2386049	146356	14831	23735	162849	2261962
BEED	975933	91138	10990	5439	44446	743963
LATUR	726510	62904	4939	6991	27389	683630
NANDED	1085130	105129	7285	11613	29818	685611
OSMANABAD	846961	65472	6171	5558	32541	774952
Latur Circle Total	3634534	324643	29385	29601	134194	2888156
MUMBAI	127851	3373	115	868	2956	96862
PALGHAR	681289	77718	3829	10658	26627	621137
RAIGAD	677308	56903	5048	4443	42894	771051
THANE	1240824	157316	6807	12514	77021	1216009
Mumbai Circle Total	2727272	295310	15799	28483	149498	2705059
BHANDARA	793020	63736	10195	5160	29538	467003
CHANDRAPUR	905413	48588	3313	5794	33718	374099
GADCHIROLI	672542	73847	8796	5160	37458	1013240
GONDIA	366651	15729	806	1946	10605	149217
NAGPUR	984301	65897	8475	11194	18351	1405490
WARDHA	702415	41358	2730	7568	32897	361746
Nagpur Circle Total	4424342	309155	34315	36822	162567	3770795
AHMADNAGAR	746518	62630	6838	3763	37736	642116
DHULE	302196	19968	988	2316	11137	187674
JALGAON	703817	66111	2399	4528	17083	299069
NANDURBAR	451232	84921	5369	10328	31815	499800
NASHIK	1788342	185324	18477	35392	105491	2130858
Nashik Circle Total	3992105	418954	34071	56327	203262	3759517
PUNE	1481360	88315	9732	15263	96822	1255227
SATARA	781868	71789	8483	12200	65266	887800
SOLAPUR	843513	51613	5629	5817	35322	647910
Pune Circle Total	3106741	211717	23844	33280	197410	2790937
Maharashtra Total	26123970	2491077	205736	287557	1286993	23394214

Districtwise Hospital Performance - 2023-24

Name of Hospital	Total OPD	New IPD	Major Surgeries	Minor Surgeries	X-ray Taken	Lab Test Peformed
AKOLA	446828	62555	4485	5013	20400	407620
AMRAVATI	1507231	153147	17478	30075	84471	1260085
BULDHANA	1055344	121689	8257	4658	61655	825624
WASHIM	595397	52983	1346	5081	28567	541053
YEOTMAL	1014751	83210	1437	3678	19685	352378
Akola Circle Total	4619551	473584	33003	48505	214778	3386760
AURANGABAD	870814	53793	1052	5456	39230	415933
HINGOLI	446308	51071	3188	16789	16703	329521
JALNA	794258	71867	3334	4814	41179	477581
PARBHANI	838655	86936	6104	14381	25665	751065
Aurangabad Circle Total	2950035	263667	13678	41440	122777	1974100
KOLHAPUR	1034210	60780	5197	8931	89027	1052126
RATNAGIRI	418724	39596	3303	3684	27035	543236
SANGLI	482374	16685	1166	3360	33996	218301
SINDHUDURG	319899	39254	4533	7858	41047	679662
Kolhapur Circle Total	2255207	156315	14199	23833	191105	2493325
BEED	1180547	89811	11553	5723	55326	998571
LATUR	933801	65114	5014	8267	25858	759726
NANDED	1506943	106753	6761	14895	40861	802764
OSMANABAD	719220	34023	2560	4229	27926	582647
Latur Circle Total	4340511	295701	25888	33114	149971	3143708
MUMBAI	129291	3050	45	1296	1729	75304
PALGHAR	820957	73755	2555	11021	30314	608128
RAIGAD	814469	61561	5832	4980	50188	751458
THANE	1321852	87670	6161	11699	86942	1269727
Mumbai Circle Total	3086569	226036	14593	28996	169173	2704617
BHANDARA	833474	58902	7996	5040	34662	437068
CHANDRAPUR	1046495	49588	3309	4619	27731	372589
GADCHIROLI	564321	62858	5944	5242	27889	754622
GONDIA	378528	15285	523	1637	13021	152279
NAGPUR	1158409	60060	7952	9166	25863	938252
WARDHA	1033729	40497	2075	8802	45834	419438
Nagpur Circle Total	5014956	287190	27799	34506	175000	3074248
AHMADNAGAR	920395	78047	7063	4492	51222	815376
DHULE	797369	21887	888	3258	18600	288271
JALGAON	1053358	77531	1475	6083	23981	342009
NANDURBAR	573188	86896	4579	8718	36180	705893
NASHIK	2113649	178387	16966	34356	147100	2240590
Nasik Circle Total	5457959	442748	30971	56907	277083	4392139
PUNE	1742700	78581	7859	16322	104932	1236433
SATARA	925197	68035	8125	11785	77452	1014730
SOLAPUR	1090341	59985	4080	6848	44638	623021
Pune Circle Total	3758238	206601	20064	34955	227022	2874184
MAHARASHTRA	31483026	2351842	180195	302256	1526909	24043081

Districtwise Hospital Performance - 2024-25 (Up to January 2025)

Name of Hospital	Total OPD	New IPD	Major Surgeries	Minor Surgeries	X-ray Taken	Lab Test Peformed
AKOLA	606677	53994	4069	3654	28714	541156
AMRAVATI	1585158	141582	15863	36991	96081	1372288
BULDHANA	1244196	126840	7228	5217	74339	919479
WASHIM	692734	57383	2962	6607	40333	705617
YEOTMAL	1279184	102992	2356	6185	28714	488574
AURANGABAD	931912	51170	739	5922	38956	341706
HINGOLI	485069	53060	3788	27890	25915	397531
JALNA	824645	68638	2391	4796	48608	525683
PARBHANI	575143	45766	1313	4893	18612	227265
KOLHAPUR	1096709	70516	4957	8723	99731	1133618
RATNAGIRI	286688	17461	771	5577	27183	424620
SANGLI	493784	19402	810	4183	40753	192205
SINDHUDURG	252495	24638	1885	5839	34392	362248
BEED	1224883	81685	10106	5446	70250	905359
LATUR	976138	58443	3732	6524	54341	801656
NANDED	1583001	94878	6615	17335	50799	806828
OSMANABAD	717658	34380	2309	6083	34264	624467
MUMBAI	120352	2935	199	977	2192	21199
PALGHAR	833766	69927	3023	11340	28619	609776
RAIGAD	825237	64212	4410	7699	71025	1017406
THANE	1382164	89905	6084	11652	103064	1471702
BHANDARA	844891	59166	7704	4478	42672	402966
CHANDRAPUR	1132385	47931	2932	5041	39883	355835
GADCHIROLI	773568	78742	7596	7041	53238	1155115
GONDIA	432878	15645	712	2100	15442	233252
NAGPUR	1383238	59522	5492	6296	44533	1178789
WARDHA	1093653	40157	2988	10492	59946	567152
AHMADNAGAR	933351	82422	7256	6585	60071	794828
DHULE	470206	24740	969	3848	28219	317119
JALGAON	1130376	58501	1573	10578	35791	811927
NANDURBAR	431219	52828	1579	6070	17588	313264
NASHIK	2169633	182636	16188	41823	180726	2043024
PUNE	2047015	81307	6991	25309	157461	1343203
SATARA	982680	69450	6405	14418	98209	1088751
SOLAPUR	1110963	55584	3990	5912	45927	557745
MAHARASHTRA Total	32953649	2238438	157985	343524	1896591	25053353

Construction Status of Health Institutions												
Health Facility					Main Building Construction			Reason for Non-completion				
Sr.	Type	Sanctioned	Functional	Non-Functional	Completed	In progress	Not started	Estimates not received	No Admn. Sanction	Admn. Sanction - No Grants	No. Place	Total
1	District Hospitals	23	23	0	23	0	0	0	0	0	0	0
2	General Hospitals	8	8	0	8	0	0	0	0	0	0	0
3	SDH (50 Beds)	60	60	0	59	1	0	0	0	0	0	0
4	SDH(100 Beds)	31	31	0	31	0	0	0	0	0	0	0
5	Women Hosp.	18	13	5	15	3	0	0	0	0	0	0
6	Rural Hosp.(RI)	143	135	8	128	8	7	1	1	2	3	7
	RH (other than RI)	235	229	6	225	8	2	0	0	2	0	2
	Total RH	378	364	14	353	16	9	1	1	4	3	9
7	Trauma Care Units	69	60	9	62	0	7	5	2	0	0	7
8	RRH	2	2	0	2	0	0	0	0	0	0	0

Construction Status of Staff Quarters												
Health Facility					Staff Quarters Construction			Reason for Non-completion				
Sr.	Type	Sanctioned	Functional	Non-Functional	Completed	In progress	Not started	Estimates not received	No Admn. Sanction	Admn. Sanction - No Grants	No. Place	Total
1	District Hospitals	23	23	0	18	1	4	2	0	0	2	4
2	General Hospitals	8	8	0	6	1	1	0	1	0	0	1
3	SDH (50 Beds)	60	60	0	55	1	4	2	1	0	1	4
4	SDH(100 Beds)	31	31	0	27	1	3	2	0	0	1	3
5	Women Hosp.	18	13	5	11	0	7	4	1	0	2	7
6	Rural Hosp.(RI)	143	135	8	116	9	18	4	4	2	8	18
	RH (other than RI)	235	229	6	209	24	2	0	1	0	1	2
	Total RH	378	364	14	330	14	20	4	5	2	9	20
7	RRH	2	2	0	2	0	0	0	0	0	0	0

Report of Sanctioned Budget in FY 2024-25 for Jt. Director, Health Services, Hospital (State Level), Mumbai (Rs. in Lakhs)										
Sr.	Budget Head	Object	Sanctioned Grant 2024-25	Supplementary Demand Monsoon	Supplementary Demand Winter	Total	Grant disbursed for Local Purchase	Available on BDS	Expenditure upto 31.01.2025	Percentage as per Grant disbursed on BDS
Committed Expenditure										
1	District Hospital 2210 0146	21 - Supplies & Materials	3174.28	0.00	0.00	3174.28	1904.57	557.43	479.13	85.95
		31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.30	0.00	0.00	0.00
		27 - Minor Works	24.41	0.00	0.00	24.41	8.14	0.00	0.00	0.00
		52 - Machinery & Equipment	115.61	0.00	0.00	115.61	38.54	11.56	0.00	0.00
		31 - Grant in aid (Non Salary)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Total	3314.31	0.00	0.00	3314.31	1951.55	568.99	479.13	84.21
2	Sub District Hospital 2210 4624	21 - Supplies & Materials	200.00	0.00	0.00	200.00	120.00	20.00	16.66	83.30
		31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.30	0.00	0.00	0.00
		27 - Minor Works	13.02	0.00	0.00	13.02	4.34	0.00	0.00	0.00
		28 - Professional Services	0.00	70.00	0.00	70.00	2.76	0.00	0.00	0.00
		52 - Machinery & Equipment	2.87	0.00	0.00	2.87	0.96	0.00	0.00	0.00
		Total	215.90	70.00	0.00	285.90	128.36	20.00	16.66	83.30
3	Cottage Hospital 2210 0315	21 - Supplies & Materials	21.00	0.00	0.00	21.00	12.60	2.10	2.10	100.00
		31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.30	0.00	0.00	0.00
		27 - Minor Works	1.50	0.00	0.00	1.50	0.50	0.00	0.00	0.00
		52 - Machinery & Equipment	2.00	0.00	0.00	2.00	0.67	0.00	0.00	0.00
		Total	24.51	0.00	0.00	24.51	14.07	2.10	2.10	100.00
4	Rural Hospital 2210 0413	21 - Supplies & Materials	1371.06	0.00	0.00	1371.06	822.64	137.11	101.84	74.28
		31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.30	0.00	0.00	0.00
		27 - Minor Works	94.47	0.00	0.00	94.47	31.49	0.00	0.00	0.00
		52 - Machinery & Equipment	2.86	0.00	0.00	2.86	0.95	0.00	0.00	0.00
		Total	1468.40	0.00	0.00	1468.40	855.38	137.11	101.84	74.28
5	General Hospital 2210 0226	21 - Supplies & Materials	2000.00	0.00	0.00	2000.00	1200.00	206.66	167.71	81.15
		31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.30	0.00	0.00	0.00

		27 - Minor Works	121.55	0.00	0.00	121.55	40.52	0.00	0.00	0.00
		52 - Machinery & Equipment	2954.91	0.00	0.00	2954.91	984.97	295.44	0.00	0.00
		31 - Grant in aid (Non Salary)	0.00	2000.00	0.00	2000.00	0.00	0.00	0.00	0.00
			0.00	7630.00	0.00	7630.00	0.00	0.00	0.00	0.00
			0.00	4000.00	0.00	4000.00	0.00	0.00	0.00	0.00
		Total	5076.47	13630.00	0.00	18706.47	2225.79	502.10	167.71	33.40
6	Super Speciality Hospital 2210 4259	21 - Supplies & Materials	749.79	1000.00	0.00	1749.79	1099.79	749.79	749.78	100.00
		31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.30	0.00	0.00	0.00
		27 - Minor Works	31.91	0.00	0.00	31.91	10.64	0.00	0.00	0.00
		52 - Machinery & Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Total	781.71	1000.00	0.00	1781.71	1110.73	749.79	749.78	100.00
7	Trauma Care Unit (Equipment) 2210 G 298	21 - Supplies & Materials	382.70	0.00	0.00	382.70	229.62	38.27	19.03	49.73
		31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.30	0.00	0.00	0.00
		27 - Minor Works	32.00	0.00	0.00	32.00	0.11	0.00	0.00	0.00
		52 - Machinery & Equipment	0.01	0.00	0.00	0.01	0.30	0.00	0.00	0.00
		Total	414.72	0.00	0.00	414.72	230.33	38.27	19.03	49.73
8	Procurement of Medicines, Medical Goods, Machinery and Equipments through Maharashtra Medical Goods Procurement Authority (Committed) (2210 K 079)	31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.003	0.00	0.00	0.00
9	Procurement of Medicines, Medical Goods, Machinery and Equipments through Maharashtra Medical Goods Procurement Authority(Committed) (2210 K 061)	31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.003	0.00	0.00	0.00

Programme Expenditure										
1	Schemes for removal of regional imbalance 2210 3047	21 - Supplies & Materials	50.00	0.00	0.00	50.00	16.67	5.00	1.22	24.40
		31 - Grant in aid (Non Salary)	540.00	0.00	0.00	540.00	180.00	0.00	0.00	0.00
		52 - Machinery & Equipment	10.00	0.00	0.00	10.00	3.33	10.00	0.00	0.00
		31 - Grant in aid (Non Salary)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Total	600.00	0.00	0.00	600.00	200.00	15.00	1.22	8.13
2	Super Speciality Hospital (Equipment) 4210 1128	52 - Machinery & Equipment	300.01	0.00	0.00	300.01	100.00	300.00	0.00	0.00
3	Programme for Rehabilitation of Handicapped in the State 2210 4671	21 - Supplies & Materials	20.00	0.00	0.00	20.00	6.67	0.00	0.00	0.00
		31 - Grant in aid (Non Salary)	180.00	0.00	0.00	180.00	60.00	0.00	0.00	0.00
		एकूण....	200.00	0.00	0.00	200.00	66.67	0.00	0.00	0.00
4	Maharashtra Emergency Medical Service Scheme 2210 4689	13 - Office Expences	45410.00	0.00	0.00	45410.00	27306.79	0.00	27306.79	100.00
5	Trauma Care Unit (Equipment) 4210 1173	52 - Machinery & Equipment	20.01	0.00	0.00	20.01	6.67	20.01	0.00	0.00
6	Govt. Hospitals & Dispensaries 4210 1101	51 - Motor Vehicles	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00
		52 - Machinery & Equipment	500.01	0.00	0.00	500.01	166.67	499.95	0.00	0.00
			0.00	64088.17	0.00	64088.17	0.00	0.00	0.00	0.00
			0.00	1860.00	0.00	1860.00	0.00	0.00	0.00	0.00
		Total	500.02	65948.17	0.00	66448.19	166.67	499.95	0.00	0.00
7	Upgradation of Services in Health Institutes 2210 E 482	21 - Supplies & Materials	100.00	0.00	0.00	100.00	60.00	10.00	1.09	1.82
		31 - Grant in aid (Non Salary)	900.00	0.00	0.00	900.00	300.00	0.00	0.00	0.00
		Total	1000.00	0.00	0.00	1000.00	360.00	10.00	1.09	0.30
8	Procurement of Medicines, Medical Goods, Machinery and Equipments through Maharashtra Medical Goods Procurement Authority (Scheme) (2210 K 088)	31 - Grant in aid (Non Salary)	7395.75	9476.25	0.00	16872.00	675.00	0.00	675.00	100.00
			0.00	1258.26	0.00	1258.26	0.00	0.00	0.00	0.00
9	Procurement of Medicines, Medical Goods, Machinery and Equipments through Maharashtra Medical Goods Procurement Authority (Scheme) (2210 K	31 - Grant in aid (Non Salary)	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00

10	097) Joint Director of Health Service (Medical), Mumbai (Scheme) (2210 0057)	27 - Minor Works	500.00	0.00	0.00	500.00	150.00	0.00	0.00	0.00
	Committed Exp.	Total....	11296.04	14700.00	0.00	25996.04	6516.22	2018.36	1536.25	23.58
	Programme Exp.	Total....	55925.80	76682.68	0.00	132608.48	29031.80	844.96	27984.10	96.39
	TOTAL		67221.84	91382.68	0.00	158604.52	35548.02	2863.32	29520.35	83.04
		Committed (21 - Supplies & Materials)	7898.83	1000.00	0.00	8898.83	5389.22	1711.36	1536.25	89.77
		Scheme (21 - Supplies & Materials)	170.00	0.00	0.00	170.00	83.34	15.00	2.31	15.40
		Committed (31 - Grant in aid (Non Salary))	0.09	4000.00	0.00	4000.09	2.11	0.00	0.00	0.00
		Scheme (31 - Grant in aid (Non Salary))	9015.76	9476.25	0.00	18492.01	1215.00	0.00	675.00	0.00
		Committed (27 - Minor Works)	318.86	0.00	0.00	318.86	95.74	0.00	0.00	0.00
		Scheme (27 - Minor Works)	500.00	0.00	0.00	500.00	150.00	0.00	0.00	0.00
		Committed (51 - Motor Vehicles)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Scheme (51 - Motor Vehicles)	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00
		Committed (52 - Machinery & Equipment)	3078.26	0.00	0.00	3078.26	1026.39	307.00	0.00	0.00
		Scheme (52 - Machinery & Equipment)	830.03	0.00	0.00	830.03	276.67	829.96	0.00	0.00
	MEMS	Scheme (13 - Office Expences)	45410.00	0.00	0.00	45410.00	27306.79	0.00	27306.79	0.00

B. College of Physicians and Surgeons – Diploma Courses

NBE COURSES :-

It was instructed by the Ministry of Health & Family Welfare, Government of India regarding starting the NBE Diploma courses at the District level hospitals of Maharashtra.

As per the instructions 12 District level hospitals had applied for NBE accreditation. Currently 6 of the institutes have been granted NBE accreditation to run DNB Diploma courses for 5 years, they have been given 34 seats capacity for the same.

The candidates taking admission for these DNB Diploma courses will be available at the institutes 24*7 for 2 years during their academic course and post completion 1 years bond service for private candidates and 3 years of bond service for In-service candidates.

Running these courses at the district level hospitals will give additional manpower in the State and also availability of the specialists after diploma completion at the hospitals.

List of Subject for NBE Diploma currently available under the department:-

☐ Anaesthesiology ☐ Obstetrics & Gynaecology ☐ Paediatrics ☐ Ophthalmology

DNB Diploma-wise approved seats 2024-25

Sr. No-	NBEMS Accredited Hospital/Institution	Specialty	DNB On-going Total Seats
1	Daga Memorial Women Government Hospital Nagpur Ganjakheth Chowk Ganbhibag Nagpur Maharashtra-440002	Anaesthesiology	3
		Obstetrics and Gynaecology	5
		Paediatrics	5
2	District Hospital Bhandara Near Bus Stand, District Hospital Bhandara Maharashtra	Anaesthesiology	2
		Obstetrics and Gynaecology	2
3	District Hospital for Women Near Durga chowk, Akola-44400 Maharashtra	Obstetrics and Gynaecology	4
		Paediatrics	2
4	District Hospital, Near S P Office, Barshi Road Beed, Maharashtra-431122	Obstetrics and Gynaecology	2
		Ophthalmology	2
5	General Hospital Amaravati Irwin square Morshi Road, Amaravati	Paediatrics	1
	District Women Hospital Amaravati	Paediatrics	4
6	Women Hospital, Infront of Aakashwani Kendra, Osmanabad	Obstetrics and Gynaecology	2
Total			34

DNB Diploma-wise Summary of fills seats from 2021 to 2023

Name of CPS Courses	Seats Availability for In-Service Candidates			Private Seats Availability			Total Seats		
	Total Seats	Filled	Vacant	Total Seats	Filled	Vacant	Total Seats	Filled	Vacant
DA	5	2	3	10	10	0	15	12	3
DCH	7	4	3	14	14	0	21	18	3
DGO	13	6	7	26	25	1	39	31	8
DOMS	1	0	1	3	3	0	4	3	1
Total-	26	12	14	53	52	1	79	64	15

CHS CPS Courses

Introduction:

Public Health Department started CPS PG Diploma courses through College of Physicians & Surgeons, Mumbai at various referral hospitals under the Health Department in the state of Maharashtra.

Considering need of the department to get more clinical specialist manpower the department started the first batch of CPS PG Diploma courses in December 2015 through College of Physicians & Surgeons, Parel, Mumbai.

Government Resolutions for CPS Courses:

Government of Maharashtra in order to start the CPS courses has issued following GRs –

1. GR dated 17th July 2015 for initiating CPS courses under the Dept.
2. GR dated 11th April 2018 for addition diploma course in DMRE.
3. GR dated 2nd February 2021 for addition diploma course in DTMH & D.ortho.
4. GR dated 7th November 2015 for declaring Director as a Competent Authority, PG BOND & Naming the candidate as 'PG House Officer' during the diploma tenure.
5. GR dated 13th December 2021 regarding revised bond period for the candidates.

Important information about CPS Courses:

- District Hospitals were identified for starting CPS courses based on the available clinical faculty with requisite teaching experience as per CPS criteria.
- Identified faculty members were verified at CPS, Parel office & declaration form were signed by the faculties.
- 750% seats were reserved for in-service medical officers under Public Health Department & 50% are open for private candidates.
- For 50% private candidates the fees charged is Rs. 4, 50,000/- (Rupees Four Lakhs Fifty Thousand Only) per candidate per year.
- As per NHM approved PIP 2021-22 the private candidates are paid the stipend of Rs. 25,000/- (Rupees Twenty Five Thousand Only) per candidate per month.
- After completing the Diploma tenure of two years the **private candidate** will have to serve one year bond for the government, failing which candidate will have to pay Rs.10,00,000/(Rupees Ten Lakhs only) as penalty.
- After completing the Diploma tenure of two years the **in-service candidate** will have to serve three years bond for the government, failing which candidate will have to pay Rs.10,00,000/(Rupees Ten Lakhs only) as penalty.

Course & Batch-wise Selection of Students:

Name of Diploma Course	1 st batch	2 nd Batch	3 rd Batch	4 th Batch	5 th Batch	6 th Batch	7 th Batch	8 th Batch	9 th Batch	TOTAL
	2015	2016	2016	2017	2018	2019	2020	2021	2022	
DA	15	8	8	2	6	8	9	0	0	56
DCH	15	7	11	10	22	25	20	8	06	124
DGO	23	12	15	10	42	40	48	26	23	239
DOMS	6	4	4	1	2	5	3	01	1	27
DPB	6	3	3	--	--	--	0	0	0	12
DTM	3	4	4	1	2	0	0	0	0	14
DPM	1	0	1	0	0	--	0	0	0	2
DTMH	3	2	2	0	2	2	5	2	0	18
TDD	2	1	1	0	1	0	0	0	0	5
D. Ortho	0	0	0	0	2	7	10	1	5	25
DMRE	--	--	--	--	--	2	2	0	0	4
TOTAL	74	41	49	24	79	89	97	38	35	526

Course & Batch-wise Number of candidates who passed the Examinations so far:**In-service Candidates & Private Candidates information**

Name of Diploma Course	April 2018 (1)	October 2018 (2)	April 2019 (3)	October 2019 (4)	October 2020 (5)	April 2021 (6)	Nov. 2021 (7)	April 2022 (8)	Nov. 2022 (9)	April 2023 (10)	Oct.2 023 (11)	Apr il 202 4 (12)	Tot.
DA	9	7	9	1	6	2	1	4	5	5	0	0	49
DCH	5	12	8	2	24	4	6	11	23	2	4	0	101
DGO	12	17	13	10	33	13	17	17	35	7	2	5	182
DOMS	4	3	3	1	3	1	3	0	3	3	0	0	24
DPB	1	4	3	1	1	1	0	1	0	0	0	0	12
DPM	0	0	1	0	0	0	0	0	0	0	0	0	1
DTM	5	6	0	0	2	0	0	0	0	0	0	0	13
DTMH	2	4	0	1	1	0	0	1	4	1	0	1	15
TDD	0	3	0	0	0	0	1	0	0	0	0	0	4
D'ortho	0	0	0	0	1	1	0	6	5	2	0	0	15
DMRE	0	0	0	0	0	0	2	0	1	0	1	0	4
TOTAL	38	56	37	16	71	22	30	40	76	20	7	6	420

- These passed candidates are posted through Govt. of Maharashtra as per their specialty, vacancy in the department and requirement of specialists.

CHAPTER 4

MINIMUM NEEDS PROGRAMME

Public Health Department provides Primary health services in Rural Population of state through the network of health Institutions which include 1939 Primary Health Centres, 10766 Sub Centres, 462 Ayurvedic Dispensaries, 92 Allopathic Dispensaries, 121 Primary Health Unit, 66 Mobile Health Unit, 13 Mufsail Dispensaries, 4 Nagari Dispensaries, 31 ZP Dispensaries, 25 Unani Dispensaries and 37 Ashramschoool Health Units .

Government provide establishment grants to Z.P. under Z.P. and Panchayat Samiti ordinance rule 1961, clause 183 form this grants solar grants provided to DHO /THO office and all health institutes.

Grant for plan schemes under DPDC were provided Under Rule 1961, section 187 of the Maharashtra Zilla Parishad.

As per present need of Zilha Parishad health department some schemes are amalgamated while some new schemes are introduced in DPDC vide Government GR PHD no.budget 2020/Case No.73/budget Date 09-11-2021 as follows-

- 1) Purchase of Medicine, equipment and consumables for Primary Health Centers/ Sub centers.
- 2) Construction/ extension/ maintenance/ repair / fire safety audit and fire safety equipment / their maintenance / structural audit/ electrical audit/ deep Barial pit.
- 3) Purchase of Ambulance for Primary Health centers and maintenance.
- 4) Strengthening of Primary Health centers/ Sub centers/ Ayurvedic and Unani Dispensary.
- 5) Constuction of Primary Health Units/ Zilha Parishad Dispensary.

AS per direction from Hon. Governor state government provide grants to remove regional imbalance

- 1) Regional Imbalance - Establishment and construction of Primary health centers and Sub centers.

1) **Sub Centres Render Following Services :-**

Antenatal checkup, immunization, treatment of minor ailments, maternal and child health services, investigation of suspected TB, Malaria and leprosy cases, their treatment and referral, health education There is one each male and female MPW and a part time lady attendant at sub center.

2) **Primary Health Centres :-**

In addition to the services provided as above by sub centers, additional services are given by PHC. These services are - OPD, 6 beded indoor ward, Emergency services, Operative & Laboratory facilities, implementation of various health programmes, family planning services and treatment of patients referred by sub centers. Staffing norm of PHC is 15, out of which cleaning and ambulance services are contracted out.

3) **Population Norm For Establishment Of Health Institution As Per The Guidelines Of Govt. Of India**

Sr. No.	Institutes	Population Norm	
		Tribal	Non-Tribal
1	Primary Health Centre	20000	30000
2	Sub Centre	3000	6000

4) Master Plan For Establishment Of Institutes As Per Population Of 2001

As per census 2001 population, based on population norm for establishment of health institutions and also as per revised norm of distance of health institution from village (SC –within 6 km, PHC – within 25 km), provision of additional man power to health institution & other relevant norms, Master Plan for establishment of new health institutes (PHC/SC) and provision of additional manpower is sanctioned by the Govt. of Maharashtra as per Public Health Department GR Dated 17 Jan.' 2013 and 9 June, 2014.

Sr.No.	Health institutes	Sanctioned No.
1	Primary Health Centres	273
2	SubCentres	911

But while working on Master Plan 2001, there has been a duplication of some names of Primary Health Centers and Sub-centers. Govt. has issued a revised Corrigendum date:15-01-2018 for this.

Sr.No.	Health institutes	Sanctioned No.
1	Primary Health Centres	271
2	SubCentres	901

5) Additional Manpower to PHC & SC is proposed as under :-

Sr.No.	Post	Primary Health Centre	SubCentre	Total
1	Medical Officer	210	--	210
2	Lab.Technician	91	--	91
3	M.P.W.(F)	1072	3579	4651
4	M.P.W.(M)	--	3058	3058
	Total	1373	6637	8010

Govt. has given permission to fill these post vide Govt. Letter No inHA&2016\$izdz-9\$vkjksX;&3 fn-18-01-2016- As per govt letter dt:08-03-2016 communicated to all DHOs to fill the post

6) Master Plan For Establishment Of Institutes As Per Population Of 2011

Based on census 2011 population, New Master Plan for establishment of health institutes is in progress. The committee has decided the population and distance norms for the establishment of health institutes.

SN	Institutes	Population Norm	
		Non-Tribal	Tribal/Naxalite/Hilly
1	Sub-center	5000	3000
2	Primary Health Center	30000	20000

SN	Institutes	Distance Norm	
		Non-Tribal	Tribal/Naxalite/Hilly
1	Sub-center	6 KM	4 KM
2	Primary Health Center	25 KM	15 KM

As per government letter dated 19/07/2021 Government has given direction that department should submit a Master Plan on the basis of year 2011 Population, using same guidelines which are used for preparing Master Plan of 2021.

As per Government letter Technical support has taken from MRSAC (Maharashtra Remote Sensing Application Centre) in the Geo mapping of all institutes. GIS mapping of Primary Health Centers and Sub

centers has completed and validation of that Mapping is also completed at regional office of MRSAC institute. At present, the MRSAC Institute has prepared maps of all the districts of the state in terms health facilities and the maps of all the districts have been received the process of investigating whether the health facilities meet the population and spacing criteria proposed by the District health Offices .

MRSAC has Submitted the analytical report as per norms 126 places/villeges are identified for establishment of new PHCs and 2463 places/villeges are identified for establishment of Sub centers. MRSAC has also analysed the proposals sent from different districts and on the basis of population norms 74 PHCs and 694 Sub centers are fulfilling the criteria.

The proposals as per 2011 population (estimated) is submitted to Public Health Department Govt of Maharashtra on 9/11/2023.

7) Norm For Supply Of Medicines For Health Institutions :-

As per G.R. dated 6-2-2007, norms of budget for supply of medicines to PHCs and Sub Centres are increased and the revised norms are as follows:

Sr.No.	Institutes	Tribal	Non-Tribal
1	Primary Health Centre	Rs.160000	Rs.120000
2	Sub Centre	Rs.12000	Rs.12000

8) Ambulance Supply For Primary Health Centres :-

474 Ambulances (Type B Patent) Ambulance (BI) Non AC by removing 15 years or more than 15 years of age (age) for health institutions in the State under the Motor Vehicle (Decommissioning) and Registration Rules 2021A proposal of Rs.96,85,09,506/- was submitted to the Government by way of supplementary demand for purchase as per budget. An amount of Rs.50,50,00,000/- has been sanctioned through supplementary demand for purchase of ambulances for health institutions

But since the grant available is less and insufficient, at present the process for procurement of a total of 281 ambulances is underway. Also, the remaining 193 health institutions will be able to proceed with the purchase of ambulance supplies after the availability of grants through supplementary requisitions.

9) Norms For The P.O.L. For Primary Health Centres :-

As per Government Circular dated 21-10-2008 the norms for PHC vehicle P.O.L. has been changed as 1000 liters per P.H.C. vehicle per year.

Govt. Ambulances have been provided to primary health centres. The ambulances on contract basis have been provided to the health institutes where Govt. ambulances are condemned or not in working condition. Health services are being provided to the rural population in the state with help of this Govt. & on contract basis ambulances.

10) The Status Of Construction Of Sanctioned Health Institutions Be For Sanction Master Plan

Sr.No.	Institution	Total Institutions	Construction Completed	Construction under progress	Construction not started
1	Primary Health Centre	2213	1772	31	19
2	Sub Centre	11637	461	271	1008

11) The Construction Status Of Health Institutions Under Master Plan AS Per Population Of 2011 :-

Sr. No.	Institution	Total Sanctioned Institutions	No.of institutes where land is available	No.of institutes where funds are available for construction	No.of institutes where 75% construction completed	As per Various GR, no.of institutes where posts are sanctioned
1	Primary Health Centre	391	254	218	164	155
2	Sub Centre	1041	669	463	345	305

12) Performance Of Primary Health Centres :-

Status report of performance of primary health centers for the year 2019 to 2024- 2025 is as follows:-

Sr.No		2019-20	2020-21	2021- 2022	2022-23	2023-24
1	OPD	36982291	18465492	18061283	26224710	32017789
2	IPD	2220285	982765	964005	1422321	1052980
3	Deliveries	119213	129104	94409	101061	87808

A.No.	Subject	2022-23	2023-24	April 2024- Dec.2024
1	Outpatient	26224710	9027745	29023735
2	Inpatient	1422321	209836	869463
3	Childbirth	101061	20985	66708

13) Performance Of Sub Centres :-

Status report of performance of Sub centers for the year 2020 -21 to year 2023 – 2024 is as follows:-

Sr.No.	Subject	2020-21	2021-2022	2022-2023	2023-24	April 2024- Dec.2024
1	Outpatient	4346157	23762051	32280291	27476965	26802243
2	Childbirth	68283	77625	71450	51929	36610

14) Regional Imbalance Scheme :-

The Report of Regional Imbalance of Public Health Department has presented in 1997 by in Indicator and Backlog Committee. Following backlog has been finalized by this Committee.

A) Physical Backlog :-

The Committee has appointed to review comparison of region and regional imbalance has given report on dt:31-03-1994 and showed physical backlog as follows:

Sr.No.	Institutes	Backlog
1	Primary Health Centers	85
2	Sub-Centers	811

At present, the physical backlog has been removed as follows

Sr.No.	Institutes	Backlog 1994	Removed Backlog	Remaining Backlog
1	Primary Health Centers	85	83	2
2	Sub-Centers	811	786	25

Construction of Health Institute under Regional Imbalance

Sr. No.	Institutes	Sanctioned Institutes	Construction Completed	Remaining Backlog Institutes	Construction Started	Construction not yet started	Remarks
1	Primary Health Centers	85	83	2	1	1	Shifting of institutes according to Master Plan due to not availability of land - 01
2	Sub-centers	811	786	25	19	06	Funds not available 04 Land not available 02
	Total	1039	996	43	27	16	

Government has instructed to suggest other health institutes sanction in Master plan for which land is available instead of original RI health institutes for which land is not available for so many years so that 100% removal of Physical Backlog will be possible. Vide Government GR Dt. 04/01/2020 total no. of 28 Sub Center, 1 Primary Health center and 4 Rural Hospital are substituted. Accordingly. Process of availing funds to these institutes is under progress.

In the financial year 2024-25, under budget of 22103065, the government vide letter dated 22.05.2024 has budgeted a total fund of Rs.40.00 crore. Out of which Public Health Department Government, decision dated 28.11.2024 amount of Rs. 24.00 Crores has been disbursed and remaining amount is Rs. 16.00 Crore funds are expected to be disbursed.

Proceedings are underway at the government level to distribute the said funds for ongoing and new construction of 17 primary health centers and 11 sub-centres.

B) Bed Backlog Removal :-

As per Committee Report 1994,

1	Original Bed Backlog	19523
2	Bed Backlog as on dt:01-04-2007	11892
3	Removal of Backlog under Special Program A) 1 bed in SC B) 4 bed in PHC Total -	6323 3076 9399
4	Bed Backlog as on dt:31-03-2016	1812
5	Bed Backlog as on dt:31-03-2023	1138

15) Ashram School Mobile Medical Unit :-

In Tribal area Government establish ashram school where tribal students take education and stay in that school only. For providing medical facilities to these students 37 Ashram school mobile units were formed with vehicle and this team includes Medical Officer and para-medical staff. This unit has assigned job of visiting these ashram schools and give medical facility at their door stapes.

Looking at the mass figure of ashram school deaths Honble. Governor has appointed committee under chairmanship of Dr .Subhash Salunkhe to suggest remedies for ashram school deaths vide G.R. dated 30/05/2016. This committee has suggested some major to public health department has acted as follows

1) In Sub Centre where two ANM's are functioning, one ANM's headquarter should be shifted to Ashram school provided that ashram school must arrange quarter to that ANM.

2) Sub Centre which distance is less than 5 km from ashram school, ANM should visit nearest ashram school twice in a week. And sub-center which distance more than 5 km from ashram school ANM should visit ashram school once in a week.

CHAPTER 5

NATIONAL HEALTH MISSION

A. NATIONAL RURAL HEALTH MISSION

5.1 INTRODUCTION:

National Rural Health Mission (NRHM) has been launched in the country with effect from 12 April 2005, which aims at providing accessible, affordable, effective, accountable and reliable healthcare to all citizens and in particular, to the poorer and vulnerable sections of the population. The NRHM attempts to make effective integrations of health concerns with determinants of health like sanitation & hygiene, Nutrition's & safe drinking water etc.

Goals of the Mission:

Goals of the Mission are to provide accessible, affordable, effective, accountable and reliable healthcare to all citizens and in particular, to the poorer and vulnerable sections of the population in the state. In addition, following are the special goals:

1. Reduction in Infant Mortality Rate and Maternal Mortality Ratio
2. Increase the availability of Health Services.
3. Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
4. Integrated comprehensive primary health care leading to population stabilization.
5. Inclusion of AYUSH Component in the Health Services.
6. Increase awareness about Healthy Lifestyle.

The scope now has been widened to encompass National Urban Health Mission in 2013 and the new title is “National Health Mission”.

National Health Mission envisages:

- I. National Rural Health Mission**
- II. National Urban Health Mission**
- III. Flexipool for Communicable Diseases**
- IV. Flexipool for Non-Communicable Diseases**

5.2 ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)

The ASHA programme was introduced as a key component of the community processes intervention. Over the six year period, the ASHA programme has emerged as the largest community health worker programme in the world, and is considered a critical contributor to enabling people's participation in health.

- Started from July 2007 in tribal area and from November 2008 in Non-tribal area
- Community based functionary.
- First contact level for community about health demands.
- ASHA is promoter of good health practices.
- In state ASHA work in 16 Tribal & 34 Non-tribal districts and urban area.
- Incentive is provided to ASHA from 54 heads and is linked with her performance.

• **The ASHA is fulfill her Role through the following activities:-**

- Home visits.
- Attending the Village Health and Nutrition Day (VHND)
- Visits to the health facility
- Holding PHC level meeting
- Maintain records

ASHA Selection:-

- One ASHA per 1000 population in tribal area.
- 1500 population in Non-tribal area.
- Resident of the village.
- Qualification - 8th pass minimum in Tribal area & 10th pass minimum in Non-Tribal
- Age – 20 years to 45 years.
- Married women.

ASHA Selection Procedure:-

- VHNSC will recommend three names of suitable candidates to Gramsabha.
- Gramsabha will select one lady as ASHA amongst these shortlisted candidates.
- Appointment letter of ASHA will be issued by Taluka Health Officer.

Rural ASHA:-

ASHA Selection (Rural)

ASHA Appointment Status DECEMBER 2024					
Sr No	Institute	ASHA Sanctioned	ASHA Post Appointment Status	ASHA Vacant Status	Percentage
1	Rural	64505	63694	811	98.74
2	Corporation	12775	10390	2385	81.33
3	Council	2805	2728	76	97.25
Total ASHA		80085	76812	3272	95.91
ASHA Facilitator		3664	3615	51	98.66

ASHA - Physical Progress Report

Year	Area	Target	Appointment	Percentage
2020-2021	Tribal + Non-Tribal	61215	60891	99.35
2021-2022	Tribal + Non-Tribal	61215	60956	99.57
2022-2023	Tribal + Non-Tribal	64644	60981	94.33
2023-2024	Tribal + Non-Tribal	64644	63461	98.16
2024-2025 December 2024	Tribal + Non-Tribal	64505	63694	98.74

ASHA - Training Progress

Year	Area	Module	Training
2019-2020	Tribal + Non-tribal	Module VI & VII (Phase I)	60107
		Module VI & VII (Phase II)	59895
		Module VI & VII (Phase III)	59688
		Module VI & VII (Phase IV)	59179
2020-2021	Tribal + Non-tribal	Module VI & VII (Phase I)	60164
		Module VI & VII (Phase II)	59932
		Module VI & VII (Phase III)	59702
		Module VI & VII (Phase IV)	59348
2021-2022	Tribal + Non-tribal	Module VI & VII (Phase I)	60430
		Module VI & VII (Phase II)	60101
		Module VI & VII (Phase III)	59841
		Module VI & VII (Phase IV)	59655
2022-2023	Tribal + Non-tribal	Module VI & VII (Phase I)	60330
		Module VI & VII (Phase II)	60114
		Module VI & VII (Phase III)	59849
		Module VI & VII (Phase IV)	59670
2023-2024	Tribal + Non-tribal	Module VI & VII (Phase I)	65454
		Module VI & VII (Phase II)	63574
		Module VI & VII (Phase III)	62900
		Module VI & VII (Phase IV)	62494
2024-2025 Upto December 2024	Tribal + Non-tribal	Module VI & VII (Phase I)	75493
		Module VI & VII (Phase II)	71265
		Module VI & VII (Phase III)	68180
		Module VI & VII (Phase IV)	66714

Subjectwise Training 2021-2022

Training	Target	Achievement	%
Multi Skill	60967	58294	94%
NCD	60967	46280	72%
HBYC	60967	29029	48%

Subjectwise Training 2022-2023

Training	Target	Achievement	%
Multi Skill	60917	28762	47.17
NCD	60917	59961	98.33
HBYC	60917	58385	95.74

Subjectwise Training 2023-2024

Training	Target	Achievement	%
NCD	63461	62241	98.07
HBYC	75483	62046	97.77

Subjectwise Training 2024-2025 (Upto December 2024)

Training	Target	Achievement	%
NCD	76812	69519	90.51
HBYC	76812	66517	86.60

Work-Based Remuneration to ASHAs from Central Government Level -

ASHA is being paid performance based remuneration on 58 items as approved by the Central Government in the Project Implementation Plan and 58 items include four routine items.

- 1) For accurate collection of information and reports and presentation of reports - (Rs.1500/- per month)
 - I. Creation of Gram Registrar. Rs. 300/- per month.
 - II. Registration of births and deaths. Rs. 300/- per month
 - III. Preparation of list of eligible couple. Rs. 300/- per month
 - IV. Preparation of list of pregnant women. Rs. 300/- per month
 - V. Preparation of list of children eligible for vaccination Rs. 300/- per month
- 2) Monthly meeting at P.H.C.Centre/ Urban P.H.C Centre level - Rs.150/- per month
- 3) Rs.200/- per month for active participation in VHND/ UHND projects
- 4) Monthly Meeting of VHNSC/ Women Health Committee Rs.150/- per month

Incentives to ASHAs from Central and State Government Funds -

Sr No	Heads	Central fund(Rs.2000/-)	Dated 17th July 2020 (Pay as Rs. 2000/-)	Dated 09 September 2021 (Pay as Rs. 1500/-)	Dated 10th April 2023 (Pay as Rs. 1500/-)	Dated 14 th March 2024	Total
1	Accurate compilation and presentation of information and reports	Rs.1500/-	Rs.1500/-	Rs.750/-	Rs.800/-	Rs.5000/-	Rs.3050/-
2	VHNSC Meeting/MAS Meeting	Rs.150/-	Rs.150/-	Rs.75/-	Rs.300/-		Rs.525/-
3	VHND/UHND	Rs.200/-	Rs.200/-	Rs.100/-	Rs.300/-		Rs.600/-
4	PHC/UPHC Monthly Meeting	Rs.150/-	Rs.150/-	Rs.75/-	Rs.100/-		Rs.325/-
5	COVID	-	-	Rs.500/-	-		Rs.500/-
Total		Rs.2000/-	Rs. 2000/-	Rs.1500/-	Rs.1500/-	Rs. 5000/-	Rs. 10000/-

State Government Fund Incentive to ASHA Facilitator:-

Sr No	Incentive Cadre	Incentive approved by State Government
1	For every 1 field visit Rs. 268/- (Maximum 25 field visits)	Rs.6700/- Monthly
2	COVID	Rs.500/- Monthly
Total		Rs.7200 Monthly

Incentives to Block Facilitators from Central and State Government Funds –

Sr No	Items approved as per PIP	Central Govt Incentive (Rs.2000/-)	Incentive received from State Government				Total
			Dated 17th July 2020 (Pay as Rs. 2000/-)	Dated 09 September 2021 (Pay as Rs. 1500/-)	Dated 10th April 2023 (Pay as Rs. 1500/-)	Dated 14 March 24 & 20 September 2024 (Pay as Rs. 5000/-)	
1	Travel Allowance per month - 25 days for visits Rs. 300/- per day thus Rs. 7500/- per month as travel allowance.	Rs.7500/-	Rs.3000/-	Rs.1200/-	Rs.1500/-	Rs.5000/-	Rs.10700/-
2	Daily allowance per month - 25 days visits Rs. 25/- per day thus Rs. 625/- per month as daily allowance	Rs.625/-					
3	Asha Software Data Entry: 5 days per month Rs. 50/- per day as Rs.250/- per month	Rs.250/-					
4	Monthly meeting at taluka level - Rs. 200/- per month	Rs.200/-					Rs.200/-
5	Salary Allowance per month - Rs. 150/- per month	Rs.150/-					Rs.150/-
6	Stationary Allowance to Block Facilitators Rs. 50/- per month	Rs.50/-					Rs.50/-
7	COVID		-	Rs.500/-			Rs. 500/-
Visits and meetings and covid and other total monthly work based remuneration		Rs.8775/-	Rs.3000/-	Rs.1700/-	Rs.1500/-	Rs.5000/-	Rs. 11200/-
Column 1 and 5		Central fund Rs.8775	State fund Rs.11200/-			Total incentive Central and State fund = 19975/-	

Support to Asha from State Government -

According to the state government decision dated 26 August 2024, in case of accidental death of Ashas and AFs while performing their duties, Rs. 10.00 lakhs and in case of permanent disability Rs. 5.00 lakhs has been implemented as grant in kind.

Support to Asha from Central Govt.

ASHAs and ASHA Facilitators are getting the support provision from Central Govt. as following

Social Security of ASHAs –

- **Pradhan Mantri Jeevan Jyoti Bima Yojana** - National Health Mission (NHM) pays the Rs. 436 annual premium on behalf of the beneficiaries, such as ASHAs (Accredited Social Health Activists). Since 2021, 13 ASHAs have received the benefit of the scheme, meaning they were paid Rs. 2 lakh each due to the natural death of the insured individuals.
- **Pradhan Mantri Suraksha Bima Yojana** - (NHM) pays an annual premium of Rs. 20 on behalf of ASHAs to enroll them in the PMSBY. This insurance provides a Rs. 2 lakh coverage in case of accidental death and Rs. 1 Lakhs for partially Handicap. Since 2021, 24 ASHAs have received the benefit of the scheme.
- Mobile Allowance/Stationary Allowance is provided to ASHAs/AFs on monthly basis
- Yearly two uniforms provided to ASHAs/AFs

- HBNC KIT/HBYC KIT/Drug KIT provided to ASHAs/AFs
- Awards for ASHA at Block District and State level.
- Study tour for ASHAs who is performing best in the District.
- ASHA workers who have completed 12th grade or have obtained a graduation degree are eligible for a 5% quota to pursue the ANM course, a provision that has been in place since 2013.

ASHA Program EXPENDITURE UP TO DECEMBER 2024 PIP Sr. No.23/130/159 & All ASHA Incentive heads				
Sr. No.	Heads	Total Prioritization Budget R+U	Expenditure up to Dec 2024 R+U	Percentage%
1	Asha Incentives	31884.78	24726.02	77.55
2	Capacity Building	1329.801	356.35	26.80
3	Equipment (HBNC/HBYC Kit)	163.56	0	0.00
4	IEC and Printing R+U Modules/Diary/	511.47	442.22	86.46
5	Other Operational Cost (Uniforms, ASHA Day, Mobile Allowance, Stationary, AFs Honorarium)	4342.28	3516.71	80.99
6	Program Management (Contingency, Computer Maintenance, TA DA of AF, BCM, DCM Awards	400.14	173.18	43.28
7	State (Drug Kit)	35.15	0.64	1.82
Total		38667.18	29215.12	75.56

5.3 AYUSH

The umbrella term ‘AYUSH’ is the acronym for Ayurveda, Yoga & Naturopathy, Unani, Naturopathy & Homeopathy. The Department of Indian Systems of Medicine & Homeopathy (ISM&H), established under Ministry of Health and Family Welfare (MoHFW), Government of India in March, 1995, was renamed as Department of AYUSH in the year 2003. With the aim of utilizing the potential of AYUSH systems in Public Health, Mainstreaming of AYUSH was launched as one of the components of NRHM in 2005 in India & in 2008-09 in Maharashtra. After the formation of Ministry of AYUSH as an independent ministry, National AYUSH Mission has been launched in the country in 2014-15. The implementation of the mission in the state is in progress.

Aims and Objectives

- To recreate interest and faith in Indian Systems of Medicine & Homeopathy
- Mainstreaming of AYUSH and Revitalization of Local Health Tradition under NRHM
- Restructure the delivery mechanism of AYUSH systems to make them responsive to the needs of people
- All AYUSH institutions to be strengthened with necessary infrastructure like building, equipment, manpower etc.
- Co-locate AYUSH facilities with those of Modern Medicine hospital for providing choice of treatment to the patient
- Encourage & facilitate in setting up of specialty centres and AYUSH clinics at PHC, CHC & DH e.g. Panchkarma, Ksharsutra etc.
- Integrate and mainstream AYUSH in all health care delivery system including NHPs
- Disseminate the tried and tested concepts and practices of the Indian Systems of Medicine & Homeopathy
- To promote the AYUSH systems with full emphasis on quality
- Training of AYUSH doctors and paramedical staff

- Involvement of ASHA and ANM in AYUSH
- To established integrated Ayush Hospital in Maharashtra
- To established Ayush Health and Wellness center at block/village level in Maharashtra

- **Implementation Strategies**

Under the strategies to implement the component ‘Mainstreaming of AYUSH’ under NRHM, AYUSH services provided at all the levels of Government health facilities are as follows:

District AYUSH Cell- To monitor the programme at district level, District AYUSH Cell has been established at 34 District Head Quarters. This cell is responsible for to implement the National AYUSH Mission and monitoring & evaluate the programme on target basis, then to collect the data in monthly basis by to arrange the monthly review meeting of concerns and forwarding it to State. This cell is supported by computer, printer and furniture. Following officers look after the District AYUSH Cell:

- a. District AYUSH Officer- 1
- b. Assistant District AYUSH Officer – 1

Co-location of AYUSH Services at District Hospital Level- AYUSH Services is provided in 23 Districts Hospitals through “AYUSH Wing”. Human resource structure at District Hospitals for AYUSH wing is as follows:

- Ayurved Doctor- PG- 1 and UG- 1
- Homoeopathy Doctor- PG- 1 and UG- 1
- Unani Doctor- PG- 1 and UG- 1
- Pharmacist – 1
- Yoga & Naturotherapist – 1
- Masseur cum Attendant – 1 Male and 1 Female

Renovation and Repair of existing building is made and equipment are also provided by this fund. OPD, IPD and Specialized services like Panchkarma, Kshrasutra, Illaj-bid-tadbir, Yoga practices are also provided by AYUSH wing.

Co-location of AYUSH Services at Women Hospital Level- AYUSH services are provided to female patients in 8 Women Hospitals.

Pattern of Human resources at Women Hospitals for AYUSH wing is as follows:

Ayurved Doctor- PG 1 (Female)

Yoga & Naturotherapist – 1 (Female)

Masseur cum Attendant – 1 (Female)

Co-location of AYUSH Services at Sub District Hospital/ Rural Hospital Level- Total 77 SDH and 153 RH are facilitated with AYUSH Services according to the local demand. OPD as well as IPD services of Ayurved, Homoeopathy and Unani system are provided in these Sub-District and Rural Hospitals under Mainstreaming of AYUSH.

Ayurved Doctor- Graduate (1)

Homoeopathy Doctor – Graduate (1)

Unani Doctor – Graduate (1)

Medicine Supply – Supply of AYUSH Medicine is made from the grants received from Dept. of AYUSH, Government of India, New Delhi

Additional activities - AYUSH Doctors are also involved in IEC activities. They are utilized for supportive supervision of ASHA Programme and other National Health Programmes. District AYUSH Officer and Assistant District AYUSH Officers visits at various AYUSH Health Institutions.

Table 1: Facility providing AYUSH services

Sr No	Type of Institute	Total No. of Institutes in State	Total AYUSH facility in 2022-23	Total AYUSH facility in 2023-2024
1	District Hospitals	512	23	23
2	Community HealthCenters/WH		238	238
3	AHWC	390	--	377
	TOTAL	902	261	638

Man power under AYUSH

Facility	Ayurved	Homeopathy	Unani	Y & N	Pharmacists	McA	DAO
DH	42	46	45	23	23	46	0
WH	8	2	0	8	0	8	0
CHC	200	178	97	0	0	0	0
PHC	20	0	0	0	0	0	0
Dist. AYUSH Cell	0	0	0	0	0	0	12
TOTAL	270	226	142	31	23	54	12

Sanctioned/Vacancy Status under AYUSH

Post		Sanctioned Posts	Filled Posts	Vacant Posts
Ayurved	PG	28	26	2
	Graduate	242	195	47
Homoeopathy	PG	23	21	2
	Graduate	203	198	5
Unani	PG	23	17	6
	Graduate	119	100	19
Yog and Naturotherapist		31	29	2
Pharmacist		23	20	3
Massagists cum Attendant		54	47	8
DAO		12	10	2
Total		758	662	96

Year	Ayurveda		Panchkarma		Homeopathy		Unani General		Illaz-bid-tadbid		Yoga & Naturopathy		Total	
	OPD	IPD	OPD	IPD	OPD	IPD	OPD	IPD	OPD	IPD	OPD	IPD	OPD	IPD
2019-20	1900716	27983	145210	11031	1967218	26338	1052706	18986	86125	10327	151924	18133	5290819	111388
2020-21	814044	25066	40597	2917	893749	26406	446239	19960	29250	5454	51069	14922	2335795	111017
2021-22	1061901	30467	59180	8087	1108586	24272	577588	13968	37979	6901	76308	21977	2887189	91382
2022-23	1506572	22778	107588	5609	1564875	16048	833895	9366	66290	4424	125275	19950	4297034	79461
2023-24	1767259	32330	119717	14020	1750767	27667	952613	17874	69435	5878	118052	23702	4777843	121471
2024-25(April-24 to Decembe r-24)	1169243	16566	76927	4433	1135328	11120	655110	6958	52960	3131	73921	6790	3172719	49002

Year-wise status of Grant-in-aid released and their Utilization:-

Rs. in Lakhs

Year	Grant-in-aid Sanctioned			Expenditure made / Refunded Amount against the amount transferred to SNA as on date 31.03.2024		
	Central Share	State Share	Total	Central share	State Share	Total
1	2	3	4=2+3	5	6	7=5+6
2014-15	534.670	178.224	712.894	514.245	183.890	698.135
2015-16	1,282.734	539.845	1,822.579	1,282.734	539.845	1,822.579
2016-17	529.186	352.791	881.977	529.186	352.791	881.977
2017-18	1,784.285	1,189.520	2,973.805	1,280.285	853.497	2,133.782
2018-19	--	--	--	--	--	--
2019-20	4,308.643	2,872.429	7,181.072	3,685.733	2,457.155	6,142.889
2020-21	--	--	--	--	--	--
2021-22	--	--	--	--	--	--
2022-23	--	--	--	--	--	--
2023-24	2235.52	1490.35	3,725.870	1087.19	724.79	1811.98
Total	10,675.040	6,623.157	17,298.197	8,279.670	5,045.503	13491.342

National Ayush Mission

After the establishment of an independent Ministry of AYUSH in the year 2014, a National AYUSH Mission was launched in the state of Maharashtra in the year 2014-15.

Sanctioned Manpower under National AYUSH Mission-

State Program Management Unit (State Level) (SPMU)-

An independent "State Program Management Unit" has been set up for AYUSH at the state level with funds received from the Central Government. The following manpower is sanctioned in the said ward.

- State Program Manager-1
- AYUSH Consultant- 2
- Finance Manager-1
- Account Manager- 1
- HIMS Manager- 1
- Data Entry Operator- 1

National Ayurveda Day: National Ayurveda Day is celebrated every year on Dhanvantari Jayanti. Accordingly, lectures/camps are organized at AYUSH Institutes as well as AYUSH Health and Wellness Centers.

International Day of Yoga: Every year International Day of Yoga is celebrated on 21st June in all the districts as well as at the State level. Various lectures, camps and Yoga demonstrations are being organized in the districts in coordination with renowned Yoga organizations in the month of June.

International Homoeopathy Day: International Day of Homoeopathy is celebrated every year on 10th April. All 261 AYUSH health institutes arranged experts lectures on Homoeopathy/Camps etc.

International Unani Day: World Unani Day is celebrated on 11th February every year. Accordingly, interpretations are conducted by Unani experts in 261 institutions in the state.

National Naturopathy Day: National Naturopathy Day is celebrated in India every year on November 18th, to promote positive mental and physical health through drug-free therapy.

5.4 COMMUNITY ACTION FOR HEALTH

As per the instructions of Central Government, CBMP program is being implemented in the state since 2007. As per the approved project implementation plan for the year 2020-21, CBMP has been approved to be implemented in a new form.

The Community Action for Health scheme is being implemented in the entire district. It covers all VHNSCs in the district.

Community Action For Health Approved PIP 2022-23					
Sathi and Stapi AREA distributions					
Sr. No	FMR	Particulars	Sathi	Stapi	Total
1	163	District	9	8	17
2	163	Block	18	18	36
3	163	PHC	107	101	208
4	163	SC	444	614	1058
5	163	Village	2471	2880	5351

Action -The activities to be done for the Community Action for Health scheme are as follows-

3.2.4.2 District Level Action Plan-

District Steering Committee

District steering committees working under CBMP at district level will work under CAH. The composition of the District Steering Committee is as follows

- Chairman - Chief Executive Officer, Zilla Parishad,
- Vice-Chairman - Health Chairman of Zilla Parishad,
- Member Secretary-District Health Officer,
- Members- Officers from other departments
- District Level HWC Nodal Officer
- Member of district level organization.
- Other rights-based organizations,
- A private doctor with a social commitment

The steering committee is expected to meet at least four times a year.

It is the responsibility of the District Nodal Institution to conduct regular meetings of the Steering Committee. The District Nodal Institutions will be assisted by the District Program Managers and District RKS Coordinators.

It is necessary to organize regular steering committees at the district level to get proper direction and guidance for the implementation of the project, to discuss policy issues and suggest solutions to move the process forward.

(District Level Orientation & Capacity Building Workshop for Block Co-ordinator)

District level institutes will be appointed through state level nodal institutes.

District level organizations will appoint taluka wise taluka coordinators.

In order to inform the District Steering Committee members about CAH and the newly appointed post of Taluka Coordinator, a one day workshop should be organized for them through the District Institutions.

District level social audit workshop

The concept of social audit should be organized by the district nodal institutes to inform the District Health Officers, District Program Managers, District Coordinators (in various schemes), Taluka Coordinators, Taluka Coordinators of NGOs and Block Community Mobilizers.

District Steering Committee Members Visit at Village Level and Federation Level

District steering committee members are required to divide the federation working under them and visit the federation once a month

These tours should be planned to implement the process of establishment of the federation, to check whether all the village members have been able to participate in the federation, to create health awareness through the federation, to understand their difficulties.

Taluka level workshops, training and meetings

While conducting workshops for RKS committee members at the central level, coordination should be made through district nodal bodies and they should be made aware about CAH.

Village Health Envoy - District Nodal Institutions want to appoint one Taluka Coordinator per taluka. One Village Health Envoy per VHNSC is to be appointed through the taluka coordinators.

In order to select the village health envoy, it will be necessary to prepare the davandi / leaflets in the village. For this, through the Talukas, District Nodal Institutions and Taluka Coordinators (District NGOs),. This selection process should be implemented from the PHC Level

Establishing a federation at the PHC level.

It is necessary to start the establishment of the Federation from the PHC Level, usually from the month of October.

Federation: -

1) A Primary Health Envoy Federation should be formed in each of the villages under the Primary Health Center. The federation should be formed with the participation of VHNSC committee members, efficient women from village level self-help groups, efficient people working on various village committees.

2) Hope will not participate in this federation

3) The president of the federation should be elected by the women of the same group.

It is necessary to work on village reports available through village health envoys through the federation, various programs to be implemented and public awareness about health.

To establish the federation and to strengthen it, as well as to know their role and responsibilities. Come on. One day workshops should be organized at the center level.

Federation level

Sr. No	Indicator	Expected performance	Source of Data Validation
1	VHSNC monthly meeting (Per month 1 meeting/village is expected)	more than 80%	MoM of VHSNC meeting
2	100% child immunization	Above 99%	HMIS data
3	100% ANC registration in first 12 weeks	Above 99%	HMIS data
4	100% VHND (Planned against held)	Above 95%	HMIS data
5	No. of JSY/PMMVY beneficiary given benefits (difficult cases for which documentation was not available etc.)	As per actual cases	ANM data
6	RBSK teams visited as per plan	90%	Federation report
7	Screening of 30 + populations for NCD in a village	As per target	NCD Software/Data
8	100% Institutional Deliveries	100%	HMIS data
9	100% treatment compliance for TB	100%	TB data
10	SC- HWC monitoring with respect to cleanliness, upkeep and services	NA	Manual supervision
11	PHC- HWC monitoring with respect to cleanliness, upkeep and services	NA	Manual Supervision
12	ANC anaemia- IFA compliance	Above 90%	

The Federation must act in accordance with the Incentive mentioned above. It will be possible to give Incentive to the Federation from January to March after verifying the work done by them.

Monitoring Indicators for CAH program

Sr.	Indicator	Means of verification
Process Indicators		
1	% Issues resolved out of raised issues	Monthly report from DNGO
2	% VHSNC meetings conducted against target	HMIS/HWC portal/DNGO report
3	%Number of JAS meetings conducted against target	HMIS/HWC portal/DNGO report
4	% JAS committee members monitoring visits conducted against target	DNGO monthly report
5	% RKS committee members monitoring visits conducted against target	DNGO monthly report
6	% Programmatic/health related Awareness generation activity conducted at village level	DNGO monthly report
7	% of beneficiary's availiy Janani Suraksha Yojana (JSY). Janani Shishu Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY) and Dr APJ Abdul Kalam AMRUT Yojana benefits against eligible	Monthly JSY report
Programmatic Indicators		
8	% patient with HT on treatment	HMIS/HWC portal
9	% patients with DM on treatment	HMIS/HWC portal
10	% patient with Cancer on treatment	HMIS/HWC portal
11	% patient with BP on treatment	
Upkeep of health facilities		
12	% of Health Institutions with clean premises	Field visit and report
13	% of Health Institutions with availability of clean toilet facility	Field visit and report
14	% of Health Institutions with availability of safe drinking water facility	Field visit and report
15	% of HWCs with availability of adequate medicine stock	DNGO Monthly report

Decentralized Health Planning

- DHP program should be conducted in all VHNSC working villages.
 - Workshops are organized at the state level for guidance on implementation of DHP program.
 - After that district, taluka and PHC. Training meetings and workshops should be organized at the central level. Independent funding is not available as this meeting is related to CAH Activity. While implementing CAH Activity, District, Taluka and PHC. During the training at the central level, it will be necessary to provide a specific period of time for the concept of DHP program.
 - Funds have been provided for village level meetings and workshops.
 - Issues not left at village level through CAH Activity. It is necessary to present at the PHC, taluka and district level. Also, issues related to other departments need to be communicated with those departments.
 - The scheme is expected to be implemented jointly by the District Program Manager, District RKS Coordinator and other coordinators.
 - Funds have been made available for publicity, training and public awareness of this scheme.

Budget and Expenditure for 2023-24

			STAPI & SATHI 2023-24 Status		
Sr. No	FMR	State NGO	Sanctioned Budget	Privatization budget for 2023-24	Expenditure
1	163	SATHI	249.68	268.21	120.55
2	163	STAPI	253.20		147.06
Total			502.88		267.61

STAPI & SATHI 2024-25 Status (up to December 24)					Remarks
Sr. No	FMR	Sanctioned Budget	Privatization budget for 2024-25	Expenditure	State Nodal NGO under Process
1	163	679.79	117.25	0	
Total		679.79		0	

5.5 MAHARASHTRA EMERGENCY MEDICAL SERVICES

Introduction -

Maharashtra Emergency Medical Services (MEMS) project under National Health Mission provides pre-hospital health services to patients through life support ambulances to nearby hospitals for further treatment. This includes patients suffering from Road accidents, all critical diseases, critical pregnant women, Neonates related diseases, Patients suffering from an epidemic, Natural calamities and Manmade Hazards, Critical heart patients, snake bite, all accidents, food poisoning, respiratory diseases, brain diseases etc.

- Financial provision for the project is being made under 'National Health Mission' and 'Government of Maharashtra'.
- Toll free number 108** has been assigned for provision under Maharashtra Emergency Medical Services (MEMS).
- Strategy based on **"Golden Hour Theory"** – Patient to be shifted within first hour to nearest hospital will be applied through a dedicated toll free number 108. These services are available **24 X 7** in a year and offered **'free of cost'** to the patient.
- Integrated approach to provide emergency response services which includes Computer technology integration, voice logger system, **GIS** (Geographic Information System), **GPS** (Geographic Position System) **AVLT** (Automatic Vehicle Location System) & Mobile Communication System (**MCS**).
- Ambulances to be procured in the scheme includes well equipped Advance Life Support Ambulances (**ALS**) and Basic Life Support Ambulances (**BLS**).
- The service provider has procured medical equipments for both ALS & BLS ambulances as per list and specifications given in the Tender Document.
- Medical Equipments include Ambulance cot, Scoop Strecher, Bi-Phasic Defibrillator cum Cardiac Monitor with Recorder (For ALS only), Transport Ventilator (For ALS only), Pulse Oximeter (For BLS only), Suction Pump (Manual & Electronic), Oxygen Cylinder Etc.
- Ambulances are being operated through **trained drivers** & trained EMSO's (Emergency Medical Service Officers) who are **Doctors**.

Goals & Objectives –

- To provide First aid to preserve life, prevent further injury & promote recovery.
- To provide comprehensive 24X7 hours emergency response services by direct calling 108 Toll free number from any network in Maharashtra.
- System to leverage all the stake holders to offer comprehensive range of services in emergencies.

4. Expected 20% reduction in mortality & reduce morbidity.

Deployment of Ambulances-

Under Maharashtra Emergency Medical Services (MEMS) project total 937 ambulances are provided phase wise across the State.

Call Centre –

- Central Control Room/Emergency Response Centre (ERC) is established at Chest Hospital, Aundh, Pune.
- Real time location of ambulances using GPS-GPRS technology is being monitored from call center.
- 24X7 trained Call takers & call dispatchers are available for emergency response.
- Daily, weekly & monthly MIS reports can be generated from call center.
- There are total 60 call assistants deployed per shift at ERC, Pune.

Training –

- Comprehensive training for all Doctors has been provided.
- Training for ambulance driver is also provided for emergency response service.
- Training provided to call taker, call dispatcher for operationalization of EMS.

Doctor

- Qualification: B.A.M.S & B.U.M.S
- Training given: ALS (Advance Life Support)
BLS (Basic Life Support)
Disaster Management etc.
- Training program: 18 DAYS /BATCH+5 day's work at hospital Casualty.
- Total doctors = **2616 (Approximately)**

Driver

- Qualification: As per Gov. rule for driving of heavy vehicle
- Training given: Vehicular Safety Checks, Ambulance Driving Techniques, Accident Avoidance & Crash Procedures, Basic Life Support & Disaster Management Protocols
- Driver Training: 7 DAYS/BATCH
- Total drivers: **2456 (Approximately)**

CALL ASSISTANT

- **Qualification: ANY graduate**
- **Training given:**

Communication Officer- Priority Dispatch System & Telecommunication Essentials.

Protocol Instruction and Practice & Roles of the Communication Officer -
Operations, Legal issues, Dispatch Stress & Quality Improvement

Dispatch Officer - The science of prioritized dispatch & Ethical and Medical Legal issue, Dispatch Life Support.

- CALL ASSISTANCE TRAINING = 3 DAYS /BATCH
- Total call assistants = 180 (**Approximately**)
- **ALSO training given to Ambulance Control Officer, Emergency Physicians Online Medical Control, Supervisors & other Administrative Staff**

Current Status:

As on today, all 937 ambulances are operational, out of which 704 are BLS ambulances and 233 are ALS ambulances.

District wise deployment of ambulances is as follows:

District Wise Ambulance Count				
Sr.No.	District	ALS	BLS	Total
1	Ahmednagar	9	31	40
2	Akola	4	11	15
3	Amravati	6	21	27
4	Aurangabad	8	23	31
5	Beed	5	14	19
6	Bhandara	3	8	11
7	Buldhana	5	18	23
8	Chandrapur	5	16	21
9	Dhule	4	13	17
10	Gadchiroli	2	8	10
11	Gondia	3	10	13
12	Hingoli	3	9	12
13	Jalgaon	9	25	34
14	Jalna	4	11	15
15	Kolhapur	8	28	36
16	Latur	5	15	20
17	Mumbai	26	73	99
18	Nagpur	11	31	42
19	Nanded	6	19	25
20	Nandurbar	3	10	13
21	Nashik	11	35	46
22	Osmanabad	4	11	15
23	Palghar	6	23	29
24	Parbhani	4	9	13
25	Pune	24	60	84
26	Raigad	4	18	22
27	Ratnagiri	4	13	17
28	Sangli	5	19	24
29	Satara	6	26	32
30	Sindhudurga	3	9	12
31	Solapur	10	24	34
32	Thane	12	29	41
33	Wardha	3	8	11
34	Washim	3	8	11
35	Yavatmal	5	18	23
Total		233	704	937

From 1st Feb, 2014 to 30th September 2024 total **10279528** of Emergency patients have been served by MEMS ambulances. Detailed report is as follows:

MEMS Type of Emergencies Served From 1st Feb 2014 to 31st December 2024

Sr.No	Emergency Type	Number of Medical Emergencies Served
1	Accident(Vehicle)	13268
2	Assault	6339
3	Burns	1389
4	Cardiac	13949
5	Fall	862
6	Intoxication/Poisoning	18443
7	Labour/ Pregnancy	77447
8	Lighting/Electrocution	259
9	Mass casualty	1791
10	Medical	563822
11	Others	21092
12	Poly Trauma	79978
13	Suicide/Self Inflicted Injury	547
Total		799186
S.No	Type	No. of Cases
1	Ventilator	169
2	Births in Ambulances	745

EMS District wise Emergency Patient's Served Status From 1st Feb 2014 to 31st December 2024

MEMS Patient Served Report		
S.No	District	No of Emergency Served
1	Ahmednagar	39928
2	Akola	9060
3	Amravati	34740
4	Aurangabad	25055
5	Beed	21225
6	Bhandara	11329
7	Buldhana	17415
8	Chandrapur	22564
9	Dhule	8372
10	Gadchiroli	6275
11	Gondia	10186
12	Hingoli	12606
13	Jalgaon	23712
14	Jalna	14346
15	Kolhapur	43907
16	Latur	20917
17	Mumbai	51793
18	Nagpur	49127
19	Nanded	29307
20	Nandurbar	5579
21	Nashik	19552
22	Osmanabad	13794
23	Palghar	18048
24	Parbhani	9586
25	Pune	67822
26	Raigad	13280
27	Ratnagiri	18977
28	Sangli	31794
29	Satara	27578
30	Sindhudurga	14320
31	Solapur	43336
32	Thane	26703
33	Wardha	13213
34	Washim	7049
35	Yavatmal	16691
Total		799186

5.6 INFRASTRUCTURE DEVELOPMENT WING

Infrastructure Development Wing is established under NRHM for Civil Construction works. For this wing one Superintending Engineer is pulled from PWD (On Deputation) and one Executive Engineer for each health circle (3 to 4 districts) is appointed on contract basis. Similarly one Deputy Engineer and 3 to 4 Junior Engineers for each district are appointed on contract basis. In this way the technical staff available for IDW is as below.

Staff at State Level

State Level	Superintending Engineer	Executive Engineer	Deputy Engineer	Junior Engineer	Data Entry Operator	Total
	01	01	01	02	02	07

Staff at Circle and District Level (For total 34 districts)

District Level	Executive Engineer (Circle)	Deputy Engineer	Junior Engineer	Data Entry Operator	Total
	08	34	87	45	174

Works executed under NRHM - A) New Construction works 2007-08 to 2023-24

Year	DH		SDH		CHC		PHC		SC		Total	
	Work taken	Work Com.	Work taken	Work Com.	Work taken	Work Com.	Work taken	Work Com.	Work taken	Work Com.	Work taken	Work Com.
2007-08	0	0	0	0	0	0	0	0	52	52	52	52
2008-09	0	0	1	1	6	6	11	11	269	269	287	287
2009-10	0	0	0	0	3	3	15	15	184	184	202	202
2010-11	0	0	1	1	1	1	5	5	88	88	95	95
2011-12	0	0	0	0	0	0	24	24	95	95	119	119
2012-13	0	0	0	0	0	0	8	8	15	15	23	23
2013-14	0	0	0	0	0	0	12	12	71	71	83	83
2014-15	0	0	0	0	0	0	0	0	74	74	74	74
2015-16	0	0	0	0	0	0	58	58	20	20	78	78
2016-17	0	0	0	0	1	1	0	0	1	1	2	2
2017-18	0	0	0	0	0	0	10	10	0	0	10	10
2018-19	1	0	0	0	5	5	87	84	0	0	93	89
2019-20	0	0	0	0	3	2	0	0	0	0	3	3
2020-21	0	0	0	0	0	0	1	1	0	0	1	1
2021-22	0	0	0	0	0	0	1	1	0	0	1	1
2022-23	0	0	0	0	0	0	1	0	0	0	1	0
2023-24	0	0	4	0	3	0	77	0	7	0	91	0
Total	1	0	6	2	22	18	310	229	876	869	1215	1119

B)Repairs and Renovation Works 2007-08 to 2023-24

Year	DH/Nursing		SDH/WH		CHC		PHC/Annex		SC		Total	
	Work taken	Work Com.	Work taken	Work Com.	Work taken	Work Com.	Work taken	Work Com.	Work taken	Work Com.	Work taken	Work Com.
2007-08	32	32	12	12	48	48	649	649	698	698	1439	1439
2008-09	129	129	62	62	143	143	670	670	822	822	1826	1826
2009-10	53	53	33	33	101	101	978	978	709	709	1874	1874
2010-11	48	48	39	39	78	78	523	523	424	424	1112	1112
2011-12	23	23	4	4	28	28	151	151	200	200	406	406
2012-13	34	34	28	28	68	68	416	416	508	508	1054	1054
2013-14	2	2	2	2	1	1	191	191	29	29	225	225
2014-15	8	6	5	5	1	1	6	6	0	0	20	18
2015-16	21	21	14	14	38	38	0	0	0	0	73	73
2016-17	52	52	3	3	15	15	0	0	0	0	70	70
2017-18	5	5	1	1	5	5	9	9	0	0	20	20
2018-19	58	57	75	75	10	10	37	37	0	0	180	179
2019-20	33	23	7	5	62	61	34	34	0	0	136	123
2020-21	4	3	0	0	132	126	0	0	0	0	136	129
2021-22	26	25	1	1	0	0	0	0	0	0	27	26
2022-23	0	0	0	0	0	0	0	0	0	0	0	0
2023-24	11	1	9	5	3	0	58	0	0	0	81	6
Total	539	514	295	289	733	723	3722	3664	3390	3390	8679	8580

5.7 INDIAN PUBLIC HEALTH STANDARD (IPHS)

- Indian Public Health Standards (IPHS) have been set up to bring about quality and accountability in health services, for each type of health institutions such as PHCs, RHs, SDHs, GHs, WHs, and District Hospitals. Key element to set up IPHS under strengthening is laying down minimum level of service guarantees that each facility should provide.
- IPHS is a novel concept to fix benchmarks of infrastructure including building, manpower, equipment, drugs, specialized services and quality assurance through introduction of treatment protocols.
- Indian Public Health Standards are a set of standards envisaged to improve the quality of health care delivery in the state under the National Rural Health Mission.

IPHS Guidelines 2022 put emphasis on following services:

1	Outsourcing of Equipment Maintenance & Repair.
2	Outsourcing of Laboratory Services
3	Outsourcing of Teleradiology Services
4	CT Scan and MRI Services
5	Dialysis

Note on Outsourcing of Biomedical Equipment Maintenance & Repair

- The state has completed the tender process for outsourcing of biomedical equipment maintenance and repair services. The new service provider has been selected at a CMC rate of 4.29%. Work order issued to M/S AOV International LLP on dt.06.01.2022.

- MOU has been done with M/s AOV International LLP as on dtd. 15.02.2022.
- Service provider will maintain Biomedical Equipment in all public healthcare facilities up- to the PHC level .
- The project has been operational since 01.12.2016. The purpose of this project is to ensure that Biomedical Equipment and Biometrics Machines, which are in the health institutions of the state, will continue to operate smoothly and the services in health institutions will run uninterruptedly and smoothly.
- 24X7 Call Center has been set up by the Service Provider M/s AOV International LLP at the toll free number "18002084441" & "18002035606". Also an software has been developed by service provider M / s AOV International LLP, with preventive maintenance repair and calibration available at "mhbemp.com".
- End user or authorities in the health institutions have been informed regarding registration of complaint. After the registration of the complaint, it is mandatory for the service provider to repair equipment within 7 days. If any equipment is dysfunctional beyond 7 days of registering of the complaint at the user end, penalty will be applicable as per MOU.
- The Service provider will provide STANDBY Equipment namely **Ventilator, Radiant Warmer, Defibrillator and Boyle's apparatus** as these are considered as Life Saving equipment, In case of breakdown of these above mentioned equipment the service provider will try to repair these equipment on priority basis and failing which arrange for STANDBY equipment at the Health Facility within 72 Hrs. If the service provider failure to provide stand by equipment within stipulated time then the penalty charges will be applicable as per MOU.

• **Summary status of Biomedical Equipment Maintenance and Repair status**

Total Bio Medical Equipment	Total Breakdown Calls Received	Open	Closed
102729	68318	313	67987

Outsourcing of Laboratory Services

- As per the guidelines and instructions issued by Government of India, a tender process to provide free laboratory services in the health institutions of the State has been completed. As per the tender process, a tripartite MoU has been done between SHS (NHM), DHS and the Service Provider M/s. HLL Life care Ltd. on 03/02/2017 for the next 5 years, under the Free Diagnostic Services Initiative. As per govt. letter dated 24.08.2023 extension has given to the services of M/s. HLL Life care Ltd.
- As per this project, the Service Provider M/s. HLL Life care Ltd. will set up total 136 laboratories in the State for the testing of patients' samples.
- The Service Provider M/s. HLL Life Care Ltd's has appointed phlebotomists' to collect samples up to the level of Primary Health Center.
- The patients' reports will be sent to the concerned health facilities' email ID within the time limit specified in RFP. The hard copies of this report will be submitted to the concerned authorities of the Health facility on the next day.
- As per the Dash board total **3485** institutes (including UPHCs & ADUPHC) are covered under the Laboratory services project

Total number of institutes availing HLL services

No. of Facilities having Laboratory Services								
		HBT AD	UHC	UPHC	PHC	RH+	DH+	Total
1	INSTITUTIONS COVERED	298	236	491	1916	436	108	3485

- Year wise district wise physical performance for last 5 years.-

Sr. No.	Financial Year	Patient Count	Test Count
1	Feb-2017- March-2017	2330765	5434301
2	April-18 to March-2019	6414530	14770773
3	April-19 to March-2020	9240005	22133879
4	April-20 to March-2021	6230082	18581274
5	April-21 to March-2022	27579325	7990886
6	April-22 to March-2023	35184555	9734194
7	April-23 to March -2024	53354226	170530506
8	April-24 to Dec -2025	10649879	50438012

District wise test count details –

FEBRUARY 2017 TO MARCH 2018			
Sr. No.	District	Patient count	Test Count
1	Ahmadnagar	76517	148423
2	Akola	63357	141900
3	Amravati	104726	256718
4	Aurangabad	66193	123028
5	Beed	71411	132772
6	Bhandara	88578	207964
7	Buldhana	62071	125081
8	Chandrapur	74265	175085
9	Dhule	44917	78818
10	Gadchiroli	53040	170957
11	Gondia	88786	178990
12	Hingoli	28916	54602
13	Jalgaon	108087	224924
14	Jalna	49470	119513
15	Kolhapur	86688	233847
16	Latur	78110	207600
17	Nagpur	82360	233640
18	Nanded	68898	193297
19	Nandurbar	39022	95277
20	Nashik	127002	271948
21	Osmanabad	60257	119965
22	Palghar	58865	145538
23	Parbhani	60695	121970
24	Pune	136540	315248
25	Raigad	37694	109355
26	Ratnagiri	46110	155212
27	Sangli	37845	128928
28	Satara	35757	105627
29	Sindhudurg	48407	130379
30	Solapur	68899	110052
31	Thane	95013	228998
32	Wardha	72010	211063
33	Washim	64015	111105
34	Yavatmal	46244	66477
	Total	2330765	5434301

APRIL 2018 TO MARCH 2019			
Sr. No.	District	Patient count	Test Count
1	Ahmadnagar	278685	633021
2	Akola	134255	295773
3	Amravati	307521	762020
4	Aurangabad	162872	351852
5	Beed	184263	343955
6	Bhandara	181454	426894
7	Buldhana	172042	349796
8	Chandrapur	201212	462325
9	Dhule	153484	238943
10	Gadchiroli	120562	366155
11	Gondia	192464	418427
12	Hingoli	69001	117803
13	Jalgaon	303209	563938
14	Jalna	123098	274426
15	Kolhapur	280279	757190
16	Latur	179120	539236
17	Mumbai City	315	3385
18	Nagpur	201645	519630
19	Nanded	189992	431104
20	Nandurbar	153473	337536
21	Nashik	501874	1049776
22	Osmanabad	144052	288659
23	Palghar	150600	334742
24	Parbhani	127579	266591
25	Pune	319776	843071
26	Raigad	110106	352917
27	Ratnagiri	138663	478362
28	Sangli	176002	471175
29	Satara	226533	579554
30	Sindhudurg	114711	325113
31	Solapur	228190	347449
32	Thane	127507	394497
33	Wardha	151114	362935
34	Washim	104416	177001
35	Yavatmal	204461	305522
	Total	6414530	14770773

APRIL 2019 TO MARCH 2020			
Sr. No.	District	Patient count	Test Count
1	Ahmadnagar	355372	880757
2	Akola	183757	422896
3	Amravati	404772	935016
4	Aurangabad	228590	527752
5	Beed	249713	442024
6	Bhandara	267986	679635
7	Buldhana	218724	416430
8	Chandrapur	312574	712897
9	Dhule	189794	331714
10	Gadchiroli	197251	576603
11	Gondia	248044	563432
12	Hingoli	122806	196857
13	Jalgaon	408174	841059
14	Jalna	183076	423486
15	Kolhapur	426505	1141091
16	Latur	256518	859522
17	Mumbai City	2732	16953
18	Mumbai Suburban	74	104
19	Nagpur	280222	856225
20	Nanded	291469	621191
21	Nandurbar	238428	450259
22	Nashik	668543	1605630
23	Osmanabad	191994	408334
24	Palghar	240758	522517
25	Parbhani	149003	293372
26	Pune	444498	1281243
27	Raigad	260020	884782
28	Ratnagiri	210735	647649
29	Sangli	261605	676424
30	Satara	243993	636272
31	Sindhudurg	165004	499816
32	Solapur	384677	612373
33	Thane	254110	777818
34	Wardha	279474	620987
35	Washim	140052	257979
36	Yavatmal	278958	512780
	Total	9240005	22133879

APRIL 2020 TO MARCH 2021			
Sr. No.	District	Patient count	Test Count
1	Ahmadnagar	236847	657372
2	Akola	114544	267172
3	Amravati	237340	788170
4	Aurangabad	169974	571522
5	Beed	156730	319098
6	Bhandara	153352	437909
7	Buldhana	145104	301816
8	Chandrapur	278169	740648
9	Dhule	114730	277242
10	Gadchiroli	146701	630032
11	Gondia	175810	479785
12	Hingoli	66699	120239
13	Jalgaon	230850	552483
14	Jalna	121130	373091
15	Kolhapur	385448	1117574
16	Latur	148776	618970
17	Mumbai City	505	4405
18	Nagpur	168267	657230
19	Nanded	177616	473806
20	Nandurbar	154418	331829
21	Nashik	399466	1250044
22	Osmanabad	154573	464604
23	Palghar	154375	491085
24	Parbhani	115742	279528
25	Pune	311391	1108333
26	Raigad	160619	640719
27	Ratnagiri	202831	673199
28	Sangli	178301	592361
29	Satara	160846	551372
30	Sindhudurg	122264	411648
31	Solapur	286559	511871
32	Thane	189986	722776
33	Wardha	182222	530587
34	Washim	77363	214488
35	Yavatmal	150534	418266
	Total	6230082	18581274

APRIL 2021 TO MARCH 2022			
Sr.No	District Name	Test count	Patient count
1	Ahmadnagar	697900	248815
2	Akola	478883	141884
3	Amravati	1199445	339909
4	Aurangabad	773290	207937
5	Beed	420929	177451
6	Bhandara	621754	182888
7	Buldhana	377230	182660
8	Chandrapur	959947	325756
9	Dhule	385815	167882
10	Gadchiroli	838527	181381
11	Gondia	661967	218839
12	Hingoli	164736	73008
13	Jalgaon	862039	320928
14	Jalna	558624	156765
15	Kolhapur	1554321	516268
16	Latur	780071	180656
17	Mumbai City	14274	1199
18	Nagpur	1076343	290049
19	Nanded	726960	253969
20	Nandurbar	513962	185907
21	Nashik	1976144	538066
22	Osmanabad	720334	191947
23	Palghar	796930	222040
24	Parbhani	368913	135169
25	Pune	1854188	417090
26	Raigad	1007226	201676
27	Ratnagiri	799503	191154
28	Sangli	960112	224420
29	Satara	945347	224817
30	Sindhudurg	556323	140942
31	Solapur	842979	310791
32	Thane	1428236	299175
33	Wardha	745020	242376
34	Washim	254933	85042
35	Yavatmal	656120	212030
	Total	27579325	7990886

APRIL 2022 TO MARCH 2023			
Sr.No	District Name	Test count	Patient count
1	Ahmadnagar	987764	316482
2	Akola	638165	172573
3	Amravati	1224050	351879
4	Aurangabad	1068705	273009
5	Beed	499901	213194
6	Bhandara	848782	228090
7	Buldhana	463221	207163
8	Chandrapur	1240998	371276
9	Dhule	440262	176405
10	Gadchiroli	950101	209753
11	Gondia	864982	257344
12	Hingoli	231808	96794
13	Jalgaon	1017630	347813
14	Jalna	630102	206602
15	Kolhapur	1905071	590416
16	Latur	1059963	222077
17	Mumbai City	27093	1897
18	Nagpur	1697210	381860
19	Nanded	916646	314685
20	Nandurbar	722659	233295
21	Nashik	2937608	712218
22	Osmanabad	737217	222903
23	Palghar	1154099	309337
24	Parbhani	448059	156047
25	Pune	2063730	515491
26	Raigad	1372130	276461
27	Ratnagiri	868009	214691
28	Sangli	1088021	270140
29	Satara	1003816	271456
30	Sindhudurg	648975	150616
31	Solapur	1070409	368022
32	Thane	2142566	431634
33	Wardha	892564	267527
34	Washim	312050	104066
35	Yavatmal	1010189	290978
	Total	35184555	9734194

April 2023 to March 2024			
Sr no	District Name	Patient count	Test count
1	AHMADNAGAR	382280	1335663
2	AKOLA	186050	776695
3	AMRAVATI	382356	1576504
4	AURANGABAD	299472	1393217
5	BEED	269475	717436
6	BHANDARA	256565	1082296
7	BULDHANA	256533	732626
8	CHANDRAPUR	411222	1563458
9	DHULE	215635	580552
10	GADCHIROLI	239577	1117943
11	GONDIA	276883	952516
12	HINGOLI	109106	300464
13	JALGAON	407949	1353303
14	JALNA	198104	743129
15	KOLHAPUR	635339	2287887
16	LATUR	244903	1260406
17	MUMBAI CITY	2621	34826
18	NAGPUR	451601	2239091
19	NANDED	335544	1102181
20	NANDURBAR	233060	824402
21	NASHIK	816575	4024061
22	OSMANABAD	214265	758792
23	PALGHAR	369141	1452386
24	PARBHANI	163636	562953
25	PUNE	575213	2543527
26	RAIGAD	342721	1891971
27	RATNAGIRI	222736	1066594
28	SANGLI	302766	1337527
29	SATARA	318111	1351388
30	SINDHUDURG	177472	842164
31	SOLAPUR	408006	1359165
32	THANE	562270	2812273
33	WARDHA	279369	1153119
34	WASHIM	129068	504772
35	YAVATMAL	329602	1285422
	Grand Total	11005226	44920709

Dashboard link : <https://mahahindlabs.com/index.php>

Note on Teleradiology Services

- As per the guidelines and instructions issued by Government of India, a tender process to provide free Radiology services in the health institutions of the State has been completed. As per the tender process, a tripartite MoU has been done between SHS (NHM), DHS and the Service Provider M / s. Krasna Diagnostic Services Ltd. on 31/08/2020 for the next 5 years, under the Free Radiology Services Initiative.
- As per this project, the Service Provider M / s. Krasna Diagnostic Services. Ltd shall provide CR System for digitization, transmission and reporting of X-rays& CT scans. Digital infrastructure / IT based solution shall be used to transfer images to specialist hired/on roll of Service provider and to get the reports
- The facilities covered under the scope of work shall include all the hospital under Public Health Department such as Community Health Centers (CHCs), Rural hospitals(RH), Sub divisional hospitals (SDHs), district hospitals (DHs), General Hospitals, Civil Hospitals, Mental Hospitals, Leprosy Hospitals, TB hospital & Women Hospitals and any other hospitals or institutes as communicated to service provider from time to time.
- 470 hospitals have installed software for CR System for X-ray and 8 Facilities for CT scan.
- Tests with emergency criterion should be interpreted, diagnosed and reported within 1 hour of X-ray/CT Scan test completion and, all other results shall be interpreted, diagnosed and reported within 12 hours of the image transmission/uploading.
- **Details of X ray patient done as on April-2024**

Details of X ray patient done as on may-2020 to Dec-2024

Month	Patient count X-ray				
	2020	2021	2022	2023	2024
January		17816	38047	89633	131643
February		16020	41660	91538	135150
March		22997	52476	94321	127322
April		24343	59432	87212	120394
May	69	24284	52603	98993	133042
June	206	26561	65034	97069	133347
July	206	29623	64494	103334	151003
August	2655	34687	71710	126892	162359
September	4552	34779	124491	125918	157378
October	5371	42883	83309	153993	160843
November	9448	51450	93861	110400	144884
December	26666	47111	95862	130827	180172
Total	49173	372554	842979	1310130	1557365

- **Details of CT Scan patient done as on April-2024**

Month	Patient count CT				
	2020	2021	2022	2023	2024
January		1821	4929	7375	10347
February		3045	4581	7396	10288
March		6614	5092	6583	11423
April		10880	5099	6405	10152
May		6674	5970	7604	9542
June		4150	6246	7192	7373
July	27	4341	5646	6083	3867
August	326	4915	5828	8270	2864
September	607	4937	7042	8939	2475
October	780	4013	7068	10253	2557
November	1124	3831	7393	9197	2571
December	1353	4690	8253	9381	2796
Total	4217	59911	73147	94678	76255

Financial Status 2024-2025

FMRCODE181	Name of Programme	Approved Budget	Expenditure	%
HSS.7	Teleradiology services	1099 LAKHS	1000.25 LAKHS	91.01%

CT SCAN (PPP MODE)

- The state has completed the tender process in PPP mode For 31 government hospitals & Operational partner for 8 DH hospitals where government owned CT scan machine exists. The Selected Service Provider will provide CT SCAN services on 20% discount on CGHS rate for 31 SDH & 50% discount on CGHS rates for DH (Government own CT)
- Work order issued to M/S Krsnna Diagnostic LLP on dtd.18.07.2022.
- MOU has been done with M/s Krsnna Diagnostic pvt ltd as on dt. 14.08.2023.
- Work order issued to M/S Unique wellness pvt Ltd on dtd.27.09.2022
- MOU has been done with M/S Unique wellness pvt Ltd on dtd.24.11.2023
- Out of 39 M/S Krsnna Diagnostic LLP taking handover of 25 Health institute.
- Out of 39 Health institute Service provider commencement of CT scan services at 32 Sub Districts Hospitals & General Hospital.
- Out of 17 Health institute Service provider commencement of CT Scan services at 16 Districts Hospitals (Ahmednagar, Amrawati, Aurangabad, Beed, Bhandara, Buldhana, Dhule, Gadchiroli, Hingoli, Jalna, Nanded, Nandurbar, Nashik, Parbhani, Wardha, Washim)
- The state has completed the tender process in PPP mode For 5 government hospitals where government owned CT scan machine exists.
- Out of 5 Health institute Service provider commencement of CT Scan services at 4 Districts Hospitals (Satara, Ratanagiri, Pune, Alibug)

- Space for installation of CT scan machines will be made available through hospitals under the Department of Public Health.
- According to the said project, CT scan machines and manpower required to start the said services are provided in 31 hospitals through M/S Krsnna Diagnostic Ltd.
- CT scan service available 24*7 in 31 hospitals in the state and 8 district hospitals.
- Tests with emergency criterion should be reported within 1 hour & all other results shall be reported within 12 hours of image transmission / uploading
- In PIP 2024-25, Rs. 6520 Lakhs and for PIP 2025-26, Rs. 8693.33 Lakhs is approved.

M.R.I. Scan Service

- Under NHM MRI Services will be provided to 22 District Hospitals in PPP mode and the same service provider will be operational partner for existing Government owned CT scan centres.

Following service provider selected for MRI Scan service project

Sr. No.	Name of Service Provider	No. of Health Institutes	Name of Health Facility
1	M/S. Unique Wellness Pvt. Ltd	05	DH Thane, Raigad, Satara, Ratnagiri, Pune
2	M/S. Krsnna Diagnostic Ltd	17	DH, Nashik, Dhule, Nandurbar, Ahmednagar, Chh. Sambhaji Nagar, Jalna, Parbhani, Hingoli, Beed, Dharashiv, Nanded, Wardha, Bhandara, Gadchiroli, Washim, Amravati, Buldhana

- Under this project, new MRI machine will be provided through service providers. The machine will be installed at district hospital, patients will be scanned and the reporting of the images taken from the machine will be done by Radiologists appointed by service provider and a report will be made available to the hospital and Patient.
- MRI and CT scan services will be made available 24X7 under this project.
- MRI scan and CT scan reports are provided to the respective health institutions in both soft copy and hard copy format. The report will be a digital or physical sign by the registered radiologist.
- This service is completely free for all government patients in the state.
- Manpower required for this project (Technician and Radiologist) will be provided through the service provider.
- Online software (Dash board) will be made available for project management.
- Currently, District Hospital Pune (Aundh), MRI scan service has been started from 21.06.2024 for IPD/OPD patients.

Dialysis Note.

- In Maharashtra, 63 centers are functioning on in-house mode in 30 out of 34 districts under the Pradhan Mantri National Dialysis Program and has covered all the four Aspirational Districts (Nandurbar, Washim, Osmanabad and Gadchiroli).
- These 63 centers include DH-23, SDH- 23, GH-7, WH-1, RRH-2 and RH-7.
- In SDH Javhar (Palghar) and SDH Bhoom (Solapur) Dialysis centers are started by appointing Service Provider (Rotary Club + Renal Project) at local level.

- To start the Dialysis services in 433 health facilities up to RH level on PPP mode process is ongoing. Currently, Out of 433 in 31 health facilities Dialysis centers are started.
- As per Gr dt.23 August, 23, Dialysis services provided free of cost to patients.
- A dashboard is launched by NHSRC for integrating all dialysis centers. In this dashboard details of patients' needs to updated by login with username and password given by NHSRC.

Dashboard link: <http://pmndp.mohfw.gov.in/en>

- Dialysis Performance (April 24- Dec 24)

No. of District	No. of Institute	No. of machines	No. of patients who have availed service	No. of Dialysis session
30	63 In-House + PPP	396	1746	121362

Dialysis Report (April 2023 -March 2024)				
Sr No.	District Name	No. of operational Machines	No. of patients who availed service	No. of Dialysis sessions
1	Jalna	4	16	1014
2	Ratnagiri	13	66	6044
3	Ahmednagar	6	34	2476
4	Beed	8	36	3358
5	Bhandara	11	58	5922
6	Chandrapur	9	90	6613
7	Raigad	21	101	10224
8	Gadchiroli	13	97	4087
9	Hingoli	4	23	2180
10	Dharashiv	9	31	4152
11	Parbhani	9	91	3296
12	Pune	20	51	3436
13	Satara	8	39	3030
14	Sindhudurg	19	90	6670
15	Thane	49	87	8627
16	Washim	10	31	2585
17	Wardha	4	19	1927
18	Nanded	30	38	2525
19	Nashik	18	127	8502
20	Nandurbar	7	21	2142
21	Jalgaon	14	47	1821
22	Solapur	6	24	2665
23	Gondia	6	41	3771
24	Buldhana	50	214	21351
25	Amravati	22	175	12158
26	Latur	3	12	690
27	Akola	5	16	1163
28	Kolhapur	4	21	2233
29	Palghar	4	12	1171
30	Chatrapati Sambhaji nagar	4	8	115
Total		390	1716	135948

5.8 MOBILE MEDICAL UNITS UNDER PM-JANMAN

The Union Cabinet has approved the Pradhan Mantri Janjati Adivasi Nyaya Mahabhiyan (PM-Janman). According to the guidelines of the central government under PM-Janman, deployment of mobile medical unit under public health department for beneficiaries in PVTG district and providing service through ANM and providing PMJAY Card.

The following mobile medical units are approved by the central government to the state.

	Rashtriya Arogya Abhiyan Pradhan Mantri Janjati Adivasi Nyaya Mahabhiyanala- Under PM-Janman (For PVTG Group) (For 14Districts)
approved	87
operational	84
In process	03

- 87 Mobile Medical Units are operational in the State in 14 districts with Specially Disadvantaged Tribal Groups (PVTG) (Katkari, Kollam and Maria Gond) beneficiaries.
- Primary, curative and referral health services are provided regularly and free of charge through mobile medical units to PVTG villages in 14 districts within 5 km from health centers in the state.
- In these villages, health services such as RCH, vaccination, sickle cell disease, medicines and diagnosis, NCD etc. are provided to the beneficiaries at their homes and saturation of health services is done for all the beneficiaries in these villages.
- A total of 5 employees working in Mobile Medical Unit namely Medical Officer, Staff Nurse, Laboratory Technician, Pharmacy Officer, Driver are working in Mobile Medical Unit.
- As per Advance Rotation Program (ATP) of Mobile Medical Unit to 1 or 2 villages per day
- Minimum 2 times or maximum 4 field visits are made in 25 days in a month.
- The implementation of the Mobile Medical Unit project at the district level is carried out as per the guidelines given by the National Health Mission

Rashtriya Arogya Abhiyan Pradhan Mantri Janjati Adivasi Nyaya Mahabhiyanala- Under PM-Janman (For PVTG Group) (For 14-Districts)					
Sr.No.	District Name	PM-Janman Under Total Approved Mobile medical unit	Total MMU Operational	Mobilemedicaluni ts will be operational by the end of March-2025	Type Of District
1	Thane	10	10	0	PVTG+Tribal
2	Palghar	8	8	0	PVTG+Tribal+Aspirational
3	Raigad	15	15	0	PVTG+Tribal
4	Nashik	5	5	0	PVTG+Tribal+Aspirational
5	Pune	7	7	0	PVTG+Tribal
6	Satara	2	2	0	PVTG
7	Nanded	2	2	0	PVTG+Tribal+Aspirational
8	Wardha	4	4	0	PVTG+Aspirational
9	Yavatmal	9	9	0	PVTG+Tribal+Aspirational
10	Chandrapur	3	3	0	PVTG+Tribal
11	Gadchiroli	13	13	0	PVTG+Tribal+Aspirational
12	Ratnagiri	6	4	2	PVTG
13	Sindhudurg	2	1	1	PVTG
14	Kolhapur	1	1	0	PVTG
	Total	87	84	03	

Physical report

(From 15 January 2024 to 31-December 2024)

Indicator	Progress
Number of villages visited	15314
OPD outpatient examination	652781
Pre-natal and post-natal check-up	47943
Vaccination	6789
Lab test	166914
Sickle cell patient screening	89738
Diabetes screening	182415
Tuberculosis patient screening	240769

5.9 SCHEMES FOR TRIBAL AND AFFECTED AREAS

Introduction:

Maharashtra has 16 tribal districts out of which 5 are sensitive and six are leftist extremism affected districts. Considering the health problems of these areas and non-availability of trained staff to provide the health services, few schemes for these difficult areas has been started.

1. Hardship Allowances.
2. Co-ordination cell at District Hospitals.
3. Mobile Medical Units in Gadchiroli District.
4. Floating Dispensary & Floating Ambulance in Nandurbar District.
5. Medical & Dental Camp.
6. CME for Tribal Medical Officer

Hardship Allowances

- Hardship Allowance introduced in the year 2009-10 to motivate the MOs, specialist and Health workers working in difficult areas (Very remote and Naxalite areas) of the state which are often affected by leftist extremism.
- This scheme has been introduced in 11 out of 16 tribal districts of Maharashtra. These Districts are **Amravati, Chandrapur, Dhule, Gadchiroli, Gondia, Nanded, Nandurbar, Nashik, Thane, Palghar, and Yavatmal.**
- Hardship Allowance is applicable to the ANM, Staff Nurse, Medical officers (MBBS & BAMS) and the Specialist working at extremely interior and difficult areas & getting salaries from treasury funds .Monthly allowance to these officers and staffs are mentioned in the following table.

Sr.No	Cadre		Monthly remuneration
1	ANM		10,000
2	Staff Nurse/LHV		15,000
3	Medical Officer - - BAMS	Group-A	35,000
		Group-B	25,000
4	Medical Officer – MBBS		35,000
5	Specialist (Physician/Pediatrician, Surgeon/Gynecologist and Anesthetist)		50, 000

Approved Number of Health Institutes & Staff for Hardship Allowance 2024-25

Contains details of the hardship allowance for the financial year 2024-25 (i.e. Number of health institutes, number of the staffs getting hardship allowance, approved budget in pip for the financial year 2024-25)

SrNo.	District	Subcenter	PHC	RH	ANM	SN/LHV	BAMS G-A	BAM SGB	MBBS	Specialist	Approved Budget in PIP2024-25(Rs. In Lakh)	Exp up to Dec 2024
1	Thane	20	2	0	20	1	0	1	0	0	18.90	00.00
2	Palghar	18	4	2	18	5	0	4	4	0	27.90	58.95(also added expenditure of FY 23-24)
3	Nashik	17	6	1	17	5	3	5	5	0	36.00	08.30
4	Dhule	5	4	0	5	6	4	2	0	0	16.20	22.28(also added expenditure of FY 23-24)
5	Nandurbar	79	14	5	79	27	1	10	10	2	122.85	0.00
6	Nanded	6	1	0	6	2	2	0	0	0	10.80	7.89
7	Amravati	92	11	3	103	44	0	40	21	5	198.00	208.54(also added expenditure of FY 23-24)
8	Yavatmal	11	4	0	11	0	0	2	0	0	11.70	30.19(also added expenditure of FY 23-24)
9	Gondia	42	8	1	42	13	3	5	2	1	58.50	29.61
10	Chandrapur	18	2	0	18	4	1	3	1	0	15.30	0.00
11	Gadchiroli	67	17	6	88	26	24	21	12	4	146.70	0.0
Total		375	73	18	407	133	38	93	55	12	662.85	403.99

2023-24

Sr. No.	District	Sub center	PHC	RH	ANM	SN/LHV	BAMS G-A	BAMS G-B	MBBS	Specialist	Approved Budget in PIP23-24(Rs. In Lakh)	April 2023 to March 2024
1	Thane	20	2	0	20	1	0	1	0	0	20.70	24.60 (also added expenditure of FY 22-23)
2	Palghar	18	4	2	18	5	0	4	4	0	30.90	56.40(also added expenditure of FY 22-23)
3	Nashik	17	6	1	17	5	3	5	5	0	36.30	57.42(also added expenditure of FY 22-23)
4	Dhule	5	4	0	5	6	4	2	0	0	18.00	84.87(also added expenditure of FY 22-23)
5	Nandurbar	79	14	5	79	27	1	10	10	2	136.80	221.50(also added expenditure of FY 22-23)
6	Nanded	6	1	0	6	2	2	0	0	0	9.60	9.60
7	Amravati	92	11	3	103	44	0	40	21	5	219.60	496.14(also added expenditure of FY 22-23)
8	Yavatmal	11	4	0	11	0	0	2	0	0	7.50	6.50
9	Gondia	42	8	1	42	13	3	5	2	1	62.40	143.48 (also added expenditure of FY 22-23)
10	Chandrapur	18	2	0	18	4	1	3	1	0	16.20	34.49(also added expenditure of FY2223)
11	Gadchiroli	67	17	6	88	26	24	21	12	4	172.80	151.23
Total		375	73	18	407	133	38	93	55	12	730.80	1286.23(also added expenditure of FY 22-23)

2022-23

Sr. No.	District	Sub center	PH C	RH	AN M	SN/LH V	BAM SG-A	BAM SG-B	MBBS	Specialist	Approved Budget in PIP 2022-23 (Rs. In Lakh)	Exp
1	Thane	20	2	0	20	1	0	1	0	0	28.80	11.40
2	Palghar	18	4	2	18	5	0	4	4	0	59.40	59.40
3	Nashik	17	6	1	17	5	3	5	5	0	77.40	0.60
4	Dhule	5	4	0	5	6	4	2	0	0	39.60	25.26
5	Nandurbar	79	14	5	79	27	1	10	10	2	231.00	0
6	Nanded	6	1	0	6	2	2	0	0	0	19.20	11.36
7	Amravati	92	11	3	103	44	0	40	21	5	441.00	92.52
8	Yavatmal	11	4	0	11	0	0	2	0	0	19.20	19.20
9	Gondia	42	8	1	42	13	3	5	2	1	115.80	92.48
10	Chandrapur	18	2	0	18	4	1	3	1	0	46.20	1.80
11	Gadchiroli	67	17	6	88	26	24	21	12	4	390.60	0
Total		375	73	18	407	133	38	93	55	12	1468.80	314.02

2021-22

Sr. No.	District	Sub center	PH C	RH	AN M	SN/LH V	BAM SG-A	BAMS G-B	MBBS	Specialist	Approved Budget in PIP 2021-22 (Rs. In Lakh)	Exp
1	Thane	20	2	0	20	1	0	1	0	0	28.80	11.40
2	Palghar	18	4	2	18	5	0	4	4	0	59.40	42.00
3	Nashik	17	6	1	17	5	3	5	5	0	77.40	0.60
4	Dhule	5	4	0	5	6	4	2	0	0	39.60	25.26
5	Nandurbar	79	14	5	79	27	1	10	10	2	231.00	0
6	Nanded	6	1	0	6	2	2	0	0	0	19.20	11.36
7	Amravati	92	11	3	103	44	0	40	21	5	441.00	92.52
8	Yavatmal	11	4	0	11	0	0	2	0	0	19.20	5.25
9	Gondia	42	8	1	42	13	3	5	2	1	115.80	31.90
10	Chandrapur	18	2	0	18	4	1	3	1	0	46.20	1.80
11	Gadchiroli	67	17	6	88	26	24	21	12	4	390.60	0
Total		375	73	18	407	133	38	93	55	12	1468.80	222.09

Sr. No.	District	Sub center	PH C	R H	AN M	SN/LH V	BAM SG-A	BA MS G-B	MB BS	Specialist	Approved Budget in PIP 2020-21 (Rs. In Lakh)	Exp
1	Thane	20	2	0	20	1	0	1	0	0	28.80	7.20
2	Palghar	18	4	2	18	5	0	4	4	0	59.40	48.00
3	Nashik	17	6	1	17	5	4	2	6	0	77.40	7.95
4	Dhule	5	4	0	5	6	4	2	0	0	39.60	6.68
5	Nandurbar	79	13	5	79	27	1	10	10	2	231.00	0.00
6	Nanded	6	1	0	6	2	2	0	0	0	19.20	19.18
7	Amravati	92	11	3	103	44	0	0	21	4	441.00	144.98
8	Yavatmal	11	4	0	11	0	0	2	0	0	19.20	10.80
9	Gondia	42	8	1	42	13	3	5	2	1	115.80	58.91
10	Chandrapur	18	2	0	18	4	1	3	1	0	46.20	23.10
11	Gadchiroli	67	17	6	88	26	19	4	12	4	390.60	6.80
Total		375	72	18	407	133	34	61	56	11	1468.80	333.60

Co-ordination cell at District Hospitals

Health Institutions (SCs, PHCs, and CHCs etc.) have to refer patients to District Hospitals in emergency. Majority of the District Hospitals are 300 bedded and above. These Hospitals have Different Sections for Registration, Laboratory checkup, X-ray medicines etc. Tribal Patients do not understand the language and there is delay in getting all the formalities done. Because of such environment Patients are not willing to stay in hospitals and many of the times insists for discharge even if the condition of the patient is critical.

Considering such situation we started co-ordination cell from the year 2009- 2010 at Amravati, Gadchiroli, Nasik, Thane, Nandurbar, and Nagpur. Patient's health Condition required treatment and expected time of arrival is communicated. One cell member takes the responsibility and informs the casualty MO to concerned Specialists. When Patient arrives a coordinator of cell accompanied the patient till emergency from registration to laboratory and report collection. After emergency also the patients are asked to contact the cell in case of any difficulty in the hospital during the stay in the hospital. A cell member visits the patient twice in a day for any difficulty. Transport arrangement is also made if required after discharge.

- There will be one Supervisor and four Coordinators in the cell.
- Supervisor should be at least 12th Standard Pass and Coordinator should be at least 10th Pass.
- Two Coordinators will be males and two will be females. This can be changed as per the requirement of the Districts.
- Coordinators and Supervisor must be from tribal community and able to speak local tribal language prevalent in district or in patients coming to DH

HR Table

District Hospital	Thane	Nashik	Nandurbar	Amravati	Gadchiroli	Nagpur
Apprd. post	4	5	5	4	5	3

Approved Tribal Co-ordination Cell PIP 2024-25

Sr. No	District Name	Manpower	Approved Budget PIP 2024-25	Exp up to December 2024
1	Thane	4	0.756	0.00
2	Nashik	5	0.756	0.00
3	Nandurbar	5	0.756	0.56
4	Amravati (Melghat)	4	0.756	0.00
5	Gadchiroli	5	0.756	0.00
6	Nagpur	3	0.756	0.00
Total		26	4.536	0.56

2023-24

Sr. No	District Name	Manpower	Approved Budget PIP 2023-24	April 2023 to March 2024
1	Thane	4	0.84	0.10
2	Nashik	5	0.84	0.12
3	Nandurbar	5	0.84	0.84
4	Amravati (Melghat)	4	0.84	0.18
5	Gadchiroli	5	0.84	0.84
6	Nagpur	3	0.84	0.54
Total		26	5.04	2.62

2022-23

Sr. No	District Name	Manpower	Approved Budget PIP 2022-23	Exp.
1	Thane	4	9.48	6.29
2	Nashik	5	11.76	4.77
3	Nandurbar	5	11.04	5.95
4	Amravati (Melghat)	4	9.96	6.73
5	Gadchiroli	5	11.88	6.44
6	Nagpur	3	3.51	1.70
Total		26	57.63	31.88

2021-22

Sr. No	District Name	Manpower	Approved Budget PIP 2021-22	Exp.
1	Thane	4	8.05	4.11
2	Nashik	4	9.82	5.27
3	Nandurbar	5	9.82	2.77
4	Amravati (Melghat)	4	8.05	2.10
5	Gadchiroli	5	9.82	6.26
6	Nagpur	2	6.28	0.00
Total		24	51.84	20.51

2020-21

Sr. No	District Name	Manpower	Approved Budget PIP 2020-21	Exp.
1	Thane	4	6.30	3.07
2	Nashik	4	5.88	4.31
3	Nandurbar	5	7.49	7.17
4	Amravati (Melghat)	4	6.30	3.01
5	Gadchiroli	5	7.49	4.86
6	Nagpur	2	4.18	1.38
Total		24	37.64	20.80

Mobile Medical Units at Gadchiroli Districts

Gadchiroli district is completely LEA area and length of the district is about 350 KM. Except for DH Gadchiroli and SDH Aheri, there is no availability of dentist, pathology unit or the Ophthalmological unit. Considering this, six mobile units have been supplied under IAP to Gadchiroli district. The mobile medical unit has been operational since 2011 -12 at Gadchiroli district. Details of the mobile units are as mentioned below:

1. Mobile Dental Units (2)
Kurkheda and Chamorshi
2. Mobile Ophthalmic Units (2)
Gadchiroli and Kurkheda
3. Mobile Pathology Units (2)
Aheri and Dhanora

Objective of the program:-

The main objective of the program is to conduct health check-ups and control the diseases found in the remote areas of Gadchiroli, Aheri, Kurkheda, Chamorshi, Dhanora talukas by conducting a special mobile medical unit under the National Health Mission in Gadchiroli district

Program Outline:-

Gadchiroli district is a complete tribal district and the area is 350 km. The mobile medical unit is present at the District Hospital, Gadchiroli and sub divisional Hospitals, Aheri, Kurkheda and Rural Hospitals, Dhanora, Chamorshi for dental check-ups, eye check-ups, blood tests (pathology) and also for the examination of school students and people in the village.

Services provided:-

- 1) Remedy of health problems/difficulties
- 2) Eye examination, blood test, dental examination,
- 3) Referral service
- 4) Medical treatment for minor and serious diseases,
- 5) Follow-up and participation in health camps held in the district.

Mobile Pathology Unit:-

Conducting ANC related tests such as HB, CBC, Blood Group, DM Test, Pregnancy Test, Urine Test, TB Test, Malaria Test, Sick Cell Test and other necessary tests and providing referral services.

Mobile Ophthalmic Unit Functions –

School check-up, cataract screening, diagnostic camps, referral services for critically ill patients, Providing treatment and referral services to school students in coordination with RBSK.

Mobile Dental Unit works –

School inspection, Anganwadi inspection, providing services in camps of Revenue Department, Police Department as well as Public festivals, conducting dental camps at the village level in the taluka and providing dental check-ups and treatment. Also, oral cancer is diagnosed and referral services are provided to serious patients.

Health Checkup Team:-

The following mobile medical units are functioning in Gadchiroli district.

- 1) Mobile Ophthalmic Unit - District General Hospital, Gadchiroli and Sub-District Hospital, Kurkheda.

The list of signatures available in the Ophthalmic Unit is as follows

- 1) Soafa chair
- 2) Unit chair
- 3) AC
- 4) Torricelli Set (Less box)
- 5) Trice Frame
- 6) Torch
- 7) Helogen light
- 8) Slit Lamp Chair

Mobile Unit Examinations:-

- 1) Cataract Examination,
- 2) Student Examinations
- 3) Referral Services in Public Camps Others
- 4) Diagnostic Camps

Ophthalmic Mobile Unit DBCS G.H GADCHIROLI - Monthly Report

Name - Ku. Megha F. Thengane { OPTH. TECH. } Month - April 2024- MAR. 2025

MONT H	TOTAL VILAGE VISITED	TOTAL SCHOOL VISITED	TOTAL OPD HQ.	TOTAL KM	TOTAL NO. OF STU DENT	NO. OF STUD ENT EXA MINE D	TOTAL PATI ENT	CATA RACT	REFR ACTIO N	DICRO SISTAS IS	SQUI NT	OTER H PATIE NT	HOSP ITAL REFE RRED	MAL E	FEMAL E
Apr-24	0	0	21	0	0	0	343	82	48	2	4	207	0	176	167
May-24	2	0	24	170	0	0	784	114	279	6	4	381	0	443	341
Jun-24	4	0	21	201	0	0	1218	225	415	4	5	539	8	743	475
Jul-24	1	10	17	619	989	816	583	114	109	0	11	363	2	671	727
Aug-24	0	4	22	282	1757	1510	534	165	103	3	9	271	6	986	1058
Sep-24	5	8	12	2748	2016	1306	681	201	122	8	12	384	3	826	1304
Oct-24	3	1	22	860	25	25	676	171	105	4	5	392	0	337	364
Nov-24	3	1	20	1213	243	229	769	256	134	6	11	367	2	491	506
Dec-24	9	1	16	1908	226	226	1032	171	114	10	33	728	0	763	495
Total	27	25	175	8001	5256	4112	6620	1499	1429	43	94	3632	21	5436	5437

2) Mobile Dental Unit - Sub-District Hospital, Kurkheda, Rural Hospital, Chamorshi.

ORAL HEALTH PROGRAMME , GADCHIROLI

MOBILE DENTAL UNIT

BLOCK - CHAMORSHI

PROGRESSIVE REPORT 2024 -2025

Sr. No	Month	No of villages	Beneficiaries given dental Check up	Beneficiaries given dental Treatment	Types of Dental Treatment given								Precancerous Conditions & Precancerous Lesions	Minor Surgery
					Oral Prophylaxis & Scaling	Silver Filling	Cement Filling	RCT	Extraction	Fluorosis	Tobacco Chewer	Non Tobacco Chewer		
1	Apr-24	11	483	465	154	51	89	123	45	0	90	372	1	4
2	May-24	10	645	608	249	73	132	73	78	0	98	510	1	2
3	Jun-24	9	526	510	180	45	133	92	58	0	105	405	3	2
4	Jul-24	9	608	571	131	80	187	84	82	0	63	508	4	3
5	Aug-24	5	666	600	271	65	111	47	102	0	110	490	3	2
6	Sep-24	12	1518	1278	524	114	250	158	113	0	253	1920	4	0
7	Oct-24	0	208	208	110	12	38	16	32	0	76	132	2	0
8	Nov-24	3	388	304	87	35	82	61	36	0	61	235	0	3
9	Dec-24	0	235	235	117	13	35	15	53	0	69	166	0	2
	TOTAL	59	5277	4779	1823	488	1057	669	599	0	925	4738	18	18

ORAL HEALTH PROGRAMME , GADCHIROLI

(MOBILE DENTAL UNIT KURKHEDA)

PROGRESS REPORT FROM APRIL- 2024 TO Dec- 2024

SR. NO.	month	NUMBER OF VILLAGE	NUMBER OF SCHOOL/ANGANWADI	Beneficiaries given Dental Check-up	DENTAL TREATMENT	Male	Female	TYPES OF DENTAL TREATMENT GIVEN								Flourish	Precancerous Condition And Precancerous Lesion
								Scaling O.P.	Silver Filling	R.C.T.	Cement Filling	PIT FISSURE SEAL ENT	Extraction	Tobacco Chewer/Smoker	Non Tobacco Chewer/Smoker		
1	Apr-24	18	21	453	111	211	242	65	0	0	42	0	0	0	453	0	0
2	May-24	21	24	460	111	259	201	70	0	0	41	0	0	0	442	0	0
3	Jun-24	15	17	296	71	140	156	35	0	0	36	0	0	0	296	0	0
4	Jul-24	16	21	593	154	287	306	76	0	0	78	0	0	38	556	4	0
5	Aug-24	18	20	443	110	238	205	62	0	0	48	0	0	56	346	2	4
6	Sep-24	13	16	486	110	245	241	62	0	0	61	0	1	71	339	1	5
7	Oct-24	16	16	673	110	245	335	130	0	0	47	0	1	94	591	12	13
8	Nov-24	14	16	378	106	198	180	67	0	0	39	0	0	20	358	1	1
9	Dec-24	19	21	536	152	222	314	100	0	0	68	0	0	51	485	10	0
TOTAL		150	172	4318	111	2045	2180	667	0	0	460	0	2	330	3866	30	23

3) Mobile Pathology Unit - Sub-District Hospital, Aheri and Rural Hospital, Dhanora.

The following materials are available in the Mobile Pathology Unit -

Centrifuge Machine

Analyser Machine (Sodium+ Potassium

(HB Meter

Fully Auto Analyser

Microscope

The following tests are being performed in the Mobile Pathology Unit –

1) HB	7) LFT / KFT
2) Sickle Cell	8) CBC
3) Malaria	9) HBAIC
4) Ps-MP	10) HBSAG
5) Dengue	11) Cholesterol
6) Sugar	12) Urine

RURAL HOSPITAL, DHANORA DIST. GADCHIROLI

MOBILE PATHOLOGY UNIT- Report

Functional Status of Existing Specialized MMUs in Gadchiroli 2024-2025

Name /Vehicle Number of MMU	Month	Average No. of OPD	Average No. of IPD (Ref.)	Average No. of Sickle cell Test	Average No. of Diagnostic test	Average No. of Villages covered
Mobile Pathology Unit (2) MH 33 G 790	April	709	3	233	1069	19
	May	814	3	119	1050	28
	June	771	3	117	1057	14
	July	968	2	159	1299	21
	August	1325	3	256	1452	25
	September	1743	6	436	1357	25
	October	1306	5	515	1488	18
	November	208	0	42	104	2
	December	1542	7	279	1487	21
	Total	9386	32	2156	10363	173

MOBILE PATHOLOGY UNIT Progressive Report – AHERI

Sr No	Month	Total Pathology Test patient	Progressive
1	Apr-24	426	426
2	May-24	304	730
3	Jun-24	279	1009
4	Jul-24	1163	2172
5	Aug-24	364	2536
6	Sep-24	849	3385
7	Oct-24	611	3996
8	Nov-24	269	4265
9	Dec-24	1337	5602

Manpower:- The following manpower is working in the Mobile Medical Unit in Gadchiroli district.

S.R.	Name of Mobile medical Unit	Post Name	Appr. Post	Filled post	Vacant
1.	Mobile Ophthalmic Unit, Gadchiroli/Kurkheda	Ophthalmic Officer	2	2	0
		Attendant	2	2	0
		Driver	2	2	0
2	Mobile Dental Unit, Kurkheda /Chamorshi	Dentist	2	2	0
		Dental Technician	2	2	0
		Attendant	2	2	0
		Driver	2	2	0
3	Mobile Pathology Unit, Aheri/ Dhanora	Medical Officer	2	0	2
		Lab Technician	2	2	0
		Attendant	2	2	0

		Driver	2	1	1 (Aheri)

Funds:- Funds received and spent in the year 2024-25 for the Mobile Medical Unit in Gadchiroli district.

S.R.	Name of Mobile medical Unit	Budget	Expenditure (Rs in Lakh)	Balance
1.	Mobile Ophthalmic Unit, Gadchiroli	6.30	1.26	5.04
2.	Mobile Ophthalmic Unit, Kurkheda	6.30	0.43	5.87
3.	Mobile Dental Unit, Kurkheda	6.30	0.10	6.20
4.	Mobile Dental Unit, Chamorshi	6.30	0.43	5.87
5.	Mobile Pathology Unit, Aheri	6.30	1.98	4.32
6.	Mobile Pathology Unit, Dhanora	6.30	0.19	6.11

Approved PIP 2023-24

Name of Activity	Name of Unit	No of Unit	Manpower	Approved Budget 2023-24	April 2023 to March 2024
Mobile Medical Unit At Gadchiroli	Dental Unit	2	8	42.00	42.00
	Ophthalmic Unit	2	8		
	Pathology Unit	2	6		
	Total	6	22		

Name of unit	No of Unit	Manpower	23-24		22-23		21-22		20-21		19-20	
			Appr Budget	Appr Budget	Appr Budget	Exp	Appr Budget	Exp	Appr Budget	Exp	Appr Budget	Exp.
Dental Unit	2	8	42.00	77.76	77.76	37.23	97.76	52.18	83.98	33.85	63.60	33.12
Ophthalmic Unit	2	8										
Pathology Unit	2	6										

Duties and Responsibilities of the Staff in the Mobile Medical Unit:-

Medical Officer:-

1. The Medical Officer shall be the head of the respective Mobile Medical Unit and shall be responsible for the functioning of the van. The Mobile Medical Unit shall work under his supervision to the other staff.
2. The Medical Officer shall be responsible for the health services provided by each Mobile Medical Unit as mentioned above.
3. The Medical Officer shall refer the serious patients to the nearest hospital for treatment through the referral service as required and then maintain the relevant records.
4. The Medical Officer shall take action regarding the disease and inform the concerned District Surgeon and maintain the relevant records.
5. The Medical Officer should work in coordination with the Health Workers, Village Health and Sanitation Committee, and the People's Representatives.
6. The Medical Officer should ensure that adequate stocks of quality and suitable medicines

are available in each Mobile Medical Unit and proper records should be maintained.

Laboratory Technician:-

To perform ANC related tests like Hemoglobin, CBC, Blood Group, Blood Sugar, Pregnancy Test, Urine Test, VDRL etc.

- 1) For Tuberculosis - AFB Test
- 2) For Fever - PBS Test
- 3) To maintain necessary documents/records as per RNTCP & NVBDCP guidelines.
- 4) Sickle Cell Solubility Test
- 5) To prepare monthly reports

Driver Assistant:-

To assist in the operation of each Mobile Medical Unit under the guidance of the Medical Officer in driving, maintenance and repair of the vehicle.

Report Submission:-

To submit the monthly report and daily report of the Mobile Medical Unit in the prescribed format at the district and state level within the given time limit.

Floating Dispensary in Nandurbar District

There are a total of six talukas in Nandurbar district, of which Dhadgaon and Akkalkuwa are two talukas that are extremely remote. Since there is no road facility for communication to a total of 24 villages on the banks of the Narmada river in Akkalkuwa and Dhadgaon talukas, health services were provided to the people by boat from Kevadia Colony (Gujarat) to the villages of Maharashtra on the banks of the Narmada river through a floating clinic provided by the government through the European Commission. A total of 24 villages on the banks of the Narmada river in Akkalkuwa and Dhadgaon talukas of Nandurbar district did not have road facilities for communication, so in 2006, 2 floating clinics were provided to the villages on the banks of the Narmada by the government through the European Commission to provide health services to these villages. Under the National Health Mission, the posts of doctor, nurse and driver have been approved in the said floating clinic. Since both the floating clinics provided by the European Commission are old, it will not be possible to repair and use them and the district level has been informed about the deregistration of the said floating clinics. Under the National Health Mission, three floating ambulances, namely, 33, 36 and 37, have been purchased during the year 2014-2015 and are in good condition. At present, due to the closure of 2 floating dispensaries in Akkalkuwa area of Nandurbar district, the health facilities provided to the people of the area through 3 floating dispensaries purchased during the year 2014-2015 under the National Health Mission are being provided to the patients at the sub-center and primary health center level near the back water point on the banks of the Narmada river. Also, a proposal has been submitted under the innovative scheme of the District Annual Plan for obtaining an additional 10-seat speed boat ambulance for providing health services to the villages on the banks of the Narmada river through the District Health Officer, Zilla Parishad Nandurbar.

Operational area of Floating Dispensary and Ambulances:

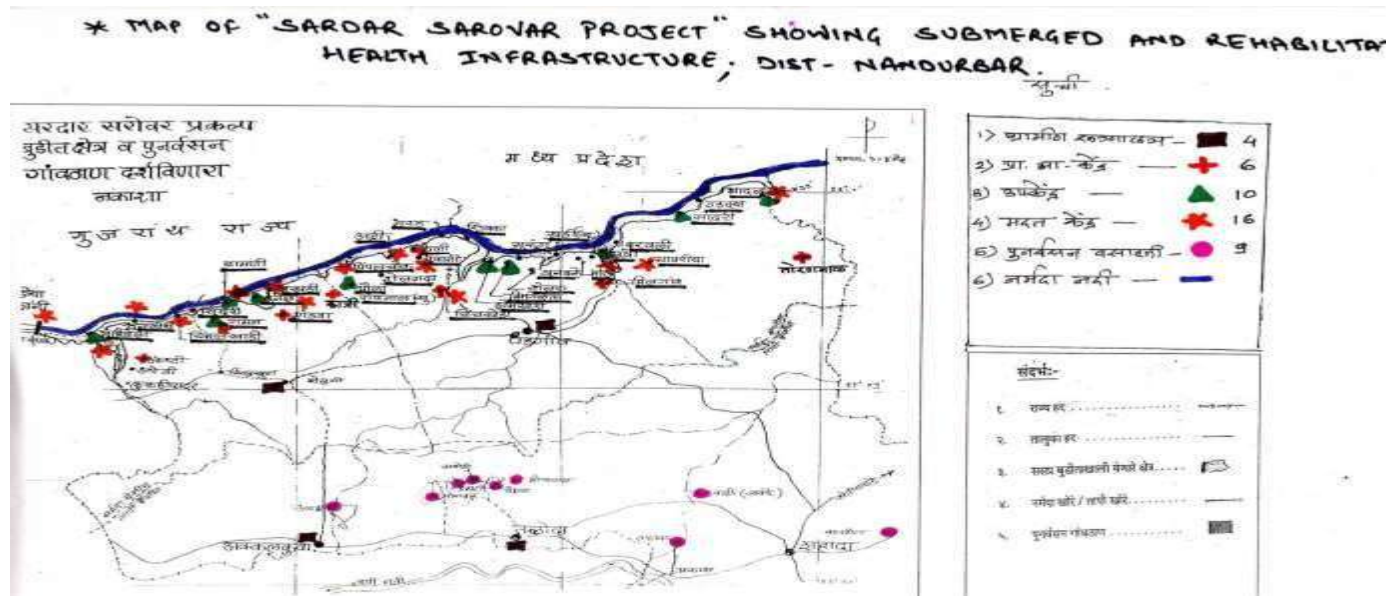
Floating 1 Dispensary & 1 Ambulance: - Akallkuwa Taluka

From Manibeli Village to Mukhadi Floating Dispensary Service's available in Akallkuwa Taluka consisting of 8 villages.

Floating 1 Dispensary & 2 Ambulance - Dhadgaon Taluka

From Pimpalchowik to Bhadal Floating Dispensary Service's available in Dhadgaon taluka consisting of 16 villages.

As per the monthly report of the program. Out of 2 dispensaries 1 dispensary is not functional because of some technical problem.



Floating ambulance in Nandurbar District

villages have a mountain valley on one side and water on the other. Therefore, the state government has started a floating hospital to provide health services in these villages. The posts of doctor, nurse, driver are approved in this floating hospital. The floating hospital is providing good service in the villages covered by the water of Narmada Lake. However, at some point, if a patient is very sick or needs urgent health care, or when a woman is in labor, the services of the floating hospital are disrupted due to other reasons. This creates irregularities in the provision of health services. Also, the water level of Narmada Lake fluctuates from time to time. Due to this, the location of the floating hospital is constantly changing. Due to the above reasons, patients have to walk on water to reach the floating hospital. Walking on water is very dangerous for patients. There is no organized place for pregnant women and seriously ill patients to wait until the floating hospital arrives. Considering all the above, an advertisement was given in the newspaper for the purchase of floating ambulances in the financial years 2013-14 and 2014-15 under the National Health Mission to transport pregnant women, snakebite patients, and critically ill patients to the hospital. As per the said advertisement, the work of preparing the floating ambulances has been completed and the three ambulances have been insured and started operating from February 2017.

Primary Health Centre, Akkalkua under Boat No. FA 3 - 37 Manibeli Point - Jongathi, Manibeli, Dhankheda, Chimalkhedi, Gaman, Sinduri, Bamani, Danel, Mukdi and Mandavanala etc.

Primary Health Centre Bilgaon, Taluka Dhadgaon under Boat No. FA 2 - 33

Bhusha Point - Sadari, Udaya, Bhadal, Varvali, Tokai Pada and Bhusha.

Roshmal Khurd under Boat No. FA 3 - 37 Chichkhedi Point - Chichkhedi, Domkhedi, Nimgavhan, Sikka, Bharad, Thuvani, Keli, Hazarkhedi, Atishelagda, Pimpalchowk, Pavla and Roshmal etc.

Manpower

Sr. No.	Name of Post	Apprpost	Filled Post	Vacant
1	Medical Officer	6	5	1
2	Pharmacist	4	3	1
3	Lab Technician	4	2	2
4	ANM	10	9	1
5	Driver	8	8	0
6	Assistant	10	9	1
		42	36	6

table for 3 floating ambulances

Floating Ambulance Monthly Progress Report

Reporting of Boat Ambulance & Floating Dispensary Dist. Nandurbar Month Dec - 2024					
Sr.No	Item	FA 1 (36) Akkalkuwa	A 2 (33) Bilgaon	FA 3 (37) Roshmal	Prograssive Dec- 2024 Total
1	Children Examination (0 to 6 Years) Total	382	620	486	1488
2	Medical Examination (OPD)	2215	2469	1891	6575
3	Snake bite/Unknown Bite	2	0	0	2
4	IPD	75	158	100	333
5	Ref	20	5	0	25
6	ANC Registration	22	19	20	61

Approved posts and funds for floating hospitals and ambulances - 2024-25

FMR Code	Subject Name	Particular	Approved budget	Expenditure up to Dec 2024
१८३	Floating Dispensary	Operational	66.03	31.40
		POL Cost		
		Medicine		
	Floating Ambulance	Operational		
		POL Cost		
		Medicine		
		Insurance for 1 year		

Approved posts and funds for floating hospitals and ambulances - April 2023 to March 2024

FMR Code	Subject Name	Particular	Unit Cost in Lakhs	No. of Unit	Approved PIP (2023-24)	April 2023 to March 2024
	Floating Dispensary (A)	Operational	1.50	2	3.00	0.00
		POL Cost	2.00	2	4.00	0.00
		Medicine	1.00	2	2.00	0.00
		Total Floating Dispensary (A)			9.00	0.00
	Floating Ambulance (B)	Operational	2.00	3	6.00	5.15
		POL Cost	2.00	3	6.00	5.85
		Medicine	1.00	3	3.00	2.89
		Insurance for 1 year	2.50	3	7.50	6.47
	Total Floating Ambulance(B)				22.50	20.36
	Total (A+B)				31.50	20.36
	Repaire Renovation of only Floating Ambulance 3	3		41.80	41.80	
Grand Total (A+B+C)					73.30	62.16

Approved posts and funds for floating hospitals and ambulances - 2022 -2023

FMR Code	Subject Name	Particular	No. of Unit	Approved Budget22-23	Expenditure
8.1.11.1. to 2.1.3.3	Floating Dispensary (A)	Pharmacist	4	8.34	5.32
		ANM	4	7.77	3.08
		LT	4	8.34	1.23
		Assistant	4	6.66	2.80
		Driver	4	6.66	4.34
FMR Code	Subject Name	Particular	No. of Unit	Approved Budget22-23	Expenditure
8.1.11.1. to 2.1.3.3	Floating Ambulance (B)	Doctor	6	29.52	8.40
		ANM	6	11.67	4.41
		Driver	4	10.01	1.09
		Assistant	6	10.01	5.60

Approved posts and funds for floating hospitals and ambulances - 2021 -2022

FMR Code	Subject Name	Particular	No. of Unit	Approved Budget 21-22	Expenditure
8.1.11.1. to 2.1.3.3	Floating Dispensary (A)	Pharmacist	2	7.24	1.90
		ANM	2	7.94	2.20
		LT	2	7.24	1.75
		Assistant	2	8.30	0.80
FMR Code	Subject Name	Particular	No. of Unit	Approved Budget 21-22	Expenditure
8.1.11.1. to 2.1.3.3	Floating Ambulance (B)	Doctor	6	39.14	2.80
		ANM	6	11.92	6.30
		Driver	6	8.40	1.55
		Assistant	6	12.45	1.26

Approved posts and funds for floating hospitals and ambulances - 2020 -2021

FMR Code	Subject Name	Particular	Unit Cost in Lakhs	No. of Unit	Approved PIP (2020-21)	Expenditure		
	Floating Dispensary (A)	Operational	1.50	2	149.68	24.84		
		POL Cost	2.00	2				
		Medicine	1.00	2				
		Total Floating Dispensary (A)						
	Floating Ambulance (B)	Operational	2.00	3				
		POL Cost	2.00	3				
		Medicine	1.00	3				
		Insurance for 1 year	2.50	3				
	Total Floating Ambulance(B)							

5.10 Specialists Medical and Dental Camps

A total of 69 medical and dental camps are organized in the upazila hospitals/rural hospitals of the state with the aim of providing specialist services to the patients of tribal and non-tribal areas.

Nature of the scheme:-

Specialist medical and dental camps are organized in the tribal areas of the state through specialists from government/private medical and dental colleges. Services of surgeons, pediatricians, ear, nose and throat specialists, orthopedists, dermatologists, obstetricians and gynecologists, dentists and anesthesiologists are provided for these camps.

Important objectives, items of the scheme and methods of achieving them:-

Patients are examined and various tests are done in the medical and dental camps. Patients who require surgery are operated on during the medical and dental camps. Free medicines are provided in the medical and dental camps. Public awareness of the camps is done on a large scale by the Public Health Department. Specialist services are provided to all other patients examined under the National Child Health Programme/Hydrocele patients/Sickle Cell Disease patients.

- 1) The duration of each camp is 4 to 5 days.
- 2) A fund of Rs. 3.26 lakh has been sanctioned for each camp.

Sr. No.	Particular	Budget Distribute
1	Honorarium to specialists Honorarium to nodal officers (Senior specialist @Rs.2000/- Day & junior specialists @ 1500/- Day)	Rs. 1,02,000/-
2	Vehicle facility for specialists (preferably government)	Rs. 35,000/-
3	Accommodation for specialists (preferably government)	Rs. 25,000/-
4	Medicines and equipment	Rs. 90,000/-
5	Camp arrangements (stationery, office expenses, pavilion, speakers, working, lunch)	Rs. 30,000/-
6	IEC & Other Expenses	Rs.4,000/-
7	Transportation arrangements for patient referral	Rs. 20,000/-
8	Meals for the patient	Rs. 20,000/-
	Total	Rs.3,26,000/-

- 3) Patients are examined on the first day.
- 4) Patients are operated on on the second and third days.
- 5) Patients are taken care of after surgery on the fourth day.

Health Exhibition:-

Health exhibition should be organized at each camp site. This should include exhibitions on various programs such as nutritious diet, sickle cell, anemia, cleanliness drive and National Health Mission.

Facilities to be provided for the camp:-

- Separate room for informing and registering patients
- Separate meeting facilities for each specialist.
- Nurses/trainee nurses/health workers should be provided to assist the specialists in examining the patients.
- Drinking water facility for the patients.
- NCC/Scouts/Nursing School students/volunteers should be provided to guide patients appropriately.

The Deputy Director, Health Services should hold a meeting with the District Surgeon, District Health Officer at the planned camp hospital and make the complete planning of the camp. A meeting should be organized with the Taluka Medical Officer, Primary Health Center Medical Officer and Medical Officer of the National Child Health Program and information about the camp should be given, a list of patients for the camp should be prepared through the health workers and patients from the outpatient hospital and instructions should be given to refer these patients to the camp site on the day of the camp. The necessary referral letters for the camp should be printed in different colors. It is necessary to have a well-equipped operation theater for performing surgeries at the place where the camp is organized. If not, the camp should be organized at a place where there is a well-equipped operation theater and services should be provided to the patients as per the requirement. For this, a vehicle should be arranged from the funds approved for the camp.

Availability of Medical Experts:-

Medical and dental camps should be organized through specialized experts from government/private medical and dental colleges. The services of a surgeon, pediatrician, ear, nose and throat specialist, obstetrician and gynecologist, dentist and anesthesiologist are required for these camps. One senior and one junior specialist should be available for each camp. In cases where the experts from the medical college are not available, the district surgeon should visit the government/private medical college and confirm the availability of experts there camp-wise. The names of the medical colleges decided camp-wise should be communicated to the State Health Society.

Medicines and equipment:-

The list of necessary medicines and surgical consumables should be obtained from the specialists attending the camp and made available at the camp site. Under no circumstances should medicines be given to the patients coming for the camp from outside. The equipment required for the examination and testing of the patients should be available in the hospital. The District Surgeon plans the camp under the guidance of the Deputy Director, Health Services. Where specialists from the medical college are not available, specialists are made available from private hospitals or other health institutions.

District-wise and board-wise medical, dental and health camps

Approved Medical & Dental Camp - 2024-25						
Sr. No.	Circle	District	Appr.Camp	Circle	District	Appr.Camp
1	Thane	Thane	1	Kolhapur	Kolhapur	1
2		Raigad	2		Sangli	1
3		Palghar	3		Ratnagiri	1
4		Total	6		Sindhudurg	1
5	Nashik	Nashik	4	Chh. Sambhajinagar	Total	4
6		Dhule	2		Aurangabad	1
7		Jalgaon	2		Jalna	1
8		Ahmednagar	2		Hingoli	1
9		Nandurbar	4		Parbhani	1
10		Total	14		Total	4
11	Pune	Pune	3	Latur	Latur	1
12		Satara	1		Beed	1
13		Solapur	3		Osmanabad	1
14		Total	7		Nanded	4
15	Nagpur	Nagpur	2	Akola	Total	7
16		Wardha	1		Akola	1
17		Bhandara	1		Amravati	4
18		Gondia	4		Buldhana	1
19		Chandrapur	3		Washim	1
20		Gadchiroli	6		Yavatmal	3
21		Total	17		Total	10

Number of camps approved and funds in the financial year 2024-25

Sr. No.	Place of Camp	Apprd Camp	Apprd PIP
1.	Thane circle	6	19.565
2.	Nashik Circle	14	45.651
3.	Latur Circle	7	22.826
4.	Akola Circle	10	322.608
5.	Nagpur Circle	17	55.433
6.	Pune Circle	7	22.826
7.	Kolhapur Circle	4	13.043
8.	Chh.Sambhajinagar Circle	4	13.043
	एकुण	69	224.995

Approved Camps for the year 2023-24

Sr. No	District Name	No of Camps	Budget Approved 2023 - 24	April 2023 to March 2024
1	Dy Director i/c Thane	6	25.2	23.29
2	Dy Director i/c Nashik	14	58.8	45.50
3	Dy Director i/c Pune	7	29.4	25.20
4	Dy Director i/c Kolhapur	4	16.8	13.06
5	Dy Director i/c Aurangabad	4	16.8	9.88
6	Dy Director i/c Latur	7	29.4	25.85
7	Dy Director i/c Akola	10	42	19.87
8	Dy Director i/c Nagpur	17	71.4	68.01
Total		69	289.8	230.66

Approved Camps for the year 2022-23

Sr. No	District Name	No of Camps	Budget Approved 2022 -23
1	Dy Director i/c Thane	6	25.2
2	Dy Director i/c Nashik	14	58.8
3	Dy Director i/c Pune	7	29.4
4	Dy Director i/c Kolhapur	4	16.8
5	Dy Director i/c Aurangabad	4	16.8
6	Dy Director i/c Latur	7	29.4
7	Dy Director i/c Akola	10	42
8	Dy Director i/c Nagpur	17	71.4
Total		69	289.80

Approved Camps for the year 2021-22

Sr. No	District Name	No of Camps	Budget Approved 2021 -22	Expenditure
1	Dy Director i/c Thane	7	29.40	8.40
2	Dy Director i/c Nashik	15	63.00	0.00
3	Dy Director i/c Pune	4	16.80	0.00
4	Dy Director i/c Kolhapur	4	16.80	4.89
5	Dy Director i/c Aurangabad	4	16.80	4.20
6	Dy Director i/c Latur	7	29.40	12.90
7	Dy Director i/c Akola	11	46.20	12.90
8	Dy Director i/c Nagpur	17	71.40	32.14
Total		69	289.80	75.43

Approved Camps for the year 2020-21

Sr. No	District Name	No of Camps	Budget Approved 2020 -21
1	Dy Director i/c Thane	7	28.14
2	Dy Director i/c Nashik	15	60.30
3	Dy Director i/c Pune	4	16.08
4	Dy Director i/c Kolhapur	4	16.08
5	Dy Director i/c Aurangabad	4	16.08
6	Dy Director i/c Latur	7	28.14
7	Dy Director i/c Akola	11	44.22
8	Dy Director i/c Nagpur	17	68.34
Total		69	277.38

Total Patient Information 2023-24

Sr.No	Circle	OPD			IPD			Surgery		
		Male	Female	Total	Male	Female	Total	Major	Minor	Total
1	Thane	0	0	0	0	0	0	0	0	0
2	Nashik	1142	1340	2482	17	21	38	0	0	0
3	Pune	0	0	0	0	0	0	0	0	0
4	Kolhapur	1318	1500	2818	33	40	73	40	28	68
5	A'bad	0	0	0	0	0	0	0	0	0
6	Latur	10314	9934	20248	0	0	0	12	7	19
7	Akola	726	988	1734	83	119	202	32	55	87
8	Nagpur	0	0	0	0	0	0	0	0	0
All Total		13500	13672	27282	133	180	313	84	90	174

Total Patient Information 2022-23

Sr.No	Circle	OPD			IPD			Surgery		
		Male	Female	Total	Male	Female	Total	Major	Minor	Total
1	Thane	2940	3321	6261	475	200	675	242	331	573
2	Nashik	7978	7410	15388	244	262	506	298	467	765
3	Pune	1219	1408	2627	26	69	95	49	167	216
4	Kolhapur	1326	1406	2732	258	290	548	149	355	504
5	A'bad	1693	1855	3548	264	311	575	268	330	598
6	Latur	12378	14273	26651	677	652	1329	381	1073	1454
7	Akola	4938	5273	10211	525	655	1189	454	464	918
8	Nagpur	10855	12226	23081	1050	681	1270	608	524	1104
All Total		43327	47172	90499	3519	3120	6187	2449	3711	6132

5.11. Continuous Medical Education Programme

Special Residential CME has been organizing by the NHM since 2014 -2015 for Medical Officers working in the very remote tribal areas. The Government has provided establishment of Primary Health Centers (PHCs) in tribal areas. Medical officers working in these tribal PHCs face multiple challenges. Lack of electricity, water supply, transport and communication facilities further hinder healthcare delivery. Medical officers have unconditional support from their family members, without which it will be harder for the medical officers to function in tribal areas. All the medical officers and their family members are deprived of attractive city life, good quality of education for children and recreation facilities for family.

This CME program was proposed by National Health Mission Government of Maharashtra as an incentive and acknowledgement of Medical officers working in identified 72 PHCs in very remote tribal area and their family members' contribution towards tribal health care.

The purpose of CME was not only to update their knowledge but also to give them an opportunity to relax and enjoy the cultural activity in comfortable atmosphere along with their family. This will give a boost for their day to day working at tribal places.

The Medical officers from Amravati, Gondia, Gadchiroli, Nandurbar, Nanded, Nashik, Chandrapur, Palghar, Dhule, Thane and Yavatmal district participated in this CME.

Generally nhm invites tenders from recognized medical agencies to conduct such workshops in a 5 star hotel within Maharashtra or outside Maharashtra.

Approved Budget and Expenditure for CME – Year 2023-24 PIP

F.M.R.Code	Budget Approved in PIP 2023-24	April 2023 to March 2024
183	52.00	0.00

F.M.R.Code	Budget Approved in PIP 2022-23	Expenditure
1.1.7.1	64.00	0.00

F.M.R.Code	Budget Approved in PIP 2021-22	Expenditure
1.1.7.1	64.00	9.51

F.M.R.Code	Budget Approved in PIP 2020-21	Expenditure
1.1.7.1	64.00	0.00

F.M.R.Code	Budget Approved in PIP 2019-20	Expenditure
1.1.7.1	32.00	0.00

HEALTH ADVICE CALL CENTER (TOLL FREE 104)

Introduction:

The Health Advice Call Centre (HACC) of 22 seats has been in operation for the Maharashtra state at Chest Hospital, Aundh, Pune. The health advice is given to caller on dialing simply 3-digit toll free number '104' from any landline or mobile phone from anywhere in the state.

Structure of Project:

The advice is given to caller in Marathi, Hindi and English as per request of caller. The specialist's advice by Pediatrician, Gynecologist, Surgeon, Physician and Public Health Specialists is provided 24x7 to the caller.

Objectives and Implementation Strategy:

HACC guides health personnel's for timely referral, proper intervention and managements of the patients and also for effective implementation of National Health Programs.

The algorithms are prepared in consultation with State Programme Officers, experts from Medical Colleges and members from Technical Advisory Committee. The call centre is rendering advice to ANM's, MPW, ASHA workers, RBSK team and Medical Officers of Primary Health Centre, Mobile Medical Unit and Rural Hospital.

The centre is found to be very useful for giving instructions to the Health care providers during Epidemics and other various health campaigns in the state.

Objectives:

- To Provide 24x7 free Medical advice for treatment on minor ailments and Health program Information to ASHA, ANM& other Health Care Providers.
- To Provide Specialist medical advice to medical officers of PHC/CHC on various medical conditions & emergencies for proper management.
- To give guidance to the Medical and Paramedical Health Care Providers for RBSK Program (Examination, referral & treatment) and for effective implementation of Various National & State Health Program.
- To provide 24x7 Technical support to Health Care Providers for smooth and effective health care.
- To Provide Information to Health Care Providers for quick action in epidemic outbreaks, disasters, natural calamities and in major accidents. .
- To Provide Directory Information of hospitals/Institutes regarding various services / Facility including Blood bank and Eye bank for proper and early referral.
- To provide guidance to Mobile Medical unit, Medical officer & RBSK team.
- Guidance to NGO of sickle cell disease for effective implementation of program.
- Blood on Call service for quick and proper supply of blood to avoid morbidity and mortality of patients.
- Grievance Redressal service for non-availability of medicine and prescription of test/medicine from outside which extended for the public & frontline Health Workers.
- To provide Mental Health Helpline facility - psychological support to people who are depressed, mentally ill etc.
- To Provide Support for RBSK Program.
- To provide the Counseling services under the National Health program of –Early Childhood development (ECD) covering the first 1000 days of a child right from its conception for its parents

Structure:

The 29 seats of HACC are distributed as follows:

Sr. No.	Seats	For Program
1	10	To provide information and counseling for ECD (7 counselors + 3 Call Centre agents)
2	02	To provide counseling service under Mental Health Program

3	17	General seats including RSKS, Grievance redressal
TOTAL	29	

FUNCTIONALITY:

Who can call?

- Medical Officers working in public health department, ASHA, ANM, medical officers working in PHC, RBSK, MMU, other staff like CHO, MPW, LHV working in health department for getting information and specialist opinion.
- General public for availing services of counseling under Mental Health Program, RSKS, for registering grievances.
- These services are provided in Marathi, English and Hindi languages.

Distribution of work:

- Information regarding calls received, grievances registered is provided by HACC to deputy directors, civil surgeons, district health officers, district program managers and PPP coordinator on daily basis.

Performance of HACC

YEAR	ASHA	ANM	MO	MH	Early Childhood development (ECD)	SUMAN	GR	BoC	OG Calls	Others	Total Calls
2019-20	47460	6980	2130	8563			9095	20540	11441	121475	227684
2020-21	21400	4461	5535	3354			3450	18149	55511	414608	526468
2021-22	20994	1369	1892	513747	2481	3725	0	4886	1988	122416	20994
2022-23	51103	1950	1914	4269	68311	81	5936	0	686873	46623	867060
2023-24	10915	1665	774	6072	69365	145	6777	0	718947	107075	921735
2024-25 Upto Dec 24	30467	973	874	2909	2909	11	4070	0	637883	609883	637883

5.12 RUGNA KALYAN SAMITI, ANNUAL MAINTENANCE GRANT, UNTIED FUND & VHNSC

Rugna Kalyan Samiti AMG & Untied Funds

Objective of RKS :-

- To improve the health services provided by hospital & its outreach fields.
- To monitor the process of implementation of National Health Program.
- To organize outreach services/ health camps at facilities under the jurisdiction of the health institution.
- To ensure that Government Health services are provided as per minimum requirement and to understand the response of beneficiaries regarding.
- To support hospital in terms of donation or other financial activities.
- To utilize the available fund by decentralization method.
- To do all needful procedures for patients to make available sufficient qualitative services required.

Composition of GB and EC as per GR :-

Sr.No	Level of Committee	Committee Members	Government Body	Executive Committee
1.	District Hospital Committee	Chairman	District Magistrate	Civil Surgeon
		Co- Chairman	Chief Executive Officers, Zilla Parishad	Nil
		Member Secretary	Civil Surgeon /Hospital in-charge	Senior Medical Officer/ RMO (Clinical)
2.	Sub- District Hospital & Rural Hospitals	Chairman	Civil Surgeon	Office in-charge of the hospital/ medical supdt.
		Co- Chairman	SDO , Revenue Sub division	Residential Medical Officer (Outreach)
		Member Secretary	Medical superintendent of the hospital	Medical officer of the hospital nominated by officer
3.	Primary Health Center	Chairman	Z.P. Members for Jurisdiction of PHC	Block Health officer
		Member Secretary	In-charge MO of the PHC	MO of the PHC
4.	Sub Center JAS	Chairman	Local PRI Member/ Gram Panchyat Sarpanch	
		Member Secretary	Community Health officer (CHO)	
5.	VHNSC	Chairman	Local PRI Member/ Gram Panchyat Sarpanch	
		Member Secretary	ASHA Workers	

RKS Meeting Norms -

Structure	Meetings	Particular
Governing Committee:	One year two Meeting should be taken-	1st GB Meeting on last week of Monday in June. 2nd meeting on last week of Monday in January.
Executive Committee:	Six Meeting per year.	Once in every two Month.
Jan Aarogya Samiti	Per Year 12 Meeting	At least once every month on a fixed day.

❖ Institutes wise Norms for Untied fund :-

Sr.no	Institute	Institute No.	RKS Fund	Annual Fund	Untied Fund	Total
1	District Hospital	23	5.00	0.00	5.00	10.00
2	Mental Hospital	4				
3	Regional Referral Hospital	2				
4	General Hospital	8				
5	Tuberculosis Hospital	4	5.00	0.00	0.00	5.00
6	Leprosy Hospital	3				
7	Orthopedic Hospital	1				
8	Geriatric care	1				
9	Sub District Hospital (१००+)	43	2.00	2.00	1.00	5.00
10	Women Hospital (१००+)	21				
11	Sub District Hospital (५०-६०)	65	1.00	1.00	0.50	2.50
12	Women Hospital (५०-६०)	4				
13	Rural Hospital	371	1.00	1.00	0.50	2.50
14	Primary Health Center	1908	1.00	0.50	0.25	1.75
15	AB-HWC Sub Center	9886	0.00	0.00	0.50	0.50
16	Non- HWC Sub Center	866	0.00	0.00	0.20	0.20
17	VHNSC	39883	0.10 Per Institute			0.10
18	Own Building PHUs	640	0.45 Per Institute			0.45
19	Rented Building PHUs	131	0.20 Per Institute			0.20
20	NUHM (UPHC)	381	1.75 Per Institute			1.75
21	NUHM (UCHC)	24	2.50 Per Institute			2.50

❖ **Institutes wise Norms for Untied fund :-**

- District Hospital (23), General Hospital (6), Regional Referral Hospital (2), Mental Hospital (4) Rs.10.00 Lakh per Institute.
- Tuberculosis Hospital (4), Leprosy Hospital (3), Orthopedic Hospital (1) & Geriatric care (1) Rs. 5.00 Lakhs Per Institute.
- Sub District Hospital (35) & Women Hospital (9.) (100+ Bedded Hosp.) Rs. 5.00 Lakhs per Institute.
- Sub District Hospital (58) & Women Hospital (5) (50 to 60 Bedded Hosp.) Rs. 2.50 Lakhs per Institute.
- Rural Hospital (365) Rs. 2.50 lakhs per Institute.
- Primary Health Center (1839) Rs. 1.75 Lakhs per Institute.
- AB-HWC Sub Center (8399) Rs. 0.50 Lakhs per Institute.
- Non- HWC Sub Center (2274) Rs. 0.20 Lakhs per Institute.
- VHNSC (39723), Rs. 0.10 Lakhs per Samiti.
- Own Building PHUs (670), Rs. 0.45 Lakh per Institute.
- Rented Building PHUs (114) Rs. 0.20 Lakh per Institute.
- NUHM (UCHC) (29) Rs. 2.50 Lakh Per Institute.
- NUHM (UCHC) (651) Rs. 1.75 Lakh Per Institute.

❖ **Program Related GR/ Circular:-**

1. Constitution of Rugna Kalyan Samiti- (Hospital Management Committee) GR No. NRHM 2005/ 744/ CR -426/ PH-6 Date- 30th December, 2005
2. Corrigendum No. NRHM 2008/ 744/ CR-426/PH-6 Date- 4th May 2006
3. Government addendum No. NRHM 2005/ 744/ CR-426 / PH6, Date- 9th January 2007
4. Constitution of Rugna Kalyan Samiti- (Hospital Management Committee) In Primary Health Centers GR No. NRHM 2005/ 744/ CR -426/ PH-6 Date- 31st January, 2007
5. RKS Involvement in MLA/ MLS Letter No.राग्राआ २००८/ प्रक्र ९०/ आरोग्य- ७ अ, दि. १ जुलै, २००८
6. RKS Chairperson in GB Block Development Officer- Corrigendum No. NRHM 2007/ CR NO. 44/ PH7A, Date - 28 July 2009.
7. RKS Revised Structure GB (Hospital Management Committee) शासन निर्णय क्र. एनएचएम ११२०/ प्र.क्र ७८/ आरोग्य- ७, दि. २६ ऑगस्ट, २०२०
8. User Charges deposit to RKS Account in Institute level शासन निर्णय क्र. एनएचएम ११२०/ प्र.क्र ८३ / आरोग्य- ७, दि. २८ जुलै, २०२१
9. JAS implementation and of AB-HWC Sub Center and Primary Health Center GR Dated on 23 Nov, 2022

❖ **Roll and Responsibilities of RKS Members**

1. Review of OPD & IPD Performance of the Hospitals in the last Month.
2. Service delivery targets for the next Month.
3. Review of outreach services.
4. Report submission of monitoring committee.

❖ **Uses of RKS, AMG, and UF Fund are as Follows:-**

RKS Fund is utilized for:-

- Purchase of retail medicines for poor & Needy patients.
- Laboratory tests outside hospital
- Providing referral services to Poor Patients.
- Provision clothes to poor patients and pregnant women/newborn.
- Provision of Drinking water facility to patients
- Sitting arrangement in waiting room for patients
- Install Solar power when hot water is available for in patients
- Minor Repairs and Maintenance for Kitchen / Hospice.
- Arranging food for poor patients.
- Purchase of essential equipment if not available in the Hospital
- Other innovative schemes.

AMG Fund is utilized for:-

- Cleaning and Maintaining a toilets of hospitals.
- Repairs & maintenance of Septic tank.
- Proper disposal of sewerage by repairing & drainage
- Cleaning the drinking water tank, and fixing water supply line.
- Repair the wash Basins.
- Provision of basins for hand washing.
- Cleanliness of washrooms, by making necessary repairs to the building.
- Repairs of furniture / doors/ windows (Furniture works)
- Destruction of mosquito breeding sites.
- Keeping premises clean.

UF Fund is utilized for:-

- Purchase of medicine which is urgently required & if not available
- Purchase of furniture/ curtains/ mattresses.
- Provide referral services to the patients in case of emergency.
- Purchase of lab materials.
- Implementation of Innovative schemes to enhance the quality for the hospitals
- Purchase of Furniture/ Curtains/ beds/ dressing Materials etc.
- Spending for Xeroxing and Stationary

❖ Year Wise Physical & Financial Achievement F.Y.2019-20

Sr. No.	Dist. Name	Total Institute	Governing Body Meeting		Executive Committee Meeting		Approved Budget	March 2020 Exp.	%
			Target	Progress	Target	Progress			
1	Thane	43	92	74	264	196	54.05	34.79	64.37
2	Raigad	67	132	74	380	93	14.10	10.15	71.99
3	Palghar	57	114	6	326	8	25.85	20.16	77.99
4	Nashik	137	274	32	822	79	18.80	14.70	78.19
5	Dhule	49	98	76	288	204	44.65	35.43	79.35
6	Nandurbar	73	146	74	438	221	39.95	31.86	79.75
7	Jalgaon	98	196	194	588	398	21.15	17.10	80.85
8	Ahmadnagar	124	244	234	732	672	14.10	11.81	83.76
9	Pune	125	250	195	750	416	37.60	32.20	85.64
10	Solapur	94	188	0	564	0	16.45	14.15	86.02
11	Satara	90	176	118	540	292	11.75	10.12	86.13
12	Kolhapur	98	192	194	582	582	18.95	16.45	86.81
13	Sangli	74	148	143	444	397	14.10	12.35	87.59
14	Sindhudurg	49	98	51	294	150	9.40	8.36	88.94
15	Ratnagiri	80	160	75	480	111	16.45	14.79	89.91
16	Aurangabad	64	132	110	390	234	54.05	48.71	90.12
17	Jalna	51	102	92	306	268	28.20	25.50	90.43
18	Parbhani	42	84	74	256	149	30.55	27.79	90.97
19	Hingoli	31	62	45	186	132	28.20	25.91	91.88
20	Latur	59	118	62	354	165	23.50	21.73	92.47
21	Osmanabad	55	110	107	330	289	18.80	17.65	93.88
22	Beed	65	130	99	390	200	32.90	31.24	94.95
23	Nanded	83	166	166	498	320	23.50	22.67	96.47
24	Akola	38	74	69	222	142	23.50	22.82	97.11
25	Amarawati	77	154	138	462	317	18.80	18.27	97.18
26	Buldhana	69	138	128	414	327	35.25	34.49	97.84
27	Washim	33	66	63	198	179	16.45	16.42	99.82
28	Yawatmal	80	146	117	480	344	23.50	23.48	99.91
29	Nagpur	63	126	108	378	305	18.80	18.80	100.00
30	Wardha	38	76	71	228	170	23.50	23.50	100.00
31	Bhandara	43	86	81	258	256	28.20	28.20	100.00
32	Gondia	52	104	103	306	262	23.50	24.91	106.00
33	Chandrapur	71	374	129	426	289	32.90	36.10	109.73
34	Gadchiroli	60	113	114	366	252	21.15	34.80	164.54
Total State		2332	4869	3416	13940	8419	862.60	787.41	91.28

Year Wise Physical & Financial Achievement F.Y...2020-21

Sr. No.	Dist. Name	Total Institute	Governing Body Meeting		Executive Committee Meeting		Approved Budget	March 2021 Exp.	%
			Target	Achievement	Target	Achievement			
1	Thane	46	92	79	276	164	216.85	166.89	76.96
2	Raigad	67	134	79	402	98	341.82	248.20	72.61
3	Palghar	57	114	116	342	260	257.96	239.05	92.67
4	Nashik	137	274	110	816	366	581.55	346.70	59.62
5	Dhule	48	96	86	288	252	184.33	88.24	47.87
6	Nandurbar	73	146	99	438	211	283.10	197.05	69.60
7	Jalgaon	99	198	176	594	309	409.97	249.32	60.81
8	Ahmadnagar	124	248	219	744	649	525.48	309.39	58.88
9	Pune	125	250	144	750	223	547.69	454.07	82.91
10	Solapur	94	188	83	564	191	342.69	302.81	88.36
11	Satara	90	178	82	540	178	440.43	413.27	93.83
12	Kolhapur	98	196	193	588	578	388.74	359.74	92.54
13	Sangli	77	154	142	462	386	310.68	286.98	92.37
14	Sindhudurg	49	98	97	294	270	216.17	206.09	95.34
15	Ratnagiri	80	160	124	480	170	355.83	283.54	79.68
16	Aurangabad	65	130	70	390	154	278.80	120.88	43.36
17	Jalna	51	102	80	306	199	236.57	148.85	62.92
18	Parbhani	42	84	64	252	149	201.71	77.83	38.59
19	Hingoli	32	62	44	186	109	175.67	143.25	81.54
20	Latur	59	116	82	354	83	261.41	242.50	92.77
21	Osmanabad	55	110	110	330	282	233.47	189.48	81.16
22	Beed	65	130	73	390	119	316.02	188.36	59.60
23	Nanded	83	166	0	498	0	415.71	361.38	86.93
24	Akola	38	76	74	228	210	187.29	146.17	78.04
25	Amarawati	77	154	145	462	327	411.04	380.98	92.69
26	Buldhana	69	138	136	414	359	320.61	215.43	67.19
27	Washim	33	66	66	198	196	168.05	130.11	77.42
28	Yawatmal	83	166	76	498	282	417.14	240.95	57.76
29	Nagpur	64	128	125	384	348	351.85	275.21	78.22
30	Wardha	38	76	72	228	129	206.78	159.42	77.10
31	Bhandara	43	86	82	258	226	208.65	198.23	95.01
32	Gondia	51	104	53	306	245	244.24	230.88	94.53
33	Chandrapur	71	142	116	426	278	330.94	324.49	98.05
34	Gadchiroli	62	124	120	372	245	328.44	301.72	91.86
Total State		2345	4686	3417	14058	8245	10697.68	8227.46	76.91

Year Wise Physical & Financial Achievement F.Y.2021-22

Sr. No.	Dist. Name	Total Institute	GB Meeting		EC Meeting		Approved Budget	Progress EXP. Up to March 2022	%
			Target	Progress	Target	Progress			
1	Thane	46	92	55	276	147	281.00	201.57	71.73
2	Raigad	66	134	77	402	111	407.60	247.93	60.83
3	Palghar	58	116	67	342	195	325.00	312.77	96.24
4	Nashik	144	288	105	858	289	709.16	247.84	34.95
5	Dhule	48	96	85	288	208	246.95	150.20	60.82
6	Nandurbar	75	150	90	450	185	358.60	170.67	47.59
7	Jalgaon	99	198	83	594	147	513.35	333.93	65.05
8	Ahmadnagar	124	248	159	744	553	626.19	440.19	70.30
9	Pune	125	250	135	750	211	684.90	230.19	33.61
10	Solapur	94	188	84	564	150	471.05	368.50	78.23
11	Satara	90	178	92	540	178	517.70	321.47	62.10
12	Kolhapur	99	196	151	588	490	530.65	397.31	74.87
13	Sangli	77	154	111	462	341	383.60	197.29	51.43
14	Sindhudurg	49	98	59	294	197	275.40	268.12	97.36
15	Ratnagiri	80	160	104	480	211	422.85	167.68	39.65
16	Aurangabad	65	130	82	390	150	361.51	144.36	39.93
17	Jalna	54	108	48	324	155	361.56	116.00	32.08
18	Parbhani	42	84	45	252	88	273.65	70.00	25.58
19	Hingoli	31	60	34	180	101	204.55	108.78	53.18
20	Latur	59	116	60	354	137	319.05	170.65	53.49
21	Osmanabad	57	112	60	336	169	287.75	146.71	50.99
22	Beed	65	130	58	390	67	405.65	152.05	37.48
23	Nanded	83	166	69	498	128	498.49	484.09	97.11
24	Akola	38	76	46	228	136	242.70	168.12	69.27
25	Amarawati	77	154	103	462	242	514.20	119.57	23.25
26	Buldhana	69	138	98	414	281	423.45	209.00	49.36
27	Washim	33	66	51	198	140	202.17	101.99	50.45
28	Yawatmal	83	166	54	498	208	503.84	243.40	48.31
29	Nagpur	67	134	92	402	263	437.93	379.74	86.71
30	Wardha	39	78	62	234	142	258.13	122.90	47.61
31	Bhandara	43	86	43	258	155	255.71	161.46	63.14
32	Gondia	51	104	57	306	172	303.54	269.15	88.67
33	Chandrapur	70	140	91	420	221	397.35	318.05	80.04
34	Gadchiroli	62	124	80	372	193	400.83	320.22	79.89
Total District		2362	4718	2690	14148	6761	13406.06	7861.90	58.64

Year Wise Physical & Financial Achievement F.Y.2022-23

Sr. No.	Dist. Name	Total Institute	GB Meeting		EC Meeting		Approved Budget	Progress EXP. Up to March 2023	%
			Target	Progress	Target	Progress			
1	Thane	48	92	89	276	205	237.73	157.40	66.21
2	Raigad	66	134	85	402	148	321.67	271.30	84.34
3	Palghar	58	116	76	342	322	264.90	141.45	53.40
4	Nashik	141	288	245	858	687	578.83	371.17	64.12
5	Dhule	49	96	86	288	251	195.80	102.69	52.45
6	Nandurbar	73	150	79	450	136	272.04	135.88	49.95
7	Jalgaon	98	198	106	594	295	402.82	173.53	43.08
8	Ahmadnagar	123	248	247	744	732	491.50	300.80	61.20
9	Pune	126	250	147	750	260	544.52	433.94	79.69
10	Solapur	94	188	130	564	221	358.27	253.74	70.82
11	Satara	90	178	142	540	383	396.05	334.12	84.36
12	Kolhapur	98	196	196	588	588	401.75	406.95	101.29
13	Sangli	73	154	155	462	443	278.25	177.53	63.80
14	Sindhudurg	49	100	100	300	298	217.12	203.28	93.63
15	Ratnagiri	80	160	148	480	413	351.57	320.23	91.09
16	Aurangabad	66	130	93	390	328	282.14	156.26	55.38
17	Jalna	54	108	104	324	307	237.69	154.25	9.04
18	Parbhani	43	84	82	252	172	212.21	164.90	22.43
19	Hingoli	31	60	62	180	142	154.47	118.65	27.45
20	Latur	61	116	119	354	293	242.70	219.79	26.13
21	Osmanabad	57	112	78	336	265	220.13	151.48	18.35
22	Beed	69	130	130	390	253	311.71	223.18	14.20
23	Nanded	84	166	21	498	134	380.84	514.94	25.71
24	Akola	38	76	44	228	194	189.90	158.84	16.84
25	Amarawati	77	154	146	462	359	394.47	239.87	16.20
26	Buldhana	69	138	138	414	345	317.91	213.10	18.97
27	Washim	33	66	68	198	195	155.04	0.00	20.07
28	Yawatmal	79	166	146	498	416	391.04	311.87	13.53
29	Nagpur	68	134	38	402	105	332.03	302.11	40.69
30	Wardha	39	78	74	234	184	199.39	136.69	5.76
31	Bhandara	43	86	58	258	156	196.87	166.12	23.22
32	Gondia	51	104	11	306	81	236.19	192.83	46.15
33	Chandrapur	70	140	140	420	336	319.24	305.40	22.53
34	Gadchiroli	61	124	117	372	256	318.30	257.17	27.72
Total State		2359	4720	3700	14154	9903	10405.09	7771.43	74.69

Year Wise Physical & Financial Achievement F.Y. 2023-24 (March)

. No .	Dist. Name	Total Institutes	GB+EC+JAS Meeting Target	Achievement	%	Approved Budget	Prioritization on Budget	Exp. March. 2024	%
1	Thane	158	1704	869	51.00	286.61	234.04	188.13	80.38
2	Raigad	222	2396	1881	78.51	430.34	321.23	263.82	82.13
3	Palghar	306	3440	2694	78.31	350.04	262.27	290.62	110.81
4	Nashik	571	6280	3345	53.26	742.85	578.89	581.68	100.48
5	Dhule	230	2564	2500	97.50	274.64	202.12	145.78	72.13
6	Nandurbar	350	3896	506	12.99	374.98	271.90	214.79	79.00
7	Jalgaon	428	4744	3888	81.96	533.36	402.72	318.68	79.13
8	Ahmadnagar	614	6872	5308	77.24	658.02	488.40	410.55	84.06
9	Pune	635	7120	5205	73.10	718.63	542.75	396.77	73.10
10	Solapur	374	4112	3523	85.68	476.06	357.86	307.70	85.98
11	Satara	413	4596	3032	65.97	530.98	393.91	379.24	96.28
12	Kolhapur	474	5296	3211	60.63	527.37	401.38	408.78	101.84
13	Sangli	376	4200	3816	90.86	379.38	281.09	321.80	114.48
14	Sindhudurg	205	2264	2170	95.85	302.83	217.11	214.15	98.64
15	Ratnagiri	321	3532	2596	73.50	467.67	350.16	333.64	95.28
16	Sambhajinagar	295	3280	2065	62.96	374.31	288.47	209.55	72.64
17	Jalna	244	2712	682	25.15	313.79	236.55	122.84	51.93
18	Parbhani	238	2688	1250	46.50	279.04	209.29	163.87	78.30
19	Hingoli	157	1760	1574	89.43	205.29	153.33	131.13	85.52
20	Latur	254	2792	1203	43.09	331.76	247.86	221.25	89.27
21	Dharashiv	232	2556	2224	87.01	285.59	219.97	186.84	84.94
22	Beed	309	3432	1655	48.22	413.61	310.23	228.48	73.65
23	Nanded	383	4248	4061	95.60	510.28	379.75	304.00	80.05
24	Akola	181	2020	1881	93.12	245.67	189.68	165.00	86.99
25	Amravati	364	4060	2891	71.21	514.66	390.55	373.49	95.63
26	Buldana	249	2712	2423	89.34	423.81	318.75	272.75	85.57
27	Washim	123	1344	1037	77.16	204.45	150.25	102.56	68.26
28	Yawatmal	407	4552	2814	61.82	527.34	396.69	413.33	104.19
29	Nagpur	269	2956	2388	80.78	441.59	332.15	346.13	104.21
30	Wardha	187	2088	1726	82.66	265.53	198.49	176.45	88.90
31	Bhandara	195	2168	1405	64.81	261.88	195.94	185.88	94.87
32	Gondia	258	2892	2040	70.54	310.02	235.41	304.28	129.26
33	Chandrapur	318	3516	3130	89.02	433.91	325.79	316.92	97.28
34	Gadchiroli	317	3556	2035	57.23	423.14	319.66	414.83	129.77
Total			10657	118348	83028	70.16	10404.60	9415.71	90.50

Some Important

- RKS is a registered body under Charity Commission Act.
- Delegated powers to RKS & District Health Societies to plan and implement activities as per their needs.
- Planning and monitoring process of RKS should be through Governing body & Executive committee decisions
- RKS can raise money through Donations & Bank Interest.
- RKS is expected to facilitate better service delivery in the institutions.
- Any change in the membership of Governing and Executive Committee members could be done only with the prior approval of Charity Commissioner's Office.
- Annual Maintenance Grants are distributed for maintenance of physical Infrastructure of health institutions.

- GOI has directed to use the Annual Maintenance grants in that institute which are Functional in their own building.
- Major part of the Annual Maintenance grant should be spent to do minor repairs and strengthening of the building and doing cleanliness activities.
- Untied funds have been provided to the institutions up to Village health nutrition sanitation & water supply Committees, Sub Centers, PHCs, CHCs, and PHU to promote local health action.
- Necessity of Untied Fund has been felt mainly due to unavailability of funds for undertaking any innovative need based activity.

Village Health Nutrition Sanitation Committee

Objective of the VHNSC

1. To provide an institutional mechanism of the community to be unformatted of health programmers and government initiatives and to participate in the planning and implementation of these programmers, leading to better outcomes.
2. To provide platform for convergent action on social determinants and all public service direct to indirect related to health
3. To provide an institutional mechanism for the community to voice health needs
4. To empower panchayats with the understanding and mechanisms required for them to play their role.
5. To provide support and facilitation to the community health workers.

Activities and Out Come of VHSNC

- Monthly Meeting
- Accounting for the untied village fund
- Management of untied village Health fund
- Record Maintenance
- Monitoring and facilitating access to essential public services
- Organizing local collective action for health promotion
- Facilitating service delivery in the village
- Community of Health care facilities
- Village Health Planning

VHNSC Fund is utilized for:-

- Preparation of Village Health Plan
- Organization of Village Health & Nutrition Day
- Gram-Sabha organized for health issues
- Purchases for Organizing Village health day
- Nutritional schemes for malnourished children
- Transporting pregnant women for delivery if not available for government vehicle
- Transporting other patients for treatment
- Organization of Health Awareness activities
- Purchase of TCL for safe water supply (in Kilo)
- Repairs of water supply

Year Wise Financial Progress for VHNSC Program

Financial Year	Total No. of VHNSC	Target of Meeting	Conducted VH NSC Meeting	% of Meeting	Approved Budget (in Lakhs)	Exp.	% Exp.
2018-19	39846	478152	245908	51.43	3984.60	3314.45	83.20
2019-20	39788	477456	109142	22.85	1524.47	706.24	46.33
2020-21	39770	477240	281860	59.06	3977.00	2935.42	73.81
2021-22	39770	477180	312247	65.44	3977.00	2088.96	52.53
2022-23	39723	476676	325132	68.21	2979.23	1879.14	55.05
2023-24	39723	476676	302938	63.55	2979.23	2429.25	81.20
2024-25 upto Dec 24	39883	478596	294078	61.45	3988.30	853.54	36.46

Uses of RKS, AMG, and UF & VHNSC Fund are as Follows:-

Purchase of medicine to poor patients, laboratory test, Referral transportation for poor patients, Food facility for patients, Cloths to patients/ newborn for delivery patients, purchase of essential equipment if not available in the Hospital, Repairs & maintenance of hospital building & quarters, Repairs & maintenance of water supply & drainage, Repairs of furniture / doors/ windows/ instrument / equipment/ delivery table etc. Purchase of dressing material (bandage/ cotton), Transport of women in labor, other innovative schemes, Minor Civil works, Maintenance of computers & other office equipment & other maintenance expense

• **VHNSC & JAS Member Training 2024-25**

Sr.no.160,161,162 VHNSC/JAS/RKS Training Status Upto Dec.-2024					
Sr.no.	District	VHNSC Training Physical Status		JAS Training Physical Status	
		Total Target	Conduct Batch	Total Target	ConductBatch
1	Thane	5	2	5	2
2	Raigad	6		6	
3	Palghar	7	7	6	6
4	Nashik	7		6	
5	Dhule	6		5	2
6	Nandurbar	6		6	
7	Jalgaon	6		6	
8	Ahmadnagar	7		6	
9	Pune	6		6	
10	Solapur	6		6	
11	Satara	6		6	
12	Kolhapur	6		6	
13	Sangli	5		6	
14	Sindhudurg	6	2	5	4
15	Ratnagiri	6		6	2
16	Sambhajinagar	6		6	
17	Jalna	6		5	
18	Parbhani	6		5	
19	Hingoli	5		5	
20	Latur	6		5	
21	Dharashiv	5		5	
22	Beed	7	2	6	2
23	Nanded	7		6	
24	Akola	5		5	
25	Amarawati	7	1	6	2
26	Buldhana	6	6	6	
27	Washim	5		5	
28	Yawatmal	7		6	
29	Nagpur	6	1	6	
30	Wardha	6		5	
31	Bhandara	5		5	
32	Gondia	6		6	
33	Chandrapur	6		6	2
34	Gadchiroli	6		6	
	Total	204	21	192	22
35	JAS TOT Batches PHI	0	0	1	0
	Grand Total	204	21	193	22

5.13 SICKLE CELL DISEASE CONTROL PROGRAM

Sickle Cell anemia is a serious condition in which the red blood cells can become sickle- shaped (that is, shaped like a "C"). Normal red blood cells are smooth and round like a doughnut without a hole and they move easily through blood vessels to carry oxygen to all parts of the body while Sickle-shaped cells do not move easily through blood; they are stiff and sticky, and tend to form clumps and get stuck in blood vessels. The clumps of sickle cells block blood flow in the blood vessels to the limbs and organs. Blocked blood vessels can cause pain, serious infections and organ damage (pain crisis & respiratory infections)

Sickle cell is more prevalent in tribal population as compared to general population. Sickle cell disease has no curative treatment.

Types of Sickle cell:

Sickle cell trait/carrier – HbS less than 40% (These persons are quite healthy but responsible for disease transmission in next generation)

Sickle cell disease/Sufferer – HbS more than 40% and patients are at risk of bacterial infection, Joint pain and vital organ failure.

- Sickle cell Control program is implemented since 2008 in 21 Districts of Maharashtra including all tribal districts like Thane , Nashik , Nandurbar , Amravati , Gondia, Gadchiroli, Palghar , Nagpur, Wardha , Chandrapur , Bhandara, Yavatmal , Dhule, Jalgaon , Nanded, Buldhana , Washim, Akola, Aurangabad , Raigad & Hingoli
- Government of India has recently launched National Sickle Cell Mission under which mass screening has to be done in all districts.
- GOI has also launched a sickle cell portal on which the screening data should be entered by each district.
- District Sickle Cell Co-ordinator, Sickle Cell Counsellor, Laboratory Technician, Taluka Sickle Cell Program Assistant, Peer Support are manpower approved for screening, treatment and awareness in the district level.

Objectives of the program:

- 1) Awareness and information regarding Sickle Cell Disease transmission in next generation & its prevention. (By counselling & IEC)
- 2) Screening facilities at PHC, RH & DH by Solubility testing.
- 3) Confirmation of Sufferer / Carrier by HPLC testing
- 4) Issuing Yellow cards to carriers and Red cards to sufferers. (By ASHA/ANM)
- 5) Improvement of Quality of life of diseased by regular treatment (Hydroxyurea & Bloodtransfusion as per need)
- 6) Marriage-Counselling of carrier and Sufferer (By ASHA/ANM)
- 7) Prenatal diagnosis of targeted ANC's to avoid new birth of sickle cell disease.

Services provided under sickle cell disease control program:

- Free Solubility testing as screening test.
- HPLC Test for confirmation by HLL.
- Counseling (Transmission of disease, prevention, diagnosis & management)
- Prophylactic & Symptomatic treatment to be provided (like Hydroxyurea & Folic Acid)
- Regular Health checkup of patients on Hydroxyurea (CBC, LFT, KFT) & follow up of Sufferer (Done by ASHA/ANM)
- Free Blood transfusion to Sickle cell Sufferer as per need
- In current year PIP 2022-24, funds of Rs. 175 lakhs for Inj pneumococcal vaccine is approved.
- In Sanjay Gandhi Niradhar Yojna GR dated 03 Nov 2018 Rs. 1000/- monthly will be given to sickle cell patients as support. Sickle cell disease is included in MJPJAY/PMJAY with yearly insurance of Rs. 5 Lakh per Family for Hip replacement due to AVN of Head of femur.
- IEC in the form of Day celebration on 19th June and sickle cell week celebration from 11th Dec to 17th Dec in all 21 districts.

Institutions involved at districts in Sickle cell Disease Control Program

Sr. No.	Name of District	No. of PHC'S	No. of RH/SDH	No. of DH	No. of WH	No. of Medical College
1	Thane	33	8	1	0	1
2	Palghar	46	12	1	0	0
3	Nashik	104	28	1	1	0
4	Nandurbar	58	14	1	0	0
5	Amravati	56	13	1	1	0
6	Gondia	40	11	1	1	0
7	Gadchiroli	47	12	1	0	0
8	Nagpur	49	11	0	1	2
9	Wardha	27	8	1	0	0
10	Chandrapur	58	13	1	0	0
11	Bhandara	33	9	1	0	0
12	Yavatmal	63	17	0	0	1
13	Dhule	41	8	1	0	1
14	Jalgaon	77	20	1	0	0
15	Nanded	65	16	0	0	1
16	Washim	25	6	1	0	0
17	Akola	30	6	0	1	1
18	Buldhana	52	15	1	0	0
19	Aurangabad	50	13	0	0	1
20	Raigad	52	13	1	0	0
21	Hingoli	24	4	1	0	0
Total		1030	257	16	5	8

Manpower provided at districts level in Sickle Cell Disease Control Program

Sr. No.	Name of District	District Sickle Cell Coordinator	No. of Lab Technicians in Electrophoresis testing centers	Taluka Sickle cell Assistant in new districts	No. of Counsellor in Day Care Centre	No. of Lab Technician in Day Care Centre
1	Thane	1	2	2	0	0
2	Palghar	1	3	0	1	1
3	Nashik	1	4	7	1	1
4	Nandurbar	1	4	3	1	1
5	Amravati	1	7	7	2	2
6	Gondia	1	5	0	2	2
7	Gadchiroli	1	7	0	1	1
8	Nagpur	1	6	0	1	1
9	Wardha	1	5	0	1	1
10	Chandrapur	1	5	0	1	1
11	Bhandara	1	6	0	1	1
12	Yavatmal	1	5	8	0	0
13	Dhule	1	4	2	0	0
14	Jalgaon	1	7	7	1	1
15	Nanded	1	6	8	0	0
16	Washim	1	2	3	1	1
17	Akola	1	3	3	1	1
18	Buldhana	1	5	6	1	1
19	Aurangabad	1	4	4	0	0
20	Raigad	1	4	4	1	1
21	Hingoli	1	2	2	1	1
Total		21	96	66	22	77

Year wise Physical Progress

Year	Total test performed	Total Sufferers	Total Carriers
2019-20	1050225	1517	10413
2020-21	765141	344	6105
2021-22	953990	933	10237
2022-23	882873	1838	15720
2023-24	2678245	2417	27172
2024-25 Upto December 2024	2472743	2622	32058

Sickle Cell Districtwise Performanc

Physical Performance under sickle cell disease control programme							
(April 2019 to March 2020)					(April 2020 to March 2021)		
Sr. No.	District	Sufferers	Carries	Solubility Test	Sufferers	Carries	Solubility Test
1	Thane	16	92	14620	2	9	24845
2	Palghar	65	249	7321	17	286	29656
3	Nashik	57	155	378465	0	0	0
4	Nandurbar	94	542	23589	12	110	26031
5	Amravati	85	346	20382	50	629	96199
6	Gondia	176	1176	13338	29	325	25027
7	Gadchiroli	104	65	82822	30	846	40103
8	Nagpur	291	2260	156323	43	753	54920
9	Wardha	91	703	36285	17	56	20629
10	Chandrapur	267	2496	91720	27	588	25522
11	Bhandara	83	477	45716	6	260	23682
12	Yavatmal	29	229	12350	41	331	27936
13	Dhule	52	643	26294	21	158	52955
14	Jalgaon	16	0	35851	21	1220	83138
15	Nanded	11	46	7698	6	59	24099
16	Washim	0	0	1332	1	42	30775
17	Akola	34	869	34329	11	403	57743
18	Buldana	37	20	11422	4	6	70000
19	Aurangabad	0	28	31158	0	4	17982
20	Raigad	0	5	3225	2	14	12725
21	Hingoli	9	12	15985	4	6	21174
	Total	1517	10413	1050225	344	6105	765141

Physical Performance under sickle cell disease control programme							
		(April 2021 to March 2022)			(April 2022 to March 2023)		
Sr. No	Name of District	Solubility Test	Diseased	Carries	Solubility Test	Diseased	Carries
1	Thane	37390	1	25	17537	8	32
2	Palghar	47623	28	373	61066	206	3257
3	Nashik	10307	16	178	56294	50	204
4	Nandurbar	53058	21	408	78359	489	926
5	Amravati	23661	81	473	26551	57	416
6	Gondia	28120	116	537	24191	76	897
7	Gadchiroli	70925	80	1589	55483	132	2020
8	Nagpur	106709	104	1864	83747	178	1845
9	Wardha	62237	46	426	36376	59	631
10	Chandrapur	72721	75	1267	73061	124	2100
11	Bhandara	39143	24	489	40741	72	786
12	Yavatmal	64852	130	1205	57535	179	884
13	Dhule	59473	69	474	69160	99	629
14	jalgaon	45182	30	110	41679	45	253
15	Nanded	11049	0	0	11173	0	15
16	Washim	42512	9	94	25228	1	85
17	Akola	35115	21	503	46273	16	592
18	Buldana	75000	72	150	33300	30	60
19	Aurangabad	24772	2	10	17652	6	39
20	Raigad	24800	0	39	8705	1	29
21	Hingoli	19341	8	23	18762	10	20
	Total	953990	933	10237	882873	1838	15720

April 2023 – March 2024 (Upto March 24)				
Sr. No	Name of District	Solubility Test	Diseased	Carries
1	Thane	120295	8	269
2	Palghar	103048	287	5232
3	Nashik	218949	46	315
4	Nandurbar	98169	404	4033
5	Amravati	143120	103	1111
6	Gondia	104528	97	957
7	Gadchiroli	166291	194	2966
8	Nagpur	215166	449	4333
9	Wardha	122146	43	421
10	Chandrapur	173239	108	2173
11	Bhandara	93136	84	1425
12	Yavatmal	104455	236	658
13	Dhule	120351	119	744
14	jalgaon	127228	27	433
15	Nanded	134085	154	1228
16	Washim	95201	11	80
17	Akola	124741	13	558
18	Buldana	117150	8	53
19	Aurangabad	95008	14	54
20	Raigad	120480	11	79
21	Hingoli	81459	1	50
	Total	2678245	2417	27172

Sr.No	District	District wise physical performance (April 2024 TO December 2024)		
		Total Solubility test	Diseased	Carrier
1	Thane	142495	9	294
2	Palghar	88561	478	9960
3	Nashik	221096	46	255
4	Nandurbar	116192	723	4311
5	Amravati	157020	115	1671
6	Gondia	86089	76	1103
7	Gadchiroli	128273	198	3006
8	Nagpur	179243	251	3354
9	Wardha	68069	30	473
10	Chandrapur	151509	78	2570
11	Bhandara	123049	289	1655
12	Yavatmal	181441	117	909
13	Dhule	119324	107	1001
14	jalgaon	99505	65	859
15	Nanded	83679	7	85
16	Washim	75818	5	80
17	Akola	98845	11	370
18	Buldana	123200	5	5
19	Aurangabad	55630	9	57
20	Raigad	79208	1	38
21	Hingoli	94497	2	2
Total		2472743	2622	32058

State have achieved 100% screening target given by GOI of 24.6 Lakh Till Feb 2024

5.14 TELEMEDICINE

Preamble -

Telemedicine is a rapidly developing application of clinical medicine where medical information is transferred via telephone, the Internet or other networks for the purpose of consulting, and sometimes remote medical procedures or examinations.

Aims & Objectives -

- To provide expert consultation to patients in remote areas.
- Video conferencing facility for online consultation.
- To provide continuing medical education for Medical and Para Medical staff.

1. Telemedicine in Maharashtra -

- 7 Sept. 2006 - Pilot Project in collaboration with ISRO started in Maharashtra, Specialist Center KEM Hospital, and Mumbai with 5 Remote centers. (District Hospital Latur, Beed, Nandurbar, Sindhudurg and Sub District Hospital Karad (Dist.Satara))
- 2007-2008 - Telemedicine Expanded to additional, 20 Districts, 2 Sub-districts and 4 Medical Colleges
- Feb. 2011- Telemedicine Network Shifted from ISRO Bandwidth to BSNL/MTNL Broadband.
- Year 2011-2012- Telemedicine Network Expanded to 30 Sub-district/Rural Hospitals.
- Year 2014-2015 – Telemedicine facility extended to 5 High focus/Tribal districts in SDH/Rural Hospitals - Manchar (Pune),Sangamner (A’Nagar),Chikhaldara (Amravati) ,Gokunda (Nanded), DH Nanded.
- Year 2020-21 – Telemedicine Facility extended to 10 High focus/Tribal Districts in SDH/Rural Hospitals.
- **Facilities providing services –**
Total 80 Telemedicine Centers are operationalized. 74 are Spokes (24 District & 50 Sub District/Rural Hospitals) and 6 are HUBs in Medical Colleges.
- **Manpower -**
- 70 out of 80 Facility Managers are appointed and 10 posts are vacant.

Present Status & Performance (Achievement) –

- Video conferencing and Chat facilities for online consultation.
- Total **1,34,248** patients referred & expert opinions given at District / Sub-district hospital through telemedicine Centre.
- Multi CME conducted till date (on 686 topics) for Doctors & Para- Medical Staff at District / Sub District Hospital, Telemedicine Centre.

Physical Progress Report

Year	Patient Referred Opinion Received
2019-20	31286
2020-21	12786
2021-22 ber)	15665
2022-23	25805
2023-24	27400
2024-25 Upto December 2024	21306
Total	134248

Telemedicine Districtwise Report (April to Dec.24)

Sr.No	Circle Name	District Name	Target	Patient Referred Opinion Received
1	Thane	Thane	1000	369
		Palghar	500	136
		Raigad	1000	788
2	Nashik	Nashik	1500	992
		Dhule	500	406
		Nandurbar	1000	827
		Jalgaon	1000	682
		Ahilyanagar	1000	558
3	Pune	Pune	1500	849
		Solapur	500	174
		Satara	1000	645
4	Kolhapur	Kolhapur	500	380
		Sangli	500	365
		Sindhudurg	1000	386
		Ratnagiri	1000	779
5	Ch.Sambhajinagar	Ch.Sambhajinagar	500	377
		Jalna	1000	686
		Parbhani	1000	770
		Hingoli	1000	968
6	Latur	Latur	500	172
		Dharashiv	1000	154
		Beed	500	203
		Nanded	1500	1147
7	Akola	Akola	500	405
		Amarawati	1500	857
		Buldhan	1000	477
		Washim	1000	874
		Yavatmal	500	92
8	Nagpur	Nagpur	500	285
		Wardha	1000	639
		Bhandara	1500	837
		Gondia	1000	627
		Chandrapur	1000	497
		Gadchiroli	6500	2903
Total			37000	21306

AAM Teleconsultation

Ayushman Arogya Mandir Teleconsultation program has been started under Ayushman Bharat in year 2019-20. As per Guidelines Issued by central government HUB and Spoke Model are used for AAM Teleconsultation. AMM Sub-centre, Primary Health Centre, and Urban Primary Health Centres are called Spokes, and the district hospitals are HUBs. The Hubs are started in District Hospital Nanded, Bhandara, Pune, Nashik & Aurangabad. The HUBs are started in 23 districts remaining districts Hub Implementation work is in process. In Hub 3 Specialist Doctors (Gynaecologist, Physician, and Paediatrician) and 5 MBBS are available. At Spoke end Community Health Officer and Medical Officers can take opinion from HUB end doctors. Patients can talk with Doctors through video conferencing and Chat option. After consultation e-prescription is provided to the patients.

The central government shortlisted eSanjeevani application for Teleconsultation. This application is developed by C-DAC Mohali. Till date **8146** SC, **2571** PHC & UPHC has Started Teleconsultation facility. Through AAM Teleconsultation Total **84,44,052** patients has been referred.

Physical Progress

Year	Patients count Refer by Specialist Doctors
2021-21	8737
2021-22	985677
2022-23	3979575
2023-24	2110961
2024-25 upto December 2024	21,02,732
Total	91,87,682

E Sanjeevani OPD

In State eSanjeevani OPD Online services started in April 2020. Using this Service consultations given to the patients through the video conferencing and chat. Through the Teleconsultation patients can communicate with Medical Officers and patients who takes treatment for Covid 19 at home they can also take consultation. Medical officers from all district hospitals, Taluka Hospitals, Rural Hospitals in state are registered in eSanjeevani opd application. On Fixed days Medical officers gives consultation & e-prescription to the patients. E-prescription link provided to patients through the message and patient can download e-prescription using that link.

Under E-Sanjeevani opd central government has not sanctioned grant.

➤ Process for use of eSanjeevani OPD online service-

- Use <https://esanjeevani.mohfw.gov.in> link for taking benefit of eSanjeevani OPD service and also take Consultation from Medical Officers.
- Android Mobile users can take consultation by downloading this application from Google play store.
- **E-Sanjeevani OPD Online Timing :-**

Monday to Sunday 9:00 AM To 1:00 PM & 1:45 PM To 5:00 PM

Year wise Progress

Year	Patients count Refer by Specialist Doctors
2020-21	34674
2021-22	79383
2022-23	94207
2023-24	102039
2024-25 upto Dec 2024	291598
Total	601901

eSanjeevani OPD Districtwise Report (April to Dec.24)

Sr.No	Circle Name	District Name	Patients Count Refer
1	Thane	Thane	191
		Palghar	49
		Raigad	442
2	Nashik	Nashik	14382
		Dhule	98
		Nandurbar	27
		Jalgaon	635
		Ahilyanagar	125
3	Pune	Pune	6606
		Solapur	39
		Satara	6132
4	Kolhapur	Kolhapur	445
		Sangli	235684
		Sindhudurg	267
		Ratnagiri	2278
5	Ch.Sambhajinagar	Ch.Sambhajinagar	91
		Jalna	45
		Parbhani	240
		Hingoli	395
6	Latur	Latur	52
		Dharashiv	74
		Beed	128
		Nanded	135
7	Akola	Akola	662
		Amarawati	602
		Buldhan	53
		Washim	921
		Yavatmal	309
8	Nagpur	Nagpur	1144
		Wardha	643
		Bhandara	10991
		Gondia	4902
		Chandrapur	1117
		Gadchiroli	1305
9	Mumbai	Mumbai	321
		Mumbai Subarban	68
Total			291598

5.15 NURSING

The Nursing Services, which normally constitutes the largest single group of hospital personnel and is the mainstay of organization, is responsible for providing comprehensive and continuing nursing care to all patient in collaboration with other health care personnel. In the Public Health Department, there is nursing section plays important role to provide the health facility at the remote region. Also nursing care is the measuring unit of the quality of health facility. Under the NHM there are total three cadre of nursing are working in the health care sector there are ANM, LHV and Staff Nursing. They work in the PHC (Primary Health Centre) and Sub Centres Level of the Maharashtra State.

In Maharashtra there are 10668 Sub Centres and 1828 Primary Health Centres (PHC). One Sub centre is sanctioned for 3000 population in tribal area & 5000 population in Non - Tribal area.

Sr. No.	Type of Institution	Ratio of SC Under Tribal	Ratio of SC Under Non-Tribal
1	Sub Centers	1: 3000	1:5000

ANM: Every Sub Centre has one ANM and one Male MPW. They are supported to provide health service including to community as well as grass-root level. However if large number of mothers attend Sub Centre for delivery and the Sub Centre is providing services as per Indian Public Health Standards (IPHS), second ANM can be appointed at such Sub Centre .

Staff Nurses: Primary health centres are expected to provide health services round the clock particularly the services related to maternal and child health. Regular LHV and ANM are appointed in PHC for this purpose. However, when there is on an average 10 or more than 10 deliveries are conducted in one month at every PHC, so contractual Staff Nurse should be appointed at that PHC.

Sr. No	Average monthly delivery	No. of Contractual staff Nurses to be appointed
1	10 to 19	1
2	20 to 29	2
3	More than 30	3

LHV: One post of Supervisory Nurse (LHV) was sanctioned in all the PHCs of the state, considering the load of service delivery due to implementation of various NHM schemas / programs. She guides ANM and Staff Nurse in health services and also supervises their work and updates their knowledge and skills.

URBAN ANM: Urban RCH ANM working in a urban area under less than 50000 population Council

Staff Progress 2019-20 to 2022-2023

Name of the Post	2020-21		2021-22		2022-23		2023-24		2024-25	
	Approved Post	Filed Post up to March 21	Approved Post	Filed Post up to March 22	Approved Post	Filed Post	Approved Post	Filed Post up to March 24	Approved Post	Filed Post up to December 24
ANM	5132	5033	5132	4989	5132	4984	5038	4878	5132	4690
Staff Nurse	745	580	745	655	745	681	745	704	745	675
LHV	698	647	698	651	698	653	698	674	698	647

Incentive/ Awards etc. to SN, ANMs etc.(Including group/Team based incentives at sub-centre/PHC for primary care)

Introduction:

May 12 is World Nurses' Day, the birthday of Florence Nightingale, the father of modern nursing. On this day, the Florence Nightingale Award is given at the district level to the nurses who have done remarkable work in the health service in recognition of the work they have done.

At the district level sub-center, ANM and LHV at primary health Centre level as well as staff nurses at rural hospital, sub-district hospital and district hospital level are awarded Florence Nightingale Award at district level. Three prizes are given per category.

Approved Budget & Expenditure - 2019-20 to 2024-2025

Sr. No	Budget Head	Approved budget in 20-21 (in lakhs)	Exp. up to March 2021 (in lakhs)	Approved budget 21-22 (in lakhs)	Exp. up to March 2022 (in lakhs)	Approved budget 22-23 (in lakhs)	Exp. up to March 2023 (in lakhs)	Approved budget 23-24 (in lakhs)	Exp. up to March 24 (in lakhs)	Approved budget 24-25 (in lakhs)	Exp. up to Dec 24 (in lakhs)
1	Incentive/ Awards etc. to SN, ANMs etc.	15.47	1.28	15.47	1.56	51.00	14.69	51.00	16.79	22.71	2.96

Strengthening of Existing Training Institutions/Nursing School-

Introduction:-

Nurses are an important factor in providing essential health services to all the citizens of the state. Skill training for nurses is done in all the nursing schools in the state. Therefore, according to the standards of the Indian Nursing Council, the schools in the state must be fully equipped with the necessary facilities, facilities and manpower. To provide grants for equipment and manpower under the National Health Mission.

NHM has taken measures to improve the skills and knowledge of nurse through nursing schools. At present all the nursing schools in the districts are attached to Civil Hospital or Women Hospital and are under administrative control of civil Surgeon or Superintendent of the hospital. In Maharashtra there are 35 ANM, 23 GNM, 5 LHV School and 1 PHN Schools.

Mobility Support for Nursing Schools (For Contractual Staff) and Contingency (Pol, Affiliation Fee, Telephone Payment, Water Supply Payment, Electrification Payment, Electrification Payment) Has been approved.

- **Aims and Objective:-**

- 1) Facilitates acquisition/reinforcement of key standardized technical skills and knowledge by services providers for RMNCH services.
- 2) Ensures the availability of skilled personal at health facilities.
- 3) Improves the quality of per-service training.
- 4) Provides Nursing Education/ Medical Education continuously.
- 5) Special emphasis on new born care and resuscitation.
- 6) Improve the overall performance of the health care facility provide in the community.

- **Approved Activities in Nursing School –**

Hiring of Support Staff – Accountant, Cook, Security, cleaning service etc.

Hiring of Teaching Staff – Maximum two teaching staff as per Maharashtra Nursing Council Norms.

Contingency –A grant of simple expenses has been sanctioned for the School of Nursing. The grant should be used for the affiliation fee and office stationery of the Nursing School. Also telephone payments, water supply payments, electrification payments as per requirement have been sanctioned in the utilization if possible.

POL- Most nursing schools, vehicles are not available or grants for fuel have not been approved, so grants have been approved for POL urban and rural experience for ANM and GNM trainees.

Mobility Support for Nursing Schools (For Contractual Staff) Under the National Health Mission, there are instructors, cooks, security guards and cleaners in the nursing school under the teaching staff and

support staff. The ANM and GNM trainees in the nursing school have to be accompanied by the above mentioned contract staff while going for rural and urban experience. Also, the accountant has to go to Mumbai or Perimandal level for office work. Therefore, a grant has been sanctioned for the payment of travel and daily allowance during this period.

• **Approved Budget & Expenditure –**

Budget Head	Approved budget 20-21 (in lakhs)	Exp. up to March 21 (in lakhs)	Approved budget 21-22 (in lakhs)	Exp. up to March 22 (in lakhs)	Approved budget 22-23 (in lakhs)	Exp. up to March 23 (in lakhs)	Approved budget 23-24 (in lakhs)	Exp. up to March 24 (in lakhs)	Approved budget 24-25 (in lakhs)	Exp. up to Dec 24 (in lakhs)
Strengthening of Existing Training Institutions/Nursing School	118.80	82.71	103.80	66.83	176.60	30.80	176.60	76.69	71.10	20.37
HR Nursing School	517.81	495.82	521.29	476.64	604.23	476.84	663.77	419.62	696.96	276.90
Total	636.61	578.53	625.09	543.47	780.83	507.64	840.37	496.31	768.06	297.27

Setting up of Skill Lab

• **Introduction:-**

Skill labs have been set up in Nagpur, Pune, Jalna and Nashik in the state. The training session to be conducted in the Skill Lab is of 6 days duration and consists of 16 trainees per batch including 4 Medical Officers and 12 Nurses. Training sessions are conducted every month. The training includes detailed training and guidance on Antenatal Care, Intra-natal Care, Complication Management, New Born Care, Family Planning, Infection Prevention, Counselling and Documentation.

Also, after the completion of the training, each trainer working in the skill lab is required to make a Mentoring Visit for 5 days (10 Health Institutions) every month.

• **Approved Budget & Expenditure -**

Budget Head	Approved budget 2020-21 (in lakhs)	Exp. up to March 21 (in lakhs)	Approved budget 2021-22 (in lakhs)	Exp. up to March 22 (in lakhs)	Approved budget 2022-23 (in lakhs)	Exp. up to March 23 (in lakhs)	Approved budget 2023-24 (in lakhs)	Exp. up to March 24 (in lakhs)	Approved budget 2024-25 (in lakhs)	Exp. up to Dec 24 (in lakhs)
Setting of Skill Lab & National Nodal centre Wardha	208.82	70.58	220.44	122.73	160.92	98.43	160.92	85.55	52.35	20.57
HRFor Skills Lab & National Nodal centre Wardha	93.83	38.58	101.15	52.30	88.45	67.63	88.45	78.46	92.87	52.71
Total	302.65	109.16	321.59	175.03	249.37	166.06	249.37	164.01	145.22	73.28

ToT for Skills Lab Trainers at National Skills Lab New Delhi.

Introduction:-

Skill labs have been set up in Nagpur, Pune, Jalna and Nashik in the state. The posts of Nursing Officers have been sanctioned for imparting training in this Skill Lab. Funds are being sanctioned for imparting 6 days Skill Lab TOT training to these Nursing Officers in New Delhi.

Sr. No.	Budget Head	Approved budget 2020-21 (in lakhs)	Exp. up to March 21 (in lakhs)	Approved budget 2021-22 (in lakhs)	Exp. up to March 22 (in lakhs)	Approved budget 2022-23 (in lakhs)	Exp. up to March 23 (in lakhs)	Approved budget 2023-24 (in lakhs)	Exp. up to March 24 (in lakhs)	Approved budget 2024-25 (in lakhs)	Exp. up to Dec 24 (in lakhs)
1	ToT for Skills Lab Trainers at National Skills Lab New Delhi	2.55	0.00	2.55	0.00	2.63	0.00	2.63	0.00	1.63	1.37

5.16 TRAINING

Introduction:

The goals of National Rural Health Mission are to reduce Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) and Total Fertility Rate (TFR). For accomplishment of these, state needs to have adequate human resources equipped with desired knowledge and skills, regarding quality health care delivery services. Trained manpower is essential to provide quality services. Considering the importance of training in implementation of NRHM activities and in achieving the NRHM goal, the utmost importance is given to the capacity building of health personnel & infrastructure in the state.

Regular training & capacity building activities are essential to enhance the knowledge and skills of Medical Officers, Specialist (OBGY, Pediatrician), Para medicals, ANM/LHV & ASHAs/ Link Workers working in the field of maternal and child health. NRHM strategy document also give utmost importance to the training component.

Objective of training programme:

1. To strengthen existing training institutes. To provide material support as per need of the training institutes.
2. To provide technical support to the peripheral training institutes.
3. To develop a team of quality trainer to ensure effective implementation of training programme.
4. To implement & coordinate management and clinical skill training.
5. To undertake operational research and evaluation activities in health and training.

State has a large network of training institutions ranging from apex institute (PHI Nagpur) to Block level training centers. State has one nodal apex training institute known as Public Health Institute Nagpur. The state has seven regional HFWTCs which are functioning at Pune, Nasik, Kolhapur, Aurangabad, Amravati, and Nagpur & Thane. State has well-established District Training Centers functioning at 33 districts & 23 hospital training centers.

TRAINING INFRASTRUCTURE IN MAHARASHTRA

Sr. No.	Name of Training Institutions	No. of DHTC	NO. of BTC
1	SIHFW, Nagpur	34	07
2	HFWTC, Nagpur	06	02
3	HFWTC, Amravati	05	02
4	HFWTC, Nashik	05	02
5	HFWTC, A'Bad	08	00
6	HFWTC, Pune	03	00
7	HFWTC, Kolhapur	04	00
8	HFWTC, Thane	03	01

Sr. No.	Health & Family Welfare Training Centers	District Training Centers	Hospital training centers	Block Training Centers
1	Nagpur	Nagpur, Wardha, Gondia (BJW), Chandrapur, Bhandara, Gadchiroli	Wardha, Gondia, Chandrapur, Bhandara, Gadchiroli	Nagbhid- Dist. Chandrapur, Allapalli- Dist. Gadchiroli
2	Amaravati	Amaravati, kolar, Washim, Yavatmal, Buldhana	Amaravati, Akola, Buldhana	Chikhaldara, Dharni - Dist.Amaravati,
3	Nashik	Nashik, Dhule, Jalgaon, Ahmednagar, Nandurbar	Nashik, Jalgaon, Ahmednagar,	Kalvan - Dist.Nashik,Akkalkuwa - Dist.Nandurbar
4	Pune	Pune, Satara, Solapur	Pune, Satara	Nil
5	Aurangabad	Aurangabad, Beed, Jalna, Parbhani, Osmanabad, Latur, Hingoli, Nanded	Beed,Jalna, Parbhani, Osmanabad,Latur,	Nil
6	Kolhapur	Kolhapur, Sindhudurg, Sangli ,Ratnagiri	Kolhapur, Sindhudurg, Ratnagiri	Nil
7	Thane	Thane, Raigad, Palghar	Thane, Raigad,	Vikramgarh - Dist. Thane,
Total	7	34	23	7

RCH -Training Physical performance information December 2024

Sr. No	Head	Cadre	Total Training Load	Total Achievement up to March 2024	Training Load/Sanction/Unit During Year 2024-25	Achievement upto Sep 2024
A) Maternal Health Training performance						
1	SAB	ANM/LHV/SN	20666	22178	718	448
2	BEmOC	MO	6334	7870	184	117
3	MTP/MVA	MO	4156	2372	81	26
4	RTI/STI	MO	5805	7947	550	254
5	RTI/STI	SN	4799	9729	1380	766
6	IMEP	MO		1891	203	117
7	IMEP	ANM/LHV/SN		2444	90	0
Total			41760	51472	3206	1728

B) Child Health Training performance						
1	IMNCI	MO	4617	344	630	517
2	IMNCI	Health Staff			2040	
2	F-IMNCI	MO	4617	2177	240	138
3	F-IMNCI	SN			240	156
4	NSSK	MO	6494	8934	544	229
5	NSSK	ANM/LHV	20363	28863	1920	983
6	FBNC (4 Days)	MO/SN	473	413	50	16
7	FBNC (14 Days)	MO/SN	1420	834	50	0
8	IYCN	MO	25801	21363	210	14
9	IYCN	ANM/LHV/SN		1241	150	90
10	RI	MO	5765	9983	240	78
11	RI	ANM/LHV	41967	62645	1200	1052
12	RBSK	MO/Pharmacists/ ANM	0	23553	1020	351
Total			106900	160350	8534	3624
C) Family Planning Training Performance						
1	Minilap	MO	4006	616	52	16
2	NSV	MO	4287	215	48	6
3	Laparoscopy	MO	417	194	18	3
4	PPIUCD	MO	3053	2860	340	152
5	PPIUCD	SN	4755	7187	680	362
Total			16518	1972	1138	539
D) ARSH & Other Training Performance						
1	WIFS	MO	6030	8038	1700	0
2	RKSK	MO/ANM/LHV	1402	2455	733	0
	RKSK	Peer Educator		0	5030	0
3	NRC	MO/SN/	125	148	120	0
4	MHS	ASHA	18452	11645	12050	0
5	Cold Chain	Handlers	439	8745	400	214
Total			26448	31031	20033	214

Sr. No	Head	Carder	Total Achievement up to March 2024	Training Load/Batches/ Unit During year 2024-25	Achievement up to Sept 2024
i) Training NHM					
1	Induction Module trg.	ASHA	9008	1170	628
2	ASHA Trg.Module VI & VII	Phase -I	6279	480	79
3	ASHA Trg.Module VI & VII	Phase -II	381	584	271
4	ASHA Trg.Module VI & VII	Phase -III	2619	575	273
5	ASHA Trg.Module VI & VII	Phase -IV	5653	840	0
6	Training of newly recruited MOs	MO	726		
7	Training Capacity Building	Medical's & Paramedical's /Health Personnel's	4334)Year 2011-12 Upto March 2024)	00	0
Total			29000	3649	572 (16%)

1	DPMU/BPMU Staff		31	210	32
	ii) TOT Training				
1	BEmoC ToT	MO	122	40	34
2	SAB TOT	Gynec/MO/SN	94	60	34
3	laparoscopic sterilization TOT	Gynec/MO/SN	15	4	4
4	RTI/STI TOT	MO	14	60	54
5	NSSK TOT	Gynec/MO/SN		128	116
6	RKSK TOT	Gynec/MO/SN	135	0	0
7	PPIUCD TOT		68	40	60
8	Minilap TOT	MO	14	8	8
9	TOT on safe abortion services		70	16	10
10	Pre Monsoon Tribal Bolck TOT	THO/DRCHO/MO		80	75
Total			532	466	395
Total (A+B+C+D+E+F)			274388	37236	7763

NHM-Training Physical performance information up to September, 2024

*No. of Training Batches

Source- Report Consolidated as per reported by PHI Nagpur.

SIHFW&HFWTCwise Summary for Financial Monthly Performance(FMR) Of Training Program Mumbai 2024-25 Upto 31 December 2024						
SIHFW & HFWTCs	Physical Performance			Financial Performance		
	No. Of Units / Trajet	Actual Achivemet	% of Actual Achivement	Budget Provision (Rs.In lakhs)	Expenditure (Rs.In lakhs)	% of Expenditure
SIHFW/PHI Nagpur	27	21	77.78	135.22	47.41	35.06
HFWTC Nagpur	54	32	59.26	95.08	58.10	61.11
HFWTC Amaravati	41	26	63.41	72.32	62.84	86.89
HFWTC Nashik	53	40	75.47	103.62	75.84	73.19
HFWTC Pune	29	22	75.86	57.95	46.70	80.59
HFWTC Chh.Sambhaji Nagar	54	29	53.70	77.39	50.76	65.59
HFWTC Kolhapur	29	24	82.76	53.30	38.19	71.66
HFWTC Thane	42	26	61.90	81.65	63.90	78.26
Sub Total	329	220	66.87	676.52	443.74	65.59
Total HQ (SHSM)	200	186	93.00	16.17	14.40	89.04
Other than HR	366	262		303.32	144.36	47.59
TOTAL	529	406	76.75	692.69	458.14	66.14

5.17 GRIEVANCE REDRESSAL

The National Rural Health Mission (NRHM) has been launched with a view to bringing about dramatic improvement in the health system and the health status of the people especially those who live in the rural areas of the country.

In Maharashtra, the National Rural Health Mission is launched in 2005 and is implemented through, the office of the state Health society, Govt. of Maharashtra. The programs and activities under NRHM are implemented in the field through Program implementation Plan approved by the GoI. As per the NHM PIP of the state, there is a multi-fold increase in the programs and budget allocation and manpower.

State Health Society, Maharashtra has introduced good governance initiatives by starting a Grievance Redressal cell in the office premises of State Health society, Mumbai & all DDHS Circle Office. Grievance Redress Cell is kept fully of the administration to deliver the justice to the NRHM. As the Grievance Redressal Cell at all level is impartial and neutral so the justice delivered is very transparent and efficient and is not accountable to any type of injustice. In fact, the grievance redress cell's mechanism of an organization is the judge to measure, its efficiency and effectiveness as it provides important feedback on the working of the administration to the NRHM. Grievance Redressal cell help to identify the problem areas, which are complaint-prone in NRHM activities and programs. These problem areas can then be subject to studies and remedial measures.

Established Grievance Redressal Cell

- ❖ State Grievance Redressal Cell was established in September 2009 at State Level under National Rural Health Mission, Mumbai.
- ❖ 8 Grievance Redressal Cells have been established in the year of 2010-11 at Circle Level under Dy Director, Health Services, Maharashtra.
- ❖ The State Health Society established Grievance Redressal Committee/ Cell under 33 Districts in the year of 2012-13.
- ❖ In order to handle grievances of NHM employees and to expedite the process of grievance redressal mechanism, Employee Grievance Software Web Portal and Mobile application has been launched in April 2022.
- ❖ The Grievance Redressal Cell of NRHM, Mumbai works at speedy redressal & disposal of all complaints/issues coming under its purview.

Types Of Grievance

- ❖ Procurement / Fund Irregularities/ Administrative Irregularities, Appointment & Reappointment, Fraud, Harassment, NHM Employee Salary Issue, Service Daniel & Other

Source Of Grievance

- ❖ Written applications from complainant
- ❖ Via telephone call (HACC – 104, registered GRC telephone number)
- ❖ Via Email

❖ **Following details of State Grievance Redressal Cell:-**

Year	No. Of Complaints Received	No. Of Complaints Resolved	No. of Complaints in Process
2020 - 21	246	246	0
2021 - 22	164	157	7
2022 – 23	281	260	21
2023- 24	376	331	45
2024-Dec24	287	246	41
Total	1354	1238	116

❖ **Following details of Circle & District wise Settlement of Complaints received through HACC 104:-**

Year	No. Of Complaints Received	No. Of Complaints Resolved	No. of Complaints in Process
2020-21	1789	1789	0
2021 - 22	736	736	0
2022 –23	1735	1735	0
2023- 24	1504	1413	91
2024-Dec24	1218	932	286
Total	6982	6605	377

5.18 QUALITY ASSURANCE

- Quality of Care has emerged as key thrust area for both Policy Makers and Public Health Practitioners as an instrument of optimal utilization of resources, improving health outcomes and client satisfaction.
- The NHP 2017 clearly states in its objective – Improve health status through concentrated policy action in all sectors and expand preventive, promote, curative, palliative and rehabilitative services provided through the public health sector with focus on Quality.
- Under the State Quality Assurance Cell NHM, Maharashtra, Mumbai, the programme of NQAS & Kayakalp are implemented

Objectives

- To ensure the delivery of Quality services provided in the Public Health Facilities in the State.
- To increase the foot fall at the Public Health Facilities in the State.
- To inculcate the culture of sustenance of Quality services.
- To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
- To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
- To achieved Quality Certification at State & National level for the health facilities based on the assessment conducted as per the set standards by the empanelled assessors.

Quality Assurance Activity

1) KAYAKALP :-

- The Union Health and Family Welfare Minister Shri J P Nadda launched 'Kayakalp Award Scheme' on May 15, 2015 as an extension of 'Swachh Bharat Mission'.
- The Aim of the initiative is to improve and promote the cleanliness, hygiene, waste management and infection control practices in public health care facilities and incentivize the exemplary performing facilities.
- Under this programme every Health Facility is supposed to undertake three internal assessment cycles followed by Peer Assessments.
- The Health Facilities hence qualifying in the Peer Assessments are further considered for External Assessment
- and thereafter, those qualifying in External Assessment are given financial incentives as mentioned in the table no. 1.
- To support the National Action Plan for Climate Change and Human Health (NPCCHH) objectives, a concept of green hospitals is introduced in public healthcare facilities. The concept would be an integral part of the existing Kayakalp scheme. Under Kayakalp, a new theme i.e., Eco-friendly Facilities 'has been added.

Table no. 1- The Summary of Cash prizes for Health Facilities is as follows

Kayakalp Award Scheme for Public Health Facilities					
Sr. No	Activity	Unit	Unit cost (Rs.lakhs)	Budget (Rs in lakhs)	Remarks
1	Winner DH level facility	1	50	50.00	1 per State
2	Runner up DH level Facility	1	20	20.00	1 Per State
3	Winner CHC level Facility	1	15	15.00	1 Per State
4	Runner up CHC level Facility	1	10	10.00	1 Per State
5	Winner PHC	34	2	68.00	34 PHC for 34 Districts, Rs.2 lakhs per PHC.
6	Winner HWC- SHC	34	1	34.00	34 HWC-SHCs for 34 Districts @ Rs. 1 lakh per HWC-SHC
7	Runner Up HWC-SHC	34	0.5	17.00	34 HWC-SHCs for 34 Districts @ Rs. 0.50 lakhs per HWC-SHCs
8	Second Runner Up HWC-SHCs	34	0.35	11.90	34 HWC-SHCs for 34 Districts @ Rs. 0.35 lakhs per HWC-SHCs
9	Commendation Award DH level facilities (>70 % in State level assessment)	28	3	84.00	Total Rs 84 lakhs required for 28 facilities @ 3 Lakh per facility for Commendation prize of DH Category as per revised kayakalp award guidelines
10	Commendation award CHC (>70 % in State level assessment)	208	1	208.00	Total Rs 208 lakhs required for -280 facilities @ 1 Lakh per facility for Commendation prize as per revised kayakalp award guidelines
11	Commendation Award PHC (>70 % in District level assessment)	400	0.5	200.00	Total Rs 200 lakhs required for 400 PHC's @ 50000 per PHC
12	Commendation Award HWC- SHCs (>70 % in District level assessment)	180	0.25	45.00	Total Rs 45 lakhs required for 180 HWC-SHC @ 25000 per HWC-SHC
13	Winner Eco friendly award - DH level facility	1	10	10.00	1 per State
14	Winner Eco friendly award - CHC level facility	1	5	5.00	1 per State

The summary of Kayakalp Award performance in past 5 years including all Winners, Runner ups and Commendation is as mentioned below table no. 2

Table No.2

Type of facilities	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
DH/GH/WH	17	15	17	19	26	External Assessment ongoing
RH/SDH	83	84	124	134	175	External Assessment ongoing
PHC	263	275	446	509	580	36
HWC	NA	NA	241	926	1235	306
UPHC	0	33	72	50	151	0
UCHC	0	3	0	5	15	External Assessment ongoing
Total	369	410	900	1643	2182	342

NQAS (National Quality Assurance Standard)

- National Quality Assurance Standards are pre-defined standards considering the specific requirements for public health facilities as well as global best practices.
- Standards are primarily meant for providers to assess their own quality for improvement through pre defined standards and to bring up their facilities for certification
- They are broadly arranged under 8 "Areas of Concern"– Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome. Currently, these standards are available for District Hospitals, CHCs, PHCs, and Urban PHCs and newly introduced in HWC-SCs.
- The process involves internal and external evaluation of health institutes against defined standards and objective elements, initial grading, gap analysis, action plan to fill up gaps for up gradation, gap filling, and re-evaluation, certification at State and National level, and sustenance of highest grading.
- The certification every facilities is expected to be certified State and subsequently at National level. The State certificate valid for 1 year and National certificate valid 3 years post which the facility should apply from recertification.
- Under the Aspirational Blocks Program a total of 920 facilities from 22 blocks of 12 Districts in the State are selected for NQAS Certification.
- The incentives offered to the NQAS certified facilities are as mentioned table no.3

Table No -3 Incentives norms for National NQAS certified facilities

Sr. No	Type of Health Facility	Areas for Assessment	Type of Certification	Incentive
1	DH/ SDH/ Area Hospital/ CHC & Equivalent	All Departments of Health Facility	Full Certification (meeting all criteria) (Valid for 3 years)	Rs. 10, 000 X Number of Functional Beds
2	DH/ SDH/ Area Hospital/ CHC & Equivalent	All Departments of Health Facility	Certification with conditionality (Valid for only 1 year)	Rs. 7,000 X Number of Functional Beds

Sr. No	Type of Health Facility	Areas for Assessment	Type of Certification	Incentive
3	DH/ SDH/ Area Hospital/ CHC & Equivalent	Part of the Hospital / Services (Labour Room, Maternity Ward, Blood Bank, etc.)	Full Certification for the proposed part of hospital. (Valid for 3 years)	Rs. 10,000 X Number of Functional Beds X No. of applicable check-lists/ total number of check-lists in the Standards
4	DH/ SDH/ Area Hospital/ CHC & Equivalent	Part of the Hospital / Services (Labour Room, Maternity Ward, Blood Bank, etc.)	Certification with conditionality for the proposed part of hospital. (Valid for only 1 year)	Rs. 7000 X Number of Functional Beds X No. of applicable check-lists/ total number of check-lists in the Standards
5	PHC/ U-PHC with beds	All Departments	Full Certification (Valid for 3 years)	Rs. 3.0 Lakh
6	PHC/ U-PHC with beds	All Departments	Certification with conditionality (Valid for only 1 year)	Rs. 2.0 Lakh
7	U-PHC/ PHC without beds	All Check-lists	Full Certification (Valid for 3 years)	Rs. 2.00 Lakh
8	U-PHC/ PHC without beds	All Check-lists	Certification with conditionality (Valid for only 1 year)	Rs. 1.50 Lakh

The performance of NQAS certified facilities at State & National level in as mentioned table no.4

Year	State Certified	National Certified
2019-2020	5	5
2020-2021	25	25
2021-2022	24	24
2022-2023	19	19
2023-2024	41	11

NQAS certification for FY 2024-25 Progress

Level of HCF	Total No. of facilities	NQAS Certified		
		State certified	National certified	Total
DH	51	0	0	0
SDH	102	1	0	1
CHC	367	0	1	1
PHC	1936	10	87	97
UPHC	803	3	2	5
AAM-SCs	10765	12	1	13
Total	14064	26	91	117

5.19 HAEMATOLOGY PROGRAMME

Hematology Programme under NHM was approved in the PIP 2012-13 for the first time in Maharashtra and successfully implemented since 15th March 2013 at 4 centers namely District Hospital Thane, Nashik, Satara, and Amravati in Maharashtra. Ahmednagar, Nagpur, and Aurangabad are approved in the PIP and day care centers started on 18th February 2018. Process of preparation of new day care centers has been under process at Pune. “Hematology Programme” includes Treatment & prevention of Hemophilia, Thalassemia, & Sickle cell disease. All necessary services for the investigation & treatment of Hemophilia, Thalassemia, & Sickle cell disease have already been made available at “Day care center”. “Day care center” services 24x7 for the treatment of Hemophiliacs as spontaneous Bleeding in the severe & moderate Hemophiliacs, is an emergency case. Treatment & prevention of Hemophilia and Thalassemia are available in KEM Hospital Mumbai & B.J. Medical College, Pune.

Total Patients:-

Sr. No.	Hospital Name	Hemophilia Patients	Thalassemia Patients
1	District Hospital Thane	809	647
2	District Hospital Satara	442	320
3	District Hospital Amravati	378	363
4	District Hospital Nashik	663	501
5	B.J. Medical College, Pune	977	71
6	KEM Hospital, Mumbai	1195	280
7	District Hospital Ahmednagar	159	164
8	Daga Hospital Nagpur	285	170
9	District Hospital Aurangabad	227	59
	Total	5135	2575

1) HEMOPHILIA:-

Hemophilia is a group of hereditary genetic disorders that impair the body's ability to control blood clotting or coagulation, which is used to stop bleeding when a blood vessel is broken. Hemophilia A (clotting factor VIII deficiency) is the most common form of the disorder, present in about 1 in 5,000–10,000 male births. Hemophilia B (factor IX deficiency) occurs in around 1 in about 20,000–34,000 male births. In general symptoms are internal or external bleeding episodes, which are called "bleeds". Patients with more severe hemophilia suffer more severe and more frequent bleeds. Hemophilia is more likely to occur in males than females.

2) THALASSEMIA:-

Thalassemia is a lethal genetic disease with recessive inheritance connected with blood disorder. There is reduced rate of synthesis of one or more types of normal haemoglobin polypeptide chain. This results in a decrease in the amount of the haemoglobin involving the affected chain. In some forms of thalassemia, the genetic mutation results in the synthesis of structurally abnormal haemoglobin which is produced at a reduced rate.

Type of Thalassemia:

There are two main types of thalassemia.

1) Thalassemia Major

It is very serious blood disease which begins in early childhood. Patient cannot make enough haemoglobin (Hb) in their blood. The features which are similar to those of any other type of anaemia, like paleness, weakness, irritability, fever, feeding problems and diarrhoea etc. An infant appears normal at birth and the symptoms of the disease start developing after a few Months. The life span of RBCs in such patients is 20-60 days as against about 4 months in a normal man. Hence they require fortnightly blood transfusion. Rapid destruction of abnormal RBCs result in excessive accumulation of iron in heart, liver and other organs of the body, which need iron chelation therapy.

2) Thalassemia Minor

People with Thalassemia trait are perfectly healthy. However it is possible that they may suffer from slight anaemia. These people can pass on the trait through marriage without realizing that it is in family. There is a chance when both the partners are Thalassemia trait they produce Thalassemia Major Child.

Diagnosis, treatment and support services will be provided and the centers will be integrated with Mahatma Phule Jeevandayee Arogya Yojana for further specialized treatment.

Thalassemia Screening Report									
Sr. No	Year	Total tested for CBC	No. Found suspected in CBC	No. of samples sent for HPLC	Result of HPLC				
					Sufferer		Carrier		Negative
					Married	Unmarried	Married	Unmarried	
01	2013-14	5828	817	770	1	120	77	76	496
2	2014-15	16138	2779	2514	1	26	169	243	2075
3	2015-16	11050	2897	2857	1	14	184	290	2368
4	2016-17	20999	1826	1734	0	17	150	128	1439
5	2017-18	9750	2297	2268	0	18	143	150	1957
6	2018-19	23586	4820	5990	505	130	657	642	5129
7	2019-20	35521	3517	4649	0	18	204	120	4664
8	2020-21	6256	358	145	0	0	7	1	58

Objectives of the hematology program are as follows:

- To create awareness in the community about these diseases
- Provision of technical manpower
- Strengthening of diagnostic and treatment centers
- Strengthening supportive departments like blood bank and establishment of physiotherapy center
- Capacity building of all health functionaries for example MO, Staff nurse, Technician etc.

Structure of Day care center: - All three diseases should be treated at “Day care center”. “Day care center” consists of 3 rooms,

I) Laboratory: - Size: - 12F x 12 F,

Instruments should be made available at laboratory

1) Cell Counter	2) Coagulometer	3) Electrophoresis Machine	4) HPLC Machine
5) Pipettes	6) Water Bath	7) Table top centrifuge (cold)	

II) Ward: - Size: - 20F x 15 F, Minimum 5 beds must be available in the ward.

III) Storage & Counselling Room:- Size:- 12F x12 F Up

One Blood Storage Cabinet should be available to keep cross matched blood for the patient of Thalassemia, & Sickle cell disease & One Refrigerator for Anti hemophilic Factors, & One Refrigerator for reagents in the laboratory, should be available in this room.

Manpower:-

Contractual Man Power was appointed for each center, which is as follows,

SN	Name of Post	No. of Post
1	Medical officer	2
2	Technician	1
3	Staff nurse	1
4	Counselor	1
5	Physiotherapist	1
6	Dist. coordinator	1
Total		7

Preventive management of Hematology program:-

Preventive management of Thalassemia & Sickle cell disease can be implemented commonly in day care center.

- Blood samples of antenatal mother & children admitted in the pediatric ward, having age more than 4 months are routinely examined for Thalassemia & Sickle cell disease at these 4 centers
- Blood samples collected, in the screening camps conducted in the colleges & in the blood donation camps, are routinely examined for Thalassemia & Sickle cell disease at these 4 centers
- 3) Red cell indices are most important parameters for the diagnosis of Thalassemia. MCV < 80 FL, MCH < 27 Pg, is suspected as a case of Thalassemia and the sample should be compulsorily tested for electrophoresis or HPLC test. β - Thalassemia carriers have been diagnosed by their HbA2 levels, which are usually above 4%
- HPLC test or Electrophoresis, which is confirmatory tests of Thalassemia & sickle cell disease, is routinely performed at these 4 centers.
- Family members of hemophilia patient are routinely examined for PT (Prothrombin time) and APTT (activated partial thromboplastin time)&Factor viii and ix assay.

Haematology Report

Year	Name of Factor	Total patients	Total Vials of Factor received in the year	Utilization of Factor in this Year	closing Balance of Factor	No. of affected School Children attending school due to regular treatment (Yes/No)
April 2013-March 2014	Factor VIII	4565	22233	15998	6235	117
April 2013-March 2014	Factor IX	836	3177	1951	1226	34
April 2013-March 2014	FEIBA	144	998	569	429	08
April 2013-March 2014	Factor VII	66	262	167	95	01
<u>Report of Hemophilia- 2014-15</u>						
April 2014 – Mar 2015	Factor VIII	5148	25489	20004	5489	303
April 2014 – Mar 2015	Factor IX	1278	4496	3141	1355	107
April 2014 – Mar 2015	FEIBA	267	1220	1049	171	4
April 2014 – Mar 2015	Factor VII	41	451	157	294	2

Report of Hemophilia- 2015-16						
April 2015– Mar 2016	Factor VIII	3821	30949	11482	19967	297
April 2015 – Mar 2016	Factor IX	691	6269	1434	4832	38
April 2015 – Mar 2016	FEIBA	255	5123	787	4483	0
April 2015 – Mar 2016	Factor VII	96	1138	351	667	0
Report of Hemophilia- 2016-17						
April 2016– Mar 2017	Factor VIII	4860	105752	18727	87025	377
April 2016– Mar 2017	Factor IX	642	7130	1561	5569	90
April 2016– Mar 2017	FEIBA	432	7921	1182	6739	11
April 2016– Mar 2017	Factor VII	78	1521	268	1253	0
Report of Hemophilia- 2017-18						
April 2017– Mar -2018	Factor VIII	5308	26591	17270	9321	290
April 2017– Mar -2018	Factor IX	643	2034	1291	743	52
April 2017– Mar -2018	FEIBA	311	1437	1281	156	38
April 2017– Mar -2018	Factor VII	182	904	782	122	4
Report of Hemophilia- 2018-19						
April 2018– Mar -2019	Factor VIII	7485	25477	24021	1456	377
April 2018– Mar -2019	Factor IX	1376	4030	2986	1044	59
April 2018– Mar -2019	FEIBA	429	1904	1414	490	15
April 2018– Mar -2019	Factor VII	224	1810	684	1126	5
Report of Hemophilia- 2019-20						
April 2019– Mar -2020	Factor VIII	7628	64067	27300	36767	235
April 2019– Mar -2020	Factor IX	1614	5907	4238	1669	87
April 2019– Mar -2020	FEIBA	618	3000	2039	961	2
April 2019– Mar -2020	Factor VII	354	1573	1172	401	0
Report of Hemophilia- 2020-21						
April 2020– Mar-2021	Factor VIII	4312	31194	20824	10370	80
April 2020– Mar-2021	Factor IX	360	2735	1415	1320	16
April 2020– Mar-2021	FEIBA	252	2690	935	1755	2
April 2020– Mar-2021	Factor VII	75	874	853	21	0
Report of Hemophilia- 2021-22						
April 2021– Mar-2022	Factor VIII	7319	59587	42013	17574	80
April 2021– Mar-2022	Factor IX	1437	6583	3745	2838	16
April 2021– Mar-2022	FEIBA	421	2794	2026	768	2
April 2021– Mar-2022	Factor VII	222	1316	962	354	0
Report of Hemophilia- 2022-23						
April 2022– Mar-2023	Factor VIII	9370	51596	44670	6926	168
April 2022– Mar-2023	Factor IX	2263	6092	4806	1286	26
April 2022– Mar-2023	FEIBA	878	2675	1844	831	2
April 2022– Mar-2023	Factor VII	264	3034	1124	1910	8
Report of Hemophilia- 2023-24						
April 2023– Mar-2024	Factor VIII	11745	58153	50282	7871	168
April 2023– Mar-2024	Factor IX	2157	8583	4730	3853	26
April 2023– Mar-2024	FEIBA	447	2350	1377	973	2
April 2023– Mar-2024	Factor VII	496	2437	1816	621	8

Report of Hemophilia- 2024-25						
Year	Name of Factor	Total patients	Total Vials of Factor received in the year	Utilization of Factor in this Year	closing Balance of Factor	No. of affected School Children attending school due to regular treatment (Yes/No)
April 2024– Sept 2024	Factor VIII	5314	19428	17906	1522	10
April 2024– Sept 2024	Factor IX	987	7095	2946	4149	0
April 2024– Sept 2024	FEIBA	348	2425	1340	1085	0
April 2024– Sept 2024	Factor VII	138	726	548	178	0

Thalassemia Report			
Year	No. of Patients	No. of Transfusion	No. of Patients Iron Chelation
April 2013- March 2014	3114	3114	3114
April 2014- March 2015	3691	3691	3691
April 2015 – March 2016	4909	4735	4707
April 2016- March 2017	6980	6980	6980
April 2017– March 2018	6544	6544	6066
April 2018– March -2019	6351	8123	6351
April 2019– Mar -2020	6952	9154	6952
April 2020– Mar -2021	4782	5658	4782
April 2021-March-2022	6250	7985	6250
April 2022-March 2023	3854	4920	3854

5.20 Ayushman Arogya Mandir – Arogyam Paramam Dhanam

Introduction and Objectives

- Government of India has launched Comprehensive Primary Health Care campaign to address critical issue of access to health care. Comprehensive Primary Health Care (CPHC) is essential to avert disease and promote well-being, ensure continuity of care and enable gate-keeping so as to reduce the burden on secondary and tertiary level facilities, thus saving costs to system and the individual.
- AAM delivers, these set of comprehensive services through team based approach. A primary health care team trained and equipped in a set of skills and redesigned work processes to ensure a continuum of care that places emphasis on preventive and promotive health.
- To provide CPHC near to the community, State is moving forward with strengthening of all the SCs, PHCs, UPHCs, Ayush facilities and UHWCs as Ayushman Arogya Mandirs along with additional provision of health promotion & wellness activities like Yoga. State is committed to transform all SCs, PHCs & UPHCs Ayushman Arogya Mandirs

The AAMs provide preventive, promotive, curative and rehabilitative care for a package of 13 services as below

1. Care in Pregnancy and Child-birth.

2. Neonatal and Infant Health Care Services
3. Childhood and Adolescent Health Care Services.
4. Family Planning, Contraceptive Services & other Reproductive Health Care Services
5. Management of Communicable Diseases: National Health Programmes
6. General Out-patient Care for Acute Simple Illnesses and Minor Ailments
7. Screening, Prevention, Control and Management of Non-communicable Diseases
8. Care for Common Ophthalmic and ENT Problems
9. Basic Oral Health Care
10. Elderly and Palliative Health Care Services
11. Emergency Medical Services including Burns and Trauma
12. Screening and Basic Management of Mental Health Ailments
13. Yoga & Ayush
14. Teleconsultation

- AAMs not only to expand the service package but also to create a perception in the community that the facility is close to them, offers a platform for preventive and promotive action. Apart from service provision, key interventions envisaged under AAM include Population Enumeration, Creation of Family folders and to assure continuity of care, diagnostic services, regular refills of drugs for chronic diseases, access to Tele-Consultation Services and use of IT platforms. State has already started implementation of population based screening, control and management of Hypertension, Diabetes and Cancers (Oral, Breast & Cervical)
- The SC-AAMs are headed by a Community Health Officers with a primary health care team including ANMs, MPW (M) and ASHAs of the sub center area. Under CPHC-AAM programme BAMS, BUMS & Nursing graduates are being appointed as Community Health Officer.

Phasewise Operationalization

Sr. No.	Implement Year	Total No. of SC	District name
1	2016-17	30	Palghar (Jawahar, Mokhada, Vikram gad Nashik (Malegaon)
2	2017-18	250	Nashik, Pune, Satara, Wardha, bhandara, Chandrapur
3	2018-19	1311	Palghar, Jalgaon, Nandurbar, Satara, Sindhudurg, Hingoli, Latur, Nanded, Dharashiv, Amravati, Washim, Wardha, Bhandara, Chandrapur, Gadchiroli
4	2019-20	5200	Palghar, Nashik, Jalgaon, Nandurbar, Pune, Satara, Sindhudurg, Hingoli, Latur, Nanded, Dharashiv, Amravati, Washim, Wardha, Gondia, Bhandara, Chandrapur, Gadchiroli
5	2020-24	1868	All District SCs
6	2024-25 (Planned)	1227	All District remaining SCs
	Total	9886	

Status of Operationalization of Ayushman Arogya Mandir:- (Dated 06.01.2025)

Sr.No.	Type of health facilities	Total facilities in State	Ayushman Arogya Mandir Target given by GOI	Operationalized Ayushman Arogya Mandir	% of facilities operationalized against total facilities in state	Percentage of facilities operationalized against Target
		A	B	C	D = C/A *100	E = C/B*100
1	SC	10748	9886	8390	78.06	84.87
2	PHC	1911	1908	1900	99.42	99.58
3	UPHC	744	818	732	98.39	89.49
4	UHCW	2232	2232	664	29.75	29.75
5	Ayush SC	390	390	358	91.79	91.79
	Total	16025	15234	12044	75.16	79.06

Status of Human Resource

Sr.no	Level	Post	Approved	Filled	Vacant
A	State	Sr. Consultant-CPHC	1	1	0
		Sr. Consultant (Training)	1	0	1
		Consultant CPHC	3	1	2
		Consultant-CPHC NCD	1	0	1
		Programme Manager	2	0	2
		Monitoring & Evaluation Officer	1	1	0
		Programme Assistant	2	2	0
Total			11	5	6
B	District	District CPHC Consultant	34	21	13
c	SubCentre	Community Health Officer	9886	7453	2433

Training Status (Till 30th November 2024)

MO	Target	NCD IT	MNS	E&P	Oral	Eye	ENT	Emergency	JAS	Eat Right	
	4362	2690	2944	2704	2818	2961	2926	2742	2252	2543	
% of Training Done			61.67	67.49	61.99	64.60	67.88	67.08	62.86	51.63	58.30

CHO	Target	CHO Induction	NCD IT	MNS	E&P	OEEE	Jas	ER Toolkit
		3183	4992	6439	6506	6369	6329	6059
% of Training Done	7453	42.71	66.98	86.39	87.29	85.46	84.92	81.30

Staff Nurse	Target	NCD IT	MNS	E&P	OEEE
	3072	931	1411	1052	1166
% of Training Done		30.31	45.93	34.24	37.96

MPW	Target	NCD IT	MNS, E&P	OEEE	JAS	Eat right
		8132	7411	6993	1530	3306
% of Training Done	16475	49.36	44.98	42.45	9.29	20.07

ASHA	Target	NCD IT	MNS, E&P	OEEE	JAS	Eat right
		14213	342	0	94	7732
% of Training Done	61945	22.94	0.55	0.00	0.15	12.48

Physical Review (till dated 06.01.2025)

	Indicators	Expanded Range of service delivery	80% Medicine availability	80% Diagnostic availability	OPD of AAM (SC 300/month, PHC 1800/month, UPHC-3000/month)	Renaming of AAM
SC	No of functional Facilities	8390	8390	8390	8390	8390
	No of facilities providing services	7979	8297	6693	5549	7304
	% of Achievement	95.10	98.89	79.77	66.14	87.06
PHC	No of functional Facilities	1900	1900	1900	1900	1900
	No of facilities providing services	1792	1818	1204	452	1367
	% of Achievement	94.32	95.68	63.37	23.79	71.95
UPHC	No of functional Facilities	732	732	732	732	732
	No of facilities providing services	623	591	269	42	472
	% of Achievement	85.11	80.74	36.75	5.74	64.48
UHCW	No of functional Facilities	664	664	664	664	664
	No of facilities providing services	634	570	499	50	411
	% of Achievement	95.48	85.84	75.15	7.53	61.90
Ayush	No of functional Facilities	358	358	358	358	358
	No of facilities providing services	277	298	266	144	234
	% of Achievement	77.37	83.24	74.30	40.22	65.36
Total	No of functional Facilities	12044	12044	12044	12044	12044
	No of facilities providing services	11305	11574	8931	6237	9788
	% of Achievement	93.86	96.10	74.15	51.79	81.27

Yoga and Wellness Session Conducted (April 2024 to December 2024)

Facility Type	No of functional Facilities	Target (10 Session per month) till Dec 2024	No of Yoga & Wellness Session conducted	% of achieved
SC	8390	755100	333875	44.22
PHC	1900	171000	25604	14.97
UPHC	732	65880	9354	14.20
UHCW	664	59760	5391	9.02
Ayush	358	32220	15981	49.60
Total	12044	1083960	390205	36.00

Tele-consultation Services

- Under CPHC AAM Programme, Teleconsultation service has been started in the year 2019-20 at Ayushman Arogya Mandirs (sub-centres, primary health centres and primary health centres in urban areas). Teleconsultation Facility has been started as HUB and Spoke Model. Ayushman Arogya Mandirs have been termed as Spoke and Hubs have been the district hospitals. The hub is attended by five MBBS medical officers and three specialist medical officers (Gynaecologist, Physician and Paediatrician). The Community Health Officer of Sub Center and Medical Officer of PHCs and UPHCs are taking an Opinion from the District Hospital HUB. The MOHFW has shortlisted a telemedicine application called e-Sanjeevani for all of the country to start Teleconsultation services. This application is developed by C-DAC, Mohali.
- The Telemedicine Department has been started in District Hospitals, Sub-District Hospitals, Rural Hospitals, Sub-Center, PHCs and UPHCs. Currently 11,247 Health Facilities are Using Teleconsultation Services in state.
- Till date 2,06,23,923 Patients has been referred through Teleconsultation Services.

Ayushman Bhava Campaign

First Phase:

- ‘Ayushman Bhavah’ campaign is envisaged to saturate all identified health care services in every village/ town in line with the commitment of Hon’ble Prime Minister to ensure reach to the last mile and enable access to health care services to everyone in the society.
- This ambitious campaign “Ayushman Bhavah” is being implemented from 17th September’ 2023 to 31st March’ 2024 in all districts of Maharashtra. The objective of the campaign is to provide quality health services in rural and urban areas and create awareness about various health care schemes.
- Under Ayushman Bhava Campaign health mela is being organized once in a month at every Sub-Centre, Primary Health Centre and Urban Primary Health Centre.

- Under this Campaign till 31st March 2024 a total footfall of 1,97,58,559 registered at AAM level with an average footfall of 77.
- Under this Campaign till 31st March 2024 a total footfall of 23,39,533 registered at CHC with an average footfall of 398.

Blood Donation Campaign

- Blood Donation Camps organized at all AAM, CHC and other public places. Till 01st Nov' 2023, 2735 blood donation camps registered on e-Raktkosh Portal with around 85,040 donors donated blood.

Pledge for Organ donation

- Instructions given in all Public health institutions, Gram Sabhas, Schools, Colleges, Offices, to take pledge for organ donation.
- Till date 31,739 individual registered pledge for organ donation on NOTTA portal.

Second Phase :

- The first phase of the ambitious campaign “Ayushman Bhava” ended on March 31, 2024 and the second phase started from April 1, 2024 is called Ayushman Arogya Shibir.
- Under this campaign, a total of 62,65,468 beneficiaries have benefited at Ayushman Arogya Mandir level and 5,20,951 beneficiaries at CHC level.

Wellness activities -

- Wellness is integral to the expanded range of comprehensive primary health care services offered at AAM.
- Wellness is aimed at keeping the country youth fit, so that, they do not have to deal with lifestyle-related diseases.
- Promotion of Health Care includes Eat Right Campaign, Fit India Movement, Yoga, Wellness activities on Annual Health Days and Health Melas.
- Every month 5 yoga sessions to be conducted at each AAM through trained Yoga Trainers.
- Till date 17,83,808 wellness sessions conducted with a total of 3,29,16,804 individuals benefited.
- Under Ayushman Arogya Mandir the Eat Right Eat Safe movement is one of the major components of the step towards a healthy India.
- ‘Eat Right India’ Movement, is a movement to help the community make safe and healthy food choices.
- Under this movement, an Eat Right Toolkit box has been developed for primary healthcare teams at all AAM. With the help of this tool kit primary healthcare teams will learn and conduct IEC activities in the community.

Achievement-

- On the occasion of Universal Health Coverage Day 2022, State of Maharashtra has awarded for achieving the target assigned for operationalization of Ayushman Arogya Mandir before timeline at the National level.
- Maharashtra stands on 3rd Position in the country for overall implementation of Programme as per GOI ranking of CPHC AAM Programme.
- Latur district received the PMs Award for Excellence in Public Administration under the category of promoting Swastha Bharat (Healthy Bharat) through Ayushman Arogya Mandir on 21st April 2023.

Details of Non-Governmental Organizations Assisting in Strengthening of Ayushman Arogya Mandir Programme:-

Presently 2 NGOs are assisting Maharashtra State for strengthening Ayushman Arogya Mandir Program Details are as follows -

1. **Path NGO** - Technical assistance is provided for various initiatives in Satara district as well as at state level through PATH NGO on pilot basis to strengthen comprehensive health services.

Especially in Satara district, Patient Support Group for Chronic Condition (HT & DM), Support for Formation & Operationalization of Public Health Committee, Quality Assurance, Strengthening of Referral pathway etc., if the said activity is successful at the district level, to expand it to the state level.

Agreement Validity - 01.06.2024 (Previously for 2 years. Submitted for approval for extension upto 2028)

2. **IPE-CKD NGO**- Under Ayushman Arogya Mandir program for strengthening of HWC health services in 9 districts (Latur, Amravati, Dharashiv, Buldhana, Jalna, Hingoli, Nanded, Akola and Washim) IPE-CKD NGO is working for Maharashtra Govt. Health Services. Especially activities for strengthening sub-centres of non-communicable diseases program are being implemented through the said organization.

Agreement Validity - Proposal File Approved; April 2025 extendable up to 2 years

Financial Review

	PIP Distribution	Expenditure	%
Total approved PIP as per RE	83158.3		
After Prioritization PIP	43122.78	26950.9	32.41
State level	3501.7	6.07	0.16
District Level	39280.7	26898.5	68.48
PHI / SIHFW	340.7	16.24	4.76

5.21 HUMAN RESOURCE UNDER NATIONAL HEALTH MISSION

Introduction:

Human resource is the most important factor for successful functioning of National Health Mission (NHM). In National Health Mission (NHM), Human Resource manages the healthcare infrastructure of the state and develops the capacity of available human resources.

Objectives:-

- To provide appropriate skilled human resources (manpower) to achieve a competent health system.
- To provide technical and non-technical manpower.
- To give priority for decentralized recruitment by appointing necessary posts.
- To prepare trained personnel for human resource management.
- To develop HRMIS software for human resource planning and quality improvement.

Recruitment Status:-

- For the recruitment of various vacant posts under National Health Mission, Maharashtra, the appointment of super specialist, specialist, medical officer is done through interview (direct interview) and apart from these posts, the appointment of all other posts is done on merit basis.
- Guidelines have been issued from the state level on 27.04.2023 & 03.07.2024 to all health institutions for the recruitment process.

Human Resource Recruitment Status (NRHM, NUHM, 15th Finance, CHO) : (Physical)

Up to 31 December 2024

Sr No	Particulars	Physical Status			
		Approved Post	Filled Post	Vacant Post	% In Place
1	NRHM	38111	29661	8450	78%
2	NUHM	21065	11592	9473	55%
3	CHO	9886	7453	2433	75%
Total Recruitment		69062	48706	20293	71%

Currently, under the National Health Mission, 71% positions have been filled.

Human Resource Financial status (Financial)

Under the central government, each fiscal year approves the implementation budget for the National Health Mission.

Financial Status (Rs. In Lakhs)					
PIP Sr. No. (FMR Code)	Approved Budget 2024-25	Prioritization Budget 2024-25	Exp. up to Dec. 2024	% of Exp. Against 2nd Prioritization	% of Exp. against Approved Budget
185	135056.27	77497.95	65314.58	84%	48%
142	65175.1	23014.24	21096.43	92%	32%
187	35049.77	20000.98	17316.65	87%	49%
Total Exp.	235281.14	120513.17	103727.66	86%	44%

For FY 2024-25, the approved budget for HR in PIP 2024-25 is total of Rs. 235281.14 lakhs and Prioritization budget of Rs. 120513.17 lakhs ((NHM,NUHM, 15th Finance, CHO) Up to 31 December 2024, 86 percentage expenditure has been incurred.

The details of the expenditure on human resources under the approved project implementation budget & Expenditures for the fiscal years 2021-22, 2022-23 & 2023-24 under the National Health Mission are mentioned in the following table:

HR Physical & Financial Status

Financial Year 2023-24

Sr. No.	Particulars	Physical Status				Financial Status (Rs. In Lakhs)			
		Approved Post	Filled Post	Vacant Post	% In Pl.	PIP Sr. No. (FMR Code)	Approved Budget 2024-25	Expenditure FY 2023-24	% of Exp. against Approved Budget
1	NRHM	35390	30251	5139	85%	185	123470.38	98500.74	80%
2	NUHM	9559	7621	1938	80%	142	25844.88	20918.79	81%
3	15th FC	12220	3157	9063	26%				
4	CHO	10673	7362	3311	69%	187	35951	25110.17	70%
Total Recruitment		67842	48391	19451	71%	Total	185266.26	144529.70	78%

Financial Year 2022-23

Sr. No.	Particulars	Physical Status				Financial Status (Rs. In Lakhs)		
		Approved Post	Filled Post	Vacant Post	% In Place	Approved Budget 2022-23	Expenditure FY 2022-23	% of Exp. against Approved Budget
1	NRHM	32,979	25,903	7076	79%	110,587.28	88641.17	80%
2	NUHM	9513	6587	2926	69%	24031.69	23384.33	97%
3	CHO	10673	7,679	2994	72%			
Total		53165	40169	12996	76%	134618.97	112025.50	83%

Financial Year 2021-22

Sr. No.	Particulars	Physical Status				Financial Status (Rs. In Lakhs)		
		Approved Post	Filled Post	Vacant Post	% In Place	Approved Budget 2021-22	Expenditure FY 2021-22	% of Exp. against Approved Budget
1	NRHM	30,971	23,481	7490	76%	110,587.28	88641.17	80%
2	NUHM	8584	5504	3080	64%	24031.69	23384.33	97%
Total		39555	28985	10570	73%	134619	112026	83%

5.22 National Viral Hepatitis Programme

Introduction

‘National Viral Hepatitis Control Programme ’ was launched on 28th July, 2018 on the occasion of World Hepatitis Day in country and in Maharashtra 28th July 2019.

There are total 5 types of Hepatitis disease. Hepatitis A, Hepatitis B, Hepatitis C, Hepatitis D & Hepatitis E. Out of the above 5 types Hepatitis B and C are two important types.

Under this programme, 4 Model Treatment Centers (MTC) and 32 Treatment Centers (TC) have been set up in the state. Hepatitis patients are being examined and treated through these centres. Treatment centers has been started in every district for diagnosis and treatment.

Aim:

- Combat hepatitis and achieve countrywide elimination of Hepatitis C by 2030,
- Achieve significant reduction in the infected population,
- Significant reduction of morbidity and mortality associated with Hepatitis A,B, C and E.

Modal Treatment Centres(MTC) / Treatment Centre (TC) :

Under NVHCP 4 Model Treatment Center (MTC) & 32 Treatment Center (TC) are establish to provide diagnostic and treatment services for Hepatitis..

- 1) Model Treatment Center - Providing diagnostic and treatment services for Hepatitis including complicated cases

Sr. No.	Model Treatment Center	District
1	L.T. Medical college ,Sion	Mumbai Suburban
2	B.J. Government medical college	Pune
3	Government medical college	Nagpur
4	Government medical college	Chatrapati Sambhajanagar

- 2) Treatment Center (TC) - Providing diagnostic and treatment services only for uncomplicated cases of Hepatitis

Sr. No.	Treatment Center (TC)	District
1	Government medical college	Dhule
2	Government medical college	Jalgaon
3	Government medical college	Solapur
4	Government medical college	Kolhapur
5	Government medical college , Miraj	Sangli
6	Government medical college	Latur
7	Government medical college	Nanded
8	Government medical college	Akola
9	Government medical college	Chandrapur
10	Government medical college	Gondia
11	Government medical college	Yawatmal
12	Government medical college	Raigad
13	Government medical college	Nandurbar
14	Government medical college	Sindhudurg
15	Government medical college	Dharashiv
16	Government medical college	Ratnagiri
17	Government medical college	Parbhani
18	KEM Hospital & GS medical college	Mumbai
19	District Hospital	Thane

Sr.No	Tratment Center(TC)	District
20	District Hospital	Ahmadnagar
21	District Hospital	Satara
22	District Hospital	Jalna
23	District Hospital	Hingoli
24	District Hospital	Beed
25	District Hospital	Amrawati
26	District Hospital	Buldhana
27	District Hospital	Washim
28	District Hospital	Wardha
29	District Hospital	Bhandara
30	District Hospital	Gadchiroli
31	District Hospital	Nashik
32	Rural Hospital	Palghar

NVHCP Activities

Hepatitis B & C Screening

- Patients on ART
- HRG Hepatitis B Negative Persons (High Risk Group FSW, Injection Drug user (IDUs), MSM, Transgender, Truckers, Migrants)
- Thalassemia Patient
- Patients on Dialysis
- Hepatitis B or C Positive blood donors (In coordination with SBTC)
- Preoperative patient
- Prisoners (In coordination with Home Department)

ANC Screening (with RCH Programme)

- Screening of ANC Pregnant women for Hepatitis B
- Hepatitis B Positive ANC should be referred to DH/WH /SDH/RH where inj HBIG available at the time of delivery for further management (i.e. New born baby shall received birth dose of Hepatitis B vaccination & Inj HBIG (Hepatitis B Immunoglobulin) immediately within 72 hours after birth to prevent maternal to child transmission of Hepatitis B.

Immunization for hepatitis B

- Birth dose (with Immunization programme)
- Health Care Workers
- High Risk Groups (In coordination with MSACS & MDA

NVHCP Performance --

Year	Hepatitis B								InjHBIG gien to New borns ofHep B +mothers
	No. of persons screened for Hepatitis B			No. of persons found positive for Hepatitis B			No . of Hepatitis B +patients tested for viral load	No. of patients put on treatment	
	General population	Pregnant women	Total	General Population	Pregnant women	Total			
2021-22	704881	220989	925870	7544	1738	9282	3495	696	569
2022-23	1098290	381327	1479617	9260	2911	12171	7158	1193	3612
2023-24	1329189	962398	2291587	12227	9212	21439	9555	1237	26490
April to December 2024	847908	1287101	2156438	8757	7323	14743	6214	1116	5961
Total	3980268	2851815	6853512	37788	21184	57635	26422	4242	36632

Year	Hepatitis C			
	No. of persons Screened for Hepatitis C	No. of persons found positive for Hepatitis C	No. of Hepatitis C positive patients tested for viral load	No. of patients put on treatment
2021-22	382393	1339	948	203
2022-23	634111	1995	1870	482
2023-24	1087305	3299	3291	674
April to Dec 2024	467079	1882	1362	501
Total	2570888	8515	7471	1860

Financial Performance -

Sr.No.	Year	Approved Budget (Rs.In Lakh)	Expenditure (Rs.In Lakh)	Percentage %
1	2020-21	1056.77	68.93	6.53 %
2	2021-22	777.30	118.07	15.18 %
3	2022-23	1033.75	162.47	18.59 %
4	2023-24	1671.01 (Budget Prioritization approved budget = 881)	95.63	11.0 %

5.23 FINANCIAL STATUS

State Health Society Maharashtra

Statement of Expenditure against PIP for the period 01.04.2024 to 31.12.2024											
											Rs.in crores
Sr.No	Comp onent	Approv ed PIP	Total PIP	Audited Opening Balance as on 01.04.2024	Funds Available			Exp. upto 31 st Dec 24	Unspe nt Balan ce	% on Appro ved PIP	% on Total Funds
					GOI (April 24)	GOM (April 24)	TOTal Funds				
Part I:NH M											
A	NHM	7422.56	7422.56	127.30	1256.37	1400.52	2784.19	2362.19	421.99	31.82	84.84
	Sub Total	7422.56	7422.56	127.30	1256.37	1400.52	2784.19	2362.19	421.99	31.82	84.84
Part III: Treas ury Route											
Q	Treasu ry(Infr		0.00		590.94	0.00	590.94	652.06			
Grand Total		7422.56	7422.56	127.30	1847.31	1400.52	3375.13	3014.25			

NHM Financial Expenditure as on 31st December 2024

Sr. No .	Districts	Total of PIP	Audited Opening Balance as on 01.04.24	Limit up to 31 st Sept 2024	Total available fund up to 31 st Dec24	Expenditure 31 st December 2024	Unspent Balance	% Against Total PIP	% Against avl. Funds
1	Ahmednagar	8096.93		6310.61	6310.61	6120.61	190.00	75.59	96.99
2	Akola	3643.23		2898.30	2898.30	2825.75	72.55	77.56	97.50
3	Amravati	8129.80		6348.21	6348.21	5529.03	819.18	68.01	87.10
4	Aurangabad	4823.42		3184.04	3184.04	3173.08	10.96	65.78	99.66
5	Beed	6641.74	560.89	4476.67	5037.56	4675.51	362.05	70.40	92.81
6	Bhandara	4078.01	124.38	3125.64	3250.02	3012.35	237.67	73.87	92.69
7	Buldhana	6377.03		5863.34	5863.34	5850.68	12.66	91.75	99.78
8	Chandrapur	5483.68		4484.57	4484.57	4250.29	234.28	77.51	94.78
9	Dhule	4266.89		3531.50	3531.50	3007.70	523.80	70.49	85.17
10	Gadchiroli	8830.46		6068.93	6068.93	5632.59	436.34	63.79	92.81
11	Gondia	5580.90		5616.80	5616.80	5192.22	424.58	93.04	92.44
12	Hingoli	3463.85	355.09	3103.86	3458.95	2575.75	883.20	74.36	74.47
13	Jalgaon	7744.33	908.99	5319.08	6228.07	5304.90	923.17	68.50	85.18
14	Jalna	5185.31	102.67	3561.31	3663.98	3414.76	249.22	65.85	93.20
15	Kolhapur	7321.39	359.39	5951.51	6310.90	5390.16	920.74	73.62	85.41
16	Latur	5713.77	6.40	4813.12	4819.52	4598.80	220.72	80.49	95.42
17	Nagpur	5991.95		4909.52	4909.52	4870.79	38.73	81.29	99.21
18	Nanded	6954.30	78.05	6224.78	6302.83	6006.26	296.57	86.37	95.29
19	Nandurbar	7051.87		5268.94	5268.94	4851.40	417.54	68.80	92.08
20	Nashik	15147.52	519.41	7793.49	8312.90	7933.55	379.35	52.38	95.44
21	Osmanabad	5842.56	96.03	4736.04	4832.07	4723.35	108.72	80.84	97.75
22	Palghar	7930.01	211.38	9495.48	9706.86	9527.42	179.44	120.14	98.15
23	Parbhani	3873.75	70.05	3128.50	3198.55	3095.36	103.19	79.91	96.77
24	Pune	9762.27		6175.27	6175.27	6054.95	120.32	62.02	98.05
25	Raigad	5344.51	282.54	4002.31	4284.85	3876.19	408.66	72.53	90.46
26	Ratnagiri	4536.84		2983.21	2983.21	2975.03	8.18	65.57	99.73
27	Sangli	5821.01		4400.33	4400.33	4225.96	174.37	72.60	96.04
28	Satara	7595.86	482.84	5321.33	5804.17	4905.95	898.22	64.59	84.52
29	Sindhudurg	3465.13	83.57	2253.53	2337.10	2166.26	170.84	62.52	92.69
30	Solapur	7046.53	340.32	5542.74	5883.06	5404.04	479.02	76.69	91.86
31	Thane	5532.53		4395.41	4395.41	4277.22	118.19	77.31	97.31
32	Wardha	4075.99	266.94	3203.43	3470.37	3268.83	201.54	80.20	94.19
33	Washim	2995.10	17.75	2240.73	2258.48	2068.05	190.43	69.05	91.57
34	Yavatmal	7210.24	0.00	6605.59	6605.59	6388.84	216.75	88.61	96.72
	Total	211558.71	4866.69	163338.12	168204.81	157173.61	11031.20	74.29	93.44
35	Corporation	36,455.38	2,834.74	27,598.90	30,433.64	23,792.05	6,641.59	65.26	78.18
36	HFWTC	689.58	30.95	421.17	452.12	380.23	71.89	55.14	84.10
37	DDHS	2253.04	609.34	810.05	1419.39	817.70	601.69	36.29	57.61
38	OtherProgram me(DDTransport,SHSRC, SFWB,IDSP, RNTCP,NLE P,NVBDCP, NCCRCP)	101.17	28881.73	6715.72	35597.45	236.74	35360.71	24.26	0.67
	Total	251057.88	37223.45	198883.96	236107.41	182400.32	53707.09	72.40	77.25
40	State	491198.12	24493.45	66805.04	42311.59	53818.97	-11507.38	10.96	127.20
41	State Share		0.00	0.00	0.00	0.00	0.00	0	0
	Total State	491198.12	24493.45	66805.04	42311.59	53818.97	-11507.38	10.96	127.20
	Total	491198.12	24493.45	66805.04	42311.59	53818.97	-11507.38	10.96	127.20
42	Treasury					44909.42			
	Grand Total	742255.81	17273.00	159688.00	176961.00	188031.93	33838.49	25.33	106.26

Rs.in
lakh

Sr. No	Municipal Corporation	PIP 2024-25	Audited Opening Balance as on 01.04.2024	Limit up to 31 Dec 2024	Total Available fund up to Dec 2024	Expenditure 31 Dec 2024	Total Unspent Balance	% Against Total PIP	% Available fund
1	Ahmednagar MC	366.87		310.40	310.40	256.16	54.24	69.82	82.53
2	Akola MC	632.09	82.85	654.56	737.41	463.20	274.21	73.28	62.81
3	Amrawati MC	693.36	12.07	709.08	721.15	573.02	148.13	82.64	79.46
4	Aurangabad MC	1122.44		1408.69	1408.69	692.90	715.79	61.73	49.19
5	Bhiwandi MC	712.46	106.53	860.74	967.27	594.45	372.82	83.44	61.46
6	Chandrapur MC	398.09	17.54	367.69	385.23	353.62	31.61	88.83	91.79
7	Dhule MC	612.27	42.94	550.45	593.39	495.44	97.96	80.92	83.49
8	Greater Mumbai MC	10443.31	1326.48	5319.97	6646.45	4289.93	2356.52	41.08	64.54
9	Jalgaon MC	412.69	32.13	407.40	439.53	300.91	138.62	72.91	68.46
10	Kalyan Dombiwali MC	1321.85	21.30	1031.27	1052.57	904.40	148.17	68.42	85.92
11	Kolhapur MC	611.26	23.87	604.18	628.05	527.50	100.55	86.30	83.99
12	Latur MC	520.40	198.60	521.00	719.60	382.03	337.57	73.41	53.09
13	Malegaon MC	948.69	32.60	807.18	839.78	767.38	72.40	80.89	91.38
14	Meera Bhander MC	615.46	62.76	521.63	584.39	420.68	163.71	68.35	71.99
15	Nagpur MC	3190.12	48.22	2350.92	2399.14	2433.54	-34.40	76.28	101.43
16	Nanded MC	873.17	46.41	739.52	785.93	675.56	110.37	77.37	85.96
17	Nasik MC	2075.41	91.22	1713.75	1804.97	1441.61	363.36	69.46	79.87
18	Navi Mumbai MC	857.55	142.83	643.84	786.67	608.51	178.16	70.96	77.35
19	Panvel MC	678.64	13.95	706.45	720.40	703.38	17.02	103.65	97.64
20	Parbhani MC	350.89	9.49	398.92	408.41	361.48	46.93	103.02	88.51
21	Pimpri Chichwad MC	1575.25	73.68	1188.72	1262.40	1198.93	63.47	76.11	94.97
22	Pune MC	2427.50	96.42	2062.27	2158.69	1874.06	284.63	77.20	86.81
23	Sangali MC	666.25	27.83	530.50	558.33	502.73	55.60	75.46	90.04
24	Solapur MC	982.30	157.11	925.82	1082.93	1014.96	67.97	103.32	93.72
25	Thane MC	1593.65	60.97	1252.55	1313.52	1200.79	112.73	75.35	91.42
26	Ulhasnagar MC	483.40	0.92	384.83	385.75	368.21	17.54	76.17	95.45
27	Vasai - Virar MC	766.37	106.02	626.57	732.59	386.64	345.95	50.45	52.78
28	Jalna MC	229.98				0.00	0.00	0.00	0
29	Ichalkaranji MC	293.65				0.00	0.00	0.00	0
Corporation Total		36455.38	2834.74	27598.90	30433.64	23792.05	6641.59	65.26	78.18

ASHA FINANCIAL STATUS (Rs in Lakhs)

ASHA Expenditure of Central Budget as per sanctioned funds in Project Implementation Plan			
Year	Budget (Rs. In lakhs)	Expenditure (Rs. In lakhs)	%
2019-20	29549.8	28571.3	97%
2020-21	36537.82	36433.8	100%
2021-22	44291.91	38436.48	87%
2022-23	47592.8	45303.00	95.18%
2023-24	54846.82	42767.61	77.97

ASHA PROGRAM STATE FUND EXPENDITURE						
Year wise State Fund Status (Rs. In Lakhs)						
Year	Approved no of ASHA	Approved no of Afs	Approved State Fund for ASHAs	Approved State Fund for Afs	State Fund Budget Approved	State Fund Expenditure
2020-21	66498	3664	2000	3000	Rs.12952.80	Rs.12952.80
2021-22	71137	3664	3500	4700	Rs.29778.00	Rs.29778.00
2022-23	75931	3664	3500	4700	Rs. 35702.20	Rs. 35702.20
2023-24	80085	3664	5000	6200	Rs. 50777.02	Rs. 47395.00
2024-25	80085	3664	10000	11200	Rs.118276.45	Rs. 93459.52

AYUSH FINANCIAL STATUS (Rs. In lakhs)

Year	Grant-in-aid Sanctioned			Expenditure made / Refunded Amount against the amount transferred to SNA as on date 31.03.2024		
	Central Share	State Share	Total	Central share	State Share	Total
1	2	3	4=2+3	5	6	7=5+6
2014-15	534.670	178.224	712.894	514.245	183.890	698.135
2015-16	1,282.734	539.845	1,822.579	1,282.734	539.845	1,822.579
2016-17	529.186	352.791	881.977	529.186	352.791	881.977
2017-18	1,784.285	1,189.520	2,973.805	1,280.285	853.497	2,133.782
2018-19	--	--	--	--	--	--
2019-20	4,308.643	2,872.429	7,181.072	3,685.733	2,457.155	6,142.889
2020-21	--	--	--	--	--	--
2021-22	--	--	--	--	--	--
2022-23	--	--	--	--	--	--
2023-24	2235.52	1490.35	3,725.870	1087.19	724.79	1811.98
Total	10,675.040	6,623.157	17,298.197	8,279.670	5,045.503	13491.342

Year wise Expenditure on Construction Works (IDW)

(Rs. In Crores)

Year	Budget Approved	Expenditure
2013-14	153.48	153.43
2014-15	134.64	59.54
2015-16	172.57	68.93
2016-17	174.49	104.69

Year	Budget Approved	Expenditure
2017-18	115.45	116.16
2018-19	302.97	158.04
2019-20	1131.45	379.19
2020-21	9824.60	2296.00
2021-22	6685.66	2776.64
2022-23	6589.87	1646.47
2023-24	4364.68	1721.93

Mobile Medical Unit Financial Status (Rs in Lakhs)

Financial year	Budget Sanctioned (In lakhs)	Expenditure (In lakhs)	Total Expenditure in %
2019-20	980.80	858.96	77.32
2020-21	980.80	925.20	94.33
2021-22	1644.80	1644.80	100.00
2022-23	492.00	492.00	100%
2023-24	1423.56	871.62	61.23%

Mobile Medical Unit Under PM JANMAN

Financial year	Budget Sanctioned (In lakhs)	Prioritization	Expenditure (In lakhs)	Total Expenditure in %
2024-25	3502.80	1733.40	757.58	43.71

Hardship Allowance Expenditure 2024-2025 (Rs in Lakhs)

Total Hardship Allowance	Sub Center	PHC	Rural Hospital	Approved	Expenditure
	375	73	18	662.85	403.99

Tribal Co-ordination Cell Approved PIP 2024-2025 (Rs in Lakhs)

Name of Activity	Manpower	Budget	Expenditure
Tribal Co-ordination Cell	26	4.53	0.56

0

Mobile Medical Units at Gadchiroli Approved PIP 2024-2025 (Rs in Lakhs)

Name of Activity	No of Unit	Budget	Expenditure	%
MMU at Gadchiroli	6	37.80	4.39	44.61

Floating Ambulance & Floating Dispensary in Nandurbar District 2024-2025 (Rs in Lakhs)

Name of Activity	Budget	Expenditure
Floating Ambulance & Floating Dispensary	66.033	31.40

CME Financial Report (Rs in Lakhs)

Year	Approved Budget	Expenditure	%
2019-20	32.00	0.00	32.00
2020-21	64.00	0.00	64.00
2021-22	64.00	9.51	64.00
2022-23	64.00	0.00	0.00
2023-24	52.00	0.00	0.00

HACC Financial Report (Rs in Lakhs)

Year	Approved Budget	Expenditure
2019-20	558.40	340.27
2020-21	172.19	121.08
2021-22	308.40	314.87
2022-23	346.40	156.85
2023-24	357.16	316.80
2024-25 Upto Sept 24	325.67	

Medical and Dental Camp Financial Report (Rs.In Lakhs)

Year	Total No. of Camps Conducted	Approved Budget	Expenditure
2019-20	50	201.00	131.03
2020-21	31	277.38	89.94
2021-22	23	289.90	218.98
2022-23	41	289.90	90.62
2023-24	69	244.995	

Rugna Kalyan Samiti (RKS) (Rs in Lakhs)

❖ F.Y. 2024-25 Financial Progress up to F.Y. 2024-2025(Dec,)

Sr. No.199 Untied Fund Institute wise Expenditure Report up to Dec. 2024(Rs. in Lakhs)						
Sr.No	Sr.NO.	Budget Head	Total Target	Approved Budget	Exp. up to Dec. 2024	%
1	199	DH/RRC/ GH/ MH	31	155.00	67.39	43.48
2		Other DH(9)/ SDH (100+(43) / WH (100+(19)	71	175.00	39.63	22.65
3		SDH -50(64)/WH-60(3)/RH(373)	440	541.25	223.76	41.34
4		PHC	1911	1964.62	1185.29	60.33
5		HWC-SC/	9886	2817.29	1017.31	36.11
6		Non HWC-SC	866	180.49	151.08	83.71
7		VHNSC	39883	2341.13	853.54	36.46
8		Own Building PHU	640	144.98	27.64	19.07
9		Rented Building PHU	131	15.63	6.31	40.36
Total			53859	8335.39	3571.95	42.85
10	160		VHNSC	48.90	8.80	17.99
11	161		JAS	42.68	2.55	5.97
Total				8426.97	3583.30	42.52

Year Wise Financial Progress for VHNSC Program

Financial Year	Total No. of VHNSC	Target of Meeting	Conducted VHNSC Meeting	% of Meeting	Approved Budget (in Lakhs)	Exp.	% Exp.
2018-19	39846	478152	245908	51.43	3984.60	3314.45	83.20
2019-20	39788	477456	109142	22.85	1524.47	706.24	46.33
2020-21	39770	477240	281860	59.06	3977.00	2935.42	73.81
2021-22	39770	477180	312247	65.44	3977.00	2088.96	52.53
2022-23	39723	476676	325132	68.21	2979.23	1879.14	55.05
2023-24	39723	476676	302938	63.55	2979.23	2429.25	81.20
2024-25 Upto Dec 24	39883	478596	294078	61.45	3988.30	853.54	36.46

Telemedicine Financial progress (Rs. In Lakhs)

Yea	Grant Sanctioned	Expenditure
2019-20	251.40	150.03
2020-21	252.4	63.34
2021-22	243.2	55.96
2022-23	164.12	127.17
2023-24	392.99	92.76
2024-25 Upto Dec 24	64.95	30.09

HWC Consultation

Year	Sanctioned Grant	(Lakhs)
2019-20	2376.62	1730.96
2020-21	346.44	92.87
2021-22	4914.54	244.3
2022-23	1315.63	149.57
2023-24	1932.08	424.83
2024-25 Upto December 2024	787.49	242.85

Sanjeevani OPD Online Free Health Services

Year	Approved Budget (Rs. In Lakh)	Total Expenditure (Rs.In Lakh)
2022-23	100	12.85
2023-24	100	51.02
2024-25 Upto December 24	32.14	11.69

Nursing Financial Status (Rs in Lakhs)

Sr. No	FMR Code	Name of the Post	2022-23		2023-24		2024-25	
			Approved budget 2022-23 (in lakhs)	Approved budget 2022-23 (in lakhs)	Approved budget 2023-24 (in lakhs)	Exp. up March 24 (in lakhs)	Approved budget 2024-25 (in lakhs)	Exp. up Dec 24 (in lakhs)
1	8.1.1.1	ANM	14567.14	14567.14	15054.04	12321.35	15806.74	9113.13
2	8.1.1.2	Staff Nurse	2066.19	2066.19	2129.07	1720.45	2235.52	1445.69
3	8.1.1.4	LHV	2061.58	1201.13	2184.22	1854.26	2293.22	1255.89

Incentive/ Awards etc. to SN, ANMs etc. (Including group/team based incentives at sub-center/PHC for primary care)

Approved Budget & Expenditure -

Sr. No.	FMR Code	Budget Head	Sanctioned budget in PIP 2024-25 (in lakhs)	Expenditure Dec. 2024 (in lakhs)
1	8.4.2	Incentive/ Awards etc. to SN, ANMs etc. (Including group/team based incentives at sub-centre/PHC for primary care)	27.71	2.96

Strengthening of Existing Training Institutions/Nursing School:-

• **Approved Budget & Expenditure -**

Sr. No.	FMR Code	Budget Head	Approved budget 2024-25 (in lakhs)	Expenditure Dec. 2024 (in lakhs)
1	9.1.5	Strengthening of Existing Training Institutions/Nursing School	71.10	20.37
2	9.2.2	HR Nursing School	696.96	276.90

Setting up of Skill Lab-

Sr. No.	FMR Code	Budget Head	Approved budget 2024-25 (in lakhs)	Expenditure Dec. 2024 (in lakhs)
1	9.1.1	Setting of Skill Lab& National Nodal centre Wardha	52.35	20.57
2	9.2.1	HR For Skills Lab & National Nodal centre Wardha	92.87	52.71

Models and Mannequins for 4 Skills Lab

- Approved Budget & Expenditure -**

FMR Code	Budget Head	Approved budget 2024-25 (in lakhs)	Expenditure Dec. 2024 (in lakhs)	%
192	Models and Mannequins for 4 Skills Lab	19.75	0.00	0%

ToT for Skills Lab Trainers

Sr. No.	FMR Code	Budget Head	Approved budget 2021-22 (in lakhs)	Exp. up to March 22 (in lakhs)	Approved budget 2022-23 (in lakhs)	Exp. (in lakhs)	Approved budget 2023-24 (in lakhs)	Exp. up to March 24 (in lakhs)	Approved budget 2024-25 (in lakhs)	Expenditure Dec. 2024 (in lakhs)
1	9.5.1.3	ToT for Skills Lab Trainers at National Skills Lab New Delhi	2.55	0.00	2.63	0.00	2.63	0.00	1.63	1.37

HEMATOLOGY PROGRAMME

Expenditure Details (Rs in Lakhs)

Sr. No.	Financial Year	Year Wise Approved Budget	Expenditure	Remarks
1	April 2018 – March 2019	3026.7	2299.49	Additional budget is utilized from NHM Free Drug & committed Budget
2	April 2019 – March 2020	2703	2358.21	
3	April 2020– March 2021	2790	3789.88	
4	April 2021- March 2022	3249	455.13	File is in process
5	April 2021- March 2023	9930.96	2802.52	Factor & Tablet Order Released by Haffkine
6	April 2023-March 2024	5500.00	359.00	Hemophilia Factors procurement procedure is in process. Tender published for Hemophilia Factors (Rs. 5050.58Cr)

HUMAN RESOURCE

Financial Status (Rs. In Lakhs)					
PIP Sr. No. (FMR Code)	Approved Budget 2024-25	Prioritization Budget 2024-25	Exp. up to Dec. 2024	% of Exp. Against 2nd Prioritization	% of Exp. against Approved Budget
185	135056.27	77497.95	65314.58	84%	48%
142	65175.1	23014.24	21096.43	92%	32%
187	35049.77	20000.98	17316.65	87%	49%
Total Exp.	235281.14	120513.17	103727.66	86%	44%

NVHCP Financial Performance –

Sr.No.	Year	Approved Budget (Rs.In Lakh)	Expenditure (Rs.In Lakh)	Percentage %
1	2020-21	1056.77	68.93	6.53 %
2	2021-22	777.30	118.07	15.18 %
3	2022-23	1033.75	162.47	18.59 %
4	2023-24	1671.01 (Budget Prioritization approved budget = 881)	95.63	11.00 %

B. NATIONAL URBAN HEALTH MISSION (NUHM)

The National Urban Health Mission (NUHM) is a flagship program of the Government of India launched in 2013 under the National Health Mission (NHM). It aims to improve the health status of the urban poor and other vulnerable sections of the urban population by providing them with equitable access to quality and affordable healthcare services.

NUHM in Maharashtra:

Rapid urbanization has led to increased population density, migration, and strain on existing urban infrastructure, including healthcare services. Emerging health challenges like NCDs, mental health issues, substance abuse, and occupational hazards, coupled with environmental pollution, overcrowding, and lifestyle factors, pose significant threats to urban health. NUHM in Maharashtra aims to address these challenges by strengthening urban health systems, improving access to quality healthcare, and promoting preventive and promotive health care.

NUHM is being implemented in 397 cities and towns from Maharashtra which have population of more than 15,000. These towns and cities cover 1 Metro City, 28 Municipal Corporations, 361 Municipal Councils and 7 Cantonment Boards. NUHM provides healthcare services to 5.03 Cr (as per 2011 Census) urban population, which is 45% of the total population.

Key Objectives of NUHM:

- Enhance access to quality and affordable healthcare services through primary, secondary, and tertiary care services for urban residents, with a focus on preventive, promotive, curative, and rehabilitative care.
- Addressing the specific health needs of urban poor, slum dwellers, migrants, and other vulnerable groups.
- Strengthen the urban health system by improving the infrastructure, human resources, and service delivery mechanisms of urban health facilities.
- Ensuring equitable access to healthcare services for all urban residents, regardless of their socioeconomic background, gender, or other social determinants of health.

Focus Area:

- Urban Poor Population living in listed and unlisted slums.
- All other vulnerable population such as homeless, rag-pickers, street children, rickshaw pullers, construction and brick and lime kiln workers, sex workers, and other temporary migrants.
- Public health thrusts on sanitation, clean drinking water, vector control, etc.
- Strengthening public health capacity of urban local bodies.

Key Interventions:

- Establishment and strengthening of Urban Community Health Centers (UCHCs) , Urban Primary Health Centers (UPHCs), Urban health and Wellness Centers (UHCWs) and Polyclinics.
- Recruitment and training of healthcare providers, including doctors, nurses, and community health workers.
- Implementation of programs for maternal and child health, family planning, and adolescent health.
- Focus on NCD prevention and control, including screening, early detection, and management.
- Strengthening of communicable disease control programs.
- Community engagement through ASHA, Rugna Kalyan Samiti and Mahila Arogya Samiti.
- Outreach activities through healthcare facilities
- Implementation of robust quality assurance mechanisms

Key Components of NUHM:

- Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A): Focuses on improving maternal and child health outcomes, family planning, and adolescent health.
- Non-Communicable Diseases (NCDs): Prevention, early detection, and management of NCDs like diabetes, hypertension, cardiovascular diseases, and cancer.
- Communicable Diseases: Control of communicable diseases such as tuberculosis, malaria, HIV/AIDS, and vector-borne diseases.
- Health System Strengthening: Strengthening the urban health system through infrastructure development, human resource development, and improved service delivery mechanisms.

Govt. of India has approved NUHM PIP 2023-24 of Maharashtra for a budget of Rs.691.39 cores and NUHM PIP 2024-25 of Maharashtra for a budget of Rs. 965.4870 cores. and up-to Dec 2024 the utilization of funds under NUHM is 91.48 % against Distributed PIP in the state of Maharashtra.

Facility Type	Target	Functional	Mapped on AAM portal
UPHC (Urban Primary Health center)	818	807	739
UHCW-AAM (Urban health and Wellness Center- Aayushman Arogya Mandir)*	2232	937	717
UHC (Urban Community Health center)	44	40	N.A.
Polyclinic	248	215	N.A.

The program is implemented through the State Program Management Unit and City program Management Unit.

Recruitment Process:

- **State Level:** Recruitment of key personnel at the state level, including SPMU Staff, City Program Managers, and City Account Managers.
- **City Level:** Recruitment of essential cadres at the city level, including Full-Time Medical Officers, Part-Time Medical Officers, ANMs, LHVs, Staff Nurses, Lab Technicians, MPWs, Pharmacists, and Specialists at UHCs.
- **Outsourcing of Staff:** Outsourcing of vacant positions for DEO cum Accountant and Attendants as per JS (Policy) letter dated 2nd July, 2017.

NUHM Human Resource Status:

Sr.No.	Financial Years	Total NUHM HR PIP 2024-25			
		Approved	Filled	Vacant	Percentage of filled post (%)
1	2020-21	7648	4849	2799	63.40
2	2021-22	8584	5504	3080	64.12
3	2022-23	9513	6587	2926	69.24
4	2023-2024	9559	7621	1938	79.72
5	2024-2025 (Up to Dec-2024)	9905	7370	2535	74.40
6	2024-2025 (UAAM HR up to Dec 2024)	11160	4222	6938	37.83

1. Infrastructure strengthening:

- Funds are approved from Government of India (GoI) in PIP for construction of new U-PHCs @ Rs. 75.00 Lakhs/UPHCs and new U-CHCs @ Rs. 500.00 Lakhs/UCHCs.
- Also funds are approved for Repair Renovation of Existing U-PHCs @ Rs. 10.00 Lakhs/UPHCs and U-CHCs @ Rs. 25.00 Lakhs/UCHCs.

Financial Year	Civil Works Approved	MCGM	Other Corporation (26)	Council and CB (68)	Total Approved (95 Cities)	No. of Works Completed	No. of work cancelled	Number of work not started	Works Completed Percentage (%)
FY-2022-2023	Repair/Renovation of UPHC	0	0	0	0	0	0	0	0
	New Construction of UPHC	0	7	8	15	12	1	2	80%
	Repair/Renovation of UCHC	0	0	0	0	0	0	0	0
	New Construction of UCHC	0	5	0	5	2	0	0	40%
	Total	0	12	8	20	14	1	2	70%
FY-2023-2024	Repair/Renovation of UPHC	0	0	0	0	0	0	0	0
	New Construction of UPHC	0	18	1	19	2	0	0	10.52%
	Repair/Renovation of UCHC	0	0	0	0	0	0	0	0
	New Construction of UCHC	0	4	0	4	0	0	0	0
	Total	0	22	1	23	2	0	0	8.60%
FY-2024-2025	Construction Approved for 8 number of facilities however budget is prioritized for Fy-2024-2025								

Accredited Social Health Activist (ASHA)

- ASHAs act as crucial frontline workers, connecting urban slum communities with health facilities.
- They play a vital role in generating demand for health services within their designated service areas.
- Each ASHA will be responsible for a specific geographic area, typically serving 1000-2500 beneficiaries (approximately 200-500 households).
- ASHAs are paid a fixed GoI incentive of Rs.3000 and state incentive of Rs.10,000 per month. She also gets performance-based incentives against 36 types of indicators under various national programs.

Urban ASHA Selection & Training Status

Sr. No	Financial Year	Particulars	Target	Achievement	%
1	2020-2021	Selection of ASHAs	8543	7461	87.33
2		Induction module	8543	6037	70.66
3		Total number of Urban ASHA trained in 6th & 7th Module	8543	5239	61.32
4		Number of ASHAs (Urban) in position with Drug kits	5660	0	0
5		Number of ASHAs (Urban) in position with HBNC kits	5540	0	0
1	2021-2022	Selection of ASHAs	8543	8190	95.86
2		Induction module	8543	6789	79.46
3		Total number of Urban ASHA trained in 6th & 7th Module	8543	5466	63.98
4		Number of ASHAs (Urban) in position with Drug kits	5660	0	0
5		Number of ASHAs (Urban) in position with HBNC	5540	0	0
1	2022-2023	Selection of ASHAs	15441	9286	60.14
2		Induction training	9286	5371	57.95
3		HBNC 1 st phase		5756	62.10
4		HBNC 2 nd phase		5024	54.20
5		HBNC 3 rd phase		4000	43.15
6		HBNC 4 th phase		3585	38.68
7		NCD		4762	51.38
1	2023-2024	Selection of ASHAs	15441	12084	78.26
2		Induction training	12084	10099	83.57
3		HBNC 1 st and 2 nd phase		6472	53.56
4		HBNC 3 rd phase		5345	44.23
5		HBNC 4 th phase		5164	42.73
6		NCD		6880	56.93
7		HBYC		3850	31.86
1	2024-2025 (up to Dec- 2024)	Selection of ASHAs	15580	13113	84.16
2		Induction training	13113	12429	94.78
3		HBNC 1 st and 2 nd phase		8337	63.57
4		HBNC 3 rd phase		6329	48.26
5		HBNC 4 th phase		5817	44.36
6		NCD		9007	68.68
7		HBYC		4812	36.69

Mahila Aarogya Samiti (MAS) Status as on FY-2024-25

- One Mahila Arogya Samiti (MAS) will be formed for every 500 population or 100 households.
- ASHA will serve as the Member Secretary of the MAS.
- MAS will function as a community-based peer education group.

Key Roles of MAS:

- Community mobilization
- Community monitoring
- Referrals to health services
- Focus on preventive and promotive healthcare
- Facilitating access to identified health facilities
- Management of grants received for community health activities.

Mahila Aarogya Samiti (MAS) Status.

Financial Year	Mas Target	Formed MAS
2020-2021	6904	5557
2021-2022	9617	5854
2022-2023	9617	5541
2023-2024	9617	7342
2024-2025 (Up to Dec-2024)	10952	8430

Outreach Activity Status

Outreach camps: Special camps are conducted to provide specialist services, diagnostic services and drugs to vulnerable population

- Budget: Rs. 10000/- for each camp
- Target : Annually 2 camps per UPHC

Urban Health Nutrition Day:

- UHNDs are to conducted by ANM to provide preventive and promotive health services to the targeted population
- Focusing on NCDs along with RMNCH+A services
- Target: Annually 120 UHND per UPHC

Outreach Activity and UHNDs Status

Financial Year	Name of Activity	Target	Achievements	Percentage (%)
2020-2021	Outreach Camps	651	327	50
2021-2022	Outreach Camps	2824	1856	66
2022-2023	Outreach Camps	1334	1241	93

Financial Year	Name of Activity	Target	Achievements	Percentage (%)
2023-2024	Outreach Camps	1334	1199	90
2024-2025 (up to Dec-2024)	Outreach Camps	1117	749	67.05
2020-2021	UHNDs	4653	32892	71
2021-2022	UHNDs	68160	47957	70
2022-2023	UHNDs	79560	66328	83
2023-2024	UHNDs	79560	66088	83
2024-2025 (up to Dec-2024)	UHNDs	59670	45767	76.70

RKS (Rugna Kalyan Samiti):

- Rugna Kalyan Samiti is a simple yet effective management structure in urban areas for community engagement.
- This committee led by elected public representative is a registered under Society Registration Act 1860
- This committee is involved in planning for healthcare services at facility level and monitors performance.
- Untied Grant: Unit cost for UPHC is Rs 1.75 Lakhs and UCHC is Rs. 2.50 Lakhs.
- The funds provided are to be used for following activities:
 - Purchase of Medicine, equipment, dressing material/ bandage/cotton.
 - Referral services
 - Laboratory services for poor patient
 - Minor repairs of institution.
 - Clean drainage, toilet Facility.
 - Clean drinking water facility for patient.
 - Sitting arrangement for patient,
 - Repair of furniture, door/windows (carpenter works)
 - Fund for other innovative schemes (outdoor Medical camp)

RKS institution Registration Status

Financial Year	Type of Institutes(UPHC/UC HC)	RKS Status			
		Total Target	Total Registered Institute	Meetings Target	Meetings Held
2020-2021	(UPHC and UCHC)	605	378	3024	574
2021-2022	(UPHC and UCHC)	688	395	3160	875
2022-2023	(UPHC and UCHC)	671	398	3202	674
2023-2024	(UPHC and UCHC)	789	388	3104	1393
2024-2025(up to Dec-2024)	(UPHC and UCHC)	862	406	3248	1086

JSSK Referral Transport (Mumbai)

The referral transport program under the Janani Shishu Suraksha program by the National Health Mission is implemented by the Public Health Department. Under this program, free vehicle service is provided to transport the mother, newborn child and ill infants (0 to 1 year) to their residence after delivery in Mumbai and MMRDA area.

Physical Performance

JSSK Drop back Report for Mumbai Corporation				
SR. NO.	Financial Year	Free drop back to pregnant women	Free drop back to sick children (01 yrs)	No.of Drop back service given to JSSK beneficiaries
1	2020-2021(up to Oct 2020 to March 2021)	888	970	1858
2	2021-2022	14224	5656	19980
3	2022-2023	27107	31616	58723
4	2023-2024	28752	43137	71889
5	2024-2025 (up to Dec-2024)	21870	39489	61359

Urban Facility Based Reporting Status under IHIP- HMIS (Main) Portal:

- HMIS is an information system specially designed to assist in the management and planning of health programs.
- Facility Based Reporting on the portal under NUHM started from 1st November 2015 which is currently increased to 100%.

Expenditure against approved PIP 2024-25

Financial Year	TOTAL (In Lakhs)			
	Approved PIP for FY	Distributed PIP as per Prioritization	Exp	% against on PIP
2020-2021	27279.66	-	20012.00	73.36
2021-2022	41233.00	-	28907.14	70.11
2022-2023	42030.12	-	26552.44	63.17
2023-2024	69139.29	55848.81	37330.91961	66.84
2024-2025 (up to Dec-2024)	96548.70	30302.2	27720.16	91.48

CHAPTER 6

NATIONAL LEPROSY ERADICATION PROGRAMME

Since 1955 National Leprosy Control Programme was being implemented on SET pattern (Survey, Education and Treatment) through vertical Infrastructure. In 1981-82 MDT was introduced in the State in phase wise manner, covering all the districts by 1995-96. MDT has yielded wonderful results in the form of reduction of P.R. from **62.40/10,000** (3,12,877 Balance Leprosy Cases under treatment) **in 1981-82 to 14.70/10,000** (1,18,864 Cases) after first decade i.e. by end of **1991-92 & 3.27/10,000** (32,318 Cases) after second decade i.e. by end of **2001-02** and PR **1.05/10,000 (13517) Balance Leprosy Cases under treatment) by end of October 2024.**

NLEP is Centrally Sponsored. This programme is integrated in to General Health Care Service. The NLEP is implemented in the State by Govt/ Local bodies (Zilla Parishad, Municipal Corporation and Municipal Councils) and Voluntary organizations. The State had achieved Leprosy elimination by end of Sep. 2005. Elimination means to reduce the Prevalence Rate (PR) of the state less than 1 per 10000 populations.

Operational Guidelines:

- Sustaining political commitment at the national and local government levels in all endemic countries.
- Strengthening routine and referral services within the integrated health systems in all endemic countries.
- Using the rate of new cases with grade-2 disabilities among new cases per 100 000 population as a key indicator to monitor progress in addition to the current list of indicators
- Implementing innovative approaches for case-finding in order to reduce the delay in diagnosis and the occurrence of grade-2 disabilities among new cases, including examination of household contacts of cases at the time of diagnosis or within a time span close to the same and incorporating special efforts to improve control activities for populations living in difficult-to-access and suburban areas.
- Improving quality of clinical services for diagnosis and for the management of acute and chronic complications, including prevention of disabilities/ impairments, and enhancing the provision of rehabilitation services through a well organised referral system.
- Supporting all initiatives to promote Community Based Rehabilitation (CBR) with special attention given to activities aimed at reducing stigma and discrimination against persons affected by leprosy and their families.
- Ensuring supply of drugs for multidrug therapy (MDT) free of cost and effective distribution systems in all endemic countries.
- Establishing and maintaining a surveillance system to prevent and limit development and transmission of resistance to anti-leprosy drugs.
- Promoting development of more effective drugs/ regimens to treat leprosy and its complications.
- Developing sustainable training strategies at the global and national levels to ensure availability of leprosy expertise in all endemic countries.
- Exploring the use of chemoprophylaxis as a tool to prevent the occurrence of new leprosy cases among household contacts.
- Fostering supportive working arrangements with partners at all levels.
- The Enhanced Global Strategy will require endorsement and commitment from everyone working towards the common goal of reducing the disease burden due to leprosy and its detrimental physical, social and economic consequences in order to move closer to achieving the common dream of "World Without Leprosy".

Major Challenges:

- There is an urgent need to reaffirm political commitment and remove the sense of complacency that seems to have set in vis-a-vis leprosy control programmes.

- Referral systems need to be improved by strengthening existing referral facilities, and where needed, establishing new facilities within the integrated health systems to improve management of acute and chronic complications of leprosy.
- There is a growing need to develop more effective tools and procedures for early recognition and management of leprosy reactions and nerve damage.
- Most programmes need to initiate activities to improve the quality of life of persons affected by leprosy through the prevention of disabilities and community-based rehabilitation measures.
- There is an urgent need to build and sustain leprosy expertise at the country level. A strategy needs to be developed in collaboration with partners that will cover training programmes at the global and national levels.
- The information, education and communication (IEC) component of the programme is important for improving community awareness in order to promote voluntary reporting and to eliminate the stigma and social discrimination faced by persons affected by leprosy. It is essential to ensure that such initiatives are locally appropriate, cost-effective and sustainable.
- Recent reports of patients relapsing with drug-resistant strains of *M. leprae* are a cause for concern. The challenge lies in closely monitoring the development of drug resistance, particularly rifampicin-resistance, through a coordinated global and national surveillance network, and in facilitating research initiatives to develop alternative treatment regimens to curb its spread.
- One of the long-term needs is to develop reliable diagnostic tests for early diagnosis and an effective vaccine for the prevention of leprosy.
- Supervision has remained a weak link in most programmes. National programmes must strengthen integrated supervisory activities in order to improve the quality of leprosy services in the field.
- Partnership and collaboration with all stakeholders is now crucial to effectively share the challenges and work together to overcome them.

Future Strategy

- To promote early case detection & prompt MDT.
- To further reduce the Leprosy Burden, Stigma & discrimination against people affected with Leprosy (PAL) & their family members.
- To provide quality Leprosy Services through General Health Care System (GHC) by creating strong referral system & by enhancing DPMR (Disability Prevention & Medical Rehabilitation) Services.
- Capacity building of GHC Staff.
- IEC & advocacy for early self reporting.
- Strengthening Monitoring & Supervision

Aims & Objectives

NLEP Goal :-

1. Elimination of Leprosy i.e.Reducing prevalence less than 1 case per 10000 population in every district-
2. Zero G2D among Child Leprosy Patient.
3. Rate of Grade II disability less than 1 cases per million Population among new Leprosy Cases.
4. Zero Stigma & Discrimination.

NLEP annual plan :-

- i. Improved early case detection
- ii. Improved case management
- iii. Stigma reduced
- iv. Development of leprosy expertise sustained
- v. Research supported evidence based programme practices

- vi. Monitoring supervision and evaluation system improved
- vii. Increased participation of persons affected by leprosy in society
- viii. Programme management ensured

Global Leprosy Strategy -

Vision – 1) Zero disease

- 2) Zero transmission of leprosy infection
- 3) Zero disability due to leprosy
- 4) Zero stigma and discrimination

Goal - Further reduce the global and local leprosy burden

Targets -

Sr.No.	Indicators	2030 target
1	Number of Children diagnosed with leprosy and visible deformities	0
2	Rate of newly diagnosed leprosy patients with visible deformities	< 1 per million
3	Number of countries with legislation allowing discrimination on basis of leprosy	0

PR>1/10000 :- (1) Raigad (2) Palghar (3) Dhule (4) Nandurbar (5) Jalgaon (6) Dharashiv (7) Nanded (8) Washim (9) Amravati (10) Yawatmal (11) Bhandara (12) Gondia (13) Chandrapur (14) Gadchiroli (15) Nagpur (16) Wardha

ANCDR>10/Lac:- (1) Raigad (2) Thane (3) Palghar (4) Dhule (5) Nandurbar (6) Jalgaon (7) Nashik (8) Satara (9) Sambhajinagar (10) Parbhani (11) Hingoli (12) Latur (13) Beed (14) Dharashiv (15) Nanded (16) Akola (17) Washim (18) Amravati (19) Yawatmal (20) Bhandara (21) Gondia (22) Chandrapur (23) Gadchiroli (24) Nagpur (25) Wardha

Implementation Strategies:

1. NLEP is integrated in General Health Care Services. Now Leprosy Cases are detected with the help of General Health Care staff. Health Workers detect suspected leprosy cases and refer to Medical officer, i/c PHC for diagnosis. Medical Officers are expected to diagnose the case within seven days.

- Also leprosy cases are detected through passive surveillance through OPD. Suspected cases are voluntary reporting for examination & diagnosis of leprosy. To boost up Voluntary reporting of cases, IEC activities & Health Education Activities are implemented at field level.
- Incubation period of leprosy disease ranges from 6 months to 30 yrs. with avg. of 2 to 5 yrs.
- After labeling patient as leprosy, MDT treatment is immediately started to the patient as per their classification. (PB: 6 Months duration & MB: 12 Months duration). It helps to stop the spread of infection.
- After receipt of first Supervisory dose of MDT drug, 99.99 % bacteria are killed.

2. Training:- Reorientation Training of Medical Officers & Health Supervisors/Health Assistant are planned at District level. Training of District Nucleus Team with the help of ILEP Partners, NLEP management training of DLOs and MOs at RLTRI, Raipur. RCS training of surgeons and Physiotherapists at State Level in Co-ordination with ILEP Partners at TLM, Miraj is planned

3. Special Health Education : Marathon, Rallies, Quiz Contest, workshops of Health Workers, Workshops of Private Medical Practitioners, Workshops of Mahila Mandals & NGOs, Miking & Distribution of Hand Bills at various "Jatras" & Bazaars" are planned.

4. Disability Prevention & Medical Rehabilitation (DPMR)

- Reconstructive Surgeries are performed on eligible deformed patients at General Hospitals and selected NGOs free of costs. An incentive amounting to Rs.8,000/- is given to Leprosy Affected

Persons for each Major Operation of Reconstructive Surgery (RCS). Medical Colleges/PMR centers and District Hospital are also paid Rs.5000/- for each of the Major RCS conducted.

- Two pairs/Year of MCR footwear free of cost are provided to eligible Leprosy patients to avoid ulcer.
- Goggles are supplied free of cost to eligible Leprosy patients of eye deformity.
- Splints are provided free of cost to Hand Deformity patients for not to develop further deformity.
- Ulcer Treatment are given free of cost to needy leprosy patients at PHCs, Dispensaries of Municipal Councils & Municipal Corporation and Self Settled Colonies.
- Physiotherapy Services are given free of cost to needy leprosy patients having deformity or not to develop deformity at all Govt. Hospitals and Self Settled Colonies.

5. **Active Case Detection & Regular Surveillance Activity** are also planned as per GOI directives.

Facilities Providing Services i. e. Health Infrastructure under NLEP

S.N.	Type of Institution	No.
1	Supervisory Urban Leprosy Unit	23
2	Urban Leprosy Centers	237
3	Temporary Hospitalization Ward (THW)	3*
4	Govt. Lep. Dispensaries / Kushtdham	2**
5	Reconstructive surgery Units (Govt + NGO)	17 (9+8)
6	Leprosy Training Centers Govt. (LTC)	2 (\$)
	Functioning Non-Govt. Organization NHM	
7	New NGO Scheme #	18
8	Rehabilitation	15
8A	Hospitals	13
9	Self Settled Leprosy Colonies	30

* 1) Mumbai 2) Pune 3) Nagpur

** Govt. Leprosy Dispensaries/Kushtdham 1) Dr. Bandorwala Leprosy Hospital, Kondhwa, Pune & 2) Leprosy Hospital Shenda Park, Kolhapur

(\$) 1) Pune 2) Nagpur

As per GOI guidelines proposal of 18 NGO's under New NGO Scheme was approved by NRHM for 2023-24

Manpower Available Under NLEP:

National Leprosy Eradication Programme is implemented by the Joint Director of Health Services (Leprosy & TB) Pune in the state as per Govt. of India's guidelines. A total of 1097 posts of all cadres (Class I to Class IV) are sanctioned for effective implementation of NLEP in the state. Out of that 109 posts of NMS and 487 posts of LT/NMA are on the Establishment of Joint Director of Health Services (Leprosy & TB) Pune. (In the "Review of Posts ", out of 231 posts of NMS & 979 posts of LT/NMA, 109 NMS & 487 LT/NMA are treated as essential & remaining are treated as additional).

Posts treated as the additional at the end of "Review of Posts", vide Govt. Resolution dated 6th August 2007, had accommodated in the State Cadre of Multi Purpose Health Workers vide Govt. Resolution dated 19th June 2008. Leprosy Technician/Non Medical Supervisor had appealed in various courts. Aurangabad High Court had issued Stay on the G.R. dated 19th June 2008. After that, Govt. has issued Marathi G.R. No infu2009\$ddjksra\$iz-dz-176\$lsok&5 fn-19\$12\$2009vide which 48 posts of Leprosy Technician were declared supernumerary. As per the resolution creating supernumerary posts, the posts were to be abolished as and then. In April –May 2012 during General transfers all NMAs working on supernumerary posts were transferred on vacancies on regular establishment.

The salary & allowances of these posts and State Level 487 Leprosy Technician & 109 Non Medical Supervisor are drawn from subhead (01)(10) Leprosy Control Unit & Hospital, Budget Head 2210 0665. Similarly the 76 posts of NMS and 540 posts of NMA from Local sector were treated as additional at the end of "Review of Posts", Presently 15 NMS and 196 NMAs are working and the salary & allowances of these posts are drawn from subhead (00)(10) Leprosy Control Unit & Hospital, (Local sector) Budget Head 2210 E007.

Manpower (Regular)

S. N.	Category	Sanctioned	Filled
1	Joint Director of Health Services (Leprosy & TB)	01	00
2	Assistant Director of H.S. (Leprosy)	40	18
3	Medical Officers II	65	62
4	Non Medical Supervisors	109	98
5	Leprosy Technicians / Non Medical Assistant	487	324
6	Laboratory Technicians	5	3
7	Statistical Assistant	41	25
8	Statistical Investigator	01	01

Details of Contractual Staff at State & District level**State Level**

The State level staff of Surveillance Medical Officer, Budget Finance Officer, Administrative Assistant, Data Entry Operator & Driver have been sanctioned for State Health Society Maharashtra (NLEP) for technical work as well as financial & administrative work of State Health Society.

S.No.	Category	Sanctioned posts	Filled in
1	State Leprosy Consultant	1	0
2	Budget & Finance Officer cum Administrative Officer	1	1
3	Administrative Assistant	1	1
4	Data Entry Operator	1	0
5	Driver	1	1

District Level

The Contractual posts of 21 District Leprosy Consultant are surrendered from April 2015. 21 Physiotherapist & 215 Para Medical Worker have been sanctioned in the PIP 2013-14 at 21 High Endemic Districts in the State for case finding, treatment and disability prevention & Medical rehabilitation of Leprosy affected patients. The same posts are continued for the year 2016-17 also.

Sr. No.	Category	Sanctioned posts	Filled in
1	District Leprosy Consultant	21 Posts Surrendered from April 2015	
2	Physiotherapists	35	24
3	Para Medical Workers	215	205
4	Divisional Leprosy Consultant	8	6

Various Schemes:

Schemes of Medical Rehabilitation of Leprosy Patients are implemented by Health Department and schemes of Socio Economic Rehabilitation of Leprosy Patients are implemented by Social Welfare Department for welfare of needy leprosy patients. Under Medical Rehabilitation of Leprosy Patients, Reconstructive Surgeries are performed on eligible deformed leprosy patients. Also services of MCR Chappals, Goggles Splints, and Physiotherapy etc. are also provided to needy leprosy patients. Under Socio Economic Rehabilitation of Leprosy Patients benefits of Sanjay Gandhi Niradhar Yojana, Indira Awas Yojana, Bank Loans etc. are given to needy Leprosy Patients.

Medical Rehabilitation of Leprosy Patients

S.N	Particulars	2019-- 20	2020- 21	2021- 22	2022- 23	2023- 24	2024-25 (Oct. 24)
1	Reconstructive Surgery (Major)	234	16	260	239	214	97
2	Distribution of MCR Chappals(pairs)	12678	1169	6180	16677	19490	10512
3	Distribution of Self care kit	2551	3575	7238	11815	11687	6655

Medical Rehabilitation of Leprosy Patients – 2022-2024
Socio Economic Rehabilitation of Leprosy Patients

S. N.	Particulars	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 (Oct. 24)
1	Sanjay Gandhi Niradhar Yojna	887	689	165	268	197	65
2	Financial Support	102	442	444	432	236	114
3	Bank Loan	8	3	15	0	0	0
4	Indira Awas Yojna	38	104	41	73	97	14
5	Vocational Training	22	52	18	41	34	19
6	Antyodaya Yojana (Introduced in 2010-11)	990	673	141	236	386	54
7	BPL Cards (Introduced in 2010-11)	786	689	227	333	356	145

Activities :

The State has conducted following activities

- 1) Leprosy Cases Detection Campaign (LCDC)
- 2) Leprosy Cases Detection & Regular Survelance (ACDARS), from 2020-21
- 3) Focused Leprosy Campaign,
- 4) Hard to Reach Planning (H to R),
- 5) SPARSH Leprosy Awareness Campaign (SLAC).

Yearwise NCD cases in LCDC/ACDRS Campaign

Sr.No	Year	LCDC/ACDRS cases	Total cases	District Involved
1	2015-16	166	15695	5
2	2016-17	4134	15012	16
3	2017-18	5073	16065	22
4	2018-19	5268	15299	35
5	2019-20	6116	16531	35
6	2020-21	7084 (ACDRS)	12438	35
7	2021-22	10051 (ACDRS)	14520	35
8	2022-23	6731	19860	35
9	2023-24	6744	20001	35

LEP LCDC 2023-24

Sr. No.	Name of District	Eligible Population as per Microplan for LCDC 2023	Population Screened / Covered	No. of Suspects identified	No. of suspect examined	New Cases Detected					Disability amongst new cases detected					
						MB (Adult)	MB (Child)	PB (Adult)	PB (Child)	TOTAL	Gr.-I (Adult)	Gr.-I (Child)	TOTAL	Gr.-II (Adult)	Gr.-II (Child)	TOTAL
1	Ahamadnagar	4099601	4048130	13806	13788	53	4	59	7	123	1	0	1	0	0	0
2	Akola	1383294	1338584	5292	5292	40	3	36	3	82	1	0	1	1	0	1
3	Amrawati	2605396	2456536	9820	9820	134	4	176	14	328	0	0	0	0	0	0
4	Chh.Sambhajinagar	2941550	2831503	12304	12304	41	2	118	8	169	2	0	2	0	0	0
5	Beed	2491341	2392519	10205	10205	31	0	73	1	105	0	0	0	0	0	0
6	Bhandara	1179845	1157949	5141	5141	63	1	115	13	192	2	0	2	0	0	0
7	Buldhana	2375226	2280977	6876	6876	27	1	53	2	83	2	0	2	0	0	0
8	Chandrapur	1975001	1910067	9569	9569	157	2	298	30	487	0	0	0	0	0	0
9	Dhule	1943713	1912311	7656	7690	118	4	79	7	208	0	0	0	0	0	0
10	Gadchiroli	1079972	1026616	8875	8875	95	0	236	23	354	0	0	0	0	0	0
11	Gondia	1394114	1336604	5764	5764	75	2	115	3	195	0	0	0	0	0	0
12	Hingoli	1116780	1075965	3980	3980	11	0	35	2	48	0	0	0	0	0	0
13	Jalana	1834569	1800756	7096	7096	30	0	61	2	93	0	0	0	0	0	0
14	Jalgaon	3509778	3318661	12087	12087	174	4	129	15	322	0	0	0	0	0	0
15	Kolhapur	3485149	3148062	13486	13430	34	0	34	0	68	10	0	10	1	0	1
16	Latur	2260173	1933019	7519	7500	32	0	82	5	119	2	0	2	0	0	0
17	Mumbai	4934513	4666669	16319	16257	65	2	37	13	117	7	0	7	7	0	7
18	Nandurbar	1772527	1736453	6451	6451	54	0	51	8	113	2	0	2	0	0	0
19	Nagpur	3031291	3223094	14575	14560	123	3	176	5	307	0	0	0	1	0	1
20	Nanded	2565958	2587893	10601	10600	90	0	184	15	289	0	0	0	0	0	0
21	Nashik	4346135	4295044	17688	17559	132	1	109	27	269	0	0	0	0	0	0
22	Dharashiv	1547501	1513862	9281	9268	48	0	186	11	245	5	0	5	0	0	0
23	Palghar	2653147	2863478	10726	10723	119	7	251	65	442	0	0	0	0	0	0
24	Parbhani	1486887	1410746	5601	5596	29	1	55	0	85	2	0	2	0	0	0
25	Pune	5455608	5300671	19065	19051	195	2	88	11	296	62	0	62	0	0	0
26	Raigad	2148773	2344761	11097	11075	92	5	109	22	228	3	0	3	7	0	7
27	Ratnagiri	1626924	1404125	6291	6278	13	0	13	1	27	0	0	0	0	0	0
28	Sangli	2528411	2557447	10102	10099	31	0	26	0	57	6	0	6	2	0	2
29	Satara	3033030	2658073	16022	16022	97	0	121	6	224	8	0	8	1	0	1
30	Sindhudurg	779434	706709	3034	3034	2	0	3	1	6	0	0	0	0	0	0
31	Solapur	3657590	3657597	13282	13282	63	0	66	0	129	0	0	0	1	0	1
32	Thane	4148935	4198062	16721	16721	95	6	157	44	302	0	0	0	0	0	0
33	Wardha	1482319	1382328	7582	7582	51	0	129	12	192	6	0	6	0	0	0
34	Washim	1118749	1761888	4242	4239	39	0	26	0	65	3	0	3	0	0	0
35	Yawatmal	2631997	2592105	10947	10947	150	2	209	14	375	5	0	5	0	0	0
Maharashtra		86625231	84829264	349103	348761	2603	56	3695	390	6744	129	0	129	21	0	21

II) Focused Leprosy Campaign (FLC-2016-17)– This Activity conducted in selected area where the villages/ Urban area having Grad -II Deformity patients and Child Cases detected during two year. In This Campaign 279 new cases detected and brought under MDT

Sr.No.	Particulars	27 Districts
1	No. of villages& areas selected	1048
2	Population covered	1897974
3	Suspects identified	10462
4	New Leprosy Cases confirmed and brought under MDT	279
5	No. of MB Cases detected	93
6	% of MB Cases	33.21
7	No.of PB Cases detected	186
8	% of PB Cases	66.79
9	No.of Child Cases detected	21
10	% of Child cases	7.52
11	No. of Gr.II Deformity Cases	4
12	% of Gr.II Deformity Cases	1.44

Focused Leprosy Campaign (FLC-2017-18)– This Activity conducted in selected area where the villages/ Urban area having Grad -II Deformity patients and Child Cases detected during last year. In This Campaign 72 new cases detected and brought under MDT

Sr.No.	Particulars	13 Districts
1	No. of villages& areas selected	352
2	Population covered	549180
3	Suspects identified	4563
4	New Leprosy Cases confirmed and brought under MDT	72
5	No. of MB Cases detected	34
6	% of MB Cases	47%
7	No.of PB Cases detected	38
8	% of PB Cases	53%
9	No.of Child Cases detected	8
10	% of Child cases	11.11%
11	No. of Gr.II Deformity Cases	1
12	% of Gr.II Deformity Cases	1.39%

- As per GOI guidelines Focused plan conducted during 20th February 2018 to 8th March 2018. During this period, special search activity carried out in villages having grade II deformity patients

S.N.	District	No.of villages /Area under FLC	Total no. of Houses	Population covered	No.of Suspects identified	No.of suspects examined	No.of confirmed cases	No.of MB cases	No.of child Cases	No.of Gr II deformity cases
1	A.nagar	25	23364	107950	720	643	8	5	1	0
2	A.bad	30	13098	56561	1164	1164	27	12	3	0
3	Beed	16	12757	64695	187	187	11	5	0	0
4	Buldana	14	4687	21716	199	127	2	2	1	0
5	Hingoli	11	5988	24568	297	289	5	1	1	0
6	Jalna	10	4625	19577	220	208	2	2	0	0
7	Kolhapur	26	17373	73380	418	331	3	0	0	0
8	Mumbai	149	18325	58195	93	91	2	0	0	0
9	Parbhani	18	6100	25634	187	187	4	1	1	0
10	Ratnagiri	15	4674	19512	215	215	1	0	0	0
11	S,durg	9	5078	16744	130	118	1	0	0	0
12	Satara	10	3184	12064	267	264	4	4	1	1
13	Sangli	19	10827	48584	466	466	2	2	0	0
Total		352	130080	549180	4563	4290	72	34	8	1

III) Hard to Reach Planning (H to R 2016-17): This activity conducted in 19 Districts of the state where hard to reach for our health personal regularly. This areas were selected and Health Education program and Survey activity carried out with help of ASHA worker and MPW/ANM.

Sr.No.	Particulars	19 Districts
1	No. of Houses visited	128465
2	Population covered	671225
3	Suspects identified	1125
4	New Leprosy Cases confirmed and brought under MDT	19
5	No. of MB Cases detected	9
6	No.of PB Cases detected	10
7	No.of Child Cases detected	1
8	No. of Gr.II Deformity Cases detected	2

Hard to Reach Planning (H to R 2017- 18): This activity conducted in 13Districts of the state where hard to reach for our health personal regularly. This areas were selected and Health Education program and Survey activity carried out with help of ASHA worker and MPW/ANM.

Sr.No.	Particulars	13 Districts
1	No. of Houses visited	104066
2	Population covered	441625
3	Suspects identified	1133
4	New Leprosy Cases confirmed and brought under MDT	11
5	No. of MB Cases detected	5
6	No.of PB Cases detected	6
7	No.of Child Cases detected	0
8	No. of Gr.II Deformity Cases detected	1

Hard to Reach Area 2017-2018

Sr. No.	District	No of villages / Area under FLC	Total no. of Houses	Population	Suspected	New case detection	No. of child Cases	No. of Gr II deformity cases
1	Ahemadnagar	57	8379	41895	158	2	0	0
2	Buldana	22	2427	12066	9	0	0	0
3	Hingoli	59	8339	32512	52	0	0	0
4	Jalna	14	2487	12119	43	0	0	0
5	Mumbai	13	841	3448	11	1	0	0
6	Sangli	45	11844	40781	144	0	0	0
7	Satara	97	5603	19758	74	2	0	0
8	Sindhudurg	59	2980	12890	39	0	0	0
9	Ratnagiri	107	20210	70271	238	0	0	0
10	Kolhapur	53	14306	62059	137	1	0	0
11	Beed	16	1428	7219	31	0	0	0
12	Aurangabad	32	4976	25380	135	3	0	0
13	Parbhani	23	20246	101227	62	2	0	1
	TOTAL	597	104066	441625	1133	11	0	1

IV) SPARSH Leprosy Awareness Campaign (SLAC-2017):

In this Campaign as per GOI guidelines State has organized gramsabha on 26th and 30th January, 2017 in all villages. Out of 33,041 villages the activity was conducted in 29,138 villages in this gramsabha awareness about Leprosy disease its mode of transmission was discussed. This activity was done to reduce the stigma of Leprosy disease and the people living with deformity of Leprosy.

SPARSH Leprosy Awareness Campaign (SLAC-2018): In this Campaign as per GOI guidelines State has organized gramsabha on 26th January, 2018 in 21,929 Grampanchayats out of 27849 Grampanchayats. In these gramsabhas awareness about Leprosy disease , its mode of transmission was discussed. This activity was done to reduce the stigma of Leprosy disease and the people living with deformity of Leprosy.

SPARSH Leprosy Awareness Campaign (SLAC-2019): In this Campaign as per GOI guidelines State has organized gramsabha on 26th January, 2019 in 24734 Grampanchayats out of 28095 Grampanchayats. In these gramsabhas awareness about Leprosy disease , its mode of transmission was discussed. This activity was done to reduce the stigma of Leprosy disease and the people living with deformity of Leprosy.

Important Decisions:

- An incentive amounting to Rs.8000/- will be given to all the Leprosy Affected Persons for each Major Operation of Reconstructive Surgery (RCS). Medical Colleges/PMLR centres and Government Hospital are also paid Rs.5000/- for each of the Major RCS conducted.
- Govt. of Maharashtra has issued a Govt. Resolution, Public Health Department, Mantralaya, Mumbai No. NLLLEP-2009/55/23/H-5/Mantralaya, Mumbai 400 032 dated 17th Nov.2014 vide which identified dresser from the self-settled colony will be paid incentive for dressing services given by him/her to PAL (Persons Affected with Leprosy) from the colony.
- The Govt.has issued resolution on 21st March,2012 regarding substantial hike in assistance to NGOs from Rs.480/month/patient to Rs.2200/Month/.Patient for hospital based leprosy patient and Rs.450/Month/Head to Rs.2000/ Month Head for rehabilitation from 1st April,2012.
 - Incentive for ASHA in NLEP After case conformation –for case without disability Rs.250/- and for case with disability Rs.200/-.
 - Follow up confirmed case for treatment Rs. 400/- for PB case & Rs.600/- for MB case.

Sparsh" Leprosy Awareness Campaign implemented on 26th Jan. 2019 in all Revenue Villages by conducting Gram Sabhas.

Sr. No.	District	No.of PHCs	No.ofGrampanchayats	No. of Grampanchayats conducted Gramsabha	%
1	A.nagar	96	1348	1066	79.08
2	Akola	30	535	391	73.08
3	Amravati	56	840	635	75.60
4	Aurangabad	50	864	820	94.91
5	Beed	50	1031	930	90.20
6	Bhandara	33	541	521	96.30
7	Buldhana	52	868	868	100.00
8	Chandrapur	58	827	762	92.14
9	Dhule	41	558	552	98.92
10	Gadchiroli	45	456	270	59.21
11	Gondia	40	553	553	100.00
12	Hingoli	24	563	543	96.45
13	Jalana	40	864	779	90.16
14	Jalgaon	77	1160	1088	93.79
15	Kolhapur	74	1018	886	87.03
16	Latur	46	787	672	85.39
17	Nagpur	49	778	755	97.04
18	Nanded	65	1309	1252	95.65
19	Nandubar	58	584	581	99.49
20	Nashik	106	1382	1378	99.71
21	Osmanabad	42	622	444	71.38
22	Palghar	46	469	352	75.05
23	Parbhani	31	784	647	82.53
24	Pune	96	1403	1188	84.68
25	Raigad	52	784	435	55.48
26	Ratnagiri	67	845	724	85.68
27	Sangli	59	699	620	88.70

Sr. No.	District	No.of PHCs	No.of Grampanchayats	No. of Grampanchayats conducted Gramsabha	%
28	Satara	71	1495	1476	98.73
29	Sindhudurg	38	429	252	58.74
30	Solapur	77	1030	978	94.95
31	Thane	33	430	384	89.30
32	Wardha	27	517	452	87.43
33	Washim	491	493	440	89.25
34	Yavatmal	62	1229	1040	84.62
	Total	2282	28095	24734	88.04

Sparsh" Leprosy Awareness Campaign implemented on 26th Jan. 2020 in all Revenue villages by conducting Gram Sabhas.

S.N.	Name of District	No.of Blocks	No.of Grampanchayats	No.of Grampanchayats organized SLAC
1	Ahemadnagar	14	1348	1348
2	Akola	7	538	529
3	Amaravati	14	840	833
4	Aurangabad	9	864	864
5	Beed	11	1031	1031
6	Bhandara	7	541	523
7	Bhuldhana	13	869	869
8	Chandrapur	15	831	809
9	Dhule	4	558	548
10	Gondia	8	553	553
11	Gadchiroli	12	459	459
12	Hingoli	6	563	560
13	Kolhapur	12	1047	1010
14	Jalana	8	864	849
15	Jalgaon	15	1160	1153
16	Latur	10	787	771
17	Nanded	16	1309	1309
18	Nagpur	13	771	771
19	Nandurbar	6	592	583
20	Nashik	15	1385	1350
21	Osmanabad	8	622	611
22	Parbhani	9	784	771
23	Pune	13	1403	1342
24	Palghar	8	473	462
25	Raigad	15	812	796
26	Ratanagiri	9	845	831
27	Sindhudurg	8	432	421

S.N.	Name of District	No.of Blocks	No.of Grampanchayats	No.of Grampanchayats organized SLAC
28	Satara	11	1495	1495
29	Solapur	11	1030	1030
30	Sangli	10	699	681
31	Thane	7	428	412
32	Washim	7	492	479
33	Wardha	8	518	518
34	Yawatmal	16	1229	1206
Total		355	28,172	27,708

Sparsh" Leprosy Awareness Campaign implemented on 26th Jan. 2023 in all Revenue villages by conducting Gram Sabhas.

S.N.	Name of District	No.of Blocks	No. of Grampanchayats	No. of Grampanchayats organized SLAC
1	Ahemadnagar	14	1348	1280
2	Akola	7	535	508
3	Amaravati	14	866	822
4	Aurangabad	9	987	937
5	Beed	11	1185	1125
6	Bhandara	7	585	555
7	Bhuldhane	13	867	823
8	Chandrapur	15	856	813
9	Dhule	4	589	568
10	Gondia	8	468	447
11	Gadchiroli	12	575	546
12	Hingoli	6	759	721
13	Kolhapur	12	864	820
14	Jalana	8	1151	1132
15	Jalgaon	15	1138	1081
16	Latur	10	787	747
17	Nanded	13	789	749
18	Nagpur	16	1309	1252
19	Nandurbar	6	601	570
20	Nashik	15	1382	1312
21	Osmanabad	8	608	577
22	Parbhani	9	445	422
23	Pune	13	784	745
24	Palghar	8	1403	1333
25	Raigad	15	789	749
26	Ratanagiri	9	845	803
27	Sindhudurg	8	699	664

S.N.	Name of District	No.of Blocks	No. of Grampanchayats	No. of Grampanchayats organized SLAC
28	Satara	11	1496	1421
29	Solapur	11	429	407
30	Sangli	10	1030	978
31	Thane	7	430	408
32	Washim	7	514	488
33	Wardha	8	493	468
34	Yawatmal	16	1207	1147
Total		355	28813	27418

Sparsh" Leprosy Awareness Campaign implemented on 26th Jan. 2024 in all Revenue villages by conducting Gram Sabhas.

S.N.	Name of District	No.of Blocks	No. of Grampanchayats	No. of Grampanchayats organized SLAC
1	Ahemadnagar	14	1586	1568
2	Akola	7	534	491
3	Amaravati	14	841	833
4	Aurangabad	9	870	861
5	Beed	11	1131	1040
6	Bhandara	7	541	507
7	Bhuldhhan	13	869	651
8	Chandrapur	15	824	678
9	Dhule	4	570	456
10	Gondia	8	458	398
11	Gadchiroli	12	548	491
12	Hingoli	6	563	563
13	Kolhapur	12	1146	1040
14	Jalana	8	778	758
15	Jalgaon	15	1037	822
16	Latur	10	789	719
17	Nanded	13	759	749
18	Nagpur	16	1324	1311
19	Nandurbar	6	634	630
20	Nashik	15	1388	1299
21	Osmanabad	8	622	563
22	Parbhani	9	470	370
23	Pune	13	710	695
24	Palghar	8	1401	1278
25	Raigad	15	814	597
26	Ratanagiri	9	822	711

S.N.	Name of District	No.of Blocks	No. of Grampanchayats	No. of Grampanchayats organized SLAC
27	Sindhudurg	8	699	683
28	Satara	11	1505	1090
29	Solapur	11	432	427
30	Sangli	10	1027	1027
31	Thane	7	449	271
32	Washim	7	521	351
33	Wardha	8	493	315
34	Yawatmal	16	1187	1054
Total		355	28813	25297

NLEP Performance Five Years

S.N.	Indicators	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 (Oct. 24)
1	New cases detected (NCD)	16531	12438	14520	19860	20001	10647
	ANCDR/ lakh *	13.07	9.55	11.14	15.58	15.54	15.92
2	Total Active Cases	10203	10417	11607	13088	14976	13517
	P.R./10,000	0.81	0.8	0.89	1.03	1.16	1.05
3.	Child Cases among NCD	1360	922	1092	1301	1321	555
	% of Child Cases among NCD	8.23	7.41	7.52	6.55	6.60	5.21
4	Gr.II Deformity Cases among NCD	258	160	141	184	138	64
	% Gr.II Deformity Cases among NCD	1.56	1.29	0.97	0.93	0.69	0.60
5	MB Cases among NCD	9090	6510	7934	10780	10279	5917
	% of MB Cases among NCD	54.99	52.34	54.64	54.28	51.39	55.57
6	Female Cases among NCD	7596	5814	6721	9089	9114	4762
	% of Female Cases among NCD	45.95	46.74	46.28	45.80	45.57	44.70
7	SC Cases among NCD	2163	1725	1767	2357	2367	1364
	SC NCDR/Lac	18.04	11.21	11.48	18.64	17.57	10.12
8	ST Cases among NCD	5321	3830	4508	6027	5913	2987
	ST NCDR/Lac	40.32	31.44	37.00	45.10	43.81	22.13
9	RFT (Released from Treatment)	15362	11676	12771	17933	17473	11842
	Cases deleted due to "Other Reasons"	363	240	193	270	348	160
	Total Cases Deleted (RFT+ "Other" deletion)	15725	11916	12964	18203	17821	12002

* New cases Detected ANCDR for the annual period November 2023 to October 2024.

NLEP District Wise Progressive Report from April 2023 to March 2024

Sr. No.	District	New Active Cases	P. R. on New Active Cases	NCD	NCDR/ lakh on last 12 mths NCD	MB Cases	% MB Cases to NCD	Child Cases	% of Child Cases to NCD	Gr II Cases	% to NCD	Gr.II disability(Per million Pop.
1	Ahemadnagar	308	0.60	401	7.85	206	51.37	26	6.48	1	0.25	0.20
2	Akola	190	0.93	228	11.19	138	60.53	8	3.51	1	0.44	0.49
3	Amravati	516	1.57	671	20.38	343	51.12	32	4.77	2	0.30	0.61
4	Beed	213	0.73	267	9.20	141	52.81	4	1.50	2	0.75	0.69
5	Bhandara	422	3.15	540	40.34	275	50.93	24	4.44	3	0.56	2.24
6	Buldhana	147	0.51	200	6.89	101	50.50	6	3.00	0	0.00	0.00
7	Cha.Sambhajinagar	307	0.71	477	11.06	195	40.88	23	4.82	0	0.00	0.00
8	Chandrapur	1330	5.41	1844	74.95	835	45.28	114	6.18	3	0.16	1.22
9	Dharashiv	341	1.83	625	33.63	137	21.92	35	5.60	0	0.00	0.00
10	Dhule	549	2.39	713	31.05	499	69.99	40	5.61	0	0.00	0.00
11	Gadchiroli	778	6.20	1084	86.37	447	41.24	82	7.56	3	0.28	2.39
12	Gondia	421	2.85	562	38.03	267	47.51	14	2.49	0	0.00	0.00
13	Hingoli	116	0.88	176	13.37	83	47.16	3	1.70	2	1.14	1.52
14	Jalana	173	0.75	223	9.72	110	49.33	6	2.69	1	0.45	0.44
15	Jalgaon	765	1.61	941	19.82	581	61.74	54	5.74	1	0.11	0.21
16	Kolhapur	162	0.37	227	5.23	132	58.15	4	1.76	1	0.44	0.23
17	Latur	191	0.66	323	11.23	112	34.67	16	4.95	1	0.31	0.35
18	Mumbai	488	0.35	602	4.29	416	69.10	57	9.47	59	9.80	4.20
19	Nagpur	663	1.27	848	16.21	473	55.78	21	2.48	5	0.59	0.96
20	Nanded	521	1.38	729	19.34	293	40.19	23	3.16	0	0.00	0.00
21	Nandubar	439	2.38	622	33.76	374	60.13	34	5.47	10	1.61	5.43
22	Nashik	779	1.07	1052	14.50	650	61.79	98	9.32	2	0.19	0.28
23	Palghar	1023	2.61	1475	37.68	565	38.31	221	14.98	1	0.07	0.26
24	Parbhani	163	0.79	237	11.52	111	46.84	7	2.95	0	0.00	0.00
25	Pune	738	0.70	751	7.08	573	76.30	47	6.26	0	0.00	0.00
26	Raigad	529	1.62	736	22.55	404	54.89	82	11.14	25	3.40	7.66
27	Ratnagiri	63	0.35	74	4.10	39	52.70	2	2.70	1	1.35	0.55
28	Sangli	126	0.40	162	5.12	113	69.75	3	1.85	3	1.85	0.95
29	Satara	392	1.16	495	14.68	259	52.32	10	2.02	1	0.20	0.30
30	Sindhudurg	35	0.37	35	3.71	26	74.29	1	2.86	0	0.00	0.00
31	Solapur	238	0.50	295	6.19	181	61.36	7	2.37	5	1.69	1.05
32	Thane	774	0.78	1036	10.44	548	52.90	162	15.64	2	0.19	0.20
33	Wardha	300	2.07	392	27.07	151	38.52	22	5.61	1	0.26	0.69
34	Washim	180	1.35	193	14.44	135	69.95	2	1.04	0	0.00	0.00
35	Yavatmal	596	1.91	765	24.56	366	47.84	31	4.05	2	0.26	0.64
Maharashtra		14976	1.16	20001	15.54	10279	51.39	1321	6.60	138	0.69	1.07

NLEP District Wise Progressive Report from April 2024 to October 2024

Sr. No.	District	New Active Cases	P. R. on New Active Cases	NCD	NCD R/ lakh on last 12 mths NCD	MB Cases	% MB Cases to NCD	Child Cases	% of Child Cases to NCD	Gr II Cases	% to NCD	Gr.II disability(Per million Pop.
1	Ahemadnagar	273	0.53	205	8.15	90	43.90	11	5.37	0	0.00	0.00
2	Akola	154	0.76	103	11.14	79	76.70	0	0.00	0	0.00	0.00
3	Amravati	430	1.31	307	20.65	177	57.65	10	3.26	0	0.00	0.00
4	Beed	185	0.64	140	10.06	88	62.86	0	0.00	1	0.71	0.34
5	Bhandara	384	2.87	302	43.33	184	60.93	10	3.31	3	0.99	2.24
6	Buldhana	114	0.39	103	7.23	63	61.17	1	0.97	0	0.00	0.00
7	Cha.Sambhajinagar	285	0.66	289	11.46	129	44.64	6	2.08	0	0.00	0.00
8	Chandrapur	1450	5.89	1149	77.56	536	46.65	56	4.87	0	0.00	0.00
9	Dharashiv	287	1.54	419	37.93	70	16.71	4	0.95	0	0.00	0.00
10	Dhule	486	2.12	347	30.92	271	78.10	20	5.76	2	0.58	0.87
11	Gadchiroli	646	5.15	506	83.74	254	50.20	25	4.94	2	0.40	1.59
12	Gondia	416	2.82	326	41.75	142	43.56	8	2.45	1	0.31	0.68
13	Hingoli	123	0.93	106	13.83	53	50.00	1	0.94	1	0.94	0.76
14	Jalana	106	0.46	68	8.11	42	61.76	2	2.94	0	0.00	0.00
15	Jalgaon	679	1.43	470	18.72	346	73.62	11	2.34	0	0.00	0.00
16	Kolhapur	141	0.32	124	5.35	70	56.45	3	2.42	0	0.00	0.00
17	Latur	180	0.63	158	10.43	44	27.85	2	1.27	0	0.00	0.00
18	Mumbai	478	0.34	331	4.36	236	71.30	38	11.48	29	8.76	2.06
19	Nagpur	658	1.26	534	18.94	331	61.99	12	2.25	6	1.12	1.15
20	Nanded	394	1.05	306	18.30	147	48.04	7	2.29	0	0.00	0.00
21	Nandubar	414	2.25	347	30.39	198	57.06	21	6.05	3	0.86	1.63
22	Nashik	669	0.92	495	13.37	337	68.08	32	6.46	1	0.20	0.14
23	Palghar	803	2.05	606	32.91	276	45.54	68	11.22	0	0.00	0.00
24	Parbhani	158	0.77	124	12.01	68	54.84	4	3.23	1	0.81	0.49
25	Pune	648	0.61	373	7.60	339	90.88	21	5.63	2	0.54	0.19
26	Raigad	428	1.31	350	21.85	225	64.29	40	11.43	9	2.57	2.76
27	Ratnagiri	44	0.24	28	3.93	20	71.43	3	10.71	0	0.00	0.00
28	Sangli	114	0.36	87	5.15	67	77.01	4	4.60	0	0.00	0.00
29	Satara	356	1.06	301	17.64	178	59.14	7	2.33	0	0.00	0.00
30	Sindhudurg	33	0.35	25	3.92	14	56.00	1	4.00	0	0.00	0.00
31	Solapur	180	0.38	131	6.13	87	66.41	2	1.53	2	1.53	0.42
32	Thane	679	0.68	536	10.34	294	54.85	90	16.79	0	0.00	0.00
33	Wardha	210	1.45	195	29.21	92	47.18	13	6.67	1	0.51	0.69
34	Washim	201	1.50	145	17.51	87	60.00	3	2.07	0	0.00	0.00
35	Yavatmal	711	2.28	611	34.99	283	46.32	19	3.11	0	0.00	0.00
Maharashtra		13517	1.05	10647	15.92	5917	55.57	555	5.21	64	0.60	0.50

National Leprosy Eradication Programme				
Disability Prevention and Medical Rehabilitation (DPMR) Report - March -2024				
Sr. NO	District	No. of patients provided with footware	No. of patients provided with self care kit	RCS done Total
1	Ahemadnagar	488	0	15
2	Akola	570	146	1
3	Amravati	1292	209	17
4	Aurangabad	545	152	6
5	Beed	314	432	4
6	Bhandara	240	118	19
7	Buldhana	201	14	4
8	Chandrapur	751	438	1
9	Dhule	1043	228	5
10	Gadchiroli	448	487	12
11	Gondia	249	218	6
12	Hingoli	62	38	4
13	Jalana	403	157	3
14	Jalgaon	605	319	2
15	Kolhapur	400	513	5
16	Latur	1001	192	3
17	Mumbai	1056	2700	3
18	Nagpur	508	462	12
19	Nanded	729	173	8
20	Nandubar	434	48	6
21	Nashik	655	509	7
22	Osmanabad	358	243	9
23	Palghar	443	322	1
24	Parbhani	393	300	4
25	Pune	695	439	3
26	Raigad	333	592	6
27	Ratnagiri	99	0	0
28	Sangli	486	521	8
29	Satara	440	136	2
30	Sindhudurg	191	108	0
31	Solapur	464	482	3
32	Thane	1257	646	15
33	Wardha	902	168	4
34	Washim	265	46	1
35	Yavatmal	1170	131	15
Maharashtra		19490	11687	214

National Leprosy Eradication Programme				
Disability Prevention and Medical Rehabilitation (DPMR) Report - October -2024				
Sr. NO	District	No. of patients provided with footware	No. of patients provided with self care kit	RCS done Total
1	Ahemadnagar	0	0	2
2	Akola	319	67	1
3	Amravati	1292	133	5
4	Aurangabad	502	146	2
5	Beed	136	65	6
6	Bhandara	198	109	0
7	Buldhana	161	23	2
8	Chandrapur	620	292	0
9	Dhule	838	25	3
10	Gadchiroli	344	310	0
11	Gondia	200	165	2
12	Hingoli	46	24	0
13	Jalana	83	41	3
14	Jalgaon	233	118	7
15	Kolhapur	283	333	5
16	Latur	386	127	2
17	Mumbai	626	1628	4
18	Nagpur	306	212	11
19	Nanded	483	92	3
20	Nandubar	342	86	0
21	Nashik	211	538	4
22	Osmanabad	307	214	6
23	Palghar	287	247	5
24	Parbhani	260	80	1
25	Pune	98	248	0
26	Raigad	183	378	6
27	Ratnagiri	34	0	0
28	Sangli	216	141	0
29	Satara	28	49	0
30	Sindhudurg	19	5	0
31	Solapur	314	250	0
32	Thane	290	192	9
33	Wardha	88	148	0
34	Washim	200	50	2
35	Yavatmal	579	119	6
Maharashtra		10512	6655	97

**National Leprosy Programme- Plan/Non-Plan Expenditure
Statement (All Head)**

Amounts in Thousand

Sr.No.	Head	Recived Budget	Expenditur e	%	Recived Budget	Expenditu re	%
		2020-21			2021-22		
1	22100665	768358	661574	78.00	772315	712646	98.00
2	22100647	200671	159816	85.00	182742	138891	96.00
3	22100941	971049	821390	85.00	957078	851537	89.00
4	22100683	13589	13589	100.00	21036	21036	100.00
5	22100745	121217	12217	100.00	20987	10488	50.00
6	22100 E 007	201169	137285	68.00	200671	159816	79.00
Sr.No.	Head	Recived Budget	Expenditur e	%	Recived Budget	Expenditu re	%
		2022-23			2023-24		
1	22100665	857185	826533	89.00	861201	833434	97.00
2	22100647	200671	159816	85.00	14997	11455	76.00
3	22100941	1059878	986349	93.00	106198	29786	28.00
4	22100683	37500	37500	100.00	23089	23089	100.00
5	22100745	28677	27855	99.00	30146	30146	100.00
6	22100 E 007	206684	137881	68.00	113973	105517	93.00
Sr.No.	Head	Recived Budget	Expenditur e	%			
2024-25 up to October 2024							
1	22100665	766225	626752	81.79			
2	22100647	10859	5000	46.04			
3	22100941	67698	24	0.03			
4	22100683	19500	18475	94.74			
5	22100745	15000	13823	92.15			
6	22100 E 007	84460	79026	93.56			

State Health Society Maharashtra – NLEP Statement of 5 years PIP & Expenditure

Year	Approved PIP	Expenditure	Percentage
2019-20	2622.54	2182.62	83.23
2020-21	1710.51	604.68	35.35
2021-22	2963.16	1566.15	52.85
2022-23	2818.25	2193.98	77.85
2023-24	2281.57	1885.09	82.62

tate Health Society Maharashtra – NLEP
Statement of Districtwise Expenditure up to March 2024

(Rs. In Lac)

Sr No	District	Approved PIP	Expenditure	%
1	Raigad	62.00	61.41	99.05
2	Thane	103.35	122.68	118.70
3	Palghar	84.62	70.42	83.22
4	Mumbai	133.06	106.93	80.36
5	Ratnagiri	41.84	28.39	67.85
6	Sindhudurg	24.87	16.93	68.06
7	Kolhapur	75.61	73.07	96.64
8	Sangli	69.70	64.06	91.91
9	Nasik	115.94	64.71	55.82
10	Dhule	49.23	57.94	117.69
11	Nandurbar	54.32	12.66	23.31
12	Jalgaon	78.44	60.89	77.63
13	Ahmednagar	98.99	71.56	72.29
14	Pune	122.63	66.29	54.06
15	Solapur	80.02	65.70	82.10
16	Satara	69.44	57.50	82.80
17	Aurangabad	65.75	46.58	70.84
18	Jalna	40.09	23.77	59.30
19	Parbhani	37.99	32.27	84.95
20	Hingoli	26.14	25.93	99.18
21	Latur	55.15	48.81	88.50
22	Beed	54.17	44.40	81.96
23	Osmanabad	40.32	35.19	87.28
24	Nanded	71.90	61.33	85.30
25	Akola	35.77	54.23	151.62
26	Washim	28.30	24.63	87.04
27	Amarawati	90.91	58.90	64.79
28	Buldhana	52.06	25.83	49.61
29	Yeotmal	75.42	63.18	83.77
30	Bhandara	33.86	29.51	87.16
31	Gondia	37.26	37.83	101.52
32	Chandrapur	68.49	68.57	100.12
33	Gadchiroli	45.78	31.69	69.23
34	Nagpur	81.41	81.15	99.68
35	Wardha	43.86	48.79	111.23
36	LTC Pune	6.40	5.45	85.16
37	LTC Nagpur	5.51	5.45	98.91
	Total	2260.62	1854.63	82.04
38	State	20.95	30.46	145.39
	TOTAL	2281.57	1885.09	82.62

State Health Society Maharashtra – NLEP

Statement of Districtwise Expenditure up to October 2024

(Rs. In Lac)

Sr No	District	Approved PIP	Expenditure	%
1	Raigad	66.67	0.30	0.45
2	Thane	117.83	0.42	0.36
3	Palghar	83.61	0.00	0.00
4	Mumbai	128.66	13.22	10.27
5	Ratnagiri	6.73	0.00	0.00
6	Sindhudurg	7.91	0.35	4.43
7	Kolhapur	13.39	0.00	0.00
8	Sangli	74.34	6.94	9.34
9	Nasik	119.60	0.00	0.00
10	Dhule	50.43	0.00	0.00
11	Nandurbar	59.07	0.00	0.00
12	Jalgaon	82.99	0.00	0.00
13	Ahmednagar	27.96	4.55	16.28
14	Pune	34.22	0.00	0.00
15	Solapur	81.70	0.00	0.00
16	Satara	70.83	1.21	1.71
17	Aurangabad	17.27	0.00	0.00
18	Jalna	7.15	0.00	0.00
19	Parbhani	10.64	0.00	0.00
20	Hingoli	6.99	1.06	15.17
21	Latur	17.63	1.13	6.41
22	Beed	11.31	0.45	3.98
23	Osmanabad	45.20	1.89	4.18
24	Nanded	27.25	0.00	0.00
25	Akola	12.94	0.00	0.00
26	Washim	33.46	1.06	3.17
27	Amarawati	90.10	9.29	10.31
28	Buldhana	8.05	1.89	23.48
29	Yeotmal	73.90	0.00	0.00
30	Bhandara	39.91	0.16	0.40
31	Gondia	39.98	1.48	3.70
32	Chandrapur	65.25	3.50	5.36
33	Gadchiroli	48.35	0.48	0.99
34	Nagpur	34.98	2.65	7.58
35	Wardha	42.62	0.00	0.00
36	LTC Pune	21.35	0.00	0.00
37	LTC Nagpur	24.05	0.00	0.00
	Total			
38	State	24.30	8.65	35.60
	TOTAL	1728.61	60.68	3.51

CHAPTER 7

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

Introduction :-

Tuberculosis (TB) is a disease caused by bacteria called as Mycobacterium Tuberculosis. It mainly affects lungs but can also affect all parts of body. TB spreads through air. When a person suffering from pulmonary tuberculosis coughs or sneezes, organisms are spread in air through droplets. As per Guidelines of Central Government, NTEP is being implemented in Maharashtra since 1998-99 in a phased manner. This programme is implemented all over the state since 2003. To implement this programme effectively State TB Society and 80 Districts/City TB Centers have been established.

➤ **Hon. Prime Minister has set an ambitious goal of elimination of Tuberculosis in India by 2025.**

➤ **Objectives of NTEP :- As Compare to 2015 achievements**

- 1 80% of reduction in TB Incidence
- 2 90% reduction in TB Mortality
- 3 0% Patient having catastrophic Expenditure

SN	Objective	Status As on 2015	Achievement 2022	Target 2025
1	80% of reduction in TB Incidence	208 Per lakh Population per year as per estimated incidence of GoI	148 Per lakh Population per year as per current notification data in Ni-kshay (29% reduction in TB incidence Rate)	42 Per lakh Population
2	90% reduction in TB Mortality*	4.47% TB death rate programme data	3.96% TB Death rate programme data (12% reduction in TB Death rate)	0.5% TB death rate
3	0 Expenditure for TB Patient	Data Not Available	Provision of free diagnostics / free medicine/ Nutrition support through DBT/Travel support for each patient (Public & private Sector)	Provision of free diagnostics / free medicine/ Nutrition support through DBT/Travel support for each patient (Public & private Sector)

➤ **Infrastructure under NTEP:-**

Institutions	Number
State TB Training Demonstration Centers (STDCs) – Nagpur, Pune & Mumbai	3
State Drug Stores - Nagpur, Pune & Mumbai	3
TB Hospitals (1) TB Sanatorium Buldhana,(2) Aundh Chest Hospital,Pune (3) G.G.Rathi TB Hospital, Amarawati (4) Shashikala TB Hospital, Jaysingpur Dist Kolhapur), (5)Shiwari (Mumbai Municipal Corporation)	5
District TB centers	34
City TB centers	46
Total TB Units (TU)	529
Total Designated Microscopy Centers (DMC)	2025
Culture and DST lab (Including IRL)	12
Nodal DR TB centers	21
District DR TB centers	42
ART Centers	91
Non Digital X-ray Machine	413
Digital X-ray Machine	49

Institutions	Number
CBNAAT Machine	170
True NAAT Machine (State-150 ,CTD-79,Tribal-100)	329
NGO working under programme	80
Partners organization	08
Medical college Total (63)	Govt. 31
	Private 32
PPSA Districts/Corp. Under NHM State	35

Staff Position:-

	Sanctioned	Filled	Vacant
Total State HQ	35	10	24
Total District Level	1036	657	379
Total (HQ+District level)	1071	667	403

➤ Contractual Staff under TB Control Programme:-

	Sanctioned	Filled	Vacant
Total State HQ	93	68	25
Total District Level	2480	2214	266
Total (HQ+District level)	2573	2282	291

Implementation of NTEP

- **Diagnosis:-** All TB presumptive cases (Based on Symptoms) are undergone sputum microscope and chest X-ray as basic diagnostic tool and then further process are done as per requirement. Diagnosis of TB is done as per diagnostic protocol under NTEP. New TB Patients diagnosed are for tested for drug sensitivity Universal –Drug Susceptibility Test (U-DST) by various methods for e.g. CBNAAT, TRUENAT, Line Probe Assay (LPA), Liquid/Solid culture etc.
- **Treatment :- Diagnosed drug sensitive as well as Drug resistant TB patients (DR-TB) are treated as per NTEP guidelines.**
 - Un-interrupted supply of good quality fixed dose combination drugs as per weight band is provided to TB patients for complete duration free of cost under NTEP.
 - Adherence to treatment is monitored by Medical officer of PHI's under supervision of Tuberculosis Unit.
 - Patient if found drug resistant he/she is advised appropriate drug resistant regimen under programme free of cost.

Different Schemes & Activities Under Programme:-

- **Culture & DST laboratories are functioning for diagnosis of DRTB patients. The list of CDST lab under NTEP is as follows- (Govt. & Private)**
 1. Microbiology Lab at J. J. Hospital, Mumbai
 2. Microbiology Lab at Hinduja hospital, Mumbai
 3. Super Religare Laboratory, Mumbai
 4. Microbiology lab at Mahatma Gandhi institute of medical sciences Sevagram, Wardha.
 5. Metropolis Lab Mumbai
 6. BJ medical college Pune
 7. Govt. Medical College, Aurangabad
 8. GTB Hospital Sewari, Mumbai
 9. Infexn Laboratory, Thane.
 10. Suburban Lab, Mumbai
 11. IRL, State training and demonstration centre, Nagpur
 12. IRL, State training and demonstration centre, Pune

Each diagnosed TB patient in programme is tested for Rifampicin sensitivity on CBNAAT/Truenat machine. This helps in early detection of DRTB patients. State has 147 CBNAAT sites & 229 Truenat sites allocated across all districts.

Diagnosed drug resistant TB patients are advised appropriate regimen containing various drugs which needs initiation under guidance of Medical Specialists (DRTB committee).

Following 21 Nodal Drug resistant TB (DRTB) centers are established for initiation of treatment to DR TB patients:-

1. Govt. Medical College, Nagpur
2. Govt. Medical College, Akola
3. Govt. Medical College, Aurangabad
4. Sewari TB Hospital, Mumbai
5. Aundh Chest Hospital, Pune
6. Dr. Vasantrao Pawar Medical College, Nashik
7. Govt. Medical College, Latur
8. Rajeev Gandhi Medical College, Kalwa, Thane
9. NKP Salve institute of medical sciences, Nagpur
10. Lokmanya Tilak Memorial Medical College, Sion Hospital, Sion, Mumbai
11. Topiwala National Medical College B.Y.L. Nair Charitable Hospital, Mumbai Central, Mumbai
12. Govt. Medical College, Sangli.
13. KEM Hospital Mumbai
14. Centenary Hospital, Govandi, Mumbai
15. JJ Hospital Mumbai, (Adult)
16. Centenary Hospital Kandivali
17. Survodaya Hospital, Ghatkopar, Mumbai (NGO/PP)
18. G.T.Hospital, Mumbai
19. Wadia Hospital, Mumbai (Paediatric DRTBC)
20. JJ Hospital Mumbai (Paediatric)
21. Hinduja Hospital (Partners Scheme)

➤ **District Drug resistant TB patients (DRTB) centres:-** In addition to these Nodal DR-TB Centres following 42 District DR TB centers are established where conventional MDR treatment could be initiated at district level to make the treatment services accessible to patients.

- 1) Govt. G.G. Rathi TB Hospital Amravati
- 2) K J Somaiya Mumbai
- 3) Civil Hospital Nandurbar
- 4) Medical College Yavatmal
- 5) J N Medical College Sawangi, Wardha
- 6) Civil Hospital Chandrapur
- 7) D Y Patil Navi Mumbai (NGO)
- 8) Medical College Jalgaon
- 9) Civil Hospital, Ahamadnager
- 10) CPR Medical College, Kolhapur
- 11) General Hospital, Vashi
- 12) Mira Bhayender Corp. Hospital
- 13) Vasai Virar Corp. Hospital
- 14) Bel Air Hospital, Pachgani, Satara (NGO/PP)
- 15) Urban Health Centre Dharavi, Mumbai
- 16) Khar TB Clinic, Bandra-Mumbai
- 17) V.N Desai Hospital, Bandra W Mumbai
- 18) Malvani, Malad-Mumbai
- 19) Cooper Hospital, Andheri West Mumbai
- 20) Civil Hospital, Gadchiroli

- 21) Civil Hospital, Parbhani
- 22) GMC, Nanded
- 23) Civil Hospital, Beed
- 24) Civil Hospital Oras, Sindhudurg
- 25) Civil Hospital, Osmanabad
- 26) Civil Hospital, Jalna (OPD basis)
- 27) MGM, Raigad (NGO/PP)
- 28) Civil Hospital, Bhandara
- 29) GMC, Solapur (OPD basis)
- 30) TB Sanitorium Buldhana
- 31) DTC Gondia
- 32) DTC Washim
- 33) DRTB Center Sangli
- 34) Kurla Bail Bazar DRTBOPD
- 35) Dr. D.Y. Patil Med. College, PCMC
- 36) Dr. D.Y. Patil Med. College Hospital, Research Centre Kolhapur MC
- 37) Bai Rukminibai Hospital, KDMC
- 38) Civil Hospital, Hingoli
- 39) Koldongeri Dispensary
- 40) Maa General Hospital Postal Colony, Chembur
- 41) Jawahar Medical Foundation. SCPM Med. College, Dhule
- 42) Gov. Medical College, Dhule

➤ **Performance under NTEP programme is as below:-**

Year	TB suspects examined	Suspect Exam Rate /lakh / year	TB Cases Notified			Annualized TB Case Notification Rate		
			Public	Private	Total	Public	Private	Total
2017	1005476	872	123982	69108	193090	103	57	160
2018	1019864	849	140985	61645	202630	117	51	168
2019	1126294	934	143954	83050	227004	119	69	188
2020	857694	682	95762	64310	160072	76	51	127
2021	954412	750	110216	90024	200240	87	71	158
2022	1998356	1552	132348	101524	233872	103	79	182
2023	2622646	2027	124381	103265	227646	96	80	176
2024 (Upto April)	840726	1927	37253	36409	73662	86	84	170

State has achieved TB Case Notification beyond the achievement of 2019 (Pre Covid stage) in the Year 2022 (Source: From Nikshay)

➤ **Information for Drug Resistant TB :-**

Year	No. of MDR/RR TB Notified (Public+ Private)	Out of above, total no. of MDR/RR TB put on treatment (put on any regimen) (Pub+ Pvt.)	%of MDR/RR TB put on treatment (Public + Private)
2019	10778	9952	92%
2020	8085	7525	93%
2021	9608	9017	94%
2022	10384	9705	93%
2023	9023	8268	92%
2024	9000	7929	88%

➤ **Treatment Success Rate:-**

All registered TB Cases registered under NTEP programme are given free treatment under supervision enabling the successful treatment. The success rate of all new TB & previously treated cases from years is as below.

Year	Success Rate for all New Cases (Expected > 90 %)	Success Rate for previously treated Cases (Expected > 85 %)
2017	87 %	72 %
Year	Success rate for all cases Drug Sensitivity TB (DS-TB) (Expected 90 %)	Success rate for MDR/XDR cases Drug Resister TB (DR-TB)
2018	88 %	59 %
2019	84%	65%
2020	84%	69%
2021	87%	74%
2022	87%	Outcome of all patients yet not received as patients still on treatment
2023 (Upto April 23)	81%	Outcome of all patients yet not received as patients still on treatment

➤ **TB-HIV Co-ordination:-**

Tuberculosis (TB) is one of the earliest and commonest opportunistic diseases to develop amongst the HIV infected person. The risk of developing Tuberculosis is 7-8 times higher amongst HIV infected person as compared to a HIV non-infected person.

Under TB –HIV Coordination all TB patients are subjected for HIV testing. Presently the percentage of TB patients subjected for HIV testing is 92%.

Year	TB cases with known status of HIV	TB cases found co-infected with HIV
2017	108729 (67%)	6686 (6.1%)
2018	124142 (62%)	7248 (5.8%)
2019	194340 (87%)	8075 (4.1%)
2020	149646(95%)	5694(3.8%)
2021	190601(97%)	6207(3.3%)
2022	225831(98%)	6237(2.8%)
2023	207312 (98%)	5144(2.5%)
2024	215851 (96%)	4867(2.3%)

➤ **TB Preventive Therapy (TPT):-**

To achieve ambitious targets of Ending TB by 2025, State has decided to strengthen latent TB Infection Management and expand the scope of TB Preventive Treatment (TPT) beyond the current policy of offering to household child contacts less than 5 years of age and PLHIV as under. Expansion of TB Preventive Treatment (TPT) beyond the current eligible population, with test and treat policy for all adolescent and adult contacts (above 5 years) of pulmonary TB patients. Under this initiatives 6H and 3HP regimens are given to TB patient eligible Contacts.

Year	TB Patient Notified	Number eligible for TPT- (Age < 6)	Number provided TPT- (Age < 6)	% of provided TPT- (Age < 6)	Number eligible for TPT- (Age > 6)	Number provided TPT- (Age > 6)	% of provided TPT- (Age > 6)
2019	223482	42940	36312	85%	--	--	--
2020	156727	26873	17680	66%	--	--	--
2021	185018	18404	7969	43%	--	--	--
2022	133035	26504	15690	59%	422442	77796	18%
2023	124283	22442	15648	70%	343783	143297	42%
2024	120720	22956	14909	65%	321087	160164	50%

➤ **Diabetic Status:-**

Infections are known to worsen diabetic control, and tuberculosis is no exception. Although tuberculosis can cause glucose intolerance and might predispose patients to

diabetes mellitus, the drugs used to treat tuberculosis might also worsen glycemic control in patients with diabetes

Year	TB Patient Notified	Patients with Known Diabetic Status	% Known Diabetic Status
2019	223482	169193	76%
2020	156727	143294	91%
2021	196815	183620	93%
2022	229656	221961	97%
2023	210778	205145	97%
2024	224794	211714	94%

➤ **Screening of Children admitted in Nutritional Rehabilitation Center (NRC):-**

Public Health Department, Government of Maharashtra has issued a GR on 3rd Oct. 2016 and 26th Oct.2016 regarding screening of children admitted in NRCs for TB and treat them as per NTEP guidelines. The initiative is taken from July 2016 in all 35 NRCs and now the existing NRCs are 43.

Year	No. of Children admitted in NRCs	No. Screened for TB	Pediatric TB cases Diagnosed & Put on treatment
2018	6448	6167 (96%)	74
2019	6525	6318 (97%)	50
2020	2956	2778 (94%)	15
2021	4076	3733(92%)	13
2022	5826	5311 (91%)	23
2023	5918	4921(83 %)	11
2024	5997	5418 (90 %)	8

➤ **Universal –Drug Susceptibility Test (U-DST):-**

All newly diagnosed public sector and private sector TB patients need to be tested for status of Rifampicin drug susceptibility through CBNAAT testing

Year	Public			Private			Total		
	Total Noti.	UDST Offered	%	Total Noti.	UDST Offered	%	Total Noti.	UDST Offered	%
2018	140173	66750	48%	60267	12142	20%	200440	78892	39%
2019	147486	117422	80%	75996	40027	53%	223482	157449	70%
2020	103661	87316	84%	53066	34174	64%	156727	121490	78%
2021	126737	105581	83%	70078	46832	67%	196815	152413	77%
2022	152304	108718	71%	77352	40882	53%	229656	149600	65%
2023	136624	96853	71%	74745	42398	57%	211369	139251	66%
2024	--	--	--	--	--	--	109320	86506	79%

➤ **Direct Beneficiary Transfer (DBT) Benefits:-**

From 1st April 2018, the scheme for Nutritional Support to TB patients is being implemented in the State under which the TB patient is provided Rs. 500/- Month incentive under Nikshay Poshan Yojana through Direct Benefit Transfer to Bank Account of the Patient :-

Information of DBT Report from Nikshay & PFMS

Year	Eligible Beneficiaries	Bank Details Validated for beneficiaries	DBT Payment Made	% of DBT payment made under NYP
2019	221962	132457	107773	49%
2020	158608	115672	98819	62%
2021	202666	154061	149962	74%
2022	237323	191255	187851	79%
2023	207196	170605	152869	74%
2024	208554	166587	154170	74%

➤ Active Case finding Campaign (ACF):-

As a part of strategy under high priority districts, Active Case Finding (ACF) Campaign, aiming reaching the unreached in a campaign mode to enhance TB case finding in the vulnerable population is schedule in 3 phases as per instruction from Central TB Division .

Performance of Active Cases Finding Campaign:-

Year	Phase	Population planned for ACF	No. screened for symptoms	No. of suspect identified	Total TB Diagnosed	No. put on treatment
2018	Phase-1 (ACF)	12854559	11161696 (87%)	42021 (0.4%)	1637 (4%)	1604 (98%)
	Phase-2 (ACF)	10625244	10119734 (95%)	49204 (0.5%)	2275 (4.6%)	2241 (99%)
2019	Phase-1 (ACF)	10236526	10217404 (100%)	52337 (0.5%)	2367 (4.5%)	2304 (97%)
	Phase-2* (ACF)	84927234	77351037 (91%)	159413(0.2%)	11290 (7.1%)	11085 (98%)
2020 (16 to 23 March)	Phase-1 (ACF)	5103313	4306286 (84%)	17232 (0.4%)	376 (2.2%)	361 (96%)
2020 (1 Dec. to 31 Jan. 2021)	Phase-2 (LCDC)	85791971	81223656 (95%)	333161 (0.4%)	12823 (3.8%)	12638 (99%)
2021 (1st Feb. to 30th April.21)	Phase-1 (ACF)	55394569	45718854 (85%)	60900 (0.1%)	4057 (6.7%)	4022 (99%)
2021 (1st July. 21 to. 31 Mar. 22)	ACDRS	81961401	71291279 (87%)	195395 (0.3 %)	10884 (6.0 %)	10857 (100%)
2021 (15 th Nov. to 25 th Nov.)	Phase-2 (ACF)	17284535	16160053 (94%)	217007 (1.3%)	5235 (2.4%)	5126 (98%)
2022(13 th Sep to 30 th Sep)	Phase-1 (ACF)	86625230	78938079 (91%)	388798 (0.5%)	8125 (2.1%)	8109 (100%)
2023(8 th Mar to 31 st Mar)	Phase-1 (ACF)	12867536	12770305(99%)	129779(1.0%)	2711(2.1%)	2706 (100%)
2023(3 rd Oct to 13 th Oct)	Phase-2 (ACF)	12694071	13013914(103%)	166255(1.28%)	3347 (2.0%)	3337 (100%)
2023(20 th Nov. to 20 th Dec.)	Phase (LCDC)	86628241	78996890(91.2%)	218206(0.28%)	2914(1.3%)	2901 (100%)
2024(23 rd Dec. 24 to 3 rd Jan. 25)	Phase	13092244	13303487 (101.6%)	179351(1.35%)	2378(1.3%)	2374 (100%)

*In ACF Campaign Phase II 2019 the data is including with JEET Project.

TB Hospitals:-

Total of 4 TB hospitals are functioning in the state of Maharashtra and their performance is as follows

S r N	Name of District	Name of TB Hospital	Total No. of Beds	Year 2022		Year 2023		Year 2024	
				Total No. of OPD	Total No. of patients admitted	Total No. of OPD	Total No. of patients admitted	Total No. of OPD	Total No. of patients admitted
1	Buldhana	TB Sanitorium Buldhana,	100	1463	975	1927	1061	2090	645
2	Pune	Aundh Chest Hospital,Pune	120	6564	2509	4956	1460	5123	1318
3	Amravati	G.G.Rathi TB Hospital, Amarawati	50	3239	1094	3490	1103	4170	1165
4	Kolhapur	Shashikala TB Hospital, Jaysingpur Dist Kolhapur	20	1398	81	1578	53	1747	53
5	Mumbai (Shivadi)	Shivadi Hospital	1023*	24215	4103	18380	4130	15675	4354
State Total			1290	36879	8762	30331	7807	28805	7535

➤ **Pradhan Mantri TB Mukh Abhiyaan (PMTBMBA) :-**

Pradhan Matri TB Mukh Bharat Abhiyan is being implemented in Maharashtra state. Under this initiative there are 10660 Ni-kshay Mitra registered and out of which 10586 Nikshay mitra are agreed upon to provide support. 96066 TB patients are consented for nutrition support and 249237 Nutrition Kits are provided to TB patients till Date.

➤ **TB Free Sub-National Certification(SNC):-**

Government of India has set an ambitious goal to achieve Ending Tuberculosis (TB), by reducing the incidence of new TB cases by 80% by 2025, five years ahead of global SDG timelines. Conventionally, there is precedence to award certification of elimination of the diseases only at national level, largely led by the World Health Organization (WHO). In this prestigious process Maharashtra got the highest nomination & awards in this TB Free Sub-national Certification. Maharashtra got 2 Silver Medals & 7 Bronze Medals in this prestigious Certification in 2020-21.

Monetary & Non-Monetary awards for TB Free Status & Interim Recognition for Progress towards TB Free Status is as follows,

Award / Status	Monetary award for district(Rs.)*	Monetary award for State/UT(Rs.)**	Non-Monetary award
Bronze	2,00,000	25,00,000	Medal & Felicitation at National level
Silver	3,00,000	50,00,000	
Gold	5,00,000	75,00,000	
TB Free District	10,00,000	1,00,00,000	Certification & Felicitation at the National level

NTEP Districts received award in 2020-21 (Round_1)		
Sr No	NTEP District	Award
1	Kolhapur	Silver
2	Parel	Silver
3	Sindhudurg	Bronze
4	Ratnagiri	Bronze
5	Satara	Bronze
6	Nashik	Bronze
7	Ghatkopar	Bronze
8	Prabhadevi	Bronze
9	Grant Road	Bronze

NTEP Districts received award in 2021-22 (Round_2)		
Sr No	NTEP District	Award
1	Ahmednagar –R	Gold
2	Ahmednagar-MC	Gold
3	Akola –R	Silver
4	Akola – MC	Silver
5	Beed	Bronze
NTEP Districts received award in 2022-23 (Round_3)		
Sr No	NTEP District	Award
1	Sangli	Bronze

➤ **Financial Budget(State) :-** Year 2023-24 (Up to March)

(Rs in Thousand)

Major Head	Sanction Grant	Receive Grant	Expenditure	%
22100191	867096	867119	851561	98
22100674	41168	41168	34448	84
22105201	152511	152511	80582	53
22105237	41206	34306	27406	80
22105175 Pian	160001	160001	159155	99
22100932Pian	1505000	1505000	1011688	51
Total	2766982	2760105	2164840	78

➤ **NTEP : Expenditure under NHM:-** Year 2023-24 (Up to March)

(Rs in lakh)

Year	Sanction PIP	Expenditure	%
2017-18	7621.42	6257.12	82.10%
2018-19	12415.25	9245.18	74.47%
2019-20	17153.42	10263.49	59.83%
2020-21	14003.72	11987.91	85.61%
2021-22	23428.97	10287.83	43.91%
2022-23	22035.03	18926.14	85.89%
2023-24	24645.30	13136.02	53.30%

➤ **Initiatives:-**

Private Provider Support Agency (PPSA):- PPSA agencies are working in state to engage private sector for proper diagnosis and treatment of TB patients. State has started implementation of PPSA from 2019-20. At present total 35 districts (11 districts + 24 wards of Mumbai) are implementing PPSA. For F.Y 2022-23 PPSA is sanctioned for all districts of Maharashtra. Financial bid opening done at state level for remaining 45 districts.

(**Note:-** Maharashtra State consist of 35 districts, For the ease of implementation and effective monitoring under NTEP, Maharashtra state is divided in 80 districts (34 Rural District's + 22 Corporations + 24 Mumbai Wards= 80 districts)

Year wise/District wise 5 Year Information under NTEP

TB Suspect Examined:-

Sr.No	District	TB Suspect Examined					
		2019	2020	2021	2022	2023	2024 (Upto Apr.)
1	Akola	16190	16635	13964	33386	26410	10251
2	Akola MC	4582	3098	3167	8436	9802	3358
3	Amravati	20746	17939	17138	26099	30652	10510
4	Amravati MC	4826	4475	3108	8550	15039	5179
5	Buldhana	19251	17284	13588	21709	48102	20461
6	Washim	14225	12604	12547	28089	32968	11216
7	Yavatmal	27971	23308	23609	43149	49006	13134
8	Aurangabad	22566	15663	18862	33940	60379	21235
9	Aurangabad MC	12035	9410	6534	35527	23228	10743
10	Hingoli	12655	9994	5854	16136	23398	6505
11	Jalna	16458	14014	15895	28972	65864	18732
12	Parbhani	22377	12115	10333	28594	26049	8609
13	Bid	26038	19520	30364	45247	63767	14534
14	Latur	26524	8462	20070	33679	36750	11757
15	Nanded	52618	50024	26001	27806	63671	17611
16	Nanded MC	5073	1736	2509	6386	8938	4012
17	Osmanabad	19436	14860	16935	39602	45680	11572
18	Mumbai MC	134477	79385	128640	269080	304502	107936
19	KDMC MC	5744	6843	14854	20398	32451	6230
20	Navi Mumbai	13294	9623	14150	23429	35461	10265
21	Raigarh	24127	18546	21896	35019	67175	21390
22	Thane	26182	9094	13649	22907	28517	8341
23	Palghar	8652	13207	14837	34321	28315	8226
24	Thane MC	14505	7225	12407	61524	60380	18943
25	Bhiwandi	2212	3061	5771	14576	16983	5171
26	Mira Bhayander	4021	2874	6915	21912	27484	8343
27	Ulhasnagar MC	3009	1295	2105	5444	7587	2320
28	vasai	7424	5715	8042	17489	21905	6751
29	Bhandara	19290	19483	16175	21451	21798	6116
30	Chandrapur	30475	27161	29362	50310	58666	20967
31	Gadchiroli	14662	14198	11950	23488	25180	8010
32	Gondiya	19593	16011	16385	29942	43379	13655
33	Nagpur Rural	28682	22204	20989	26969	58765	20484
34	Nagpur MC	27441	12679	16852	32662	68859	25282
35	Wardha	12956	13391	12495	15460	17823	6172
36	Ahmadnagar	40645	36195	40194	64419	62249	20843
37	AhmednagarMC	874	427	2220	4057	4297	676
38	Dhule	16217	12451	14686	26991	40913	14065
39	Dhule MC	4438	3107	3429	4550	6883	2125
40	Jalgaon	26184	22308	21378	62942	60098	24783
41	Jalgaon MC	5182	2267	2271	6018	9993	3747
42	Nandurbar	21883	15294	14949	29388	25520	8287
43	Nashik	51170	40386	44639	110943	98813	33368
44	Nashik Corp	9526	6851	6741	32680	59522	17967
45	Malegaon MC	4280	3266	2342	4852	13634	5052
46	Kolhapur	36917	23523	20648	64790	72965	16879
47	Kolhapur MC	4780	4183	9733	20665	20245	6789
48	Ratnagiri	18657	16375	16443	21920	49111	10120
49	Sangli	18726	14053	12370	20028	46370	9059
50	Sangli MC	1167	719	6085	10764	10783	2946
51	Sindhudurg	15096	9202	9241	21499	23932	5897
52	Satara	25612	31468	18890	38634	46241	11913
53	Pune Rural	44272	41163	44863	87905	146985	57797
54	Pune	15406	11536	15478	78900	126087	42337
55	PCMC	15809	7372	7211	21519	52729	16221
56	Solapur	24636	17240	25444	54406	72737	20617
57	Solapur MC	4500	5172	7205	18798	17606	5217
	State	1126294	857694	954412	1998356	2622646	840726

PMTBMBA:-

(Up to 30th April 2024)

Sr N o	District	Ni-kshay Mitra registered	Number Nikshya Mitra agreed to Support	TB patients on treatment	TB Patients consented to receive community support	Total kits distributed (all time period)
1	Akola	166	166	623	402	1161
2	Akola MC	68	68	819	581	1040
3	Amravati	188	188	1709	1480	1430
4	Amravati MC	79	79	1075	767	819
5	Buldana	193	193	1802	1243	1184
6	Washim	65	65	1064	835	2286
7	Yavatmal	256	256	2895	2181	1176
8	Aurangabad	148	148	1161	691	649
9	Aurangabad MC	54	54	2061	1369	1259
10	Hingoli	246	246	578	336	1781
11	Jalna	21	21	1348	1092	14742
12	Parbhani	88	88	1322	505	1765
13	Beed	451	451	1258	875	875
14	Latur	306	306	1820	1375	1906
15	Nanded	517	512	1643	1115	1279
16	Nanded Waghala MC	67	67	2004	690	1297
17	Osmanabad	249	249	1229	807	1515
18	Mumbai Total	1166	1166	38396	24471	87070
19	Kalyan Dombivli MC	17	17	2187	1622	3814
20	Navi Mumbai MC	40	40	2168	1503	3348
21	Raigad	162	160	2901	2546	5604
22	Thane	76	76	2915	2142	3654
23	Palghar	22	22	2847	1413	1193
24	Thane MC	46	46	5119	3564	3437
25	BNMC	24	24	4190	2621	8222
26	Mira Bhayander MC	83	83	1578	672	2449
27	Ulhasnagar MC	73	73	1287	1013	803
28	Vasai Virar MC	41	41	3390	2141	3063
29	Bhandara	208	208	1079	373	545
30	Chandrapur	266	266	2433	1534	4503
31	Gadchiroli	78	77	1450	1081	1566
32	Gondiya	326	326	1111	716	1782
33	Nagpur	340	340	1606	1232	7865
34	Nagpur MC	102	102	4689	1861	7709
35	Wardha	184	183	1291	798	2227
36	Ahmadnagar	748	748	2502	1854	2270
37	Ahmednagar MC	15	15	417	297	831
38	Dhule	222	222	860	599	1770
39	Dhule MC	133	128	1084	798	1855
40	Jalgaon	178	177	2817	2419	7691
41	Jalgaon MC	16	16	1455	1172	1052
42	Nandurbar	104	104	1383	842	2886
43	Nashik	294	294	2107	1616	2929
44	Nashik MC	260	260	2531	1526	4288
45	Malegaon MC	11	11	868	460	923
46	Kolhapur	128	127	1645	1253	4914
47	Kolhapur MC	54	54	765	313	1742
48	Ratnagiri	354	354	1318	839	4937
49	Sangli	542	541	1008	777	4670
50	Sangli MC	80	80	1283	460	1192
51	Sindhudurg	152	152	507	383	1290
52	Satara	42	42	1643	933	3042
53	Pune Rural	215	215	6766	6132	5059
54	Pune MC	63	63	4687	2255	4195
55	PCMC	101	100	1436	1010	1639
56	Solapur	396	394	1818	1074	3502
57	Solapur MC	82	82	2008	1407	1542
	State Total	10606	10586	145956	96066	249237

TB Notification																						
Sr. No	District/Corp.	2022							2023							2024 (Up to Oct 24)						
		Public		Private		Total			Public		Private		Total			Public		Private		Total		
		Target	Ach.	Target	Ach.	Target	Ach.	%	Target	Ach.	Target	Ach.	Target	Ach.	%	Target	Ach.	Target	Ach.	Target	Ach.	%
1	Akola	1400	1252	160	119	1560	1371	88	1250	1100	220	145	1470	1245	85	1200	867	200	197	1400	1064	76
2	Akola MC	800	599	1300	1238	2100	1837	87	600	528	1350	1303	1950	1831	94	600	513	1400	1118	2000	1631	82
3	Amravati	2350	2067	650	628	3000	2695	90	2150	1929	700	645	2850	2574	90	2150	1504	700	634	2850	2138	75
4	Amravati MC	1050	824	800	799	1850	1623	88	900	759	850	854	1750	1613	92	900	629	850	600	1750	1229	70
5	Buldana	1900	1558	1000	928	2900	2486	86	1600	1529	1100	966	2700	2495	92	1600	1075	1150	1072	2750	2147	78
6	Washim	950	1016	950	801	1900	1817	96	1100	921	800	744	1900	1665	88	1100	795	800	698	1900	1493	79
7	Yavatmal	3300	2597	1870	1348	5170	3945	76	2790	2335	1560	1247	4350	3582	82	2700	1924	1500	1468	4200	3392	81
8	Aurangabad	1970	1686	670	368	2640	2054	78	1700	1419	520	380	2220	1799	81	1650	1182	520	550	2170	1732	80
9	AurangabadMC	2800	2170	2400	1500	5200	3670	71	2100	1947	1900	1584	4000	3531	88	2100	1653	1900	1689	4000	3342	84
10	Hingoli	1050	978	350	281	1400	1259	90	1000	861	320	270	1320	1131	86	1000	730	370	403	1370	1133	83
11	Jalna	1600	1726	1350	833	2950	2559	87	1700	1397	1080	782	2780	2179	78	1600	938	1080	927	2680	1865	70
12	Parbhani	1400	1197	850	875	2250	2072	92	1300	1037	900	912	2200	1949	89	1300	858	950	825	2250	1683	75
13	Bid	1580	1298	1100	841	2680	2139	80	1320	1210	1000	772	2320	1982	85	1310	877	1000	852	2310	1729	75
14	Latur	2100	1647	1350	1371	3450	3018	87	1750	1476	1500	1552	3250	3028	93	1750	1147	1500	1285	3250	2432	75
15	Nanded	2450	2124	500	454	2950	2578	87	2130	1965	580	503	2710	2468	91	2150	1553	630	557	2780	2110	76
16	Nanded MC	950	546	2000	2543	2950	3089	105	550	555	2400	2489	2950	3044	103	600	569	2450	2107	3050	2676	88
17	Osmanabad	1300	1218	850	743	2150	1961	91	1260	1112	850	690	2110	1802	85	1250	805	850	705	2100	1510	72
18	Mumbai Total	36850	31219	39150	34216	76000	65435	86	34000	27981	37000	35906	71000	63887	90	34000	18925	36500	31085	70500	50010	71
19	Kalyan D MC	1900	1578	2500	2355	4400	3933	89	1800	1580	2400	2215	6000	5465	91	1750	1278	2450	1876	4200	3154	75
20	Navi Mumbai	3100	2828	3200	2949	6300	5777	92	3000	2636	3000	2829	4450	4396	99	3000	2045	2800	2612	5800	4657	80
21	Raigarh-MH	4010	2911	1690	1141	5700	4052	71	3150	2970	1300	1426	2900	2848	98	3150	2362	1400	1088	4550	3450	76
22	Thane	2400	2410	400	413	2800	2823	101	2400	2333	500	515	3050	2951	97	2450	1797	550	411	3000	2208	74
23	Palghar	2650	2608	300	501	2950	3109	105	2500	2353	550	598	8410	8229	98	2450	1807	650	479	3100	2286	74
24	Thane MC	4600	4227	4250	3794	8850	8021	91	4500	4328	3910	3901	4550	4031	89	4600	3293	3850	3182	8450	6475	77
25	Bhiwandi MC	2000	2003	3200	2270	5200	4273	82	2050	2231	2500	1800	2700	2424	90	2200	1648	2350	1596	4550	3244	71
26	Mira Bha MC	1550	1237	1250	1306	2800	2543	91	1300	1069	1400	1355	1660	1687	102	1250	556	1450	1342	2700	1898	70
27	Ulhasnagar MC	1100	861	850	658	1950	1519	78	910	1062	750	625	4630	4059	88	1100	828	750	547	1850	1375	74
28	Vasai Virar	2150	1930	2950	2303	5100	4233	83	2000	1807	2630	2252	2050	1883	92	2100	1389	2700	1931	4800	3320	69
29	Bhandara	1600	1451	500	424	2100	1875	89	1530	1456	520	427	3850	3352	87	1530	1051	500	573	2030	1624	80
30	Chandrapur	2600	2224	1300	1304	3900	3528	90	2400	1978	1450	1374	2200	2044	93	2350	1649	1450	1163	3800	2812	74
31	Gadchiroli	1800	1722	350	299	2150	2021	94	1850	1726	350	318	2300	2088	91	1850	1560	350	295	2200	1855	84
32	Gondiya	1600	1321	750	829	2350	2150	91	1350	1178	950	910	3050	2772	91	1300	1035	1000	944	2300	1979	86
33	Nagpur	2750	2356	600	539	3350	2895	86	2400	2135	650	637	8200	7868	96	2350	2020	850	652	3200	2672	84
34	Nagpur MC	4300	3669	4500	4190	8800	7859	89	3800	3636	4400	4232	2010	1840	92	3800	2861	4250	3074	8050	5935	74
35	Wardha	1770	1553	450	323	2220	1876	85	1600	1491	410	349	5200	4814	93	1600	1167	400	350	2000	1517	76
36	Ahmadnagar	5100	4155	700	782	5800	4937	85	4250	3935	950	879	700	694	99	4200	2703	950	866	5150	3569	69
37	AhmednagarM	250	161	550	516	800	677	85	150	177	550	517	2010	1838	91	200	144	550	479	750	623	83
38	Dhule	2000	1657	200	200	2200	1857	84	1750	1605	260	233	1650	1541	93	1850	1384	300	265	2150	1649	77
39	Dhule MC	900	529	950	994	1850	1523	82	600	560	1050	981	6000	5465	91	600	457	1000	818	1600	1275	80

Sr. No	District/Corp .	2022							2023							2024(Up to Oct)						
		Public		Private		Total			Public		Private		Total			Public		Private		Total		
		Target	Ach.	Target	Ach.	Target	Ach.	%	Target	Ach.	Target	Ach.	Target	Ach.	%	Target	Ach.	Target	Ach.	Target	Ach.	%
40	Jalgaon	3150	2886	1100	1184	4250	4070	96	3000	2739	1200	1113	4200	3852	92	3000	2361	1200	1171	4200	3532	84
41	Jalgaon MC	450	314	1500	1494	1950	1808	93	370	406	1600	1598	1970	2004	102	420	272	1600	1334	2020	1606	80
42	Nandurbar	2250	2002	1550	1210	3800	3212	85	2150	1549	1250	1310	3400	2859	84	2030	1551	1250	920	3280	2471	75
43	Nashik	3650	3036	500	464	4150	3500	84	3100	2921	650	569	3750	3490	93	3100	2301	650	596	3750	2897	77
44	Nashik Corp	1500	1386	1950	2176	3450	3562	103	1400	1295	2200	2108	3600	3403	95	1400	847	2200	1695	3600	2542	71
45	Malegoan MC	900	664	700	612	1600	1276	80	700	711	650	694	1350	1405	104	750	725	750	603	1500	1328	89
46	Kolhapur	2400	1961	700	733	3100	2694	87	2150	1842	780	808	2930	2650	90	2100	1331	850	744	2950	2075	70
47	Kolhapur MC	500	447	1400	1005	1900	1452	76	500	384	1050	996	1550	1380	89	450	242	1100	880	1550	1122	72
48	Ratnagiri	1570	1370	950	857	2520	2227	88	1450	1324	950	827	2400	2151	90	1450	998	950	776	2400	1774	74
49	Sangli	2150	2030	1250	1019	3400	3049	90	2150	1613	1100	929	3250	2542	78	1950	1269	1100	877	3050	2146	70
50	Sangli MC	300	322	1400	1303	1700	1625	96	320	337	1360	1281	1680	1618	96	350	231	1450	1297	1800	1528	85
51	Sindhudurg	600	453	350	380	950	833	88	480	462	410	357	890	819	92	500	341	400	309	900	650	72
52	Satara	2700	1895	1750	1249	4450	3144	71	2050	1906	1400	1120	3450	3026	88	2100	1437	1350	1051	3450	2488	72
53	Pune	7300	6446	1500	1760	8800	8206	93	6700	6357	1800	1595	8500	7952	94	6700	4820	1750	1288	8450	6108	72
54	Pune MC	3800	2946	4760	4196	8560	7142	83	3480	3226	4300	3947	7780	7173	92	3600	2607	4200	3412	7800	6019	77
55	PCMC	2350	1941	1200	988	3550	2929	83	2050	1900	1100	1040	3150	2940	93	2050	1830	1150	931	3200	2761	86
56	Solapur	2400	1982	1500	1144	3900	3126	80	2160	2008	1290	1158	3450	3166	92	2160	1765	1300	982	3460	2747	79
57	Solapur MC	1100	1154	2200	1774	3300	2928	89	1300	1094	1800	1698	3100	2792	90	1250	876	1850	1539	3100	2415	78
	State Total	155000	132348	115000	101524	270000	233872	87	140000	124381	110000	103265	250000	227646	91	140000	95382	110000	91720	250000	187102	75

TB Notification																						
Sr. No	District/Corp.	2022							2023							2024 (Up to Oct 24)						
		Public		Private		Total			Public		Private		Total			Public		Private		Total		
		Target	Ach.	Target	Ach.	Target	Ach.	%	Target	Ach.	Target	Ach.	Target	Ach.	%	Target	Ach.	Target	Ach.	Target	Ach.	%
1	Akola	1400	1252	160	119	1560	1371	88	1250	1100	220	145	1470	1245	85	1200	867	200	197	1400	1064	76
2	Akola MC	800	599	1300	1238	2100	1837	87	600	528	1350	1303	1950	1831	94	600	513	1400	1118	2000	1631	82
3	Amravati	2350	2067	650	628	3000	2695	90	2150	1929	700	645	2850	2574	90	2150	1504	700	634	2850	2138	75
4	Amravati MC	1050	824	800	799	1850	1623	88	900	759	850	854	1750	1613	92	900	629	850	600	1750	1229	70
5	Buldana	1900	1558	1000	928	2900	2486	86	1600	1529	1100	966	2700	2495	92	1600	1075	1150	1072	2750	2147	78
6	Washim	950	1016	950	801	1900	1817	96	1100	921	800	744	1900	1665	88	1100	795	800	698	1900	1493	79
7	Yavatmal	3300	2597	1870	1348	5170	3945	76	2790	2335	1560	1247	4350	3582	82	2700	1924	1500	1468	4200	3392	81
8	Aurangabad	1970	1686	670	368	2640	2054	78	1700	1419	520	380	2220	1799	81	1650	1182	520	550	2170	1732	80
9	AurangabadMC	2800	2170	2400	1500	5200	3670	71	2100	1947	1900	1584	4000	3531	88	2100	1653	1900	1689	4000	3342	84
10	Hingoli	1050	978	350	281	1400	1259	90	1000	861	320	270	1320	1131	86	1000	730	370	403	1370	1133	83
11	Jalna	1600	1726	1350	833	2950	2559	87	1700	1397	1080	782	2780	2179	78	1600	938	1080	927	2680	1865	70
12	Parbhani	1400	1197	850	875	2250	2072	92	1300	1037	900	912	2200	1949	89	1300	858	950	825	2250	1683	75
13	Bid	1580	1298	1100	841	2680	2139	80	1320	1210	1000	772	2320	1982	85	1310	877	1000	852	2310	1729	75
14	Latur	2100	1647	1350	1371	3450	3018	87	1750	1476	1500	1552	3250	3028	93	1750	1147	1500	1285	3250	2432	75
15	Nanded	2450	2124	500	454	2950	2578	87	2130	1965	580	503	2710	2468	91	2150	1553	630	557	2780	2110	76
16	Nanded MC	950	546	2000	2543	2950	3089	105	550	555	2400	2489	2950	3044	103	600	569	2450	2107	3050	2676	88
17	Osmanabad	1300	1218	850	743	2150	1961	91	1260	1112	850	690	2110	1802	85	1250	805	850	705	2100	1510	72
18	Mumbai Total	36850	31219	39150	34216	76000	65435	86	34000	27981	37000	35906	71000	63887	90	34000	18925	36500	31085	70500	50010	71
19	Kalyan D MC	1900	1578	2500	2355	4400	3933	89	1800	1580	2400	2215	6000	5465	91	1750	1278	2450	1876	4200	3154	75
20	Navi Mumbai	3100	2828	3200	2949	6300	5777	92	3000	2636	3000	2829	4450	4396	99	3000	2045	2800	2612	5800	4657	80
21	Raigarh-MH	4010	2911	1690	1141	5700	4052	71	3150	2970	1300	1426	2900	2848	98	3150	2362	1400	1088	4550	3450	76
22	Thane	2400	2410	400	413	2800	2823	101	2400	2333	500	515	3050	2951	97	2450	1797	550	411	3000	2208	74
23	Palghar	2650	2608	300	501	2950	3109	105	2500	2353	550	598	8410	8229	98	2450	1807	650	479	3100	2286	74
24	Thane MC	4600	4227	4250	3794	8850	8021	91	4500	4328	3910	3901	4550	4031	89	4600	3293	3850	3182	8450	6475	77
25	Bhiwandi MC	2000	2003	3200	2270	5200	4273	82	2050	2231	2500	1800	2700	2424	90	2200	1648	2350	1596	4550	3244	71
26	Mira Bha MC	1550	1237	1250	1306	2800	2543	91	1300	1069	1400	1355	1660	1687	102	1250	556	1450	1342	2700	1898	70
27	Ulhasnagar MC	1100	861	850	658	1950	1519	78	910	1062	750	625	4630	4059	88	1100	828	750	547	1850	1375	74
28	Vasai Virar	2150	1930	2950	2303	5100	4233	83	2000	1807	2630	2252	2050	1883	92	2100	1389	2700	1931	4800	3320	69
29	Bhandara	1600	1451	500	424	2100	1875	89	1530	1456	520	427	3850	3352	87	1530	1051	500	573	2030	1624	80
30	Chandrapur	2600	2224	1300	1304	3900	3528	90	2400	1978	1450	1374	2200	2044	93	2350	1649	1450	1163	3800	2812	74
31	Gadchiroli	1800	1722	350	299	2150	2021	94	1850	1726	350	318	2300	2088	91	1850	1560	350	295	2200	1855	84
32	Gondiya	1600	1321	750	829	2350	2150	91	1350	1178	950	910	3050	2772	91	1300	1035	1000	944	2300	1979	86
33	Nagpur	2750	2356	600	539	3350	2895	86	2400	2135	650	637	8200	7868	96	2350	2020	850	652	3200	2672	84
34	Nagpur MC	4300	3669	4500	4190	8800	7859	89	3800	3636	4400	4232	2010	1840	92	3800	2861	4250	3074	8050	5935	74
35	Wardha	1770	1553	450	323	2220	1876	85	1600	1491	410	349	5200	4814	93	1600	1167	400	350	2000	1517	76
36	Ahmadnagar	5100	4155	700	782	5800	4937	85	4250	3935	950	879	700	694	99	4200	2703	950	866	5150	3569	69
37	AhmednagarM	250	161	550	516	800	677	85	150	177	550	517	2010	1838	91	200	144	550	479	750	623	83
38	Dhule	2000	1657	200	200	2200	1857	84	1750	1605	260	233	1650	1541	93	1850	1384	300	265	2150	1649	77
39	Dhule MC	900	529	950	994	1850	1523	82	600	560	1050	981	6000	5465	91	600	457	1000	818	1600	1275	80

Sr. No	District/Corp .	2022							2023							2024(Up to Oct)						
		Public		Private		Total			Public		Private		Total			Public		Private		Total		
		Target	Ach.	Target	Ach.	Target	Ach.	%	Target	Ach.	Target	Ach.	Target	Ach.	%	Target	Ach.	Target	Ach.	Target	Ach.	%
40	Jalgaon	3150	2886	1100	1184	4250	4070	96	3000	2739	1200	1113	4200	3852	92	3000	2361	1200	1171	4200	3532	84
41	Jalgaon MC	450	314	1500	1494	1950	1808	93	370	406	1600	1598	1970	2004	102	420	272	1600	1334	2020	1606	80
42	Nandurbar	2250	2002	1550	1210	3800	3212	85	2150	1549	1250	1310	3400	2859	84	2030	1551	1250	920	3280	2471	75
43	Nashik	3650	3036	500	464	4150	3500	84	3100	2921	650	569	3750	3490	93	3100	2301	650	596	3750	2897	77
44	Nashik Corp	1500	1386	1950	2176	3450	3562	103	1400	1295	2200	2108	3600	3403	95	1400	847	2200	1695	3600	2542	71
45	Malegoan MC	900	664	700	612	1600	1276	80	700	711	650	694	1350	1405	104	750	725	750	603	1500	1328	89
46	Kolhapur	2400	1961	700	733	3100	2694	87	2150	1842	780	808	2930	2650	90	2100	1331	850	744	2950	2075	70
47	Kolhapur MC	500	447	1400	1005	1900	1452	76	500	384	1050	996	1550	1380	89	450	242	1100	880	1550	1122	72
48	Ratnagiri	1570	1370	950	857	2520	2227	88	1450	1324	950	827	2400	2151	90	1450	998	950	776	2400	1774	74
49	Sangli	2150	2030	1250	1019	3400	3049	90	2150	1613	1100	929	3250	2542	78	1950	1269	1100	877	3050	2146	70
50	Sangli MC	300	322	1400	1303	1700	1625	96	320	337	1360	1281	1680	1618	96	350	231	1450	1297	1800	1528	85
51	Sindhudurg	600	453	350	380	950	833	88	480	462	410	357	890	819	92	500	341	400	309	900	650	72
52	Satara	2700	1895	1750	1249	4450	3144	71	2050	1906	1400	1120	3450	3026	88	2100	1437	1350	1051	3450	2488	72
53	Pune	7300	6446	1500	1760	8800	8206	93	6700	6357	1800	1595	8500	7952	94	6700	4820	1750	1288	8450	6108	72
54	Pune MC	3800	2946	4760	4196	8560	7142	83	3480	3226	4300	3947	7780	7173	92	3600	2607	4200	3412	7800	6019	77
55	PCMC	2350	1941	1200	988	3550	2929	83	2050	1900	1100	1040	3150	2940	93	2050	1830	1150	931	3200	2761	86
56	Solapur	2400	1982	1500	1144	3900	3126	80	2160	2008	1290	1158	3450	3166	92	2160	1765	1300	982	3460	2747	79
57	Solapur MC	1100	1154	2200	1774	3300	2928	89	1300	1094	1800	1698	3100	2792	90	1250	876	1850	1539	3100	2415	78
	State Total	155000	132348	115000	101524	270000	233872	87	140000	124381	110000	103265	250000	227646	91	140000	95382	110000	91720	250000	187102	75

Universal –Drug Susceptibility Test (U-DST):-

Sr. No.	District	2022			2023			2024 (Up to Oct)		
		Total Notification	UDST Offered	%	Total Notification	UDST Offered	%	Total Notification	UDST Offered	%
1	AKOLA	1265	804	64	1042	484	46	587	472	80
2	AKOLA MC	1929	938	49	1864	949	51	733	564	77
3	AMRAVATI	2791	2299	82	2426	1810	75	1159	1060	91
4	AMRAVATI MC	1468	748	51	1411	654	46	472	368	78
5	BULDANA	261	1787	68	2332	1639	70	999	825	83
6	WASHIM	1853	1364	74	1653	884	53	723	572	79
7	YAVATMAL	4034	2139	53	3490	1697	49	1499	1136	76
8	AURANGABAD-MH	2503	2012	80	2055	1429	70	918	775	84
9	AURANGABAD MC	2927	1825	62	2589	1865	72	1558	1210	78
10	HINGOLI	1397	675	48	1176	441	38	597	470	79
11	JALNA	2644	2111	80	2215	1654	75	892	681	76
12	PARBHANI	2224	1591	72	1995	1123	56	689	529	77
13	BID	2156	1236	57	1918	796	42	635	489	77
14	LATUR	3035	1802	59	2902	1212	42	967	672	69
15	NANDED	2668	1374	51	2452	1023	42	908	585	64
16	NANDED WAGHELA MC	3093	1390	45	2843	1210	43	814	624	77
17	OSMANABAD	2035	1344	66	1791	936	52	574	424	74

Sr. No.	District	2022			2023			2024 (Up to Oct)		
		Total Notification	UDST Offered	%	Total Notification	UDST Offered	%	Total Notification	UDST Offered	%
18	MUMBAI TOTAL	56087	44854	80	51195	41702	81	25706	21692	84
19	KALYAN DOMBIVLI MC	4518	3072	68	3844	2634	69	1791	1478	83
20	NAVI MUMBAI	4199	2952	70	3884	3103	80	2380	1938	81
21	RAIGARH-MH	5068	2814	56	4945	3003	61	2403	1950	81
22	THANE	3797	2592	68	3415	2202	64	1662	1448	87
23	PALGHAR	3656	1668	46	3037	1483	49	1415	1134	80
24	THANE MC	8427	5600	66	7283	4971	68	3532	3286	93
25	BHIWANDI NIZAMPUR	4574	2777	61	4148	2855	69	1482	1350	91
26	MIRA BHAYANDER	2911	2120	73	2696	1923	71	1228	1106	90
27	ULHASNAGAR MC	2028	1169	58	1830	1242	68	1067	867	81
28	VASAI VIRAR	5702	3959	69	5129	3301	64	2260	2027	90
29	BHANDARA	1924	1662	86	1832	1278	70	686	461	67
30	CHANDRAPUR	3438	2607	76	3209	2071	65	1212	965	80
31	GADCHIROLI	1944	1393	72	1927	955	50	850	697	82
32	GONDIYA	2196	1233	56	1999	1042	52	866	713	82
33	NAGPUR	2876	2375	83	2498	2004	80	1240	964	78
34	NAGPUR MC	6983	3340	48	6396	3326	52	2279	1774	78
35	WARDHA	1756	1144	65	1603	1107	69	636	515	81
36	AHMADNAGAR	4939	2198	45	4739	2180	46	1200	1054	88
37	AHMEDNAGAR MC	694	432	62	652	295	45	226	131	58
38	DHULE	1990	558	28	1890	786	42	771	604	78
39	DHULE MC	1287	547	43	1299	468	36	398	327	82
40	JALGAON	4405	1670	38	3911	1488	38	1273	689	54
41	JALGAON MC	1826	1231	67	1856	1078	58	397	348	88
42	NANDURBAR	3308	1426	43	2779	1648	59	1315	1206	92
43	NASHIK	3440	1227	36	3235	1130	35	1219	1022	84
44	NASHIK CORP	3868	2408	62	3481	1970	57	1259	1086	86
45	MALEGAON CORPORATION	1347	795	59	1380	987	72	491	413	84
46	KOLHAPUR	2930	1941	66	2771	1861	67	1005	786	78
47	KOLHAPUR MC	1288	814	63	1184	684	58	341	275	81
48	RATNAGIRI	2465	1113	45	2195	950	43	819	592	72
49	SANGLI	2947	1799	61	2316	1196	52	694	575	83
50	SANGLI MC	1684	561	33	1640	405	25	400	279	70
51	SINDHUDURG	934	656	70	849	615	72	365	274	75
52	SATARA	3298	1577	48	2877	1399	49	925	778	84
53	PUNE RURAL	7556	6704	89	6382	3632	57	2615	2328	89
54	PUNE	7577	5279	70	6899	4699	68	3695	2803	76
55	PIMPRI CHINCHWAD	2937	1822	62	2647	1501	57	1435	1233	86
56	SOLAPUR	3282	1024	31	3059	1307	43	992	748	75
57	SOLAPUR MC	2930	1048	36	2656	1247	47	946	742	78
	State Total	229656	149600	65	207721	131534	63	90200	74114	82

TB-HIV & Diabetic Status:-

Sr. No.	District	2022					2023					2024 (Up to Oct)				
		Notified TB Patients	Patients with Known HIV status	% Known HIV status	Patients with Known Diabetic Status	% Known Diabetic Status	Notified TB Patients	Patients with Known HIV status	% Known HIV status	Patients with Known Diabetic Status	% Known Diabetic Status	Notified TB Patients	Patients with Known HIV status	% Known HIV status	Patients with Known Diabetic Status	% Known Diabetic Status
1	AKOLA	1265	1253	99	1222	97	1069	1052	98%	1047	98%	1509	1468	97%	1447	96%
2	AKOLA MC	1929	1925	100	1906	99	1893	1876	99%	1869	99%	2252	2179	97%	2102	93%
3	AMRAVATI	2791	2761	99	2643	95	2437	2384	98%	2334	96%	1099	1082	98%	1064	97%
4	AMRAVATI MC	1468	1450	99	1412	96	1490	1462	98%	1447	97%	2250	2207	98%	2148	95%
5	BULDANA	2618	2592	99	2510	96	2329	2314	99%	2222	95%	1574	1525	97%	1446	92%
6	WASHIM	1853	1836	99	1791	97	1688	1676	99%	1673	99%	3539	3444	97%	3310	94%
7	YAVATMAL	4034	4008	99	3790	94	3563	3537	99%	3439	97%	2065	2033	98%	1983	96%
8	AURANGABAD-MH	2503	2487	99	2443	98	2131	2097	98%	2075	97%	2742	2667	97%	2521	92%
9	AURANGABAD MC	2927	2862	98	2667	91	2676	2665	100%	2611	98%	1220	1184	97%	1107	91%
10	HINGOLI	1397	1380	99	1329	95	1187	1157	97%	1115	94%	1984	1950	98%	1922	97%
11	JALNA	2644	2635	100	2622	99	2249	2214	98%	2214	98%	1773	1728	97%	1701	96%
12	PARBHANI	2224	2176	98	2122	95	2040	2011	99%	1985	97%	1729	1642	95%	1596	92%
13	BID	2156	2131	99	2058	95	1975	1965	99%	1946	99%	2424	2311	95%	2281	94%
14	LATUR	3035	2979	98	2949	97	2950	2908	99%	2887	98%	2299	2263	98%	2234	97%
15	NANDED	2668	2644	99	2593	97	2439	2418	99%	2400	98%	2500	2376	95%	2273	91%
16	NANDED MC	3093	3026	98	2972	96	2894	2839	98%	2804	97%	1549	1534	99%	1521	98%
17	OSMANABAD	2035	2033	100	2009	99	1826	1817	100%	1800	99%	1509	1468	97%	1447	96%
18	Mumbai Total	56087	54011	96	53590	96	50847	49012	96%	49042	96%	43897	39060	89%	38488	88%
19	KDMC	4518	4510	100	4487	99	3999	3961	99%	3916	98%	3294	3238	98%	3196	97%
20	NAVI MUMBAI	4199	4196	100	4184	100	3609	3555	99%	3550	98%	3464	3041	88%	3025	87%
21	RAIGARH-MH	5068	4871	96	4551	90	5066	5000	99%	4924	97%	4172	4037	97%	3972	95%
22	THANE	3797	3787	100	3691	97	3566	3537	99%	3497	98%	3050	2986	98%	2951	97%
23	PALGHAR	3656	3564	97	3446	94	3152	3077	98%	2967	94%	2649	2590	98%	2524	95%
24	THANE MC	8427	8229	98	8081	96	7484	7425	99%	7332	98%	6454	6388	99%	6333	98%
25	BHIWANDI NIZAM.	4574	4532	99	4423	97	4244	4230	100%	4168	98%	3469	3394	98%	3261	94%
26	MIRA BHAYANDER	2911	2911	100	2909	100	2774	2769	100%	2770	100%	2105	2103	100%	2103	100%
27	ULHASNAGAR MC	2028	1983	98	1862	92	1896	1873	99%	1791	94%	1712	1651	96%	1578	92%
28	VASAI VIRAR	5702	5690	100	5654	99	5347	5334	100%	5312	99%	4619	4605	100%	4579	99%
29	BHANDARA	1924	1920	100	1908	99	1864	1843	99%	1815	97%	1721	1685	98%	1638	95%
30	CHANDRAPUR	3438	3413	99	3383	98	3303	3285	99%	3267	99%	2908	2880	99%	2835	97%
31	GADCHIROLI	1944	1939	100	1914	98	1940	1930	99%	1880	97%	1804	1796	100%	1722	95%
32	GONDIYA	2196	2160	98	2082	95	2088	2081	100%	2050	98%	1982	1924	97%	1901	96%
33	NAGPUR	2876	2871	100	2854	99	2522	2506	99%	2495	99%	2581	2555	99%	2524	98%

Sr. No.	District	2022					2023					2024 (Up to Oct)				
		Notified TB Patients	Patients with Known HIV status	% Known HIV status	Patients with Known Diabetic Status	% Known Diabetic Status	Notified TB Patients	Patients with Known HIV status	% Known HIV status	Patients with Known Diabetic Status	% Known Diabetic Status	Notified TB Patients	Patients with Known HIV status	% Known HIV status	Patients with Known Diabetic Status	% Known Diabetic Status
34	NAGPUR MC	6983	6831	98	6705	96	6592	6436	98%	6287	95%	5069	4980	98%	4899	97%
35	WARDHA	1756	1737	99	1683	96	1654	1642	99%	1614	98%	1415	1399	99%	1372	97%
36	AHMADNAGAR	4939	4935	100	4918	100	4784	4756	99%	4719	99%	3094	3037	98%	3006	97%
37	AHMEDNAGAR MC	694	690	99	668	96	664	661	100%	650	98%	580	567	98%	531	92%
38	DHULE	1990	1968	99	1897	95	1894	1879	99%	1843	97%	1674	1658	99%	1614	96%
39	DHULE MC	1287	1283	100	1270	99	1301	1237	95%	1195	92%	1176	1142	97%	1066	91%
40	JALGAON	4405	4354	99	4164	95	4007	3976	99%	3858	96%	3813	3758	99%	3663	96%
41	JALGAON MC	1826	1813	99	1778	97	1914	1914	100%	1909	100%	1625	1621	100%	1616	99%
42	NANDURBAR	3308	3280	99	3213	97	2860	2787	97%	2706	95%	2519	2490	99%	2462	98%
43	NASHIK	3440	3424	100	3372	98	3350	3324	99%	3285	98%	2865	2849	99%	2818	98%
44	NASHIK CORP	3868	3842	99	3774	98	3526	3474	99%	3379	96%	2873	2697	94%	2629	92%
45	MALEGAON MC	1347	1321	98	1293	96	1408	1399	99%	1384	98%	1322	1272	96%	1233	93%
46	KOLHAPUR	2930	2929	100	2924	100	2847	2845	100%	2845	100%	2231	2228	100%	2227	100%
47	KOLHAPUR MC	1288	1282	100	1263	98	1210	1206	100%	1191	98%	991	983	99%	976	98%
48	RATNAGIRI	2465	2448	99	2407	98	2241	2213	99%	2201	98%	1876	1837	98%	1805	96%
49	SANGLI	2947	2929	99	2905	99	2347	2324	99%	2306	98%	1978	1915	97%	1862	94%
50	SANGLI MC	1684	1664	99	1637	97	1667	1635	98%	1599	96%	1622	1597	98%	1568	97%
51	SINDHUDURG	934	923	99	916	98	865	860	99%	846	98%	694	684	99%	680	98%
52	SATARA	3298	3255	99	3197	97	2945	2883	98%	2741	93%	2623	2588	99%	2482	95%
53	PUNE RURAL	7556	7546	100	7511	99	6567	6527	99%	6470	99%	5610	5556	99%	5440	97%
54	PUNE	7577	7511	99	7439	98	7071	7031	99%	6998	99%	6203	6150	99%	6109	98%
55	PIMPRI CHINCHWAD	2937	2917	99	2849	97	2728	2704	99%	2701	99%	2539	2507	99%	2486	98%
56	SOLAPUR	3282	3265	99	3223	98	3114	3109	100%	3108	100%	2845	2815	99%	2766	97%
57	SOLAPUR MC	2930	2919	100	2898	99	2685	2680	100%	2666	99%	2403	2346	98%	2308	96%
	State Total	229656	225831	98	221961	97	210778	207312	98%	205145	97%	183128	175280	96%	171960	94%

Chemoprophylaxis :-

Sr. No	District	2022				2023				2024 (Up to Oct)			
		TB Patient Notified	Eligible for Chemo.	Number of Children < Six on chemoprophylaxis	% Number of Children < Six on chemoprophylaxis	TB Patient Notified	Eligible for Chemo.	Number of Children < Six on chemoprophylaxis	% Number of Children < Six on chemoprophylaxis	TB Patient Notified	Number eligible for TPT- (Age<5)	Number provided TPT- (Age<5)	% of Number provided TPT- (Age<5)
1	AKOLA	816	176	127	72	631	147	1485	77%	633	104	80	77%
2	AKOLA MC	1102	131	66	50	338	117	1216	43%	734	79	68	86%
3	AMRAVATI	1941	547	382	70	1472	483	3265	69%	1458	384	310	81%
4	AMRAVATI MC	847	245	67	27	454	183	1362	64%	548	114	76	67%
5	BULDANA	1729	614	235	38	1241	280	2534	69%	1412	232	196	84%
6	WASHIM	1325	192	179	93	832	212	2998	94%	1572	306	242	79%
7	YAVATMAL	3035	509	344	68	1861	335	3758	60%	2060	335	286	85%
8	AURANGABAD-MH	1809	390	280	72	1389	345	1616	34%	1418	271	217	80%
9	AURANGABAD MC	1258	347	143	41	774	338	1516	52%	1224	430	138	32%
10	HINGOLI	946	204	151	74	768	227	1687	73%	1203	212	156	74%
11	JALNA	1975	455	250	55	1316	325	3614	85%	1510	268	199	74%
12	PARBHANI	1484	571	161	28	780	378	1307	28%	969	244	131	54%
13	BID	1472	171	135	79	850	153	2050	65%	1003	180	130	72%
14	LATUR	1779	287	160	56	1001	290	1548	25%	1103	226	150	66%
15	NANDED	1759	344	213	62	1449	268	1437	34%	1792	481	197	41%
16	NANDED MC	1611	302	114	38	254	415	736	11%	974	326	57	17%
17	OSMANABAD	1365	208	196	94	806	155	2161	74%	1013	163	151	93%
18	Mumbai Total	28150	4360	1410	32	12821	3766	1188	20%	19014	2726	1255	46%
19	KDMC	2327	537	515	96	1391	381	3436	80%	1464	246	168	68%
20	NAVI MUMBAI	1868	354	302	85	1564	339	2071	23%	1443	251	207	82%
21	RAIGARH-MH	3201	409	239	58	2716	545	5001	96%	2495	282	218	77%
22	THANE	2198	537	408	76	2052	443	337	4%	2081	561	483	86%
23	PALGHAR	2632	505	321	64	2106	394	8048	68%	2020	521	347	67%
24	THANE MC	4089	669	340	51	2822	614	2752	36%	2870	612	487	80%
25	BHIWANDI NIZAM.	2337	718	632	88	1635	651	2907	89%	1960	517	366	71%
26	MIRA BHAYANDER	1484	203	197	97	1230	256	1195	44%	1525	203	127	63%
27	ULHASNAGAR MC	1308	252	120	48	911	175	7645	92%	1217	162	63	39%
28	VASAI VIRAR	2890	478	191	40	2447	604	2447	66%	2160	433	348	80%
29	BHANDARA	1389	348	314	90	1119	298	2721	48%	1108	242	185	76%
30	CHANDRAPUR	2011	486	377	78	1558	446	2999	61%	1665	341	253	74%
31	GADCHIROLI	1501	447	365	82	1481	442	1188	20%	1466	325	279	86%
Sr.	District	2022				2023				2024 (Up to Oct)			

No		TB Patient Notified	Eligible for Chemo.	Number of Children < Six on chemoprophylaxis	% Number of Children < Six on chemoprophylaxis	TB Patient Notified	Eligible for Chemo.	Number of Children < Six on chemoprophylaxis	% Number of Children < Six on chemoprophylaxis	TB Patient Notified	Number eligible for TPT- (Age<6)	Number provided TPT- (Age<6)	% of Number provided TPT- (Age<6)
32	GONDIYA	1288	541	257	48	885	499	2026	58%	1184	519	327	63%
33	NAGPUR	1738	341	230	67	1440	353	3550	78%	2091	380	218	57%
34	NAGPUR MC	3323	695	392	56	1239	498	4600	72%	1794	424	245	58%
35	WARDHA	1131	251	213	85	960	184	2178	72%	1106	146	123	84%
36	AHMADNAGAR	3913	641	456	71	3436	449	4055	53%	2365	274	202	74%
37	AHMEDNAGAR MC	296	99	14	14	108	24	40	13%	246	109	18	17%
38	DHULE	1573	672	487	72	1316	278	2835	83%	1160	266	218	82%
39	DHULE MC	728	239	159	67	273	174	924	36%	622	122	89	73%
40	JALGAON	3303	848	435	51	2286	744	5103	63%	2647	525	423	81%
41	JALGAON MC	1045	200	54	27	291	198	525	15%	700	143	88	62%
42	NANDURBAR	2612	780	503	64	1482	499	3309	54%	1810	508	416	82%
43	NASHIK	2673	923	661	72	2266	602	4640	68%	2253	516	379	73%
44	NASHIK CORP	2016	253	165	65	904	195	1130	20%	1032	149	125	84%
45	MALEGAON MC	737	252	118	47	553	323	777	25%	697	242	167	69%
46	KOLHAPUR	2112	266	253	95	1614	316	3033	56%	1313	228	186	82%
47	KOLHAPUR MC	549	63	43	68	268	41	292	21%	553	96	29	30%
48	RATNAGIRI	1864	148	136	92	1386	164	1828	43%	1264	171	144	84%
49	SANGLI	1816	429	361	84	1199	291	2521	68%	1238	264	182	69%
50	SANGLI MC	761	130	67	52	250	56	564	55%	682	84	46	55%
51	SINDHUDURG	529	76	64	84	461	64	333	26%	578	96	59	61%
52	SATARA	1823	342	244	71	1312	293	2532	52%	1164	181	149	82%
53	PUNE RURAL	3863	682	423	62	3109	613	6749	73%	3253	722	627	87%
54	PUNE	4012	620	320	52	2289	613	3955	44%	2586	361	286	79%
55	PCMC	1475	299	159	53	1141	290	219	6%	1939	341	130	38%
56	SOLAPUR	2282	453	358	79	1746	425	5086	89%	2135	463	305	66%
57	SOLAPUR MC	1935	265	184	69	688	251	635	11%	979	219	147	67%
	State Total	133035	26504	15690	59	84971	22442	143297	42%	100505	19326	12898	67%

DBT-Nikshay Poshan Yojana

Sr. No	District	2022			2023			2024 (Up to Oct)		
		Eligible Beneficiaries	No of Beneficiaries Paid	% Beneficiaries Paid	Eligible Beneficiaries	No of Beneficiaries Paid	% Beneficiaries Paid	Eligible Beneficiaries	No of Beneficiaries Paid	% Beneficiaries Paid
1	AKOLA	1244	896	72%	1078	843	78%	1007	608	60%
2	AKOLA MC	1952	1301	67%	1956	1451	78%	1470	753	51%
3	AMRAVATI	2809	2146	76%	2568	1982	77%	2304	1194	52%
4	AMRAVATI MC	1469	956	65%	1531	1035	75%	1049	438	42%
5	BULDANA	2594	1873	72%	2436	1771	74%	2024	979	48%
6	WASHIM	1881	1399	74%	1696	1296	78%	1528	828	54%
7	YAVATMAL	4082	2722	67%	3653	2305	70%	3251	1585	49%
8	AURANGABAD-MH	2486	1931	78%	2158	1675	78%	1985	1008	51%
9	AURANGABAD MC	3002	1761	59%	2826	1877	67%	1966	920	47%
10	HINGOLI	1392	1072	77%	1216	944	78%	1179	659	56%
11	JALNA	2765	2279	82%	2367	2056	88%	1939	1012	52%
12	PARBHANI	2198	1604	73%	2031	1625	82%	1735	917	53%
13	BID	2186	1571	72%	2011	1638	83%	1647	907	55%
14	LATUR	3059	2217	72%	3044	2481	82%	2389	1028	43%
15	NANDED	2657	1885	71%	2538	1899	75%	2206	1075	49%
16	NANDED WAGHELA MC	3157	2152	68%	3109	2450	85%	2389	1315	55%
17	OSMANABAD	2004	1501	75%	1812	1328	74%	1412	831	59%
18	Mumbai Total	61263	35556	58%	58583	34536	71%	35443	15691	44%
19	KALYAN DOMBIVLI MC	4648	3085	66%	4109	2932	77%	2967	1510	51%
20	NAVI MUMBAI	4153	2591	62%	4108	2636	68%	3181	1526	48%
21	RAIGARH-MH	5002	3036	61%	5201	3920	79%	3664	2017	55%
22	THANE	3738	2304	62%	3854	2257	61%	2786	1204	43%
23	PALGHAR	3477	2455	71%	3381	1897	56%	2417	1020	42%
24	THANE MC	8434	5254	62%	7871	5657	77%	5833	3264	56%
25	BHIWANDI NIZAMPUR	4629	2831	61%	4398	2807	68%	3306	1487	45%
26	MIRA BHAYANDER	3010	2283	76%	2941	2301	84%	1868	1279	68%
27	ULHASNAGAR MC	2011	1140	57%	1945	1308	70%	1594	716	45%
28	VASAI VIRAR	5712	3535	62%	5471	3726	73%	4057	2011	50%

Sr. No	District	2022			2023			2024 (Up to Oct)		
		Eligible Beneficiaries	No of Beneficiaries Paid	% Beneficiaries Paid	Eligible Beneficiaries	No of Beneficiaries Paid	% Beneficiaries Paid	Eligible Beneficiaries	No of Beneficiaries Paid	% Beneficiaries Paid
29	BHANDARA	1899	1320	70%	1919	1460	77%	1654	989	60%
30	CHANDRAPUR	3452	2581	75%	3379	2671	79%	2765	1532	55%
31	GADCHIROLI	1812	1446	80%	1893	1405	74%	1757	800	46%
32	GONDIYA	2168	1437	66%	2134	1413	69%	1881	1184	63%
33	NAGPUR	2860	2175	76%	2648	2063	79%	2277	1120	49%
34	NAGPUR MC	7050	4336	62%	6886	4466	72%	5119	2302	45%
35	WARDHA	1754	1411	80%	1655	1384	84%	1378	803	58%
36	AHMADNAGAR	4958	4002	81%	4848	3846	80%	3704	1990	54%
37	AHMEDNAGAR MC	680	365	54%	657	418	70%	474	243	51%
38	DHULE	1997	1542	77%	1955	1542	79%	1599	741	46%
39	DHULE MC	1318	1116	85%	1372	1125	85%	958	615	64%
40	JALGAON	4361	3316	76%	4043	2894	72%	3461	1646	48%
41	JALGAON MC	1834	1378	75%	2021	1399	72%	1595	774	49%
42	NANDURBAR	3346	2926	87%	2969	2313	79%	2297	1319	57%
43	NASHIK	3480	2669	77%	3436	2649	77%	2701	1405	52%
44	NASHIK CORP	3670	2120	58%	3600	2008	61%	2307	1012	44%
45	MALEGAON MC	1347	972	72%	1447	1068	90%	1225	659	54%
46	KOLHAPUR	2953	2150	73%	2943	2320	81%	2028	1142	56%
47	KOLHAPUR MC	1340	999	75%	1297	998	81%	927	556	60%
48	RATNAGIRI	2445	1807	74%	2281	1771	81%	1658	921	56%
49	SANGLI	2929	2349	80%	2398	1900	82%	1751	1071	61%
50	SANGLI MC	1683	907	54%	1724	949	64%	1163	645	55%
51	SINDHUDURG	954	743	78%	921	734	81%	677	369	55%
52	SATARA	3254	2206	68%	3012	2005	70%	2457	913	37%
53	PUNE RURAL	7438	5725	77%	6911	4715	70%	5032	2216	44%
54	PUNE	7580	4065	54%	7607	5014	76%	4612	2840	62%
55	PIMPRI CHINCHWAD	2884	1757	61%	2737	1848	72%	2084	1263	61%
56	SOLAPUR	3206	2196	68%	3158	2064	70%	2641	1109	42%
57	SOLAPUR MC	2943	2077	71%	2755	1794	70%	2068	1023	49%
	State total	234609	155429	66%	224498	152869	74%	162846	80984	50%

Districts Expenditure under NHM:-

Sr. No	Districts/ Corps	Districtwise Financial Performance of Last Three Years Maharashtra, NTEP (Rs. In Lakhs)											
		Year 2021-22			Year 2022-23			Year 2023-24			Year 2024-25(up to Oct)		
		Allocation of Budget (a)	Exp. (b)	% Exp. (b/a*100)	Allocation of Budget (a)	Exp. (b)	% Exp. (b/a*100)	Allocation of Budget (a)	Exp. (b)	% Exp. (b/a*100)	Allocation of Budget (a)	Exp. (b)	% Exp. (b/a*100)
1	Akola	94.71	36.58	38.62	94.30	31.06	32.94	93.54	36.78	39.32	89.53	7.71	8.61
2	Akola MC	74.50	44.41	59.61	80.92	81.36	100.54	81.81	70.80	86.54	88.08	32.62	37.03
3	Amravati	193.50	103.76	53.62	101.83	43.92	43.13	136.89	101.94	74.47	152.64	32.42	21.24
4	Amravati MC	73.37	43.56	59.37	55.18	48.24	87.41	60.27	34.54	57.32	63.77	4.23	6.64
5	Buldana	236.82	75.44	31.86	101.03	40.33	39.92	126.78	57.04	44.99	130.26	12.83	9.85
6	Washim	106.96	72.09	67.40	86.74	83.49	96.26	104.67	71.69	68.49	113.44	17.29	0.00
7	Yavatmal	246.76	163.55	66.28	128.31	55.81	43.50	171.04	63.61	37.19	136.53	21.47	15.73
8	Aurangabad	269.15	128.10	47.60	187.00	116.96	62.54	175.41	163.33	93.11	208.41	35.43	17.00
9	Aurangabad MC	174.12	112.28	64.48	83.25	57.15	68.65	90.97	74.03	81.38	97.52	30.31	31.09
10	Hingoli	83.28	56.94	68.37	52.68	51.06	96.92	73.23	37.07	50.61	79.28	15.14	19.10
11	Jalna	149.71	101.33	67.69	103.68	82.56	79.63	122.51	192.73	157.32	145.45	26.76	18.40
12	Parbhani	194.39	86.93	44.72	115.89	69.44	59.92	137.29	80.37	58.54	95.90	27.87	29.06
13	Beed	199.38	96.48	48.39	126.35	62.55	49.50	166.06	151.30	91.11	154.61	13.71	8.87
14	Latur	283.93	103.44	36.43	167.24	73.52	43.96	201.01	114.70	57.06	172.80	24.31	14.07
15	Nanded	221.05	101.83	46.07	126.02	108.03	85.73	142.75	82.04	57.47	141.25	27.50	19.47
16	Nanded MC	93.87	41.21	43.91	72.59	67.95	93.61	101.84	140.78	138.23	114.29	43.26	37.85
17	Osmanabad	149.44	73.93	49.47	95.40	56.30	59.01	130.74	61.20	46.81	133.96	19.64	14.66
18	KDMC	188.39	114.12	60.58	121.89	90.97	74.63	125.31	105.21	83.96	189.41	26.94	14.22
19	Navi Mumbai	255.77	125.42	49.04	109.35	80.41	73.53	259.51	278.42	107.29	202.71	29.01	14.31
20	Raigad	332.27	188.73	56.80	183.13	114.00	62.25	226.21	174.29	77.05	228.78	23.54	10.29
21	Thane	206.38	125.88	61.00	126.60	79.31	62.65	139.40	79.65	57.13	131.38	14.50	11.04
22	Palghar	173.34	129.88	74.93	120.59	53.83	44.64	156.84	138.21	88.12	137.35	0.00	0.00
23	Thane MC	404.45	352.24	87.09	276.72	67.13	24.26	249.51	286.02	114.63	417.28	125.80	30.15
24	Bhivandi MC	233.89	208.77	89.26	163.00	208.57	127.96	123.33	177.54	143.96	165.53	58.67	35.44
25	Mira Bhayander	132.31	132.29	99.98	95.84	112.37	117.24	94.65	87.72	92.68	126.81	28.44	22.43
26	Ulhasnagar MC	95.07	41.83	44.00	57.93	68.44	118.13	55.80	47.41	84.96	104.05	5.90	5.67
27	Vasai Virar	231.99	162.72	70.14	167.99	123.14	73.30	117.74	188.17	159.81	149.85	7.19	4.80
28	Bhandara	117.13	82.32	70.28	73.58	95.35	129.58	94.75	73.91	78.00	83.56	19.55	23.39
29	Chandrapur	260.96	150.04	57.49	184.10	123.91	67.31	211.49	143.54	67.87	195.98	23.86	12.17
30	Gadchiroli	135.09	92.46	68.45	94.79	55.18	58.22	106.17	73.63	69.34	94.99	18.04	18.99
31	Gondiya	163.48	179.68	109.91	94.36	66.60	70.57	126.43	135.21	106.95	112.55	57.82	51.37
32	Nagpur	199.51	129.70	65.01	128.50	3.05	2.37	163.30	116.09	71.09	138.00	54.75	39.68

Sr. No .	Districts/ Corps	Year 2021-22			Year 2022-23			Year 2023-24			Year 2024-25 (upto Oct)		
		Allocation of Budget (a)	Exp. (b)	% Exp. (b/a*100)	Allocation of Budget (a)	Exp. (b)	% Exp. (b/a*100)	Allocation of Budget (a)	Exp. (b)	% Exp. (b/a*100)	Allocation of Budget (a)	Exp. (b)	% Exp. (b/a*100)
33	Nagpur MC	291.58	159.61	54.74	301.24	124.22	41.24	227.90	228.93	100.45	287.46	33.07	11.50
34	Wardha	127.08	76.47	60.17	76.11	54.30	71.35	92.24	89.72	97.27	100.53	12.29	12.22
35	Ahmadnagar	286.11	201.07	70.28	191.46	75.94	39.66	225.88	69.60	30.81	163.98	37.12	22.64
36	Ahmednagar Mc	46.01	13.74	29.85	29.69	14.56	49.03	41.84	9.61	22.96	37.98	0.89	2.35
37	Dhule	141.33	70.40	49.81	93.97	82.21	87.48	114.78	65.65	57.19	128.06	44.04	34.39
38	Dhule MC	67.28	21.67	32.20	55.86	31.06	55.60	60.51	60.55	100.06	50.17	13.93	27.77
39	Jalgaon	225.77	95.59	42.34	176.00	13.05	7.42	193.34	95.01	49.14	135.76	6.03	4.44
40	Jalgaon MC	70.06	32.50	46.38	70.23	40.37	57.48	67.74	41.07	60.63	95.18	29.89	31.41
41	Nandurbar	238.29	120.48	50.56	298.39	79.40	26.61	338.29	241.39	71.36	135.80	80.80	59.50
42	Nashik	288.65	109.65	37.99	290.57	127.50	43.88	320.90	196.82	61.33	225.77	17.34	7.68
43	Nashik MC	133.82	151.64	113.32	86.34	44.84	51.94	150.57	71.67	47.60	150.52	17.58	11.68
44	Malegaon MC	69.63	48.59	69.79	51.84	11.95	23.05	63.85	45.35	71.02	62.75	0.00	0.00
45	Kolhapur	277.37	96.71	34.87	164.13	69.45	42.32	196.38	66.90	34.07	156.40	18.17	11.62
46	Kolhapur MC	78.78	67.59	85.80	63.64	42.04	66.06	75.59	36.10	47.76	68.55	24.05	35.08
47	Ratnagiri	220.67	67.62	30.64	147.05	83.17	56.56	130.63	64.38	49.29	112.90	17.45	15.45
48	Sangli	207.00	106.46	51.43	161.43	88.11	54.58	159.03	102.96	64.75	163.09	12.09	7.41
49	Sangli MC	54.26	30.57	56.34	35.53	34.73	97.76	68.90	30.55	44.34	71.35	12.12	16.99
50	Sindhudurg	102.05	55.81	54.69	73.97	33.95	45.89	77.28	31.01	40.13	68.99	4.38	6.35
51	Satara	241.75	97.73	40.43	167.50	177.97	106.25	207.43	108.98	52.54	147.71	28.64	19.39
52	Pune Rural	557.64	132.45	23.75	427.51	156.71	36.66	332.49	173.98	52.33	266.89	24.80	9.29
53	Pune MC	288.37	187.26	64.94	184.99	108.94	58.89	227.36	123.10	54.14	245.59	56.43	22.98
54	PCMC	151.15	104.06	68.85	92.52	37.41	40.44	105.92	70.59	66.65	116.05	20.72	17.86
55	Solapur	218.07	82.67	37.91	131.00	36.78	28.07	199.31	34.76	17.44	137.66	7.48	5.43
56	Solapur MC	113.20	37.50	33.13	71.72	18.68	26.05	88.25	40.88	46.33	86.40	10.94	0.00
57	Mumbai MC	4171.70	3593.02	86.13	5714.54	3747.19	65.57	3154.76	3960.96	125.56	4075.86	66.55	1.63
1	STDC-Nagpur	345.62	110.43	31.95	215.86	46.77	21.67	161.16	95.00	58.94	455.34	31.43	6.90
2	STCS - H.O.	8005.10	632.17	7.90	8627.75	10994.25	127.43	13025.67	8010.68	61.50	9825.41	3179.68	32.36
3	STDC- Pune	319.76	104.15	32.57	215.86	72.953	33.80	161.16	111.26	69.04	455.34	22.87	5.02
4	HFWTC	115.90	22.28	19.22	41.55	5.67	13.65	8.90	1.59	17.87	41.67	0.00	0.00
	State Total	23428.97	10287.83	43.91	22035.03	18926.14	85.89	24645.30	17918.01	72.70	22665.09	4762.19	21.01

CHAPTER 8

National Program for Control of Blindness and Visual Impairment

The National Program for Control of Blindness and Visual Impairment has been in operation since 1976 and the rate of blindness is to be reduced to 0.3 by 2020. In the year 2017, the name of the program has been changed and it has been changed to National Blindness Control Program & Visual Impairment. According to a quick survey conducted by the Central Government in the year 2015-19, the incidence of blindness has decreased from 1.1% (2006-2007) to 0.36%. Also, as mentioned in the national policy of the central government, the aim is to reduce the rate of blindness to 0.25% by the year 2025. In addition to cataract surgery, the focus has also been on treating other eye diseases such as glaucoma, diabetic retinopathy, vitreoretinal disease, and blindness in young children.

100 per cent subsidy was being given by the Central Government for the National Blindness Control Program. From the year 2015-16, 60 per cent central share and 40 per cent state government share is given as grants.

Highlights of the event

1. To provide comprehensive universal eye services to achieve the goal of "Eye Health for All".
2. To provide high quality services to the people regarding eye diseases by strengthening the National Blindness Control Program.
3. To provide additional services to fill the backlog of cataract patients through diagnosis and treatment.
4. To provide services to the patients by appointing equipment and experts to the health institutions in all the districts of the state.
5. To provide services on eye diseases by including non-governmental organizations and private doctors in the program.
6. Raising awareness among the general public about other eye diseases (glaucoma, diabetic retinopathy, vitreoretinal disease, blindness in children) and its treatment by providing health education and providing free services on other eye diseases.
7. Free eye examination of school children to diagnose and treat visual impairment.
8. To provide free spectacles to the needy and poor persons by conducting free eye examination of persons in the age group of 40+ years from the year 2014-

Program Functions –

State Health Society (NPCB&VI) has been set up at the state level and District Health Society (NPCB&VI) has been set up at district level in all the districts for successful implementation of programs in the state. As per the guidelines of the Central Government, instructions have been given to implement the program through the District Health Society (NPCB&VI) by giving authority at the district level.

Improving the program by providing training to experts and supplying materials. To solve eye diseases with the participation of NGOs and private doctors. To reduce the incidence of blindness to the maximum by organizing screening camps for all over 50 years and providing transport services. To provide free services for cataract surgery, glaucoma and other eye diseases through governmental and non-governmental organizations.

At present there are 69 eye banks, 46 eye collection centers and 201 eye transplant centers functioning in the state. There are also 93 government eye surgery centers and 110 NGO working in the state.

Financing for the following objectives to achieve the objectives of the scheme -

1. Under the scheme 99% of cataract surgeries are done through SICS technique using IOL.
2. Other eye ailments have also been taken care of in children and elderly persons and maximum emphasis will be given to prevent blindness. To achieve this goal, cataract surgery will be carried out, more people will be served, health services will be strengthened and public participation, NGOs, elected representatives will be involved.

3. Distribute free spectacles to students who have been diagnosed with visual impairment by conducting eye examination of school children.
4. To distribute free spectacles to needy and poor persons by examining the eyes of persons in the age group of 40+ years.
5. Eye transplantation by collecting donated balls after death.
6. To provide guidance and financial support from various levels for providing services at maximum capacity through public sector eye hospitals.
7. Construction of Ophthalmology Room and Ophthalmic Surgery at all District Hospitals in the State.
8. Provide updated technical education to ophthalmologists and ophthalmic Officer.
9. Supply of updated equipment to District Hospitals / Sub-District Hospitals / Primary Health Centers as well as Regional Institute of Ophthalmology as well as maintenance and repair of equipment.

A special campaign “Netra Jyoti Abhiyan ” is being implemented by the Central Government since June, 2022. The campaign aims to completely fill the backlog of cataract surgeries that cause blindness and Severe Visual Impairment (SVI) in people aged 50 and above. In order to fill the backlog of cataract surgeries, the central government has given a target of 27 lakh cataract surgeries in the three years of 2022-23, 2023-24 and 2024-25.

1) **Cataract Surgeries –**

Year	Annual Target	Achiev.	% Achiev	IOL Surgeries	% of IOL
2019-20	455000	704813	154	703569	99
2020-21	339570	228991	67.44	226630	99
2021-22	373510	551034	147.33	549811	99
2022-23	776411	873513	112.51	872167	99
2023-24	931815	945733	101.50	944445	99.86
2024-25 (Dec 24)	1087000	751507	69.10	747532	99.47

2) **Eye Donation –**

Year	Eye Balls collected		No.of Keratoplasty Surgery
	Target	Achievement	
2018-19	7000	7323	3813
2019-20	7500	6653	3059
2020-21	5850	1355	847
2021-22	6500	3172	1947
2022-23	5500	4456	2477
2023-24	6000	5087	2713
2024-25 (Dec 24)	6800	3794	2316

3) **Eye Screening of School Children -**

Year	Students Screened	Students with refractive errors	Free specs provided
2018-19	2359980	42549	31724
2019-20	3167593	43203	16614
2020-21	135722	7600	5480
2021-22	678446	15237	8633
2022-23	5915783	59586	19131
2023-24	4199029	33700	9694
2024-25 (Dec 24)	2819056	21830	3572

➤ **Presbyopia (40+) Eye Checkup and Spects distribution**

Year	40+ Screened			Spect Distribution		
	Male	Female	Total	Male	Female	Total
2018-19	64676	72786	137462	14279	14673	29260
2019-20	60085	71485	131570	10324	10237	20561
2020-21	20402	22534	42936	1219	1041	2260
2021-22	49163	55968	105131	10714	11512	22226
2022-23	99636	122750	219027	30316	33448	63764
2023-24	121683	138836	267927	81685	89188	170873
2024-25 (Dec 24)	252060	285843	537903	56900	47546	104446

Other Eye Diseases

Sr.No.	Name of Diseases		2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 (Dec24)	
1	Diabetic Retinopathy with Laser Treatment		5153	855	2368	2875	1882	2444	
2	Glaucoma	Medical t/t	11499	3119	5360	6054	6546	3692	
		Surgical t/t	941	351	584				
3	Childhood Blindness	Cataract surgery		747	211	21250	7218	5100	8661
4		Glaucoma	Medical t/t	68	56				
			Surgical t/t	79	40				
5		Squint surgery		772	142	394			
6		Retinopathy of Prematurity (ROP) with Laser treatment		1167	485	1437			
7		Retinoblastoma surgery		2	4	19			
8		Congenital ptosis surgery		64	23	47			
9		Intraocular Trauma in Children management		617	731	1024			
10	Keratoplasty		3059	614	1669	2477	2713	2316	
11	Low Vision Aids		816	96	321	4296	5124	5067	
12	Other OPD		15530	4058	9300	418149	433894	309575	
Total			44705	13986	48731	441069	455259	332612	

National Programme for control of Blindness – Budget & Expenditure (Rs. In Lakh)

Years	Approved Budget	Expenditure	% against Available Grant
2018-19	2082.30	881.51	42.33%
2019-20	2375.40	721.64	30.42%
2020-21	1802.15	460.329	25.54%
2021-22	2449.51	949.11	38%
2022-23	4062.19	968.46	23.25 %
2023-24	8084.18	2889.59	35.74%
2024-25 (Dec 2024)	2059.05	641.18	31.17%

CHAPTER 9

NATIONAL CENTRE FOR VECTOR BORNE DISEASE CONTROL

Malaria Control Programme is being implemented in the State since 1953. The milestones of the programme are as under,

1953: National Malaria Control Programme

1958: National Malaria Eradication Programme

1977: Modified Plan of Operation

1979: Multipurpose Worker Scheme

1995: Implementation of Malaria Action Plan-1995

1997: Implementation of Enhanced Malaria Control Project in tribal districts EMCP.

1999: National Anti-Malaria Programme

2004: National Vector Borne Disease Control Programme

2021: National centre for Vector Borne Disease Control

Objectives of the Programme –

In the period of 1953 to 1958 National Malaria Control Programme (NMCP) was established. In 1958 NMCP is converted to National Malaria Eradication Programme (NMEP) in Maharashtra state. Since in 1965 it is observed that there was rise in trend of Malaria cases, the Modified Plan of Operation was implemented from 1977. From 2004 all vector borne diseases are under the one umbrella of NCVBDC.

Objectives Of the Modified Plan of Operation –

- a. To reduce morbidity and mortality due to malaria.
- b. To prevent deaths due to malaria.
- c. Industrial & Agricultural Development activities should not be affected due to malaria.
- d. The gains achieved so far should be maintained.
- e. Early detection & complete treatment .
- f. Interrupt transmission
- g. Vector control by means entomological, biological, chemical means
- h. Integrated vector management
- i. Case based & evidence based study

There was tremendous decrease in malaria cases till 1986 due to the above scheme. But there after again there was light increase in malaria cases as well as deaths due to malaria. This increase was observed not only in Maharashtra State but also in other states of country, hence in Dec.1994 GOI established a Expert Committee. Instructions were given by this committee to identify high risk area from different state in implement special control measures in these areas. As per recommendation of this committee anti malaria programme is being implemented in the state as per guidelines of GOI from Malaria Action Programme 1995. From April 1999 scheme was renamed as National Anti-Malaria Programme. As per GOI order No. T.14020/71/2003-Mal. Dated 2ed Dec. 2003, diseases spread by insects Malaria, Filariasis, Dengue, JE, Kala Azar and Chikungunya (Cases detected in Maharashtra since 2006) prevention & control measures is being implemented together as NVBDCP.

Goals of NVBDCP:

- a. Reduction of mortality on account of Malaria, Dengue, Japanese Encephalitis (J.E.) & efficient morbidity control.
- b. Elimination of Malaria by 2030.
- c. Elimination of Filariasis by 2027.

Organization of Programme Implementation:

The Joint Director of Health Services (Malaria & Filariasis) Pune is In-charge of the Bureau and Controls the entire programme in the State. Joint Director of Health Services (Malaria, Filariasis & WBD) is assisted by 8 zonal Assistant Director of Health Services (Filariasis) and State Entomologist as well as zonal entomologist assisted by Assistant Director of Health Services (Malaria) and at District level by District Malaria Officers, Filariasis officer.

Funding Pattern

National Anti-Malaria Programme is 50% centrally sponsored Programme. Expenditure on operational Cost, Material & Equipment was borne by the Central & State Govt. on 50:50 basis up to 31.3.90. Since 1.4.90 the operational cost under plan scheme is classified as non-plan which is to be borne by the State. From 1.4.93 Central assistance is procured in kinds i.e. on Antimalarials, Insecticide and Larvicide. As per GOI letter no. FNo.17013/1/2009-VBD, dated 8th Oct 2012, approved funds for National Vector Borne Disease Control Programme under NRHM is for the purchase of Medicine, Larvicide & Insecticide use for Fogging. Operational cost & Insecticide procurement is responsibility of State Govt.

From 2006 "National Rural Health Mission" (NRHM) was implemented in State. Under this scheme grants are made available for this programme. From 1st May 2013 NRHM changed as "National Health Mission" (NHM).

Important Government Resolution –

- 1) 17th Dec. 2015 - Dengue Notification by Government of Maharashtra and 9th June 2016 by Government of India.
- 2) Dec. 2015 – District Health Co-ordination Committee.
- 3) Feb. 2016 – Nodal Officer for Communicable & Non-Communicable Diseases.
- 4) July 2016 – Devising Special action plan to effectively contain various Communicable Diseases.
- 5) Sept. 2016 – Cap to Dengue Diagnostic Test of Rs. 600/- for Private Hospitals & Labs.
- 6) July 2017 - Task Force Committee – To control Malaria for Gadchiroli district.
- 7) 21st Dec. 2021- Malaria Notification by Government of Maharashtra
- 8) 26th August 2026 dated GR for Maharashtra Communicable Diseases Prevention & Control Committee
- 9) 15th October 2024 dated GR to take measures to control Chikungunya and Dengue outbreak in all civic local bodies of the state

Joint Director of Health Services (Malaria, Filariasis & Water Borne Diseases) Pune-6
STAFF POSITION (State & Z.P. level) (Up to Nov. 2024)
National Vector Borne Programme, Vide GR Dtd. 6-08-2007 / 21-09-2012

Sr.No.	Name of Post	Sanctioned Post			Filled Post			Vacant Post		
		State	Z.P.	Total	State	Z.P.	Total	State	Z.P.	Total
1	Joint Director	1	0	1	0	0	0	1	0	0
2	Assistant Director	9	8	17	8	0	8	1	8	9
3	State Entomologist	1	0	1	1	0	1	0	0	0
4	Medical Officer	--	--	---	--	---	--	---	---	---
5	Chief Administrative Officer	1	0	1	1	0	1	0	0	0
Grade – A		13	8	21	10	0	10	3	8	10
6	Administrative Officer	1	0	1	0	0	0	1	0	1
7	District Malaria Officer	36	0	36	8	0	8	28	0	28
8	Filaria Officer	20	0	20	2	0	2	18	0	18
9	Biologist	14	0	14	1	0	1	13	0	13
10	Junior Entomologist	10	0	10	0	0	0	10	0	10
Grade – B		81	0	81	19	0	19	62	0	62
11	Higher Grade Steno	1	0	1	0	0	0	1	0	1
12	Assistant District Malaria Officer	53	0	53	13	0	13	40	0	40
13	Office Superintendent	35	0	35	21	0	21	14	0	14
14	Assistant Superintendent	14	0	14	7	0	7	7	0	7
15	Health Supervisor	308	561	869	235	462	522	73	99	347
16	Laboratory Technician	1669	345	2014	1303	331	1158	366	14	856
17	Health Assistant	1729	2876	4605	1250	2551	3859	479	325	746
18	Insect Collector	102	0	102	70	0	70	32	0	32
19	Health Worker	5486	6850	12341	3775	5941	9673	1681	909	2668
20	Senior Field Worker	33	0	33	11	0	11	22	0	22
21	Senior Clerk	103	0	103	36	0	36	67	0	67
22	Junior Clerk	119	0	119	50	0	50	69	0	69
23	Driver	111	0	111	35	0	35	70	0	76
24	Tinsmith	11	0	11	3	0	3	8	0	8
25	Laboratory Assistant	1	0	1	1	0	1	0	0	0
26	Pharmacist	9	0	9	1	0	1	8	0	8
27	Telephone Operator	1	0	1	0	0	0	1	0	1
28	Statistical Investigator	2	0	2	1	0	1	1	0	1
Grade – C		9790	10632	20422	6212	9285	15448	3626	1347	4973
29	Naik	1	0	1	1	0	1	0	0	0
30	Record Keeper	1	0	1	1	0	1	0	0	0
31	Hawaldar	11	0	11	0	0	0	11	0	11
32	Field Worker	1028	0	1028	392	0	392	636	0	636
33	Pump Mechanic	33	0	33	5	0	5	28	0	28
34	Laboratory Attendant	2	0	2	1	0	1	1	0	1
35	Peon	95	0	95	38	0	38	57	0	57
36	Watchmen	60	0	60	12	0	12	48	0	48
37	Cleaner	34	0	34	15	0	15	19	0	19
38	Sweeper	34	0	34	14	0	14	20	0	20
39	Mazdoor	8	0	8	5	0	5	3	0	3
Grade – D		1307	0	1307	484	0	484	823	0	823
Total		11191	10640	21831	6725	9286	15961	4614	1355	5868

Note - Consolidation of Posts information from Zilha Parishada's is in process by this office.

Malaria

Malaria is caused by Plasmodium parasites. Plasmodium Vivax & Falciparum are two major parasites found in the State. P. Falciparum Malaria is more dangerous as it may lead to cerebral Malaria. It is transmitted by the bite of infected Anopheles mosquito.

Malaria Situation since 2021

Year	Malaria Cases	Pf	Deaths	Pf %
2021	19303	11862	14	59.80
2022	15451	8984	26	58.14
2023	16159	6297	14	44.97
2024	21078	8832	26	41.90

Implementation of the Programme as per guidelines of GOI :-

A) Surveillance:

- Surveillance for detection of new malaria cases through MPWs up to village level.
- Regular Entomological survey through MPWs.
- Involvement of ASHA Worker for control of vector borne diseases at local level.
- Sensitization of ASHA for detection and treatment of P.falciparum.
- Supply of Malaria rapid diagnostic test kits for immediate confirmation of malaria cases from remote and inaccessible area.

B) Laboratories:

- One Laboratory Scientific Officer for each tribal & Non-tribal PHC
- Availability of Laboratory Scientific Officer at District, Sub-District, Women's Hospital & RH level.
- Running the malaria clinic in every health facilities where Laboratory Scientific Officer is available.
- One Laboratory Technician for each PHC has been sanctioned in new infrastructure.
- Establishment of 75 Sentinel Surveillance Hospitals (SSH) for diagnosis of Malaria.

		Sentinel Surveillance Hospitals (SSH) for Malaria		
Sr.No.	Name District	Name of Sentinel site		Functional
1	Thane	1	Civil Hospital Thane	Functional
2	Palghar	2	Cottage Hospital Jawhar	Functional
		3	Rural Hospital Manor	Functional
3	Raigad	4	CH Alibag	Functional
		5	SDH Pen	Functional
		6	RH Panvel	Functional
4	Gr. Mumbai	7	V N DESAI HOSPITAL	Functional
		8	SION HOSPITAL	Functional
		9	KBBH BANDRA	Functional
		10	KBBH KURLA	Functional
		11	S K PATIL HOSPITAL	Functional
		12	MAA HOSPITAL	Functional
		13	RAJAWADI HOSPITAL	Functional
		14	SVDS HOSPITAL	Functional
		15	MTA HOSPITAL	Functional
		16	SHATABDI HOSPITAL	Functional
		17	KRANTIYOTI HOSPITAL	Functional
		18	KEMH	Functional
		19	COOPER HOSPITAL	Functional
		20	HBT Hospital	Functional

Sr.No.	Name District		Name of Sentinel site	Functional
5	Nashik	21	Nashik	Functional
		22	Malegaon	Functional
		23	Kalwan	Functional
6	Dhule	24	Dist Hospt,Dhule	Functional
		25	Dist Hospt,Shirpur	Functional
		26	Rural Hospt,Sakri	Functional
7	Nandurbar	27	Civil Hosptital,Nandurbar	Functional
		28	SDH Navapur	Functional
8	Jalgaon	29	Civil Hospt,Jalgaon	Functional
		30	Sub Dist. Hospt,Muktainagar	Functional
		31	Sub Dist. Hospt,jamner	Functional
		32	Sub Dist. Hospt,chopada	Functional
9	Ahmadnagar	33	Civil Hosp. Ahmednagar	Functional
		34	Rural Hosp, Loni	Functional
		35	Rural Hosp, Jamkhed	Functional
10	Pune	36	Sasoon	Functional
		37	Bhor	Functional
		38	Baramati	Functional
		39	Manchar	Functional
11	Satara	40	District Hospital karad	Functional
		41	Sub District Hospital Satara	Functional
12	Solapur	42	V.M.Medical College Solapur	Functional
13	Kolhapur	43	Gadhinglaj	Functional
14	Sangli	44	Civil Hosp.	Functional
		45	RH Atpadi	Functional
15	Ratnagiri	46	Civil Hospital	Functional
16	Sindudurg	47	CIVIL HOSP OROS	Functional
		48	RH DODAMARG	Functional
		49	SDH SAWANTWADI	Functional
		50	SDH KANKWALI	Functional
17	Aurangabad	51	Med.Coll.A.Bad	Functional
		52	SDH Vaijapur	Functional
18	Jalna	53	C.H. Jalna	Functional
19	Parbhani	54	C.H.Parbhani	Functional
		55	SDH Gangakhed	Functional
		56	SDH Selu	Functional
20	Hingoli	57	C.H.Hingoli	Functional
		58	SDH Wasmat	Functional
21	Latur	59	SDH Udgir	Functional
		60	RH Ahmadpur	Functional
22	Osmanabad	61	SDH Omerga	Functional
		62	Civil Hospital Osmanabad	Functional
23	Beed	63	Beed	Functional
		64	Parli Vaijnath	Functional
24	Nanded	65	Mukhed	Functional
		66	Gokunda	Functional

Sr.No.	Name District		Name of Sentinel site	Functional
25	Akola	67	GMC Sarvopchar Rugnalay Akola	Functional
		68	Rural Hospital Akot	Functional
		69	Sub District Hospital Murtizapur	Functional
26	Washim	70	Civil Hospital Washim	Functional
		71	Rural Hospital Karanja	Functional
27	Amravati	72	Civil Hospital Amaravati	Functional
		73	Sub District Hospital Achalpur	Functional
28	Buldhana	74	Civil Hospital Buldhana	Functional
		75	General Hospital Khamgaon	Functional
29	Yeotmal	76	Sub District Hospital Pusad	Functional
		77	Wani	Functional
30	Nagpur	78	SDH Kamptee	Functional
		79	SDH Ramtek	Functional
31	Wardha	80	SDH Arvi	Functional
		81	SDH Hinganghat	Functional
32	Bhandara	82	BHANDARA	Functional
		83	TUMSAR	Functional
33	Gondia	84	KTS	Functional
		85	Deori	Functional
34	Chandrapur	86	GMC Chandrapur	Functional
		87	SDH Mul	Functional
35	Gadchiroli	88	Aheri	Functional
		89	Gadchroli	Functional
Total		89		89

C) Vector Control:

Indoor Residual Spraying: As per the guidelines of Malaria Action Plan 1995, the state considers village as unit for Indoor Residual Spraying with Synthetic Parathyroid, and under strict supervision of field staff.

Year	Population sprayed in %
2018	18.75
2019	13.61
2020	96.63
2021	96.07
2022	95.64
2023	95.22
2024	97.6
2025	Information collection of villages for spraying as per API is in process.

Anti-Larval Activity: 15 towns viz. Mumbai, Pune, Aurangabad, Beed, Nanded, Parbhani, Dhule, Jalgaon, Bhusawal, Nasik, Ahmednagar, Manmad, Solapur, Pandharpur, and Akola are included under the Urban Malaria Scheme & 16 National Filaria Control units. Main activity of UMS is weekly anti-larval measures with Temephos & BTI.

Biological Control Activity: Due to environmental pollution created by insecticides, State has adopted Biological Control Method. Under biological control activity 114535 Guppy Fish hatcheries have been established and 116462 mosquito-breeding places are covered with Guppy fish so far.

Insecticide Treated Bed nets: Under personal protection methods the use of Medicated Mosquito nets has shown good results in bringing down malaria situation in selected villages. In State, 4,95,251 LLIN have been distributed in malaria problematic area. Out of that 2,12,569 have been distributed in malaria problematic area of Dist. Gadchiroli.

Entomological Survey: Regular entomological survey in 10% houses through MPWs in the villages under their jurisdiction has been arranged which will be helpful for control of Aedes Aegypti larval density which is vector of dengue / Chikungunya.

D) Training: TOT workshop on new guidelines "Dengue Clinical Management" for Physicians & Pediatricians is completed & they trained MO/Paramedical staff in their jurisdiction.

E) Monitoring & Evaluation: Monitoring & Evaluation by field visits from State / Districts / Taluka / PHC level officers for the proper implementation of the Programme.

F) IEC:

- **World Malaria Day (25April) & National Dengue Day (16May)** were celebrated
- **Anti-Malaria Month & Anti Dengue Month**-Every year during the month of **June "Anti Malaria Month"** and **July "Anti Dengue Month"** is observed with various activities (one day one activity) up to the village level to create awareness in the community.
- **School Dengue Awareness Campaign**-During the month of August (1-15) School Dengue Awareness Campaign is organized to create awareness amongst the students of 8th to 10th standard.
- During **Village yatras & Navratroutsav** awareness about VBDs will be carried out amongst the community.
- **Various activities** – Padyatra, Gram sabha, Prabhatpheri, Workshop, training, Newspaper, Handbills, wall painting, Akashwani, Doordarshan cable, T.V. etc.

District wise Malaria Cases

Sr. No.	District	2021		2022		2023		2024	
		Positive cases	Deaths	Positive cases	Deaths	Positive cases	Deaths	Positive cases	Deaths
1	Thane	76	0	77	1	96	0	126	0
2	Palghar	39	0	15	0	25	0	34	0
3	Raigad	125	0	365	1	390	0	560	0
4	Nashik	2	0	3	0	5	0	6	0
5	Dhule	2	0	5	0	5	0	34	0
6	Nandurbar	4	0	5	0	4	0	6	0
7	Jalgaon	0	0	3	0	2	0	1	0
8	Ahmednagar	1	0	4	0	2	0	3	0
9	Pune	24	0	15	0	9	0	17	0
10	Solapur	1	0	1	0	2	0	3	0
11	Satara	15	0	17	0	27	0	94	0
12	Kolhapur	1	0	4	0	20	0	16	0
13	Sangli	7	0	2	0	4	0	18	0
14	Sindhudurg	49	0	52	0	55	0	136	0
15	Ratnagiri	6	0	7	0	4	0	80	0
16	Aurangabad	1	0	1	0	3	0	5	0
17	Jalna	1	0	1	0	1	0	1	0
18	Parbhani	0	0	0	0	2	0	1	0
19	Hingoli	0	0	0	0	0	0	3	0
20	Latur	1	0	0	0	0	0	4	0
21	Osmanabad	1	0	0	0	3	0	3	0
22	Beed	1	0	2	0	1	0	0	0
23	Nanded	0	0	0	0	0	0	0	0
24	Akola	35	0	49	0	6	0	7	0
25	Washim	2	0	3	0	4	0	8	0
26	Amravati	28	0	55	0	36	0	37	0
27	Buldhana	4	0	21	0	3	0	6	0
28	Yavatmal	2	0	1	0	9	0	7	0
29	Nagpur	7	0	12	0	5	0	11	0
30	Wardha	1	0	5	0	4	0	5	0
31	Bhandara	7	0	9	0	21	2	19	0
32	Gondia	499	1	373	4	287	3	401	2
33	Chandrapur	150	5	120	4	158	4	522	2
34	Gadchiroli	12455	8	9205	13	5866	10	6698	13
District Total		13417	14	10432	23	7059	19	8872	17
Corporation Total		5886	0	5019	3	9100	0	12206	9
State Total		19303	14	15451	26	16159	19	21078	26

Corporation wise Malaria Cases

Sr. No.	District	2021		2022		2023		2024	
		Positive cases	Deaths	Positive cases	Deaths	Positive cases	Deaths	Positive cases	Deaths
1	Gr. Mumbai	5162	0	3985	2	7319	0	8710	7
2	Navi Mumbai	44	0	81	0	106	0	600	0
3	Thane	455	0	584	1	655	0	718	2
4	Kalyan	124	0	152	0	342	0	457	0
5	Ulhasnagar	13	0	23	0	24	0	17	0
6	Meera Bhander	20	0	66	0	181	0	351	0
7	Bhiwandi	5	0	9	0	6	0	74	0
8	Vasai Virar	36	0	86	0	72	0	98	0
9	Raigad Panvel	0	0	0	0	350	0	987	0
10	Nashik	1	0	4	0	0	0	19	0
11	Malegaon	0	0	0	0	0	0	0	0
12	Dhule	0	0	0	0	2	0	17	0
13	Jalgaon	1	0	0	0	0	0	0	0
14	Ahmednagar	0	0	0	0	0	0	1	0
15	PCMC	10	0	11	0	25	0	63	0
16	PMC	3	0	1	0	6	0	28	0
17	Solapur	0	0	0	0	0	0	0	0
18	Kolhapur	0	0	0	0	1	0	0	0
19	Sangli,Miraj	2	0	0	0	1	0	4	0
20	Aurangabad	0	0	1	0	2	0	2	0
21	Parbhani	0	0	0	0	0	0	1	0
22	Latur	0	0	0	0	0	0	0	0
23	Nanded-Waghala	2	0	0	0	0	0	0	0
24	Akola	0	0	7	0	0	0	6	0
25	Amravati	2	0	5	0	6	0	5	0
26	Nagpur	5	0	3	0	1	0	9	0
27	Chandrapur	1	0	1	0	1	0	39	0
Corporation Total		5886	0	5019	3	9100	0	12206	9
District Total		13417	14	10432	23	7059	19	8872	17
State Total		19303	14	15451	26	16159	19	21078	26

Filaria

In Maharashtra Filaria is endemic in Nagpur, Chandrapur, Bhandara, Wardha, Gadchiroli, Nanded, Thane, Solapur and Yeotmal districts. Wucheria Bancrofti a causative organism for Filaria transmitted by female Culex quinquefasciatus mosquito. Microfilaria develops in the human body within 5 to 18 months (incubation period) into male and female microfilaria. The female microfilaria can stay in the human body for 10 to 15 years.

The National Filaria Control Programme launched in the state since 1957, based on the findings of one-man commission report. National Filaria Control Programme is implemented through following health institutions.

a) Filaria Survey Units.	-	06
b) Filaria Control Units.	-	17
c) Filaria Night Clinics.	-	34
d) Filaria Training Center	-	01

Objectives & Working of the programme –

The programme function under the guidance of the Jt. Director of Health Services, (Malaria & Filaria) Pune, on the lines of Directives received from the Director, NVBDCP, and Delhi. The Assistant Director of Health Services, (Filaria) Pune co-ordinate the activities of the National Filaria Control Programme Units.

A) Filaria Survey Unit: -Filaria Survey Units determines the endemicity by surveying 10% population on random sample basis. State has six survey units (Thane, Pune, Nagpur, Akola, Nasik & Aurangabad) at revenue division headquarters. State has completed all districts except Brihan Mumbai Corp. As per directives of third assessment committee survey unit should be engaged for resurvey of the old survey district if routine survey has been completed. So resurvey is started of the old surveyed districts.

B) Filaria Control Unit: -Main activity of Filaria Control Unit is to control vector density by spraying antilarvals, weekly time spray schedule covers all breeding places in jurisdiction. Assessment survey is carried out of confirming the efficacy of anti-larval operations. Detection & Treatment is carried out by Filaria Control Unit.

C) Filaria Night Clinics: -The population covered under each Night Clinic is about 51,000 and the screening of the total population will take about 2 and half year. 100 % detection and treatment is carried out by Filaria Night Clinic.

DEC treatment has been given to the MF positive patients detected through above centers. DEC Tablets should not be given to old age persons, pregnant women, children below 2 yrs & patients suffering from kidney, lungs & heart diseases, DEC Tab. are also available in the Govt. Hospitals, PHCs, Nagar Palika Hospitals, and Municipal Hospitals etc.

The Filaria Research cum training center was established in 1965 at Wardha. Then it is shifted to Nagpur in 1993. The institution was started with a view to give basic training about Filaria to peripheral staff. At present basic training is given to Entomological Assistant/Laboratory Technician/Filaria Inspector/Insect Collector & Superior Field Worker in this training Cum Research Centre.

Filaria cases – From Year 2020

Year	Persons Examined	Cases Detected		Hydrocele Operations
		MF	Diseases	
2020	810865	648	65	2076
2021	1494770	414	167	3167
2022	1080043	491	144	2746
2023	1135933	375	64	3287
2024	1278090	259	65	2084

Activities carried out:

- Surveillance.
- Organization of Hydrocele operation camps for suitable patients
- Introduction of Guppy fish in breeding places.
- Spraying on mosquito breeding places with Abate, Baytex, & MLO.
- Morbidity clinics for Filaria patients.
- Minor Engineering.
- Health Education.

Filaria Disease Surveillance:

Special Survey for identification of diseased Filaria cases is being carried out in all districts of the state, during the **period 16th to 31st August every year.**

Year	No. of diseased cases found during survey		
	Elephantiasis cases	Hydrocele cases	Total cases
16th to 31st August 2018	36552	23497	60049
15th to 30st Dec. 2019	34064	16429	50493
15th to 30st Dec. 2020	31258	11929	43187
16 th to 31 st Aug.2021	29449	7837	37829
16th to 31st Aug. 2022	30337	7256	37593
16th to 31st Aug. 2023	30686	2907	33593
16th to 31st August 2024	28475	2879	31354
16th to 31st August 2025	A special elephantiasis patient campaign is conducted in the month of August.		

MASS DRUG ADMINISTRATION (MDA):

As per the Guidelines from Govt. of India, one-day

Mass Drug Administration (MDA) of DEC Tablets has been carried out from the year 2004-05, in Filaria endemic areas of selected 17 districts in the state. All the eligible individuals (i.e. excluding children below 2 years, Pregnant Women & seriously ill patients) were treated with DEC tablets.

Districts for MDA in July-August 2023 are Thane, Palghar, Nandurbar (DA) & Nagpur (IDA) were administered with drugs.

MDA (As per TAS survey – mf rate < 1) has been stopped in district –Akola, Jalgaon, Sindhudurg, Amaravati, Yavatmal- 1 EU, Wardha, Solapur, Latur, Osmanabad, Thane-Shahapur

The most endemic 5 districts in the state are Bhandara,Chandrapur,Gadchiroli, Nanded & Gondiya. A especial MDA (Mass Drug Administration Programme) Campaign was taken in all the 5 districts in March 2024 . 27 Blocks were selected for MDA programme which has 45,34,653 eligible population to be covered. Response was excellent from the people for the campaign. IEC was done in such a way that people were aware of the severity of the disease. The campaign was a big success with 96.09% population covered by administering drugs.

Year wise Performance of MDA

Year	Dist.	Population	Eligible population	Eligible population administered with Tablets	% to Eligible population
2018	6	14131229	13245806	12292543	92.80
2019	7	19030327	17753006	15730460	88.60
2020	6	14515550	13494678	11355849	84.15
2021	6	10755435	9983647	9356874	93.72
2022	4	4394011	4102686	3743625	91.25
2023	8	7206657	6702189	6301367	94.02
2024	5	4873972	4534653	4357510	96.09

Special Elephant Disability Certification Campaign :-

Based on the guidelines of the Government of India ,Government and Municipal Hospitals in the State are instructed for the assessment and distribution of disability certificate to the person with disability due to elephantiasis disease at medical colleges and other hospitals. A working system for distribution is being implemented and by the end of December 2024, a total of 1841 elephantiasis disease certificates have been distributed to disabled persons.

Sr. No.	Name of the District	2021			2022			2023			2024		
		No of Elepha- ntiasis Cases	No of Hydro- Cele Cases	No of Hydro- Cele Cases Operated	No of Eleph a- ntiasis Cases	No of Hydro - Cele Cases	No of Hydro- Cele Cases Operated	No of Elepha- ntiasis cases	No of Hydro- Cele cases	No of Hydro- Cele Cases Operated	No of Elepha - ntiasis cases	No of Hydro- Cele cases	No of Hydro- Cele Cases Operated
1	Thane	285	101	6	213	55	17	17	21	72	401	15	69
2	Palghar	751	171	124	727	88	86	647	25	209	614	6	131
3	Raigad	260	24	7	254	16	0	235	6	2	231	5	5
4	Nashik	88	1	1	90	0	0	79	0	9	71	0	0
5	Dhule	30	0	0	28	0	0	27	0	0	28	0	0
6	Nandurbar	27	33	27	24	8	10	22	0	1	20	0	0
7	Jalgaon	88	24	10	79	9	2	72	2	4	63	0	0
8	Ahmednagar	39	0	0	40	0	0	35	1	1	35	0	0
9	Pune	42	0	0	44	0	0	29	0	0	53	0	0
10	Solapur	494	19	20	494	19	1	365	13	16	380	0	3
10	Satara	76	0	0	75	1	0	62	1	0	52	1	0
12	Kolhapur	32	0	0	25	0	0	26	0	0	29	0	0
13	Sangli	43	0	0	43	0	0	43	0	0	42	0	0
14	Sindhudurg	93	0	0	94	10	0	78	5	0	69	0	0
15	Ratnagiri	49	4	0	48	4	0	34	2	0	34	1	0
16	Ch.Sambhajinagar	68	0	0	59	0	0	62	0	0	64	0	0

Sr. No.	Name of the District	2021			2022			2023			2024		
		No of Elepha- ntiasis cases	No of Hydro- Cele cases	No of Hydro- Cele Cases Operated	No of Elepha- ntiasis cases	No of Hydro- Cele cases	No of Hydro- Cele Cases Operated	No of Elepha- ntiasis cases	No of Hydro- Cele cases	No of Hydro- Cele Cases Operated	No of Elepha- ntiasis cases	No of Hydro- Cele cases	No of Hydro- Cele Cases Operated
17	Jalna	0	0	0	0	0	0	2	0	0	13	0	0
18	Parbhani	19	15	6	25	63	3	22	32	31	22	9	0
19	Hingoli	0	0	0	0	0	0	0	0	0	1	2	0
20	Latur	915	717	180	687	909	83	538	297	199	428	58	110
21	Dharashiv	179	218	129	110	141	23	80	110	50	74	10	9
22	Beed	37	0	0	34	0	0	34	0	0	40	1	0
23	Nanded	2557	805	706	2553	746	106	2165	362	308	1890	67	117
24	Akola	77	141	79	77	67	0	97	11	2	88	0	3
25	Washim	13	0	0	13	9	0	16	6	4	18	1	1
26	Amravati	1325	1105	192	1220	509	209	1105	321	160	1210	161	56
27	Yeotmal	721	216	90	598	222	13	592	390	272	615	176	81
28	Buldhana	31	0	0	28	0	0	30	0	0	26	0	0
29	Nagpur	4066	2191	487	3863	1359	168	4390	679	295	4318	445	153
30	Wardha	1820	556	284	1612	155	31	1689	47	149	1889	6	1
31	Bhandara	3254	1696	514	3110	756	248	2936	205	376	2711	200	182
32	Gondia	836	1335	398	796	1036	104	730	751	247	666	326	224
33	Chandrapur	11329	4314	1209	10329	3817	656	10380	3067	672	9321	876	741
34	Gadchiroli	4420	2743	872	3866	1930	316	3698	902	370	3026	516	482
State Total		34064	16429	5341	31258	11929	2076	30337	7256	3974	28542	2882	2368

Dengue (DEN) Virus

Dengue is a viral disease. It is transmitted by the bite of infected Aedes Aegypti mosquito. Man develops disease after 5-6 days of being bitten by an infective mosquito.

It occurs in three forms: -

- 1) Dengue Fever
- 2) Dengue Hemorrhagic Fever (DHF).
- 3) Dengue shock syndrome (DSS).

Dengue Fever is a flu-like illness. Dengue Hemorrhagic Fever (DHF) & Dengue shock syndrome (DSS) are more severe form of disease, which may cause death.

Control Measures for Dengue.

- a. Regular Surveillance (a) Active (b) Passive.
- b. Rapid Fever Survey
- c. Collection of 5 % Serum Samples of suspected cases for viral isolation & sending them to NIV, Pune & 50 Sentinel centres.
- d. Fogging.
- e. Entomological Survey for search of Dengue Vector i.e. Aedes Aegypti.
- f. Container survey: H.I., B.I.
- g. Workshop for all district level officers regarding Dengue prevention and control.
- h. Arrangement for plate-late count and treatment of dengue cases in Govt. Institutions.
- i. Guidelines issued to all District level officers.
- j. RRT (rapid response team) was established at different level of Health facilities.
- k. Health Education to community through different Medias
- l. Visits of Health authorities from various levels.

Establishment of 50 Sentinel Surveillance Hospitals (SSH) for diagnosis of Dengue/CHK.

S.No	Name of the SSH
1	J.J. Hospital, Mumbai
2	K. E. M. Hospital, Mumbai
3	(LTMMC & L.T.M G.H), Sion Hospital Mumbai
4	Dist Hospital, Thane
5	Dist Hosp , Ratnagiri
6	Civil Hospital, Nashik
7	SBH Govt. Medical College, Dhule
8	Civil Hospital, Ahmednagar
9	Serology lab BJGMC, Pune.
10	YCMH, Pune
11	Govt. Medical College, Solapur
12	Dist Hospital, Satara
13	RCSM. Government Medical College, Kolhapur
14	Government Medical College, Miraj
15	Government Medical College, Aurangabad
16	Dist Hospital, Parbhani
17	Dr.S.C.G.M.C , Nanded
S.No	Name of the SSH

19	Govt. Medical College, Akola
20	Government Medical College, Yeotmal
21	GMC ,Chandrapur.
22	IGMC, Nagpur
23	MGIMS, Sevagram, Wardha
24	District Hospital, Nandurbar .
25	General Hospital ,Bhandara
26	General Hospital ,Gadchiroli
27	District Hospital , Aundh , Pune
28	Govt. Medical College , Gondia
29	District Hospital , Raigad (Alibag)
30	Kamla Nehru Hospital , Pune Corporation , Pune
31	Naidu Hospital , Pune Corporation , Pune
32	Govt. Medical College , Baramati
33	Govt. Medical College , Nagpur
34	Nair Hospital , Mumbai
35	R.N.Cooper Hospital , Juhu Mumbai
36	Rajawadi Hospital , Ghatkopar , Mumbai
37	District Hospital , Sindhudurgnagari
38	Prabhakar Rao Datake Hospital ,Nagpur
39	Model Rural Health Research Unit (MRHRU) , Sub District Hospital ,Dahanu, Dist. Palghar
40	Chhatrapati Shivaji Maharaj Municipal Hospital, Kalwa, Thane MC
41	Bharatratna Pandit Bhimsen Joshi, Municipal Hospital, Mira Bhaingar
42	Civil Hospital Buldana
43	Tulinj Hospital, Vijay Nagar, Nalasopara (E), Vasai Virar City MC
44	Regional Referral Service Hospital RRSB Amravati
45	AIMS Nagpur
46	District Health Laboratory, Thane
47	District Health Laboratory, Satara
48	District Health Laboratory, Parbhani
49	Govt. Medical College , Jalgaon
50	Vilasrao Deshmukh , Govt. Medical college, Latur

Dengue Outbreak Situation

Year	Total Localities	Probable cases	Serological +ve dengue cases	Deaths
2020	34	45026	3356	10
2021	102	110762	12720	42
2022	74	85961	8578	27
2023	130	134108	19034	55
2024	116	152397	19382	26

District wise Dengue Cases

Sr. No.	District	2021		2022		2023		2024	
		Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths
1	Thane	91	1	267	1	130	2	178	1
2	Palghar	58	0	225	0	537	0	580	1
3	Raigad	29	0	150	0	93	0	391	4
4	Nashik	277	0	57	0	284	1	292	2
5	Dhule	53	0	35	1	53	0	126	0
6	Nandurbar	163	1	44	0	45	0	65	0
7	Jalgaon	82	0	58	0	72	0	71	0
8	Ahmednagar	108	1	183	1	281	1	192	0
9	Pune	531	0	648	4	220	3	310	0
10	Solapur	415	0	168	0	371	1	157	0
11	Satara	443	0	418	0	335	1	544	0
12	Kolhapur	238	3	636	0	592	1	742	1
13	Sangli	30	1	92	0	87	0	120	0
14	Sindhudurg	86	0	164	0	500	0	314	0
15	Ratnagiri	32	0	106	0	239	0	256	0
16	Aurangabad	39	0	53	1	237	1	54	1
17	Jalna	61	0	20	0	84	1	73	0
18	Parbhani	2	0	0	0	2	4	12	0
19	Hingoli	2	0	0	0	2	0	4	0
20	Latur	36	0	18	1	38	0	248	2
21	Osmanabad	60	0	15	0	54	0	124	0
22	Beed	70	0	108	0	314	0	288	0
23	Nanded	96	1	47	0	213	0	229	0
24	Akola	15	0	82	0	166	1	356	0
25	Washim	18	0	33	1	85	1	118	0
26	Amravati	334	0	92	3	240	1	374	0
27	Buldhana	11	0	41	1	111	0	72	0
28	Yeotmal	426	0	88	0	672	0	248	0
29	Nagpur	1254	6	41	0	438	2	447	2
30	Wardha	418	3	23	0	211	0	189	1
31	Bhandara	55	2	19	0	29	0	45	0
32	Gondia	186	0	175	0	208	0	124	0
33	Chandrapur	326	5	77	0	172	0	428	1
34	Gadchiroli	70	2	77	0	233	1	205	1
Dist Total		6115	26	4260	14	7348	22	7976	17
Corporation Total		6605	16	4318	13	11686	33	11406	9
State Total		12720	42	8578	27	19034	55	19382	26

Corporation wise Dengue Cases

Sr. No.	District	2021		2022		2023		2024	
		Positive cases	Deaths	Positive cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths
1	Gr. Mumbai	876	3	1123	7	5486	14	5906	5
2	Navi Mumbai	5	0	11	0	67	0	98	0
3	Thane	40	0	148	0	382	0	201	1
4	Kalyan	58	2	189	3	329	1	335	0
5	Ulhasnagar	5	0	10	0	16	0	25	0
6	Meera - Bhaindar	7	0	10	0	120	0	36	0
7	Bhiwandi	8	0	38	1	30	0	48	0
8	Vasai Virar	26	0	8	0	46	0	51	0
9	Panwel	0	0	0	0	294	5	368	0
10	Nashik	1186	0	677	0	1294	3	1199	1
11	Malegaon	4	0	8	0	72	0	90	0
12	Dhule	99	0	58	0	109	0	85	0
13	Jalgaon	48	0	87	0	61	0	52	0
14	Ahmednagar	64	0	70	0	127	0	91	0
15	PCMC	383	3	346	0	264	1	216	0
16	PMC	753	0	686	0	272	0	382	0
17	Solapur	949	2	135	0	355	1	108	0
18	Kolhapur	305	0	241	0	269	1	501	0
19	Sangli, Miraj	8	0	79	0	252	0	275	0
20	Aurangabad	78	0	55	0	179	3	57	2
21	Parbhani	1	0	0	0	4	0	7	0
22	Latur	3	0	9	0	37	0	239	0
23	Nanded-Waghala	48	0	46	1	79	0	68	0
24	Akola	3	0	42	0	123	0	298	0
25	Amravati	329	0	101	1	346	1	343	0
26	Nagpur	1054	6	118	0	865	3	199	0
27	Chandrapur	265	0	24	0	208	0	128	0
Corporation Total		6605	16	4318	13	11686	33	11406	9
District Total		6115	26	4260	14	7348	22	7976	17
State Total		12720	42	8578	27	19034	55	19382	26

Chikungunya (CHK) Virus

In India *Aedes Aegypti* is the principal vector of this virus. The clinical features of Chikungunya (CHK) are fever, headache, nausea, vomiting, myalgia, rash & arthralgia.

Control Measures For CHK

- a. Regular surveillance (a) Active (b) Passive.
- b. Rapid Fever Survey in outbreak villages.
- c. Collection of 5 % Serum Samples of suspected cases for viral isolation & sending them to NIV, Pune & 42 sentinel centers.
- d. Fogging in affected villages.
- e. Entomological Survey for search of Dengue Vector i.e. *Aedes Aegypti*.
- f. Container survey: H.I, B.I.
- g. Emptying of containers in which *Aedes* larvae have been found.
- h. Temephos treatment in containers which cannot be emptied.
- i. Workshop for all district level officers regarding Dengue prevention and control.
- j. Arrangement for plate-late count and treatment of dengue cases in Govt. Institutions.
- k. Guidelines issued to all District level officers.
- l. Health Education to community through different Medias.
- m. Visits of Health authorities from various levels.

Chikungunya Outbreak Situation

Year	Total Localities	Suspected cases	Serological +ve CHK cases
2020	25	4229	782
2021	47	19363	2526
2022	28	14758	1075
2023	21	30892	1702
2024	42	57453	5852

District wise Chikungunya Cases

Sr. No.	District	2021		2022		2023		2024	
		Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths
1	Thane	2	0	12	0	0	0	13	0
2	Palghar	9	0	12	0	12	0	155	0
3	Raigad	4	0	2	0	0	0	31	0
4	Nashik	278	0	12	0	36	0	19	0
5	Dhule	1	0	0	0	0	0	0	0
6	Nandurbar	3	0	1	0	12	0	3	0
7	Jalgaon	3	0	5	0	0	0	0	0
8	Ahmednagar	38	0	4	0	1	0	36	0
9	Pune	428	0	169	0	121	0	269	0
10	Solapur	22	0	64	0	38	0	76	0
11	Satara	77	0	38	0	19	0	29	0
12	Kolhapur	71	0	84	0	234	0	328	0
13	Sangli	22	0	31	0	39	0	89	0
14	Sindhudurg	2	0	22	0	66	0	0	0
15	Ratnagiri	0	0	0	0	0	0	0	0
16	Aurangabad	22	0	0	0	0	0	8	0
17	Jalna	0	0	0	0	0	0	6	0
18	Parbhani	0	0	22	0	7	0	28	0
19	Hingoli	1	0	0	0	0	0	0	0
20	Latur	10	0	9	0	12	0	42	0
21	Osmanabad	20	0	21	0	33	0	69	0
22	Beed	51	0	35	0	105	0	136	0
23	Nanded	12	0	1	0	5	0	28	0
24	Akola	19	0	44	0	105	0	309	0
25	Washim	4	0	13	0	38	0	106	0
26	Amravati	36	0	59	0	85	0	260	0
27	Buldhana	8	0	19	0	24	0	25	0
28	Yeotmal	19	0	7	0	0	0	4	0
29	Nagpur	0	0	4	0	10	0	178	0
30	Wardha	0	0	4	0	5	0	59	0
31	Bhandara	0	0	1	0	1	0	5	0
32	Gondia	0	0	0	0	27	0	85	0
33	Chandrapur	0	0	1	0	3	0	25	0
34	Gadchiroli	0	0	0	0	0	0	13	0
District Total		1162	0	696	0	1038	0	2434	0
Corporation Total		1364	0	391	0	664	0	3418	0
State Total		2526	0	1087	0	1702	0	5852	0

Corporation wise Chikungunya Cases

Sr. No.	Corporation	2021		2022		2023		2024	
		Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths
1	Gr. Mumbai	80	0	18	0	250	0	743	0
2	Navi Mumbai	0	0	0	0	0	0	1	0
3	Thane	8	0	2	0	0	0	11	0
4	Kalyan	4	0	0	0	1	0	12	0
5	Ulhasnagar	0	0	0	0	0	0	0	0
6	Meera Bhainder	7	0	0	0	0	0	0	0
7	Bhiwandi	1	0	0	0	0	0	1	0
8	Vasai - Vairr	0	0	0	0	0	0	17	0
9	Panvel Corp.	0	0	0	0	0	0	0	0
10	Nashik	799	0	31	0	19	0	56	0
11	Malegaon	5	0	0	0	0	0	3	0
12	Dhule	0	0	2	0	0	0	0	0
13	Jalgaon	0	0	0	0	0	0	0	0
14	Ahmednagar	2	0	0	0	0	0	3	0
15	PCMC	23	0	2	0	0	0	46	0
16	PMC	243	0	105	0	40	0	485	0
17	Solapur	8	0	47	0	30	0	44	0
18	Kolhapur	150	0	107	0	107	0	242	0
19	Sangli,Miraj	8	0	20	0	82	0	180	0
20	Aurangabad	6	0	11	0	0	0	9	0
21	Parbhani	0	0	0	0	0	0	0	0
22	Latur	1	0	2	0	8	0	46	0
23	Nanded-Waghala	0	0	9	0	11	0	5	0
24	Akola	2	0	6	0	72	0	320	0
25	Amravati	17	0	27	0	40	0	98	0
26	Nagpur	0	0	2	0	4	0	1088	0
27	Chandrapur	0	0	0	0	0	0	8	0
Corporation Total		1364	0	391	0	664	0	3418	0
District Total		1162	0	696	0	1038	0	2434	0
State Total		2526	0	1087	0	1702	0	5852	0

(Japanese Encephalitis (J.E.)

Japanese Encephalitis is a disease of Public Health importance because of its epidemic potential and high Case Fatality Rate. It is mosquito borne zoonotic disease. It is primarily the disease of rural agricultural areas where mosquitoes proliferate in close association with pigs & other animal reservoirs. Its epidemics have also been reported in peri-urban & urban areas where similar conditions may exist.

Control Measures For J.E.

- a. In the State JE Routine Immunization Campaign is carried out in Amravati, Yavatmal, Washim, Nagpur, Bhandara, Gadchiroli & Amravati Corp. of Vidarbha division as well as in Latur & Beed of Marathawada division.
- b. Collection of Blood Smears & presumptive treatment with Chloroquine.
- c. Collection of blood serum samples for isolation of JE virus.
- d. Entomological studies.
- e. Fogging in the JE affected villages.
- f. IEC:Health Education regarding seriousness of J.E., cleanliness and control on pig population.
- g. Survey to find out natural breeding places, and introduction of Guppy fish in suitable breeding places.
- h. Arrangement for clinical management for patients in District / Rural Hospitals.
- i. 5 SSH for JE diagnosis is as under –
District Hospital- Bhandara, Gadchiroli & Govt. Medical College & IGMCI Nagpur, Sevagram Wardha & Gondia are identified for diagnosis of JE.

Chandipura Encephalitis

Chandipura Virus Encephalitis is important Sand fly borne viral disease and one of the leading causes of viral encephalitis and neurological infections in India. Fatality rate in Chandipura Virus Encephalitis is high. Sand flies are troublesome nocturnal pests. Their bite is irritating and painful, while their presence is scarcely observed. They infest dwellings during night, and take shelter during day in holes and crevices in walls, holes in trees, dark rooms, stables and store rooms. The females alone bite, as they require a blood meal every third or fourth day for oviposition. Sand flies are incapable of flying over long distances; they merely hop about from one place to another. Sand flies are generally confined to within 50 yards of their breeding places.

Control Measures: Same as J.E together with IRS in affected villages & surrounding villages within 5 Kms area of the affected village.

Other Viral Encéphalites - Acute Encéphalites Syndrome - From Year 2019

Undiagnosed viral encephalitis cases classified as Acute Encephalitis Syndrome

District	Chandipura		Japanese Encephalitis		Acute Encephalitis Syndrome (AES)		Kala Azar	
	Cases	Death	Cases	Death	Cases	Death	Cases	Death
Jalana	0	0	1	0	0	0	0	0
Pune	0	0	1	0	0	0	0	0
Total	0	0	2	0	0	0	0	0

EAR	JE		CHANDIPURA		AES		TOTAL	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
2019	35	10	1	0	113	11	149	21
2020	2	1	0	0	12	0	14	1
2021	0	0	0	0	0	0	0	0
2022	2	0	0	0	0	0	2	0
2023	5	0	0	0	1	1	6	1
2024	5	2	0	0	6	3	11	5

Year – 2020								
District	Chandipura		Japanese Encephalitis		Acute Encephalitis Syndrome (AES)		Kala Azar	
	Cases	Death	Cases	Death	Cases	Death	Cases	Death
Chandrapur	0	0	1	0	1	0	0	0
Bhandara	0	0	0	0	5	0	0	0
Wardha	0	0	0	0	6	0	0	0
Gadchiroli	0	0	1	1	0	0	0	0
Total	0	0	2	1	12	0	0	0

Year – 2021								
District	Chandipura		Japanese Encephalitis		Acute Encephalitis Syndrome (AES)		Kala Azar	
	Cases	Death	Cases	Death	Cases	Death	Cases	Death
	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Year – 2023								
District	Chandipura		Japanese Encephalitis		Acute Encephalitis Syndrome (AES)		Kala Azar	
	Cases	Death	Cases	Death	Cases	Death	Cases	Death
Nagpur	0	0	2	0	1	1	0	0
Bhandara	0	0	1	0	0	0	0	0
Chandrapur	0	0	2	0	0	0	0	0
Total	0	0	5	0	1	1	0	0

Year – 2024								
District	Chandipura		Japanese Encephalitis		Acute Encephalitis Syndrome (AES)		Kala Azar	
	Cases	Death	Cases	Death	Cases	Death	Cases	Death
Bhandara	0	0	2	2	2	2	0	0
Gadchiroli	0	0	1	0	2	1	0	0
Nagpur Municipal Corp.	0	0	2	0	2	0	0	0
Total	0	0	5	2	6	3	0	0

Public Health Department Financial Information for Last 5 years (Committed Expenditure)
Joint Director of Health Services (Malaria Filariasis & Water Borne Disease) Pune 411 006.
Last 4 years Budget Received and Expenses and for the Financial Year 2024-25 (26-1-25)

(Rs. In Thousands)

Scheme –(22100611) (01)(05) Malaria Control Programme (State Sector)(Committed)

Object	Financial Year 2020-21		Financial Year 2021-22		Financial Year 2022-23		Financial Year 2023-24		Financial Year 2024-25 (26-1-25)	
	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Grants Received	Total Exp.
2	3	4	5	6	7	8	9	10	11	12
01-SALARY	2890426	2474561	2915336	2713427	3344965	3129666	3679462	3273918	4084203	3093502
02- WAGES	40000	24877	59850	16460	62843	23435	40500	33016	22680	16953
03- OVER TIME	153	125	256	120	269	244	282	273	148	143
06- TEL ELEC& WATER	1000	844	1800	1096	1800	1469	1800	1799	800	570
11-DOMESTIC TRAVEL EXP	4124	1921	6185	4244	6061	3226	6364	4746	2500	1239
13- OFFICE EXPENCES	1422	1355	2379	2208	2498	2504	2623	2623	1224	947
14- RENT RATE AND TAXES	1703	1644	2714	2701	2714	1799	2714	2712	1206	404
16- PUBLICATION	3	0	7.5	0	6	0	5	0	3	0
17- COMPUTER EXPENSES	3	0	9	0	8	0	11	8	5	0
21- SUPPLIES AND MATERIALS	75	0	100	0	70	0	70	0	33	0
24- P.O.L	1458	996	2297	1695	3086	1953	3456	1971	1720	1077
26- ADVERTISING & PUBLICITY	8	0	0	0	18	14	15	0	10	0
27- MINOR WORKS	0	0	0	0	0	0	0	0	0	0
31- GRANT IN AID (Non Salary)	0	0	0	0	0	0	0	0	0	0
36- GRANT IN AID (Salary)	150000	140715	285000	279985	300000	128764	285000	120808	56000	40926
51- MOTOR VEHICLES	166	33	248	68	332	180	232	182	110	10
	3090541	2647071	3276182	3022004	3724670	3293254	4022534	3442056	4170642	3155771

Scheme- 22105219 (01)(52) Malaria Control Programme (Local Sector)(Committed)
Thousands)

(Rs. In

Object	Financial Year 2020-21		Financial Year 2021-22		Financial Year 2022-23		Financial Year 2023-24		Financial Year 2024-25 (26-1-25)	
	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Grants Received	Total Exp.
2	3	4	5	6	7	8	9	10	11	12
01-SALARY	2061997	1779752	2096020	1941493	2404907	2352290	2699773	2411888	2996748	2353004
03- OVER TIME	154	95	258	131	271	197	285	285	150	69
06- TEL ELEC& WATER	950	861	1710	1223	1710	1027	1710	873	760	482
11-DOMESTIC TRAVEL EXP	3929	1232	5894	4064	5776	3156	6065	4398	2167	1314
13- OFFICE EXPENCES	1940	1967	3492	3239	3667	3650	3850	3826	1797	1253
14- RENT RATE AND TAXES	1000	934	1800	1762	1800	1789	1800	1710	800	0
24- P.O.L	1499	1213	2360	1530	3173	1864	3553	2122	1600	1076
26- ADVERTISING & PUBLICITY	5	0	0	0	14	8	14	0	7	0
51- MOTOR VEHICLES	231	76	347	152	323	243	323	213	154	64
	2071705	1786130	2111881	1953594	2421641	2364224	2717373	2425315	3004183	2357262

Scheme – 22100602 01)(04) Anti Plague Organisation. (Committed)
(Rs. In Thousands)

Object	Financial Year 2020-21		Financial Year 2021-22		Financial Year 2022-23		Financial Year 2023-24		Financial Year 2024-25 (26-1-25)	
	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Grants Received	Total Exp.
2	3	4	5	6	7	8	9	10	11	12
01-SALARY	5917	5203	6245	5098	6000	5066	7883	5683	5624	5050
03- OVER TIME	16	12	27	27	29	0	30	17	24	0
06- TEL ELEC& WATER	30	27	54	47	54	14	54	28	42	19
11-DOMESTIC TRAVEL EXP	24	0	36	0	35	7	37	29	33	15
13- OFFICE EXPENCES	70	67	125	86	131	101	138	117	96	52
21- SUPPLIES AND MATERIALS	750	370	900	797	630	0	630	197	540	0
24- P.O.L	98	94	154	8	207	59	232	70	156	77
31- GRANT IN AID (Non Salary)	0	0	0	0	0	0	1	0	0	0
51- MOTOR VEHICLES	9	0	9	0	8	0	8	0	0	0
	6914	5773	7550	6063	7094	5247	9013	6141	6515	5213

Scheme- 22100585 01)(02) Filaria Control Programme. (Committed)
(Rs. In Thousands)

Object	Financial Year 2020-21		Financial Year 2021-22		Financial Year 2022-23		Financial Year 2023-24		Financial Year 2024-25 (26-1-25)	
	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Sanction Grants	Total Exp.	Grants Received	Total Exp.
2	3	4	5	6	7	8	9	10	11	12
01-SALARY	505254	448162	513591	461054	569814	528402	615796	528830	719509	518699
03- OVER TIME	119	119	200	174	210	165	221	220	116	76
06- TEL ELEC& WATER	275	268	495	400	495	330	495	419	220	153
11-DOMESTIC TRAVEL EXP	1595	547	2393	1757	2345	1122	2463	1481	1000	556
13- OFFICE EXPENCES	1357	1297	2442	2306	2564	2362	2695	2383	1256	930
14- RENT RATE AND TAXES	701	619	1261	6	1261	1244	1261	423	560	0
16- PUBLICATION	3	0	8	0	7	0	7	0	3	0
17- COMPUTER EXPENSES	15	0	44	0	43	0	49	39	23	0
21- SUPPLIES AND MATERIALS	150	48	200	0	140	123	140	0	67	0
24- P.O.L	701	537	1104	546	1484	776	1662	629	740	412
26- ADVERTISING & PUBLICITY	3	0	8	0	7	0	7	0	3	0
31- GRANT IN AID (Non Salary)	0	0	0	0	0	0	1	0	0	0
36- GRANT IN AID (Salary)	23500	23500	22325	21924	23500	23500	22325	22325	13160	0
51- MOTOR VEHICLES	118	110	176	18	165	103	165	57	78	0
	533791	475207	544247	488185	602035	558127	647287	556806	736735	520826

Non-Tribal districts five years details of Budget & Expenditure information.
From Year 2020-21, 2021-22, 2022-23, 2023-24 & 2024-25 (Up to Jan 2025) information of Budget & Expenditure.

(Rs. in Thousands)

Sr. No.	Budget Head Code	Cess.	Scheme Details	Object	Year 2020-2021`		Year 2021-2022		Year 2022-2023		Year 2023-2024		Year 2024-2025 Up to Jan 2025	
					Budget	Exp.	Budget	Exp.	Budget	Exp.	Budget	Exp.	Budget Received	Exp. up to Jan 2025
1	22105157	State	National Malaria Eradication programme	21- SUPPLIES AND MATERIALS	51000	13905	55000	00	55000	48197	60000	60000	6000	3395
				31- Grants-in-aid (Non-Salary)	00	00	00	00	00	00	1	00	54000	00
2	22105166	State	National Filaria Eradication programme	21- SUPPLIES AND MATERIALS	8500	3935	8500	00	9400	809	10000	10000	10000	00
				31- Grants-in-aid (Non-Salary)	00	00	00	00	00	00	1	00	9000	00
3	22100905	Central	National Malaria Eradication programme	21- SUPPLIES AND MATERIALS	67700	48966	61500	00	61500	4510	67700	5740	67700	00
4	22100914	Central	National Filaria Eradication programme	21- SUPPLIES AND MATERIALS	10000	00	10000	00	10000	00	10000	00	6000	00
	Total				137200	66806	135000	00	135900	53516	147702	75740	152700	3395

PLAGUE CONTROL PROGRAMME : MAHARASHTRA STATE

Suspected Plague outbreak occurred at Mamla village of Beed District, during August/September 1994 in Maharashtra State. During that period 634 Serum samples were found positive for Plague in different 21 Districts of the State. Considering this situation, Plague Control Unit was re-established in the State as per GR No. PHD/EPD/1094/CR-56 Dated 3.10.1994. The head quarter for Plague Control Unit for Maharashtra state is at Pune and is under the control of Joint Director of Health Services, (Malaria, Filariasis & Water Borne Diseases), Pune.

The infrastructure of Plague Control Unit is as under.

A] Class-3.

Sr. No.	Designation	Posts Sanctioned	Posts Filled	Posts Vacant
1.	Assistant District Malaria Officer	1	1	0
2.	Health Asstt.	2	2	0
3.	Junior Clerk	1	1	0
4.	Driver	1	1	0
Total		5	5	0

B] Class-4

Sr. No.	Designation	Posts Sanctioned	Posts Filled	Posts Vacant
1.	Laboratory Attendant	2	2	0
2.	Mazdoor	8	8	0
3.	Peon	1	1	0
4.	Cleaner	1	1	0
Total		12	12	0

Since 1994 regular surveillance for Plague is being carried out by Plague Control Unit at Mamla and its peripheral villages of District Beed, so also surveillance had been carried out in Plague problematic districts during 1994, such as District Latur, Osmanabad, Satara, Solapur and Pune and surveillance is also being carried out in the districts from where nuisance of Flea is reported.

Activities carried out under Plague Control Programme are as under:

- Domestic and sylvatic rat's collection & collection of fleas on them during regular survey in the Plague foci villages.
- Identification of Rodents' density and flea index.
- Dissection of rodents and collection of their organs and blood serum samples.
- In spite of this, serum samples collection of sylvatic dogs in the village.
- All organ samples, blood serum samples and fleas are sent to The National Institute of Communicable Diseases, Bangalore, for further investigation.
- Dusting of Malathion 5 % is done in rodent burrow and surrounding areas, where flea index is reported more than one.

Due to effective implementation of above said activities epidemic of Plague and incidence of sudden Rat fall are not noticed since 1995.

Activities under Plague Surveillance Unit for the year 2019 to 2025

Year	Villages surveyed	Traps used	Rodents found				Fleas found	Flea Index	Samples		Result	
			Rr	Ti	Bb	Total			Organ	Serum	Organ	Serum
2019	22	720	33	--	--	33	--	--	33	21	Negative	Negative
2020	-	In Year 2020 - No Tour of Plague Surveillance team due to Covid 19						-	-	-	-	-
2021	-	In Year 2021 – No Tour of Plague Surveillance team due to Covid 19						-	-	-	-	-
2022	11	500	98	-	-	98	-	0.12	98	81	Negative	Negative
2023	9	265	52	3	0	55	3	-	55	27	2	0
2024	5	186	46	0	1	47	0	0	47	0	Negative	Negative
2025	5	173	43	By Digging 0	0	43	3	0.06	43	11	Results Awaited	Results Awaited

Rr : Rattus rattus

Ti : Tatera indica

Bb : Bandicoota bengalensis

CHAPTER 10

WATER BORNE DISEASES

10.1 Introduction:

Epidemic Control Programme deals with day to day monitoring of water borne diseases (WBDs). Rise in No. of cases exceeding expected numbers is called Epidemic. Under this programme outbreaks as well as sporadic cases of waterborne diseases like Cholera, Gastro, Acute Diarrhoea / Dysentery, Infective hepatitis and Typhoid are monitored on daily, weekly, fortnightly and monthly basis.

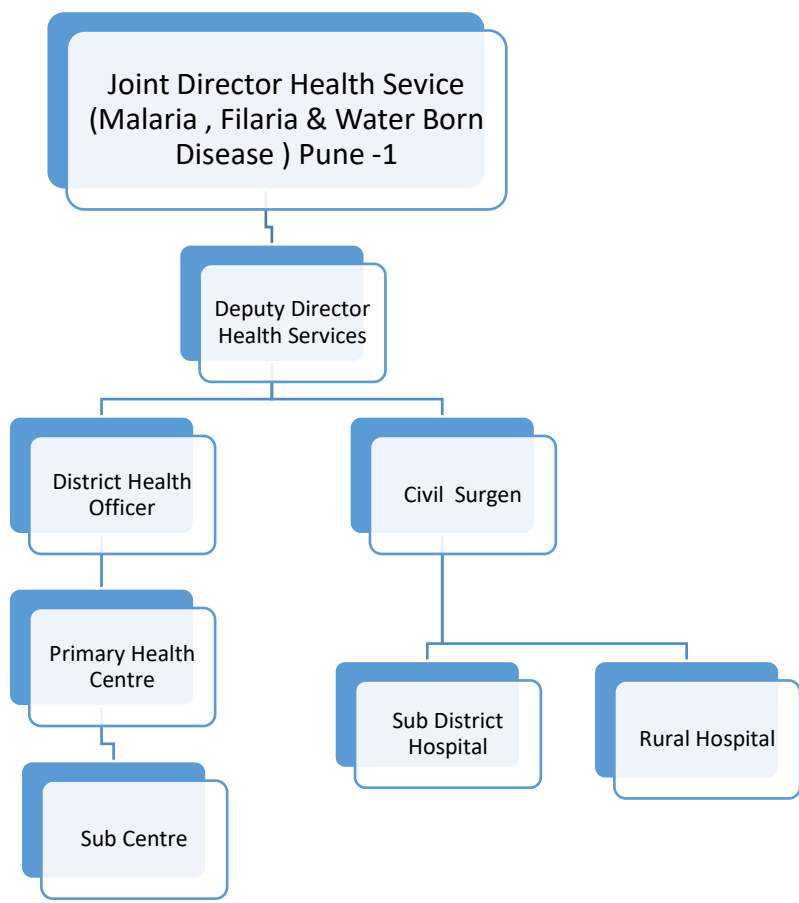
Aims & Objectives:

- To prevent & control outbreaks of water borne diseases.
- Give feedback to districts about outbreaks in their area.
- Water quality monitoring.
- TCL powder quality monitoring.
- To reduce morbidity & mortality due to water borne diseases.
- To create awareness among public about various personal measures to avoid WBDs.
- Interdepartmental coordination with Water supply & Sanitation Department, Rural development Department & Urban development department.

Implementation Strategies: Epidemic Control cell at the state level is established to guide, monitor and control the epidemics in the state. Epidemiological cell is established under the Jt. Director of Health Services (Malaria, Filariasis & Water Borne Diseases) Pune-1.

Facilities Providing Services:- All health institutions from subcenter to district hospital are well equipped to control & treat epidemic diseases.

Organogram



Man Power: No post is sanctioned under this programme. This programme is being implemented through available sanctioned staff of 23 under Cholera Control Programme (Gazetted -2 and Non- Gazetted 21).

Various Schemes & Activities:

Sanitation Survey - For water quality control, sanitation survey is done twice in every year. One is after monsoon in Oct - Nov and another is prior to monsoon in April- May. Red cards are issued to high-risk villages with instructions to carry out precautionary containment measures to control epidemic. A green card is issued to the village, which is taking proper care of water resources & not a high-risk village while yellow card is issued to village with medium risk.

Details of Sanitation Survey October 2024

Total no of Villages	Red cards issued Villages	Green cards issued Villages	Yellow cards issued Villages	Silver cards issued Villages
27922	13	24364	3408	137

Attacks and Deaths Outbreaks Upto December 2024

Name of Disease	2020			2021			2022			2023			December 2024		
	O	A	D	O	A	D	O	A	D	O	A	D	O	A	D
Cholera	1	65	0	2	176	0	26	1104	20	2	5	1	18	1028	4
Gastro	2	104	0	3	444	0	3	78	0	0	0	0	12	669	4
Diahorrea	11	1251	0	13	992	3	25	2354	5	15	1185	0	27	1474	6
Vir.Hepatitis	1	7	0	1	10	0	4	256	0	2	23	0	18	827	1
Typhoid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	15	1427	0	19	1622	3	58	3792	25	19	1213	1	75	3998	15

A- Attack, D - Deaths

Attacks and Deaths (Sporadic + Outbreaks)

Name of Disease	2020		2021		2022		2023		December 2024	
	A	D	A	D	A	D	A	D	A	D
Cholera	71	0	281	0	1104	20	22	1	1028	4
Gastro	23236	0	23986	0	21425	0	27757	0	27582	4
Diahorrea	442295	0	402609	3	342225	5	325927	0	365192	6
Vir.Hepatitis	1309	0	2936	0	2113	0	2403	0	3166	1
Typhoid	25548	0	32425	0	29730	0	38614	0	45707	0
Lepto	502	16	347	10	458	18	1484	8	953	26
Total	492961	16	462584	13	397055	43	396207	9	443628	41

Prevention & Control Measures:

Enlisting of high risk villages - Red card is issued to high-risk village with instructions to carry out precautionary containment measures to control epidemic. A green card is issued to the village, which is not high-risk village.

To search leakages and ensure immediate repairs of water supply pipelines.

Regular inspection of water samples in district, state laboratories.

Regular feedback to Grampanchayat / Municipal councils/ Municipal corporations / Zilla Parishads to make budget provision for purchase of bleaching powder.

Ensuring sufficient stock of medicines and other material at Grampanchayat / Municipal councils/ Municipal corporations / Zilla Parishads.

Publicity, awareness campaigns etc. are undertaken to ensure public cooperation for controlling epidemic.

Weekly and monthly epidemic reports received from districts are analyzed and feedback as well as guidelines is issued to them from time to time.

10.2. Cholera control Programme

Cholera is an acute diarrhoeal disease caused by *Vibrio cholerae*. It is waterborne disease due to consumption of contaminated water. Cases are characterized by the sudden onset of profuse, effortless, watery diarrhoea followed by vomiting, dehydration, muscular cramps & suppression of urine. Cholera case fatality rate is high among waterborne diseases.

Aim: - To control the epidemics of this disease from Public Health point of view and prevent deaths due to diarrhoeal diseases.

Cholera attacks & Deaths (Outbreaks & Sporadic)

Cholera	2020	2021	2022	2023	December 2024
Attacks	71	281	1104	22	1028
Deaths	0	0	20	1	4

Prevention & Control Measures: -

Enlisting of high risk villages - Red card is issued to high-risk village with instructions to carry out precautionary containment measures to control epidemic. A green card is issued to the village, which is not high-risk village.

To search leakages and ensure immediate repairs of water supply pipelines.

Regular inspection of water samples in district, state laboratories.

Regular feedback to Grampanchayat / Municipal councils/ Municipal corporations / Zilla Parishads to make budget provision for purchase of bleaching powder.

Ensuring sufficient stock of medicines and other material at Grampanchayat / Municipal councils/ Municipal corporations / Zilla Parishads.

Publicity, awareness campaigns etc. are undertaken to ensure public cooperation for controlling epidemic.

Weekly and monthly epidemic reports received from districts are analyzed and feedback as well as guidelines is issued to them from time to time.

10.3 Yaws Eradication Programme

Only two districts viz. Chandrapur and Gadchiroli are known to have yaws cases.

Aim :- As per GOI guidelines, Yaws Active Case Searches viz. Sero Surveillance is carried out in Maharashtra state to identify cases of Yaws.

Yaws Free Status - On 14 July 2016, India is declared Yaws Free by WHO.

Infrastructure: - No post is sanctioned under this programme; this programme is implemented through available staff from health services.

Yaws cases from Chandrapur and Gadchiroli districts

Sr. No	District	2020		2021		2022		2023		December 2024	
		Susp	Con.	Susp	Con.	Susp	Con.	Susp	Con.	Susp	Con.
1	Chandrapur	0	0	0	0	0	0	0	0	0	0
2	Gadchiroli	0	0	0	0	0	0	0	0	0	0

Note: Susp. = Suspected, Con. = Confirmed

Measures taken:

Every year two Yaws Active case searches are carried out in Chandrapur and Gadchiroli District, to identify Yaws cases. Accordingly circle level and district level officers as well as health staff carryout the activities as per action plan. No yaws case was found in the state since 2001.

10.4. National Guinea worm Eradication Programme

Guineaworm disease is in existence since many years in the world. Dracunculiasis or guinea Worm disease is known since antiquity and is caused by nematode *Dracunculus Medinensis*. The adult female Guinea Worm is measuring 60 to 100 c. m. in length emerges through the skin, usually lower limbs, causing swelling, ulceration and discomfort to the patient. The Guinea worm infection is transmitted when active Guinea worm patient enters into unsafe drinking water source, wherein the emerging Guinea worm discharges its embryo into water those are taken up by the vector Cyclops. Africa, Sudan, Afghanistan, Egypt, Burma, Iraq, West Indies and South America are Guinea Worm problematic countries.

In India Guinea worm cases were found in states of Karnataka, Rajasthan, Madhya Pradesh, Maharashtra and Gujarat. The success of National Guinea Worm Eradication Programme is really outstanding. There was rapid decline in endemicity with no indigenous case since last 20 years. In Maharashtra state no case has been identified since 1991. In fact, the International Commission has certified country as Guinea worm Disease Free for Certification of Dracunculiasis Eradication on 5th February 2000.

Infrastructure: - This programme is implemented through available staff from health services.

Year wise Guinea worm cases in state: Nil,

Since last 20 years there is not a single case of Guinea worm in the state.

15.5. Status of Outbreaks of Water Borne Diseases

Cholera																
S.N.	Districts	2020			2021			2022			2023			December 2024		
		O	A	D	O	A	D	O	A	D	O	A	D	O	A	D
1	Raigad	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Ratnagiri	1	65	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Thane	0	0	0	0	0	0	1	29	1	0	0	0	1	12	1
4	Palghar	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0
5	Dhule	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Nandurbar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Jalgaon	0	0	0	0	0	0	0	0	0	0	0	0	2	105	3
8	Ahmednagar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Nashik	0	0	0	0	0	0	1	15	2	0	0	0	0	0	0
10	Pune	0	0	0	0	0	0	0	0	0	0	0	0	1	16	0
11	Solapur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Kolhapur	0	0	0	2	176	0	1	226	2	0	0	0	3	5	0
13	Sangli	0	0	0	0	0	0	2	14	0	0	0	0	1	50	0
14	Satara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Sindhudurg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Chh.Sambhajina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Jalna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Parbhani	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Hingoli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Beed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Latur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Nanded	0	0	0	0	0	0	0	0	0	1	1	0	1	578	0
23	Dharashiv	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Akola	0	0	0	0	0	0	1	1	0	0	0	0	2	92	0
25	Amravati	0	0	0	0	0	0	5	240	6	0	0	0	0	0	0
26	Buldhana	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
27	Yeotmal	0	0	0	0	0	0	5	185	2	0	0	0	4	62	0
28	Washim	0	0	0	0	0	0	2	2	0	0	0	0	1	105	0
29	Bhandara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Gondia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Chandrapur	0	0	0	0	0	0	6	390	7	0	0	0	0	0	0
32	Gadchiroli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Nagpur	0	0	0	0	0	0	2	2	0	1	4	1	0	0	0
34	Wardha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Total		1	65	0	2	176	0	2	110	20	2	5	1	18	1028	4

S.N.	District	Diarrhoea														
		2020			2021			2022			2023			December 2024		
		O	A	D	O	A	D	O	A	D	O	A	D	O	A	D
1	Raigad	0	0	0	0	0	0	0	0	0	1	17	0	1	31	0
2	Ratnagiri	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Thane	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Palghar	0	0	0	1	8	0	0	0	0	0	0	0	0	0	0
5	Dhule	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Nandurbar	0	0	0	0	0	0	0	0	0	0	0	0	1	260	2
7	Jalgaon	01	41	0	0	0	0	1	63	0	1	29	0	0	0	0
8	Ahmednagar	1	14	0	0	0	0	0	0	0	0	0	0	1	14	0
9	Nashik	0	0	0	0	0	0	2	111	1	0	0	0	1	12	0
10	Pune	0	0	0	2	67	0	1	1007	0	1	46	0	2	27	0
11	Solapur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Kolhapur	4	856	0	5	162	3	10	531	3	0	0	0	4	410	0
13	Sangli	0	0	0	0	0	0	2	133	0	0	0	0	1	50	0
14	Satara	2	257	0	3	351	0	1	40	0	1	91	0	2	98	1
15	Sindhudurg	1	49	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Chh.Sambhajinagar	0	0	0	0	0	0	1	42	0	0	0	0	0	0	0
17	Jalna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Parbhani	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Hingoli	0	0	0	0	0	0	0	0	0	1	64	0	1	7	0
20	Beed	0	0	0	1	295	0	0	0	0	0	0	0	0	0	0
21	Latur	0	0	0	0	0	0	1	21	0	0	0	0	0	0	0
22	Nanded	0	0	0	0	0	0	0	0	0	0	0	0	2	143	0
23	Dharashiv	0	0	0	0	0	0	0	0	0	0	0	0	2	32	2
24	Akola	0	0	0	0	0	0	0	0	0	1	67	0	3	122	0
25	Amravati	1	24	0	0	0	0	1	3	1	1	16	0	0	0	0
26	Buldhana	0	0	0	0	0	0	0	0	0	0	0	0	1	33	1
27	Yavatmal	0	0	0	0	0	0	2	137	0	3	379	0	3	72	0
28	Washim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Bhandara	0	0	0	0	0	0	1	166	0	0	0	0	0	0	0
30	Gondia	0	0	0	0	0	0	0	0	0	1	32	0	1	7	0
31	Chandrapur	0	0	0	0	0	0	1	64	0	0	0	0	0	0	0
32	Gadchiroli	0	0	0	0	0	0	1	36	0	0	0	0	0	0	0
33	Nagpur	1	10	0	1	109	0	0	0	0	4	444	0	1	156	0
34	Wardha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Total		11	1251	0	13	992	3	25	2354	5	15	1185	0	27	1474	6

S.N.	District	Gastro														
		2020			2021			2022			2023			December 2024		
		O	A	D	O	A	D	O	A	D	O	A	D	O	A	D
1	Raigad	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Ratnagiri	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Thane	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	palghar	0	0	0	0	0	0	0	0	0	0	0	0	2	36	0
5	Dhule	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Nandurbar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Jalgaon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Ahmednagar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Nashik	0	0	0	0	0	0	0	0	0	0	0	0	1	150	0
10	Pune	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Solapur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Kolhapur	1	39	0	1	230	0	0	0	0	0	0	0	0	0	0
13	Sangli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Satara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Sindhudurg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Chh.Sambhajinagar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Jalna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Parbhani	1	65	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Hingoli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Beed	0	0	0	0	0	0	1	19	0	0	0	0	0	0	0
21	Latur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Nanded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Dharashiv	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Akola	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Amravati	0	0	0	0	0	0	1	40	0	0	0	0	8	454	4
26	Buldhana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Yeotmal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Washim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Bhandara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Gondia	0	0	0	2	214	0	0	0	0	0	0	0	0	0	0
31	Chandrapur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Gadchiroli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Nagpur	0	0	0	0	0	0	1	19	0	0	0	0	0	0	0
34	Wardha	0	0	0	0	0	0	0	0	0	0	0	0	1	29	0
State Total		2	104	0	3	444	0	3	78	0	0	0	0	12	669	4

S.N.	District	Viral Hepatitis														
		2020			2021			2022			2023			December2024		
		O	A	D	O	A	D	O	A	D	O	A	D	O	A	D
1	Raigad	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
2	Ratnagiri	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Thane	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Palghar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Dhule	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Nandurbar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Jalgaon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Ahmednagar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Nashik	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Pune	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Solapur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Kolhapur	0	0	0	0	0	0	1	17	0	1	17	0	13	683	0
13	Sangli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Satara	0	0	0	1	10	0	1	123	0	1	6	0	0	0	0
15	Sindhudurg	0	0	0	0	0	0	0	0	0	0	0	0	1	4	0
16	Chh.Sambhajinagar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Jalna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Parbhani	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Hingoli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Beed	0	0	0	0	0	0	0	0	0	0	0	0	1	20	0
21	Latur	0	0	0	0	0	0	0	0	0	0	0	0	1	65	0
22	Nanded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Dharashiv	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Akola	0	0	0	0	0	0	0	0	0	0	0	0	1	54	0
25	Amravati	0	0	0	0	0	0	2	116	0	0	0	0	0	0	0
26	Buldhana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Yeotmal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Washim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Bhandara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Gondia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Chandrapur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Gadchiroli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Nagpur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Wardha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Total		1	7	0	1	10	0	4	256	0	2	23	0	18	827	1

S.N.	District	Typhoid														
		2020			2021			2022			2023			December 2024		
		O	A	D	O	A	D	O	A	D	O	A	D	O	A	D
1	Raigad	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Ratnagiri	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Thane	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Palghar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Dhule	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Nandurbar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Jalgaon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Ahmednagar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Nashik	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Pune	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Solapur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Kolhapur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Sangli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Satara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Sindhudurg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Chh.Sambhajinagar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Jalna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Parbhani	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Hingoli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Beed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Latur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Nanded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Dharashiv	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Akola	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Amravati	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Buldhana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Yeotmal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Washim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Bhandara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Gondia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Chandrapur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Gadchiroli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Nagpur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Wardha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Leptospirosis											
S.N	Dist. / Corpo.	2020		2021		2022		2023		December2024	
		Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death
1	Gr.Mumbai Corp.	240	8	224	4	277	5	1383	0	790	22
2	Thane	10	1	6	1	16	0	6	0	7	0
3	Thane Corp.	0	0	4	2	23	0	18	2	58	0
4	Kalyan Corp.	0	0	14	1	5	2	21	1	1	0
5	Navi Mumbai Corp.	0	0	0	0	0	0	0	0	0	0
6	Vasai Virar Corp.	0	0	0	0	0	0	0	0	0	0
7	Bhavandi Corp.	0	0	0	0	0	0	0	0	0	0
8	Mira-Bhaindar Corp	0	0	0	0	3	0	0	0	0	0
9	Raigad	0	0	64	0	114	11	47	4	17	1
10	Ratnagiri	1	0	0	0	0	0	0	0	0	0
11	Palghar	0	0	0	0	0	0	0	0	9	0
12	Pune	0	0	0	0	0	0	0	0	0	0
13	PMC	0	0	0	0	0	0	0	0	58	0
14	PCMC	0	0	3	1	1	0	0	0	0	0
15	Kolhapur	0	0	1	1	0	0	0	0	0	0
16	Sindhudurg	251	7	31	0	1	0	1	1	11	2
17	Sangli	0	0	0	0	0	0	0	0	0	0
18	Nagpur	0	0	0	0	0	0	0	0	0	0
19	Wardha	0	0	0	0	10	0	0	0	0	0
20	Nanded	0	0	0	0	0	0	0	0	0	0
21	Nashik	0	0	0	0	0	0	0	0	0	0
22	Panwal	0	0	0	0	8	0	0	0	0	0
23	Amravati	0	0	0	0	0	0	2	0	0	0
24	Jalgaon	0	0	0	0	0	0	6	0	0	0
25	Satara	0	0	0	0	0	0	0	0	1	0
26	Chandrapur	0	0	0	0	0	0	0	0	1	1
	State Total	502	16	347	10	458	18	1484	8	953	26

Influenza A H1N1

It is a viral disease caused by Influenza a H1N1 virus.

Symptoms of Swine flu are fever, cough, bodyache, loose motion Generalised Weakness etc.

First case of Swine flu (H1N1) in Maharashtra admitted in Kasturba Hospital, Mumbai on 18.06.09. He was arrived from New Jercy, America.

First case of Swine flu (H1N1) in Pune, admitted on 20.06.09. He arrived from America.

First death case of (H1N1) occured at Jehangir Hospital, Pune of 14 years girl on 03.08.09 at 5.10 pm.

For treatment of patients, the patients are categorised in to 'A','B','C' category.

Essential medicine & Logistics has been distributed to all health centers in the state.

Diagnostic facility of this disease is available at National Institute of Virology Pune, Haffkine Institute Mumbai, Kasturba Hospital Mumbai & IGMCI, Nagpur. Along with these government facilities, some of the private labs have also been recognized by state for Influenza diagnosis.

Training of District RRT members is done for Swine flu (H1N1).

Guidelines for treatment of Swine flu (H1N1). Cases have been circulated to Private Medical Practitioner.

IEC of Swine flu H1N1 is done through News Papers, Handbills, and Hoardings & T.V. spot.

Swine Flu A (H1N1) status

Particulars	2020	2021	2022	2023	Dec 2024
Total Patients screened	1620250	1106268	1369347	1809600	2415082
Total suspected patients given Tamiflu.	20650	11888	22756	9733	6125
Total Positive patients	121	289	3714	1231	2351
Total deaths	3	2	215	32	72

Attacks and Deaths Due To Swine flu - Influenza a (H1N1)

Month	2020		2021		2022		2023		Dec 2024	
	Attacks	Deaths	Attacks	Deaths	Attacks	Deaths	Attacks	Deaths	Attacks	Deaths
January	20	0	0	0	0	0	99	2	78	1
February	34	0	0	0	0	0	190	1	91	2
March	54	3	0	0	0	0	134	1	103	2
April	2	0	0	0	2	0	36	0	86	5
May	8	0	1	0	0	0	31	0	50	5
June	1	0	6	0	11	0	47	0	85	1
July	0	0	27	0	499	16	147	3	506	3
August	1	0	30	1	2091	95	161	2	315	5
September	1	0	17	1	910	80	66	3	537	22
October	0	0	15	0	139	18	214	15	413	10
November	0	0	2	0	40	6	68	2	72	13
December	0	0	289	0	22	0	38	3	15	3

Total	121	3	387	2	3714	215	1231	32	2351	72

Swine flu Districtwise Cases

Sr.No	District / Municipal Corporation	2022		2021		2022		2023		Dec 2024	
		Positive	Death	Positive	Death	Positive	Death	Positive	Death	Positive	Death
1	BMC	50	0	74	0	426	7	718	0	785	5
2	Thane Corp.	6	0	11	1	448	9	256	0	254	0
3	Kalyan Corp.	2	0	2	0	78	5	3	0	2	0
4	Navi Mumbai Corp.	2	0	0	0	41	0	2	0	6	0
5	Bhivandi Corp.	0	0	0	0	3	0	0	0	0	0
6	Bhayinder Corp.	0	0	0	0	6	0	0	0	13	0
7	Ulhasnagar Corp.	0	0	0	0	0	0	0	0	0	0
8	Vasai Virar Corp.	0	0	0	0	4	0	0	0	0	0
9	Thane	4	0	0	0	15	1	3	0	5	0
10	Raigad	0	0	0	0	58	1	0	0	1	0
11	Palghar	0	0	0	0	40	0	0	0	0	0
Thane Circle		64	0	87	1	1119	23	264	0	281	0
12	PCMC	4	0	0	0	56	4	3	0	22	0
13	Pune Disrict	4	0	0	0	25	1	0	0	1	0
14	PMC	3	0	289	1	1062	47	61	1	314	0
15	Sassoon Hospital	0	0	0	0	104	4	1	0	25	0
Pune Total		11	0	289	1	1247	56	65	1	362	0
16	Solapur MC	1	1	0	0	86	0	1	0	41	0
17	Solapur	0	0	0	0	10	0	0	0	26	0
18	Satara	4	0	0	0	46	10	7	3	23	5
Pune Circle		5	1	289	10	1389	66	73	4	452	5
19	Sangli	0	0	0	0	8	2	0	0	10	0
20	Kolhapur	1	1	0	0	198	21	61	6	269	7
21	Sindhudurg	0	0	0	0	0	0	0	0	0	0
22	Ratnagiri	0	0	0	0	0	0	0	0	0	0
Kolhapur Circle		1	1	0	0	206	23	61	6	279	7
23	Ahmednagar	2	0	0	0	38	5	1	0	33	2
24	Dhule	0	0	0	0	0	0	0	0	0	0
25	Jalgaon	1	0	0	0	14	4	0	0	6	2
26	Nandurbar	0	0	0	0	0	0	0	0	0	0
27	Nashik	12	0	0	0	249	25	26	1	274	22
Nasik Circle		15	0	0	0	301	34	27	1	313	26
28	Chh.Sambhajinagar. Corp.	1	0	0	0	62	6	5	0	78	2
29	Chh.Sambhajinagar	5	0	0	0	0	0	0	0	19	1
30	Hingoli	0	0	0	0	0	0	0	0	0	0

31	Jalna	0	0	0	0	3	0	3	1	1	0
32	Parbhani	3	0	0	0	0	0	0	0	1	0
Chh.Sambhajinagar Circle		9	0	0	0	65	6	8	1	99	3
Sr.No	District / Municipal Corporation	2020		2021		2022		2023		Dec 2024	
		Positive	Death	Positive	Death	Positive	Death	Positive	Death	Positive	Death
33	Beed	1	0	0	0	26	0	0	0	0	0
34	Latur	3	1	0	0	0	0	0	0	0	0
35	Nanded	0	0	0	0	0	0	0	0	0	0
36	Dharashiv	1	0	0	0	0	0	0	0	0	0
Latur Circle		5	1	0	0	26	0	0	0	0	0
37	Akola	0	0	0	0	12	0	1	1	0	0
38	Amarawati	0	0	0	0	14	0	9	0	17	0
39	Buldana	0	0	0	0	9	1	0	0	0	0
40	Washim	0	0	0	0	0	0	0	0	0	0
41	Yeotamal	0	0	0	0	6	0	0	0	0	0
Akola Circle		0	0	0	0	41	1	10	1	17	0
42	Nagpur MC	0	0	0	0	39	9	17	2	104	19
43	IGMC Nagpur	0	0	0	0	23	5	0	0	2	1
44	GMC Nagpur	3	0	11	1	505	48	53	16	19	6
45	Bhandara	1	0	0	0	0	0	0	0	0	0
46	Wardha	0	0	0	0	0	0	0	0	0	0
47	Gondia	0	0	0	0	0	0	0	0	0	0
48	Chandrapur	1	0	0	0	0	0	0	0	0	0
49	Gadchiroli	1	0	0	0	0	0	0	0	0	0
Nagpur Circle		6	0	11	1	567	62	70	18	125	26
Other State		0	0	0	0	0	0	0	0	0	0
Total		121	3	387	3	3714	215	1231	32	2351	72

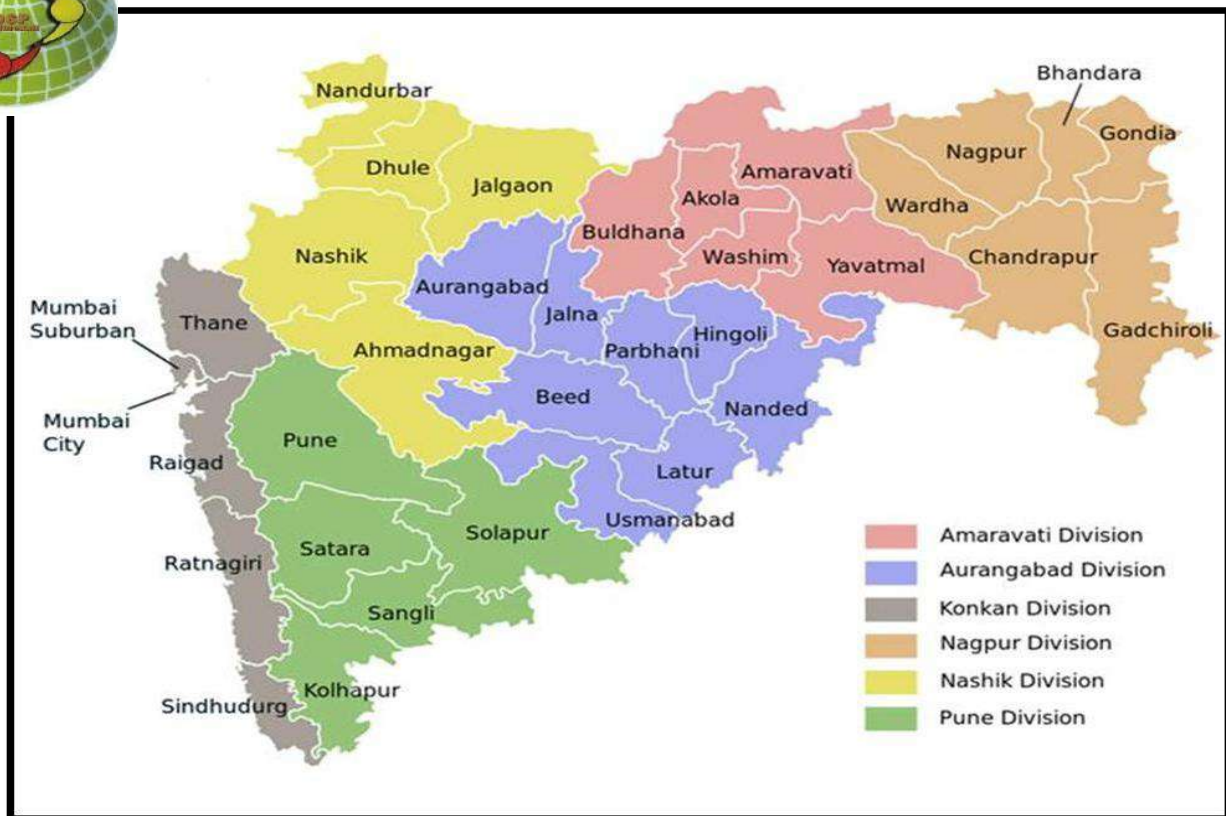
Budget Provision:

Name of Scheme and Head	Budgetary Provision (Rs. in Lakh)					Revised Budget Provision (Rs. in Lakh)					Actual Expenditure (Rs. in Lakh)				
	20-21	21-22	22-23	23-24	24-25 (Upto Dec)	20-21	21-22	22-23	23-24	24-25 (Upto Dec)	20-21	21-22	22-23	23-24	24-25 (Upto Dec)
Epidemic Control Programme 101 (01) (45) ECP (22104286)	63400	132245.50	2100.00	2200.00	2200.00	63400	40501.12	882.00	1540.00	2200.00	39470	23844.58	0	1540.00	00

Name of Scheme and Head	Budgetary Provision (Rs. in Lakhs)					Revised Budget Provision (Rs. in Lakhs)					Actual Expenditure (Rs. in Lakhs)				
	20-21	21-22	22-23	23-24	24-25 (Upto Dec)	20-21	21-22	22-23	23-24	24-25 (Upto Dec)	20-21	21-22	22-23	23-24	24-25 (Upto Dec)
Cholera Control Prog.101 (five) (22100629)	194.51	204.50	548.40	302.41	48.00	180.12	195.90	548.40	302.41	48.00	91.24	123.00	283.40	219.35	00.00



Integrated Diseases Surveillance Programme(IDSP), MAHARASHTRA



STATE SURVEILLANCE UNIT, IDSP, MAHARASHTRA

Joint Director	Dr.Babita Kamlapurkar
State Surveillance Officer I/C	Dr.Babita Kamlapurkar
State Epidemiologist-1	Dr.Raju Sule
State Epidemiologist-2	Dr.Asharani Telang.
State Epidemiologist	Dr.Bhalchandra Pradhan
State Microbiologist	Jyoti Gurav
State Data Manager	Shravani Kulkarni
Consultant Finance/Procurement	Vaishali Pisal
Data Entry Operator	2 Data Entry Operator (From Yashaswi Institute)
Consultant Training	Vacant
State Entomologist	Vacant
Veterinary Consultant	Vacant

Integrated Diseases Surveillance Programme (IDSP)

Integrated Disease Surveillance Project (IDSP) was launched with World Bank assistance in November 2004 to detect and respond to disease outbreaks quickly. The project was extended for 2 years in March 2010. From April 2010 to March 2012, World Bank funds were available for Central Surveillance Unit (CSU) at NCDC & 9 identified states (Uttarakhand, Rajasthan, Punjab, Maharashtra, Gujarat, Tamil Nadu, Karnataka, Andhra Pradesh and West Bengal) and the rest 26 states/UTs were funded from domestic budget.

The program has been functioning under the National Health Mission since 12th Plan. In Maharashtra, a District surveillance unit (DSU) is functioning at every district under IDSP while state surveillance unit (SSU) is functioning at Directorate of Health Services Pune. The program has been evaluated after completion of a decade of its functioning and the original weekly performance based IDSP portal is replaced by Integrated Health Information Platform (IHIP). The IHIP portal is case based & provides near real time data. State has shifted to a new platform from 1st April 2021.

Objectives

The objective of IDSP is to strengthen/maintain decentralized laboratory- based IT enabled diseases surveillance system for epidemic prone diseases, to monitor disaster end sand to detect and respond to outbreak sincerely rising phase through trained Rapid Response Team (RRTs). The project aims to:

- Integrate all existing surveillance activities.
- Strengthen laboratory services & communication.
- Facilitate automatic transfer of information using modern information technology.
- Strong then intra/inter departmental coordination.
- Impart capacity for timely response eats local, regional & national level for disease control.
- Improve clinical management to targeted diseases.
- Facilitate participation of Private Sector, NGO, Medical colleges and Community in Surveillance.

Data Management

- Under IDSP ,data is collected one diseases on weekly basis(Monday– Sunday).The information is collected on three specified reporting formats ,namely:
- “S”(suspected cases)–filled by front line Health Workers
- “P”(presumptive cases)–filled by Pharmacy Officers as per case paper data
- “L”(laboratory confirmed cases)-filled by Laboratory Scientific Officer
- The daily surveillance data provides information on the epidemic disease trends and seasonality of diseases. Whenever there is a rising trend of illnesses in a particular area, it is investigated by the Rapid Response Teams (RRT)to diagnose and control the outbreak.

Integrated Health Information Platform (IHIP)

From April 1, 201, GOI decided to close old IDSP portal for Maharashtra and shifted the entire reporting on IHIP. IHIP is real time, village-wise, case based electronic health information system with GIS tagging, which will help in prompt prevention and control of epidemic prone diseases.

The initiative will provide near-real-time data to policy makers for detect ongoing outbreaks, reducing the morbidity, mortality and reducing the disease burdening the population for better health systems.

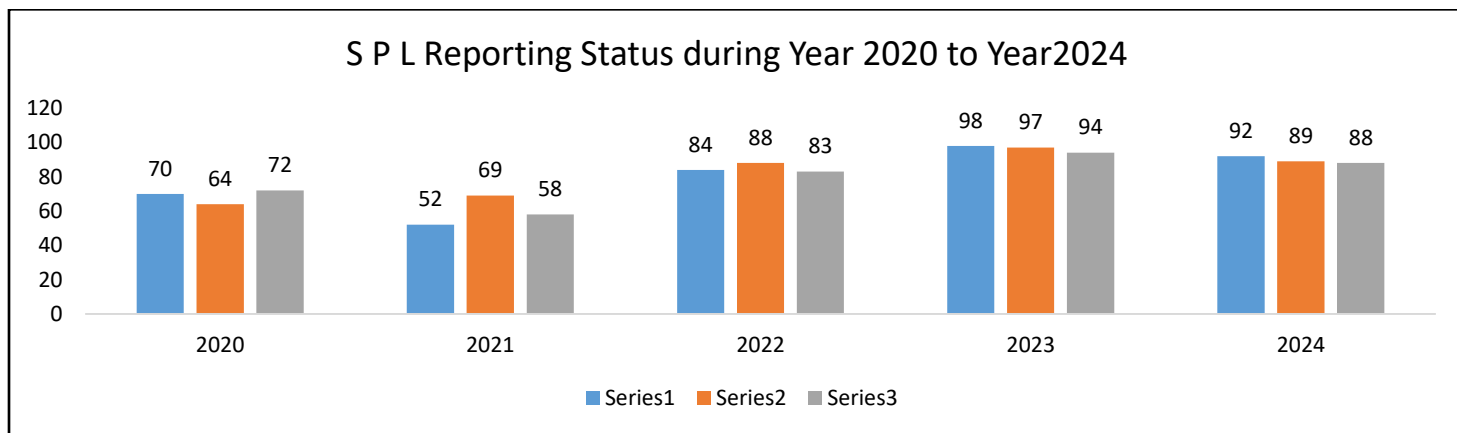
The primary objective of IHIP is to enable the creation of standards compliant Electronic Health Records (EHRs) of the citizens on a pan-India basis. The EHRs aims to build a comprehensive Health Information Exchange (HIE) as part of this centralized accessible platform. The success of this platform will depend primarily on the quality of data shared by the districts to state and by states to Central Government.

- **Reporting Units in Maharashtra:-**

-

Type of RU	No. of RUs	Government RUs	Private RUs
S(RUs)	10897	10897	NA
P(RUs)	3399	3280	143
L(RUs)	3318	3226	227

Year wise S,P & L Reporting Unit percentage in Maharashtra



• **District & Year wise S,P,& L Reporting Unit percentage in Maharashtra (Source of data IHIP Portal)**

Sr. No.	District	S Form					P Form					LForm				
		2024	2023	2022	2021	2020	2024	2023	2022	2021	2020	2024	2023	2022	2021	2020
1	AHMEDNAGAR	92	100	92	66	99	97	100	96	77	100	97	100	91	56	100
2	AKOLA	73	98	90	76	73	100	95	92	62	95	100	94	88	60	96
3	AMRAVATI	97	93	86	47	52	81	81	91	56	48	82	93	87	38	40
4	AURANGABAD	100	97	81	38	57	93	96	91	68	54	91	92	83	49	54
5	BEED	76	93	87	27	41	91	74	90	76	47	90	92	86	49	34
6	BHANDARA	96	97	98	102	97	92	97	99	100	93	92	94	99	100	92
7	BULDHANA	96	99	85	9	92	88	59	84	23	90	88	96	82	9	89
8	CHANDRAPUR	92	99	87	77	85	92	98	92	75	82	93	96	90	63	78
9	DHULE	93	99	78	10	73	91	88	89	68	70	93	99	91	61	69
10	GADCHIROLI	95	96	96	102	99	91	99	95	94	99	92	97	95	98	100
11	GONDIA	94	96	92	90	84	87	89	90	100	83	85	93	85	100	76
12	HINGOLI	90	99	84	48	95	78	60	86	84	96	75	97	72	95	85
13	JALGAON	92	100	84	42	59	88	100	81	5	56	96	98	79	3	55
14	JALNA	84	91	79	16	34	88	100	86	65	34	69	93	75	48	22
15	KOLHAPUR	97	100	83	34	92	93	100	86	79	82	93	98	86	60	84
16	LATUR	85	100	94	94	100	97	100	99	100	99	97	100	99	100	100
17	NAGPUR	93	100	85	66	23	92	95	84	74	25	85	92	67	44	29
18	NANDED	100	100	85	50	33	87	94	88	69	33	84	99	84	57	33
19	NANDURBAR	96	97	72	5	54	82	94	74	35	38	81	96	71	29	42
20	NASHIK	90	99	82	16	74	89	95	86	36	70	90	99	83	31	69
21	OSMANABAD	80	100	86	89	54	96	95	97	98	46	95	96	94	93	45
22	PALGHAR	92	99	79	14	60	93	90	84	43	47	94	99	83	40	44
23	PARBHANI	99	99	96	100	50	85	99	90	100	61	86	96	94	100	64
24	PUNE	95	99	91	83	69	89	95	82	42	43	87	94	80	40	32
25	RAIGAD	86	100	93	105	38	95	100	95	86	38	95	96	93	79	38
26	RATNAGIRI	91	99	90	66	64	92	100	90	80	58	92	96	88	67	55
27	SANGLI	96	100	87	52	61	93	99	87	65	43	93	95	84	52	46
28	SATARA	96	99	83	32	81	96	100	88	74	90	95	99	83	41	88
29	SINDHUDURG	97	99	80	34	34	88	100	91	82	27	89	99	83	57	97
30	SOLAPUR	95	100	84	10	35	90	88	88	55	31	87	98	82	24	21
31	THANE	95	100	87	56	51	89	88	82	24	63	89	98	80	17	58
32	WARDHA	94	100	87	70	53	91	91	87	100	27	90	99	68	100	25
33	WASHIM	90	98	86	24	54	86	88	75	63	41	87	96	69	34	
34	YAVATMAL	81	98	84	26	54	87	92	87	93	70	88	96	86	62	54
	STATE	92	98	84	52	70	90	92	88	69	64	89	94	83	58	62

Month wise Outbreaks reported under IDSP

Month/Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
January	24	44	17	29	13	7	13	15	6	34	14
February	17	13	15	17	10	8	12	6	3	21	12
March	26	6	21	21	8	13	3	8	11	8	36
April	50	15	31	18	21	15	12	4	10	11	31
May	49	22	34	17	26	25	15	2	17	22	25
June	48	34	30	22	30	23	10	31	25	43	44
July	51	28	41	19	27	34	5	49	50	25	67
August	76	39	23	14	36	36	3	36	40	39	47
September	64	28	24	33	21	46	2	16	75	51	43
October	45	16	19	11	24	29	5	16	62	45	37
November	40	18	16	22	11	22	13	11	152	0	
December	4	23	10	48	9	6	12	9	45	0	
State Total	494	286	281	271	236	264	105	203	496	299	356

District wise Outbreaks in Maharashtra in Year 2024 (Till October 2024)

District	No. of VBD Outbreaks	No. of WBD outbreaks (epidemic section – 58)	No. of VPD outbreaks (On IHIP portal)	No. Food Poisoning Outbreak	Total no. of Outbreaks
Ahmednagar	3	1	0	1	5
Akola	3	6	1	2	12
Amravati	8	8	0	0	16
Aurangabad	4	0	0	0	4
Beed	6	1	0	8	15
Bhandara	1	0	0	0	1
Buldhana	1	2	1	10	14
Chandrapur	12	1	0	1	14
Dhule	4	0	0	0	4
Gadchiroli	17	0	0	1	18
Gondia	1	1	0	0	2
Hingoli	0	1	0	1	2
Jalgaon	0	2	0	1	3
Jalna	0	0	0	0	0
Kolhapur	7	18	0	3	28
Latur	5	1	0	3	9
Nagpur	3	1	0	0	4
Nanded	8	3	0	7	18
Nandurbar	1	1	0	1	3
Nashik	8	2	0	0	10
Osmanabad	10	2	0	3	15
Palghar	12	3	0	1	16
Parbhani	3	0	1	0	4
Pune	23	3	0	1	27

District	No. of VBD Outbreaks	No. of WBD outbreaks (epidemic section – 58)	No. of VPD outbreaks (On IHIP portal)	No. Food Poisoning Outbreak	Total no. of Outbreaks
Raigad	23	2	0	0	25
Ratnagiri	2	0	0	0	2
Sangli	6	1	0	1	8
Satara	19	2	0	0	21
Sindhudurg	1	0	0	0	1
Solapur	1	0	0	0	1
Thane	19	1	0	1	21
Wardha	2	1	0	0	3
Washim	15	1	0	0	16
Yavatmal	5	7	0	2	14
Grand Total	233	72	3	48	356

Laboratory Strengthening under IDSP

- **State Referral Lab Network:**

To improve the quality of disease surveillance, every district should get help from laboratory in case of outbreak situation. To achieve this target 13 medical colleges from Maharashtra state are designated as referral laboratories. Every laboratory has been connected with 2-3 districts for outbreak investigation.

The following table gives the names of referral laboratories and the districts connected to it.

Sr. No	IDSP-State Referral Lab Network	Districts Covered
1	B. J. Government Medical College, Pune	Pune, Ahmednagar
2	Vaisampayana Government Medical College, Solapur	Solapur, Osmanabad ,Latur
3	Government Medical College, Dhule	Dhule,Nandurbar,Nashik
4	Government Medical College, Miraj	Sangli,Satara
5	Government medical College, Aurangabad	Aurangabad,Jalna,Jalgaon
6	Government Medical College,Nanded	Nanded,Parbhani,Hingoli
7	Government Medical College, Akola	Akola,Buldhana,Washim
8	All India Institute of Medical Sciences	Nagpur,Bhandara,Gondia
9	Sevagram Medical College, Wardha	Wardha,Chandrapur
10	Grant Medical College, Mumbai	Mumbai,Thane,Raigad,Palghar
11	Government Medical College, Kolhapur	Kolhapur,Sindhudurg,Ratnagiri
12	Government Medical College, Yavatmal	Gadchiroli,Yavatmal
13	Government Medical College,	Nagpur,Amravati

Lab Samples Tested by Referral labs under IDSP during Year 2024 (Tested/positive)																					
Sr.No	Name of Laboratory	Dengue	Positive	Chikungunya	Positive	Typhoid (culture)	Positive	Hepatitis A	Positive	Hepatitis E	Positive	Diphtheria	Positive	Leptospirosis	Positive	Scrub Typhus	Positive	Cholera	Positive	Total	Positive
1	GMC Akola	120	8	120	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	240	8
2	GMC Aurangabad	233	94	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	233	94
3	GMC Dhule	1563	7	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1570	7
4	JJ Hospital Mumbai	10	5	7	3	0	0	0	0	0	0	0	0	18	3	0	0	0	0	35	11
5	GMC Miraj	1209	221	506	92	0	0	0	0	0	0	0	0	0	0	0	0	22	4	1737	317
6	GMC Nanded	12	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100	21	112	28
7	AIMS Nagpur	0	0	27	5	0	0	0	0	0	0	0	0	0	0	93	29	0	0	120	34
8	GMC Nagpur	405	56	405	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	810	71
9	B JMC Pune	108	54	241	18	541	0	120	0	210	0	0	0	218	19	0	0	56	2	1494	93
10	GMC Solapur	308	28	420	45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	728	73
11	GMC Yavatmal	230	6	123	2	0	0	0	0	0	0	0	0	0	0	0	0	15	0	368	8
12	GMC Kolhapur	421	42	631	47	0	0	0	0	45	2	0	0	35	1	0	0	25	0	1157	92
13	Sevagram Wardha	8181	1357	163	31	166	3	24	2	11	1	0	0	247	23	0	0	142	0	8934	1417
Total																				17538	2253

District Priority Laboratory

Apart from medical colleges Nashik, Beed and Amravati district laboratories have also been upgraded by provision of laboratory equipment and manpower and designated as District Priority laboratories.

There are 2 District Priority Laboratories and 1DPHL are established namely:-

- 1.District Priority lab (DPL),Beed
- 2.District Priority lab (DPL),Nashik
- 3.District Public Health Lab (DPHL)Amravati

1. Equipment's & manpower support to District Priority Lab:-The equipment procured for district priority lab under IDSP :Autoclave, centre if huge machine ,Elisa reader & washer with digital printer each for both labs. The post of Microbiologist is sanctioned each district priority laboratories. The posts of Microbiologist are vacant at Beed DPL. The recruitment process is in progress.

Tests performed District Priority Lab:-

- 1.Stool culture for cholera
- 2.Blood Culture for Enteric Fever
- 3.IgM ELISA for Dengue and Chikungunya

❖ **Sample tested and Positive By District Priority Lab Under IDSP**

Year wise Sample Tested In District Priority Lab under IDSP From 2019to 2024												
Year	Nashik				Beed				Amravati			
	Dengue		Chikungunya		Dengue		Chikungunya		Dengue		Chikungunya	
	Tested	Positive	Tested	Positive	Tested	Positive	Tested		Tested	Positive	Tested	Positive
2019	6770	1934	44	13	1310	255	1310	242	NA	NA	NA	NA
2020	2324	453	177	49	428	64	428	81	NA	NA	NA	NA
2021	10296	1565	6198	1117	831	91	831	69	NA	NA	NA	NA
2022	5686	786	1239	44	710	123	710	97	559	182	559	85
2023	11142	1751	1303	67	2711	388	2711	223	2468	640	2468	133
2024	11578	1587	1536	80	2656	324	2656	223	4157	797	4157	377

• **Human Resource Under IDSP**

	Sr.No	Post	Sanctioned	Filled	Vacant
Technical (State)	1	State Epidemiologist	1	1	0
	2	State Microbiologist	1	1	0
	3	Entomologist	1	0	1
	4	Consultant Training	1	0	1
	5	Veterinary Consultant	1	0	1
Non-Technical (State)	6	Consultant Finance &Procurement	1	1	0
	7	State Data Manager	1	1	0
	8	State Data Entry Operator	1	0	1
Technical (District)	9	District Epidemiologist	36	27	9
	10	Corporation Epidemiologist	23	17	6
	11	District Microbiologist	7	0	7
Non- Technical (District)	12	District Data Manager	36	33	3
	13	Data Entry Operator (State+Districts+ Medical College+ Premier Institute)	64	49	15
			174	130	44

Vacant District Epidemiologists

Gadchiroli,Thane,Buldhana,Washim,Ratnagiri,Palghar,Raigad, Mumbai

Vacant District Microbiologist–Thane, Satara, Amravati, Parbhani, Beed and Nashik

Unaudited/Provisional Expenditure in FY 2024-2025

<u>FMRCCode</u>	<u>Activity</u>	Approved Budget Rs.in lakhs	<u>Provisional Expenditure upto (Dec..2024)</u>
<u>NDCP-01 SR.NO.63</u>	Training	72.51	5.30
	Laboratory Support	78.3	16.51
	Program Management	163.8	32.50
	IEC & Printing	9.63	1.25
	<u>Total</u>	324.24	55.5

CHAPTER 11

NATIONAL PROGRAMME FOR CONTROL OF NON-COMMUNICABLE DISEASES

Non Communicable Diseases (NCDs) are chronic diseases that are not transmissible from one person to another. Taking this definition into account, NCDs may thus include wide spectrum of medical disorders both acute and chronic like Cancers, Diabetes, Hypertension, Cardiovascular Diseases and Stroke, Chronic Kidney Diseases (CKDs), Chronic Obstructive Pulmonary Diseases (COPDs) and Asthma, Non- Alcoholic Fatty Liver Disease (NAFLD), and a gamut of other diseases.

As per WHO, the NCDs are collectively responsible for more than 74 percent of all deaths worldwide including heart disease, stroke, cancer, chronic respiratory diseases and diabetes.¹⁾ These diseases have public health importance globally and in India. NCDs cause significant morbidity and mortality, both in urban and rural population and across all socio-economic strata, with considerable loss in potentially productive years of life. NCDs are also responsible for the maximum out-of-pocket expenditure on health.²⁾ The economic output lost due to NCDs excluding mental conditions is estimated to be \$ 3.55 trillion for India for the period of 2012-2030.³⁾ Taking cognizance of these facts, Sustainable Development Goal 3 (Target 3.4) aims to reduce premature mortality from NCDs by one-third by 2030 in the world. SDG-3 also stresses on prevention and control of tobacco and alcohol use.^{4,5)} The National Health Policy, 2017 also emphasises the need to halt and reverse the incidence of NCDs and seeks to focus on common NCDs.⁶⁾ NCDs are emerging as a major public health challenge worldwide and people above the age of 30 years are most at risk of getting such diseases. India is also experiencing rapid demographic and epidemiological transitions with a steep rise in the burden of lifestyle related chronic NCDs. With rapid epidemiological transition with higher Disability-Adjusted Life Years (DALYs) and mortalities, prevention and control measures for NCDs are required to be accelerated to reduce the burden of NCDs in India.

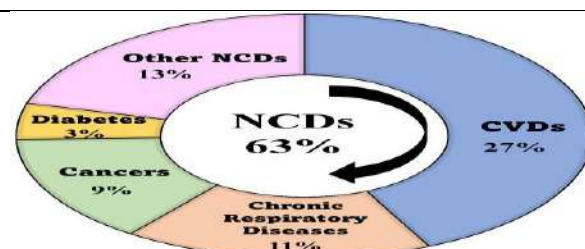
Burden of Non Communicable Diseases-

Global Scenario:

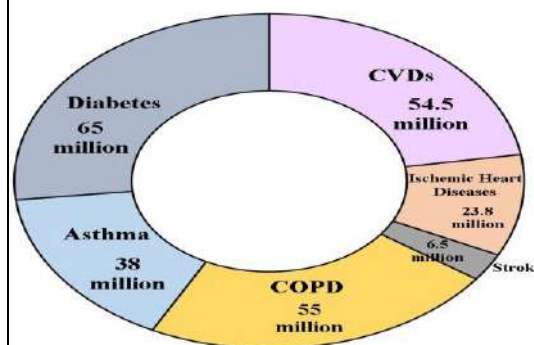
The global NCD burden remains unacceptably high. NCDs are responsible for 41 million of the world's annual deaths. 17 million of these deaths were premature (30 to 70 years). Burden is greatest within low- and middle-income countries, where 77 percent of all NCD deaths and 80% of premature deaths occurred.¹⁾ Among NCDs, the four top killers that together account for more than 80% of all premature NCD deaths annually include cardiovascular diseases (17.9 million), cancers (9.3 million), chronic respiratory diseases (4.1 million), and diabetes (2.0 million).

Indian Scenario:

- As per the WHO – NCD India profile - 2018, NCDs are estimated to account for 63% of all deaths in country of which the cardiovascular diseases lead with 27% overall mortality cause followed by chronic respiratory diseases (11%), cancers (9%), diabetes (3%) and others (13%)



- As per India State-Level Disease Burden Initiative CVD Collaborators - 2016, there were 54.5 million cases of cardiovascular diseases, 23.8 million cases of ischemic heart diseases, 6.5 million cases of stroke, 55 million cases of COPD, 38 million cases of asthma and 65 million cases of diabetes.⁸ In 2016, cardiovascular diseases were responsible for 28.1 percent deaths, while chronic respiratory diseases contributed to 10.9 percent deaths and cancers contributed to 8.3 percent deaths.⁷ Four common NCDs (Cardiovascular Diseases, Cancers, Chronic Respiratory Diseases and Diabetes) account for 23 percent of the total premature mortality in 30-70 years age group.¹



Risk factors:

✓ **Most NCDs are strongly associated with major risk factors such as:**

1. Tobacco use (smoking and smokeless)
2. Alcohol use
3. Unhealthy diets
4. Insufficient physical activity
5. Air pollution (indoor and outdoor)

✓ **If above risk factors are not managed, they may lead to the following biological risk factors:**

1. Overweight/obesity
2. Raised blood pressure
3. Raised blood sugar
4. Raised total cholesterol/lipids

✓ **The other factors due to which an individual might develop NCDs are:**

1. Stress
2. Hereditary factors



Behavioural and physiological risk factors associated with NCDs and the disease outcome.

National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and stroke (NPCDCS).

NPCDCS programme is implemented in phasewise manner in following districts.

Sr.No.	Year	No. of Dist.	Name of the District
1	2010-11	2	Wardha & Washim
2	2011-12	4	Amravati, Bhandara, Chandrapur and Gadchiroli
3	2014-15	5	Nandurbar, Osmanabad, Parbhani Satara and sindhudurg
4		6	Thane, Pune, Nashik, Jalana, Nanded, Ratnagiri
5	2017-18	17	Rest 17 districts (Akola, Ahemadnagar, Aurangabad, Beed, Buldhana, Dhule, Gondiya, Hingoli, Kolhapur, Jalgaon, Nagpur, Latur, Solapur, Raigad, Sangli, Palghar, Yavatmal)
6	2020-21	2	2 NUHM (Mumbai and Suburban)
Total		36	

In 2023-24, Government of India has changed the program name from National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and stroke (NPCDCS) into **National Program for Non communicable disease (NP-NCD)**.

➤ **Strategies of NP-NCD:**

Following are the strategies of the programme:

- Health promotion for prevention of NCDs and reduction of risk factors.
- Screening, early diagnosis, management, referral and follow up of common NCDs.
- Capacity building of health care providers.
- Evidence based standard treatment protocols.
- Uninterrupted drug and logistics supply.
- Task sharing and people-centered care.
- Information system for data entry, longitudinal patient records.
- Monitoring, supervision, evaluation and surveillance including technology enabled interventions.
- Multi-sectoral coordination and linkages with other National Programmes.
- Implementation research and generation of evidences.

➤ **MANAGEMENT STRUCTURE**

	Composition	Roles and Responsibilities
State NCD Cell	Joint Director (NCD)-State Nodal Officer State Program Manager State Program Coordinator Finance cum Logistic Consultant Data Entry Operator	• Prepare State Action plan. • Develop district wise information of NCD diseases. • Organize trainings. • Ensure appointment of sanctioned staff. • Release of funds and submit SOE and UC. • Maintaining MIS. • Monitoring the program • Public awareness through IEC/ BCC • Convergence with NRHM activities.

District NCD Cell	Civil Surgeon –District Nodal Officer District Program Officer District Program Coordinator Finance cum Logistic Consultant Data Entry Operator	• Prepare District Action plan. • Maintain and update district data base. • Conduct sub district/ CHC trainings. • Maintain fund flow and submit UC. • Maintaining District MIS. • Public awareness through IEC/ BCC • Convergence with NRHM activities/other related departments.

➤ **Package of services**

Level of care	Package of services
Community level	• Active enumeration of the eligible population and registration of the families, risk assessment of NCDs using Community Based Assessment Checklist (CBAC), Mobilization of community for screening of NCDs at nearest AB-HWC. • Health promotion, lifestyle modification, follow up for treatment compliance and lifestyle modification.
Sub-centre / SHC-HWC	• Health education for awareness generation and behaviour change, organising wellness activities. • Screening of Diabetes, Hypertension, three common cancers (oral, breast and cervical). • Referral of suspected cases to PHC/PHC-HWC or nearby health facility for diagnosis confirmation and management. SHC- HWC team to also facilitate the referrals and follow up on referred suspected patients. • Dispensing of prescribed medicines and follow up of patient for treatment compliance and lifestyle modification. • Tele consultation services from SHC-HWC to HWC- PHC/UPHC. • Maintaining Electronic Health Records (EHR) and generation of ABHA IDs.
PHC / PHC-HWC/ UPHC-HWC	• Health promotion activities including wellness activities for behaviour change. • Screening of Diabetes, Hypertension, three common cancers (oral, breast and cervical), COPD and Asthma, CKD, NAFLD among OPD attendees. • Confirmation of diagnosis, treatment initiation, and management of common NCDs as per standard management protocol and guidelines. • Referral of complicated NCD cases to higher facilities. Bi-directional referral linkages to be established and follow up to be ensured. • Tele consultation services and counselling services. • Maintaining Electronic Health Records (EHR) and generation of ABHA IDs.
CHC/SDH	• Health promotion including counselling. • Opportunistic screening of Diabetes, Hypertension, three common cancers (oral, breast & cervical). • Screening of COPD and Asthma, CKD, NAFLD, STEMI among suspected cases. • Confirmation of diagnosis, treatment initiation, and management of common NCDs as per standard management protocol and guidelines • Teleconsultation services and counselling services. • Maintaining Electronic Health Records (EHR) and generation of ABHA IDs. • Management of cases of common NCDs and regular follow-up. • Referral of complicated cases to District Hospital/higher healthcare facility.
District Hospital	• Opportunistic screening of Diabetes, Hypertension, three common cancers (oral, breast and cervical). • Screening of COPD and Asthma, CKD, NAFLD, STEMI among suspected cases. • Diagnosis and management of cases of common NCDs: outpatient and inpatient care, including emergency care particularly for cardiac and stroke cases. • Management of complicated cases of common NCDs, or referral to higher

	healthcare facility. - Follow-up cancer chemotherapy and palliative care services for cancer cases, physiotherapy services for NCDs including Stroke patients, Dialysis facilities for CKD patients, etc. - Health promotion for behaviour change and counselling for NCD cases. IEC activities on important Health Days. - Bidirectional referral linkages and follow up mechanism to be established and ensured. - Tele consultation services and counseling services. - Maintaining Electronic Health Records (EHR) and generation of ABHA IDs.
Level of care	Package of services
Medical College/ Tertiary Cancer Centres	- Diagnosis and management of complicated cases of common NCDs acts as tertiary referral facility. - Comprehensive cancer care including prevention, early detection, diagnosis, treatment, palliative care and rehabilitation at Tertiary Cancer Centres. - Support programme in capacity building of health staff. - Support programme in preparing standard guidelines and protocols. - Support in supervision, monitoring, evaluation and operational research. - Bidirectional referral linkages and follow up mechanism to be established and ensured. - Teleconsultation services and counselling services. - Maintaining Electronic Health Records (EHR) and generation of ABHA IDs

➤ Population Based Screening (PBS) Programme –

National NCD Portal assists the healthcare providers and managers in service delivery and monitoring of Population Based Screening (PBS) for Non Communicable diseases (NCDs) at all levels (National, State, District, Block, PHC and Sub Centre level). The software addressed key issues of making Electronic Health Record (EHR), standardizing the recording and reporting system, creating unique personal health ID, streamlined the upward and downward referrals across health facilities, tracking follow-up, preparation of work plan for the health personnel and digitizing health record for every individual. The NCD application has also automated, referral management of NCDs.

The system enables population enumeration, risk assessment and screening of the entire population and collects information on risk factors for NCDs for 30+ population and management and follow up of those found to be diagnosed with any of the five NCDs. The system is used by health workers and mid-level health providers at Sub-Health centres and doctors and Nurses at Primary Health Centre. The programme managers at district, state and national level regularly access the dashboards to seek implementation insights. Community health workers, nurses, doctors, and programme managers can use these applications on devices like phones, tablets, or computers.

Main objective

- ASHA would administer Community Based Assessment Checklist (CBAC) for all individuals of 30 years and above age group in the population.
- Through CBAC administration, a scoring is done for individuals, which is not a point of elimination but a score of 4 or more implies high risk.
- In addition, the tool includes questions related to symptoms of cervical cancer, breast cancer, oral cancer and Chronic Obstructive Pulmonary Diseases (COPD) and Asthma.
- All the identified individuals of age 30 years and above are referred for screening of common NCDs.
- PBS is implemented phasewise manner in all 34 districts of Maharashtra.

The National NCD Portal is a suite of 6 applications:	
ASHA Mobile App	To capture Population enumeration and CBAC Assessment
HWC App	To screen the population for five common NCDs and enable referrals to PHC by ANM/CHO at the SHC, HWCs
PHC Web Portal and App	To validate patient screening, complete diagnosis/ manage/ refer to higher centres by MO in PHC and backward referrals for follow-ups. Mobile app version is about to be launched for the same.
CHC/DHPortal and App	To confirm diagnosis of patients referred from PHCs and initiate treatment and backward referrals.
Admin Portal	To manage the master data for facility and users at district and state levels
HealthOfficialsDashboard	Dashboard for district, State and National NCD officials to monitor the status of programme implementation and NCD indicators.

➤ **Physical performance (as on 31 Dec 2024) - 36 districts (Source- National NCD Portal)**

Total Population (Rural + Council)	8,32,18,155	Screened	2,58,47,630
Target (30+) 45% Total Population	3,74,48,170	Referred By Screening	48,21,596
Enrolled All	6,36,43,060	Examined	71,54,810
Enrolled 30+	4,18,33,664	Diagnosed	49,68,092
ABHA Number	92,69,771	Under Treatment	49,43,985
CBAC	3,24,65,961	Follow-Up Adherence	9,03,051

Disease wise performance (as on 31 Dec 2024) - 36 districts					
	Diabetes Mellitus	Hypertension	Oral Cancer	Breast Cancer (Female)	Cervical Cancer (Female)
Screened	2,53,32,693	2,57,27,662	2,51,69,977	1,24,26,378	75,33,106
Diagnosed	20,61,169	41,56,328	10,021	3,885	5,494
Under Treatment	19,98,354	41,37,557	8,117	3,280	4,087
Follow-Up Adherence	3,53,784	7,63,271			
Control	2,69,086	5,49,226			
Referred For Cervical Screening					53,24,276

a) Opportunistic Screening: - For persons of 30 years and above age who report directly in OPD of PHC, NCD screening should be carried out by a Medical Officer, aided by the PHC Nurse. Such screening involves history-taking (such as family history of NCDs, personal history of behavioural risks factors e.g. alcohol consumption, tobacco use, unhealthy dietary habits, physical inactivity etc.), general physical examination and calculation of BMI, blood pressure measurement, blood sugar estimation etc. to identify those individuals who have NCDs as well as those at risk of developing NCDs. The diagnosed individuals are counseled and put on lifestyle modifications and treatment.

Sr	Indicators	2021-22	2022-23	2023-24	2024-25 (Till Dec 2024)
1	No. of patients Screened in NCD Clinic and camps (New & Follow Up)	13963478	18396183	15255291	17141641
A.	CVDs				
	Confirmed	9092	15479	20002	21381
	No. of Patients On Treatment	8815	15085	19690	18460
	No. of patients Refer to Higher Centre/ TCC	1973	2934	3065	4528
B.	Stroke				
	Confirmed	3489	6712	7198	10039
	No. of Patients On Treatment	3352	6379	7012	6955
	No. of patients Refer to Higher Centre/ TCC	1565	4022	1370	1773

C.	COPD				
	Confirmed	792120	14014	18101	21780
	No. of Patients On Treatment	7467	13930	17315	20921
	No. of patients Refer to Higher Centre/ TCC	1283	1016	1397	1202
D.	CKD				
	Confirmed	3049	6521	6839	7758
	No. of Patients On Treatment	3188	7286	6557	7512
	No. of patients Refer to Higher Centre/ TCC	471	533	931	637
E.	Other Cancer only				
	Confirmed	6962	8601	8041	3325
	No. of Patients On Treatment	6151	8683	7812	3235
	No. of patients Refer to Higher Centre/TCC	2585	8044	3372	211
F.	NAFLD				
	Confirmed	New indicator added in 20223-24 format		2217	3294
	No. of Patients On Treatment			2068	3088
	No. of patients Refer to Higher Centre/TCC			267	409

OTHER INITIATIVES –

Public Health Department, Maharashtra implementing National Program for Non-Communicable diseases. Access to affordable cancer for one and all project provides technical support in effective implementation of below mentioned strategies of public health department

1. Health promotion for prevention of Common Cancers and reduction of risk factors.
2. Screening, early diagnosis, management, referral and follow up of common Cancers.
3. Capacity building of health care providers for health education, Early diagnosis and timely treatment
4. Monitoring, supervision, evaluation and surveillance.
5. Multi-sectoral coordination and linkages with other National Programs.
6. Gap analysis and Infrastructure development

Following are the key interventions and services started at public health facilities of Govt. of Maharashtra under technical support from Access to affordable cancer care for one and all, Maharashtra

1) Maharashtra Cancer Warrior Services -

- Maharashtra Cancer Warriors (MCW) are the alumina of Tata Memorial Centre. Under the Project we have restarted the services in Phase 2 which were stopped due to COVID Pandemic.
- Under this initiative TMH Alumina visit District Hospitals Twice in a Month and provide cancer OPD and IPD services depending on the infrastructure available at respective Hospital level.
- The details thereof are as follows,

Sr. No.	Name of District	No. Beneficiaries benefited by MCW Services				
		District headquarter facility Dental OPD by Govt. Dentist	Precancerous lesion treated	MCW OPD	IPD	Surgeries
1	Thane	6486	89	11	2	2
2	Raigad	4689	4	27	0	1
3	Pune	11279	10	86	0	0
4	Ratnagiri	5457	91	322	26	0
5	Satara	13542	46	240	14	14

Sr. No.	Name of District	District headquarter facility Dental OPD by Govt. Dentist	Precancerous lesion treated	MCW OPD	IPD	Surgeries
8	Ahmednagar	5720	17	767	6	6
9	Latur*	1797	30	1079	780	240
10	Nashik*	9701	0	727	303	114
11	Beed	7592	0	20	2	0
12	Amravati*	2931	34	163	37	0
13	Akola	4158	0	814	27	0
Total		78111	198	1846	1153	367

*For Tertiary cancer care facility

2) Day Care Chemotherapy -

- Under the Capacity Building components, we have started Day Care Chemotherapy centers in Maharashtra the services details are as follows,

Sr. No.	District	No. of Patients Registered for the Chemotherapy Drug Administration till Date							Total
		Oral		Breast		Cervix	Other Cancer		
		Male	Female	Male	Female	Female	Male	Female	
1	Ratnagiri	26	13	2	113	0	11	24	189
2	Satara	1	0	0	1	1	4	0	7
3	Gadchiroli	3	1	2	4	12	57	45	124
4	Nashik*	123	33	9	147	32	353	623	1320
5	Amravati*	5	0	0	74	5	9	19	112
6	Pune	0	0	2	0	1	0	0	3
7	Jalgaon	0	0	4	0	3	1	2	10
8	Nagpur*	5	0	1	31	1	37	30	105
9	Chandrapur*	30	12	2	58	8	20	28	158
Total		193	59	22	428	63	492	771	2028

*For Tertiary cancer care facility

➤ Cancer Diagnosis Van :-

- Providing cancer diagnostic vans in 35 districts to diagnose cancer in rural areas.
- At present approval has been received for the purchase of 8 mobile cancer diagnostic vans, which will provide preventive oncology facilities and diagnosis, biopsy and histopathology facilities.
- For this, in the year 2023-24, the supplementary demand rate is Rs. 8 crore funds have been sanctioned. This year 8 mobile cancer diagnosis vehicles have been procured in the state.
- This cancer van will help in early diagnosis of common cancer cases.

➤ STEMI (ST Elevation in Myocardial Infarction) Project -

The death and disability due to coronary artery diseases have markedly increased in last couple of decades. 3% to 4% of Indians in rural areas and 8% to 10% in urban areas have CAD. According to government data, the death has increased due to Heart diseases in year 2016.

Main Causes of Heart Diseases -

- Hypertension and Diabetics
- Family History
- Unhealthy Diet
- Physical Inactivity and sedentary lifestyle
- Tobacco chewing, Alcohol addiction
- Stress

Objectives

- Reduce mortality in-patient with Acute Myocardial Infarction by catering to unmet needs of in the treatment of AMI.
- Raise awareness among community regarding recognition of warning signs of acute myocardial infarction and availing emergency services in such episodes

About STEMI Project

Project is based on spokes and hub model.

Spoke - The Sub District Hospital and District Hospital with functional CCU/ ICU and/or capability to handle cardiac emergency will be included as spoke. 145 spoke have been identified across the state. Facilities designated as spoke will have two beds reserved for admission of MI patients will be well equipped to handle emergencies.

ECG machines will be installed in these spokes which will be connected with Cloud. ECG reading will be sent to specialist with cloud connectivity and within 10 minutes specialist will diagnose the patient and prescribe the treatment. If a patient is suffering from MI, Specialist will instruct the facility trained staff for thrombolysis under their supervision. Hence, Patient will get span of 24 hours after thrombolysis to be transferred to Hub.

Hub - Hub are the tertiary cardiac centre where cardiologist and CATH labs services are available and performs surgeries like Angiography, Angioplasty and Bypass. (Ex. Medical Colleges, Govt. University, Private hospitals empanelled under Mahtama Jyotiba Phule Arogydayi Yojana –MJPAY) services/ surgeries in these will be free of cost.

- ❑ MOU signed between Commissionerate of Health Services, Mumbai & Service provider Tricog Health India on 23/04/ 2024 for provision of technology based ECG & Interpretation services under STEMI Maharashtra
- ❑ STEMI Maharashtra Project expansion in 34 districts by inclusion of 2126 Health facilities as spokes (In process)
220 Facilities includes:
 - RH/SDH/DH/GH/WH in additional 22 districts.
 - 1906 PHCs in 34 Districts

Current performance: Year wise

	2024-25 (Including Phase-I & Phase-II) (till 31 December 2024)	2023-24	2022-23	2021-22	2020-21
Total Patients	567714	354890	302079	94061	3076
Total ECGs	643295	396444	335127	105471	3402
Total critical	15971	11511	8912	2744	83
STEMI critical	3870	2642	2782	1010	30

NPCDCS- Budget Information (In Lakhs)

Years	Approved Budget PIP	Expenditure	%
2022-23	5313.61	1976.59	37.2
2023-24	5147.52	1493.10	29.01
2024-25 (Till Dec 2024)	3660.60	1192.83	32.59

11.2 National Palliative Care Programme

National Program for Palliative Care (NPPC) aims at provide palliative care services to the patients suffered from cancer and other diseases for pain relief, control symptoms to minimize the sufferings. NPPC program was launched in year 2014 in Maharashtra. As of now the program is being implemented in 17 districts of Maharashtra. Under NPPC 159 PHC's and population of 43,59,027 are covered for the palliative services in these districts.

The program provides funds for Human Resource, drugs and capacity building of the staff to provide palliative services to the patients. Since 2014 to March 2018, total 27755 new patients had been given OPD, IPD and Home visit services.

A Special programs of Palliative are running on pilot basis on PPP Mode at Jawhar and Igatpuri block in Palghar and Nashik districts respectively. In this project, ASHA worker are involved to identify & follow-up of beneficiaries of palliative. In year 2011-18, ASHAs have identified new patients to provide palliative services and on follow-up. The capacity building of the Medical staff is done with state Palliative Care Center, Mumbai.

It is expanded in 8 districts of Maharashtra, (Year of 2021-22) namely Aurangabad, Ahmednagar, Nagpur, Jalgaon, Beed, Hingoli, Latur & Thane.

It is expanded in 11 districts of Maharashtra, (Year of 2022-23) namely Akola, Buldhana, Yavatmal, Kolhapur, Sangli, Raigad, Gondia, Dhule, Solapur, Mumbai & Mumbai Suburban

Distracts Under palliative care program

Sr no	Name Of Districts Sanctioned Year 2013 -14	Sr no	Name Of Districts Sanctioned Year 2018-2019	Sr no	Name Of Districts Sanctioned Year 2021-2022	Sr no	Name Of Districts Sanctioned Year 2022-2023
1	Nashik (Igatpuri)	11	Pune	18	Aurangabad	26	Akola
2	Palghar (Javhar)	12	Osmanabad	19	Ahemadnagar	27	Buldhana
3	Bhandara	13	Parbhani	20	Nagpur	28	Yavatmal
4	Chandrapur	14	Sindhudurg	21	Jalgaon	29	Kolhapur
5	Gadchiroli	15	Nanded	22	Beed	30	Sangli
6	Wardha	16	Jalna	23	Hingoli	31	Raigad
7	Washim	17	Ratnagiri	24	Latur	32	Gondia
8	Nandurbar			25	Thane	33	Dhule
9	Satara					34	Solapur
10	Amravati					35	Mumbai
						36	Mumbai Suburban

Provide Palliative service

- OPD and IPD services at district hospital . Dedicated OPD days twice a week
- Provision of out-reach services at CHC/PHC/ HWCS by Palliative Care team and trained staff at fixed interval for providing palliative care to the patients admitted at CHC/PHC
- Home-based services and visit by HWC staff
- Establish referral linkages with comprehensive care

Disease –

- Malignancy, HIV /AIDS,, , Paralysis (stroke , hemiplegic , Para , Quadriplegia) , Adult Neurological Disorder, Dementia, Alzimers, Parkinson's, cronic Psychiatric disorder etc., Pediatric Neurological Disorder (mental retardation , C.P. etc.) Epilepsy, MDR complicated

TB, Hematological Disorder Thalassemia, Chronic Sickle Cell, Complicated Leprosy, , Metabolic Disorder , Sever congenital anomalies etc.

NPPC- District level Sanction Post										
Sr. No.	Districts	Medical Officer/ Physician			Nurse/GNM			Multi task worker/social worker		
		Sanction	Filled	Vacant	Sanction	Filled	Vacant	Sanction	Filled	Vacant
Total		34	10	24	86	42	40	34	8	26

Physical performance

Sr. No.	Health Professionals	Total no. in the district (Dec. 2024)
1.	Total no. of new patients seen in the OPD	56186
2.	Total No of patients admitted in IPD	19081
3.	Total no. of follow – up cases seen in the OPD	25858
4.	Total no of new patients seen in the home based care	3722
5.	Total no of follow-up cases seen in the home based care	14612

NPPC Financial Details -

Sr. No	Year	PIP	Expenditure	%
1	2022 - 23	63.47	12.31	19.39
2	2023 - 24	62.02	29.17	47.04
3	2024 - 25	33.65	7.26	21.57

11.3 National Programme For Prevention And Control Of Deafness

Hearing loss is the most common sensory deficit in humans today. As per WHO estimates in India, there are approximately 63 million people, who are suffering from significant auditory impairment; this places the estimated prevalence at 6.3% in Indian population. As per NSSO survey, currently there are 291 persons per one lakh population who are suffering from severe to profound hearing loss (NSSO, 2001). Of these, a large percentage is children between the ages of 0 to 14 years. With such a large number of hearing impaired young Indians, it amounts to a severe loss of productivity, both physical and economic. An even larger percentage of our population suffers from milder degrees of hearing loss and unilateral (one sided) hearing loss.

➤ Programme Execution & Expansion :-

The Program was initiated in year 2010-11 on pilot mode in 8 districts & Further it has been expanded to other 8 districts in 2011-12. In PIP 2021-22 additional 18 districts approved, National Programme for Prevention and Control of Deafness (NPPCD) is presently being implemented in 34 Districts Hospital of Maharashtra State.

S. no	Year	District Name	District Implemented
1	2010-11	Raigad, Pune, Satara, Nandurbar, Parbhani, Beed, Amravati, Chandrapur	8
2	2011-12	Thane, Nashik, Wardha, Sindhudurg, Jalna, Osmanabad, Buldhana, Gadchiroli	8
3	2021-22	Ahmednagar, Akola, Aurangabad, Bhandara, Dhule, Gondiya, Hingoli, Jalgaon, Kolhapur, Latur, Nagpur, Nanded, Palghar, Ratnagiri, Sangli, Solapur, Washim, Yavatmal	18
Total			34

✓ OBJECTIVES OF THE PROGRAMME :-

1. To prevent the avoidable hearing loss on account of disease or injury.

2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
3. To medically rehabilitate persons of all age groups, suffering with deafness.
4. To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.
5. To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.

Long term objective:

To prevent and control major causes of hearing impairment and deafness, so as to reduce the total disease burden by 25% of the existing burden by the end of eleventh five year plan.

✓ **EXPECTED BENEFITS OF THE PROGRAMME**

The programme is expected to generate the following benefits :-

- i. Availability of various services like prevention, early identification, treatment, referral, rehabilitation etc. for hearing impaired and deafness as the primary health center / community health centers / district hospitals largely cater to their need.
- ii. Decrease in the magnitude of hearing impaired persons.
- iii. Decrease in the severity/ extent of ear morbidity or hearing impairment.
- iv. Improved service network/ referral system for the persons with ear morbidity/hearing impairment.
- v. Awareness creation among the health workers/grassroot level workers through the primary health centre medical officers and district officers which will percolate to the lowest level as the lower level health workers function within the community.
- vi. Capacity building at the district hospitals to ensure better care.

➤ **Facility provided at district level under NPPCD :-**

- IEC posters are displayed at DH, SDH, RH and CHC level.
- All high risk Neonatal are taken for OAE and after 3 fail (refer) report of OAE , pts is refer to BERA test.
- Universal hearing screening (OAE) was done of all newborn babies.
- For 0-15 yrs Pts Bera test is taken at DH level and also refer to rehabilitation.
- Audiometry test for decreased hearing, CSOM cases, fitness cases done.
- Pre and post operative audiometry done.
- Operatives for CSOM like Tympanoplasty, Mastoidectomy are done by ENTs from NPPCD doctors.
- Impedance test was done for middle ear pathology cases.
- UDID online certificate and Disability card is issued to patients.
- Cochlear Implant patients are refer to Higher center for rehabilitation..
- Hearing Aid are fitted through Mahatma Jyotibha Phule Yojana at DH level, CSR fund, trough NGO's
- 'World Hearing Day' week celebrated every year on 3rd March of every year, Camps at RH, SDH, Old age home, special schools, poster competition, rangoli competition, webinars for sensitisation, sensitisation at Ghrampanchayat sabhas, sensitisation lectures at schools and colleges are taken under 'World Hearing Day' week celebration are done.
- Speech therapy guidance given for Mentally Retarded, ADHD, Autistic, HI etc. children's are given.

➤ **Human Resource- (HR) Status at State & District level :-**

Level	Post	Sanctioned	Filled	Vacant	Remark
State level	ENT Surgeon	1	0	1	State level requirement process is going on
	Consultant	1	0	1	
	Programme Assistant	1	0	1	
District level	ENT Surgeon (Regular)	41	33	8	Regular ENT surgeons are working at District Hospital where contractual post is vacant
	ENT Surgeon under NPPCD (Contractual)	28	6	22	District level post requirement process is going on.
	Audiologist	34	20	14	
	Audiometric Assistant	34	29	5	
	Instructor for Hearing Impaired Children	34	24	10	

➤ **Sound Treated Room construction in following districts :-**

Audiometry room is available at district level from NPPD and DEIC program.

Now Audiometry room is available in following district.

Thane	Under construction
Palghar	Not available
Raigad	NPPCD
Nashik	DEIC
Dhule	DEIC
Nandurbar	DEIC
Jalgaon	GMC Jalgaon
Ahmednagar	DEIC
Pune	NPPCD, DEIC
Solapur	Not available
Satara	NPPCD, DEIC
Kolhapur	DEIC
Sangli	DEIC
Sindhudurg	NPPCD
Ratnagiri	NPPCD
Aurangabad	DDRC (Private)
Jalna	NPPCD
Parbhani	NPPCD

Hingoli	NPPCD
Latur	Room Not available
Osmanabad	NPPCD
Beed	NPPCD
Nanded	DEIC
Akola	DEIC
Washim	NPPCD
Amarawati	NPPCD
Yavatmal	DEIC
Buldhana	NPPCD
Nagpur	Room Not available
Wardha	NPPCD
Bhandara	NPPCD
Gondia	DEIC
Chandrapur	NPPCD, DEIC
Gadchiroli	NPPCD , DEIC

➤ **PHYSICAL PERFORMANCE – GOI format**

Indicator		2024-25 (Dec 2024)	2023-24	2022-23
# of cases examined with Deafness	Normal Hearing	14212	22477	-
	Mild	7560	10889	13002
	Moderate	8224	12463	12211
	Severe	7503	12206	13499
	Profound	5852	10395	12621
	Total	43351	68430	51333
# of Surgeries performed	Myringoplasty	404	385	185
	Tympanoplasty	935	1009	639
	Myringotomy	432	350	333
	Grommet insertion	196	188	145
	Stapedectomy	205	123	123
	Mastoidectomy	326	217	314
	Total	2498	2272	1739
# Hearing Aid	Hearing aid recommended	7753	--	--
	Hearing aid fitted	1794	2572	1773
	Speech & language therapy done	7592	--	---
	# person referred to Rehabilitation	6819	5983	7013

Finance – (In lakhs)

Year wise	Approved PIP	Expenditure	%
2022-23	316.85	21.14	6.67 %
2023-24	499.05	69.74	13.97 %
2024-25 (Till Dec 2024)	5.13	1.60	31.18 %

11.4 National Tobacco Control Programme (NTCP)

Use of tobacco and tobacco products to a rise several Non-communicable diseases. Such as Blood Presser, Diabetes, Heart attacks, Mouth Cancer etc. Similarly National Tobacco Control Program is being implemented in 34 districts in the state since 2016-17. As per GATS-1 (Global Adult Tobacco Survey) report in 2009-10, nearly 8 to 9 lakh people in India die due to diseases related to use of tobacco and tobacco products.

According to survey of NFHS-3 and NFHS-4 (National Family Health Survey), in 2005-06 & 2015-16 respectively, use of tobacco and tobacco products has been decreased. In 2005-2006 use of tobacco and tobacco products was 48.3% and 10.5% in the case of male and female respectively, but in 2015-16 it has come 36.6% in male and 5.8% in female.

As per GATS-2 report in 2016-17, 6% male, 1.4% female and aged person 3.8% doing smoke, and 31.7% male, 16.6% female and aged person 24.4% doing smokeless, respectively, of tobacco and tobacco products in State of Maharashtra.

As per GATS-1 and GATS-2 report in 2009-10 and 2016-17, respectively, 2.8% use of tobacco and tobacco products has been decreased in state of Maharashtra. Similarly, 3.2% in the case of smokeless use of tobacco and tobacco products. Further, use of any tobacco products has been 31.4% as per GATS-1 report in 2009-10, but as per **recent** report of GATS-2 in 2016-17 such use of tobacco products reduce from 31.4% to 26.6%. (i.e. 4.8% less)

Key objectives of this program

- ☐ To create awareness of COTPA 2003 and side effects of tobacco and tobacco products on health.
- ☐ Strictly and effectively implementation of COTPA 2003.

Main Provisions under COTPA Act 2003:

- Section 4: Prohibition of smoking in public places.
- Section 5: Prohibition of advertisement, sponsorship and promotion of tobacco products.
- Section 6: Prohibition of sale of tobacco products to minors.
- Section 7: Restriction of Trade & commerce and production, supply and distribution of tobacco products including pictorial depiction of Health Warning.

Major Development:

- ☐ Create State Control Committee for Section 5 of COTPA 2003, by issuing Government Resolution dated 01-10-2008.
- ☐ Being implemented Tobacco Control Co-ordinate Committee on all Districts under the District Magistrate, and being quarterly meetings of that committee.
- ☐ Use of tobacco products creates cancer, therefore, Food and Drug Administration Department issued notification on 15-07-2020, according to that tobacco, tasty / aromatic betel nut is prohibited in the state.
- ☐ Government Resolution dated 01-07-2015 issue by The Public Health Department, Government of Maharashtra.
- ☐ Notification dated 03-04-2018 issued by The Public Health Department, Government of Maharashtra, by mass awakening that Tobacco is life threatening diseases.
- ☐ Ban on consuming and spitting of tobacco and tobacco products on public place by issuing Government Resolution No. COVID 2020/F.No.110/Arogya5, Public Health Department, Government of Maharashtra, dated 29-05-2020.
- ☐ For strictly implementation of section 7 of COTPA 2018 (Amended), issued Notification by Public Health Department, Government of Maharashtra, dated 24-09-2020, for restriction on

Trade and commerce in, and production, supply and distribution of cigarettes and other products without specific health warning,

- ☐ The National Tobacco Quit-line: **1800-11-2356** is active in all districts of the state.
- ☐ Government Resolution (in all education institute tobacco free school program

implementation) dated 10-02-2021 issue by The Public Health Department, Government of Maharashtra.

- ☐ Taluka level Co-ordination Committee for implementation of NTCP and COTPA 2003 by issuing Government Resolution No. 2123/F.No.85/Arogya-5, Public Health Department, Government of Maharashtra, dated 10-07-2023.
- ☐ Government, Semi-government, private offices and its surrounding to be made tobacco-free by issuing Government Resolution No. 2123/F.No.81/Arogya-5, Public Health Department, Government of Maharashtra, dated 10-07-2023.
- ☐ State and districts level committee has been expanded for effective implementation of Tobacco Control Act 2003 and implementing WHO FCTC article 5.3 by issuing Government Resolution No. 2024/F.No.66/Arogya-5, Public Health Department, Government of Maharashtra, dated 03-10-2024.
- ☐ Program Information :-

Sr. No.	Year	Under State Tobacco free Health Institute	Under State Tobacco free school
1	2020 - 2021	400	1,932
2	2021 - 2022	2434	5241
3	2022 - 2023	9672	32496
4	2023- 2024	12094	38203
5	April - Dec 2024	12952	45087

Output of Tobacco Cessation Center:-

Sr. No.	Year	Under State tobacco cessation Center	Registered People	de-addicted People
1	2020 - 2021	41	1,24,792	3,978
2	2021 - 2022	230	2,43,760	5,911
3	2022 - 2023	404	4,00,340	9,304
4	2023- 2024	410	3,96,826	8,673
5	April - Dec 2024	416	3,14,456	7,197

COTPA Act 2003 Reporting:-

Sr. No	Year	Section 4	Section 5	Section 6 (A)	Section 6(B)	Section 7	Total Amount
1	2020 - 2021	90,67,325	50,700	2,52,934	4,48,767	2,55,93,021	3,54,12,747
2	2021 - 2022	1,14,45,148	55,434	7,07,135	5,16,174	3,68,62,911	5,38,27,443
3	2022- 2023	73,79,879	3,09,712	6,66,898	50,48,149	1,32,74,479	2,66,79,117
4	2023- 2024	49,62,884	90,316	10,96,504	21,45,575	5,80,950	88,76,229
5	April – Dec 2024	24,28,180	83,700	6,65,351	10,48,856	7,68,794	49,94,881

11.5 National Oral Health Program

Back ground

Oral diseases qualify as major public health problem owing to their high prevalence and incidence in all regions of the world. Poor oral health may have a profound effect on general health. inflammatory mediators in periodontal disease are not only involved in local tissue destruction but have the potential to modulate the course of cardiovascular, chronic obstructive lung and auto immune disease, diabetes mellitus and preterm birth. Poor oral health can cause poor aesthetics, affect mastication, causes agonizing pain and can lead to loss of productivity due to loss of man hours

Goal

To improve the oral health status of the population across all age groups by reducing the oral disease burden (incidence, prevalence and impact) through provision of accessible, affordable, acceptable, appropriate and comprehensive oral health care.

Objectives of the NOHP

1. Strengthening the oral healthcare delivery system at all levels to render promotive, preventive, curative and rehabilitative services.
2. Providing support for generating evidences, innovations, and implementation of oral health policy to control and reduce the risk factors and prevent oral diseases.
3. To build the capacity of service providers and also public health facilities for availability of skilled oral health care professionals and provision of essential oral healthcare services.
4. To ensure integration of oral health with relevant National programmes under NHM in line and convergence with National Health Policy and commitments under National Oral Health Policy.
5. Identifying Centres of Excellence at National, Regional and State levels for generating research innovations and evidences to strengthen oral health programme in the country
6. Supporting Centres of Excellence in various activities including capacity building of service providers in the States.
7. To ensure regular monitoring and periodic evaluation of oral health program for improving the implementation and outcome envisaged under NOHP.

Services provided under the program

At Sub Centre

1. Oral health education to all target groups through the routine program
2. Dedicated days in the monthly or fortnightly schedule for discussing on oral health topics. E.g. MCHN day. (Maternal child health nutrition day)
3. Referral of patients having dental/oral/diseases to the PHC (Primary health center) or FRU (first referral unit) depending on the availability of oral/dental services
4. Prescription of medication for pain relief and other routine dental/ Oral problems
5. Record keeping for reporting to PHC (Primary health center)

At PHC

1. Daily OPD services by M.O (Medical Officer)
2. Arrangement of oral health /dental camps in collaboration with other departments
3. Maintenance of record in the prescribed format.
4. Referrel to higher facility for oral health care needs.

At CHC

1. Rural hospital & Sub district hospital are first referral unit (FRU) for PHCs and below.
2. Arrangement of dental camps eg. Education department.
3. Maintenance of record in the prescribed format for reporting
4. Delivering oral health care services to the children referred from school/ RBSK (Rashtriya Bal Swasthya Karyakram) /AWW.

At District Hospital

1. Management of cases referred from CHC and PHC, Provision of denture, fracture reduction. Appointing orthodontist on consultation basis weekly or monthly.
2. Collecting the reports from PHCs /CHCs.
3. Convergence with other programs under NHM(National Health Mission) and NCD(non-communicable diseases)
4. Delivering services to the school children referred under RBSK(Rashtriya Bal Swasthya Karyakram)

In the state there are 288 functional dental clinics as on today at District hospitals 21, General Hospital 8, Sub-district hospitals 95, Rural Hospital 364, Central Hospital and Women hospitals 13 where dental surgeons provide dental care services such as oral cavity examination, counseling and treatment.

NOHP Financial Information:

Sr. No	Year	PIP	Expenditure	%
1	2019-2020	431	1.65	0.38%
2	2020-2021	1487	108.20	7.3%
3	2021-2022	1832.75	1016.21	55.5%
4	2022-2023	1417	95.53	6.7%
5	2023-2024	1071	858.04	80.11%

Dental Services Reports (1 April 2024 to 30 November 2024)

sr. no	District	Total target	Dental OPD	Dental OPD %	Restorations	Restorations 10 %	Oral Prophylaxis	Oral Prophylaxis 30 %	Extractions	Extractions 20 %	Minor surgical Procedure	Minor surgical Procedure 5 %	Total Root Canal Treatment	Total Root Canal Treatment 5 %
1	AKOLA	8800	9607	109%	2258	24%	1729	18%	1928	20%	391	4%	199	2%
2	AMRAVATI	20400	8921	44%	864	10%	1277	14%	1202	13%	51	1%	239	3%
3	BULDHANA	19600	16610	85%	3951	24%	4200	25%	3495	21%	444	3%	532	3%
4	WASHIM	10000	7445	74%	1008	14%	1710	23%	1323	18%	90	1%	309	4%
5	YEOTMAL	16000	11262	70%	673	6%	2329	21%	2163	19%	142	1%	281	2%
6	AURANGABAD	18000	20328	113%	2906	14%	3730	18%	3299	16%	484	2%	563	3%
7	HINGOLI	8400	9152	109%	1644	18%	1422	16%	2049	22%	741	8%	758	8%
8	JALNA	22400	12641	56%	1780	14%	2907	23%	2381	19%	435	3%	659	5%
9	PARBHANI	15600	12874	83%	2253	18%	1029	8%	1732	13%	169	1%	339	3%
10	KOLHAPUR	24800	16646	67%	3167	19%	1368	8%	4349	26%	904	5%	699	4%
11	RATNAGIRI	15600	10061	64%	3532	35%	1359	14%	3033	30%	433	4%	639	6%
12	SANGLI	7200	3149	44%	738	23%	286	9%	1058	34%	57	2%	177	6%
13	SINDHUDURG	7200	5679	79%	761	13%	1163	20%	932	16%	228	4%	430	8%
14	BEED	17200	14480	84%	3939	27%	2502	17%	4707	33%	623	4%	571	4%
15	LATUR	20800	19712	95%	5347	27%	5452	28%	4996	25%	1405	7%	305	2%
16	NANDED	36800	23233	63%	1763	8%	1983	9%	3684	16%	177	1%	382	2%
17	OSMANABAD	26000	17301	67%	795	5%	944	5%	1592	9%	142	1%	164	1%
18	PALGHAR	13600	7301	54%	2552	35%	1666	23%	1444	20%	10	0%	77	1%
19	RAIGAD	34400	22083	64%	3233	15%	3460	16%	3937	18%	678	3%	1241	6%
20	THANE	28400	26612	94%	2444	9%	3200	12%	3965	15%	881	3%	350	1%
21	BHANDARA	26400	22916	87%	2720	12%	4678	20%	3887	17%	747	3%	1018	4%
22	CHANDRAPUR	19200	16218	84%	2391	15%	3280	20%	2881	18%	671	4%	1681	10%
23	GADCHIROLI	15200	10065	66%	2445	24%	2004	20%	1026	10%	125	1%	767	8%
24	GONDIA	12000	7088	59%	1174	17%	2345	33%	2412	34%	386	5%	566	8%
25	NAGPUR	19200	14363	75%	1345	9%	2009	14%	1791	12%	181	1%	363	3%
26	WARDHA	24800	19189	77%	1572	8%	2446	13%	2377	12%	361	2%	963	5%
27	AHMADNAGAR	16400	9918	60%	1430	14%	1185	12%	1667	17%	202	2%	488	5%
28	DHULE	11600	8841	76%	1462	17%	2053	23%	1907	22%	225	3%	577	7%
29	JALGAON	29200	29380	101%	1690	6%	2793	10%	5925	20%	525	2%	839	3%
30	NANDURBAR	10000	6848	68%	409	6%	817	12%	664	10%	77	1%	239	3%
31	NASHIK	33200	22719	68%	2871	13%	3571	16%	4159	18%	479	2%	653	3%
32	PUNE	34800	38556	111%	2218	6%	3730	10%	6192	16%	731	2%	1026	3%
33	SATARA	19200	17715	92%	1099	6%	1060	6%	2600	15%	340	2%	621	4%
34	SOLAPUR	16800	14711	88%	1001	7%	642	4%	2732	19%	421	3%	345	2%
Total Target of State		659200	513624	78%	69435	14%	76329	15%	93489	18%	13956	3%	19060	4%

Dental Services Reports (1 November 2024 to 30 November 2024)														
sr. no	District	Total target	Dental OPD	Dental OPD %	Restorations	Restorations 10 %	Oral Prophylaxis	Oral Prophylaxis 30 %	Extractions	Extractions 20 %	Minor surgical Procedure	Minor surgical Procedure 5 %	Total Root Canal Treatment	Total Root Canal Treatment 5 %
1	AKOLA	1100	1469	134%	359	24%	297	20%	314	21%	62	4%	34	2%
2	AMRAVATI	2550	1647	65%	132	8%	247	15%	198	12%	4	0%	39	2%
3	BULDHANA	2450	1866	76%	346	19%	446	24%	335	18%	79	4%	57	3%
4	WASHIM	1250	1033	83%	187	18%	259	25%	210	20%	11	1%	55	5%
5	YEOTMAL	2000	2023	101%	158	8%	626	31%	472	23%	47	2%	77	4%
6	AURANGABAD	2250	2725	121%	426	16%	814	30%	553	20%	104	4%	124	5%
7	HINGOLI	1050	1216	116%	253	21%	237	19%	350	29%	107	9%	118	10%
8	JALNA	2800	1422	51%	270	19%	315	22%	241	17%	75	5%	78	5%
9	PARBHANI	1950	778	40%	251	32%	124	16%	188	24%	8	1%	10	1%
10	KOLHAPUR	3100	2379	77%	410	17%	216	9%	555	23%	119	5%	98	4%
11	RATNAGIRI	1950	1435	74%	468	33%	234	16%	419	29%	55	4%	125	9%
12	SANGLI	900	440	49%	207	47%	24	5%	108	25%	14	3%	42	10%
13	SINDHUDURG	900	626	70%	99	16%	139	22%	98	16%	12	2%	40	6%
14	BEED	2150	1739	81%	397	23%	368	21%	630	36%	72	4%	64	4%
15	LATUR	2600	2580	99%	438	17%	677	26%	530	21%	179	7%	26	1%
16	NANDED	4600	2520	55%	254	10%	281	11%	435	17%	24	1%	35	1%
17	OSMANABAD	3250	2091	64%	213	10%	184	9%	233	11%	54	3%	31	1%
18	PALGHAR	1700	932	55%	331	36%	188	20%	225	24%	1	0%	14	2%
19	RAIGAD	4300	3174	74%	417	13%	647	20%	621	20%	107	3%	193	6%
20	THANE	3550	3857	109%	349	9%	549	14%	654	17%	154	4%	48	1%
21	BHANDARA	3300	2613	79%	313	12%	546	21%	459	18%	86	3%	120	5%
22	CHANDRAPUR	2400	1975	82%	295	15%	383	19%	325	16%	83	4%	229	12%
23	GADCHIROLI	1900	1089	57%	390	36%	258	24%	165	15%	15	1%	95	9%
24	GONDIA	1500	1496	100%	137	9%	273	18%	286	19%	27	2%	58	4%
25	NAGPUR	2400	1520	63%	123	8%	491	32%	154	10%	22	1%	44	3%
26	WARDHA	3100	1728	56%	101	6%	242	14%	263	15%	74	4%	96	6%
27	AHMADNAGAR	2050	1106	54%	127	11%	83	8%	175	16%	7	1%	64	6%
28	DHULE	1450	1023	71%	184	18%	252	25%	222	22%	26	3%	68	7%
29	JALGAON	3650	3805	104%	183	5%	494	13%	863	23%	90	2%	124	3%
30	NANDURBAR	1250	872	70%	37	4%	77	9%	110	13%	5	1%	12	1%
31	NASHIK	4150	2676	64%	426	16%	539	20%	511	19%	56	2%	98	4%
32	PUNE	4350	4587	105%	457	10%	579	13%	890	19%	96	2%	113	2%
33	SATARA	2400	2103	88%	167	8%	227	11%	218	10%	54	3%	65	3%
34	SOLAPUR	2100	1746	83%	55	3%	76	4%	291	17%	45	3%	17	1%
Total Target of State		82400	64291	78%	8960	14%	11392	18%	12301	19%	1974	3%	2511	4%

11.6 - National Programme For Prevention And Control Of Fluorosis (NPPCF)

Introduction

Fluorosis a public health problem, is caused by excess intake of fluorosis through drinking water/food products/industrial pollutants, over a long period. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis besides inducing ageing. These harmful effects, being permanent and irreversible in nature, are detrimental to the health of an individual and the community, which in turn, has an impact on growth, development, economy and human resource development of the country.

Sources of Fluoride

The main source of fluoride intake are drinking water, food, drugs & industrial emissions. Permissible limit for fluoride, as per Bureau of Indian Standards (BIS), is 1.5 ppm in drinking water.

- Fluorine is abundant in nature, found in compound form like fluoride.
- Fluorine is essential for mineralization of bones & formation of dental enamels.
- Fluorine deficiency: Leads to Dental caries
- 96% of fluoride of body found in bones & teeth.
- Normally small amount of fluoride is required (0.5 to 0.8mg/lit) in drinking water prevalence

Fluoride endemicity has been reported in 7 districts of Maharashtra namely Yavatmal, Washim, Nanded, Beed, Latur, Chandrapur & Nagpur. Based on excess level of fluoride content in number of districts, the States/UT's have been classified as mild, moderate and severe endemic States/UT's of Fluorosis which effects all ages.

Fluorosis brings about changes in teeth and skeletal system which becomes irreversible in due course of time. Therefore, the focus of management of fluorosis is on prevention, health promotion, deformity correction and rehabilitation

Goal / Objectives

• To prevent and control Fluorosis cases in the country. The Objectives of the National Programme for Prevention & Control of Fluorosis are as follows:

- 1) To Collect, asses and use the baseline survey data of fluorosis contents in drinking water sources.
- 2) Comprehensive management of fluorosis in the selected area.
- 3) Capacity building for prevention, diagnosis and management of fluorosis cases.

Implementation of NPPCF in the state of Maharashtra

• NPPCF programme started in Maharashtra state in phased manner from year 2009-2010

Old 6 Districts:

- i. Chandrapur, Nanded - Phase 2-August 2010
- ii. Latur, Yavatmal, Nashik - Phase 3-July 2011
- iii. Beed – Phase 4-May 2012

(In Phase 1, Maharashtra was not included.)**

Manpower support

Deputy Director of Oral Health, Health Services, Mumbai is appointed as a State Nodal Officer to coordinate implementation of NPPCF.

District consultants are appointed for each district.

Guidelines for comprehensive management of fluorosis cases

Analysis of urine samples-

A. Sample collection

- i. 15ml spot urine sample in 25 ml plastic screw cap bottles.
- ii. Put 1-2 drops of Toluene (AR Grade).
- iii. Properly labeled.

B. Transportation of samples

- i. Urine Sample should be sent to district lab within a week time.
- ii. Samples can be kept at room temperature.
- iii. Report should be sent to State Nodal Officer.

C. Early Detection

Following criteria is used for confirming fluorosis cases

- i. Any suspect case with high level of fluoride in urine ($>1\text{mg/L}$)
- ii. Any suspect case with interosseous membrane calcification in the forearm confirmed by X-Ray

Prompt Intervention

- Health Education

Do's & Don'ts in relation to nutrition intervention in fluorosis

Do's	Don'ts
✓ Calcium rich food ✓ Milk ✓ Milk products ✓ Green leafy vegetables ✓ Vitamin C rich food ✓ Iron rich food ✓ Citrus fruits ✓ Banana, Guava, Brinjal	- x Black Tea - x Black/Rock salt - x Tobacco - x Supari - x Fluoridated toothpaste

Treatment

- Medical treatment: No specific treatment; treatment supplementation with vitamin C&D, antioxidants, calcium & correction of malnutrition
- Treatment of deformities: Orthoses, surgical shoes, physiotherapy, reconstructive surgery.

7 Districts under NPPCF for the year 2024-25 as given below:

- 1) Nagpur
- 2) Nanded
- 3) Chandrapur
- 4) Beed
- 5) Latur
- 6) Washim
- 7) Yavatmal.

NPPCF Financial Information:

Sr. No	Year	PIP	Expenditure	%
1	2019-2020	23.50	9.80	41.7%
2	2020-2021	31.50	4.72	15%
3	2021-2022	20.39	8.73	42.8%
4	2022-2023	60.55	3.21	5.3%
5	April 2023 – March 2024	22.30	19.08	85.56%

National Programme for Prevention and Control of Fluorosis (NPPCF): Monthly Reporting

State- Maharashtra

Reporting Month & Year: November 2024

A	DISTRICT NAME	Beed				Chandrapur				Latur				Nagpur				Nanded				Washim				Yavatmal			
1	DISTRICT PROFILE																												
1.1	Total No. of villages	1376				1707				51				1621				1309				638				1950			
1.2	Affected Villages with high fluoride level in water (DDW&S/JJM)	1				584				15				259				4				0				50			
1.3	Total Habitations	3446				14971				498				8773				2118				890				2228			
1.4	Affected habitation with High Fluoride level in water (DDW&S/JJM)	1				790				15				602				16				0				56			
2	DISTRICT FLUOROSIS CELL																												
2.1	Staff engaged under NPPCF	Name	Contact No.	Trained at NIN/NCDC	If yes, Year of Training	Name	Contact No.	Trained at NIN/NCDC	If yes, Year of Training	Name	Contact No.	Trained at NIN/NCDC	If yes, Year of Training	Name	Contact No.	Trained at NIN/NCDC	If yes, Year of Training	Name	Contact No.	Trained at NIN/NCDC	If yes, Year of Training	Name	Contact No.	Trained at NIN/NCDC	If yes, Year of Training	Name	Contact No.	Trained at NIN/NCDC	If yes, Year of Training
(a)	District Consultant	Not Sanction		YES/NO		Dr. Ishwar M. Rathod	86690 60927	YES		Dr. Sharad Sawai	84469 41088	NO		Dr. Neelam Kshitij Bhatnagar	77381 88721	YES at NCDC	Sep-24	VACANT		YES/NO	YES/NO	-	-	YES/NO	-			NO	
(b)	Lab Technician	Avinash Kalyan Mahalinge	97307 53724	NIN & NCDC	2023 & 2024	Sneha Gedam	99239 63550	YES		Mr. Govind Hogale	56052 05242	YES		Roshan Tandale	93078 35788	Yes at NCDC	Oct-24	Yes		NO	NO	-	-	YES/NO	-	Prutha Lihitkar	97668 16687	YES	2024
(c)	Field Investigators	Not Sanction		YES/NO		NO	NO	NO				NO		No	No	No		VACANT		YES/NO	YES/NO	-	-	YES/NO	-			NO	
2.2	Establishment of Lab with procurement of ION meter (YEAR)	No Lab				Not Having Separate Lab. And ION METER				WE DON'T HAVE ION METER SINCE 6 YEAR				2019				2023				2021				NO			
3	SURVEYS																												
3.1	No. Villages surveyed for Fluorosis	1				105				51				488				2				5				NO INVESTIGATING OFFICER APPOINTED			
3.2	School Surveys																												
3.2.1	No. of School surveyed	69				62				15				5				6				10				235			
3.2.2	No. of Children surveyed	8649				1930				391				857				781				280				34557			
3.2.3	No. of children with suspected dental	37				87				89				22				6				12				0			

3.2.4	No. of Urinary tests carried out in school children with suspected dental Fluorosis	0	44	0	8		0	0
3.2.5	No. of Children with confirmed dental Fluorosis	37	51	11	22	4	3	0
3.2.6	Percentage children with confirmed dental Fluorosis (out of suspected cases)	100%	51%	12%	100%	67%	25%	0
3.3	Community surveys							
3.3.1	No of household surveyed	103	2624	249	19		12	0
3.3.2	No. of person examined	410	3514	2880	256		60	0
3.3.3	No. of suspected cases of dental Fluorosis	0	45	31	10	16	0	0
3.3.4	No. of urinary test of suspected dental Fluorosis cases (by urine testing) carried out	0	16	0	3	3	3	0
3.3.5	No. of confirmed cases of dental fluorosis	0	45	6	10	4	0	0
3.3.6	No. of suspected cases of Skeletal Fluorosis (with or without dental Fluorosis)	0	17	0	0	0	0	0
3.3.7	No.of urinary test of suspected skeletal Fluorosis cases	0	16	0	0		0	0
3.3.8	No. of confirmed cases of skeletal Fluorosis (by urine testing)	0	16 Urine Sample send Nagpur Regional lab for test.	0	0		0	0
3.3.9	Percentage of skeletal Fluorosis	0	0	0	0		0	0
4	WATER ANALYSIS							
4.1	No of village visited	391	2	51	1621	422	5	0
4.2	No. of water samples tested	752	6	498	783	1637	18	23
4.3	No. of water samples found above 1ppm	1	Result awaited	15	259	16	0	

5	URINE ANALYSIS							
5.1	Total samples analyzed	0	60	0	8	19	12	0
5.1	No. above prescribed limit	0	Result awaited	0	7	0	0	0
5.3	Percentage samples above limit (out of total analyzed)	0	0	0	87.50%		0	0
6	IEC ACTIVITIES							
6.1	Pamphlet/Poster/Wall Painting/booklets/AV/IS seminar etc.	Posters, Pamphlets	PAMPHLET, BANNER, POSTERS	YES	Poster, Pamphlets	Pamphlets, Posters, Videos, Banners, etc.	Poster, Pamphlet	0
6.2	Orientation meeting/Workshop etc. Orientation done for NPPCF with-No of medical officer, No. of paramedical staff, No of ASHA/A.N.M, Personnel in School/WCD Dept./PHE trained, PRIs/VHSNC members/teachers trained	0	137 CHO and 15 Block M and E.	YES	Orientation to Asha,HA ,MPW, District Level Coordination meeting done on 27/8/2024 under Chairmanship of Hon District Collector Nagpur	Training of 14 MO, 13 Dental Surgeon, 21 Staff Nurses, 19 Counsellors	Workshop	0
7	MEDICAL MANAGEMENT OF FLUOROSIS							
7.1	Provided supplementation(No. of persons) (specifying the vitamins & minerals)	37 (Multi Vitamin Syrup, Calcium Tab)	62	14 DENTAL FLUOROSIS CASES	Vitamin C and Calcium supplement given to 22, Chemical bleaching done patients at Parseoni RH	08 Pts (Dental Bleaching Treatment Done => 04)	12	0
7.2	Physiotherapy/Orthoses (No. of patients)	0	0	0	0		0	0
7.3	Surgical intervention (specify type)	0	0	0	0		0	0
7.4	No. of Persons provided with mobility aids	0	0	0	0		0	0
8	PROVISION OF SAFE DRINKING WATER							
8.1	No. of water sources declared unfit	0	23	15		422	0	59 (<1.5 ppm fluoride)
8.2	No. of water sources made available by PHED(in villages)	0	315	15		0	0	NA
9	REMARKS/SUGGESTIONS	To Provide Man Power for more		Training to district staff/ purchase of ION	Ion Meter and Field Investigator required			

11.7 National Programme For Health Care Of The Elderly (NPHCE)

As per 2001 census in India approximately 7.593 cr. Population is over the age of 60 years. Elderly peoples have tripled in last 50 years in India and will relentlessly increase in near future. In 2001, the proportion of older people was 7.7% which will increase to 8.14% in 2011 and 8.94% in 2016. Hence, Govt. of India has initiated National Programme for Health Care of the Elderly (NPHCE) with 80% Central Govt. and 20% State Govt. financial share.

The population ageing represents an unprecedented global demographic transformation and this is expected to intensify as the twenty-first century progresses. In 2011 census, the 60+ population formed 8.6% of India's population, accounting for 103 million elderly people. Growing at around 3% annually, the number of elderly of age 60+ will rise to 319 million in 2050. The demographic changes of population ageing will pose complex health, social and economic challenges to which our country must rapidly respond.

As per the survey conducted by Longitudinal Ageing Study in India (LASI) Wave in Year 2018-19. In the state of Maharashtra 60 to 74 aged population out of which Urban Area 10% & 13.4% in Rural Area the cumulative 12% have been increased.

Specific Objectives:

- To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach
- To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support.
- To build capacity of the medical and paramedical professionals as well as the care-takers within the family for providing health care to the elderly.
- To provide referral services to the elderly patients through district hospitals, regional medical institutions

Core Strategies to achieve the Objectives of the Programme are:

- Community based primary health care approach including domiciliary visits by trained health care workers.
- Dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC, etc.
- Dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery & equipment, consumables & drugs, training and IEC.
- Strengthening of 8 Regional Medical Institutes to provide dedicated tertiary level medical facilities for the Elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels.
- Information, Education & Communication (IEC) using mass media, folk media and other communication channels to reach out to the target community.
- Continuous monitoring and independent evaluation of the Programme and research in Geriatrics and implementation of NPHCE.

Key Achievements:

<u>Sr.No</u>	<u>Year</u>	<u>Number of the District</u>	<u>Name of the District</u>
1	2010-11	6	Amravati, Bhandara, Chandrapur, gadchiroli, Wardha, Washim
2	2015-16	7	Nandurbar, Osmanabad, Parbhani, Sindhudurg, Nashik, Jalna And Nanded
3	2017-18	15	Akola, Yavatmal, Ahmednagar, Aurangabad, Beed, Buldhana, Dhule, Gondhaya, Hingoli, Kolhapur, Latur, Raigad, Satara, Pune, Ratnagiri.
4	2018-19	6	Thane, Jalgaon, Nagpur, Solapur, Sangli, Palghar.

Regional Geriatric Centre:

Grant Medical College is selected as regional Geriatric Centre for Maharashtra, Goa and North Karnataka. Following facilities are to be made available at this centre.

- a. Tertiary health care to the cases referred from medical colleges, district hospitals and below
- b. Specialized OPD for the Elderly
- c. 30-bedded Geriatric Ward for in-patient care and dedicated beds for the elderly patients in the various specialties viz. Surgery, Orthopedics, Psychiatry, Urology, Ophthalmology, Neurology etc.
- d. Laboratory investigation required for elderly with a special sample collection centre in the OPD block.
- e. Introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels.

District Hospital

Following facilities are available at district hospital

- a. Dedicated OPD services to the Elderly.
- b. Facilities for laboratory investigations for diagnosis and provision of medicines for geriatric medical and health problems
- c. Ten-bedded Geriatric Ward for in-patient care of the Elderly (out of which in Washim district the infrastructure is constructed separately, and in other districts it is in process.)
- d. Existing specialties like General Medicine; Orthopedics, Ophthalmology; ENT services etc. will provide services needed by elderly patients.
- e. Provide services for the elderly patients referred by the CHCs/PHCs etc.
- f. Conducting camps for Geriatric Services in PHCs/CHCs and other sites
- g. Referral services for severe cases to tertiary level hospitals

Community Health Centre:

Following facilities are made available at CHC

- a. First Referral Unit (FRU) for the Elderly from PHCs and below.
- b. Geriatric Clinic for the elderly persons twice a week.
- c. Rehabilitation Unit for physiotherapy and counseling.
- d. Domiciliary visits by the rehabilitation worker for bed ridden elderly and counseling of the family members on their home-based care.
- e. Health promotion and Prevention
- f. Referral of difficult cases to District Hospital/higher health care facility

Primary Health Centre

Following facilities are made available at PHC

- a. Weekly geriatric clinic run by a trained Medical Officer
- b. Maintain record of the Elderly using standard format during their first visit
- c. Conducting a routine health assessment of the elderly persons based on simple clinical examination relating to eye, BP, blood sugar, etc.
- d. Provision of medicines and proper advice on chronic ailments
- e. Public awareness on promotional, preventive and rehabilitative aspects of geriatrics during health and village sanitation day/camps.
- f. Referral for diseases needing further investigation and treatment, to Community Health Centre or the District Hospital as per need.

Sub-centre (SC)

Following facilities are to be made available at SC

- a. Health Education related to healthy ageing

- b. Domiciliary visits for attention and care to home bound/bedridden elderly persons and provide training to the family care providers in looking after the disabled elderly persons.
- c. Arrange for suitable calipers and supportive devices from the PHC to the elderly disabled persons to make them ambulatory.
- d. Linkage with other support groups and day care centers etc. operational in the area

HR Status at District Level –

Post	Sanction	Filled	Vacant
Medical Officer / Physician	34	14	22
GNM	82	72	10
Physiotherapy	17	13	4
Multi Rehabilitation Worker	20	19	1

Physical Performance

S. No.	Care Services provided	2022-23	2023-24	2024-25 (December 2024)
1	Elderly persons attended OPD	702749	422912	934085
2	Cases admitted in wards	33327	24778	63088
3	Persons given rehabilitation services	20669	13395	46711
4	Lab. tests performed on elderly	327152	188974	581552
5	Elderly persons provided home based care	4081	4137	14999

Financial Performance

Sr.No	Year	Approved PIP	Expenditure	Percentage
1	2022 - 2023	307.30	51.59	16.79
2	2023 - 2024	313.30	194.65	62.13
3	2024 - 2025	220.06	97.90	44.48

CHAPTER 12

NATIONAL MENTAL HEALTH PROGRAMME

Introduction-

The World Health Organization defines, Mental Health as an integral part of health; indeed there is no health without mental health and determined by a range of socio-economic, biological and environmental factors and not just the mere absence of Mental Disorder.

Mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation or behavior. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders.

Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning or risk of self-harm. Due to changing environment, competitive life, outbreak of epidemic, uncertainty of survival etc. stress, depression, anxiety, tension increases in society and it results to develop mental disorders in many.

Objective of Mental Health Programme-

- To functionalize District Mental Health Unit at district level
- Early detection & treatment of patients.
- Targeted Intervention for School & College Students and Community.
- To make mental health services available, along with the other health services in the remote and rural population.
- To delegate various tasks and responsibilities to the suitable personnel in the general health services, in appropriate way in case of mental health services. Training of Health and Community Services.
- To associate mental health services with other general health services and to make mental health services, an integral part of general health services.
- To ensure people's participation in delivering and developing mental health care services in the society.
- To bring persons living with chronic mental illness in the mainstream of society through effective implementation of rehabilitation project.
- To associate all these services with other Community / Social Development Schemes.

- IEC at state and district level
- Monitoring & maintaining record.

Infrastructure –

- Four Regional Mental hospital in Maharashtra with 5695 bed capacity.
- Mental health service provided by DMHP team in 36 districts up to Sub Center level
- 13 day care centers established.
- 34 Memory Clinic Started & giving services to patients.

Regional Mental Hospitals (RMH)

- Mental illnesses are as common as physical illness, however difficult to diagnose & demonstrate like later due to lack of specific laboratory tests and investigations. In terms of prevalence and morbidity mental illnesses can be consider as a major public health problem in Maharashtra.
- There are 4 Regional mental hospitals (Pune-2540 Beds), (Thane- 1850 beds), (Nagpur- 940 beds), (Ratnagiri -365 beds) in the state having total 5695 bed strength.
- Proceedings for setting up 365 bedded Regional Mental Hospital in Mauje Udgaon District Kolhapur, Jalna and Paranda District Dharashiv. Also, a 50-bed Mental hospital has been started in Jalna district on a temporary basis. A 100-bed Geriatric Health and Mental Illness Center has been made operational at Ambajogai District Beed..
- The DMHP Programme in Maharashtra started in 1997-98 in Raigad district. At present it is functioning in all 36 districts. Taking into account the increasing number of mentally affected patients, it is imperative to involve the services of present health system working in rural area to implement the Mental Health programme.
- Govt. of Maharashtra has started a special Health Programme for farmers called “PRERNA PRAKALP” in 14 suicide prone districts of Vidharbha & Marathwada region.
- There are many chronic mental patients in RMHs of the state who stay for a long period and have difficulty in adjusting in the society after discharge. To improve their confidence and to make them self-reliant various occupational therapies are run for them.
- Vide G.R.No. २१०५/प्र.क्र.१३०/आ-३ २००६ for this purpose 10 bedded Psychiatric wards have been sanctioned in all Civil Hospital of the State. For this purpose total 20 new posts are sanctioned.

Financial Performance-

Budget and expenditure of Plan and Non plan expenditure of Medicine/Linen and equipment.

(Rs. In Lakhs)

Budget Head 42101119(Plan)			22100217 & 22100291 (Non Plan)	
Year	Sanctioned Budget (Plan)	Expenditure (Plan)	Sanctioned Budget (Non Plan)	Expenditure (Non Plan)
2022-23	206.40	11.84	466.16	342.46
2023-24	62.40	00.00	662.12	638.12
2024-25	501.76	00.00	875.00	64.02

Physical Performance-

Indoor Patients (Progressive) and outdoor patients in 4 Regional Mental Hospital

Year	Pune		Thane		Nagpur		Ratnagiri		Total	
	OPD	IPD	OPD	IPD	OPD	IPD	OPD	IPD	OPD	IPD
2022-23	31629	21751	47132	21328	38885	10506	27546	4581	145192	58166
2023-24	39002	19458	49267	16211	29328	3223	47233	9629	163830	48521
2024-25	32224	12527	41294	11360	33838	5022	23480	1946	130836	30855

Vacancy position-

RMH	Pune			Thane			Nagpur			Ratnagiri			Total		
	Sanction	Filled	Vacant	Sanction	Filled	Vacant	Sanction	Filled	Vacant	Sanction	Filled	Vacant	Sanction	Filled	Vacant
Group A	43	33	10	30	25	05	22	17	05	08	04	04	103	79	24
Group B	06	03	03	06	01	05	06	01	05	06	00	06	24	05	19
Group C	278	242	36	207	179	28	113	96	17	49	32	17	655	555	100
Group D	627	495	132	480	361	119	234	162	72	81	58	23	1414	1070	344
Total	954	773	181	723	566	157	375	276	99	144	94	50	2196	1709	487

National Mental Health Programme

District Mental Health Programme (DMHP) was started under the National Mental Health Programme (NMHP) to decentralize mental health services & to provide mental health services at community level by integrating mental health with general health care delivery system .

HR Details-

Sr.No	Post Name	Approved	Filled
1	Psychiatrist (NRHM+NUHM)	43	29
2	Clinical Psychologist	34	28
3	Psychiatric Social Worker	48	39
4	Psychiatric Nurse	34	27
5	Community Nurse	34	32
6	Record Keeper	35	29
7	Case Registry Assistant	34	29
Total		262	213 (81%)

Services provided under Mental Health Program-**a) Primary Care**

- Manshakti Clinic - Mental Health Service in rural area is provided through Manshakti clinics, out of 1906 PHCs Manshakti Clinic started at 1896 PHCs.

b) Secondary Care

- District Mental Health Program (DMHP) all District OPD at each level of health service point, IPD at District Hospital, Targeted Interventions at community level, Day Care Center Services, De-addiction centre etc

c) Tertiary Care

- Four Regional Mental Hospital (Thane,Pune, Nagpur,Ratnagiri)
- OPD, IPD, Occupational therapy, Rehabilitation, ECT,Counseling, Outreach Counseling etc. Day Care Center services, De-addiction centre.

Physical Performance of DMHP-

A) OPD & IPD Services

Sr. No	Year	OPD	IPD
1	2022-2023	6,64,618	21,086
2	2023-2024	9,18,872	16,742
3	2024-2025 up to Dec 2024	11,90,725	16,939

B) Tele MANAS (Tele Mental Health Assistance & Networking Across States)

- The National Tele Mental Health Programme of India, Tele Mental Health Assistance and Networking across States (Tele MANAS) envisions to work as a comprehensive, integrated and inclusive 24X7 tele-mental health facility in each State and UT in India .
- In Maharashtra since 10th of October 2022 24*7 Telemanas services started with Toll free No. **14416**.
- Services provided through Three Telemanas cells (Regional Mental Hospital Thane , Pune ,Geriatric Health & Mental Illness Center Ambajogai) and 1 Mentoring unit (AIIMS Nagpur) covers 36 districts of Maharashtra. Till Now total 1,19,797 calls received

Targeted intervention at Community level activities -

- Targeted interventions are a resource-effective way to implement Mental Health Programme.
- Under Targeted Intervention DMHP Team visits to Schools, Elderly Home, Jail, Villages regularly and conduct sessions and camps.
- In sessions Team Provides service to patients like Screening, Counseling and helping to tackle mental health problems.

Memory Clinic-

- Special outpatient departments for senior citizens affected by dementia under Memory Clinic have been started in 34 districts.
- Special training has been given to the staff working under the District Mental Health Program .
- Free medicines are also provided for dementia patients.

Year	Dementia				
	Screened In Memory Clinic	Severe	Moderate	Mild	No. Dementia
2022-23	27315	1972	2356	6118	16869
2023-2024	33597	1732	3834	4920	23111
2024-25 up to Dec 2024	38927	2146	3638	5690	27453

Best Practices/ Innovative activities under Mental Health Programme-

- a) **Manshakti Clinic** –In remote place mental health services are being provided through Manshakti clinic under DMHP at Primary Health Center. Total 1896 Manshakti Clinic started out of 1906 PHCs.
- b) **Day Care centers** - For psychosocial rehabilitation and improving the quality of life through Occupational therapy & Vocational training, total of 13 Day Care Centers established till date.
- c) **Memory Clinic** – State has developed special focused clinic for Dementia issue, till date total 34 Clinic established in State. Through Dedicated Clinic service provides to dementia patient with focused on OLD AGE.
- d) **De Addiction Center** – Maharashtra state has established De addiction center at Gadchiroli .

Mental Health Care Act-

- The Mental Health Care Act 2017, India was passed on 7 April 2017 and came into force from July 7, 2018. This act rescinds/revoked the existing Mental Healthcare Act 1987. The highlight of the Act is to protect the rights of a person with mental illness, and thereby facilitating his/her access to treatment and by an advance directive; how he/she wants to be treated for his/her illness.
- Maharashtra has formed State Mental Authority as well as eight Mental Health Review Boards (MHRB) under the mandate of the Mental Healthcare Act (2017), formed 8 review boards in 8 Health circles covers 36 districts of Maharashtra namely - Thane, Pune, Nagpur, Nashik , Akola, Aurangabad, Latur and Kolhapur.
- Draft rules sent to GOI for approval. GOI instructed to revise the rule as per inputs suggested for expansion of MHRB.

Strengthening of Mental Health Services with help of NGOs -

A MoU has been entered into with the following NGOs for strengthening mental health services

- **M Power –Aditya Birla Group** – Helps to strengthen Mental Health services in Community in all 34 Districts.
- **Shradha Foundation**– Rehabilitation services for Patients in Four Regional Hospitals.

- **Udaan-** Helps to strengthen Mental Health services in Nagpur district
- **NIMHANS Bangalore** – Capacity building of Primary Health Care Team .

Financial Performance-

Year wise details of Budget under DMHP				
Sr. No	Year	PIP Approved (In Lakhs)	Expenditure (In Lakhs)	% of Expenditure
1	2022-23	992.00	275.23	27.70
2	2023-24	732.85 (Prioritized Budget)	356.56	48.65
3	2024-25 up to DEC 2024	330.94 (Prioritized Budget)	104.02	31.43

Prakalp Prerna

(Farmer Counselling Health service program)

Government of Maharashtra had decided to implement the special assistance program to prevent the suicides of farmers from October 2015 in 14 suicide-prone districts of the state.

PrernaPrakalp - Farmer Counseling Health Service Program is being implemented in 14 districts which includes 8 districts of Marathwada Division (Chhatrapati Sambhaji Nagar, Beed, Jalna, Hingoli, Latur, Nanded, Dharashiv, Parbhani Districts) and 6 districts of Vidarbha Division (Akola, Amravati, Buldhana, Washim, Yavatmal, Wadha).

In these districts, services are provided through the health personnel working under of Prerna Project & District Mental Health Program. Under this program ASHAs workers conduct the surveys in villages to identify the depressed people and refer them to higher facilities for further treatment. ASHAs are given training.

CHAPTER 13

NATIONAL AIDS CONTROL PROGRAMME

Due to non-availability of any curative medicine or vaccine against AIDS, prevention is the only way to fight AIDS. With the financial assistance of World Bank, Govt. of India is running National AIDS Control Program from 1992 to control AIDS. In the 2nd phase of this program since August 2004, Anti Retroviral Therapy started for AIDS patients. To implement NACP effectively in the State, Maharashtra State AIDS Control Society has established in July 1998.

The National AIDS control program is a flagship program of the Government of India, which is 100% centrally supported. The State AIDS Control Societies are formed to implement the Program in the State. Currently this is the extended Phase V of the National AIDS Control Program.(NACP)

NACP Phase-V Goals :

- Reduce Annual New HIV Infections by 80%
- Reduce AIDS related Mortalities by 80%
- Eliminate Vertical Transmission of HIV and syphilis
- Promot Universal Access to Quality STI/RTI Services
- Eliminate HIV/AIDS – related stigma and Discrimination

The specific objectives of NACP Phase V are as below:

a) HIV/AIDS prevention and control

- i. 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention.
- ii. 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load
- iii. 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV
- iv. Less than 10% of people living with HIV and key populations experience stigma and discrimination.

b) STI/RTI prevention and control.

- i. Universal access to quality STI/RTI services to at-risk and vulnerable populations
- ii. Attainment of elimination of vertical transmission of syphilis

Human Resource

To effective implementation of NACP-V following human resource has been sanctioned for Maharashtra State AIDS Control Society, Mumbai by NACO.

Information of H.R. sanctioned for MSACS, Head Quarter, Mumbai.

Head Office HR						
Division	Name of the position	Type of Post (Regular/Contractual/Outsource)	No. of Sanctioned Posts	No. of Filled Posts	No. of Vacant posts	Name(s) of Employee(s) (if filled)
SACS	Project Director	Regular	1	0	1	Additional Charge
	Additional Project Director	Regular	1	1	0	Dr. Vijay Kandewad
STI Division	Joint Director	Regular	1	1	0	Dr. Lokesh Gabhane , (Contractual)
	Deputy Director	Regular	1	1	0	Dr. Kapildev Sahdev Patil, Assistant Director, PH
Basic Services Division	Joint Director	Regular	1	1	0	Dr. Rahul V.Jadhav, Assistant Director, Health Dept
	Deputy Director (ICTC)	Contractual	1	1	0	Smt. Nilam Lawand
	Assistant Director (ICTC)	Contractual	1	1	0	Smt. Megha Ramteke
	Deputy Director (PPTCT)	Contractual	1	0	1	Additional Charge (Smt. Bhavani Murgesan)
	Assistant Director (PPTCT)	Regular	1	0	1	
Lab Services Division	Deputy Director	Contractual	1	1	0	Mr. Guruling Galge
	Assistant Director	Regular	1	1	0	Smt. Bhavani Murgesan

Division	Name of the position	Type of Post (Regular/Contractual/Outsource)	No. of Sanctioned Posts	No. of Filled Posts	No. of Vacant posts	Name(s) of Employee(s) (if filled)
Care, Support & Treatment Division	Joint Director	Regular	1	0	1	Additional Charge (Dr. Bhavani Murgesan)
	Deputy Director	Contractual	1	1	0	Dr. Priyanka Waghela
	Assistant Director	Contractual	1	1	0	Shri. Pradip Sonawane
Strategic Information	Dy. Dir. (M & E and Surveil)	Contractual	1	0	1	Additional Charge (Dr. Lokesh Gabhane)
	M & E Officer	Contractual	1	1	0	Mr. Imran Shaikh
Targeted Intervention Division	Joint Director	Contractual	1	0	1	Additional Charge (Dr. Rahul Jadhav)
	Deputy Director	Contractual	1	1	0	Mr. Sachin Sawardekar
	Assistant Director	Contractual	2	2	0	Smt. Karuna Borkar Smt. Padmini Chavan
IEC Division	Joint Director	Contractual	1	0	1	Additional Charge (Dr. Vijay Kandewad, APD)
	Assistant Director (IEC)	Contractual	1	0	1	
	Asst. Dir. (Documentation)	Contractual	1	1	0	Mr. Alok Pagare
	Asst. Dir. (Youth Affairs)	Contractual	1	1	0	Mr. Anurag Kulkarni
Mainstreaming Division	Dy. Dir. (Social Protection / Mainstreaming)	Contractual	1	1	0	Smt. Roshani Kadam
	Assistant Director (GIPA)	Contractual	1	1	0	Mr. Anthony Dsouza
Administration Division	Administrative Officer	Contractual	1	0	1	Additional Charge (Smt. Nikita Vasave)
	Admin. Assistant	Regular	1	0	1	
	Personnel Assistant	Regular	2	0	2	
	Computer Literate Steno	Contractual	1	1	0	Smt. Mansi Parab
	Office Assistant (LDC)	Regular	1	0	1	
	Driver	Regular/Outsource	1	0	1	
						Shri. Sandip Salukhe (Contractual)
						Shri. Ashok Jamadar (Contractual)
	Messenger	Regular/Outsource	2	2	0	
Procurement Division	Joint Director	Regular	1	0	1	Additional Charge (Dr. Vijay Kandewad, APD)
	Deputy Director	Regular	2	0	2	
	Assistant Director	Regular	1	0	1	Additional Charge (Smt. Poonam Pol, AFO)
	Stores Officer	Regular	1	0	1	Additional Charge (Smt. Poonam Pol, AFO)
	Pharmacist	Regular	1	0	1	
	Procurement Assistant	Contractual	1	1	0	Mr. Jayesh Pote
Finance Division	Joint Director	Regular	1	0	1	Additional Charge (Shri. Sujit Akadkar, Finance Officer)
	Assistant Director	Regular	2	1	1	Shri. Sujit Akadkar, Finance Officer
						Smt. Poonam Pol (AFO)
						Smt. Nikita Vasave (AFO)
						Shri. Abhijit Gaikwad (AFO)
						Shri. Vasant Birar (AFO)
						Smt. Sonal Khuspe (Contractual)
	Finance Assistant / Accountant	Regular	7	6	1	Shri. Vishal Pandye (Contractual)
All Division	Divisional Assistant	Contractual	10	11	-1	
			62	40	22	

Directorate General of Health Services, New Delhi Blood Transfusion Services HR						
Division	Name of the position	Type of Post	No. of Sanctioned Posts	No. of Filled Posts	No. of Vacant posts	Name(s) of Employee(s) (if filled)
BTS	Deputy Director	Regular	1	1	0	Dr. Nagnath Mudam, Deputy Director, MSACS
	Assistant Director (Quality Manager - VBD)	Contractual	1	0	1	Additional Charge (Dr. Kapildev Sahdev Patil)

H.R. details of District / Facility's level

Type of Facility / Division	Name of the position	Type of Post (Regular/ Contractual)	No. of Sanctioned Posts	No. of Filled Posts	No. of Vacant posts
DISHA / DAPCU	District Program Manager	Contractual	22	21	1
	Cluster Program Manager	Contractual	1	0	1
	Clinical Service Officer	Contractual	2	2	0
	District ICTC Supervisor	Contractual	28	27	1
	District Assistant - M & E	Contractual	27	27	0
	District Assistant - Accounts	Contractual	25	24	1
	District Assistant - Program	Contractual	22	21	1
DISHA under Prevention Post	State Prevention Officer (SPO)	Contractual	1	0	1
	Cluster Prevention Officer (CPO)	Contractual	13	0	13
ICTC / BSD	ICTC Counselor	Contractual	555	549	6
	ICTC Lab Technician	Contractual	509	476	33
	Driver (Mobile ICTC)	Contractual	8	8	0
	Cleaner (Mobile ICTC)	Contractual	8	7	1
STD / STI Div.	STI Counselor	Contractual	53	52	1
ART / CST Div.	Senior Medical Officer	Contractual	38	37	1
	Medical Officer	Contractual	71	66	5
	Counselor	Contractual	186	188	&2
	Pharmacist	Contractual	68	64	4
	Data Manager	Contractual	102	99	3
	Laboratory Technician	Contractual	77	69	8
	Staff Nurse /LAC Staff nurse	Contractual	95	85	10
	Care Coordinator	Contractual	59	60	&1
BB / BTS Div.	Lab. Technician	Contractual	114	49	65
	Counselor	Contractual	66	0	66
	Data Manager	Contractual	1	1	0
	Driver	Contractual	20	16	4
	Attendant / Cleaner	Contractual	22	13	9
	House Keeper	Contractual	2	1	1
	Lab. Attendant	Contractual	1	0	1
SRL / Lab Services	Technical Officer (SRL)	Contractual	12	9	3
	Lab. Technician (SRL)	Contractual	12	12	0
	Technical Officer (APX Lab, NARI)	Contractual	3	3	0
	Lab. Technician (APX Lab, NARI)	Contractual	2	1	1
	Technical Officer (EID)	Contractual	1	1	0
	Lab. Technician (EID)	Contractual	1	0	1
	Technical Officer (Viral Load Lab)	Contractual	10	9	1
	Lab. Technician (Viral Load Lab)	Contractual	10	7	3
	Logistics Coordinator (APX Lab, NARI)	Contractual	1	1	0
	Lab Technician at Regional STI Centers and SRC	Contractual	4	2	2
	Research Officer at Regional STI Centers	Contractual	1	1	0
TOTAL			2253	2008	245

Statement of budget v/s expenditure of F.Y.2020-21
(From 01st April 2020 to 31st March 2021)

Sr. No.	Sub-Component	Allocation As per AAP 2020-21	Actual Grant received from NACO	Advance	Direct Expenditure	Total Utilization
1	2	3	4	5	6	7
	New DBS					
1	IEC	398.17	348.39	59.31	117.71	177.02
2	STD Clinics	150.20	99.12	12.36	165.09	177.45
3	Blood Safety	771.76	594.27	91.49	243.29	334.78
4	LAB Services	344.33	295.02	116.59	130.11	246.70
5	Institutional Strengthening	991.81	991.78	29.38	627.34	656.72
6	SIMS Training	135.50	77.25	59.59	0.71	60.30
	Sub Total (A)	2791.77	2405.83	368.72	1284.27	1652.99
				Advance	Exp	
7	TI Pool Fund	3126.78	2937	2788.42	84.95	2873.36
8	ICTC (RCC-II)	4143.04	3642.75	495.50	3666.61	4162.11
9	ART (GFATM R-IV)	3326.78	2883.77	125.62	2383.57	2509.20
10	LWS (GFATAM -VII)	766.02	694.92	574.23	0.00	574.23
	Sub Total (B)	11362.62	10158.44	3983.77	6135.13	10118.90
	GRAND TOTAL (A+B)	14154.39	12564.27	4352.50	7419.40	11771.89

Statement of budget v/s expenditure of F.Y.2021-22
(From 01st April 2021 to 31st March 2022)

In Lakh

Sr. No.	Sub-Component	Allocation As per AAP 2021-22	Actual Grant received from NACO	Advance	Direct Expenditure	Total Utilization
	New SDBS					
1	IEC	388.09	323.74	79.16	91.97	171.13
2	STD Clinics	150.21	115.24	13.99	173.93	187.92
3	Blood Safety	920.26	1407.49	0.00	516.94	516.94
4	LAB Services	347.21	274.25	139.38	152.76	292.14
5	Institutional Strengthening (Head Office+ DAPCU)	1051.00	828.66	28.93	630.43	659.36
6	SIMS	159.01	111.52	1.80	32.34	34.14
7	Global FUND	510.30	474.25	0.00	0.00	0.00
	Sub Total (A)	3526.08	3535.15	263.25	1598.38	1861.63
				Advance	Exp	
8	TI Pool Fund	3357.32	2737.38	2823.57	290.72	3114.29
9	ICTC (RCC-II)	4521.63	3799.41	725.39	3829.68	4555.07
10	ART (GFATM R-IV)	3327.97	2691.23	212.27	2651.90	2864.17
11	LWS (GFATAM -VII)	650.10	511.19	589.04	0.00	589.04
	Sub Total (B)	11857.02	9739.21	4350.26	6772.30	11122.56
	GRAND TOTAL (A+B)	15383.10	13274.36	4613.51	8370.68	12984.19

Statement of budget v/s expenditure of F.Y.2022-23
National AIDS Control Organization Funding (Scheme-9316)
(From 01st April 2022 to 31st March 2023)

In Lakh

Sr. No.	Sub-Component	Allocation As per AAP 2022-23	Actual Grant received from NACO	Advance	Expenditure
1	IEC	372.02	372.04	188.86	141.58
2	STD Clinics	203.21	211.12	14.42	199.92
3	LAB Services	388.88	479.24	194.55	208.01
4	DAPCU PMR	590.01	590.00	54.18	517.97
5	IS Head Office ***	565.82	83.20	0.00	813.16
6	SIMS Training	297.99	208.00	121.68	1.45
7	GLOBAL FUND ***	316.58	316.48	54.35	0.00
	NDBS Total (A)	2734.51	2260.08	628.05	1882.09
8	TI Pool Fund	3261.19	3328.00	2333.59	111.50
9	ICTC (RCC-II)	5065.25	4747.88	844.84	4115.75
10	ART (GFATM R-IV)	4240.23	3536.00	194.21	3868.90
11	LWS (GFATAM -VII)	634.35	520.00	654.79	0.00
	Sub Total (B)	13201.02	11710.35	4027.43	8096.15
	GRAND TOTAL (A+B)	15935.53	14276.69	4655.48	9978.24
*** AS PER NACO LETTER THE UNSPENT BALANCE LYING WITH SACS FROM THE DBS RELEASES UNDER THE CAPTION "GLOBAL FUND" FY 2021-22 HAS TO BE UTILIZED BY SACS DURING FY 2022-23 FOR CATERING TO REQUIREMENTS UNDER "IS" COMPONENT					

Statement of budget v/s expenditure of F.Y.2022-23
Directorate General of Health Services (DGHS) Funding for Blood Transfusion Services (Scheme-4061)
(From 01st April 2022 to 31st March 2023)

In Lakh

Sr. No.	Sub-Component	Allocation As per AAP 2022-23	Regular Grant Received + Additional Grant for Blood bags procurement received from DGHS		Expenditure
			Grant 2022-23	Addl. Grant	
1	Blood Transfusion Services	569.00	569.00	1179.82	1439.34

Statement of budget v/s expenditure of F.Y. 2023-24
National AIDS Control Organization Funding (Scheme-9316)
(01/04/2023 to 31/03/2024)

In Lakh

Sr. No.	Sub-Component	Allocation As per AAP 2023-24	Actual Grant received from NACO	Expenditure
1	STD Clinics	244.29	12018.84	201.27
2	IEC	479.59		286.23
3	LAB Services	971.40		409.76
4	IS Head Office	904.82		458.44
5	PMR	780.14		565.16
6	SIMS	360.24		90.70
	NDBS Total (A)	3761.86		2011.56
7	G FUND	93.15		310.45
8	ICTC	5523.69		5092.06
9	CST	4959.35		3649.49
10	Prevention (TI+LWS)	4719.73		3926.52
	Sub Total (B)	15956.96		12978.52
	GRAND TOTAL (A+B)	19036.40	12018.84	14990.08

Statement of budget v/s expenditure of F.Y. 2023-24
Directorate General of Health Services (DGHS) Funding for Blood Transfusion Services
(Scheme-4061)
(01/04/2023 to 31/03/2024)

In Lakh

Sr. No.	Sub-Component	Allocation As per AAP 2023-24	Grant Received	Expenditure
1	Blood Transfusion Services	1102.70	1102.70	1416.53

Statement of budget v/s expenditure of F.Y. 2024-25
National AIDS Control Organization Funding (Scheme-9316)
(01/04/2024 to 31/12/2024)

In Lakh

Sr. No.	Sub-Component	Allocation As per AAP 2024-25	Actual Grant received from NACO	Advance (Limit Set to District Centres)	Expenditure done from Head Office
1	STD Clinics	262.62	11784.47	13.34	129.92
2	IEC	468.07		122.43	159.57
3	LAB Services	920.20		170.21	710.11
4	IS Head Office	998.50		49.90	417.88
5	PMR	806.23		61.08	352.51
6	SIMS	306.24		110.90	5.75
NDBS Total (A)		3761.86		527.87	1775.74
7	G FUND	180.92		57.91	0.00
8	ICTC	5544.72		206.50	2651.93
9	CST	4953.89		183.03	2125.72
10	Prevention (TI+LWS)	5277.43		2386.38	41.11
Sub Total (B)		15956.96		28833.82	4818.76
GRAND TOTAL (A+B)		19718.82	11784.47	3361.68	6594.50

Statement of budget v/s expenditure of F.Y.2024-25
Directorate General of Health Services (DGHS) Funding for Blood
Transfusion Services (Scheme-4061)
(01/04/2024 to 31/12/2024)

In Lakh

Sr. No.	Sub-Component	Allocation As per AAP 2024-25	Actual Grant received from DGHS	Expenditure
1	Blood Transfusion Services	2522.80	1834.34	919.85

Program Head / Division wise Information

1. Integrated Counselling and Testing Centres (ICTC):

Presently, there are 469 stand-alone ICTCs, 8 Mobile ICTC Van, 2 Jail ICTC and 8 PPP functional under Maharashtra SACS in 34 Districts (Excluding Mumbai & Mumbai suburban). In addition at 1988 PHC's, 95 RH, 390 Urban Health post, 1396 PPP's, 153 CBS & 35 Jail F-ICTC also functioning as total 4058 F-ICTC which gives services of HIV counselling and testing up to rural hospital

Such Integrated Counseling and Testing Centers (ICTC) provide an opportunity to access complete and accurate services on HIV/AIDS for all segments of the community.

HIV +^{ve} Cases in Maharashtra

Reported in General Client (Excluding Mumbai)

Year (F.Y.)	ICTC	
	Tested	Positive
2007	5,23,234	59,625
2008	7,74,460	65,681
2009	11,27,317	67,862
2010	14,27,738	67,997
2011	15,74,333	54,167
2012	15,80,794	47,372
2013	20,16,748	44,403
2014	21,38,114	29,124
2015	23,65,656	25,602
2016	23,89,979	21,406
2017	27,74,486	21,169
2018	30,63,862	19,008
2019-20	41,52,944	17,674
2020-21	25,70,753	9,497
2021-22	30,74,733	11,195
2022-23	42,15,783	14,346
2023-24	43,66,301	13,670
2024-25 (April To Dec 2024)	35,38,511	10,183

General Client Testing for HIV and HIV Positivity

District	FY 2019-20				FY 2020-21				FY 2021-22				FY 2022-23				FY 2023-24				FY 2024-25 (April To Dec 2024)			
	Target	Tested	HIV Posit ivity	%	Target	Tested	HIV Positivi ty	%	Target	Tested	HIV Posit ivity	%	Target	Tested	HIV Posit ivity	%	Target	Tested	HIV Positivi ty	%	Target	Tested	HIV Positivi ty	%
Ahmadnagar	164334	167738	720	0.4	165046	129746	451	0.3	160245	124948	363	0.3	160245	161650	532	0.3	165593	206755	545	0.3	116456	123117	405	0.3
Akola	65188	92254	337	0.4	65470	77982	152	0.2	63566	84904	232	0.3	63566	88833	231	0.3	65687	94406	210	0.2	46195	72479	166	0.2
Amravati	95281	169243	390	0.2	95694	96719	180	0.2	92910	136189	246	0.2	92910	199394	312	0.2	96011	199050	278	0.1	67521	176437	204	0.1
Aurangabad	137529	127076	514	0.4	138124	78335	257	0.3	134107	101765	359	0.4	134107	169860	395	0.2	138583	208087	438	0.2	97460	131371	328	0.2
Beed	93732	107392	413	0.4	94138	66443	250	0.4	91400	74416	250	0.3	91400	97071	320	0.3	94450	98871	280	0.3	66423	82244	238	0.3
Bhandara	43116	54071	149	0.3	43303	41120	79	0.2	42043	46707	87	0.2	42043	53119	116	0.2	43446	55232	107	0.2	30554	37477	68	0.2
Buldana	94305	110463	201	0.2	94713	84349	107	0.1	91958	93892	161	0.2	91958	117658	188	0.2	95027	112186	157	0.1	66829	88150	119	0.1
Chandrapur	69847	93946	409	0.4	70149	75398	194	0.3	68109	80,354	224	0.3	68109	105494	324	0.3	70382	105906	297	0.3	49497	80916	240	0.3
Dhule	74920	79191	312	0.4	75244	60137	163	0.3	73056	65264	212	0.3	73056	83392	263	0.3	75494	58129	228	0.4	53092	68991	209	0.3
Gadchiroli	36809	34334	68	0.2	36968	23310	37	0.2	35893	25102	46	0.2	35893	37214	70	0.2	37091	45104	44	0.1	26085	33902	59	0.2
Gondiya	45548	45634	100	0.2	45745	37668	48	0.1	44415	39630	75	0.2	44415	42767	85	0.2	45897	44547	71	0.2	32278	41381	76	0.2
Hingoli	40318	49297	116	0.2	40493	38440	75	0.2	39315	37921	66	0.2	39315	42050	101	0.2	40627	42895	91	0.2	28572	33376	71	0.2
Jalgaon	158986	196693	535	0.3	159674	133397	254	0.2	155030	152433	300	0.2	155030	179896	362	0.2	160204	225901	312	0.1	112666	178621	236	0.1
Jalna	74820	87889	191	0.2	75144	49441	90	0.2	72958	79474	102	0.1	72958	85339	141	0.2	75393	76406	106	0.1	53021	62871	115	0.2
Kolhapur	142199	163392	769	0.5	142815	83693	404	0.5	138661	113958	474	0.4	138661	176395	644	0.4	143289	178267	585	0.3	100770	153114	419	0.3
Latur	95683	106213	522	0.5	96097	55740	253	0.5	93302	77213	317	0.4	93302	100610	390	0.4	96416	88722	351	0.4	67806	73706	259	0.4
Nagpur	175191	195885	959	0.5	175950	102397	488	0.5	170832	162492	586	0.4	170832	211905	751	0.4	176533	217925	722	0.3	124149	186550	585	0.3
Nanded	118611	114136	598	0.5	119125	60167	343	0.6	115660	63988	376	0.6	115660	98985	492	0.5	119520	99356	469	0.5	84054	86820	367	0.4
Nandurbar	62589	70580	232	0.3	62860	54265	135	0.2	61032	52847	171	0.3	61032	68552	179	0.3	63069	54841	228	0.4	44354	53220	146	0.3
Nashik	240189	295025	860	0.3	241229	157084	468	0.3	234212	231842	619	0.3	234212	320049	822	0.3	242028	283543	766	0.3	170210	219638	594	0.3
Osmanabad	58656	57545	270	0.5	58910	32957	161	0.5	57196	37805	185	0.5	57196	55000	232	0.4	59105	51050	213	0.4	41566	53258	153	0.3
Parbhani	63585	66022	278	0.4	63860	48506	130	0.3	62003	49708	153	0.3	62003	55450	166	0.3	64072	63623	178	0.3	45060	48797	132	0.3
Pune	352326	315257	2546	0.8	353852	167999	1367	0.8	343559	211775	1653	0.8	343559	336218	2082	0.6	355025	372393	2105	0.6	249676	296203	1497	0.5
Raigarh	94766	132128	361	0.3	95176	99489	241	0.2	92408	108182	257	0.2	92408	141028	344	0.2	95492	137953	323	0.2	67156	120844	255	0.2
Ratnagiri	51795	57055	165	0.3	52019	30842	104	0.3	50506	38423	70	0.2	50506	53668	102	0.2	52192	56534	108	0.2	36705	47362	83	0.2
Sangli	104535	115899	765	0.7	104988	71042	450	0.6	101934	86942	473	0.5	101934	109234	592	0.5	105336	115427	503	0.4	74079	97702	385	0.4
Satara	101597	180417	724	0.4	102037	93862	381	0.4	99069	90519	436	0.5	99069	141679	552	0.4	102375	173529	470	0.3	71997	117495	319	0.3
Sindhudurg	27633	33345	42	0.1	27753	16790	58	0.3	26945	19760	34	0.2	26945	36002	73	0.2	27844	30769	47	0.2	19582	31986	41	0.1
Solapur	162292	171375	1034	0.6	162995	103696	558	0.5	158254	116548	621	0.5	158254	180152	832	0.5	163535	186825	772	0.4	115008	134731	566	0.4
Thane	426098	449883	2205	0.5	427944	242904	1109	0.5	415496	298643	1496	0.5	415496	464455	1942	0.4	429362	469244	1986	0.4	301955	450208	1349	0.3
Wardha	47436	58448	218	0.4	47641	48715	129	0.3	46256	48205	124	0.3	46256	52444	154	0.3	47800	57853	187	0.3	33616	41456	117	0.3
Washim	42165	40875	130	0.3	42348	28608	64	0.2	41116	31841	75	0.2	41116	42519	129	0.3	42488	45212	110	0.2	29880	30701	93	0.3
Yavatmal	102422	114243	541	0.5	102865	79512	317	0.4	99873	91043	352	0.4	99873	107701	428	0.4	103206	109760	383	0.3	72581	83387	289	0.3
TOTAL	3664501	4152944	17674	0.4	3680369	2570753	9497	0.4	3573319	3074733	11195	0.4	3573319	4215783	14346	0.3	3692572	4366301	13670	0.3	2596853	353851 1	10183	0.3

2. HIV/TB Collaborative Activities:

Active TB disease is the most common opportunistic infection amongst HIV-infected individuals. Overall, HIV-infected persons have approximately an 8-times greater risk of TB than persons without HIV infection.

TB patients who are HIV positive have higher risk of dying during treatment than TB patients without HIV. HIV positive patients who have TB have higher mortality than HIV positive patients without TB. Even if TB is survived, TB may also accelerate HIV disease progression, increasing the risk of subsequent death or other opportunistic infections in TB survivors.

From the public health point of view, the best way to prevent TB is to identify all persons in the community with infectious TB as early as possible, provide prompt & effective treatment and cure them. This interrupts the chain of transmission and can thus prevent the disease burden of HIV-TB co-infected cases. Among HIV-infected persons, early detection of TB, proper TB treatment, and linkage to HIV care and treatment also can reduce the harmful impact of TB on the patient's health and well-being.

In Maharashtra to early detection of TB CBNAT Machines have been provided to all Districts. With this CBNAT Machines (New Technology) TB detected within 2 Hours. Therefore early diagnosis and treatment by co-infected patient is possible.

HIV/ TB Report (Excluding Mumbai)

Years	ICTC Clients referred to RNTCP	Diagnosed as TB	Percentage of TB Patients diagnosed	Diagnosed TB patients put on DOTS	TB patients referred to ICTC	TB patients diagnosed as HIV + ve	ART Clients referred to RNTCP	Total Diagnosed TB Patients	Percentage of TB Patients diagnosed
2008	48,554	7,562	15.57	6,219	31,934	3,184	ART Report start from April 2010.		
2009	92,049	9,475	10.29	7,802	63,806	3,995			
2010	1,15,067	11,199	9.73	10,045	61,286	3430	13,383	3,807	28.44%
2011	1,23,465	12,078	9.78	10,913	54,048	2,106	38,368	5,943	15.48%
2012	1,46,653	12,605	8.6	10,964	66,654	2,275	47,325	7,416	15.67%
2013	1,63,707	12,784	7.81	11,119	48,165	1,407	53,909	5,714	10.60%
2014	1,73,509	11,909	6.86	10,230	53,707	1,268	63,335	5,868	9.26%
2015	1,74,620	11,721	6.71	10,113	73,248	1,249	67,118	6,241	9.30%
2016	1,78,439	11,090	6.22	10,020	69,207	1,075	65,328	5,424	8.30%
2017	1,90,518	11,397	6.00%	10,348	87,130	931	82,471	5,775	7%
2018	1,99,623	11,237	5.63%	10,224	67,360	555	82,197	6,203	7.55%
2019	2,74,913	13,816	5.02%	12,770	77,089	665	110943	5423	4.88%
2020- 21	1,50,230	7861	5.20%	9039	45779	232	7299	349	4.80%
2021-22	1,88,831	10416	5.50%	9358	42615	276	7890	379	4.80%
2022-23	325279	14810	4.5%	85366	64140	868	9018	320	3.6%
2023-24	250432	10261	4.09%	9333	38566	365	9494	309	3.2%
2024-25 (Apr To Nov 24)	202370	7754	3.8%	8253	30198	148	7836	250	3.2%

Elimination of Mother to Child Transmission (EMTCT) & Elimination of Vertical Transmission HIV & Syphilis (EVTHS):

The PPTCT program that aims to prevent the prenatal transmission of HIV from an HIV infected pregnant mother to her newborn baby was launched in 2002.

Since 14th February, 2014, the Option B Plus of the Multi Drug Regimen has been launched in the State. Maharashtra State AIDS control society has implemented this regimen which provides **LIFELONG** triple-drug ART regimen (TDF+3TC+ EFV) to all pregnant and breast feeding women living with HIV regardless of CD4 count or clinical stage and also Viral Load Testing in 32 – 36 weeks both for their own health and to prevent vertical HIV transmission and for additional HIV prevention benefits. Depend on viral load report will decided ARV Prophylaxis (NVP Syrup & Zedu) which PPTCT Multi-drug Regimen containing three ARVs has the potential to reduce the risk of mother-to-child-transmission to less than 5% in breastfeeding populations and less than 2% in non-breast feeding populations.

HIV ⁺ve cases [Reported in PPTCT] (EMTCT)(Excluding Mumbai)

Year (F.Y)	PPTCT	
	Screened	Positive
2007	6,45,949	4,552
2008	7,91,337	4,162
2009	9,14,549	3,724
2010	10,39,757	3,361
2011	12,44,077	3,004
2012	14,13,757	2,146
2013	14,57,467	1,830
2014	19,55,012	1,387
2015	19,89,581	1,219
2016	19,76,304	923
2017	21,99,864	935
2018	22,33,481	761
2019-20	24,42,242	796
2020-21	20,14,904	630
2021-22	22,27,330	626
2022-23	26,74,448	688
2023-24	25,84,160	635
2024-25 (April To Dec 2024)	1756858	413

District	FY 2019-20				FY 2020-21				FY 2021-22				FY 2022-23				FY 2023-24				FY 2024-25 (April To Dec 2024)			
	Target	Tested	HIV	%	Target	Tested	HIV	%	Target	Tested	HIV	%	Target	Tested	HIV	%	Target	Tested	HIV	%	Target	Tested	HIV	%
			Positivity				Positivity				Positivity													
Ahmadnagar	81621	129254	33	0	78282	116643	31	0	97668	108325	22	0.02	97668	126164	29	0	82154	148226	28	0.0	83387	86606	22	0.0
Akola	34301	56750	8	0	32898	52367	9	0	41045	58264	15	0.03	41045	52999	11	0	35030	47349	7	0.0	35556	37601	5	0.0
Amravati	53027	79526	17	0		60944	7	0	63452	74950	13	0.02	63452	91998	12	0	53373	83937	11	0.0	54174	62394	6	0.0
Aurangabad	77683	92852	31	0	74505	67089	17	0	92955	100683	28	0.03	92955	125546	12	0	78189	122874	21	0.0	79363	67614	17	0.0
Beed	50138	68961	22	0	48087	61693	14	0	59995	60658	13	0.02	59995	68712	16	0.1	50465	68199	14	0.0	51222	47763	10	0.0
Bhandara	20878	27318	6	0	20024	26670	2	0	24983	25378	5	0.02	24983	23893	4	0.1	21015	25082	4	0.0	21330	15153	2	0.0
Buldana	53714	64872	13	0	51516	61664	7	0	64274	64983	5	0.01	64274	71221	6	0	54064	73455	10	0.0	54876	55729	10	0.0
Chandrapur	36323	51490	24	0	34837	41460	19	0	43464	46,263	11	0.02	43464	50209	13	0.1	36560	46959	9	0.0	37110	31513	9	0.0
Dhule	42847	64681	16	0	41094	52377	12	0	51271	58432	16	0.03	51271	70356	18	0	43127	50008	15	0.0	43774	50509	7	0.0
Gadchiroli	20229	20171	1	0	19401	20932	2	0	24206	23553	5	0.02	24206	26116	2	0	20361	24490	1	0.0	20667	17568	2	0.0
Gondiya	21360	24101	6	0	20486	21652	4	0	25559	22485	5	0.02	25559	21842	2	0	21499	21918	4	0.0	21822	17166	6	0.0
Hingoli	24902	36738	4	0	23883	30921	7	0	29798	34874	7	0.02	29798	35872	9	0	25065	36551	6	0.0	25441	24661	3	0.0
Jalgaon	81704	138417	32	0	78361	116371	19	0	97767	124562	14	0.01	97767	137933	24	0	82237	147343	18	0.0	83471	89866	12	0.0
Jalna	41745	60422	7	0	40037	50651	3	0	49952	60946	6	0.01	49952	64411	9	0	42017	54944	7	0.0	42648	39016	5	0.0
Kolhapur	68077	78263	18	0	65292	50299	22	0	81461	56182	23	0.04	81461	87966	24	0.1	68521	78537	22	0.0	69550	52228	15	0.0
Latur	47390	75569	20	0	45451	70619	11	0	56707	71098	15	0.02	56707	73533	13	0	47699	51175	5	0.0	48415	45813	12	0.0
Nagpur	85372	106067	34	0	81879	85152	31	0	102156	101829	30	0.03	102156	121561	44	0	85929	132224	37	0.0	87210	55886	13	0.0
Nanded	66740	87317	31	0	64010	60687	16	0	79861	60289	26	0.04	79861	79286	30	0	67175	80524	32	0.0	68183	53840	13	0.0
Nandurbar	35790	60670	20	0	34326	51135	11	0	42826	49692	18	0.04	42826	60247	15	0	36023	50878	18	0.0	36564	46195	9	0.0
Nashik	126979	171720	49	0	121784	132970	34	0	151943	145911	37	0.03	151943	185875	44	0	127807	180746	32	0.0	129725	133261	30	0.0
Osmanabad	31062	36016	9	0	29791	38208	11	0	37169	39818	11	0.03	37169	39878	12	0	31265	30681	9	0.0	31734	30718	2	0.0
Parbhani	37073	42650	9	0	35556	37151	4	0	44362	37878	11	0.03	44362	48568	16	0	37315	49186	9	0.0	37875	28095	4	0.0
Pune	190672	130534	99	0.1	182871	99424	89	0.1	228158	126255	77	0.06	228158	170007	85	0.1	191916	185542	97	0.1	194797	127775	60	0.0
Raigarh	43847	60793	17	0	42053	39604	14	0	52467	42990	13	0.03	52467	56254	16	0.1	44133	55715	15	0.0	44795	46084	11	0.0
Ratnagiri	18666	18697	6	0	17902	12972	7	0.1	22336	13443	1	0.01	22336	19849	2	0	18788	17824	4	0.0	19070	14276	4	0.0
Sangli	55752	59369	27	0	53471	57164	35	0.1	66713	62397	22	0.04	66713	82402	18	0.1	56116	86205	28	0.0	56958	58508	12	0.0
Satara	49039	66660	16	0	47033	54009	23	0	56680	56505	15	0.03	56680	68480	22	0.1	49359	66477	15	0.0	50100	42801	14	0.0
Sindhudurg	9442	11273	2	0	9056	8503	2	0	11298	9947	4	0.04	11298	11022	2	0	9503	10730	4	0.0	9646	8727	1	0.0
Solapur	84333	130851	42	0	80883	114953	37	0	100913	110855	30	0.03	100913	137489	32	0	84883	112959	30	0.0	86157	83008	25	0.0
Thane	235526	259364	135	0.1	225892	202276	95	0	281832	254088	84	0.03	281832	332996	101	0	237064	313231	94	0.0	240622	200160	47	0.0
Wardha	21826	28977	7	0	20933	25464	10	0	26117	25360	4	0.02	26117	27359	7	0	21968	28774	9	0.0	22298	17186	2	0.0
Washim	21909	23560	4	0	21013	18818	4	0	26216	19899	4	0.02	26216	25688	10	0	22052	25812	2	0.0	22383	21169	6	0.0
Yavatmal	53630	78339	31	0	51436	74062	21	0	64174	78538	36	0.05	64174	78716	28	0	53980	75605	18	0.0	54790	47969	17	0.0
TOTAL	1923597	2442242	796	0	1844900	2014904	630	0	2299778	2227330	626	0.03	2299778	2674448	688	0	1936652	2584160	635	0.0	1965713	1756858	413	0.0

Early Infant Diagnosis (EID):

EID Program was launched in the month of March 2010, wherein 471 EID centres are functioning under Maharashtra SACS in 34 Districts (Excluding Mumbai & Mumbai Suburban).

HIV exposed babies are screened for HIV by DNA PCR test. ART is initiated at the earliest for the babies detected positive by DNA PCR. First testing 6 week, second 6 month, third testing 12 month, and forth the HIV status of these babies is confirmed at 18 month age by Antibody test.

18 months Testing and Positivity

Year	Number of babies undergoing 18 month test	Number tested Positive	Positive %
2009-10	1381	213	15.42%
2010-11	1122	167	14.88%
2011-12	1347	217	16.11%
2012-13	1670	253	15.15%
2013-14	1850	173	9.35%
2014-15	1503	129	8.58%
2015-16	1224	83	6.78%
2016-17	1160	60	5.17%
2017-18	1160	52	4.48%
2018-19	994	43	4.04%
2019-20	1063	32	3.01%
2020-21	944	29	3.07%
2021-22	997	24	2.40%
2022-23	959	28	2.91%
2023-24	1212	33	2.72%
2024-24 (April To Dec 2024)	983	21	2.1%

5. Sentinel Surveillance:

To know the extent of spread or decline of HIV infection in the State, the HIV Sentinel Surveillance is carried out in Pregnant Women & individuals belonging to High Risk Groups (HRGs). Estimated HIV prevalence in different groups is as follows.

Sr. No.	Year	ANC	Female Sex Workers	Men who have Sex with Men	Injecting Drug Users	STD (Sexual Transmitted Disease)	LDT (Long Distance Truckers)	SMM (Single Male Migrant)
1	2003	1.13%	Not Done	Not Done	Not Done	12.20%	Not Done	Not Done
2	2004	0.96%	40.40%	12.80%	Not Done	12.90%	Not Done	Not Done
3	2005	1.06%	22.30%	14.80%	Not Done	13.40%	Not Done	Not Done
4	2006	0.86%	20.10%	23.60%	Not Done	12.90%	Not Done	Not Done
5	2007	0.70%	17.48%	15.20%	Not Done	15.02%	Not Done	Not Done
6	2008	0.56%	10.89%	12.80%	Not Done	13.07%	Not Done	5.20%
7	2010	0.38%	6.41%	7.22%	Not Done	16.76%	2.02%	1.61%
8	2012	0.37%	Not Done	Not Done	Not Done	Not Done	Not Done	Not Done
9	2014-15	0.29%	Not Done	Not Done	Not Done	Not Done	Not Done	Not Done
10	2016-17	0.26%	3.48%	4.69%	Not Done	Not Done	1.40%	0.53%

HSS-IBBS :

In the year 2013-14, under the directives of NACO, HIV Sentinel Surveillance among HRG and Bridge population is being replaced by Integrated Biological & Behavioral Surveillance (IBBS).

The result of IBBS 2014-15 are as follow:

Sr. No.	Year	Female Sex Workers	Men who have Sex with Men	Injecting Drug Users
1	2013-14	5.9%	5.5%	1.3%

6. Training:

Training of officers and staff is essential for effective and successful implementation of National AIDS Control Program. Maharashtra State AIDS Control Society conducts various training programs at state level taking into consideration the medical and psycho-social aspects related to HIV/AIDS. Maharashtra State AIDS Control Society is conducting following training programs:

- A) Still No New Requirement has not done

5. Anti Retroviral Therapy:

In Maharashtra currently there 86 ART Centers (excluding Mumbai) which are providing free of cost medicines. These ART centers are located at Medical colleges District Hospital & Sub District Hospital level. Out of the 86 ART Centers 16 ART Center are functional under Public Private Partnership (PPP) model.

With no vaccine available, to HIV. Prevention of Transmission and Lifelong ART medicines are the measures which ensure that viral suppression happens in the large community.

From May-2017 under **Treat All Policy** irrespective of CD-4 count all HIV positive clients will be provided lifelong free ARV medicines.

When there is failure of first line ART given to any person living with HIV then second line Anti-Retroviral therapy is given. Initially all patients in the state in second line ART had to come to JJH (Centre of Excellence) ARTC, Mumbai, but for the convenience of the patients; ART plus centers have been established in 11 regional places from the month of February 2016.

To increase the ART Adherence, minimize the time and cost of travel. Maharashtra State AIDS Control Society under NACO, New Delhi, has established 209 Link ART Centers in 34 districts in the state where Patients on ART are provided with medicines. Recently in October, 2018 State Government has provided free bus travel to PLHIV taking Medicine from ART centers at vicinity of 50 Km.

ART Performance (Excluding Mumbai)

Year	ART Centers	Link ART Centers	Care Support Centre	Pre ART Registration	Ever started on ART	Alive & On ART	On 2 nd line ART
2008	29	32		137541	6,890	48458	89
2009	44	95		187073	99854	69925	311
2010	52	113		253099	139197	93415	773
2011	54	123		302170	173580	112342	1,083
2012	59	114		355947	217906	138180	1403
2013	60	136	33 CSC Project started by NACO under Vihaan from 1st April 2013	344145 Transferred out have been subtracted from this figure	204330 Transferred out have been subtracted from this figure	144562	1737

Year	ART Centers	Link ART Centers	Care Support Centre	Pre ART Registration	Ever started on ART	Alive & On ART	On 2 nd line ART
2014	70	157		326112	206137	150532	3650
2015	72	174	49	349273	235191	166826	4834
2016	73	177	49	371268	259946	180450	5534
2017	73	177	49	397641	301467	201359	7666
2018	73	177	40	410520	317766	207529	10106
2019	72	177	40	4,32,536	3,41,620	2,17,884	14467
2020	73	177	40	4,41,928	3,51,567	2,16,942	17769
2021	75	177	40	4,53,675	3,64,191	2,20,436	21949
2022-23	77	177	40	4,59,972	3,71,966	2,25,591	21519
2023-24	83	177	40	4,81,923	3,93,127	2,39,150	21,341
2024-25 April To Dec 24	86	209	40	4,90,989	4,03,978	2,40,850	20963

6. Care Support Centers:

Vihaan” program is being implemented under Global Fund Round IV and RCC Phase II by Alliance India and NMP plus in collaboration with MSACS and MDACS. At the district level, **40 CSC** organizations in Maharashtra and **4** organizations in Mumbai have been selected to provide Care and Support services to PLHIVs on **1st JAN 2018**. Situation Analysis for all the districts is completed. The main Aim of this Project is Support Care & treatment provide to HIV patients.

Following services are being provided under Care Support Centers:

- **Counseling at CSC**
- **Periodic meetings with various groups:**
- **Outreach through home visits for bringing back Lost to follow up cases back on Treatment.**
- **Advocacy**
- **Social Welfare Schemes**
- **Other Activities**
 1. Organizing support group meetings – for special groups or “buddy groups”
 2. Setting up of “discrimination response teams”

7. STD Division :

Sexually transmitted infections and reproductive tract infections are important public health problems in the State. The prevention and management of STI/RTI is a well recognized cost effective strategy for controlling the spread of HIV/AIDS in the state as well as to reduce the reproductive morbidity among sexually active population. Individuals with STI/RTI have a chance of acquiring and transmitting HIV by 5 to 10 times. To treat sexually transmitted infections, there are 53 DSRCs (Designated STI/RTI Clinics) established of which 51 are functioning under Maharashtra SACS in 34 Districts (Excluding Mumbai & Mumbai Suburban). Through these DSRCs , Sexually Transmitted Infections are diagnosed, treated & patients are counseled & provided drugs free of cost. Therefore prevalence of HIV/AIDs is decrease and Sexual and Reproductive Health of adolescent and adults are maintained.

STD Cases (Excluding Mumbai)

Year (F.Y.)	Cases
2007	69,951
2008	35,681
2009	53,105
2010	78,361
2011	95,120
2012	1,23,323
2013	1,29,056
2014	1,07,788
2015	98,350
2016	90, 783
2017	94,984
2018	1,00,173
2019 -20	1,12,134
2020-21	76,038
2021-22	75713
2022-23	100849
2023-24	100600
2024-25 (April To Dec 2024)	72013

8. Supply of safe blood:

Each and every unit of blood is to be tested for Anti bodies to HIV (HBsAg) Hepatitis – B, (HCV) Hepatitis – C and VDRL and Malaria. Blood unit found affected by any one of the above diseases is discarded by following universal bio-safety precautions.

At present, there are 245 (145 NON-NACO + 100 NACO) blood banks (Excluding Mumbai) working in the State.

Blood safety Program

Year	Total Collection of Blood Units (in Lac)	Voluntary Collection %	HIV Sero Positivity %
2008-09	8.36	86.58	0.46
2009-10	5.36	91.95	0.42
2010-11	5.70	93.17	0.41
2011-12	6.02	95.66	0.35
2012-13	6.40	97.67	0.33
2013-14	6.16	98.11	0.23
2014-15	6.30	97.17	0.16
2015-16	6.43	97.73	0.17
2016-17	6.27	98.40	0.17
2017-18	6.22	98.40	0.12
2018-19	6.44	99.00	0.12
2019-20	6.39	99.29	0.09
2020-2021	5.25	99.60	0.09
2021-2022	4.97	97.50	0.10
2022-23	6.74	98.68	0.07
2023-2024	6.49	99.50	0.07
2024-2025 (April To Dec 2024)	5.88	99.68	0.08

9. Prevention Division:

Prevention Division projects are being implemented through NGOs under Maharashtra State AIDS Control Society (MSACS).

- The projects are being implemented for high risk groups [Female Sex workers (FSW), Men Having Sex with Men (MSM), Transgender (TG), Injecting Drug Users (IDU)] and for bridge population (Migrants & Long Distance Truckers)
- The aim is to reduce HIV and STI prevalence among these groups and empower the community for the sustainability of the projects. They are also being mentored to form Community Based Organizations (CBOs) run by the community for their own community.

The services offered to High Risk Groups are as follows:

- Behavior Change Communication (BCC) and counseling for HIV and STI prevention.
- Regular STI screening every quarter for each HRG and STI treatment if diagnosed.
- HIV and Syphilis testing twice in a year for each HRG.
- Referral services (e.g. Anti-Retroviral Therapy, STI Prevention & TB treatment, and other necessary services)
- Networking with various other organizations for social benefit schemes.
- Condom promotion – For FSW (Female Sex Worker) and MSM/TG (Male having Sex with Male) projects strategy of free distribution is used but Social marketing is also promoted. For bridge population the strategy of Social Marketing is adopted

No. of Prevention Division as on December - 2024									
Year	Agency	FS W	MSM	TG	IDU	Migrants	Trucker s	Core-composite (FSW/MSM /TG)	Total
2017-18	TI	45	10	5	0	39	11	26	136
2018-19	TI	41	8	5	1	42	9	25	134
2019-20	TI	39	6	5	1	41	11	26	129
2020-21	TI	40	7	5	2	42	10	26	132
2021-2022	TI	41	7	5	2	43	12	26	136
2022-23	TI	41	7	5	2	44	12	27	138
2023-24	Prevention Division	42	7	5	1	43	12	27	137
December 24		42	7	5	2	42	11	28	137
2017-18	LWS	20							20
2018-19	LWS	20							20
2019-20	LWS	17							17
2020-21	LWS	20							20
2021-22	LWS	21							21
2022-23	LWS	21							21
2023-24	LWS	21							21
Dec24	LWS	21							21

Year	Agency	FSW	MSM	TG	IDU	Migrants	Truckers	Total	
2017-18	TI	58813	20992	3445	240	583854	168594	835938	
2018-19	TI	55007	19752	3755	419	1927320	65874	2072127	
2019-20	TI	57945	20903	4373	553	2253003	95913	2432690	
2020-21	TI	40	7	5	2	42	10	26	132
2021-22	Prevention Division	64471	24255	5269	449	973078	269206	1336728	
2022-23	Prevention Division	61061	23713	4734	278	730942	158759	979487	
2023-24	Prevention Division	74167	29025	7146	324	742692	160830	1014184	
December-2024	Prevention Division	79610	30652	8080	401	562703	121619	803065	
2017-18	LWS	371435						371435	
2018-19	LWS	10371	579	83	0	145712	195003 (vul. popu. ,TB, ANC, PLHIV)	2072127	
2019-20	LWS	7665	425	93	0	83725	180145 (vul. popu. ,TB, ANC, PLHIV)	272053	
2021-22	LWS	8741	541	264	0	155060	219361 (vul. popu. ,TB, ANC, PLHIV)	383967	
2022-23	LWS	9024	557	277	0	167695	201563 (vul. popu. ,TB, ANC, PLHIV)	379116	
2023-2024	LWS	8968	527	300	0	162158	283315 (Trucker vul. popu. ,TB, ANC, PLHIV)	455268	
December-2024	LWS	8825	623	244	0	137170	237703 Trucker vul. popu. ,TB, ANC, PLHIV)	384565	

1. Condom Promotion:-

Year	No of Condom Distribution to HRG
2017-18	73503360
2018-19	108676680
2019-20	30832954
2020-21	33909120
December - 2022	16570457
April-2023 to March-2024	4129920
December-2024	25977600

10. Information, Education & Communication (IEC):

As per the approved Annual Action Plan by NACO, New Delhi IEC division organizes various awareness activities using mass media, outdoor campaign and mid media to raise awareness among high risk groups and general population. Awareness and sensitization sessions for school, college youths, out of college youth on prevention aspect are organized on priority basis throughout the

state. Under mainstreaming advocacy and trainings are being conducted for various sections of the society.

Focus Areas: IEC department has organizes various activities to support the following major components in terms of disseminating the right information to target audiences so that people can access HIV/AIDS related referrals services and to generate demand through on-ground communication for prevention activities. With various other components, the following services are made available: ICTC/PPTCT promotion, strengthening linkage services at different levels, Promotion of pre ART registration and ART services, promotion of blood safety and blood donation, promotion of consistent condom use, establishing Red Ribbon Clubs and Mainstreaming HIV/AIDS.

The following IEC activities/campaigns are carried out to spread awareness about HIV prevention.

- Awareness through Social media – Extensive use of social media by present generation. Keeping in this mind whats app groups are created at the district and state level to generate awareness. State & district level facebook pages are also created and updated regularly to generate awareness through online platform.
- To make awareness about National toll free Helpline no. 1097, various IEC media is used to generate awareness about the helpline no. like wall paintings, banners, hoardings, information stickers on auto rickshaws and Audio-Visual material etc
- To make awareness about recently launched NACO AIDS APP, various IEC media is used to generate awareness about the NACO APP, like banners, hoardings, Audio- Visual material, scrolling on tv channel etc.
- On the occasion of World AIDS Day(WAD), International youth day (IYD) and National youth day (NYD), Blood donation day at state and district level various awareness programs are being organised. Mainly exhibitions, A-V material, Doordarshan, Akashwani ,print media and other electronic media extensive awareness is being done. Through DAPCU, NGOs, Colleges and other partners awareness campaigns are being conducted.
- Ganesh Festival- On the occasion of Ganesh festival MSACS send letter to all districts for display HIV/AIDS awareness hoarding at Ganesh Festival for creating awareness about HIV/AIDS among devotee in all districts of Maharashtra.
- Red Ribbon Clubs (RRCs): RRCs are established in colleges to engage college youth in the HIV/AIDS program and teach them about responsible sexual behavior. Accordingly RRCs have been formed in 882 colleges in the state from the year 2010. These RRC students regularly participate in World AIDS Day, International/National Youth day. RRC clubs are actively involved spreading awareness about HIV/AIDS among colleagues and other students/youths.
- Under the advocacy and mainstreaming, MSACS has been done different advocacy workshop and training to aware people on HIV/AIDS in different Govt. department. This year MSACS has also organized training Anganwadi worker, school teachers, railways employees, industrial workers etc.

New Initiative:

MSACS has launched a new campaign under the guidance of National AIDS Control Program, called “Index Testing Campaign” to identify new HIV infections. The target group of this campaign is as follows:

- Sexual Partner of HIV positive person

- Needle/syringe sharing (drug abusing) partners of HIV positive person
- Biological Mother (if index < 19 years),
- Biological Children < 19 Years (if index female)

The campaign was implemented from 15th April 2024 to 15th October 2024 in ICTC, ART, NGO's (Target Groups) facilities Centers under Maharashtra State AIDS Control Institute.

“International Youth Day”

On occasion of International Youth Day dated 12th August 2024 As per the NACO guidelines Intensified IEC Campaign launched. In Intensified IEC campaign Red run and Red ribbon Quiz contest was arranged. At Gawand Baug, Thana

The Objective of IEC Intensified Campaign was to increase the awareness of HIV/ AIDS and Sexually Transmitted Disease, Increase knowledge and understanding of safe sex practices, reduce discrimination and stigma among people living with HIV, increase demand for HIV and STI services.

Intensified IEC Campaign was arranged on 12th August to 12th October 2024

- In all 34 Districts of Maharashtra State Road Transport Corporation's Bus Stand depot via HIV/ AIDS awareness Audio Announcement was done.
- A short film **Ek Chuk** was created to increase the HIV/ AIDS awareness in young generation.
- In all 34 Districts of Maharashtra Flashmob programme was organized by the Red Ribbon Students at 68 public places.
- On occasion of Jatra and Yatra (Funfair). HIV/ AIDS awareness stall and voluntary HIV screening camps were organized.
- For the villager and Grampanchayat Member the sensitization of HIV/ AIDS was conducted.
- According to the usage of social media was used by youth population to spread awareness about HIV and AIDS through “ Sakhi's Kanmantra” Character
- HIV and AIDS awareness is done on Long route train as well as on private Radio Channel of HIV and AIDS awareness is done through jiggles.

World AIDS Day-

01st December is observed as World AIDS Day. On occasion of World AIDS Day State level awareness program was conducted. For this State level program Marathi film Star Mr. Sanjay Narvekar, Mrs. Kalyani Mule and Dr. Swapnil Lale, Director of Health Services, Mumbai were present. While introducing the program, Dr. Vijay Kandewad Hon. Additional Project Director, MSACS informed about the purpose of the program and the activities of the MSACS during the year. In this program 02 positive speakers expressed their experience. They revealed their struggling journey and how they successfully overcome the challenges of living with HIV. The Chief Guest, Shri Sanjay Narvekar was overwhelmed by the inspiring journey of PLHIV. Mr. Sanjay Narvekar, while addressing the audience, highly appreciated the work of MSACS. The chief guest of the program, Dr. Swapnil Lale, gave information about the various schemes offered for PLHIV through the health department and commented on the current situation of HIV / AIDS in Maharashtra. AIDS awareness programs were conducted by Waste Band and Folk Troup performance. The program was concluded by Dr. Rahul Jadhav (Joint Director, BSD). Similarly, a fortnight is run on the occasion of World AIDS Day in 34 districts of Maharashtra. Various activities were organized during this fortnight.

A. MUMBAI DISTRICT AIDS CONTROL SOCIETY FOR CONTROL & PREVENTION OF HIV/AIDS

As per United Nations Programme on HIV and AIDS (UNAIDS) fact sheet 2021, there are about 38.4 million people globally living with HIV. The total number of people living with HIV (PLHIV) in India is estimated at 24.01 Lakhs in 2021.

Government of India is implementing the National AIDS Control programme since 1992. Mumbai Districts AIDS Control Society is established in 1998 by Municipal Corporation of Greater Mumbai, serves as nodal agency for implementing proactive diagnostic care & treatment services for Mumbai City & suburbs.

Currently National AIDS Control Programme – Phase-V is being implemented in the country.

The aims and objectives of National AIDS Control Programme Phase-V:-

1. The NACP Phase-V aims to reduce annual new HIV infections and AIDS-related mortalities by 80% from the baseline value of 2010.
2. The NACP Phase-V also aims to attain dual elimination of vertical transmission, elimination of HIV/AIDS related stigma while promoting universal access to quality STI/RTI services to at-risk and vulnerable populations.

The main objectives of National AIDS Control Programme Phase- V:-

- a. HIV/AIDS prevention and control
 - i. 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention
 - ii. 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load
 - iii. 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV
 - iv. Less than 10% of people living with HIV and key populations experience stigma and discrimination
 - v.
- b. STI/RTI prevention and control
 - i. Universal access to quality STI/RTI services to at-risk and vulnerable populations
 - ii. Attainment of elimination of vertical transmission of syphilis

Various Sectional Programmes and their Expenditure:-

As per Annual Action plan duly approved by NACO, New Delhi, financial assistance is provided to Mumbai Districts AIDS Control Society for effective implementation of programme.

The details of grant in aid and expenditure made for the F.Y. 2020-21, 2021-22, 2022-23 & 2023-24 & 2024-25 (till September-2024) are as follows:- (Amt. in Lakhs)

Programme	Annual Action Plan 2020-21	Funds Received from NACO during F.Y. 2020-21	Expenditure incurred during F.Y. 2020-21.	Annual Action Plan 2021-22	Funds Received from NACO during F.Y. 2021-22	Expenditure incurred during F.Y. 2021-22.
New DBS						
IEC	166.43	145.62	113.19	167.86	131.18	120.04
STI	81.46	45.45	81.72	81.47	51.23	99.00
Blood Safety	241.66	186.09	161.08	241.66	241.65	228.22
Lab Services	105.47	85.47	66.96	102.99	76.91	85.31
Office Expenses	360.70	360.71	272.56	366.70	324.90	298.33
PMR/DAPCU	00	00	00	00	00	00
SIMS	18.81	10.71	6.83	23.49	18.47	12.74
TI Pool Fund	914.72	479.18	655.34	891.45	491.77	627.28
RCC Round II	503.17	429.69	377.14	615.91	497.92	379.15
GFATM Round IV	812.66	615.98	502.15	774.93	640.52	691.98
Total	3205.08	2358.90	2236.97	3266.46	2474.55	2542.05

(Amt. in Lakhs)

Programme	Annual Action Plan 2022-23	Funds Received from NACO during F.Y. 2022-23 (April-2022 to March-2023)	Expenditure incurred during F.Y. 2022-23. (April-2022 to March-2023)	Annual Action Plan 2023-24	Funds Received from NACO during F.Y. 2023-24 (Till March-2024)	Expenditure incurred during F.Y. 2023-24. (April-2023 to March-2024)
New DBS						
IEC	162.50	162.50	160.80	202.72	1083.90	236.42
STI	105.07	52.00	113.69	136.49		139.84
Blood Safety	0	0	0	0		0
Lab Services	116.30	112.49	127.42	205.81		165.48
Office Expenses	414.00	156.00	393.11	572.00		484.80
PMR/DAPCU	37.40	37.40	10.84	44.94		26.39
SIMS	30.43	24.96	12.86	40.57		21.72
TI Pool Fund	743.10	520.00	552.96	1038.50	931.48	1047.36
RCC Round II	522.00	355.68	506.29	744.16	672.65	616.74
GFATM Round IV	768.32	629.05	814.74	901.17	776.83	715.96
Total	2899.12	2050.08	2692.71	3886.36	3464.86	3454.71

(Amt. in Lakhs)			
Programme	Annual Action Plan 2024-25	Funds Received from NACO during F.Y. 2024-25 (Till Sept.-2024)	Expenditure incurred during F.Y. 2024-25. (01.04.2024 To 30.09.2024)
New DBS			
IEC	308.04	2556.34	137.23
STI	126.05		60.21
Blood Safety	0		0
Lab Services	311.66		115.72
Office Expenses	831.00		230.92
PMR/DAPCU	62.77		18.27
SIMS	56.83		11.01
TI Pool Fund	1141.09		504.17
RCC Round II	587.04		245.55
GFATM Round IV	856.40		399.34
Total	4280.88	2556.34	1722.42

The programmes implemented to control HIV/AIDS:-

In order to control spread of HIV/AIDS, Mumbai Districts AIDS Control Society carries out following programmes for the period upto September-2024.

1. Blood Safety Programme :-

In Mumbai there are 58 licensed blood banks of which 24 blood banks are MDACS supported. The annual requirement of blood for Mumbai city is 3 lac units.

The objective of the blood safety program is to provide safe, quality and adequate quantity of blood and blood components. Blood collected from donors is tested for transfusion transmissible infections like HIV, HbsAg, HCV, VDRL and malaria.

MDACS provides funds for donor refreshment, for organizing blood donation camps and has mobile vans. It is due to the continuous and persistent efforts by the blood safety division that voluntary blood donation has increased from 47% in 1998 to 99.33% till September, 2024 and HIV positivity has declined from 1.5% to 0.19% during the same period.

Report of Blood Safety Programme (January, 2020 to September, 2024) :-

Blood Safety			
Year	Total Blood Collection	Voluntary Blood Donation (%)	HIV positivity (%)
2020(Jan-Dec)	2,27,975	99.52	0.23
2021(Jan-Dec)	2,40,042	98.60	0.27
2022 (Jan-Dec)	2,36,475	99.08	0.38
2023 (Jan-Dec)	2,31,047	99.33	0.19
2024 (Jan-Sept)	2,12,648	99.33	0.19

2. Integrated Counseling & Testing Centers (ICTC) :-

Integrated Counseling and Testing Centre (ICTC), being the primary component of basic services, serves as the entry point for a range of interventions in HIV prevention, care and support. The ICTCs have been established in all Municipal/Government hospitals/ Maternity Homes & also in Private Nursing Homes spread across the city. There are 246 ICTCs in Mumbai (which include 44 standalone ICTCs, 5 Mobile ICTCs, 197 Facility Integrated ICTCs) and there are 7 Metro Sites and 1057 PPP centers. These ICTCs provide facility of counseling and HIV testing and reach out at risk people.

Patients Screened for HIV

Year	ICTC	
	HIV Testing	HIV Positive
2020(Jan-Dec)	3,63,658	2,334
2021(Jan-Dec)	4,89,188	3,240
2022(Jan-Dec)	6,15,201	3,490
2023 (Jan-Dec)	7,09,421	3,342
2024 (Jan-Sept)	5,46,765	2,411

3. Prevention of Parent to Child Transmission :-

HIV infection in a pregnant mother can be transmitted to her child during pregnancy, labor, delivery or breastfeeding. In order to avoid of HIV infection from infected mother to the child, Prevention of Parent to Child Transmission of HIV Program is being implemented in Mumbai. All pregnant women registered for antenatal (ANC) care in all Govt. /Municipal & Private Nursing Homes are offered HIV testing to ensure early detection of HIV infection in the mother. Seropositive pregnant and breastfeeding women, regardless of the CD4 count or WHO Clinical staging, are put on lifelong multidrug ART regimen under the PPTCT program. In Mumbai, this facility is available at 25 ICTCs, 23 FICTCs in Maternity Home & 1057 PPP centers.

All infants born to Sero-positive mothers are given Syrup Nevirapine / Syrup Zidovudine from birth till 6 weeks/12weeks and also given syrup co-trimoxazole prophylaxis after 6 weeks of age.

HIV Testing at ICTCs (Pregnant Women)

Year	HIV testing	ANC found HIV Positive
2020 (Jan-Dec)	1,19,134	99
2021 (Jan-Dec)	1,34,375	91
2022 (Jan-Dec)	1,73,726	98
2023 (Jan-Dec)	2,15,522	87
2024 (Jan-Sept)	1,14,217	59

4. Early Infant Diagnosis (EID) :-

Early Infant Diagnosis program has been implemented in Mumbai since 2010 wherein infants born to Seropositive Mother are screened for HIV infection using DNA-PCR technique by collecting Dried Blood Spot at 6 weeks, 6 months and 12 months. Confirmatory antibody testing is done at 18 months of age. Infants detected HIV positive are immediately put on ART. There are 44 EID Centers in Municipal Medical Colleges, Peripheral Hospitals & Maternity Homes.

5. STI Programme :-

The diseases related to STI are the prominent health problems amongst young and adult people in Mumbai. The risk of getting HIV infection in the persons suffering from STIs increases 5 to 10 times. Although there is no vaccine for HIV, if treated effectively STIs can be cured and decreased the transmission of HIV. In Mumbai we have 27 STI clinics (Suraksha Clinics) in Public Health Setup for immediate treatment on STIs. The patients are provided services related to STI diagnosis, treatment, counseling, partner management and supply of Condoms through these Suraksha Clinics. 1 Regional STI Training Reference Research Laboratory, B.Y.L. Nair Hospital link to these Suraksha Clinic for etiological diagnosis of STI/RTI in complicated patients for providing effective treatment in these patients.

Patients screened for STI at DSRC

Year	No. of Clients
2020 (Jan-Dec)	1,04,216
2021 (Jan-Dec)	1,46,905
2022 (Jan-Dec)	1,95,359
2023 (Jan-Dec)	2,08,877
2024 (Jan-Sept)	1,83,010

Syphilis infection in a pregnant mother can be transmitted to child during pregnancy. In order to avoid syphilis infection from infected mother to the child, Elimination of Vertical Transmission of HIV & syphilis (EVTHS) is being implemented in Mumbai in NACP Phase V. All pregnant women registered for antenatal (ANC) care in all Govt. /Municipal & Private Nursing Homes are offered syphilis testing to ensure early detection of syphilis infection in the mother. Pregnant women in Mumbai are tested for syphilis in 20 DSRC / 25 ICTCs, 23 FICTCs in Maternity Home & 1057 PPP centers. All Syphilis positive pregnant women treated with Injection Benzathine Penicillin G (BPG) as per the NACO guideline. Spouse syphilis testing and treatment is also done.

All infants born to syphilis positive mothers tested at the birth. If the infants RPR negative or RPR titer less than mother titer are treated with one Injection Benzathine Penicillin G (BPG) prophylactic treatment. If the infant is symptomatic with congenital syphilis signs and RPR titer 4 times higher than mother titer treated with curative treatment of Crystalline penicillin for 10 to 14 days by doing indoor admission.

ANC Syphilis testing

F. Y.	ANC Syphilis Testing	ANC Syphilis Positive
2021 – 22	147175	141
2022 – 23	191268	120
2023 - 24	66002	206
2024-25 (Jan-Sept)	52445	166

As per the NACP V objective - Universal access to quality STI/RTI services to at-risk and vulnerable populations, prevention and control of HIV/AIDS & STI/RTI is carried out in city and suburbs of Mumbai with the help of CBOs and NGOs.

The services such as Behavior Change Communication, STI, Referral, Syphilis testing of HRGs is carried out in 36 Static clinics. STI/RTI patients of HRGs are treated with syndromic management

HRG Syphilis testing

F. Y.	HRG Syphilis Testing	HRG Syphilis Positive
2021 – 22	32651	140
2022 – 23	44036	178
2023 – 24	59253	320
2024- 25 (Jan-Sept)	53099	136

6. Anti Retroviral Therapy (ART) :-

Mumbai Districts AIDS Control Society has established 20 ART centers, Centre of Excellence (Pediatric), Sion & Centre of Excellence at Sir J.J. Hospital, 6 Link ART Centers and 5 ART plus Centers

in Mumbai. The HIV patients are provided lifelong ART treatment. Routine viral load testing for PLHAs has been started since February 2018. The drugs are available free of charge for the treatment of opportunistic infection at all ART centers.

ART Centers

Activities	2020 (Jan-Dec)	2021 (Jan-Dec)	2022 (Jan-Dec)	2023 (Jan-Dec)	2024 (Jan-Sept)
ART Centers	19	20	20	20	20
Link ART Centers	6	6	6	6	6
Care Support Centre	4	3	3	3	4
ART Plus Centers	4	4	5	5	5
Pre ART-Registration	102299	103493	106168	108502	110024
Ever started on ART	65064	66227	68994	71367	73016
Alive & On ART	36507	37022	38688	40142	40658
Alive & on 2 nd line ART	4080	4019	4241	4539	4158

- Three Care, Support Centre established under domestic budget of CST-MDACS w.e.f 01.01.2022.

7. Sentinel Surveillance :-

HIV Sentinel Surveillance amongst General Population (Pregnant Women taken as representative) and HRGs is being conducted every 2 years as per NACO guidelines since 2003. HIV prevalence noted during sentinel Surveillance is as follows:-

Sr. No	Year	Pregnant women (%)	Female Sex Workers (FSWs) (%)	Men having Sex with Men (MSMs) (%)	Injecting Drug Users (IDUs)
1	2021	0.22	1.85	1.53	9.03

8. Condom Distribution Programme :-

HIV/AIDS and STI are interrelated diseases. One of the reasons for spreading HIV/AIDS is unprotected sex. The use of condoms is found to be useful in preventing HIV and STI. Condoms are distributed among high risk groups of FSW, MSM & TG to prevent HIV transmission.

F.Y.	Condom Distribution
2020-21	3638547
2021-22	5313020
2022-23	8384310
2023-24	5710827
2024-25 (Jan, 2024 to Sept, 2024)	5946500

9. **Targeted Intervention (TI) project through NGOs –**

As per NACOs guideline, the projects under prevention program are being implemented through NGOs for the benefits of HRGs (e.g. FSWs, MSM, TG, IDU, Migrant & Truckers etc.).

The work of prevention and control of HIV/AIDS is carried out in cities and suburbs of Mumbai with the help of CBOs and NGOs. The society carries 36 NGOs for intervention to HRGs as follows.

1. FSWs - 15
2. MSM - 03
3. IDUs - 01
4. Transgender - 04
5. Migrants - 12
6. Truckers – 01

The services such as Behavior Change Communication, STI, Referral and Linkages (HIV & ART), Condom Promotion & Distribution, Enabling Environment, Community Mobilization etc. are provided to HRGs through CBOs/NGOs.

The details of projects and the coverage of the beneficiaries are as follows:-

The numbers & the population covered under TI projects through Mumbai Districts AIDS Control Society (30.09.2024 status)							
Society	Female Sex Worker	Men who having Sex with Men	Transgender	Injecting Drug Users	Migrant	Trucker	Total
No. Of NGOs	15	03	04	01	12	01	36
Beneficiaries	19700	3507	3488	534	112847	39352	179428

10. **Information, Education& Communication (IEC) :-**

- **Mass Media campaign**

MDACS created awareness about HIV/AIDS among youth & General Public through Radio jingle on occasion of International Youth Day 12th August & World AIDs Day 1st December 2023. Also integrated in Music Concert organized by Red FM 98.3 FM for targeting youth for creating awareness. MDACS had run 2 Radio Campaign through Radio city 91.1FM on HIV routes of transmission & Youth for the creating awareness among youth & general population.

- **Social Media Campaign**

MDACS created HIV/AIDS awareness through Social Media. Upload Youth & HIV related post on Facebook, Twitter, Instagram & You tube. A month long Digital Media campaign was held for targeting virtually active youth through Atrangi Channel & Apps was also used for running

awareness spots. MDACS run special 2 week social media campaign on the occasion on World AIDS Day 2023. Social media special campaign runs on Youth & HIV on the occasion of National Youth Day-2024. MDACS uploads 15 posts monthly on social media. MDACS had run 2 months social media campaign under IEC intensified campaign from 12th Aug. to 12th Oct. 2024. Total 69 posts designed & uploaded on MDACS social media page. MDACS had run digital media campaign through IRCTC & True caller App & Website for 1 month to create awareness in general public.

- **Outdoor Media Campaign**

Mumbai Districts AIDS Control Society arranged awareness campaign through advertisement on 23 Bus Brandings, 40 Bus shelters, 205 Metro Digital screens, 200 Radio Cabs, 3 Local train wrap, Advertisement on 310 hoardings at Ganesh Pandal, Live Music concert arranged by Radio FM channel, 98 Cinema hall etc. Also wall painting activity did in the Arthur road jail & Byculla district jail for creating awareness about HIV/AIDS among prisoners. On the occasion of National Youth Day-2024, MDACS create awareness about HIV/AIDS among youth through Metro Train Branding, 205 Metro stations digital Screen & 5 Local Train branding. HIV/AIDS awareness activity conducted in Mumbai famous Kala Ghoda art festival. Street play and Waste band performed in the festival. Special slot given by organizers to the MDACS for creating awareness. 360 degree outdoor campaigns run by MDACS in Mumbai through 46 Bus Branding, 4 Local Train Branding, 300 Radio Cab, 205 Metro Digital Screens, 1780 Residential Apartment Screens, 4 S.T. Depot Audio Jingle, 6 Local train audio jingle, 98 Cinema hall (11780 video spots), 310 hoarding at Ganesh Pandal, 43 Bus Shelters & Open float on HIV awareness during Dahihandi Festival. 2 months IEC Intensified campaign run by MDACS in Mumbai slum area. The 230 street plays & Waste Band performances were performed during the campaign.

- **Mid Media Campaign**

Street play audition taken for the appointing street play group for the creating of awareness during HIV screening camp for mobilization of crowd. Street play performances conducted on crowded railway stations of Mumbai during HIV screening & awareness camp on occasion of World AIDS Day 2023. Total 117 street plays conducted during railway station camps. 103 street plays performed in the slum & Migrant areas during HIV testing camp for mobilize general public for HIV testing. 230 street plays were conducted in the slum areas during HIV testing campaign for mobilize general population for the free testing.

- **Youth Intervention**

On the occasion of International Youth Day & World AIDS Day 2023 Week long HIV/AIDS awareness activities conducted in 140 colleges in Mumbai under Red Ribbon Club. MDACS provided IEC material to the RRC members for distribution in community & college. MDACS had organized Red Run for the college youth as per guideline given by NACO, New Delhi under the youth festival. More than 600 youth participated from different RRC colleges of Mumbai. Also organize street play competition for college youth & Red Ribbon Quiz competition for School students under youth fest. On the occasion of National Youth Day 2024 Colleges were organized different type of competitions on HIV/AIDS awareness. Also 12 colleges organized college annual fest on HIV/AIDS theme. MDACS organized MDACS Red Run 2024 competition for the college youth to create awareness about HIV/AIDS. Total 650 Youth & 210 General public participated in the Red Run. RRC Colleges had organize HIV awareness Rallies, Street plays, Flash Mob, Poster making, slogan Making competitions, Reel making & IEC material distribution in the colleges Peer educator training conducted by MDACS on HIV/AIDS & RRC action plan, Total 360 NSS volunteers trained under RRC program. Also 192 NSS program officers sensitized on HIV/AIDS & RRC action plan.

11. Mainstreaming activities.

Mainstreaming activities plays vital role in risk & stigma reduction, social protection, access to services.

Advocacy :-

Advocacy was done with Public and Private sector to leverage the resources. Govt. departments in viz. Chief Electoral Office, GoM; Food, Civil Supply & Consumer Protection Dept; Women & Child Welfare Department, & Sanjay Gandhi Yojna; Districts Collectors, Districts Legal Service Authorities were sensitized to improve the access of social protection schemes for reducing vulnerabilities & to mitigate the impact of HIV. Advocacy was done with 74 stakeholders.

Joint Working Groups (JWGs) :- Seven JWGs are formed to leverage the resources. ONGC, BPCL, HPCL, IOCL, BES&T Undertaking, ESIC, various departments of WCD, MbPT, Mumbai Police, MMRCL are the members of JWG.

Greater Involvement of PLHIV: - Activities were conducted to increase the participation of PLHIVs in the HIV prevention & Control Program and to make available Social Protection Schemes by identifying their needs. In order to expand the beneficiaries of Social Protection Schemes by PLHIVS, MDACS had organized Umed Mela for HIV Positive Sr. Citizen. International Yoga Day was celebrated with 555 PLHIVs to promote Yoga for healthy living.

HIV/AIDS (Prevention & Control) Act, 2017:- Grievance Redressal Mechanism under HIV/AIDS (Prevention & Control) Act, 2017 has been established by MDACS to address Stigma and Discrimination. One Ombudsman and 303 Complaint Officers have been appointed and trained on HIV/AIDS Act, 2017

Training and sensitization: - activities were conducted to get the support from different departments. Trained: - 2682 are trained. Sensitized: - 1737 are sensitized.

Social Protection Schemes :-

The scheme offers much needed social protection to People Living with HIV/AIDS.

Details are as follows :-

Name of Scheme	Number of PLHIV availing benefits				
	2020-21	2021-22	2022-23	2023-24	2024-25
Ration Card	960	963	382	147	185
Nutritional Support to PLHIV & HRG	500	9256	1864	837	269
Janani Suraksha Yojana	0	92	68	175	106
Sanjay Gandhi Niradhar Yojana	781	705	315	13	23
BMC Supported Financial assistance scheme for widows	604	1276	808	220	71
Navsanjivani Yojana of TMC for women living with HIV	0	0	45	24	0
Mahatma Phule Jan Aarogya Yojana / Medical insurance	0	1	47	44	56
Medical Insurance – PMJAY	0	0	0	130	89
Medical Insurance – ABHA	0	0	0	262	118
Nikshay Poshan Yojana	0	739	157	04	29
Free Medical Support	0	483	949	646	856
Concessional Medical Support	0	281	119	115	81
Grant for Education	210	1668	2271	277	22
Orphanage	0	5	0	0	0

Name of Scheme	Number of PLHIV availing benefits				
	2020-21	2021-22	2022-23	2023-24	2024-25
Vocational Training/ Livelihood support	0	28	4	15	30
Balsangopan	0	0	0	0	1
Financial Assistance to FSW as per Supreme Court order	4179	213	0	0	0
Bank Account / Pradhan Mantri Jan dhan Yojana	781	127	14	22	36
Voter Card for FSW	0	547	474	101	231
Voter Card for TG	0	137	20	64	16
TG Card and Certificate	0	15	38	0	0
Atal Pension Yojna	0	0	0	0	10
PMSBY	0	0	0	0	10
Sukanya Samriddhi Yojna	0	0	0	0	14
Free Legal Aid	0	0	0	0	13
50% Railway Concession	0	0	0	0	16

CHAPTER 14

NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAMME

Government of India renamed "Goiter Control Program" in 1992 "National Iodine Deficiency Disorders Control Program". Iodine is an essential micronutrient required for normal body Growth & Development. It helps in preparation of "THYROID HORMONE".

Daily Requirement of Iodine: 150 Micrograms per day. Iodine is naturally available in water, fish, sea foods, food production. It is deficient in Mountain & hilly rainy water.

Iodine Deficiency results in: Goiter, Physical & Mental retardation, Dwarfism, Cretinism, Deaf-Autism, Frequent abortions, still births on pregnant mother.

Objective:

- 1) Surveys to assess the magnitude of Iodine Deficiency Disorder.
- 2) Supply of iodated salt in place of common salt.
- 3) Resurvey after every five years to assess the extent of iodine deficiency disorder and the impact of iodated salt.
- 4) Laboratory Monitoring of Iodated salt and urinary Iodine Excretion.
- 5) Health Education and Publicity for use of Iodized Salt.

Goal:

- 1) The governments goal of NIDDCP is to reduce the prevalence of iodine deficiency disorder below 5%
in the entire country.
- 2) 100% consumption of iodated salt.

NIDDCP Survey Team:

As per the Government of India guidelines all districts Primary Surveillance were completed. In a phase manner, the resurvey is conducted in all districts in the State. The state of Maharashtra has established 6 Surveillance teams from its own budget at Nagpur, Kolhapur, Aurangabad, Pune, Nasik & Amravati.

Function of Survey Teams:

- (a) Plan & conduct survey and resurvey in their jurisdiction
- (b) Health awareness regarding use of Iodized Salt.
- (c) On the spot testing of salt samples.
- (d) Treatment and follow up of Goiter cases.

Routine activities by PHC's & RH:

- (a) Surveillance of suspected Goiter cases during routine visit.
- (b) Spot testing of salt samples.
- (c) Collection of urine samples for iodine content.
- (d) Health Education

At present NIDDCP is being implement in all districts of the State. Out of 21 endemic districts are,

(1) Ahmednagar (2) Akola (3) Chandrapur (4) Kolhapur (5) Nanded (6) Parbhani (7) Pune (8) Raigad (9) Sindhudurg (10) Solapur (11) Sangli (12) Bhandara, (13) Dhule (14) Aurangabd (15) Buldhana (16) Jalna (17) Satara (18) Thane (19) Wardha (20) Amravati (21) Ratnagiri

This program being partied since 1st August, 1992. Replacing common salt by Iodized salt in the diet of the people staying in endemic districts above is the surest way of controlling

Iodine deficiency. For ensuring the replacement, the statutory ban on the sale of common is also enforced through food and Drugs Administration in the endemic districts.
All districts Primary Surveillance is completed and only resurvey is necessary.

During the year 2023-24, Goiter Survey – resurvey was completed in 6 districts. The re-survey in Thane, Chandhpur, Latur, Nanded and Nagpur districts have been completed.

District	Thane	Chadhpur	Latur	Nanded	Nagpur
Prevalence Rate	0.00	0.01	0.74	0.82	0.02

Iodine Estimation Information report

Year	Total salt sample tested	Standard	Sub-Standard	Nil Iodine
2016-17	14008	13716 (97.91%)	260(1.85%)	32(0.22%)
2017-18	13728	13549 (98.69%)	123(0.89%)	56(0.40%)
2018-19	13872	13631 (98.26%)	217(1.56%)	24(0.17%)
2019-20	16077	15401(95.79%)	435(2.70%)	241(1.49%)
2020-21	5064	4944 (97.63%)	120 (2.37%)	0 (0.00%)
2021-22	8886	8554 (96.26%)	315 (3.54%)	17 (0.19%)
2022-23	21606	20888 (96.68%)	598 (2.77%)	120 (0.56%)
2023-24	20021	19475 (97.27%)	527 (2.70%)	19 (3.60%)
2024-25 (April-Dec)	21806	20729	1049	28

Urine Estimation report

Year	Samples Tested	More than 10 Mcg	5-0 to 9.9 Mcg	2.0 to 4.9 Mcg	Less than 2.0 Mcg	Not tested
2016-17	1427	973	249	136	68	44
2017-18	2413	1841	259	165	85	1
2018-19	1070	757	126	104	47	37
2019-20	2281	1948	173	89	71	4
2020-21	36	0	31	5	0	0
2021-22	413	409	4	0	0	0
2022-23	3320	3130	168	22	0	0
2023-24	2113	1904	192	17	0	0
2024-25(April-Dec)	1951	1835	82	24	10	0

Expenditure Report											
Year		2020-21		2021-22		2022-23		2023-24		2024-25 (upto Dec 2024)	
(GOI Grant) PIP		Bud get	Expendi ture	Bud get	Expendi ture	Bud get	Expendi ture	Bud get	Expendi ture	Bud get	Expendi ture
		76.43	0.56	75.89	1.67	230.98	28.36	106.80	88.42	90.12	81.93
State Government (BDS)											
Sr . N o.	Detail Head	Bud get	Expen diture	Bud get	Expendi ture	Bud get	Expendi ture	Bud get	Expendi ture	Bud get	Expendi ture
1	1 Salary	44.08	23.83	44.08	40.12	60.00	53.56	68.00	54.39	71.45	48.87
2	11 Domestic Travel Expenses	0.60	0.00	0.60	0.00	0.60	0.36	0.60	0.59	0.60	0.00
3	13 office Expenses	0.60	0.35	0.60	0.00	0.60	0.00	0.60	0.00	0.60	0.00
	21 Supplies and Materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	26 Advertisin g and Publicity	0.50	0.00	3.50	0.00	3.50	1.75	3.50	3.28	3.50	0.60
5	50 Others	0.10	0.00	0.50	0.00	0.50	0.00	0.50	0.00	0.50	0.00
	Total	45.88	24.18	49.28	40.12	65.20	55.68	73.20	58.25	76.65	49.47

21st October 2024, World Iodine Deficiency Disorder Prevention Day was celebrated and Principal HFWTC, Civil Surgeon, District Health Officer raised awareness about Goiter at their level and in urban, rural areas.

CHAPTER 15

Integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

An objective of scheme – AB-PMJAY and MJPJAY provides end to end cashless quality medical services for identified diseases through empanelled hospitals.

Schemes

Government of Maharashtra started Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) (erstwhile Rajiv Gandhi Jeevandayee Arogya Yojana) from 2nd July, 2012 in eight districts on pilot basis and then it was expanded in all districts of Maharashtra from 21st November, 2013. This flagship health scheme was initially started for low income families and then added other categories from time to time.

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was launched by the Government of India on 23rd September 2018. Earlier the households included were based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. This scheme was implemented in integration with Mahatma Jyotirao Phule Jan Arogya Yojana during 2018 to 2020. Government of India and Government of Maharashtra have been sharing cost of implementation in the ratio of 60:40.

Integrations of Schemes:

The Government made amendments in the integrated scheme as per the Government Resolution dated 26th February, 2019 being implemented as above. Accordingly, an insurance cover of Rs.1.50 lakh per family per year was provided for 996 treatments in the Mahatma Jyotirao Phule Jan Arogya Yojana,. Also health coverage of Rs.5.00 lakh per family per year was applicable for 1209 treatments through Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana. The said scheme was implemented from 1.04.2020 to 30.06.2024.

Meanwhile, Government of Maharashtra has taken decision vide GR dated 28th July, 2023 to implement MJPJAY for all families in the state and expanded the scope of current scheme. The scheme covers all population of Maharashtra. The scheme provides end to end cashless quality medical services for identified secondary and tertiary diseases requiring hospitalization through empanelled hospitals. **Benefits of expanded scheme are applicable from 1st July, 2024.** The scheme is implemented totally on fully Assurance mode.

Details of expanded scheme are follows:

Beneficiaries:

AB-PMJAY(Category-A):	
▪ Households recorded in the Social, Economic and Caste Census, 2011 (SECC) ▪ Antyodaya Anna Yojana (AAY) and Priority House Holder (PHH) Families tagged from National Food Security Act (NFSA)	

MJPJAY	
Categories	Description of Beneficiaries
Category A	Families holding Yellow, Antyodaya Anna Yojana (AAY), Annapurna Yojna and Orange Ration Card.
Category B	• White ration card holder families (including Govt./Semi Gov employees). • A family without having any kind of ration card but having domicile certificate of Maharashtra
Category C	▪ Students in Govt. and Govt. recognized Ashram School ▪ Children in Govt. and Govt. recognized Orphanages ▪ Women in Govt. and Govt. recognized Women's Ashram ▪ Sr. citizens in Govt. and Govt. recognized old age homes ▪ Journalists and their dependent family members as per criteria of Directorate General of Information and Public Relations Office. ▪ Construction workers and their families (who are resident of outside of Maharashtra) registered with Maharashtra Building and Other Construction Workers Board.
Group D	Road traffic accident victims from outside Maharashtra and outside India who met with an accident on roads in Maharashtra
Group E	Families holding below mentioned ration cards from 865 villages of Belgaon, Karwar, Kalburgi and Bidar Districts of Maharashtra- Karnataka border 1) Antyodaya Anna Yojana (AAY) 2) Priority House Holder (PHH) 3) Annapurna Yojna

Eligibility and Identification	
PMJAY (Category A)	Ayushman Card along with valid Id Proof
MJPJAY (Category A)	Ayushman card or Ration Card (Yellow, Antyodaya Anna Yojana ration card)

	(AAY), Annapurna ration card, Orange) along with valid ID proof
MJPJAY (Category B)	Ayushman card or white Ration Card. In absence of White Ration Card, Domicile Certificate or Tahsildar Certificate along with Self-Declaration and valid ID proof In case of Govt./Semi Govt. employee, White Ration card and Self-Declaration with valid ID proof
MJPJAY (Category C)	Ayushman card or valid ID card issued by respective organisation and valid ID proof
MJPJAY (Category D)	Geo tagged photo of patient in the hospital, copy of the letter of information to be issued by the hospital to the police regarding the road accident and victim's Aadhar Card or Voter ID or PAN Card or Passport.
MJPJAY (Category E)	Antyodaya Anna Yojana ration card, Annapurna ration card and Priority household ration card issued by competent authority of Karnataka Government along with self-declaration in the prescribed format and valid ID proof

No. of beneficiary families - Approximately 2.72 Crore families (12.54 Crore Population) are included under Integrated Scheme.

Annual Health coverage –

- ✓ For category A to E (Excluding D) - Rs.5 lakhs per family per year for Integrated schemes on floater basis
- ✓ For category D - Rs.1 lakh per person per year.

Medical Benefits -

- For category A to E (Excluding D) - 1356 Health Benefit Packages under 34 specialties
- For category D – 184 Health Benefit Packages for Road accident patient

Follow-up treatment - 262 Health Benefit Packages for Integrated scheme (for category A to E)

Treatment reserved for Govt. Hospitals – 119 Health Benefit Packages for Integrated scheme (for category A to E)

Benefit under Health Packages: Packages include bed charges in General ward, Nursing and boarding charges, Surgeons and Anaesthetists charges, Medical Practitioner and Consultants fees, Oxygen, O.T. & ICU Charges, Cost of Surgical Appliances, Cost of Drugs, disposables, consumables, implants, Cost of Prosthetic Devices, Cost of Blood Transfusion (Blood to be provided as per policy of State Government), X-Ray and Diagnostic Tests, food to inpatient, one time transport cost by State Transport or second class rail fare (from Hospital to residence of patient only). The package covers the entire cost of treatment of patient from date of reporting to his discharge from hospital including complications if any, making the

transaction truly cashless to the patient. In instance of death, the carriage of dead body from network hospital to the village/ township would also be part of package.

Ayushman Card – The Maharashtra Government, vide its Letter dated 16th June, 2023, has decided to provide a uniform co-branded Ayushman Card to each member of the beneficiary family under the Integrated scheme. Accordingly, 2.92 crore Ayushman Cards have been prepared in the State till 27th January, 2025.

Details	Total Individual beneficiaries	ABPMJAYBeneficiaries (Approx)	MJPJAYBeneficiaries (Approx)
Total Ayushman cards to be generated	9.74	3.29 Cr	6.44 Cr
Generated Ayushman cards	2.92 Cr	1.76 Cr	1.15 Cr
Balance Ayushman cards to be generated	6.81 Cr	1.53 Cr	5.29 Cr

Action taken for generation of Ayushman Card –

1. State Health Assurance Society has received BIS 2.0 revised system on dated 28.08.2023 from National Health Authority for self-generation Ayushman Card of beneficiaries.
2. The facility of downloading Ayushman card through e-KYC of beneficiary through mobile app or website has been made available through the said system.
3. Ayushman card of those beneficiaries who have done e-KYC through mobile app or web portal will delivered at doorstep by Asha Worker.
4. To achieve the target of 100% saturation of Ayushman cards of eligible beneficiaries, a total of 95,344 operator logins have been created in the state, including 63,966 ASHA Workers and 31,378 Aaple Sarkar Seva Kendra operators. Also, login IDs have been provided to Arogya Mitras working in empanelled hospitals and all training on Ayushman card generation has been given to all of them. Through all of these, the work of Ayushman card generation in the state is going on at war footing through the operator options.
5. Awareness has been created about the scheme and the creation of Ayushman Cards through various promotional media in the state.
6. A special campaign was undertaken to identify the beneficiaries belonging to the Particularly Vulnerable Tribal (PVTG) category and generate and distribute their Ayushman cards on priority basis. Out of a total of 3.85 lakh beneficiaries in 13 districts. While the work of creating Ayushman cards for the rest of the beneficiaries is going on.
7. In order to generate Ayushman card on a large scale, the government has given instructions to all Collectors, Chief Executive Officers of Zilla Parishads, Municipal Commissioners, Chief Officer of Municipal Councils about doing e-KYC and distribution of Ayushman cards. Similarly, the Deputy Director of Health Department and the District Civil Surgeon has also been instructed in this regard.
8. Under the 100-day program of the state government, 3000 health camps are being organized and during these camps, a special campaign has been undertaken to achieve the target of 100% production and distribution of Ayushman cards to the beneficiaries of the integrated schemes.

Status of Ayushman Card generation - District wise count of Ayushman card generation report is as below: (Figures in lakhs)

Sr.No.	District	Beneficiary families	Individual Beneficiaries	Generated cards	%
1	Sindhudurg	2.23	8.14	4.16	51%
2	Gondia	3.06	12.71	6.44	51%
3	Bhandara	2.87	11.43	5.53	48%
4	Gadchiroli	2.47	9.16	4.39	48%
5	Washim	2.99	11.58	5.04	44%
6	Dhule	4.44	20.04	7.83	39%
7	Wardha	3.24	12.32	4.78	39%
8	Aliyanagar	10.55	41.65	15.92	38%
9	Chandrapur	5.17	18.79	7.18	38%
10	Kolhapur	9.38	38.24	14.61	38%
11	Nandurbar	3.64	14.83	5.65	38%
12	Hingoli	2.45	10.24	3.86	38%
13	Dharashiv	3.52	15.23	5.59	37%
14	Nanded	6.59	27.38	9.83	36%
15	Sangali	6.8	27.76	9.95	36%
16	Parbhani	3.72	16.08	5.75	36%
17	Akola	4.39	17.33	6.18	36%
18	Satara	6.75	27.65	9.7	35%
19	Jalana	4.16	18.16	6.35	35%
20	Amravati	6.53	25.55	8.71	34%
21	Ratnagiri	4.26	16.58	5.36	32%
22	Buldhana	5.86	23.52	7.33	31%
23	Nagpur	13.12	48.82	15.16	31%
24	Beed	5.74	23.47	7.17	31%
25	Palghar	6.34	26.46	7.98	30%
26	Yavatmal	6.63	24.35	7.04	29%
27	Latur	4.86	22.05	6.18	28%
28	Nashik	14.05	61.68	17.11	28%
29	Jalgaon	9.31	38.08	10.49	28%
30	Raigad	5.83	22.16	5.9	27%
31	Solapur	9.95	40.92	10.52	26%
32	Ch. Sambhji Nagar	7.83	34.35	8.54	25%
33	Mumbai City	4.9	16.36	3.9	24%
34	Pune	18.47	66.49	14.47	22%
35	Thane	16.09	56.96	9.2	16%
36	Mumbai Suburban	18.98	67.39	7.95	12%
Total		247.17	973.90	291.75	30%

*As per updated report as on 27.01.2025 on portal.

Vay Vandana Card –

Under Ayushman Bharat Yojana, Ayushman Vaya Vandana Yojana has been implemented in the State for senior citizens above 70 years of age from 30th November 2024. These beneficiaries will be allowed additional (top up) treatment of Rs. 5 lakh. Accordingly, Vay Vandana cards of 1.55 lakh beneficiaries have been generated till date.

Health Camp:

Free Health Camps are conducted by Network hospital in Taluka Head Quarters, major Gram Panchayats and Municipalities. Every Network hospital is required to organize one Standard Health Camp (SHC) every month and 3 to 5 Network hospitals are required expected to organize a Mega health camp once in quarter.

24X 7 Pre-authorization:

The Network Hospital based on the diagnosis shall admit the patients and send e-preauthorization to the Insurer. Preauthorization will be decided within 6 hours. In case of emergencies, the medical / surgical preauthorization approval has to be taken by MCO over telephone – Emergency Telephonic Intimation (ETI) which has a voice recording facility.

Online Claim Settlement –

The Integrated Scheme is being implemented on Assurance Basis. This means that the claims of the network hospitals for the expenses of the patients undergoing treatment under the scheme are being paid directly by the State Health Assurance Societies to the respective network hospitals. Accordingly, State Health Assurance Society is paying claims up to Rs.5 lakh per family per year of group A, B, C and E and Rs.1 lakh per person per year for road accident victims of group D.

Health care Providers (Network Hospitals):

The empaneled Hospitals under the Scheme include both Government and Private hospitals. Government Hospitals include Hospitals from Public Health Department, Medical Education and Drugs department, Hospitals under Municipal Corporation and Municipality. Government and Private Hospitals, both multi-specialty and single specialty, can be empanelled as per the requirement and directions of Coordination Empanelment and Disciplinary committee chaired by Chief Executive Officer, State Health Assurance Society. For multi-specialty Private hospitals, there are criteria of minimum 30 beds with ICU (with certain relaxations), while for single-specialty specialty hospitals 10 beds and other criteria shall be applicable.

Maximum number of network hospital is 1900. As of now 1792 hospitals are empanelled under the scheme out of that 648 hospitals are Government and 1144 hospitals are private.

Call Center and Website – Integrated Mahatma Jyotirao Phule Jan Arogya Yojna and Ayushman Bharat – Pradhan Matri Jan Arogya Yojna has call center run for 24 hours. Toll free number is 155 388 and 1800 233 2200. An inbound and outbound call is the feature of call center. Inbound calls are received for inquiries and complaints regarding scheme. Out bound calls are active calls done by call center employees to ascertain satisfaction of services under scheme, to confirm the services given. Enrolment, Pre-authorization, Claim paid and redress of grievances is done online through web portal www.jeevandayee.gov.in.

District-wise performance of Integrated scheme in 5 years.

Integrated Scheme Performance (PMJAY+MJPJAY)							
01.04.2019 to 28.01.2025							
Sr.	District Name	Preauth Approved		Surgery/Thearpy		Claim Paid	
no		Count	Amount (Cr.)	Count	Amount (Cr.)	Count	Amount (Cr.)
1	AHILYANAGAR	303459	737.2	303113	735.67	253555	550.49
2	Akola	102622	248.93	102189	247.6	85843	178.58
3	Amravati	152117	382.51	151452	380.45	127475	281.66
4	Beed	158981	371.31	158672	370.43	135134	280.45
5	Bhandara	41920	77.8	41686	76.92	32812	53.45
6	Buldhana	139113	340.87	138813	339.71	113178	247.69
7	CHHATRAPATI SAMBHAJI NAGAR	175632	463.37	175135	461.81	140268	333.94
8	Chandrapur	54437	121.49	54101	120.16	42244	81.44
9	Dhule	120977	290.32	120757	289.39	100119	213.07
10	Dharashiv	75857	182.14	75665	181.45	62189	131.61
11	Gadchiroli	15514	33.81	15339	33.27	11249	21.53
12	GONDIYA	36287	78.32	36066	77.5	27929	50.97
13	Hingoli	56879	144.58	56682	143.87	45036	104.62
14	Jalgaon	247402	555.03	246995	553.45	196789	391.02
15	Jalna	125268	325.93	125001	325.04	103008	243.00
16	Kolhapur	307851	750.39	307515	748.9	250805	547.19
17	Latur	91854	227.79	91606	227.11	80131	174.63
18	MUMBAI & MUMBAI SUBURBAN	313731	860.11	312415	855.3	264758	649.73
19	Nagpur	190697	418.75	189152	413.77	151863	289.02
20	Nanded	139403	346.32	138781	344.47	116003	253.73
21	Nandurbar	45685	103.26	45584	102.85	38403	77.92
22	Nashik	321656	828.35	320292	822.81	258304	593.66
23	Palghar	43811	111.3	43509	110.22	30425	66.73
24	Parbhani	81279	200.36	81016	199.54	66751	148.01
25	Pune	296945	732.3	295900	728.65	245828	534.75
26	Raigad	97819	238.73	97244	236.83	79103	166.45
27	Ratnagiri	78958	201.15	78749	200.36	63962	141.23
28	Sangli	201289	509.15	200999	508.03	166112	372.79
29	Satara	172260	434.34	171886	432.84	141156	310.79
30	Sindhudurg	37945	101.27	37647	100.25	30666	72.78
31	Solapur	221306	530.49	220620	528.11	177065	370.20
32	Thane	259251	662.5	257852	657.82	208452	466.18
33	Wardha	67394	170.57	66970	169.1	54754	119.28
34	Washim	74147	188.39	73916	187.68	61702	139.61
35	Yavatmal	103862	268.94	103328	267.14	82990	190.32
Total		4953608	12238.07	4936647	12178.5	4046061	8848.52

Scheme Performance from 02.07.2012 to 28.01.2025

Period	Preauth Approved	Procedures done	Claim Amount Paid (Rs.in Cr)
02.07.2012 to 22.09.2018	2,006,553	2,004,436	4029.44
23.09.2018 to 31.03.2020	902,739	903,647	1858.02
01.04.2020 to 30.06.2024	3,683,561	3,680,746	6999.02
01.07.2024 to 28.01.2025	668,748	644,038	668.24
Total	7,261,601	7,232,867	13,554.72

Budgetary provision and expenditure of last 5 year from 2020-21 to 2024-25:

Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY):

Rupees in lakhs			
Financial Year	Budget Head	Sanctioned Grant	Expenditure
2020-21	2210 G 251 (GEN)	84819.00	84819.00
	2210 G 861(SCP)	14111.13	9780.71
	2210 G 289(TSP)	9751.69	9028.20
2021-22	2210 G 251 (GEN)	110227.45	108350.41
	2210 G 861(SCP)	18613.22	18613.22
	2210 G 289(TSP)	10971.49	10414.36
2022-23	2210 G 251 (GEN)	88156.79	88156.79
	2210 G 861(SCP)	13091.95	13091.95
	2210 G 289(TSP)	9946.04	9946.04
2023-24	2210 G 251 (GEN)	90921.73	90625.32
	2210 G 861(SCP)	14157.36	14157.36
	2210 G 289(TSP)	10051.04	10051.04
2024-25 (01.04.2024 to 31.12.2024)	2210 G 251 (GEN)	168714.88	48129.50
	2210 G 861(SCP)	20975.00	8936.86
	2210 G 289(TSP)	17500.00	6810.48

Ayushman-Bharat – Pradhan Mantri Jan Arogya Yojana

Rupees in lakhs			
Financial Year	Budget Head	Sanctioned Grant	Expenditure
2020-21	2210 G 449 (State Share 40%)	22209	21355.57
	2210 G 888 (SCP) (State Share 40%)	3275.19	2414.74
	2210 G 494 (TSP) (State Share 40%)	2457.81	2400.36
2021-22	2210 G 449 (State Share 40%)	19014.48	190.14
	2210 G 888 (SCP) (State Share 40%)	3958.59	3934.02
	2210G 494 (TSP) (State Share 40%)	2406.42	2399.70
2022-23	2210 G 449 (State Share 40%)	Grant in aid (31) 24188.06	Grant in aid (31) 24188.06
		Other Adm. Exp. (20) 500.00	Other Adm. Exp. (20) 350.00
	2210 G 888 (SCP) (State Share 40%)	3184.45	3184.45
	2210G 494 (TSP) (State Share 40%)	2426.76	2426.76
2023-24	2210 G 449 (State Share 40%)	Grant in aid (31) 26932.97	Grant in aid (31) 26932.97
		Other Adm. Exp. (20) 831.81	Other Adm. Exp. (20) 831.81
	2210 G 888 (SCP) (State Share 40%)	4015.79	4015.79
	2210G 494 (TSP) (State Share 40%)	3060.03	3060.03
2024-25 (01.04.2024 to 31.12.2024)	2210 G 449 (State Share 40%)	Grant in aid (31) 50719.30	Grant in aid (31) 13856.08
		Other Adm. Exp. (20) 880.00	Other Adm. Exp. (20) 200.00
	2210 G 888 (SCP) (State Share 40%)	5769.72	2066.40
	2210G 494 (TSP) (State Share 40%)	4205.00	1574.73

CHAPTER 16

HUMAN ORGAN TRANSPLANTATION ACT, 1994

- An Act to provide for the regulation of removal, storage and transplantation of human organs for the therapeutic purpose and for prevention of commercial dealings in human organs and for matters connected therewith or incidental thereto, the Parliament of India enacted the Transplantation of Human Organs Act 1994 (THO Act 1994)
- The Central Government made the Human Organ Transplantation rules in 1995 (THO Rules 1995), Amended rules in 2008
- Central Government issued Gazette Notification of THO Act 1994 on 4th February 1995. Amended Act in 2011
- Implementation of THO Act 1994 started in Maharashtra State from 4th February 1995.
- By Govt. Resolution dated 1.10.1996 for effective implementation of THO Act 1994 in the State, Govt. of Maharashtra established special cell for Organ Transplantation Programme and sanctioned following staff for it.

Sr.No.	Designation	No.	Position
1	Asst. Director, Class-I (Technical)	1	Filled
2	Superintendent	1	At present Asst. Superintendent is working
3	Stenotypist	1	Filled
4	Driver	1	Vacant
5	Peon	1	Vacant
	Total	5	

- Government of Maharashtra declared Director of Health Services as Appropriate Authority for implementation of THO Act 1994 in the State on 23rd March, 1995 and As per notification dated 28th November, 2023, the Government of Maharashtra has also declared the Deputy Director Health Services Circle as the appropriate authority.
-
- For coordinating Cadaver Transplant programme ZTCC Mumbai and Maharashtra Confederation of organ transplant committee at state level under chairmanship of Secretary, Director Medical Education and Drugs Department established on 9th July, 1999. And for cadaver transplant programme implementation at divisional level, ZTCC Pune established on 14th Jan. 2003, ZTCC Nagpur and Aurangabad established on 28th Feb. 2011. As per THOTA 1994 amendment 2011 Rule 2014 Regional Organ & Tissue Transplant Organization and State Organ & Tissue Transplant Organization is established in K.E.M. Hospital Parel Mumbai on 1st July, 2014.
- The Appropriate Authority in the State registers the hospitals for Human Organ Transplantation and renews the registration after 5 years as per the provisions of the THO Act 1994. It supervises the implementation of the Human Organ Transplantation in the State and investigates any complaints in regards to Human Organ Transplantation and takes necessary action against the institutions. It also investigates the breach of any of the provisions of THO Act 1994 or any rules made there under and takes appropriate action against the faulty institutions.
- Appropriate Authority along with registration of hospital also recognizes the Hospital based Authorization committees, Transplant Team and Brain Stem Death committees of the registered hospitals. The Hospital based authorization committee grants permission for human organ transplantation in live related donor cases.

- The permission or NOC for the human organ transplantation in case of live unrelated from the state & out of State and in both related/unrelated cases of foreign national is issued by State Authorization Committee of the concerned region.
- Total centers (Organ wise/Region wise) registered in the state for organ transplantation under THO Act, 1994 amendment 2011 are as follows...

Sr.No.	Single Organ for which registration is given	No. of registered centers
1	Kidney (Rev.Div.-- Mumbai-44, Pune-31, Kolhapur-7, Ch.Sambhajinagar-10, Nagpur-21 Nasik-13, Akola-2, Latur-3)	131
2	Liver (Rev.Div.-- Mumbai-23, Pune-15, Nashik-6, Ch.Sambhaji Nagar-5 Nagpur-7, Kolhapur-4)	60
3	Heart (Rev.Div.-- Mumbai-15, Pune-6 Aurangabad-2 Nagppur-7, Nashik-6, Kolhapur-1)	37
4	Lungs (Rev.Div.-- Mumbai-12, Pune-5 Nagpur-1, Kolhapur-1)	19
5	Pancreas (Mumbai-7 Pune-4, Nagpur-1)	12
6	Intestine (Mumbai-7, Pune-2)	9
7	Small Bowel (Mumbai-1)	1
8	Hand Transplant (Mumbai-4 Pune-2)	6
9	Uterus Transplant (Mumbai-2, Pune-2)	4
10	Tissue Bank (Mumbai-6), Sangali-1, Aurangabad-2, Pune-2	11
11	Total centers registered as Eye Retrieval center, Eye Bank and Cornea transplant Center in the	285
12	Total hospitals are registered as NTORC	65
	Total	640

- **Transplant Performance:-**
 - Total **live** Transplantations (1995 to Dec. 2024)- (-Kidney-**13344** Liver-**1769**)
 - Total **Cadaver** Organ Transplantations (1995 to Dec. 2024) --- **3067**
(Kidney-**1680**, Liver-**889**, Lung-**51** Heart-200 Other(Eyes,Tissue)-**247**)

2013) Performance of **Live** OrganTransplantations in the State (Since 1995)

Sr. No.	Year	Transplantations performed					
		Kidney			Liver		
		Related	Unrelated	Total	Related	Unrelated	Total
1	1995	107	15	122	0	0	0
2	1996	176	39	215	0	0	0
3	1997	181	59	240	0	0	0
4	1998	177	54	231	0	0	0
5	1999	195	67	262	0	0	0
6	2000	220	72	292	0	0	0
7	2001	201	94	295	0	0	0
8	2002	244	117	361	0	0	0

Sr. No	Year	Related	Unrelated	Total	Related	Unrelated	Total
11	2005	226	24	250	2	0	2
12	2006	233	38	271	2	0	2
13	2007	362	35	397	1	0	1
14	2008	403	53	456	4	1	5
15	2009	492	82	574	2	0	2
16	2010	542	87	629	7	1	8
17	2011	511	81	592	3	1	4
18	2012	617	76	693	5	0	5
19	2013	523	92	615	41	7	48
20	2014	604	70	674	65	13	78
21	2015	598	94	692	99	19	118
22	2016	468	78	546	65	15	80
23	2017	584	61	645	87	09	96
24	2018	492	79	571	83	13	96
25	2019	529	64	593	106	17	123
26	2020	140	10	150	114	11	125
27	2021	487	54	541	185	24	209
28	2022	479	45	524	120	12	132
29	2023	659	39	698	321	23	344
30	2024	609	52	661	265	26	291
Total		11517	1827	13344	1577	192	1769

PERFORMANCE OF CADAVER ORAN TRANSPLANTATION (SINCE 1995)

Year	Kidney	No. of Transplantations performed				
		Liver	Lung	Heart	Other (Eyes,Tissue)	Total
1995	0	1	0	0	0	1
1996	2	0	0	0	0	2
1997	10	0	0	0	0	10
1998	3	0	0	0	0	3
1999	17	0	0	0	0	17
2000	13	0	0	0	0	13
2001	25	0	0	0	0	25
2002	18	2	0	0	0	20
2003	24	0	0	0	0	24
2004	25	1	0	0	0	26
2005	19	3	0	0	0	22
2006	18	3	0	0	0	21
2007	16	3	0	0	0	19
2008	20	3	0	0	0	23
2009	47	7	0	0	0	54
2010	30	9	0	0	0	39
2011	26	7	0	0	0	33
2012	49	22	2	2	0	75
2013	59	26	0	0	12	97
2014	80	43	0	0	15	138
2015	97	41	0	5	13	156
2016	204	117	1	35	37	394
2017	187	102	2	50	19	360

Year	Kidney	Liver	Lung	Heart	Other (Eyes,Tissue)	Total
2019	242	144	8	35	112	541
2020	35	35	0	7	0	77
2021	26	20	1	8	0	55
2022	131	129	2	23	3	288
2023	94	72	11	11	7	195
2024	89	57	18	7	1	172
Total	1680	889	51	200	247	3067

- As Cadaver Organ Transplantation is comparatively low in the State, to increase the cadaver organ transplantation, following steps have been taken by the Public Health Department.

54) **To boost up** the identification, declaration and certification of **brain stem dead** patient's, so that more cadavers will be made available for organ donation, following **4 government resolutions** have been issued.

G.R.-1)The Brain stem death declaration & certification is **made mandatory** to all Transplant registered centers & Non Transplant Organ Retrieval Centers(NTORC) & such **information is to be immediately reported to ZTCC**

G.R.-2)Procedure to be followed for the declaration of brain death has been laid down, the need of filling of form no. 8 of THO Rules & two medical examinations (Apnoea Test) by BSD Committee with interval of 6 hours is emphasized.

G.R.-3)(a) To register all multi-specialty hospitals having Intensive Care Unit (ICU) & an Operation Theatre (OT) facilities, as Non Transplant Organ Retrieval Centers (NTORC)

(b) All the stipulated guidelines issued by State Appropriate Authority regarding transplant activity for transplant centers **will also be applicable to the NTORCs.**

© The NTORCs can take assistance and support from nearest registered transplant center for maintaining brain dead person. If the neurosurgeon/neurophysician is not available at NTORC, then they can utilize the services of neurosurgeon/Neurophysician from BSD committee of the nearest registered transplant center for Brain Stem Death declaration.

(d) NTORCs will be informing BSD and cadaver donor to ZTCC (of the region) for **allocation of the organs as per waiting list.**

© All the **provisions of THO Act 1994 & Rules and the Amendments** will be **applicable to the NTORCs** also.

G.R.-4)(a)Instruction to maintain transparency, accountability in transplant

Activitiesby Transplant registered centers& **should display the approximate range of cost of transplant surgery**by specifying the organ type on the website of the hospital.

(b) All transplant centers shall maintain transplant surgery records as required in the act and GRs **for minimum period of 10 years.**

©All transplant centers should have **transplant counseling department/wing, Manned with trained designated transplant coordinators.**

(d) Transplant center/hospital shall not reveal the identity of the recipient of cadaver donor organ or attract any form of media publicity earlier then the date of discharge of recipients. Even after discharge while the **positive aspects of organ donation may be highlighted to promote the cause of organ donation,** neither should the details of the recipients not should the ethics of medical profession towards attracting publicity be compromised or violated in any manner.

- 1) **The Public awareness** regarding the importance of donation of human organs in cases of Brain Stem Death and the benefits of human organ transplantations in cases of organ failure patients is made through posters, banners, short films, Radio jingles and group discussions by ROTTO-SOTTO Mumbai, ZTCCs in the state & IEC beauru Pune.

Brain Stem death reporting & cadaver organ Retrieval& Transplantation Report (Sept 12 –Dec 2024

- 1) Total no. of Brain Stem Deaths Declared- **1407**
 2) Total no. Converted to cadaver donors - **952**
 3) Total no. of Organs Retrieved - **3447** (Kidney-1893, Liver-978, Heart-202, Lung-56 Other-318)

Under Transplantation of Human organs Act 1994 following the status the Centers registered as Non-Transplant organ Retrived Centre in the State

Sr. No.	Name of the Hospital	Type of Hospital (Govt. /Mun./Pvt.)	Registration given date
1	Govt. Medical College & Hospital Yeotmal	Govt.	01.06.2013
2	RCSM Govt. Med. College & C. P. R. Hospital Kolhapur	Govt.	15.06.2013
3	Civil Hospital, Ratnagiri	Govt.	09.05.2013
4	Govt. Medical College & Hospital Latur	Govt.	27.05.2013
5	Civil Hospital Aundh, Pune	Govt.	25.03.2013
6	V. N. Desai Gen. Hosp., Santacruz, Mumbai	Mun.	07.04.2013
7	General Hospital, Gondia	Govt.	27.08.2013
8	St. George Hosp., Mumbai	Govt.	23.01.2013
9	Bhagavati Gen. Hosp., Borivali, Mumbai	Mun.	21.04.2013
10	Bhabha Mun. Gen. Hosp., Bandra, Mumbai	Mun.	15.04.2013
11	Navi Mumbai Mun. Gen. Hosp., Vashi	Mun.	06.04.2013
12	G. T. Hosp., Mumbai	Govt.	23.01.2013
13	Yashwantrao Chavan Mun. Gen. Hosp., Pimpri Chinchwad Pune	Mun.	30.03.2013
14	M. T. Agarwal Mun. Gen. Hosp., Mulund, Mumbai.	Mun.	15.04.2013
15	Rajiv Gandhi Medi. College & CSM Hosp. Kalwa	Mun.	16.04.2013
16	Rajawadi Mun. Gen. Hosp., Ghatkokpar, Mumbai	Mun.	15.04.2013
17	Siddharth Mun. Gen. Hosp. Goregaon, Mumbai	Mun.	28.04.2013
18	General Hospital Sindhudurga	Govt.	18.04.2013
19	General Hospital Beed	Govt.	25.03.2013
20	General Hospital Thane	Govt.	25.03.2013
21	General Hospital Osamanabad	Govt.	25.03.2013
22	General Hospital Ulhasnagar	Govt.	16.04.2013
23	General Hospital , Chandrapur	Govt.	29.04.2013
24	General Hospital Wardha	Govt.	18.04.2013
25	General Hospital , Gadchiroli	Govt.	03.05.2013

Sr. No.	Name of the Hospital	Type of Hospital (Govt. /Mun./Pvt.)	Registration given date
27	Civil Hospital, Jalna	Govt.	05.12.2013
28	Civil Hospital, Hingoli	Govt.	01.01.2014
29	Civil Hospital Nashik	Govt.	28.03.2014
30	Bethani Hospital, Thane	Pvt.	11.7.2014
31	Civil Hospital Bhandara	Govt.	26.9.2014
32	Dist. Hospital Ahmednagar	Govt.	07.07.2015
33	Civil Hospital Nandurbar	Govt.	07.07.2015
34	Civil Hospital Jalgaon	Govt.	07.07.2015
35	Noble Hospital & Research Center, Ahmednagar	Trust	17.07.2015
36	Dr. Shankar rao Chavan Govt. Medi. Col., Nanded	Govt.	17.07.2015
37	Rao Nursing Home Pune	Pvt.	24.7.2015
38	Dist. Hospital Buldhana	Govt.	17.10.2015
39	Dist. Hospital Amaravati	Govt.	17.10.2015
40	Civil Hosp., Washim	Govt.	17.10.2015
41	Govt. Med. college Akola	Govt.	06.11.2015
42	Govt. Med. college Solapur	Govt.	02.12.2015
43	Nirmaya Hospital Chinchgaon Pune	Pvt.	11/1/2016
44	Govt. Medical College Aurgangabad	Govt.	02.01.2016
45	Smt. Kashibai Navale Med. clg & Hospital Pune	Pvt.	05/03/2016
46	Shri Bhausaheb Sardeshai Medical college Pune	Pvt.	18/03/2016
47	Govt. Medical college Ambajogai Dist. Beed	Govt.	28/04/2016
48	Govt. Medical college Miraj Dist. Sangli	Govt.	04/06/2016
49.	Govt. Medical college Chandrapur	Govt.	15/02/2017
50	Gangamai Hospital, Solapur	Pvt.	09/05/2017
51	Suyash Hospital, Amravati	Pvt.	05/01/2018
52	Radiant Hospital, Amravati	Pvt.	05/01/2018
53	Indira Gandhi Medical clg and Hospital, Nagpur	Govt.	14/03/2018
54	Fortis Hospital, Kalyan Dist. Thane	Private	02/05/2018
55	Sankalp Chaudhari Maternity Hospital Dialysis Center Amravati	Private	21/04/2018
56	Bhansali Hospital, Paratwada Amravati	Private	01/08/2018
57	Life Line Hospital Panvel	Private	11/08/2018
58	Vidharbha Institute of Medical Sciences Nagpur	Priavate	17/10/2018
59	Sai Sneh Deep Hospital Navi Mumbai	Priavate	01/03/2019
60	Orchid Multi Superspeciality Hospital Jalgaon	Private	17/09/2019
61	Ashwini Hospital Sangramnagar, Akulj, Solapur	Private	18/02/2020
63	Anandrishiji Hospital & Medical Research Center, Ahmednagar	Private	11/05/2021

Performance of Live Organ Transplantations in the State

Sr. No.	Year	Transplantations performed					
		Kidney			Liver		
		Related	Unrelated	Total	Related	Unrelated	Total
26	2020	140	10	150	114	11	125
27	2021	487	54	541	185	24	209
28	2022	479	45	524	120	12	132
29	2023	659	39	698	321	23	344
Total		1765	148	1913	740	70	810

PERFORMANCE OF CADAVER ORAN TRANSPLANTATION

Year	Kidney	No. of Transplantations performed				
		Liver	Lung	Heart	Other	Total
2020	35	35	0	7	0	77
2021	26	20	1	8	0	55
2022	131	129	2	23	3	288
.2023	94	72	11	11	7	154
Total	286	256	14	49	10	574

Total centers (Organ wise/Region wise) registered in the state for organ transplantation under THO Act, 1994 amendment 2011 are as follows...

Sr.No.	Single Organ for which registration is given	No. of registered centers
1	Kidney (Rev.Div.-- Mumbai-44, Pune-31, Kolhapur-7, Aurangabad-10, Nagpur-18, Nasik-13, Akola-2, Latur-3)	128
2	Liver (Rev.Div.-- Mumbai-23, Pune-15, Nashik-5, A'bad-5 Nagpur-7, Kolhapur-4)	59
3	Heart (Rev.Div.-- Mumbai-15, Pune-6 Aurangabad-2 Nagppur-7, Nashik-4, Kolhapur-1)	35
4	Lungs (Rev.Div.-- Mumbai-11, Pune-4 Nagpur-1, Kolhapur-1)	17
6	Pancreas (Mumbai-8 Pune-5, Nagpur-1)	14
7	Intestine (Mumbai-7, Pune-2)	9
10	Small Bowel (Mumbai-1)	1
11	Hand Transplant (Mumbai-4 Pune-2)	6
12	Uterus Transplant (Mumbai-2, Pune-2)	4
13	Tissue Bank (Mumbai-5), Sangali-1, Aurangabad-1, Pune-1	8
14	Total centers registered as Eye Retrieval center, Eye Bank and Cornea transplant Center in the	310
15	Total hospitals are registered as NTORC and remaining proposals are in process of registration	60
	Total	651

Transplant Performance:-

- Total **live** Transplantations (1995 to Dec 2023)- (-Kidney-**12683** Liver-**1478**)
- Total **Cadaver** Organ Transplantations (1995 to October 2023) --- **2895**
(Kidney-**1591**, Liver-**832** Lung-**33**, Heart-**193** Other-**246**)

2014) Performance of Live Organ Transplantations in the State (Since 1995)

Sr. No.	Year	Transplantations performed					
		Kidney			Liver		
		Related	Unrelated	Total	Related	Unrelated	Total
1	1995	107	15	122	0	0	0
2	1996	176	39	215	0	0	0
3	1997	181	59	240	0	0	0
4	1998	177	54	231	0	0	0
5	1999	195	67	262	0	0	0
6	2000	220	72	292	0	0	0
7	2001	201	94	295	0	0	0
8	2002	244	117	361	0	0	0
9	2003	220	73	293	0	0	0
10	2004	238	23	261	0	0	0
11	2005	226	24	250	2	0	2
12	2006	233	38	271	2	0	2
13	2007	362	35	397	1	0	1
14	2008	403	53	456	4	1	5
15	2009	492	82	574	2	0	2
16	2010	542	87	629	7	1	8
17	2011	511	81	592	3	1	4
18	2012	617	76	693	5	0	5
19	2013	523	92	615	41	7	48
20	2014	604	70	674	65	13	78
21	2015	598	94	692	99	19	118
22	2016	468	78	546	65	15	80
23	2017	584	61	645	87	09	96
24	2018	492	79	571	83	13	96
25	2019	529	64	593	106	17	123
26	2020	140	10	150	114	11	125
27	2021	487	54	541	185	24	209
28	2022	479	45	524	120	12	132
29	2023	659	39	698	321	23	344
Total		10908	1775	12683	1312	166	1478

PERFORMANCE OF CADAVER ORGAN TRANSPLANTATION (SINCE 1995)

Year	Kidney	No. of Transplantations performed				
		Liver	Lung	Heart	Other	Total
1995	0	1	0	0	0	1
1996	2	0	0	0	0	2
1997	10	0	0	0	0	10
1998	3	0	0	0	0	3
1999	17	0	0	0	0	17
2000	13	0	0	0	0	13
2001	25	0	0	0	0	25
2002	18	2	0	0	0	18
2003	24	0	0	0	0	24
2004	25	1	0	0	0	26
2005	19	3	0	0	0	22
2006	18	3	0	0	0	21
2007	16	3	0	0	0	19
2008	20	3	0	0	0	23

Year	Kidney	Liver	Lung	Heart	Other	Total
2010	30	9	0	0	0	39
2011	26	7	0	0	0	33
2012	49	22	2	2	0	75
2013	59	26	0	0	12	97
2014	80	43	0	0	15	138
2015	97	41	0	5	13	156
2016	204	117	1	35	37	394
2017	187	102	2	50	19	360
2018	74	42	6	17	28	167
2019	242	144	8	35	112	541
2020	35	35	0	7	0	77
2021	26	20	1	8	0	55
2022	131	129	2	23	3	288
.2023	94	72	11	11	7	154
Total	1591	832	33	193	246	2895

Performance of Live Organ Transplantations in the State

Sr. No.	Year	Transplantations performed					
		Kidney			Liver		
		Related	Unrelated	Total	Related	Unrelated	Total
1	2024	609	52	676	265	26	302

PERFORMANCE OF CADAVER ORGAN TRANSPLANTATION

Year	Kidney	No. of Transplantations performed				
		Liver	Lung	Heart	Other	Total
.2024	116	82	15	5	2736	2954

Performance of Live Organ Transplantations in the State

Sr. No.	Year	Transplantations performed					
		Kidney			Liver		
		Related	Unrelated	Total	Related	Unrelated	Total
1	2020	140	10	150	114	11	125
2	2021	487	54	541	185	24	209
3	2022	479	45	524	120	12	132
4	2023	659	39	698	321	23	344
5	2024	609	52	676	265	26	302
Total		2374	200	2589	1005	96	1112

PERFORMANCE OF CADAVER ORGAN TRANSPLANTATION

Year	Kidney	No. of Transplantations performed				
		Liver	Lung	Heart	Other (Eye, Pancreas, Intestine)	Total
2020	35	35	0	7	0	77
2021	26	20	1	8	0	55
2022	131	129	2	23	3	288
.2023	94	72	11	11	7	195
Oct. 2024	89	57	18	7	1	172
Total	375	313	32	56	11	787

CHAPTER 17

STATE BLOOD TRANSFUSION COUNCIL

1. Introduction/AIMS/Objectives

The State Blood Transfusion Council has been established in Maharashtra by the State Government vide Resolution dated 2nd&4th July 1996 as per the directives of Hon. Supreme Court of India dated 4th January 1996. The Council is registered as Society with the Registrar of Society under 1860 Act on 22nd January 1997 and subsequently with Charity commissioner as Trust under BPT Act 1950 on 17th Feb 1998.

The main aim of the Council is to **ensure sufficient supply of safe blood and blood products at reasonable cost.**

The Management of affairs of the council is vested with the Governing Board comprising of 17 representatives from Public and private sector. The Additional Chief Secretary, Public Health Department is the President and the Director Health Services is the ex officio Director of the Council and is assisted by Asst. Director (SBTC) to undertake day to day work of the Organization

2. Blood Transfusion Services infrastructure.

At present there are 393 registered and licensed blood Centres in the State. The operation of blood collection, its testing, processing, storage and distribution is undertaken by these licensed blood Centers.

Out of these 393 blood Centres 360 blood Centres have component preparation facility & 138 blood Centres have Aphaeresis facility (Collection of specific blood component from the donor with the help of Automatic Machine).

3. Functional blood Centres Sector wise

Govt./Mun. Corporation	-	77
Red Cross	-	12
Trust	-	291
Private	-	13

TOTAL	-	393

4. Blood collection Data :

Year wise Blood Collection (Jan - Dec), Blood Transfusion Services, Maharashtra					
Figures in Lakhs Units					
Year	Total Collection	Voluntary	Replacement	Vol. %	No. of camps
2018	16.56	16.37	0.18	98.88	28222
2019	17.23	17.07	0.15	99.07	29366
2020	15.46	15.31	0.15	99.02	26104
2021	16.73	16.58	0.15	99.07	28926
2022	19.28	19.15	0.13	99.32	34677
2023	20.44	20.36	0.08	99.58	33807
2024 (Jan-Dec)	21.55	21.46	0.09	99.58	43907

5. Blood Service Charges:

As per Maharashtra Govt. Circular No. राससे-२०१३/प्र.क्र.२९६/आ-५ dt.08th February, 2023, Blood and Blood component processing charges are as follows-

Non Govt. Blood Centres

S. n.	Description	Revised processing charges as per NBTC Guidelines
1	Whole Blood	Rs. 1550/- per unit
2	Packed Red Cells	Rs. 1550/- per unit
3	Fresh Frozen Plasma	Rs. 400/- per unit
4	Platelet Concentrate	Rs. 400/- per unit
5	Cryoprecipitate	Rs. 250/- per unit

As per Maharashtra Govt. Circular No. राससे २०१५/प्र.क्र.२९६/आ-५ dt. 08th February, 2023, Revised Blood and Blood component charges are as follows-

Govt. Blood Centres

S. n.	Description	Revised processing charges as per NBTC Guidelines
1	Whole Blood	Rs. 1100/- per unit
2	Packed Red Cells	Rs. 1100/- per unit
3	Fresh Frozen Plasma	Rs. 300/- per unit
4	Platelet Concentrate	Rs. 300/- per unit
5	Cryoprecipitate	Rs. 200/- per unit

Free blood is provided to the patients admitted in the Govt. hospital.

Platelet by Apheresis Method

Non-Govt : Rs. 11,000/- per unit

Govt. : Rs. 9,000/- per unit

6. Important Activities:

6.1 Uniform Voluntary Blood Donor Card:

As per Government Resolution No. RRS/2001/827/2002 the Council has given directive to all Blood Centres to implement the system of uniform Voluntary Blood Donor Card. As per this directive, a blood donor who is given this uniform Voluntary Blood Donor card is entitled to one unit of blood free of charge from any Govt. Blood Centre across the state for the use of his friends/relatives in times of their need.

6.2 Rally for creating awareness about Blood Donation:

Every year 14th June is celebrated as “World Blood Donor Day” & 1st October is celebrated as “National Voluntary Blood Donation Day”. Activities such as awareness march, Blood donation camp, blood grouping camps, slogan writing, essay competition, Rangoli competition are organized at all district places in the state.

6.3 Free Blood to patients of Thalassemia / Hemophilia:

As per the instructions of the Govt. of India all government, non-government and Corporation Blood Centres have been directed to provide free blood to all patients suffering from thalassemia, hemophilia, sickle cell anemia and other blood dyscrasia which require repeated blood transfusion. There are total 12,559 Thalassemia, 5,941 Hemophilia and 11,802 Sickle Cell patients registered with S.B.T.C.

6.4 Green Card Scheme:

Govt. of Maharashtra vide its resolution dt. 21/08/06 has informed all the Govt/hospitals in the State to provide priority health care service to blood donors, who have donated blood for more than 4 times. The activity is continuous & routinely undertaken.

6.5 State Blood Transfusion Council Website:

The State Blood Transfusion Council has launched its website www.mahasbtc.org on 14th June, 2006. This has facilitated the patients, blood Centre & hospital to obtain information about availability of blood at nearest place and hence has reduced the inconvenience to the needy person. The daily updated Blood stock of blood Centres is available on the website.

6.6 Sir J.J. Mahanagar Raktakendra:

Fully automated modern “State of Art Blood Centre” for the city of Mumbai was made operational on 25th Feb, 2009. It is a 100% voluntary blood center, 100% blood components are prepared in this center, facility of mobile blood donation van, Barcode blood bags & safe blood supply are additional features of the blood Centre., Total 23,304 units of blood were collected & about 58,010 blood components were prepared in the year 2024.

7. Special achievements

7.1 Certificate of excellence for outstanding performance

The State Blood Transfusion Council, Maharashtra has been felicitated with National Award i.e. Certificate of Excellence for outstanding performance and trophy on World Blood Donor Day- 14th June, 2014 by Dr. Harshvardhan, the Hon’ble Health & Family welfare Minister, Govt. of India.

7.2 SKOTCH award of excellence for innovative scheme

The Blood on Call scheme launched by the SBTC has received prestigious SKOTCH award 2014 on 19.09.2014.

7.3 Award of Excellence- 2015

The SBTC has received the Award of Excellence for Blood on Call scheme for Promotion of Voluntary Blood Donation using Digital Technology and Social Media on World Blood Donor Day i.e. on 14th June, 2015. The award consists of a certificate and golden trophy.

7.4 Award of Excellence 2016

On World Blood Donor Day i.e. 14.06.2016, Sir J.J. Mahanagar Raktpedhi, Byculla, Mumbai, managed by SBTC has received award of excellence from NACO and NBTC, New Delhi for achieving the target of 100% voluntary blood donation.

CHAPTER 18

PUBLIC HEALTH LABORATORY SERVICE

Maharashtra State is having a network of 35 Public Health Laboratories in each District (With the exception of Thane District which has two laboratories, one at Thane and another at Konkan Bhavan, New Mumbai)

State Public Health Laboratory Pune functions as the apex laboratory. **State Public Health Laboratory, Pune has been notified under Health and Family Welfare Ministry, (Food Safety & Standards Authority of India) Delhi Gazette notification Reg.No.51/W/FSSAI/2018 dated.25 June 2018.** Aurangabad and Nagpur functions as regional level laboratories, 32 laboratories are district level laboratories.

All above 35 laboratories exclusively dedicated for chemical and bacteriological analysis of water. 13 public health laboratories are now functioning as notified food laboratories. In April.2023 State Public Health Laboratory Pune and Central/Referral Food Laboratory was assessed for NABL accreditation. And has been rewarded NABL Accreditation as per ISO/IEC-17025:2017 vide Certificate **No.TC-11706**.The certificate is valid till May 2025.

Function of Public Health Laboratories: -

1. Water Quality Monitoring and surveillance:
 - Bacteriological and chemical examination of water samples
 - Examination of bleaching powder (TCL), Liquid Chlorine, Chlorine Tablets, Water disinfectants and other chemicals required for water purification or dose determination.
 - Sterilisations check of Operation theaters in hospitals by testing Operation Theater swabs for Clostridia spp.
 - Control and Prevention of Water borne diseases –
Stool / rectal swabs / vomit samples are examined for bacteriological culture e.g. cholera and other agents of diarrhoea, dysentery, and gastroenteritis. Blood samples for enteric fever cultures. Antimicrobial sensitivity testing for guiding treatment.
2. Microbiological & chemical analysis of food: -
 - Testing of samples under "Food Safety & Standards Act 2006 and Regulations 2011".
 - Suspected / leftover food, water and related samples to detect causative agent in food poisoning outbreak investigation.
 - Received from Govt. institutes, Police Dept., Revenue Dept., Women and Child Development Dept., State Excise Dept. and private institutions.
 - Food served to VIP and VVIP at different occasions.
 - Participation in establishment of Referral Laboratories under Integrated Disease Surveillance Programme (IDSP).
 - Iodised salt and Urine samples examination under National Iodine Deficiency Disorder Control Programme (NIDDCP).
 - Analysis of water & urine samples under National Prevention & Control of Fluorosis Programme.
4. Training and Health Education
 - a) In service training to the technical staff of all the Public Health Laboratories.
 - b) Training to the candidates of Post graduate diploma in Public Health (DPH).
 - c) Training to Food Safety Officers regarding food testing.
 - d) Training to Sanitary Inspector, Multipurpose Health Worker for water, stool and bleaching powder sampling.

- e) Interstate training to technical staff of food laboratories.
 - f) Guidance to students for projects related to Food / Water after prior permission.
 - g) Health education through demonstration and exhibition
 - To medical students,
 - College students,
 - Catering diploma students and nursing staff.
5. Active participation in regular surveillance programmes and projects undertaken by World Health Organization (WHO), Food & Agriculture Organization (FAO), Indian Council for Medical Research (ICMR), Food Safety and Standards Authority (FSSAI) and Ministry of Health and Family Welfare (MoHFW), New Delhi.
- Submission and publication of project reports to the concerned authorities.

Available Infrastructure:

Out of the 35 Public Health laboratories, 29 laboratories are working in Government or semi-govt. premises, remaining 6 laboratories are working in private premises on rental basis. Central/Referral Food Laboratory, Pune working in State Public Health Laboratory premises.

Implementation Strategies:

Bacteriological Quality and Surveillance of water:

The Bacteriological quality of water is regularly monitored both in urban and rural areas of the state. Water Supply Institutions collect and send drinking water samples at regular intervals to the laboratory as per target given. The water samples found contaminated and unfit for drinking are reported to the concerned authorities for immediate corrective action. The consolidated monthly information of all water samples in urban and rural areas is sent every month to the Principal Secretary, Rural development, Urban development and Water Supply & Sanitation department respectively for information and necessary action. Information of all non-potable water samples is given to the concerned higher authorities for taking corrective measures. Where contamination is more than 10% the concerned higher authorities are communicated personally.

Urban Areas:

For the regular monitoring of water quality in urban areas consisting of 334 Municipal councils (Including Nagar Panchayat) & 29 Municipal corporations, a monthly target based on population, is given for sending water samples for bacteriological analysis.

Sr.	Population	No. and frequency of samples
1.	Less than 20,000	10 samples per month
2.	20,000 to 50,000	20 samples per month (10 samples per fortnight)
3.	50,000 to 1,00,000	40 samples per month (10 samples per week)
4.	1,00,000 or more	80 samples / month (10 samples twice a week)
5.	Corporation area	120 samples per month (Daily five samples)

(Out of five samples one sample from reservoir and four samples from various areas of distribution line)

Rural areas:

Each Primary Health Center has been given a target of minimum ten samples per month. Name of the defaulter PHCs are informed to the concerned Chief Executive Officer / District Health Officer of the Zilla Parishad.

Chemical examination of water, bleaching powder, alum :

Chemical examination of water samples from various sources is routinely done for ascertaining its potability in all the Public Health Laboratories. The quality of Bleaching powder & alum is also regularly examined. The consolidated information regarding bleaching powder samples containing available chlorine below 20% is submitted to the Principal Secretary of Rural Water Supply & Sanitation department every month.

Control and prevention of epidemic due to water borne diseases:

Microbiological analysis of water samples is regularly done at all the Public Health Laboratories. The concerned authorities are given guidance regarding the maintenance of proper water quality. During epidemics laboratory provides suitable transport media such as CB Media and Bile broth to various medical officers in the state for collection & proper transportation of samples of stool, blood etc. Stool samples sent by the Medical Officers are examined and the reports are immediately dispatched. The isolated organisms are also tested for antibiotic sensitivity test to control epidemic effectively within a short span of time. The isolated organisms are sent to concerned National level institutes for further confirmation and **Phage typing**.

National Iodine Deficiency Disease Control Programme (NIDDCP) :

Under this programme Iodised Salt and Urine samples are examined for Iodine content. Every month each Primary Health Centre sends Iodised salt samples within their jurisdiction to the laboratory for the examination of Iodine content. The concerned authorities are sent a detailed report of Iodised Salt samples which includes substandard salt samples (samples containing Iodine less than 15.0 ppm) The Deputy Director, State Public Health Laboratory, Pune has been appointed as the “**Secretary of the Planning Committee for this programme**”. Under this programme as per letter no. **tk-dz-lavkls\$dk&7 d\$ehB ;qjhu uequs\$315&38\$ fn-21\$06\$2022** from Deputy Director, Health Services (NIDDCP) Directorate Of Health, Mumbai has given orders to all PHCs to send at least 50 samples per Month for testing.

National Programme for the Prevention and Control of Fluorosis (NPPCF) :

Active participation is taken by the Laboratory under this programme, water & urine samples are analysed for Fluoride content. There is active participation in the surveillance program and the concerned authorities are given guidance and training.

Integrated Public Health Laboratory Programme (IPHL)-

As per the PM- ABHIM programme implemented by Central Government of India during month July 2022 in toto 11 laboratories were inspected by two different organisations namely PATH (Dist- Nanded, Nashik, Amaravati and Ratnagiri) and by JPHIEGO (Dist- Buldhana, Ahmadanagar, Pune, Aurangabad, Beed, Gadchiroli and Bhandara) for the Integrated Public Health Laboratory programme. During year 2023 under the same programme 06 more districts were visited by the same team viz. Alibag-Raigad, Parhane, Wardha, Hingoli, Washim and Dhule in the Month July & August. With the technical and financial support of **PATH, Medical Oxygen Testing Facility** will be shortly started at State Public Health Laboratory, Pune. The infrastructure development and procurement process for instruments is under process for the same by the PATH organisation.

Supplementary Demand:- This laboratory has received budget of Rs.43970.000 for the strengthening and modernization of the lab under head Office expenses. Similarly, under head of materil& supply lab. has received grants of Rs.154688.000 for the same reason. Purchase of some instruments for the strengthening of Public Health labs. Has been done. And remaining is in process.

Similarly, for the **ISO/IEC-17025:2017 NABL** cerification the lab has received budget in ratio of 60:40 from the central Government of India during financial year 2023-24. The **ISO/IEC-17025:2017 NABL** cerification process for 06 more PHL in the state has been started already.

Food Analysis And Related Activities - Food Safety and Standards:

Out of the 35 laboratories in the state, 13 Laboratories are notified for the analysis of food samples under the Food Safety & Standards Act 2006, Rules and Regulations 2011. Pune, Nagpur, Aurangabad, Konkan Bhavan, Kolhapur, Amaravati Ahmednagar, Solapur, Satara, Sangli, Nashik, Nanded & Jalgaon are at present analyzing food samples. These laboratories receive Food samples from Food Safety Officers of the Food and Drug Administration, Railways, Cantonment areas and various Municipal Councils / Corporations. The reports are sent to respective Designated Officers to enable them to initiate necessary legal action against non-conforming samples. In the incidences of Food poisoning, the relevant samples are collected and sent by the police dept. and/or the Food Safety Officers and also by concerned medical officers to above laboratories. The causative factors of Food poisoning are isolated and then confirmed. The report is sent to the concerned authority.

The Self Help Groups providing nutritious food as a mid-day meal to school students under the Women and Child Development Programme implemented in the State schools, sends various samples for the ascertaining its nutritional quality. So also the food supplied to patients in the Civil and Mental Hospitals, and to prisoners in District Jail is checked regularly, and the report is sent to the concerned authorities.

CENTRAL / REFFERAL FOOD LABORATORY, PUNE

There are 4 Central/Referral Food Laboratories established in India to analyse appellate food samples from Courts and food samples from Sea and Airport authorities and Customs. One of them is established vide GR no. G.S.R. 70(E), Dated – 08.02.1978 at Pune. **The State Public Health Laboratory, Pune is recognised as Central Food Laboratory, Pune, with effect from 01.04.1978 and notified and registered by Food Safety & Standards Authority of India vide File no. 12015/09/2017-QA dated 29/9/2017. And FSSAI registration no. is 4/R/FSSAI/2017 and Gazette notification no.S.O.97(E) dated.10th January 2017**

FUNCTIONS:

1. Analysis of food samples sent by the authority which is authorized by the Central government.
2. Investigation for the purpose of fixation of standards of any article of food.
3. Investigation in collaboration with other Public Analyst Labs for standardizing methods of analysis.
4. To analyze appellate samples, sent by Hon. Court for re-examination.

Jurisdiction of Referral Food Laboratory Pune (D. O. FSSAI) :

- a) 1. Andhra Pradesh 2. Karnataka 3. Kerala 4. Tamilnadu 5. Telangana
6. Gujrath 7. Maharashtra 8. Madya Pradesh 9. Rajshtaan
- b) Union territories of Pondechery, and Lakshdweep and Daman and Diu, Dadra, Nagar Haveli. And Concurrent jurisdiction with RFL Mysore. ublic health laboratory services

**Available Staff at Public Health Laboratories
(as on 31 December 2024)**

Sr.No	Cadre	Total		
		Sanctioned post	Filled post	Vacant post
1	Class-A	14	03	11
2	Class-B	59	07	52
3	Class-C	209	169	40
4	Class-D	22	20	02
Total		304	199	105

Budgetary provision-

The budgetary provision and the expenditure made during the year 2021-22, 2022-2023 & 2023-24 under the following budget head:

1) Major head :-2210- Medical and Public Health - 06- Public Health

107- Public Health Laboratories Sub head:- (01) (01)- Establishment of Public Health Laboratories

Sr. No	Head	2021-2022		2022--2023		2023-24	
		Budget provision 1.4.2022 to 31.03.2023	Budget provision 1.4.2022 to 31.03.2023	Budget provision 1.4.2022 to 31.03.2023	Expenditure 1.04.2022 to 31.03.2023	Budget provision 1.4.2023 to 31.03.2024	Expenditure 1.04.2023 to 31.03.2024
1	Salary	268373	246036	292527	257556	305691.00	243568.898
2	T.A.	1089	880	1525	897	29.00	00.00
3	Overtime allowances	22	20	29	20	24.00	23.200
4	O.E.	2273	2255	2652	2215	4200.000	3757.434
5	M.S.	6328	6155	1328	632	4185.00	0.0
6	Rent & Taxes	2565	2564	22850	22657	1121.0	787.894
7	Telephone \bills & water charges	3780	3778	4200	3619	45905.00	2266.404
8	Motor vehicle	21	16	12	0	8550.00	8521.098
9	P.O.L.	300	209	448	155	1.00	0.0
10	Minor works	5100	4810	140	0	155087.40	397.634
11	Labour Pay	28	27	30	24	452.0	51.603
12	Contract Service	4185	244	4650	0	72.100	0.0
13	Computer Expenditure	0.750	0	1	0	60.0	34.431
Total		294065.75	266994	330392	287775	346641.0	525377.50

Code No:-22100988- Non plan (R-1) (Rs. In Thousands)

The budgetary provision and the expenditure made during the year 2024-20245(Upto 30 December 2024) under the following budget head:

1) Major head :-2210- Medical and Public Health - 06- Public Health

107- Public Health Laboratories Sub head:- (01) (01)- Establishment of Public Health Laboratories

Code No:-22100988- Non plan (R-1) (Rs. In Thousands)

Sr. No	Head	2024--2025		
		Budget Approved for 1.4.2024 to 31.03.2025	Budget Released 1.4.2024 to 31.12.2024	Expenditure 1.04.2024 to 31.12.2024
1	(01)Salary	321780	257424	218940
2	(02)Wages	34	21	00
3	(03) Overtime allowances	32	13	11
4	(06) Telephone bills & water charges	4200	2604	1960
5	(10) Contractual Services	4650	2170	0
6	(11)T.A.	1681	560	196
7	(13) Office expenses	4692.4	1170	820
8	(14) Rent & Taxes	9500	3800	1054
9	(17) Computer Expenses	100	33	0
10	(21) Material and Supply	5328	1776	660
11	(24) P.O.L.	562	224	92
12	(27) Minor works	154	51	00
13	(31) Grant In Aid	01	00	00
14	(51) Motor vehicle	85	28	0
Total		352799.4	269874	223733

The budgetary provision and the expenditure made during the year 2020-21, 2021-2022 & 2022-23 under the following budget head:

2) Major head :- 2210- Medical and Public Health - 06- Public Health

107- Public Health Laboratories Sub head :- (01) (03)- Establishment of Central Food Laboratories

Code No:- 22101008- Plan (R-1)

(Rs. In Thousands)

Sr.No.	Head	2021-22		2022-23		2023-24	
		Budget provision 1.4.21 to 31.03.22	Expenditure 1.4.21 to 31.03.22	Budget provision 1.4.22 to 31.03.2023	Expenditure 1.4.22 to 31.12.2022	Budget provision 1.4.23 to 31.03.2024	Expenditure 1.4.23 to 31.12.2024
1	Salary	21956	5639	31086.850	5895.818	36756.0	9539.169
2	T.A.	50	12	50.000	0.0	60.00	20.842
3	O.E.	19400	199	500.000	492.171	600.0	598.313
4	M.S.	200	199	500.000	499.914	600.0	585.167
Total		41606	6049	32136.850	6887.903	38016.0	10743.491

The budgetary provision and the expenditure made during the year 2024 -2025 (Upto 31 Dec. 2024) under the following budget head:

2) Major head :-2210- Medical and Public Health - 06- Public Health

107- Public Health Laboratories Sub head:- (01) (03)- Establishment of Central Food Laboratories

Code No:- 22101008- Plan (R-1)

(Rs. In Thousands)

Sr. No.	Head	2024 - 2025		
		Budget Approved 1.4.2024 to 31.03.2025	Budget released 1.4.2024 to 31.12.2024	Expenditure 1.4.2024 to 31.12.2024
1	(01)Salary	39103	23462	12589
2	(11)T.A.	60.00	36.00	32.00
3	(13)O.E.	600.00	360.00	211.00
4	(21)M.S.	600.00	360.00	55.00
Total		40363.00	24218.00	13171.00

Samples Examined during 2020-21 To 2024-2025 In The Public Health Labs.

Sr. No.	Type of samples	20-21	21-22	22-23	23-24	2024-25 (Upto Dec.24)
1	Water Quality Monitoring					
	Water samples tested at PH Labs	299849	343092	420805	396157	320537
	Water samples tested at Mini Labs	16490	14473	16067	9673	7235
2	Rectal Swabs examined	42	47	284	40	228
	Stool samples Positive for V. Cholerae O-1	6	10	65	00	31
	Stool samples Positive for V. Cholerae O-139	0	0	0	0	00
	Stool samples Positive for V. Cholerae non O1	0	0	0	0	00
	Salmonella and other Vibrio	0	0	0	0	00
3	Food sample Exam. (microbiological)	610	943	910	905	532
4	Blood sample for S. typhi	0	0	0	05	05
	Operation Theator Swab	2954	6049	6956	6465	3686
5	Chemical Potability	7363	7093	8257	9677	15379
	Sewage (M.P.C.B) & other	120	77	62	51	83
	Bleaching powder samples	46107	44021	61693	58061	109155
	Alum samples	431	448	502	448	749
	Water samples for Fluoride	0	0	0	41	00
	Chemical analysis of water samples (Campaign)	0	0	0	0	00
	Other	654	714	780	568	1483
6	Total food samples examined	20135	20432	23163	19956	13849
7	Urine samples Under IDD prog	66	425	3320	2113	1951
8	Iodised salt samples.	8919	8886	21606	20014	21806

Water Samples Examined Bactriologically at Public Health Lab / Mini/ SDL & Corporation Labs													
Sr no	District	2021-2022			2022-2023			2023-2024			2024-25 (Upto Dec.24)		
		Recd.	Cont.	%	Recd.	Cont.	%	Recd.	Cont.	%	Recd.	Cont.	%
1	Akola	12973	1171	9	17379	1254	7	18224	740	4	2442	29	1
2	Amaravati	11417	1190	10	21788	1622	7	27112	1382	5	2326	116	5
3	Buldhana	11066	638	6	17534	1031	6	17959	726	4	2519	115	5
4	Washim	6123	362	6	8529	353	4	12164	505	4	1170	34	3
5	Yeotmal	11382	895	8	23846	1577	7	31308	1746	6	2264	84	4
6	Aurangabad	14401	1263	9	20958	2706	13	23217	2820	12	2533	282	11
7	Hingoli	6364	614	10	10354	839	8	10834	622	6	1541	120	8
8	Jalna	11099	957	9	15389	1408	9	14142	1037	7	1134	73	6
9	Parbhani	11131	889	8	15261	1037	7	16218	900	6	1561	67	4
10	Kolhapur	7667	242	3	16324	646	4	25333	604	2	2616	62	2
11	Sangli	9305	595	6	18422	1020	6	25240	995	4	1695	89	5
12	Ratanagiri	6115	132	2	10424	228	2	7472	231	3	313	37	12
13	Sindhudurg	3707	244	7	9171	791	9	15567	1651	11	1031	125	12
14	Latur	7070	482	7	10292	623	6	9557	379	4	845	23	3
15	Beed	5898	807	14	8228	1468	18	11811	1698	14	1215	101	8
16	Nanded	10311	1322	13	11867	1792	15	8160	784	10	755	64	8
17	Osmanabad	10512	2221	21	17760	2753	16	20377	3252	16	3359	286	9
18	Nashik	21601	1101	5	38318	1674	4	49344	1425	3	5055	98	2
19	Ahmednagar	7320	418	6	16556	689	4	20086	581	3	2169	36	2
20	Dhule	6058	95	2	11085	195	2	15497	217	1	1990	53	3
21	Jalgaon	8686	497	6	20699	749	4	27100	490	2	2384	25	1
22	Nandurbar	8173	600	7	25395	1744	7	28384	1676	6	5252	198	4
23	Nagpur	33207	1860	6	49756	1757	4	57993	2554	4	6562	249	4
24	Bhandara	15712	351	2	21759	1397	6	23125	2157	9	1396	131	9
25	Chandrapur	9795	900	9	17314	897	5	28178	1449	5	2417	49	2
26	Gadchiroli	4387	210	5	5627	304	5	7638	403	5	1086	75	7
27	Gondia	18051	2030	11	18090	1594	9	1879	258	14	2920	75	3
28	Wardha	10587	478	5	14008	444	3	18113	333	2	1809	81	4
29	Pune	152767	1045	1	190817	1738	1	240377	2552	1	20468	125	1
30	Solapur	6595	282	4	20200	929	5	28922	999	3	3017	98	3
31	Satara	4253	271	6	17373	393	2	30682	560	2	4010	52	1
32	Thane	47279	5919	13	52195	6173	12	79706	12970	16	6402	863	13
33	Ko.Bhavan	67579	1077	2	69110	1669	2	69672	1767	3	5650	144	3
34	Raigad	7568	895	12	17762	1947	11	33705	1510	4	1299	107	8
35	Palghar	3708	342	9	10835	225	2	20444	294	1	1859	13	1
Total		589867	32426	5	870425	45666	5	1075540	52267	5	105064	4179	4

Information of TCL samples analysed

Sr. No.	Name of the District	2021-2022			2022-2023			2023-2024			2024-25 (Upto Dec.24)		
		Samp les Analy .	Fou nd Belo w 20% A.C.	% subst d	Samp les Analy .	Foun d Below 20% A.C.	% su bst d	Sampl es Analy. .	Found Below 20% A.C.	% su bs td	Sample s Analy.	Found Below 20% A.C.	% subst d
1	Akola	1558	159	10	1993	258	13	2055	119	6	228	15	7
2	Amaravati	1279	18	1	2438	27	1	2804	35	1	242	0	0
3	Buldhana	1258	105	8	1777	125	7	1812	95	5	161	2	1
4	Washim	1513	34	2	2108	96	5	2382	39	2	226	4	2
5	Yeotmal	2744	53	2	4561	91	2	5390	148	3	451	4	1
6	Aurangabad	332	2	1	930	11	1	683	22	3	71	2	3
7	Hingoli	392	42	11	774	22	3	560	8	1	45	1	2
8	Jalna	367	6	2	668	47	7	508	10	2	45	8	18
9	Parbhani	498	49	10	945	62	7	701	45	6	61	5	8
10	Kolhapur	411	2	0	457	3	1	385	1	0	36	0	0
11	Sangli	3362	10	0	4024	7	0	796	0	0	3	0	0
12	Ratanagiri	251	6	2	176	5	3	83	0	0	8	0	0
13	Sindhudurg	256	9	4	425	11	3	423	9	2	7	1	14
14	Latur	319	41	13	541	28	5	459	12	3	36	0	0
15	Beed	485	135	28	709	114	16	1078	178	17	114	13	11
16	Nanded	160	32	20	369	60	16	227	23	10	18	1	6
17	Osmanabad	895	12	1	1262	55	4	1371	46	3	139	4	3
18	Nashik	2871	169	6	5319	211	4	5223	163	3	490	14	3
19	Ahmednagar	2646	169	6	3800	140	4	3645	38	1	307	12	4
20	Dhule	2536	127	5	2544	100	4	2497	31	1	186	0	0
21	Jalgaon	3766	333	9	4649	453	10	4697	331	7	490	23	5
22	Nandurbar	617	186	30	1424	432	30	1358	329	24	95	26	27
23	Nagpur	3648	74	2	4478	79	2	4905	67	1	452	0	0
24	Bhandara	1391	53	4	1441	37	3	427	28	7	112	0	0
25	Chandrapur	649	21	3	880	16	2	1008	53	5	54	3	6
26	Gadchiroli	141	15	11	425	48	11	487	39	8	35	5	14
27	Gondia	0	0	0	166	1	1	59	1	2	11	1	9
28	Wardha	1692	18	1	2192	39	2	2121	39	2	200	4	2
29	Pune	1684	86	5	2442	41	2	2190	84	4	287	7	2
30	Solapur	141	4	3	347	1	0	86	0	0	1	0	0
31	Satara	5364	3	0	5946	5	0	5953	0	0	509	0	0
32	Thane	81	41	51	111	17	15	218	0	0	17	0	0
33	KokanBhavan	0	0	0	0	0	0	0	0	0	0	0	0
34	Raigad	559	173	31	1325	265	20	1459	164	11	58	19	33
35	Palghar	155	91	59	47	10	21	11	0	0	1	0	0
Total		44021	2278	5	61693	2917	5	58061	2157	4	5196	174	3

CHAPTER 19

NURSING SERVICES

Introduction:-

State Nursing Cell is established under Commissionerate of Health Services Maharashtra to manage all the activities related to the Nursing Training Schools and State Nursing Cadres of Matron, Assistant Matron, Public Health Nursing Instructor (P.H.N.I) Sister Tutor, Public Health Nurses. Paediatric Nurses, Psychiatric Nurses. Also guide the Regional Deputy Director for establishment of Nursing cadres of Staff Nurses, & Sister-Incharge. The cell is also guide the District Health Officer, Zilla Parishad in establishment of Auxiliary Nurse Midwife (ANM) & Lady Health Visitors (LHVs).

Objectives:

- 1) Manage the establishment of nursing professionals working under the Public Health Department, Government of Maharashtra.
- 2) Capacity building of the nursing personnel under Public Health Department
- 3) Arrange meetings with various Governments recognized Nurses association and discuss the issues pertaining to nursing profession and solve their problems.
- 4) To start new ANM, GNM & Nursing Diploma Nursing Schools
- 5) Develop State Nodal Center, implementation of BSC Nursing, State Midwifery Training Institutes (SMTI) and strengthening of General Nursing and Midwifery Education Nursing institutes.
- 6) Encourage and guide the in-service nurses for the Higher Continue Nursing Education viz PBBSC Nursing , MSC Nursing , Public Health Nursing(PHN), Paediatric Nursing , Psychiatric Nursing and LHV promotional training .
- 7) To develop Community friendly Health Service approach and create awareness regarding the various health problems and health services available
- 8) Implementation of various new Central and State Government Health and Nursing Education schemes / Programs in the State.
- 9) Regular inspections of the Nursing schools to monitor the uniform standards of nursing education as per Indian Nursing Council (INC) and improve the standards of nursing education.
- 10) Visits to Regional Skill Labs and monitor the training and its functioning
- 11) To start Nurse Practitioner Midwife (NPM) through SMTI to provide high quality and respectful maternal and child health services.
- 12) Implement Best Nursing Practices in nursing schools & Colleges

Implementation:

State Nursing Cell collaborate with Regional Deputy Directors of eight regional circles, Civil Surgeons and District Health Officers, arranging meetings, counselling, video conferences and onsite visits for implementation of Central, States Government health services/ program guidelines for quality health services , its awareness and evaluation at various levels of health services.

Functioning of Nursing Schools Under Commissionerate of Health Services :-

Sr.NO.	Name of Education Programs	Total Institutes	Total students intake per annum
1	Auxiliary Nurse Midwifery	35	1400
2	General Nursing Midwifery	23	920
3	Lady Health Visitors	32	640
4	Public Health Nursing	1	30
5	Diploma in Psychiatric Nursing	2	40
	Total	93	3030

District wise Functional Nursing Schools:

Sr. No.	Circle	Government Nursing School Institute	ANM	GNM	LHV	PHN	DPN
1	Thane	Cama & Alb.Mumbai	1	0	1	0	0
2		V.S. Hosp.Thane	1	1	1	0	1
3		DH Raigad	1	1	1	0	0
4		DH Palghar	0	0	0	0	0
Total			3	2	3	0	1
6	Pune	DH ,Pune	1	0	1	0	1
7		DH, Solapur	0	0	0	0	0
8		DH, Satara	1	1	1	0	0
Total			2	1	2	0	1
9	Kolhapur	DH Sindhudurga	1	1	1	0	0
10		DH Ratnagiri	1	1	1	0	0
11		DH Kolhapur	1	0	1	0	0
12		DH Sangali	0	0	0	0	0
Total			3	2	3	0	0
13	Nasik	DH Nasik	1	1	1	0	0
14		DH Dhule	1	0	1	0	0
15		DH Jalgaon	1	1	1	0	0
16		DH Ahilya nagar	1	1	1	0	0
17		DH Nandurbar	1	1	1	0	0
		GH Malegaon	1	1	0	0	0
Total			6	5	5	0	0
18	Chatrapati Sambhaji Nagar	DH Ch. Sambhaji nagar	1	0	1	0	0
19		DH Jalna	1	1	1	0	0
20		DH Parbhani	1	1	1	0	0
21		DH Hingoli	1	1	1	0	0
Total			4	3	4	0	0
22	Latur	DH Babhalgaon Latur	1	0	1	0	0
23		DH Beed / Lokhandi sawargaon	1+1=2	1	1	0	0
24		DH Nanded	1	1	1	0	0
25		DH Dharashiv	1	1	1	0	0
Total			5	3	4	0	0
26	Akola	DWH Akola	1	0	1	0	0
27		DH Washim	1	1	1	0	0
28		DH Amrawati	1	2	1	0	0
29		DH Buldhana	1	0	1	0	0
30		DH Yavatmal & SDH Pusad	1+1=2	0	1	0	0
Total			6	3	5	0	0
31	Nagpur	Daga W H & PHI Nagpur	1	0	1	1	0
32		DH Chandrapur	1	1	1	0	0
33		DH Bhandara	1	1	1	0	0

Sr. No.	Circle	Government Nursing School Institute	ANM	GNM	LHV	PHN	DPN
34		DH Gadchiroli	1	1	1	0	0
35		DH Gondiya	1	1	1	0	0
36		DWH Wardha	1	0	1	0	0
Total			6	4	6	1	0
Grand Total			35	23	32	1	2

Student admission capacity per Academic Year:

- ANM -35 Training school Admission capacity 40 (Total= 1400)
- GNM- 23 Training school Admission capacity 40 (Total =920)
- LHV-32 Training School Admission Capacity 20 (Total =640)
- PHN -1 Training school Admission capacity 30 (Total =30)
- DPN -2 Training school Admission capacity 20 (Total =40)

New Proposed Scheme:

1) Marathawada Vikas Programme

Sr. No.	Name of District	Course Name	Sanction	Status
1	District Hospital , Jalna	B.Sc.Nursing	1	BSC Nursing program started with 27 students for academic year 24-25

2) National Health Policy 2017 and Central Sponsor Scheme to start new B.Sc Nursing Colleges

Sr. No	Name of District	Course Name	Sanction	Status
1	Nasik	B.Sc.Nursing	1	The proposal is submitted to Medical Education & drug department for GR/ Essentiality
2	Satara		1	
3	Sindhudurg		1	

Positions of Nursing Cadres Under Public Health Department :

Sr. No	Name of Nursing Cadres	Recruitment	Sanction Post	Filled Post	Vacant Post
1	Matron Class - 3	Promotion	37	29	8
2	Assistant Matron	Promotion	179	142	37
3	Public Health Nurse Instructor	Promotion	11	00	11
4	Nursing officer/Tutor / Clinical Instructor	Promotion=50% Direct recruitment=25% Departmental exam=25%	407	193	214
5	Public Health Nurse	Promotion =75% Direct recruitment =25%	271	234	37
6	Psychiatric Nurse	Promotion =75% Direct recruitment =25%	168	88	80
7	Paediatric Nurse	Promotion =75% Direct recruitment =25%	199	85	114
	Total	Direct recruitment =25%	1272	771	501

Tasks implementing by the State Nursing Cell :

Nursing Education:

- a) Admission of all Nursing courses under the Commissionerate of Health Services , Public Health Department, Govt of Maharashtra
- b) Inspection and Monitoring of the Nursing Education
- c) Problem Solving approach towards Nursing Schools ,teachers and students , Hostel ,Counseling and guidance to Nursing Students, stipend of students
- d) Visit to various Nursing Schools/Colleges and capacity building of the teachers
- e) Planning Budget Head and release of Grants for starting New Nursing School/Post creation/Budget/Supplement demand/New Construction/ vehicle etc.
- f) Under the NHM processed PIP for Nursing School, Head wise and Feedback of its Utilization from nursing school. Guidance and counseling regarding Expenditure of Grant.
- g) Preparing / revising Recruitment Rule for nursing education and Nursing service cadre
- h) Promoting Higher continuing education , Educational Leave, Permission for PhD Nursing
- i) Organizing Nursing Conferences , Workshops, Seminars and Staff development Programs in collaboration with Nursing colleges and Hospitals
- j) Collaborative approaches with the INC, MNC, MSBPNE and Ministry of Health and FW (MoHFW) Govt of India.
- k) Legal matter and RTI Pertaining to Nursing Education
- l) Recruitment Rules & Job descriptions for Nursing Education cadres
- m) Implement Educational policy Pertaining to Nursing Education

Nursing Services:

- a) Seniority List, Promotion and Recruitment of Matron, Assistant Matron, Tutors, Psychiatric Nurses, Paediatric Nurses, Public Health Nurses and Public Health Instructure.
- b) Administrative and Request Transfer, Lokayukta Matters, Legal matter/ Court Cases of service matters, RTI etc.
- c) Recruitment Rules & Job descriptions for Nursing services cadres
- d) National Florence Nightingale Award for various nursing cadre.
- e) Organizing Meetings with various Nursing Organizations and problem solving approach for welfare of nursing profession.
- f) Preparing in-service education schedule
- g) Visits to hospitals, discussion , Nursing Clinical Monitoring & Problem solving
- h) Visits to Regional Skill Labs and monitor the training and its functioning
- i) Capacity Workshop for nursing personnel.

Important decisions and Exceptional Task - Year 2023 -2024:

1. Total 98 Nurses were sent for higher education with educational leave
2. Up gradation of GNM to B.Sc. Nursing for single entry level for nursing proposal was sent to Government of India. The Government of India sanctioned 6 Cr. Per Institute. For 3 Institute (Total 18 Cr. Namely Satara, Nashik & Sindhudurg) with the proposal of starting four B.Sc. Nursing college is the sent to Maharashtra Government Public Health Department.
3. Two National Florence Nightingale Award (NFNA) 2022 is received by Maharashtra State for Public Health Nurse & ANM respectively. Matron District Hospital ,Gadchiroli received NFNA-2024
4. Strengthening of Nursing Educator through 6 weeks in-service training conducted at Kasturba College of Nursing , Wardha.
5. Regulation of service for bonded nurses 3rd final special exam was conducted on 26/03/2022 & their services are regularized. Recruitment Rules for contractual / Bonded Nurses to regularize their services for the period from dated 16.4.2015 to dated 28.06.2019 prepared & send to the Govt. for approval on 19-01-2024.

6. To provide respectful quality care to mother & children NPM-Educator (Nurse Practitioner in Midwifery Educator) first batch is out from the NMTI Kasturba Nursing College, Wardha,
7. Strengthening of SMTI (State Midwifery Training Institute) at DHW Akola, Nagpur & Nashik is operational.
8. Meetings planned and executed with the various nursing association, their issues were discussed and appropriate actions are initiated.
9. Appointments on the post of Tutors were given from the candidates from waiting list.
10. Seniority list of all nursing cadres is published on dated 01.01. 2023 & as per the seniority the promotion on the post of Matron & Assistant Matron given. Also the seniority list of 1.1.2024 is prepared & published for the further procedure of promotion.
11. PHD Nursing guideline prepared & published for the Nurses to pursue PHD Nursing.
12. Recruitment Rules for nursing teaching cadres prepared & send to the Govt. for approval.
13. National Conference for Nursing Educators & Student on “Empower in Nursing Educator for Global Health Care Challenges” held on 30th Dec 2023 at college of Nursing, DH Beed.
14. Job chart for all cadres under Commissionerate of Health Service is under process.
15. The Admission for the academic year 2024-25 for ANM, GNM, PHN & DPN will be conducted through CET by State Common Exam Entrance Cell.

Important Decisions and Exceptional Tasks for year- 2025

16. DD Nursing & ADHS Nursing presented the Maharashtra State Midwifery Initiative at Round Table Conference at Indian Institute of Public Health Gandhinagar Gujarat.
17. Capacity building workshop organized for matrons & Assistant Matrons at Arogya Bhavan Mumbai on “Nursing Leadership in Quality Patient Care in Health Facilities” आरोग्य संस्थामध्ये गुणवत्तापूर्वक रुग्णसेवेकरीता नर्सिंग नेतृत्व on 24th January 2025.
18. State Midwifery Action Group (SMAG) Meeting organized on 8th floor conference hall on January 29, 2025.

New Nursing Colleges proposal

- The Proposal sent to Govt. for starting Post Basic Diploma in Paediatric Nursing, at District Hospital Beed. MSBNPE Inspection done waited for Public Health Department & Medical Education Department GR.
- Post Basic Diploma in Oncology Nursing at Cama & Albless Hospital, Mumbai .Affiliated to Tata Cancer Hospital, Mumbai MSBNPE Inspection done waited for PHD & Medical Education Department GR.
- MSc in Psychiatric Nursing at RMH Thane Proposal submitted to Public Health Department (PHD) for permission.
- MSc in Psychiatric Nursing at RMH Pune Proposal submitted to PHD for permission.
- Diploma in General Nursing & Midwifery (GNM) Indira Gandhi Memorial,General Hospital. Ichalkaranji District Kolhapur. Proposal submitted to PHD & Maharashtra State Board of Nursing & Paramedical Education (MSBNPE) for permission. MSBNPE inspection done on February 2, 2025. Awaited for Medical Education & Drug department GR.
- Diploma in General Nursing & Midwifery (GNM) & ANM District Hospital, Palghar Proposal submitted to PHD & MSBNPE for permission
- Nurse Practitioner Midwifery (NPM) at State Midwifery Training Institute (SMTI), District Women Hospital Akola , Daga Memorial Hospital, Nagpur & D.H. Nashik. Proposal submitted to PHD & MSBNPE for permission.Inspection done & waiting for Medical Education & Drug department GR to start the Education program.

CHAPTER 20

STATE HEALTH TRANSPORT ORGANIZATION

(1) Preamble

Health Service is very important and Emergency service. Different types of Health Institutes are working under the Public Health Department at different levels throughout the State. The prime motto of Public Health Department (PHD) is to provide better & emergency medical aid, services to the peoples of Maharashtra. To perform the allotted task, all the Health Institutes require different type of vehicles. Vehicles are used as mode of transportation for doctors, nurses, medicines & medical equipments. For effective performance of programme there is need of effective supervision and timely transportation. Supervision of Health programme through out the state is possible only if the mode of transportation, vehicle is available. Vehicle is the lifeline of the Public Health Department. Ambulances, minibuses, mini trucks, vaccine trucks, jeeps are different type of vehicles used in Public Health Department. To keep the vehicle in good condition it requires periodical and timely maintenance. To maintain and to repair the vehicles of the Public Health Department; the State Health Transport Organisation was established in the year 1962. From that onward till now the SHTO is working satisfactorily and effectively.

Like the vehicles, every Health Institute requires different type of hospital equipments. To maintain and repair these hospital equipments Health Equipment Maintenance and repair section (HEMR) section was established in the year 1972 under the SHTO.

(2) Aims & Objectives

- To keep the vehicles, refrigeration (Cold chain) and hospital equipments in good condition.
- To Perform Periodical and timely maintenance and repair of the vehicles, refrigeration (Cold chain) and hospital equipments.
- To Well control and plan the task of maintenance and repair of the vehicles, refrigeration (Cold chain) and hospital equipments.
- To Purchase new vehicles as per government guidelines & resolution and supply the same to the concerned Health Institutes.
- To help to write off the vehicles, refrigeration and hospital equipments as per Government guidelines. Arrange the open public auction to sell the condemned vehicles and other material with help of the Government auctioneer.
- To collect revenue through the auction sale and deposit it into the Government head.
- To arrange technical trainings for the technicians from different States throughout the Country. Trainings are performed under supervision and guidance of UNICEF and Government of India.
- To carry out the installation of Solar Photo voltaic system at PHC & RH.

(3) Implementation Strategies

- The vehicles, Hospital Equipments & Cold chain equipments are used by different Health institutes in Public Health Department. These vehicles, Hospital Equipments & Cold chain equipments are repaired & maintained by this Department. Also, Purchase & Distribution of new vehicles, open auction for disposal of Condemned vehicles & Equipments, technical as well as administrative trainings for technician's & administrative staff is carried out by this department.
- Minor and medium repair and maintaince of vehicles is carried out at district workshop.

- Medium and major repair work of vehicle is carried out at divisional workshop which is at Circle level.
- Minor and Medium repair and maintenance of the cold chain & Hospital equipments is carried out by technician who is working in the office of District health officer, Zillah Paris had.
- Medium & Major repair and maintenance of cold chain & Hospital equipments is carried out by the office of Bio medical Engineer and technicians who are working in the office of Deputy Director of Health Services, Circle.
- Deputy Director of Health Services, (Transport) is the Head of Department. The office is situated at Pune. Supervision and controlling of the activity of the district and divisional workshops is carried out by this Head office.

4) Manpower

Details of available Technical & Administrative manpower

(A) Technical Posts

Sr.no	Post	Sanction	Filled	Vacant
(I) Head Quarter				
1	Deputy Director (Transport)	1	1	0
2	Assistant Director (Transport)	2	1	1
3	Store officer	1	1	0
	Total	4	3	1
(II) Vehicle Section				
4	Service manager	08	01	07
5	Service Engineer	36	35	01
6	Head Artizan	11	11	00
7	Forman	76	72	04
8	Senior Technical Assistant	08	06	02
9	Junior Technical Assistant	16	12	04
10	Senior Security Officer	08	03	05
11	Auto Electrician	52	44	08
12	Skilled artizan	84	73	11
13	Semi skilled artizan	40	02	38
14	Unskilled artizan	83	55	28
	Total	422	314	108
(III) HEMR Section				
16	Health Equipments Maintenance Officer	2	00	02
17	Bio medical Engineer	9	00	09
18	Technician (HEMR)	77	75	02
19	Junior Technical Assistant	08	05	03
20	Unskilled artizan	17	12	05
	Total	113	92	21
Total Technical Post(A)= (I+II+III)		539	409	130
Percentage(%)		100 %	75.88 %	24.12%

(B) NonTechnicalPosts

Sr.no	Post	Sanction	Filled	Vacant
1	AdministrativeOfficer	1	1	0
2	OfficeSuperintendent	2	2	0
3	AssistantAccountOfficer	1	1	0
4	AssistantSuperintendent	2	2	0
5	Stenographer	1	1	0
6	Senior Clerk	4	2	2
7	Junior Clerk	8	5	3
8	Driver	2	1	1
9	TelephoneOperator	1	1	0
10	Peon	8	7	1
11	Securityguard	1	0	1
12	Sweeper	1	1	0
Total		32	24	8
Percentage(%)		100 %	75.83 %	24.17 %

C)TotalPosts(A+B)

Sr.No.	Post	Sanctioned posts	FilledPost	Vacant post
1	TechnicalPost(A)	539	409	130
2	NonTechnicalPost (B)	32	24	8
	Total	571	433	138
	Percentage(%)	100 %	75.83 %	24.17 %

(5) Various Schemes & Activities

- **Aims & Objectives:** To Keep vehicles, refrigeration (Cold chain) and hospital equipments in working condition.
- **Implementation period and procedure:** Repairing and maintainceof vehicles, refrigeration (Cold chain) and hospital equipments is a continuous process and carried out following government procedure.
- **Expected Beneficiaries & Population:** All the Health Institutes in Public Health Department.
- **Offering Services:** Carry out the repair and maintaince of vehicles, refrigeration (Cold chain) and hospital equipments.
- **Workdone:** Due to timely preventive and routine maintaince and repairs, more than 62.95% percent of Vehicles are on road.

(6) Present status

Current status of vehicles in service in the department				
Vehicles in service	Number of vehicles currently in service	Details of temporarily out of service vehicles		
		Defective vehicles	Accidental vehicles	Total vehicles temporarily closed
4098	3987	83	28	111

Current status of vehicles completed service in the department		
Details of vehicles out of service (discontinued) due to end of life		
Writable vehicles	Final write-off vehicles	Total vehicles
491	1894	2385

HEMR**Position**

Hospital Equipment				
Total	Working	Not Working	Proposed for Condemnation	Final Condemned
102703	102420	283	2867	-

Cold Chain Equipment				
Total	Working	NotWorking	Proposed for Condemnation	Final Condemned
9170	9136	34	2293	670

(A) Major Head 2210-06-Public health, 001 Establishment 800 Other Sub Head 800
(1) Establishment of the State Health transport Organisation (22101053).

(Amt. in thousand)

Sr. no	Particular	2019 - 2020		2020 – 2021		2021-22		2022-23		2023-24		2024-25 (Upto Dec.2024)	
		Grant	Exp	Grant	Exp.	Grant	Exp.	Grant	Exp.	Grant	Exp	Grant	Exp.
1	Salary	213258	169951	202595	159994	192718	192042	304960	216516	318683	207783	229679	229883
2	O.T. allowance	8	8	5	0	9	8	10	10	10	9	6	0
3	Tel.& Ele.& Water	1265	1236	633	603	1139	1073	1139	1139	1265	1262	886	779
5	T.A.	1311	656	902	358	542	417	531	384	557	282	267	115
6	O.E .	1883	1589	1277	1275	1501	1489	1576	1572	1655	1640	760	721
7	Rent & Tax	200	200	100	100	180	151	180	170	200	164	80	80
8	Comp.	154	133	20	0	153	59	128	127	169	133	79	74
9	Supplies & Mat.	88	88	83	83	110	110	77	65	77	73	37	36
10	POL	2000	958	1140	850	825	821	1109	1087	1242	961	600	588
11	Advt.	80	79	10	0	0	0	60	54	49	20	33	24
12	Minor work	139	3	18	0	113	0	95	95	81	0	58	0
13	Stipend	850	203	89	86	425	361	499	98	562	103	307	40
14	Motor vehicle	800	766	500	478	750	723	80957	915	135000	80162	105940	105888
15	Tools & Equip.	485	441	159	159	375	148	368	301	386	385	193	22
Total		222522	176311	207532	163986	201990	198469	395689	226533	463086	296127	342145	340741

(B) Major Head 2210-06-Public health, 001 Establishment 800 Other Sub Head 800
(2) Establishment of the HEMR (22101062).

(Amt. in thousand)

Sr. no.	Particular	2019 - 2020		2020 – 2021		2021-22		2022-23		2023-24		2024-25 (Upto Dec.2024)	
		Grant	Grant	Grant	Grant	Grant	Exp	Grant	Exp.	Grant	Exp	Grant	Exp.
1	Salary	46474	37273	45639	32129	40934	40036	43154	12683	42995	31480	55111	45668
2	O.T. allowance	8	8	5	0	8	8	9	0	6	0	5	0
3	Tel.& Ele.& Water	100	27	50	49	36	10	36	0	30	12	42	23
4	TA	334	271	230	60	225	170	78	143	166	74	116	37
5	OE	302	229	205	203	270	208	192	92	166	0	139	116
6	Rent & Tax	50	21	25	22	45	22	22	23	25	15	20	0
7	Compu.	51	36	7	0	30	16	21	4	22	0	15	15
8	POL	440	237	251	204	300	271	229	174	251	130	225	147
9	Motor Vehicle	100	52	94	6	94	15	70	18	38	24	42	42
10	Tools & Equip.	142	103	47	46	113	58	110	1	83	0	58	0
	Total	48001	38257	46553	32719	42055	40814	43921	13138	43782	31735	55773	46048

**(C) Major Head 2210-06-Public health, 001 Establishment Sub Head 110 (2) (A)
(22100155). (Amt. in thousand)**

Sr. no.	Particular	2019 - 2020		2020 – 2021		2021-22		2022-23		2023-24		2024-25 (Upto Dec.2024)	
		Grant	Exp.	Grant	Grant	Grant	Exp.	Grant	Exp.	Grant	Exp.	Grant	Exp.
1	Monor Work	1750	1268	300	299	1500	1500	2800	2796	1500	1500	1667	0
	Total	1750	1268	300	299	1500	1500	2800	2796	1500	1500	1667	0

**(D)Major Head 2210-06-Public health, 001 Establishment Sub Head 001-001 (1) Jt.DHS
(Health) Pune (22104615). (Amt. in thousand)**

Sr. no.	Particular	2019 - 2020		2020 – 2021		2021-22		2022-23		2023-24		2024-25 (Upto Dec.2024)	
		Grant	Exp.	Grant	Grant	Grant	Exp.	Grant	Exp.	Grant	Exp.	Grant	Exp.
1	Other Charges	4400	1253	550	60	4125	2158	3850	3850	3850	3850	1833	1304
	Total	4400	1253	550	60	4125	2158	3850	3850	3850	3850	1833	1304

**E) Major Head 2210-06-Public health Department, Pool grant Under Motor Vehicle
(Various Heads)**

(Amt. in thousand)

Sr. no.	Particular	2019 - 2020		2020 – 2021		2021-22		2022-23		2023-24		2024-25 (Upto Dec.2024)	
		Grant	Exp.	Grant	Grant	Grant	Exp.	Grant	Exp.	Grant	Exp.	Grant	Exp.
1	Motor Vehicle	5768	3063	3492	2914	5695	5231	5073	4647	4632	3262	2817	2530
	Total	5768	3063	3492	2914	5695	5231	5073	4647	4632	3262	2817	2530

(F) Sub Head 104 (1) POL for the Vehicles of the Health Institutes & Rural Family welfare Centers. Demand No.R-2 (22110612) (Amt. in thousand)

Sr. no.	Particular	2019 - 2020		2020 – 2021		2021-22		2022-23		2023-24		2024-25 (Upto Dec.2024)	
		Grant	Exp.	Grant	Grant	Grant	Exp.	Grant	Exp.	Grant	Exp.	Grant	Exp.
1	Motor Vehicle	1274	1255	769	761	1691	1496	1547	1341	486	486	567	567
	Total	1274	1255	769	761	1691	1496	1547	1341	486	486	567	567

CHAPTER 21

INFORMATION, EDUCATION & COMMUNICATION

Integrated IEC bureau was established in Pune by the State Government for strengthening information, education & communication activities in Maharashtra.

General Objectives:

1. Prioritization of the IEC activities at Maharashtra State to disseminate messages on health education and govt schemes.
2. Integration and coordination of IEC activities conducted by various Bureau(s).
3. Formation and implementation of State IEC policy.
4. Planning, organizing and directing IEC activities in the State
5. Providing, consultation, technical assistance and guidance in IEC methods and media to field staff.
6. Training of the personnel of Health Department in IEC methods, techniques and material developments.
7. Developing cordial intradepartmental and interdepartmental relationship and building up good working relationship with various agencies.
8. Implementation of various IEC activities under external aided projects (E.C.WHO, UNICEF etc.)

Specific Objectives:

1. Planning health education activities regarding various National Health Programme.
2. Preparing health education material and to distribute at field level.
3. Organization of exhibition through District IEC Cells.
4. Publication of Monthly health magazine Maharashtra Arogya Patrika.
5. Organization of health education activities for various Women's and Youth Groups.
6. Monitoring and evaluation of the health education activities and various media methods.
7. Management of Health Education activities.
8. Review of Health Education Projects in the State.
9. Organization of Mass Education activities on the occasion of various 'Health Days' such as World Health Day, World Population Day, World AIDS Day etc. At the district level and primary Health Center level. Such as film shows organized with the help of local panchayat bodies and voluntary organizations.
10. Developing T.V. spots, Radio Jingles. Films, CD's & VCD's Newspapers advertisements etc. for dissemination through the media channels.
11. Implementation of Dr. Anandibai Joshi and Vandniya Balasaheb Thakre Gaurav Purskar Yojana.

Summary on the Best practices:

- **Parivartan Van:** IEC mobile van during at districts to support community mobilization for Covid 19. *(An LED Van with branded messages on various health programs helps to engage the masses effectively.)*
- **Arogya Patrika:** An official Health Magazine launched by the State Health IEC Bureau, started in 1982.
- **Maha-Arogya Samvad – State IEC Portal:** QR Code promotion for easy dissemination of IEC material on 30 plus health programs of the health department, started in the year 2019 (Supported by UNICEF).
- **Social media channels by IEC Bureau:** Instagram, Twitter, Facebook / Meta pages for social media engagements, started in the year 2019 (Supported by UNICEF).
- **Capacity building and communication skill training for the FLWs and the district extension & media officers at the respective districts through workshops (online & offline both).**
- **Health Calendar for promoting health days:** Promotion of preventive care by celebrating ‘Health days’ – a calendar works as a visual reminder and helps in advocacy, started in the year 2019 (Supported by UNICEF).
- **Maha- Arogya Film Festival:** To provide a platform to the new generation of video innovators through film and public communication technologies to raise awareness on health issues. And to increase public participation and respect for arts and crafts, started in year 2020
- **Academic Partnership program:** A non-paid fellowship offered to the universities to invite students to research, collaborate and contribute to develop health IEC by garnering the community insights. Also, an invitation for academic institutes to participate in the launch of Communication for Social Behavior Change Courses.
- **Tribal connect IEC program:** Creatives adapted in the local language for the tribal areas of Maharashtra (special focus on Melghat) to promote various topics such as Institutional delivery, AnemiaMukt Bharat, Routine Immunization, Family Planning, NTCP – Tobacco control program, and RNTCP – TB.
- **Facebook/ Meta organization conducted a study and featured ‘MahaArogyaIECBureau Government of Maharashtra’** in ‘the meta global case studies’ section for raising awareness for the state of Maharashtra around Covid 19 related health messaging on Covid appropriate behavior and awareness of Covid 19 vaccination during the pandemic times, the campaign reached 17 Mn people.
- **State IEC e-warehouse development** activities to reorganizing the data – 250 Audio & Video files, Creative material for 30 plus Health programs.

Health Education IEC Material:

- IEC material like video films posters, folders, stickers have been produced for various health awareness programmes.
- Folders have published and distributed on Birth registration, immunization, Breast feeding, Nutrition, Smoking & Tobacco, JSY, Swine Flu Malaria, Dengue stc.
- Monthly Health Magazine (Arogya Patrika)
- P.V.C. stickers & Banners
- Flip Books & Flip Chart
- Production of TV spot on Programmes like pulse polio, Swine flue and Anti Tobacco campaign, National Programmes.
- Audio & video CD's about various diseases
- Various sun pack sheets, Folders & poster about Health messages

- Health messages on hoarding, laminated panels regarding various health programme
- Awareness of Health Activities through Mobile, Van like Parivartan Express
- Awareness about National Rural Health Mission Programme through mass media, mid media.
- Creation of T.V. spot & Radio Jingle on various subjects
- Documentary on PCPNDT named madhura
- Folk programmes, exhibition, documentaries, health workshop, inter personal communication, printed material in local language & through central Govt. & outreach bureau, Pune.
- IEC Material on various health programme

Important activities implemented:

- 1) Production & distribution of video films, posters, flipbooks & stickers for awareness in the community regarding various Health Programmes.
- 2) Printing & distribution of flipbook on various topics regarding care in pregnancy, registration of birth, vaccination, diet, tobacco, smoking, diabetes, Janani Suraksha Yojana, Swine flu, Sickle cell anaemia, Malaria, Dengue, Chikengunia, etc.
- 3) Special health awareness drive is conducted through Parivartan express- An audio-visual van on various occasions like village fairs, festivals, & ceremony, Dindi etc.
- 4) Organization of wide community awareness programme on Right age of marriage for a girl child & PCPNDT Act.
- 5) Message on Right Marriage Age for a girl' was given through Meghdoot Post Card.
- 6) Health messages on Pulse Polio, Janani Suraksha Yojana, Chikengunia, Dengue, Right Marriage age for a girl etc. Were painted on S.T. Buses, BEST buses, Local Trains in Mumbai.
- 7) Hoardings are erected at various places viz. S.T. Stands, Civil Hospitals, Collector Offices, Z.P.s
- 8) Special grants were distributed to tribal areas for awareness among tribal people through folk programmes.
- 9) T.V. spot (60 sec) about "Save the child girl" Message under PCPNDT & spot of JSSK scheme are telecasted on doordarsion. Also Radio Jingles are Broadcasted on Askashvani.
- 10) T.V. spot & Radio jingle (60 sec) about Prevention of Tobacco chewing under National Tobacco control Programme are telecasted on doordarsion& on Akashvani for one month.
- 11) T.V. spot & Radio jingle about Immunisation Programme are telecasted on doordarsion& on Askashvani and private news channels.
- 12) T.V. spot & Radio jingle about Emergency Medical services (EMS) are telecasted on doordarsion& on Akashvani for one month.
- 13) Publicity about "Rashatriya Bal swastyaKaryakram"
- 14) Broadcasted (daily once) interviews of specialists of various diseases in the famous programme on Akashwani "Arogya Manthan" (15 min).
- 15) A wide publicity was given to "Save Girl Child" by printing the message on Railway reservation ticket.
- 16) A wide publicity was given by telecasting TV spots of "Mulicheya Janmache Swagat", Breastfeeding, Immunization and Emergency Medical Services in cinema theaters from rural & urban.
- 17) Publicity was given by broadcasting a jingle on Dengue, Organ donation, Breastfeeding, Immunization and Emergency Medical Services in prominent 80 urban & rural bus stands.
- 18) Telecasted TV spots on Doordarshan related to Family planning, Maternal, PCPNDT, Child Health, Swine Flu and TB etc.
- 19) Broadcasted spots radio jingle on Akashwani related to Family planning, Maternal, PCPNDT, Child Health.
- 20) Organized campaign of telecasting Mother's Absolute Affection (MAA) TV spots on Doordarshan&Pvt. entertainment & news TV channels (Marathi).
- 21) Oral health Check up Campaign is Implemented in state.
- 22) Three days Exhibitions were organized in the State and on World Tobacco Day, oath was given to all the Officers, workers and people.

- 23) Motor Bike Ambulance was inaugurated in Mumbai.
- 24) Expansion of Motor Bike Ambulance project was inaugurated in Mumbai.
- 25) Publicity through newspapers.
- 26) Wide publicity was carried out with work orders from DGIPR for Family Planning, Immunization, Non Communicable Diseases etc. programmes with Banners, ST side panel, Back seat of ST, on Railway one side, back side of Rickshaw, in Cinema Theater etc.
- 27) Wide publicity was carried out by Doordarshan, Akashwani, Pvt. TV and FM channels, community Radio channels and through social media.
- 28) Wide awareness campaign through TV, Radio, print media for Leprosy Case detection, Active Case finding for RNTCP & NCD
- 29) Wide publicity campaign was carried out through TV Channels, Radio, Fm, Community Radio, Social media for Measles Rubella Campaign
- 30) Social Media campaign on various health days by social media channels on various health programmes.
- 31) The IEC Policy has been drafted and will be implemented in the State soon.
- 32) Various topics TV spots, radio jingles, creative made for wide mass campaign for the State of Maharashtra.
- 33) WhatsApp, Facebook, Twitter, Instagram, YouTube etc. Regular publicity events are being conducted across the state through social media handles
- 34) Health Days calendar prepare to display at State, District and Block, PHC & other Health facilities.
- 35) Two days SBCC workshop was organized by Unicef, India at Pune.
- 36) Extensive public awareness campaign is being carried out across the state about Corona disease. It is being widely disseminated through social media, hoardings, railway LED and print media as well as at district and village level.
- 37) UNICEF has sponsored a special initiative for social media.
- 38) Mass campaign on COVID-19 through mass media, mid media & IPC throughout Maharashtra.

Activities On Going for:

- 1) Filling of various posts of DEMo at District through MPSC.
- 2) The first Maha Arogya Film Festival was organized on 29th February, 2020 in Pune. The response was good. A total of 122 short films were received, out of which 38 winners were selected. It will be used to raise health awareness and demand among the people through short films made by various organizations and communities.
- 3) Hon.Minister of Health, Hon. Principal Secretary, Hon. The messages of the commissioner are being recorded and public awareness is being created through it.
- 4) MIS of IEC activities developed and monitored through online dhis 2 software.
- 5) With the help of other Departments, a wide publicity was carried out through social media for COVID-19.
- 6) Messages from Hon. Health Minister, Hon. Principal Secretary, Hon. Commissioner and Hon. Director on different subjects were recorded & broadcasted.
- 7) Programme wise IEC material was created & made available through digital media.
- 8) Special mobile application created for IEC in the name of Maha Arogya Samvad and available for frontline workers.
- 9) IEC Blog created in the name of Maha Arogya Samvad and all IEC material was made available to general public.
- 10) Successfully completed the campaign "Maze Kutumb Mazi Jababdari" for control of COVID pandemic.
- 11) Campaign "Mi Jababdar" for control of second wave of COVID-19
- 12) Special IEC campaign for COVID appropriate behaviour.
- 13) Health days Calendar and health days archive for all health workers
- 14) IEC material for all stakeholders, Health workers through QR Code.
- 15) Tribal IEC Material, Banners, Video for Melghat Region in Tribal Korku language.

- 16) "Vandaniya Balasaheb Thackeray Arogya Ratna Award Distribution Ceremony" was organized on 23 January 2023 at Mumbai by Public Health Department. For this event, IEC materials included program brochure, folder design, backdrop, name plates, arch design, memento design, check design, food box design, invitation photo album, booklet eight pages and 17 standees.
- 17) Hon. Chief Minister Eknathji Shinde and Health Minister Tanaji Sawant felicitated a total of 10 people working in health fields, gave certificates, mementos and a cheque of one lakh each to the awardees and the ceremony was successfully completed.
- 18) The Maha Arogya Film Festival was organized on February 17, 2023, at Balgandharva Rangmandir, Jangli Maharaj Road, Pune, by the Department of Public Health, Maharashtra for the distribution of awards.
- 19) The Public Health Department prepared 22 creative pieces based on the important decisions taken during the past 100 days.
- 20) A note was prepared regarding the significance of the Public Health Department of the State Government.
- 21) A booklet of approximately 3,550 words was prepared on the upcoming plans under the Public Health Department. - 10 pages.
- 22) A booklet on the 'Jan Aushdhi Yojana' was prepared in English. - 24 pages.
- 23) COVID-19: Don't Panic, Stay Informed! - Eradicate the misunderstandings about Corona virus. A 730 words report was translated based on the Central Government's report.
- 24) A PPT and a booklet for 'Sunder Maja Dawakhana' were prepared. - 82 pages.
- 25) A booklet titled 'Jaagruk Palak, Sudrudh Balak' was prepared. - 132 pages.
- 26) A booklet titled 'Mata Surakshit tar Ghar Surakshit' was prepared. 98 pages.
- 27) A booklet on the Maha Arogya Yojana was prepared. - 84 pages.
- 28) Organized Maha Arogya Camp at Pandharpur on the occasion of Ashadhi Vari
- 29) State level launch event of 'Ayushman Bhava:' campaign in Mumbai
- 30) Organization of two-day 2nd Regional Conference of Western Divisional Community Health Officers at Nashik.
- 31) Healthy Health Youth, Vaibhav Maharashtra campaign to check the health of citizens above 18 years of age.
- 32) A regional review meeting of six states/UTs was held at Mumbai to review the AYUSH programs under the National AYUSH Mission.
- 33) Organized Maha Arogya Camp at Tuljapur from 27-29 October 2023 as part of Navratri Festival
- 34) Joint Leprosy Detection Mission and Active Tuberculosis Detection Mission - Duration - dt. 20 November to 6 December 2023)
- 35) The "Vikasit Bharat Sankalp Yatra" is a nationwide campaign launched by the Central Government with the aim of raising public awareness about health department schemes and ensuring that citizens, especially those who are deprived, receive information and benefits from these schemes. The campaign commenced on November 15, 2023, and continued until January 26, 2024. The first phase of the campaign began on November 15 in remote districts, targeting areas that may have limited access to information and services. Subsequently, the second phase, covering all districts, commenced on November 20, aiming to expand the campaign's reach across the nation. Throughout the yatra, efforts were made to inform citizens about various health schemes and to ensure that those eligible for benefits received the necessary information and assistance. This initiative highlights the government's commitment to improving public health and ensuring that healthcare services reach all segments of society.
- 36) An online event organized by the Hon'ble Prime Minister on February 25, 2024, from Rajkot, Gujarat, marked the dedication/foundation laid of 15 health institutions in the state to the nation. This dedication ceremony highlighted the government's ongoing efforts to enhance healthcare infrastructure across the country. The event garnered significant attention and was widely publicized, with extensive coverage in the newspapers and social media.
- 37) Booklets detailing Maha Arogya Yojana and Public Health Department's initiatives were recently released, aiming to inform citizens about healthcare schemes and governmental actions.

- 38) In June, on the occasion of Ashadhi Wari, the initiative "Arogyachya Wari, Pandharichi Dari" was implemented. Various IEC materials required during the Wari were prepared, including banners, posters, hoardings, shawls, Gandhi caps, T-shirts, bus shelter designs, van designs, newspaper ads (in Marathi, Hindi, and English), magazine ads (in Marathi, Hindi, and English), videos, reels, and social media posts.
- 39) A booklet and leaflets for "Arogyachya Wari, Pandharichi Dari" were prepared.
- 40) A digital booklet for the Ayushman Bharat Digital Mission (ABDM) was created. Training videos under the ABDM were also reviewed, and corrections were suggested.
- 41) Aarogy Patrika were prepared between June and November.
- 42) A health calendar in the form of an e-digital calendar was created.
- 43) An e-List logo was designed.
- 44) A total of 51 social media posts were created to promote government schemes under the Public Health Department, along with 42 posts highlighting key decisions of the department.
- 45) HR guidelines for the National Health Mission (NHM) were designed in both Marathi and English.
- 46) Backdrops, stands, and podiums were created for the Tuberculosis program.
- 47) The Information about various health schemes of the government was disseminated through various media and widespread public awareness was created through various mass media and mid-media through the Public Relations Department.
- 48) Information, education, communication visits and training were provided to students of various universities.
- 49) Translate and graphic designed 15 new creatives, leaflets, posters, wall paintings on the topics of menstrual hygiene, Rashtriya Bal Swasthya Kaaryakram, Rashtriya National Adolescent Health Programme.
- 50) Started a '100 news campaign' to publicize the good work done by the Health Department in the media.
- 51) - Created new creatives on the topic of Ayushman Bharat Digital Mission – ABHA Card.
- 52) Created and published 'Aarogy Patrika' magazines for the months of December 2024 and January 2025.

Important Health Days:

अ.क्र.	महिना	दिवस/ कालावधी	आरोग्य दिन (Health Days)	
1	जानेवारी	१२ जानेवारी	राष्ट्रीय युवा दिन	National Youth Day
		३० जानेवारी	कुष्ठरोग निवारण दिन	World Leprosy Eradication Day
		३० जानेवारी ते १३ फेब्रुवारी	कुष्ठरोग निवारण पंथरवाडा (स्पर्श अभियान)	Leprosy Eradication Fortnight (Sparsch Campaign)
2	फेब्रुवारी	४ फेब्रुवारी	जागतिक कर्करोग दिवस	World Cancer Day
		१० फेब्रुवारी	राष्ट्रीय जंतनाशक दिन	National De-worming Day
		११ फेब्रुवारी	जागतिक रुग्ण दिन व जागतिक युनानी दिन	World Patient Day & World Unani Day
		१२ फेब्रुवारी	प्रजनन आरोग्य जागरुकता दिन	Sexual Reproductive Health Awareness Day
3	मार्च	८ मार्च	जागतिक महिला दिन व धूम्रपान विरोधी दिन	International Women's Day & No Smoking Day
		१० मार्च	गर्भधारणेतील मधुमेह जागरुकता दिवस	National GDM Awareness Day
		१२ ते १८ मार्च	जागतिक काचबिंदु सप्ताह	World Glaucoma Week
		१६ मार्च	गोवर लसीकरण दिन	Measles Immunization Day

अ.क्र.	महिना	दिवस/ कालावधी	आरोग्य दिन (Health Days)	
		मार्च दुसरा गुरुवार	जागतिक मुत्रपिंड दिन	World Kidney Day
		२० मार्च	जागतिक मौखिक आरोग्य दिन	World Oral Health Day
		२१ मार्च	जागतिक डाऊन सिंड्रोम दिन	World Down Syndrome Day
		२२ मार्च	जागतिक जल दिन	World Water Day
		२३ मार्च	जागतिक हवामान दिन	World Weather Day
		२४ मार्च	जागतिक क्षयरोग दिन	World TB Day
4	एप्रिल	१ ते ७ एप्रिल	अंधत्व प्रतिबंध सप्ताह	Blindness Prevention Week
		२ एप्रिल	जागतिक ऑटिझम (Autism) जनजागृती दिन	World Autism Awareness Day
		७ एप्रिल	जागतिक आरोग्य दिन	World Health Day
		१४ एप्रिल	आयुष्यमान भारत - आरोग्यवर्धिणी केंद्र दिन	Ayushman Bharat - Health and Wellness Centre Day
		१७ एप्रिल	जागतिक हेमोफिलीया दिन	World Haemophilia Day
		१९ एप्रिल	जागतिक यकृत दिन	World Liver Day
		२२ एप्रिल	पृथ्वी दिन	Earth Day
		२५ एप्रिल	जागतिक हिक्ताप दिन	World Malaria Day
		२४- ३० एप्रिल	जागतिक लसीकरण सप्ताह	World Immunization Week
5	मे	१ मे	जागतिक कामगार दिन	World Workers' Day
		३ मे	जागतिक दमा दिन	World Asthma Day
		५ मे	जागतिक प्रसविका दिन	World Midwifery Day
		८ मे	जागतिक रेडक्रॉस दिन व जागतिक थॅलेसेमिया दिन	World Red Cross Day & World Thalassaemia Day
		मे चा दुसरा रविवार	मातृत्व दिन	Mother's Day
		१२ मे	जागतिक परिचारिका दिन व जागतिक दीर्घकालीन थकवा जागरूकता दिवस	World Nurses Day & World Chronic Fatigue Syndrome Awareness Day
		१४ मे	जागतिक उच्च रक्तदाब दिन	World Hypertension Day
		१५ मे	जागतिक कुटुंब दिन	World Family Day
		१६ मे	राष्ट्रीय डेंग्यु दिन	National Dengue Day
		१९ मे	जागतिक फॅमिली डॉक्टर दिन	World Family Doctor Day
		२५ मे	जागतिक मल्टीपल स्क्लेरोसिस दिन	World Multiple Sclerosis Day
		२८ मे	आंतरराष्ट्रीय महिला आरोग्य दिन व मासिक पाळी स्वच्छता दिन	International Women's Health Day & Menstrual Hygiene Day
		२८ मे ते ८ जून	अतिसार नियंत्रण पंधरवाडा	Intensified Diarrhoea Control Fortnight
		३१ मे	जागतिक तंबाखु विरोधी दिन	World Anti-Tobacco Day
		१ ते ३० जून	हिक्ताप प्रतिरोध महिना / जनजागरण अभियान	Malaria Prevention Month / Awareness Campaign
6	जून	५ जून	जागतिक पर्यावरण दिन व राष्ट्रीय फायलेरिया विरोधी	World Environment Day & National Anti-Filaria Day

अ.क्र.	महिना	दिवस/ कालावधी	आरोग्य दिन (Health Days)	
			दिन	
		८ जुन	जागतिक ब्रेन ट्यूमर दिन	World Brain Tumor Day
		१० ते १६ जुन	दृष्टीदान सप्ताह	Eye Donation Week
		१४ जुन	जागतिक रक्तदाता दिन	World Donor Day
		१५ जुन	जागतिक वृद्ध अत्याचार विरोधी दिन	World Elder Abuse Awareness Day
		१८ जुन	ऑटिस्टिक गौरव दिन	Autistic Pride Day
		१९ जुन	जागतिक सिकलसेल दिन	World Sickle cell Day
		२१ जुन	आंतरराष्ट्रीय योग दिन	International Day of Yoga
		२६ जुन	जागतिक मादक पदार्थ विरोधी दिन	International Day against Drug Abuse and Illicit Trafficking
		२९ जुन	राष्ट्रीय संख्याशास्त्र दिन	National Statistics Day
7	जुलै	१ जुलै	राष्ट्रीय डॉक्टर दिन	National Doctor's Day
		६ जुलै	जागतिक प्राणीजन्य रोग दिन	World Zoonotic Disease day
		११ जुलै	जागतिक लोकसंख्या दिन	World Population Day
		२८ जुलै	जागतिक कावीळ दिन	World Hepatitis Day
		२९ जुलै	क्षारसंजीवनी दिन	ORS Day
8	ऑगस्ट	६ ऑगस्ट	जागतिक हिरोशिमा दिन	World Hiroshima Day
		१ ते ७ ऑगस्ट	स्तनपान सप्ताह	Breast Feeding Awareness Week
		१० ऑगस्ट	राष्ट्रीय जंतनाशक दिन	National De-worming Day
		१२ ते २५ ऑगस्ट	जागतिक युवा पंधरवाडा	World Youth Fortnight
		१५ ऑगस्ट	स्वतंत्रता दिन	Independence Day
		२० ऑगस्ट	जागतिक डायस दिन	World Mosquito Day
		२५ ऑगस्ट ते ८ सप्टेंबर	राष्ट्रीय नेत्रदान पंधरवाडा	National Eye Donation Fortnight
9	सप्टेंबर		पोषाहार महिना	Nutrition Month
		५ सप्टेंबर	प्रशिक्षण दिन / राष्ट्रीय शिक्षक दिन व मज्जारज्जु (पाठीचा कणा) दुखापत दिन	Training Day / National Teacher's Day & Spinal Cord Injury Day
		८ सप्टेंबर	जागतिक साक्षरता दिन	World Literacy Day
		१० सप्टेंबर	जागतिक आत्महत्या प्रतिबंध दिन	World Suicide Prevention Day
		१६ सप्टेंबर	जागतिक ओझोन दिन व जागतिक अस्थिमज्जा दाता दिन	World Ozone Day & World Marrow Donor Day
		२१ सप्टेंबर	जागतिक अल्झायमर दिन	World Alzheimer Day
		२५ सप्टेंबर	जागतिक औषधनिर्माता दिन	World Pharmacist Day
		२८ सप्टेंबर	जागतिक रेबीज दिन	World Rabies Day
		२९ सप्टेंबर	जागतिक हृदय दिन	World Heart Day
		सप्टेंबर शेवटचा रविवार	जागतिक कर्णबधीरता दिन	World Day of Deaf
10	ऑक्टोबर		स्तनाचा कर्करोग जागरूकता महिना	Breast Cancer Awareness Month
		१ ऑक्टोबर	रक्तदान दिन व ज्येष्ठ नागरिक दिन व जागतिक	Blood Donation Day & Senior Citizen Day & World Vegetarian

अ.क्र.	महिना	दिवस/ कालावधी	आरोग्य दिन (Health Days)	
			शाकाहार दिन	Day
		२ ऑक्टोबर	स्वच्छता दिन व राष्ट्रीय व्यसनाधीनता प्रतिरोध दिन	Cleanliness Day & National Anti Drug Addiction Day
		ऑक्टोबर महिन्याचा पहिला बुधवार	जागतिक सेरेब्रल पाल्सी दिन	World Cerebral Palsy Day
		९ ऑक्टोबर	जागतिक दृष्टी दिन	World Sight Day
		१० ऑक्टोबर	मानसिक आरोग्य दिन	Mental Health Day
		११ ऑक्टोबर	आंतरराष्ट्रीय बालिका दिन	International Girl Child Day
		१२ ऑक्टोबर	जागतिक संधीवात दिन	World Arthritis Day
		१३ ऑक्टोबर	जागतिक थ्रोम्बोसिस दिन	World Thrombosis Day
		१५ ऑक्टोबर	जागतिक हाताची स्वच्छता जागरुकता दिन	Global Hand washing Day
		१६ ऑक्टोबर	जागतिक अन्न दिन व जागतिक बधीरीकरण दिन	World Food Day & World Anesthesia Day
		१७ ऑक्टोबर	जागतिक आघात दिन	World Trauma Day
		१८ ऑक्टोबर	जागतिक रजोनिवृत्ती दिन	World Menopause Day
		२० ऑक्टोबर	जागतिक अस्थी विदीर्णता दिन	World Osteoporosis Day
		२१ ऑक्टोबर	जागतिक आयोडिन न्युनता विकार नियंत्रण दिन	World Iodine Deficiency Disorder Control Day
		२४ ऑक्टोबर	जागतिक पोलिओ दिन	World Polio Day
		२६ ऑक्टोबर	जागतिक स्थूलता दिन	World Obesity Day
		२९ ऑक्टोबर	जागतिक पक्षाघात दिन	World Stroke Day
		३० ऑक्टोबर	जागतिक काटकसर दिन	World Thrift Day
11	नोव्हेंबर	७ नोव्हेंबर	राष्ट्रीय कर्करोग जागरूकता दिवस	National Cancer Awareness Day
		१० नोव्हेंबर	जागतिक लसीकरण दिन	World Immunization Day
		१२ नोव्हेंबर	जागतिक न्युमोनिया दिन	World Pneumonia Day
		१३ - १९ नोव्हेंबर	जागतिक प्रतिजैविक जागरुकता दिन	World Antibiotic Awareness Week
		१४ नोव्हेंबर	बाल दिन व जागतिक मधुमेह दिन	Children's Day & World Diabetes Day
		१७ नोव्हेंबर	राष्ट्रीय अपस्मार दिन व जागतिक अपु-या दिवसांची प्रसुती दिन	National Epilepsy Day & World Prematurity Day
		१९ नोव्हेंबर	जागतिक दीर्घकालीन श्वासावरोध विकार दिन व जागतिक शौचालय दिन	World COPD Day & World Toilet Day 2015
		१५- २१ नोव्हेंबर	नवजात बालक काळजी सप्ताह	New Born Care Week
12	डिसेंबर	१ डिसेंबर	जागतिक एड्स प्रतिबंध दिन	World AIDS Prevention Day
		२ डिसेंबर	भोपाळ दुर्घटना दिन / राष्ट्रीय प्रदूषण प्रतिबंध दिन	National Pollution Prevention Day
		३ डिसेंबर	जागतिक अपंग / दिव्यांग दिन	World Handicap Day

अ.क्र.	महिना	दिवस/ कालावधी	आरोग्य दिन (Health Days)	
		९ डिसेंबर	जागतिक रुग्ण सुरक्षा दिन	World Patient Safety Day
		११ ते १७ डिसेंबर	सिकलसेल जनजागृती सप्ताह	Sickle cell Disease Awareness Week
		१२ डिसेंबर	सार्वत्रिक आरोग्य उपलब्धता दिन	Universal Health Coverage Day

Available Manpower
MAJOR HEAD 2211

No	Name of the posts	Posts sanction	Fill	Vacant
1	Dy. Director (CLASS I)	1	1	0
2	Health Education Officer (CLASS II)	1	1	0
3	Asst. Supdt. (CLASS III)	1	1	0
4	Steno Typist	1	0	1
5	Senior Clerk	2	1	1
6	Driver	1	1	0
7	Peons	1	0	1
8	Packer	1	1	0
	Total Posts	9	6	3

MAJOR HEAD 2210

No.	Name of the posts	Posts sanction	Fill	Vacant
1	Asstt. Director of Health Service (CLASS I)	1	1	0
2	Asstt. Director of Health Service(CLASSII)	1	0	1
3	Administrative Officer (CLASS I D)	1	1	0
4	Health Education Officer (CLASS II)	1	1	0
5	Office Supdt. (CLASS III)	2	2	0
6	Statistical supervisor	1	1	0
7	Astt. Librarian	1	0	1
8	Health Propogandist	1	0	1
9	Artist cum Photographer	1	0	1
10	Steno-Typist	1	0	1
11	Senior Clerk	2	1	1
12	Junior Clerk	5	3	2
13	Driver	2	0	2
14	Driver cum Projectionist	1	0	1
15	Projectionist	1	0	1
16	Peons (CLASS IV)	6	5	1
17	Mazdoor	2	2	0
18	Cleaner	1	0	1
19	Night Watchman	1	0	1
20	Packer	1	1	0
21	Sweeper	1	1	0
Total post		34	19	15

FINANCIAL REQUIREMENT UNDER
THE MAJOR HEAD 2211

(Rs.in Thousands)

Previous Expenditure 2023-24	Current Budget 2024-25	Revised Budget 2024-25	Proposed Budget 2025-26
6473	7500	7500	8700

FINANCIAL REQUIREMENT UNDER
THE MAJOR HEAD 2210

(Rs.in Thousands)

Previous Expenditure 2023-24	Current Budget 2024-25	Revised Budget 2024-25	Proposed Budget 2025-26
314088	600000	600000	660000

Non-plan Budget and Expenditure 2023-2024

(Rs. in Lakhs)

Sr.No.	Item	Head	Grants	Expenditure
1	Health Education	22101026	96	90
2	Health Information Publicity	22101035	43	31
3	Health Information and Vital Statistics	22101082	14	12

Plan Budget and Expenditure 2023-2024

(Rs. in Lakhs)

Sr.No.	Item	Head	Grants	Expenditure
1	Material and Supply	22101044	3076	3007
2	Motor Vehicle	42101253	19	0
3	Family Welfare	22110031	73	65
4	Family Welfare	22110612	0.42	0.28
5	Dr. Anandibai Joshi Gourav Puraskar Yojna	22353186	22	3

Non-plan Budget and Expenditure 2024-2025

(Upto Jan. 2025) (Rs. in Lakhs)

Sr.No.	Item	Head	Grants	Expenditure
1	Health Education	22101026	121	100
2	Health Information Publicity	22101035	41	26
3	Health Information and Vital Statistics	22101082	14	12

Plan Budget and Expenditure 2024-2025 (Upto Jan. 2025) (Rs. in Lakhs)

Sr.No.	Item	Head	Grants	Expenditure
1	Advertisement & Publicity	22101044	2177	2177
2	Motor Vehicle	42101253	8	0
3	Family Welfare	22110031	92	81
4	Family Welfare	22110612	2	1.83
5	Dr. Anandibai Joshi Gourav Puraskar Yojna	22353186	0	0

CHAPTER 22

HEALTH INTELLIGENCE & VITAL STATISTICS

Monitoring & Supervision done by this Bureau under the program of Births and Deaths Registration and vital statistics in rural and urban areas as per Registration of Birth and Death Act 1969 & Maharashtra Birth and Death Registration Rules 2000. Implementation of Maharashtra Regulation of Marriage Bureaus and Registration of Marriages Act 1998 is also carried out by this Bureau. Director, Health Services, Maharashtra Pune, has designated as a Chief Registrar of Births-Deaths & Marriage while Deputy Director, Health Services, Health Intelligence and Vital Statistics has designated as Deputy Chief Registrar of Births and Deaths for the State.

Following Activities are going on.

- 1) Monitoring & Supervision of Birth and Death Act 1969 & Maharashtra Birth and Death Registration Rules 2000
- 2) Implementation of Maharashtra Regulation of Marriage Bureaus and Registration of Marriages Act 1998 is also carried out by this Bureau.
- 3) Medical certification of causes of death (MCCD)
- 4) Survey of Causes of Death (Rural)

Following reports are prepared by this Bureau.

- Monthly & yearly report regarding civil registration system,
- Medical certification of causes of death (Annual Report).
- Survey of Causes of Death (Rural)

22.1 Civil Registration System:

Under Civil Registration System, each and every birth and death occurred in the state is registered on "De Facto" basis. This registration is done as per Registration of Births and Deaths Act 1969 and Maharashtra Births and Deaths Registration Rules 2000 prepared according to the Act. The rules may be amended by State Government Notification as required.

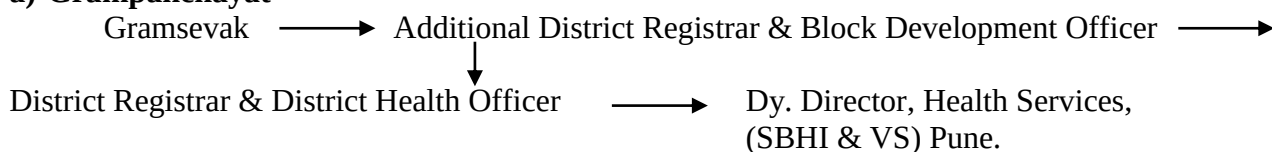
Presently Birth & Death events in the state are registered in new CRS software dc.crsorgi.gov.in. This software has been developed by Registrar General of India, New Delhi.

The reports of Births and Deaths Registration are received from following 43681 institutions

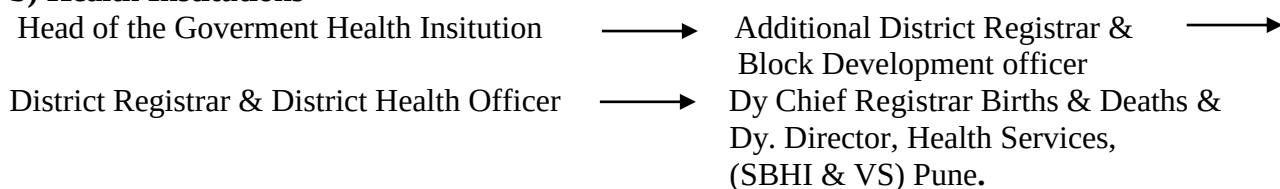
Area	Institute / Agency	Number
Rural	Revenue Villages (A)	40879
Urban	Municipal Councils	249
	Panchayat	143
	Municipal Corporations	28
	Cantonment Boards	7
	Total Urban (B)	427
State Total (A+B)		41306
Health institutions in Rural & Urban area	Primary Health Centers	1851
	Rural Hospitals	361
	Sub- District Hospitals (50 & 100 Beds)	95
	District Hospitals & General Hospitals	29
	Women Hospitals	22
	Medical College Hospitals	17
	Total Government Health Institution (C)	2375
Total State (A+B+C)		43681

In Rural area the flow of reporting is as below.

a) Grampanchayat -



b) Health Institutions -

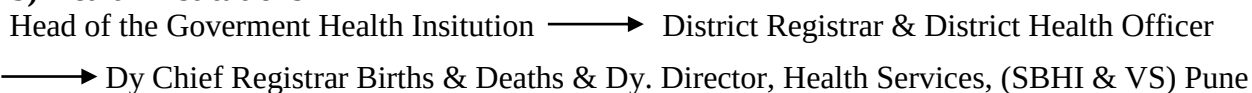


In Urban area the flow of reporting is as below.

a) Local Bodies-



b) Health Institutions -



Performance of previous 5 years regarding important indicators –

Percentage of registered birth & death events under CRS during 2019 to 2024 as follows –

Year (Jan. to Dec.)	Birth Registration %	Death Registration %
2019	89	100
2020	88	100
2021	89	100
2022	99	100
2023	95	100
2024 (Tentative)	86	93

Civil Registration System year wise performance

Indicator		Report Received	Birth Registration	Death Registration	Infant Death Registration
2019	Annual Expected Level	496632	1953838	687532	38244
	Achieve.	418606	1747145	693800	17125
	% to Annual ELA	84	89	100	45
2020	Expected Level	517032	1942331	685529	33020
	Achieve.	461775	1712003	808783	13807
	% to Annual ELA	89	88	100	42
2021	Annual Expected Level	517668	1922484	706816	29812
	Achieve.	480440	1718682	1009114	15283
	% to Annual ELA	93	89	100	51
2022	Annual Expected Level	527760	1945890	715420	31140
	Achieve.	475840	1919023	780998	17632
	% to Annual ELA	90	99	100	57
2023	Annual Expected Level	525528	1904310	698247	30469
	Achieve.	475128	1805484	773010	17436
	% to Annual ELA	90	95	100	57
2024 Tentative	Annual Expected Level	436810	1986262	728296	31780
	Achieve.	436810	1711227	674328	11656
	% to Annual ELA	100	86	93	37

Civil Registration System - Recording Efficiency for Births

Sr. No.	District	2019			2020			2021			2022			2023			2024 (Tentative)		
		Annual Expected Births Reg.	Births Registered	%	Annual Expected Births Reg.	Births Registered	%	Annual Expected Births Reg.	Births Registered	%	Annual Expected Births Reg.	Births Registered	%	Annual Expected Births Reg.	Births Registered	%	Annual Expected Births Reg.	Births Registered	%
1	Raigad	46784	35364	76	46416	33804	73	46148	30776	67	46790	37006	79	44527	37892	85	47754	33774	71
2	Ratnagiri	24424	16899	69	23548	15973	68	22965	13259	58	22840	12780	56	23574	13417	57	22659	11616	51
3	Thane	150581	111712	74	153165	93417	61	153282	99334	65	156400	110223	70	148253	112605	76	161082	102955	64
4	Palghar	56823	44638	79	57900	50613	87	58041	47309	82	59320	49069	83	56015	52173	93	61233	49672	81
5	Mumbai	195809	148898	76	197905	120188	61	189621	113669	60	190390	133809	70	196450	130562	66	196796	117205	60
6	A'Nagar	77572	72989	94	76007	81435	107	75199	77650	103	75880	72059	95	75307	68429	91	76905	66265	86
7	Dhule	36681	46807	128	36258	37131	102	36060	39128	109	36570	53791	147	34678	42444	122	37342	42980	115
8	Nandurbar	30474	35968	118	30060	41700	139	29980	32914	110	30490	46303	152	27897	45360	163	31252	47817	153
9	Jalgaon	73498	72433	99	72569	63425	87	71971	71286	99	72800	68539	94	71064	71928	101	74033	69210	93
10	Nashik	109833	125872	115	109417	130789	120	108951	132825	122	110630	127558	115	113928	128194	113	113148	117852	104
11	Pune	174324	133817	77	175749	136146	77	175610	139131	79	178920	161222	90	170424	149801	88	183880	144771	79
12	Solapur	73710	78196	106	72662	81794	113	71931	76985	107	72620	81140	112	71418	77719	109	73665	62152	84
13	Satara	50077	46195	92	48910	44414	91	48261	39714	82	48570	45390	93	48079	42047	87	49037	35416	72
14	Kolhapur	65477	45161	69	64450	45015	70	63727	45812	72	64270	57677	90	63278	43606	69	65080	42094	65
15	Sindhudurg	13276	8188	62	12828	7774	61	12558	6494	52	12540	7286	58	12687	6612	52	12513	5786	46
16	Sangli	47516	46052	97	46609	44442	95	46056	40613	88	46420	42879	92	45853	40504	88	46957	32627	69
17	Chh Sambhajinagar	67858	77523	114	67775	66923	99	67617	102433	151	68790	136865	199	66209	89169	135	70544	85307	121
18	Jalana	35437	31948	90	34922	31952	91	34758	29561	85	35280	37624	107	33147	40303	122	36058	47865	133
19	Parbhani	33302	31325	94	33017	35245	107	32887	36434	111	33400	37563	112	31042	35178	113	34180	31369	92
20	Hingoli	21103	18344	87	20735	19146	92	20614	14645	71	20900	22860	109	19931	23637	119	21329	27002	127
21	Latur	43508	42949	99	42916	48966	114	42638	46738	110	43200	53896	125	41949	54659	130	44048	52561	119
22	Beed	46325	54280	117	45621	46031	101	45364	52484	116	46000	49038	107	43736	47780	109	46959	49183	105
23	Nanded	59258	58353	98	58467	59713	102	58060	57656	99	58800	64829	110	57108	63796	112	59910	60785	101
24	Dharashiv	28595	21452	75	28006	24545	88	27735	24295	88	28010	26602	95	27327	26519	97	28430	28286	99
25	Akola	30740	35005	114	30388	37526	123	30069	40596	135	30350	42913	141	29838	37218	125	30761	40680	132
26	Washim	21219	16473	78	20849	16355	78	20707	16616	80	20970	17783	85	20259	17744	88	21372	18442	86
27	Amrawati	48881	43052	88	48224	60227	125	47702	46130	97	48130	51292	107	47378	52512	111	48761	52694	108
28	Buldhana	45460	41790	92	44708	41580	93	44371	45042	102	44910	44219	98	43715	43968	101	45721	41401	91
29	Yeatmal	47753	41211	86	46869	36378	78	46418	39341	85	46890	47477	101	46042	43376	94	47587	45823	96
30	Bhandara	19769	16435	83	19286	17984	93	19004	19857	104	19100	18683	98	19044	16741	88	19246	14857	77
31	Gondia	22478	17369	77	21981	17086	78	21734	17338	80	21920	24395	111	21620	22541	104	22192	14897	67
32	Chandrapur	36154	28898	80	35530	26610	75	35023	24961	71	35210	30211	86	35156	26753	76	35497	24841	70
33	Gadchiroli	18335	15156	83	17886	16702	93	17690	16837	95	17840	17698	99	18180	16230	89	18076	17141	95
34	Nagpur	79502	69712	88	79795	62933	79	79133	64513	82	80040	70973	89	78629	67832	86	81391	60160	74
35	Wardha	21302	16681	78	20903	18041	86	20598	16306	79	20700	17371	84	20567	16235	79	20861	15741	75
State Total		1953838	1747145	89	1942331	1712003	88	1922483	1718682	89	1945890	1919023	99	1904310	1805484	95	1986259	1711227	86

Civil Registration System - Recording Efficiency for Infant Deaths

Sr. No.	District	2019			2020			2021			2022			2023			2024 (Tentative)		
		Annual Expected ID Reg.	Infant Deaths Registred	%	Annual Expected ID Reg.	Infant Deaths Registred	%	Annual Expected ID Reg.	Infant Deaths Registred	%	Annual Expected ID Reg.	Infant Deaths Registred	%	Annual Expected ID Reg.	Infant Deaths Registred	%	Annual Expected ID Reg.	Infant Deaths Registred	%
1	Raigad	955	7	1	789	14	2	738	169	23	750	184	25	712	179	25	764	337	44
2	Ratnagiri	548	54	10	400	72	18	367	52	14	370	42	11	377	139	37	363	43	12
3	Thane	2467	799	32	2604	787	30	2453	826	34	2500	1020	41	2372	1380	58	2577	856	33
4	Palghar	931	100	11	984	182	18	929	66	7	950	147	15	896	78	9	980	51	5
5	Mumbai	2741	3430	125	3364	2649	79	2086	2601	125	3050	3058	100	3143	2832	90	3149	2048	65
6	A'Nagar	1711	1045	61	1292	817	63	1203	902	75	1210	432	36	1205	529	44	1230	623	51
7	Dhule	782	183	23	616	222	36	577	169	29	590	182	31	555	148	27	597	87	15
8	Nandurbar	682	43	6	511	343	67	480	624	130	490	704	144	446	571	128	500	95	19
9	Jalgaon	1538	128	8	1234	20	2	1152	77	7	1160	115	10	1137	101	9	1185	166	14
10	Nashik	2181	1818	83	1860	1541	83	1743	1500	86	1770	1208	68	1823	1816	100	1810	1296	72
11	Pune	3139	628	20	2988	860	29	2810	1336	48	2860	1302	46	2727	1079	40	2942	791	27
12	Solapur	1537	930	61	1235	805	65	1151	305	26	1160	782	67	1143	850	74	1179	353	30
13	Satara	1110	378	34	831	439	53	772	372	48	780	237	30	769	319	41	785	244	31
14	Kolhapur	1370	687	50	1096	616	56	1020	617	60	1030	392	38	1012	440	43	1041	309	30
15	Sindhudurg	303	6	2	218	9	4	201	38	19	200	35	18	203	32	16	200	26	13
16	Sangli	1023	573	56	792	349	44	737	190	26	740	502	68	734	547	75	751	337	45
17	Chh Sambhajinagar	1339	1403	105	1152	367	32	1082	382	35	1100	1328	121	1059	1287	121	1129	585	52
18	Jalana	785	47	6	594	117	20	556	4	1	560	49	9	530	7	1	577	39	7
19	Parbhani	699	32	5	561	26	5	526	38	7	530	131	25	497	54	11	547	149	27
20	Hingoli	476	30	6	352	0	0	330	0	0	330	29	9	319	90	28	341	148	43
21	Latur	937	268	29	730	151	21	682	277	41	690	331	48	671	400	60	705	144	20
22	Beed	1023	301	29	776	409	53	726	606	83	740	459	62	700	337	48	751	23	3
23	Nanded	1266	23	2	994	234	24	929	259	28	940	97	10	914	93	10	959	120	13
24	Dharashiv	640	19	3	476	13	3	444	25	6	450	14	3	437	2	0	455	84	18
25	Akola	619	792	128	517	774	150	481	771	160	490	716	146	477	1262	264	492	534	109
26	Washim	473	94	20	354	19	5	331	44	13	340	110	32	324	50	15	342	73	21
27	Amrawati	1003	173	17	820	302	37	763	1307	171	770	931	121	758	743	98	780	379	49
28	Buldhana	998	237	24	760	115	15	710	118	17	720	146	20	699	44	6	732	117	16
29	Yeotmal	1047	640	61	797	65	8	743	128	17	750	38	5	737	25	3	761	67	9
30	Bhandara	437	19	4	328	152	46	304	152	50	310	97	31	305	97	32	308	67	22
31	Gondia	502	191	38	374	139	37	348	139	40	350	204	58	346	107	31	355	117	33
32	Chandrapur	744	524	70	604	480	79	560	470	84	560	842	150	562	228	41	568	229	40
33	Gadchiroli	421	27	6	304	228	75	283	228	81	290	211	73	291	158	54	289	76	26
34	Nagpur	1373	1169	85	1357	240	18	1266	265	21	1280	1356	106	1258	1147	91	1302	939	72
35	Wardha	444	327	74	355	251	71	330	226	68	330	201	61	329	265	81	334	104	31
State Total		38244	17125	45	33019	13807	42	29813	15283	51	31140	17632	57	30469	17436	57	31780	11656	37

22.2 Medical Certification of Causes of Deaths scheme :-

Introduction:

MCCD is the most important, reliable and scientific source of data to obtain the information about the causes of death. The Registrar General of India, New Delhi has taken an important step to implement MCCD scheme to find out the causes of death in India. The scheme was implemented in the State in two phases; the *first phase* was implemented in all Hospitals attached to Medical Colleges and, in the *second phase*; all District hospitals and Specialty hospitals were included.

In order to implement the MCCD scheme in urban and rural areas; Hon. Registrar General Government of India, New Delhi has issued the Administrative Guidelines.

MCCD scheme was first started in Pune city, Maharashtra in 1951. Then it was extended to Nagpur (1957), Mumbai (1962) and Solapur (1969).

At the end of 1969, guidelines were issued to the Municipalities for implementation of MCCD scheme in their jurisdiction as per Maharashtra Municipalities Act, 1965.

In the year 1970, the scheme was extended to all urban areas through Director, Civil Administration, and Government of Maharashtra. Since 1998, all government and private hospitals have been covered under this scheme.

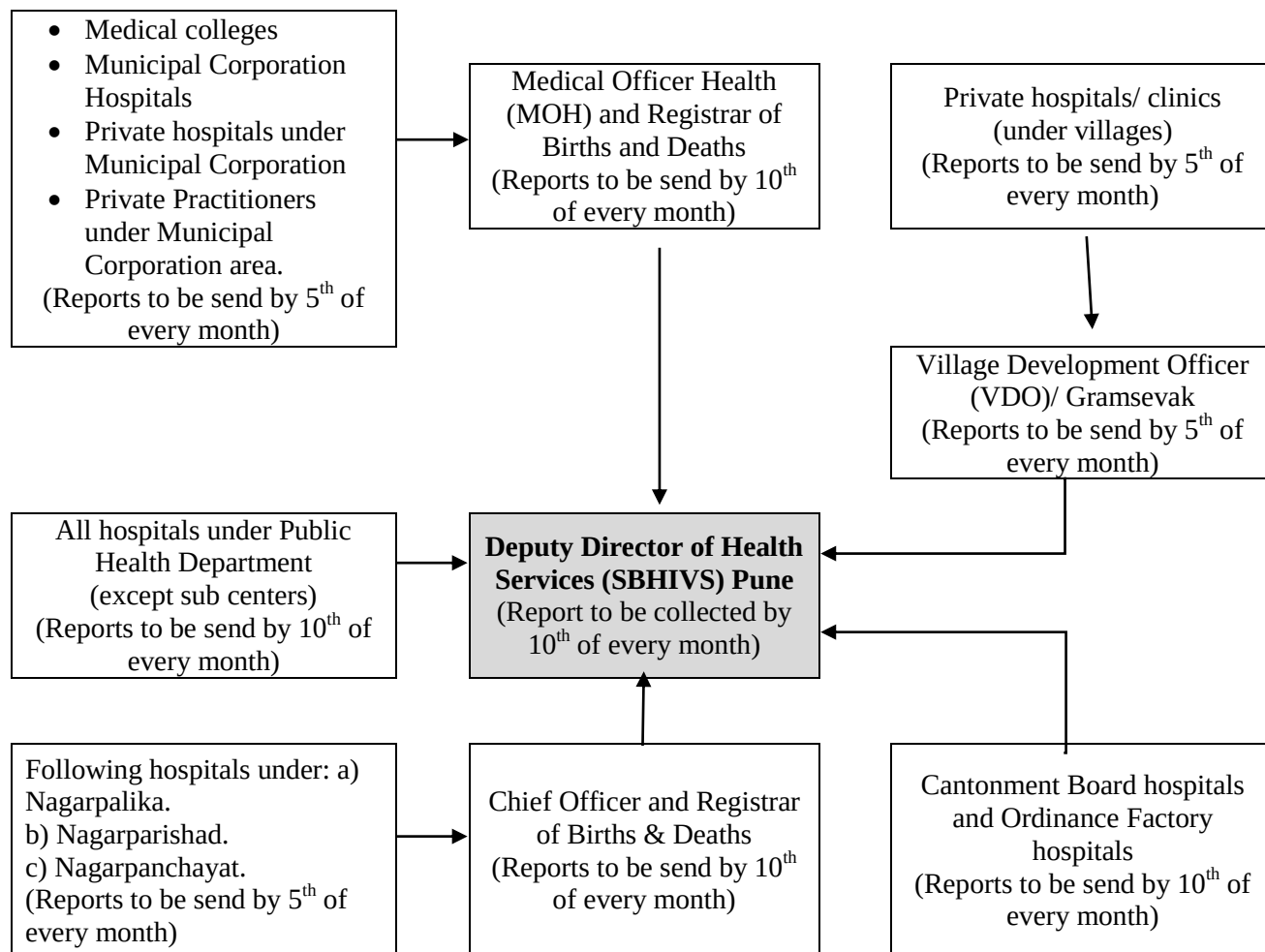
Purpose of MCCD scheme:

- ✓ It provides reliable and scientific information of the causes of death with respect to age and gender.
- ✓ To study the seasonal trends in the causes of death.
- ✓ To study the changes in the causes of death according to the geographical conditions.

Methods:

- ✓ *For institutional/ hospital deaths*; the head of the hospital should fill the form no. 4 and send it to the local Registrar of Births and Deaths.
- ✓ *For non-institutional/ home deaths*; the medical practitioner who attended the deceased during her/his recent illness; he should fill the form no. 4 A and send it to the local Registrar of Births and Deaths.
- ✓ The Registrar (Births and Deaths) is responsible for the collection of MCCD forms from the concerned medical practitioners in his jurisdiction/ area.
- ✓ The Civil Surgeon, District Hospital and The District Health Officer, Zilla Parishad should conduct quantitative and qualitative assessments of MCCD scheme & organized the trainings for Registered Medical Practitioners.
- ✓ The Registrar (Births and Deaths) should submit Form no. 4 and 4A to the Deputy Director, Health Services (SBHI&VS), Pune by every 10th day of each month.
- ✓ The Deputy Director, Health Services (SBHI&VS) should collect the MCCD forms and code it as per WHO (World Health Organization) ICD-10 classification coding system, then analyze the data and submit the annual report to Central Bureau of Health Intelligence, New Delhi & Hon. Registrar General (Births and Deaths) of India, New Delhi.

Organogram to send MCCD forms and Monthly Report:



Main Objective:

To classify and analyze the causes of death as per medically certification. However, the classification has made as per WHO ICD-10 system.

Under this scheme, Medical Certification of Cause of Death (MCCD) forms received from following institutions ...

S. No.	Name of Institutions	No. of Institutions
1	District Hospitals	30
2	Rural/ Sub District Hospitals	459
3	Woman Hospital	20
4	Hospital affiliated to Medical Collage	22
5	Primary Health Center	1906
6	Cantonment Boards	7
7	Ordnance Factories	4
8	Municipal Corporations	28
9	Municipal Councils/Nagar Panchayats	367
Total		2843

**Medical Certification of Cause of Death Maharashtra
Status of MCCD Reporting (Year: 2015 to 2023)**

Year	Total No. of Deaths registered in CRS Portal	Total No. of Urban Deaths registered	Total No. of Medically Certified Cause of Death (MCCD) forms received	% of MCCD forms received against Total Deaths registered	% of Urban MCCD forms received against Total Urban Deaths registered
1	2	3	4	5	6
2015	671243	381460	232259	34.60	60.89
2016	670909	381014	212227	31.63	55.70
2017	648256	376802	251823	38.85	66.83
2018	685689	406028	247091	36.04	60.86
2019	693800	406084	265132	38.21	65.29
2020	794739	489286	345760	43.51	70.67
2021	1009114	621952	394610	39.10	63.45
2022	780998	474945	306651	39.26	64.57
2023	773010	457901	327410	42.36	71.50

22.3 Survey of Causes of Deaths (Rural) scheme (SCD-R) :

The age wise and sex wise information of cause of death is very important information for Public Health Department. Under civil Registration System, medically certified cause of death in age wise and sex wise distribution is collected through MCCD Scheme, primarily in urban area. But for rural area data is not available. Considering this, under SCD-R Scheme one village in each PHC is selected on sample basis and information regarding deaths in these villages is collected.

The important objective of the SCD-R scheme is to build up the mortality statistics of rural area. The information of cause of death is collected by Verbal Autopsy Technique (VAT). The cause of death is determined on the basis of this information under the guidance of Medical Officer of the respective Primary Health Center. In this scheme classification of cause of deaths is done in 114 causes. Other than information on deaths, information related to births is also collected. Based on this information district wise vital rates for rural area are calculated..

Presently the scheme is implemented in one village each under 1911 Primary Health Centers area. Around 43 lakh population is covered under the Scheme.

Survey of Causes of Deaths (Rural) – Reporting Efficiency

Year	Expected			Achievement		
	Birth	Death	Infant Death	Birth (%)	Death (%)	Infant Death (%)
2018	64395	26501	1353	51032 (79)	22962 (87)	694 (51)
2019	58966	24985	1333	48181 (82)	23756 (95)	647 (49)
2020	64196	27611	1325	52639 (82)	27185 (98)	601 (45)
2021	60436	25014	1418	50745 (84)	33187(133)	502 (35)
2022	62289	24642	1351	52572 (84)	26555(108)	542 (40)
2023	54183	27330	1066	50386 (93)	26694(98)	126 (12)
2024 (Jan to Dec)	55908	31074	593	49211 (88)	29694 (96)	210 (35)

SURVEY OF CAUSES OF DEATH SCHEME (RURAL)

District & Year wise Reporting Efficiency

Sr. No.	District	2019			2020			2021			2022			2023			2024 (Tentative)		
		ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%
1	Raigad	742	742	100	742	742	100	624	624	100	636	636	100	624	624	100	708	707	100
2	Ratnagiri	852	832	98	804	685	85	804	804	100	804	804	100	804	804	100	816	816	100
3	Thane	396	396	100	396	396	100	32	32	100	384	384	100	396	377	95	396	395	100
4	Palghar	552	552	100	552	552	100	552	552	100	552	552	100	552	552	100	552	552	100
5	A'Nagar	1152	1152	100	1152	1152	100	1152	1146	99	1152	1143	99	1152	1134	98	1152	1148	100
6	Dhule	492	492	100	492	492	100	492	492	100	492	492	100	492	492	100	492	492	100
7	Nandurbar	696	696	100	708	708	100	708	708	100	708	708	100	732	732	100	732	732	100
8	Jalgaon	NR	NR	NR	924	900	97	924	904	98	924	912	99	924	843	91	924	897	97
9	Nashik	1236	1236	100	1236	1236	100	1236	1236	100	1236	1236	100	1236	1229	99	1344	1342	100
10	Pune	1152	1152	100	1152	1035	90	1152	1088	94	1152	1098	95	1152	1152	100	1272	1272	100
11	Satara	852	852	100	864	792	92	864	864	100	864	864	100	1008	1008	100	1008	1008	100
12	Solapur	924	924	100	924	924	100	924	924	100	924	924	100	924	924	100	924	924	100
13	Kolhapur	1008	1008	100	1008	1008	100	1008	1008	100	864	864	100	864	864	100	900	900	100
14	Sangli	708	708	100	708	708	100	708	708	100	708	708	100	708	708	100	852	852	100
15	Sindhudurg	456	456	100	456	456	100	456	456	100	456	456	100	456	456	100	456	456	100
16	Aurangabad	600	600	100	600	600	100	600	600	100	600	600	100	600	600	100	600	600	100
17	Jalana	480	480	100	480	480	100	480	480	100	480	480	100	480	480	100	480	349	73
18	Parbhani	372	372	100	372	372	100	372	372	100	372	372	100	372	372	100	372	348	94
19	Hingoli	288	278	97	288	288	100	288	288	100	288	288	100	288	288	100	288	228	79
20	Latur	NR	NR	NR	973	973	100	552	552	100	552	552	100	552	552	100	600	600	100
21	Beed	600	600	100	600	600	100	600	600	100	600	600	100	600	600	100	624	572	92
22	Nanded	780	780	100	780	780	100	NR	NR	NR	780	780	100	780	780	100	840	685	82
23	Osmanabad	504	504	100	504	504	100	504	504	100	504	504	100	528	528	100	528	527	100
24	Akola	372	372	100	372	360	97	372	372	100	372	372	100	372	372	100	396	396	100
25	Washim	300	300	100	300	300	100	300	300	100	300	300	100	300	300	100	300	300	100
26	Amrawati	672	672	100	708	708	100	708	708	100	708	708	100	708	708	100	708	708	100
27	Buldhana	NR	NR	NR	612	595	97	612	591	97	NR	NR	NR	624	624	100	624	624	100
28	Yavatmal	756	756	100	756	756	100	756	756	100	756	756	100	756	756	100	924	924	100
29	Bhandara	396	396	100	396	396	100	396	396	100	396	396	100	396	396	100	396	396	100
30	Gondia	480	480	100	480	480	100	480	480	100	NR	NR	NR	480	480	100	480	440	92
31	Chandrapur	696	696	100	696	696	100	676	676	100	696	696	100	696	696	100	756	756	100
32	Gadchiroli	540	540	100	540	540	100	540	540	100	540	540	100	540	540	100	540	475	88
33	Nagpur	588	588	100	588	588	100	588	588	100	588	588	100	588	588	100	636	583	92
34	Wardha	324	324	100	324	324	100	336	336	100	336	336	100	372	372	100	381	381	100
	Total	19966	19936	100	22487	22126	98	20796	20685	99	20724	20649	100	22056	21931	99	23001	22385	97

SURVEY OF CAUSES OF DEATH SCHEME (RURAL)

District & Year wise Birth Reporting

Sr. No.	District	2019			2020			2021			2022			2023			2024 (Tentative)		
		ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%
1	Raigad	1240	997	80	1043	1050	101	1183	1068	90	1307	649	50	980	592	60	822	758	92
2	Ratnagiri	1430	628	44	1228	725	59	1217	598	49	1152	600	52	640	523	82	661	508	77
3	Thane	2524	860	34	737	860	117	1095	916	84	1846	996	54	561	870	155	737	906	123
4	Palghar	1596	1582	99	1512	1468	97	1658	1447	87	1650	1410	85	1391	1474	106	1401	1457	104
5	A'Nagar	3379	2886	85	3380	2953	87	3348	2906	87	3329	3013	91	2847	2912	102	3068	2871	94
6	Dhule	2155	2171	101	2102	2107	100	2111	2134	101	2175	2148	99	2185	2060	94	2145	1924	90
7	Nandurbar	1972	2016	102	1917	2108	110	1928	2113	110	2043	2295	112	2240	2151	96	2316	2100	91
8	Jalgaon	NR	NR	NR	2656	2136	80	2631	2190	83	2587	2229	86	1968	1890	96	2143	1973	92
9	Nashik	4491	4156	93	4208	3541	84	4570	3462	76	5014	3550	71	3760	3622	96	4099	3580	87
10	Pune	2899	2469	85	2810	2397	85	2784	2651	95	3238	3225	100	3156	3478	110	2749	3222	117
11	Satara	2189	1718	78	2132	1609	75	2121	1616	76	2025	1747	86	2052	2022	99	2136	1934	91
12	Solapur	2950	3050	103	3226	3035	94	2949	3041	103	3235	3210	99	3299	3327	101	3249	3146	97
13	Kolhapur	2913	2269	78	2841	2227	78	2813	2249	80	3217	2206	69	2516	2208	88	2299	1991	87
14	Sangli	2889	2558	89	2800	2480	89	2790	2412	86	2820	2420	86	2474	2506	101	2514	2317	92
15	Sindhudurg	1010	526	52	1228	563	46	926	426	46	949	443	47	465	427	92	448	356	79
16	Aurangabad	1843	1832	99	1836	1848	101	1819	1854	102	1877	2038	109	2051	1694	83	1948	1657	85
17	Jalana	1823	1629	89	2001	1630	81	1748	1422	81	1941	1941	100	1586	1731	109	1712	842	49
18	Parbhani	1252	975	78	1147	969	84	1134	915	81	1125	1003	89	946	915	97	964	774	80
19	Hingoli	1020	790	77	1020	732	72	998	726	73	1024	803	78	742	799	108	758	562	74
20	Latur	NR	NR	NR	2590	1743	67	2565	1790	70	2007	1885	94	1549	1764	114	1980	1768	89
21	Beed	1691	1340	79	1616	1344	83	1618	1308	81	1677	1417	84	1337	1369	102	1394	1287	92
22	Nanded	2624	2157	82	2583	2117	82	NR	NR	NR	2583	2009	78	2237	1928	86	2413	1616	67
23	Osmanabad	1403	1199	85	1350	1252	93	1348	1283	95	1214	1154	95	1175	1228	105	1211	911	75
24	Akola	1621	1229	76	1900	1202	63	1611	1303	81	1900	1433	75	1209	1221	101	1295	924	71
25	Washim	883	777	88	1050	788	75	887	782	88	916	821	90	788	773	98	799	621	78
26	Amrawati	2220	1764	79	2113	1725	82	2122	1702	80	2122	1940	91	1689	1670	99	1806	1598	88
27	Buldhana	NR	NR	NR	2344	1690	72	2322	1773	76	NR	NR	NR	1756	1853	106	1772	1734	98
28	Yavatmal	1934	1553	80	1902	1509	79	1794	1533	85	1772	1670	94	1552	1643	106	1717	1390	81
29	Bhandara	1380	1026	74	1335	993	74	1322	1023	77	1331	989	74	1011	984	97	1007	858	85
30	Gondia	1224	843	69	1233	752	61	1221	855	70	NR	NR	NR	811	744	92	807	792	98
31	Chandrapur	1513	951	63	1460	992	68	1007	1007	100	1428	1032	72	979	969	99	1162	940	81
32	Gadchiroli	727	667	92	727	629	87	696	629	90	689	636	92	624	591	95	677	405	60
33	Nagpur	1460	1039	71	1415	995	70	1401	1120	80	1387	1163	84	1073	1108	103	1155	977	85
34	Wardha	711	524	74	754	470	62	699	491	70	709	497	70	534	490	92	544	512	94
	Total	58966	48181	82	64196	52639	82	60436	50745	84	62289	52572	84	54183	53536	99	55908	49211	88

SURVEY OF CAUSES OF DEATH SCHEME (RURAL)

District & Year wise Death Recording

Sr. No.	District	2019			2020			2021			2022			2023			2024 (Tentative)		
		ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%
1	Raigad	525	440	84	462	499	108	479	554	116	519	531	102	453	502	111	474	556	117
2	Ratnagiri	605	729	120	462	876	190	493	1122	228	458	705	154	771	762	99	928	828	89
3	Thane	1096	248	23	324	250	77	443	303	68	733	285	39	167	266	159	221	267	121
4	Palghar	676	523	77	664	591	89	672	773	115	672	736	110	503	457	91	685	649	95
5	A'Nagar	1430	1311	92	1485	1350	91	1356	2021	149	1313	1528	116	1306	1342	103	1689	1505	89
6	Dhule	912	847	93	924	928	100	855	1199	140	864	828	96	866	897	104	993	996	100
7	Nandurbar	835	603	72	842	577	69	781	868	111	812	634	78	622	642	103	739	678	92
8	Jalgaon	NR	NR	NR	1167	1220	105	1066	1199	112	1028	1104	107	901	991	110	1148	1055	92
9	Nashik	1901	1635	86	1655	1446	87	1852	2006	108	1993	1772	89	1768	1752	99	2020	1824	90
10	Pune	1227	1208	98	1235	1257	102	1128	1986	176	1287	1575	122	1590	1516	95	1605	1612	100
11	Satara	927	1076	116	937	1270	136	859	1371	160	805	1156	144	1441	1378	96	1630	1502	92
12	Solapur	1249	1227	98	1238	1382	112	1195	1497	125	1286	1319	103	1420	1435	101	1474	1852	126
13	Kolhapur	1213	1477	122	1248	1449	116	1140	1781	156	1279	1480	116	1650	1456	88	1620	1590	98
14	Sangli	1223	1442	118	1230	1457	118	1130	1872	166	1121	1506	134	1456	1386	95	1663	1617	97
15	Sindhudurg	427	706	165	540	764	141	375	1010	269	377	677	180	577	666	115	765	634	83
16	Aurangabad	780	609	78	807	613	76	737	616	84	746	669	90	688	597	87	645	662	103
17	Jalana	772	577	75	853	549	64	708	549	78	602	602	100	589	516	88	584	459	79
18	Parbhani	530	358	68	504	433	86	459	523	114	447	394	88	390	394	101	451	402	89
19	Hingoli	432	310	72	378	255	67	404	335	83	407	285	70	289	297	103	294	254	86
20	Latur	NR	NR	NR	1138	854	75	1039	1154	111	798	909	114	829	856	103	1067	975	91
21	Beed	716	560	78	710	597	84	656	778	119	666	659	99	588	607	103	697	704	101
22	Nanded	1111	953	86	1135	916	81	NR	NR	NR	1135	929	82	939	887	94	1049	890	85
23	Osmanabad	594	626	105	650	692	106	546	775	142	482	628	130	608	652	107	688	584	85
24	Akola	686	565	82	689	592	86	653	713	109	689	624	91	580	573	99	634	591	93
25	Washim	374	388	104	450	362	80	359	391	109	364	364	100	377	357	95	373	393	105
26	Amrawati	940	1068	114	929	1105	119	860	1272	148	860	1107	129	1084	1086	100	1173	1173	100
27	Buldhana	NR	NR	NR	1030	827	80	941	993	106	NR	NR	NR	798	882	111	890	884	99
28	Yavatmal	819	676	83	836	706	84	727	1040	143	704	778	111	694	824	119	919	887	97
29	Bhandara	584	735	126	587	737	126	536	1047	195	531	721	136	737	717	97	839	731	87
30	Gondia	528	566	107	542	483	89	495	625	126	NR	NR	NR	488	539	110	547	645	118
31	Chandrapur	640	746	117	700	729	104	938	952	101	558	612	110	723	741	102	878	842	96
32	Gadchiroli	308	387	126	308	381	124	281	373	133	273	382	140	346	441	127	406	295	73
33	Nagpur	624	755	121	621	693	112	568	1009	178	551	637	116	651	669	103	823	682	83
34	Wardha	301	405	135	331	345	104	283	480	170	282	419	149	441	448	102	463	476	103
	Total	24985	23756	95	27611	27185	98	25014	33187	133	24642	26555	108	27330	27532	101	31074	29694	96

SURVEY OF CAUSES OF DEATH SCHEME (RURAL)

District & Year wise Infant Deaths Recording

Sr. No.	District	2019			2020			2021			2022			2023			2024 (Tentative)		
		ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%	ELA	Achive	%
1	Raigad	30	7	23	4	3	75	28	4	14	29	4	14	19	1	5.3	3	0	0
2	Ratnagiri	34	6	18	25	9	36	29	6	21	25	8	32	12	8	66.7	8	9	113
3	Thane	61	0	0	15	0	0	26	2	8	41	7	17	11	0	0.0	2	0	0
4	Palghar	38	10	26	31	11	35	39	9	23	35	5	14	27	5	18.5	8	2	25
5	A'Nagar	24	17	71	70	20	29	80	16	20	73	12	16	56	5	8.9	17	6	35
6	Dhule	52	30	58	46	18	39	50	20	40	48	16	33	43	11	25.6	18	6	33
7	Nandurbar	47	52	111	40	62	155	46	52	113	45	44	98	44	19	43.2	57	14	25
8	Jalgaon	NR	NR	NR	63	20	32	63	6	10	57	11	19	39	1	2.6	12	8	67
9	Nashik	108	126	117	108	47	44	109	32	29	110	55	50	75	33	44.0	52	7	13
10	Pune	70	11	16	59	7	12	66	4	6	71	8	11	63	10	15.9	6	4	67
11	Satara	53	11	21	44	18	41	50	14	28	45	14	31	41	18	43.9	20	0	0
12	Solapur	71	43	61	60	43	72	70	45	64	71	44	62	65	46	70.8	46	3	7
13	Kolhapur	70	14	20	58	21	36	67	16	24	71	19	27	50	6	12.0	19	7	37
14	Sangli	69	13	19	58	11	19	66	8	12	65	15	23	49	16	32.7	12	7	58
15	Sindhudurg	4	7	175	25	7	28	22	6	27	21	5	24	9	4	44.4	6	0	0
16	Aurangabad	44	32	73	38	32	84	43	33	77	41	30	73	41	14	34.1	32	8	25
17	Jalana	44	8	18	15	9	60	41	11	27	10	10	100	31	16	51.6	11	0	0
18	Parbhani	30	7	23	24	4	17	27	13	48	25	3	12	18	5	27.8	7	19	271
19	Hingoli	24	4	17	27	6	22	23	1	4	23	5	22	14	3	21.4	4	0	0
20	Latur	NR	NR	NR	54	37	69	61	34	56	44	25	57	30	21	70.0	35	6	17
21	Beed	41	17	41	33	10	30	38	9	24	37	9	24	26	6	23.1	10	13	130
22	Nanded	63	18	29	54	21	39	NR	NR	NR	54	15	28	44	30	68.2	21	1	5
23	Osmanabad	34	10	29	40	7	18	32	17	53	27	17	63	23	19	82.6	14	0	0
24	Akola	39	18	46	50	4	8	38	19	50	50	23	46	24	15	62.5	15	12	80
25	Washim	21	14	67	30	10	33	21	6	29	20	16	80	15	10	66.7	11	1	9
26	Amrawati	53	39	74	44	57	130	50	38	76	50	32	64	33	17	51.5	43	25	58
27	Buldhana	NR	NR	NR	49	12	24	55	4	7	NR	NR	NR	35	15	42.9	7	8	114
28	Yavatmal	48	29	60	39	27	69	43	27	63	39	24	62	31	26	83.9	29	10	34
29	Bhandara	28	18	64	28	19	68	31	15	48	31	18	58	20	16	80.0	17	5	29
30	Gondia	29	4	14	24	3	13	29	2	7	NR	NR	NR	16	4	25.0	3	5	167
31	Chandrapur	36	43	119	28	15	54	10	10	100	31	13	42	19	10	52.6	15	12	80
32	Gadchiroli	17	16	94	17	13	76	16	10	63	15	10	67	12	12	100.0	12	2	17
33	Nagpur	34	16	47	10	10	100	33	5	15	31	9	29	21	10	47.6	9	4	44
34	Wardha	17	7	41	15	8	53	16	8	50	16	16	100	10	6	60.0	12	6	50
	Total	1333	647	49	1325	601	45	1418	502	35	1351	542	40	1066	438	41.1	593	210	35

Survey Of Causes Of Deaths Scheme (Rural) -2023

Fertility Rates

S.N.	District	C.B.R.	S.B.R.	G.F.R.	T.F.R.	G.R.R.	S.R.B.
1	Raigad	8.28	0.00	31.54	1.19	0.55	868
2	Ratnagiri	7.19	7.59	28.80	1.04	0.54	1059
3	Thane	11.04	0.00	39.28	1.45	0.68	900
4	Palghar	14.52	12.06	50.20	1.66	0.85	1039
5	A'Nagar	12.80	0.00	54.85	1.94	0.90	862
6	Dhule	14.56	1.94	58.23	1.72	0.82	922
7	Nandurbar	15.40	6.93	62.28	1.99	0.98	964
8	Jalgaon	12.14	0.53	51.08	1.72	0.80	879
9	Nashik	11.27	4.95	44.70	1.44	0.66	836
10	Pune	14.72	0.57	60.50	2.07	0.96	857
11	Satara	11.22	4.92	43.43	1.45	0.67	853
12	Solapur	15.63	0.00	63.79	2.07	1.00	931
13	Kolhapur	12.08	1.81	48.41	1.62	0.78	933
14	Sangli	13.69	2.39	52.01	1.57	0.71	829
15	Sindhudurg	7.73	11.57	30.49	1.05	0.52	977
16	Aurangabad	12.58	0.59	47.24	1.46	0.71	949
17	Jalana	14.21	7.45	57.66	1.98	0.93	879
18	Parbhani	12.69	7.59	56.05	1.90	0.86	834
19	Hingoli	12.05	4.98	44.81	1.52	0.72	907
20	Latur	14.47	8.43	59.37	2.10	1.02	936
21	Beed	12.38	0.73	56.43	1.86	0.84	825
22	Nanded	11.17	4.65	51.67	1.77	0.84	915
23	Osmanabad	13.39	3.25	57.67	1.70	0.80	878
24	Akola	12.63	7.32	51.68	1.85	0.89	923
25	Washim	13.17	6.43	56.83	2.02	1.01	1003
26	Amrawati	11.42	9.49	48.89	1.61	0.75	879
27	Buldhana	13.92	2.69	59.81	1.98	0.94	906
28	Yavatmal	13.86	9.05	57.39	1.95	0.97	996
29	Bhandara	11.46	10.06	44.35	1.46	0.70	914
30	Gondia	9.46	0.00	40.04	1.40	0.72	1061
31	Chandrapur	10.59	1.03	41.02	1.28	0.63	962
32	Gadchiroli	13.28	15.00	47.51	1.47	0.72	963
33	Nagpur	12.31	3.60	46.62	1.51	0.75	979
34	Wardha	9.66	8.10	37.83	1.29	0.60	856
State		12.61	4.07	50.96	1.68	0.80	905

Survey Of Causes Of Deaths Scheme (Rural) 2023

Mortality Rates

S.N.	District	C.D.R.	U5 MR	Peri.N.M.R.	E.N.M.R.	L.N.M.R.	N.M.R.	P.N.M.R.	I.M.R.	SRD	CMR
1	Raigad	7.03	5.07	1.69	1.69	0.00	1.69	0.00	1.69	677	0.80
2	Thane	3.38	2.30	0.00	0.00	0.00	0.00	0.00	0.00	847	0.41
3	Palghar	4.50	4.07	12.73	0.68	1.36	2.04	1.36	3.39	638	0.91
4	A'Nagar	5.90	1.72	0.69	0.69	0.69	1.37	0.34	1.72	833	0.33
5	Dhule	6.34	7.77	5.33	3.40	0.49	3.88	1.46	5.34	689	1.18
6	Nandurbar	4.60	13.02	9.70	2.79	0.93	3.72	5.11	8.83	638	2.18
7	Jalgaon	6.37	0.53	0.53	0.00	0.00	0.00	0.53	0.53	641	0.10
8	Nashik	5.45	9.94	10.16	5.25	2.21	7.45	1.38	8.83	730	1.33
9	Pune	6.42	4.03	1.44	0.86	0.86	1.73	1.15	2.88	803	0.86
10	Satara	7.64	10.39	9.35	4.45	0.99	5.44	3.46	8.90	804	2.48
11	Solapur	6.74	14.13	11.42	11.42	1.50	12.92	1.20	14.13	896	2.77
12	Kolhapur	7.97	4.08	3.62	1.81	0.00	1.81	0.91	2.72	787	0.67
13	Sangli	7.57	6.78	4.78	2.39	0.40	2.79	3.59	6.38	858	1.25
14	Sindhudurg	12.05	9.37	11.57	0.00	7.03	7.03	2.34	9.37	845	1.89
15	Ratnagiri	10.47	17.21	18.98	11.47	0.00	11.47	3.82	15.30	964	3.24
16	CS Nagar	4.43	10.04	2.95	2.36	3.54	5.90	2.36	8.26	782	1.47
17	Jalana	4.24	10.40	13.19	5.78	1.16	6.93	2.31	9.24	883	1.86
18	Parbhani	5.46	6.56	11.93	4.37	0.00	4.37	1.09	5.46	807	1.20
19	Hingoli	4.48	6.26	6.23	1.25	1.25	2.50	1.25	3.75	641	1.05
20	Latur	7.02	13.04	16.86	8.50	1.70	10.20	1.70	11.90	736	2.71
21	Beed	5.49	5.11	2.92	2.19	2.19	4.38	0.00	4.38	734	0.63
22	Nanded	5.14	15.56	20.13	15.56	0.00	15.56	0.00	15.56	807	2.55
23	Dharashiv	7.11	17.92	10.55	7.33	8.14	15.47	0.00	15.47	707	2.76
24	Akola	5.93	12.29	14.63	7.37	1.64	9.01	3.28	12.29	680	2.11
25	Washim	6.08	15.52	15.42	9.06	1.29	10.35	3.88	14.23	759	3.35
26	Amrawati	7.43	11.38	11.27	1.80	3.59	5.39	4.79	10.18	618	2.26
27	Buldhana	6.63	8.09	7.00	4.32	3.24	7.56	0.54	8.09	670	1.62
28	Yavatmal	6.95	18.26	16.28	7.30	4.26	11.56	4.26	15.82	651	4.08
29	Bhandara	8.35	17.28	18.11	8.13	4.07	12.20	4.07	16.26	766	3.58
30	Gondia	6.85	8.06	2.69	2.69	0.00	2.69	2.69	5.38	833	1.05
31	Chandrapur	8.09	10.32	9.28	8.26	0.00	8.26	2.06	10.32	764	1.50
32	Gadchiroli	9.91	20.30	30.00	15.23	5.08	20.30	0.00	20.30	716	4.09
33	Nagpur	7.43	10.83	6.29	2.71	0.00	2.71	6.32	9.03	848	2.50
34	Wardha	8.83	14.29	16.19	8.16	4.08	12.24	0.00	12.24	691	2.98
State total		6.48	9.36	8.74	4.69	1.59	6.28	1.92	8.20	761	1.66

22.4 Marriage Registration –

Under Maharashtra Regulation of Marriage Bureaus and Registration of Marriages Act, 1998 Maharashtra Regulation of Marriage Bureaus and Registration of Marriages Rules 1999, the marriages are registered by public health department.

The Registration is done by all the Municipal Corporations, Municipality, Municipal Concil, Nagar Panchayat, Gram Panchayat, Contonment Board and where there no Municipal Corporations, Municipality, Municipal Concil, Nagar Panchayat but the Sub District Hospitals, Rural Hospitals and Cottage Hospitals run by Public Health Department is there, then registration is done in theses hospitals.

Status of Marriage registration (Up to March 2024)
No. of marriage certificate issued

S.No.	Particulars	Total
1	2019	33,934
2	2020	19,888
3	2021	29,615
4	2022	39,455
5	2023	33,491
6	2024	1,04,027

(Source - Duplicate Marriage Certificate received from Marriage Registrars in the State.)

22.5 Important schemes implemented during the year 2023– 2024

1. The Registration of Births & Deaths work is done in the rural & urban area of the State according to the Registration of Birth & Death Act, 1969 & Maharashtra Birth & Death Registration Rules 2000. District Health Officer, Zilla Parishad collects the information of births & deaths events from Block Development Officer & submits the report to Dy. DHS, State Bureau of Health Intelligence & Vital Statistics Pune for every month. The Dy. Director, State Bureau of Health Intelligence & Vital Statistics, Pune consolidates the district wise report & submits to Government of India & Government of Maharashtra for every month.
2. As per Government notification dated 12/4/2018, the Head of Government Health Institutions viz. District Hospitals, Sub District Hospitals, Women Hospitals, Rural Hospitals, Government Medical College Hospitals, Primary Health Centers are appointed as Registrar Births & Deaths. Accordingly these govt. hospital heads have started registration and issuing certificates to beneficiaries.

3. Presently the Registration of Birth & Death events in state is done in dc.crsorgi.gov.in software.
4. The annual report of Civil Registration System and Birth and Death registration Act 1969 annual report is submitted to central govt. for the year 2023
5. In the year 2023 Birth and Death Act (Revised) 2023 is passed by the parliament. To implement this revised act, state have to prepare the rules based on the model rules prepared by the central government. Preparation of model rules is under process, as soon as the Maharashtra received the model rules, Maharashtra will prepare Maharashtra Rules of Birth and Death submitted in front of Assembly to pass. After that the new act and rules will be implemented.
6. All respective registrars of birth and death submit the medically certified cause of death to this office. This office makes data entry and analysed the causes of deaths and prepares the annual report for submission to central government. Currently the system of ICD-10 is used to classify the causes of deaths. As on today the report of 2023 is submitted.
7. Under Survey of Causes of Deaths (Rural) scheme reports regarding births deaths are received from the selected villages through District Health Office to this office and district wise consolidated monthly & annual report is prepared and submitted to higher offices.
8. The annual report of Survey of Causes of Deaths (Rural) scheme for the year 2023 is prepared and submitted.

STATE BUREAU OF HEALTH INTELLIGENCE AND VITAL STATISTICS, MAHARASHTRA STATE PUNE 01.

महाराष्ट्र विधानमंडळाचे सन २०२५ चे पहिले अथसंकल्पीय अधिवेशनाकरीता अर्थसंकल्पीय अनुदान व एकूण झालेला खर्च (३१ डीसेंबर २४ अखेर)

HEAD WISE BUDGET ESTIMATES AND EXPENDITURE INFORMATION

MAJOR HEAD 22101082 – (NON- PLAN)

(Rs. in Thousand)

date .**31/01/2025**

Scheme:22101082- 004 I- Bureau of Vital Statistic and Health Intelligence Data	2020-21		2021-22		2022-23		2023-24		2024-25		Proposed estimates for the year 2025-26
	Budget Estimate	Total Expendi ture	Budget Estimate	Total Expen diture	Budget Estima tes	Total Expen diture	Budget Estimate s	Total Expenditu re	Budget Estimates	Total Exp. Till 31 st Dec. 2024	
01-SALARIES	108694	84502	102860	102669	123516	116155	129075	115067	150813	119491	227516
03-OVERTIME ALLOWANCES	21	14	35	35	37	28	38	0	50	0	70
06-TELEPHONE ELECTRICITY AND WATER CHARGES	155	78	279	73	279	85	310	232	310	99	350
10-Contractual Services	0	0	0	0	205	84	205	118	228	0	228
11-DOMESTIC TRAVEL EXPENSES	850	303	1275	381	1065	338	1065	618	1000	160	1500
13- OFFICE EXPENSES	438	374	788	450	810	556	851	348	992	198	1050
24- P.O.L.	86	71	131	128	176	90	198	17	225	68	225
51-MOTOR VEHICLES	10	0	10	0	9	0	9	0	13	0	25
TOTAL	110254	85342	105378	103736	126097	117336	131751	116400	153631	120016	230964

STATE BUREAU OF HEALTH INTELLIGENCE AND VITAL STATISTICS, MAHARASHTRA STATE PUNE 01.

महाराष्ट्र विधानमंडळाचे सन २०२५ चे पहिले अथसंकल्पीय अधिवेशनाकरीता अर्थसंकल्पीय अनुदान व एकूण झालेला खर्च (३१ डीसेंबर २४ अखेर)

HEAD WISE BUDGET ESTIMATES AND EXPENDITURE INFORMATION

MAJOR HEAD 22101091 & 42101262 – (PLAN)

(Rs. in Thousand) date- **31/01/2025**

Schemes	2020-21		2021-22		2022-23		2023-24		2024-25		Proposed estimates for the year 2025-26
	Budget Estimates	Total Expenditure	Budget Estimates	Total Expenditure	Budget Estimates	Total Expenditure	Budget Estimates	Total Expenditure	Budget Estimates	Total Exp. Till 31 st Dec. 2024	
Schemes in the Five Year Plan— State Plan Schemes (01) (02) Strengthening of Vital Statistical Bureau— (2210 109 1) 21 Supplies and Materials	5475	1898	7500	5294	5250	0	5600	5600	8000	2283	17700
State Plan Scheme(Voted) (01) (01) Strengthening of Vital Statistical Bureau— (4210 1262) 52 Machinery and Equipment	900	0	1200	598	960	173	1300	0943	1300	0	1400

CHAPTER 23

EMPLOYEES STATE INSURANCE SCHEME

INCEPTION OF SCHEME

Scheme” is being implemented by the ESI Corporation, New Delhi under the Ministry of Labour and Employment, Government of India under the Central Government’s “Employees State Insurance Act 1948”. Medical services are provided to the insured and beneficiaries registered under this scheme by the State Government.

The State Labour Insurance Scheme is a part of social security. The scheme was first implemented in Nagpur in Maharashtra in July 1954. Subsequently, the scheme was extended to Mumbai and other divisions of Maharashtra in a phased manner in October 1954. Till date, the scheme is being implemented in 34 districts of Maharashtra (Primary Services and Secondary Medical Services have been made available in 02 districts Nandurbar and Hingoli and only notification is pending). At present, there are a total of 48,70,460 registered insurance workers in the state.

Under the State Labour Insurance Scheme, secondary medical treatment facilities are provided to registered insurance workers and their beneficiary families through 111 service clinics, 23 DCBO and 502 Insurance Medical Practitioners (IMP) and secondary medical treatment facilities through 12 ESI hospitals, 3 ESIC hospitals and 253 Private Tie-Up Hospitals. Also, super speciation treatment facilities are provided by 141 private tie-up hospitals through ESI Corporation. The benefits are provided to registered Insured person by ESI Corporation as follows:

1. Medical benefit

The insured person and his family are entitled to medical treatment from the day they start working.

2. Sickness Benefit

The ESI Corporation pays 70% of the salary to the insured patient when he is absent from work due to illness. It is called Sickness Benefit. This benefit can be availed by the insured worker for up to 91 days. However, the insured person must have worked for at least 78 days in the last 6 months.

3. Dependent Benefit

If a worker dies due to an accident while working, his dependents will continue to receive 90% of his salary for life. This benefit starts from the first day the insured person starts working.

4. Maternity Benefit

A female Insured person who has worked Must have worked at least 70 days in every half of a year at least 70 days is entitled to 26 weeks of leave during pregnancy and postpartum, during which time she receives 100% salary from the ESI Corporation.

5. Temporary Disablement Benefit

If an insurance worker suffers an accident while working and has a temporary disability, he is given leave and 100% salary by the ESI Corporation until he recovers.

6. Permanent Disablement Benefit

If an insured person has an accident while working and becomes permanently disabled, he will continue to receive money for the rest of his life, up to the extent of his disability. This benefit also starts from the first day of employment.

7. Funeral Assistance

In the event of the death of an insured person, the ESI Corporation provides a total assistance of Rs. 15000/- (fifteen thousand) to their relatives for the funeral.

→ Eligibility criteria

The eligibility and other matters related to the implementation of this scheme have been determined by the ESI Corporation.

As per the current policy of the ESI Corporation, this scheme has been implemented in industrial areas, shops, restaurants, cinema halls, transport institutions etc. The monthly salary of the workers is Rs. 21,000/- . This scheme is applicable to such workers. Similarly, the benefit of this scheme has been implemented in factories where 10 or more workers work, 0.75% of the wages of the workers are contributed by the workers and 3.25% by the employer, such a total contribution of 4% per worker is deposited directly with the ESI Corporation, Ministry of Labour, Government of India, New Delhi.

Due to the dual control of the Central and State Governments over the ESI Scheme, administrative and financial difficulties were arising and difficulties were being created in providing medical services to the insured and beneficiaries through the ESI Scheme. Therefore, to ensure that the medical services provided by ESI Scheme are provided more easily and effectively and to get 100% funding from ESI Corporation, as proposed by the ESI Corporation, a decision has been taken to establish a society for the ESI Scheme in May 2018 and accordingly, “Maharashtra Employees State Insurance Society” has been registered on 11.03.2019.

The ESI Scheme has been expanded in a phased manner by ESI Corporation and at present, the scheme has been implemented in the entire area of 34 out of 36 districts of the state. Primary Services and Secondary Medical Services have been made available in 02 districts Nandurbar and Hingoli and only notification is pending.

Total Number of Beneficiaries

The total number of IPs (Insured Persons) in the state of Maharashtra is 48,70,460 and the total number of beneficiaries is about 1,94,81,840 (assuming one family head and 3 persons)

→ Executive Body

The Hon'ble Commissioner appointed by the State Govt, ESIS, serves as the Chief Executive Officer of the MH-ESI Society.

Chief Executive Officer, MH-ESI Society

(I.A.S)

(Controlling Officer of Scheme)



Director (Medical)

&

Director (Administration)

(Looks after Medical services

(Look after Administrative &

given to IPs under ESI Scheme)

Financial working of ESI Scheme)

MEDICAL SUPERINTENDENTS

(12) ONE INCHARGE OF EACH ESIS HOSPITAL

ADMINISTRATIVE MEDICAL OFFICERS (8) REGIONAL HEADS One Each for the regions of Mumbai, Thane, Pune, Nashik, Kolhapur, Amravati, Nagpur and Aurangabad.

SERVICE DISPENSARIES- (111)

INSURANCE MEDICAL OFFICER IS HEAD

The medical facilities available in ESI Scheme are implemented through the following institutions hospital providing primary, Secondary and Super Specialty Treatment *Primary Care*

1. Service Dispensaries

Primary medical services are provided from service dispensaries under the ESI Scheme. Medicines are made available to the insured from the pharmacies of this service and for further treatment, Ips is sent to the ESI hospitals. A total of 111 service dispensaries (53 old and 58 new) are operational in the state of Maharashtra. Also, 35 new ESI dispensaries will be operational soon.

2. Private Insurance Medical Practitioners (IMP)

In the areas where the dispensaries of the ESI Scheme are not available and where the number of registered IPs is less than 3000, the State Govt appoints private doctors on the Insurance Medical Practitioner panel on a fixed salary and provides primary medical facilities to the IPs through their insurance.

In order to provide primary medical care facility to the insured and their families, the society has appointed private insurance medical professionals in the jurisdiction of the Medical Administration Officer Office Mumbai, Pune, Thane, Nashik, Kolhapur, Amravati and Nagpur. At present, there are a total of 502 insurance medical professionals working in the state of Maharashtra. The medicines prescribed by them are supplied to the insured from the society's approved pharmacies or the nearby ESI Service Dispensary.

3. Private Approved Chemists

Areas where services of ESI Scheme is not available, private approved chemists are appointed by the concerned Administrative Medical Officer offices to make the medicines available to the insured persons. Currently, there are total of 8 private approved chemists are providing services.

In addition to the 03 Administration Medical Officer offices (AMO) already functioning for administrative control over service dispensaries, Insurance Medical Practitioners and approved drug dealers providing primary health facilities to registered insurance beneficiaries in the state, 05 more Administration Medical Officer offices have been created under the MH-ESI Society. Accordingly, at present, 08 Administration Medical Officer offices are functioning in the state, namely Mumbai, Thane, Pune, Nashik, Kolhapur, Amravati, Chhatrapati Sambhaji Nagar and Nagpur.

→ Secondary Medical Care

Insurance medical practitioner or IPs sent from ESI service dispensaries; medical services are provided from ESI hospitals under the ESI Scheme. In those areas, where ESI hospitals are not available or facilities which are not available in ESI hospitals, ESI Scheme has made tie-up arrangements with private hospitals with CGHS rates. At present, there are 253 private tie-up hospitals.

The following 12 hospitals of the ESI Scheme are functioning: -

Mumbai Division – Worli, Kandivali, Mulund, Thane, Vashi, Ulhasnagar, Mahatma Ghandhi Memorial Hospital, Parel (Trust)

Pune Division – Mohannagar Chinchwad-Pune, Nashik, Solapur, Chhatrapati Sambhaji Nagar.

Nagpur Division – Nagpur

Apart from this, secondary medical facilities are provided through 03 hospitals in Andheri, Bibwewadi Pune and Kolhapur through ESI Corporation.

→ Super Speciality Care

ESI Corporation has tied up with 141 private hospitals in addition to government hospitals to provide Super Speciality Treatment to insured persons. However, SST drugs required for this treatment are also supplied by the MH-ESI Society.

Measures taken to provide quality medical care to Insured Persons: -

1. To appoint specialist, paramedical, clerical and group-D staff on contract basis

Prior to the establishment of the Society, there were vacancies due to non-recruitment of regular services from time to time by the Government and hence there were difficulties in providing these services easily and effectively through ESI Scheme. For this, Society has appointed Specialists 137, Medical Officer 340, Paramedical 406, Clerk 349 and group-D - 770 on contract basis through GeM portal.

2. To provide all kinds of medicines

Prior to the establishment of the society, the funds received from the government were insufficient for the ESI scheme. This was creating difficulties in providing medical services. Through Society, a total of Rs.37,49,70,286 crores were spent on medicines in year 2024-25 till December 2024 and Rs.12,39,83,760 crores have been spent on SST medicines for 820 insured patients with all the medicines required for daily treatment including expensive medicines for serious ailments like Cancer, Haemophilia, Dialysis have also been made available.

3. Provision of new medical equipment and machinery.

The 11 ESIS hospitals in the state were established about 35 to 50 years ago and the medical equipment and machinery that were initially installed were obsolete. After the establishment of the society, a total of 55 items of medical equipment and machinery amounting to Rs. 5 crores have been provided by the society through Haffkine. Also total of 165 items of 37 medical equipment and machinery worth Rs. 25 crores are being provided by the society. With the availability of new medical equipment and specialists on contract basis, ESIS Hospitals have been resumed surgeries like Exploratory Laparotomy, open reduction of displaced fractures (nailing & plating), difficult hysterectomy i.e. with huge or multiple fibroids, Ovarian cystectomy, complicated pregnancies, bone grafting, septoplasty, cataract surgeries, spine biopsies, tendent repair, spinal surgeries etc.

4. Settlement of pending medical expenses reimbursement cases

Prior to the establishment of the Society, due to insufficient funding from the government, cases of medical reimbursement were rampant. After the establishment of the society, cases of medical expenses reimbursement are being settled with priority and in the year 2024-25 till December 2024, a total of 27,756 cases have been sanctioned and Rs.78,60,18,347 have been spent for reimbursement of medical expenses.

5. To open new Service dispensaries

ESI Corporation has implemented the ESI Scheme in the entire remaining area of 20 districts which was previously partially implemented in the year 2016 and in 2019 out of the remaining 14 districts, ESI scheme has been implemented in 09 districts (03 districts in full area and 06 districts in partial area). It is proposed to start 124 new dispensaries in addition to the old functioning 53 dispensaries under primary medical facilities, out of which 58 new dispensaries have been started at present.

6. To start new AYUSH centers

At present, AYUSH departments have been set up at 19 places in the state and 34 AYUSH centers are providing services (Ayurveda, Homeopathic, Unani and Yoga) to the insured person.

In the next phase, it is proposed to start new AYUSH centers at 13 places in Hadapsar, Amravati, Chandrapur, Akola, Barshi, Sangli, Kolhapur, Kalyan, Bhiwandi, Dhule, Ammalner, Satara and Mukundwadi and It has been submitted to the ESI Corporation Headquarters, New Delhi for approval of these AYUSH centers and the order for approval from ESI Corporation is awaited.

7. Implement online system for all hospitals and service dispensaries

Under ESI Scheme, computers have been installed and implemented in all the hospitals and service dispensaries to implement the Dhanwantari IT rollout system to improve the services provided by them by

controlling the day to day functioning of the hospitals. Also online registration module is 100% online and operational.

8. Starting tie-up hospitals

In the new areas implemented by ESI Corporation in the year 2016, the MH-ESI society has started the process of tie-up with the private hospitals. Currently, secondary medical care in 34 districts been taken over by MH-ESI Society and tie-up with 256 private hospitals has been done.

9. Providing Ambulances for Insured Persons in ESI Scheme

In the first phase, ambulances were provided to 06 hospitals in Aurangabad, Nagpur, Nashik, Solapur, Thane and Vashi. In the second phase, action is being taken to provide ambulances to the remaining 04 hospitals at Worli, Kandivali, Mulund and Ulhasnagar. Also, action is being taken to provide Advanced Cardiac Life Support ambulances in every ESIS hospital.

10. Setting up of 18 new ESI hospitals in the state

The ESI Corporation has sanctioned 18 hospitals to be set up in the state. Accordingly, by this Office vide letter dated 09.05.2024 has been submitted (along with the proposed hospital mentioned below in Annexure A) regarding the proposal of 18 new ESI Hospitals to be set up by ESI Corporation, New Delhi to the Hon'ble Additional Chief Secretary, Mantralaya, Mumbai.

Details of 18 new proposed ESI hospitals in the state			
Sr. No.	Hospital	District	Number of beds proposed
1	Panvel	Raigad	100
2	Satara	Satara	100
3	Pen	Raigad	200
4	Jalgaon	Jalgaon	100
5	Palghar(Tarapur MIDC)	Palghar	150
6	Chakan (MIDC)	Pune	350
7	Shendra	Aurangabad	30(Extendable to 100 beds)
8	Sinnar	Nashik	30(Extendable to 100 beds)
9	Walnut	Aurangabad	200
10	Baramati	Pune	100
11	Amravati	Amravati	100
12	Ballarpur	Chandrapur	30(Extendable to 100 beds)
13	Wardha	Wardha	30+
14	Ratnagiri	Ratnagiri	30
15	Sangli	Sangli	100
16	Ahmednagar	Ahmednagar	100
17	Karjat	Raigad	30
18	Khopoli	Raigad	30

Accordingly, the Government vide letter dated 25.06.2024 has submitted a proposal along with the information contained in Annexure A to ESI Corporation Headquarters, New Delhi.

However, according to a letter dated 05.07.2024 of ESI Corporation, New Delhi, it has been directed to submit Proforma A proposals for hospitals and revised Proforma B for new dispensaries. The proceedings are ongoing.