



A Report on
Monitoring of Important Components of Programme Implementation Plan of NHM in
the Ahmednagar District, Maharashtra

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Executive Summary

The monitoring and evaluation of the key components of the National Health Mission Programme Implementation Plan (NHM-PIP) envisage periodic assessment of the health systems at the district level across India's States and Union Territories. As a part of NHM-PIP, the monitoring and evaluation of PIP 2023-24 for Ahmednagar district's fieldwork was carried out from 12th June 2023 to 15th June 2023. The Population Research Centre (PRC) team visited the Ahmednagar's District Health Office & District Hospital, Community Health Centre-Loni, Primary Health Centre-Kolhar, and Sub-Centre/Health and Wellness Centre-Pathare.

This report highlights key observations and recommendations in detail the implementation of PIP in Ahmednagar district during the field visit for monitoring reference period April 2022 to March 2023. The key observations are given below:

- The district's health infrastructure includes hospitals, health centres, and special care units, human resources is a major problem. For example, patients to bed ratio is not sufficient, hospital rooms are congested etc. the HR is also lacking in many facilities, especially for specialist doctors, ANMs, dentists, and technicians.
- There is shortage of medicine and testing kits in many of the facilities in the district, especially, the 5 priority drugs under EDL.
- The district received funds and utilized them for different health initiatives, but some specific areas, like innovation indicators and certain program components, had lower utilization rates.
- Various health programs, like PMSMA, SNCU, and NRC, are implemented.
- Non-communicable disease control and Vector-borne disease programs are functional, but data completeness is lacking.
- Quality assurance initiatives like LaQshya, Kayakalp, and Mera-Aspatal are implementing smoothly in the district.
- The district has a functioning referral transport system.
- IT services are available in the facilities, but poor internet connectivity is there.
- The records maintenance is almost improper in many of the departments.

- Ambulance drivers are available and ambulance fuel expenses are not covering under any scheme/programme.

Suggestions/Recommendations

- The vacant posts in the various department of the district is the biggest problem, especially, specialist doctors such as Gynecologists, Anesthesiologists, Radiologists etc. Therefore, the HR problem should be solved in an immediate basis in the district.
- Prioritize the recruitment of additional nursing staff to manage patient care efficiently and alleviate workload pressure.
- The medicine and test kits should be sufficiently provided to all facilities in the district.
- Staff quarters are not available for many MOs and the available staff quarters condition is very poor, that need to be recruited and/or repaired soon.
- Many facilities are having ambulance services, but drivers and fuel expenses are lacking; need to be provided funds for smoothly maintenance of ambulance services.
- There is a shortage of MCP cards/JSY cards in SC-Pathare, sufficient cards should be provided.
- Improve record-keeping for referral transport services, including data on pregnant women and accident cases transported, for efficient monitoring and service enhancement.
- Data entry in RCH portal needs to be completed on time, which will help district officials to track the high-risk pregnant women.
- Multi-specialty training is required for health staff in the district.
- The records maintenance is almost improper in many of the departments such as ANC register, Immunization register, PNC ward register, Family Planning register, SNCU register etc.
- Implement digital record-keeping systems for easier access and organization of patient data.
- The data entry errors or mistakes can be eliminated with in-house training by the Data Manager to the staff responsible for consolidation of report from each department.

1. Introduction

In alignment with the objectives of the National Health Mission, all the States and Union Territories of India have been assigned to conduct the Programme Implementation Plan (PIP) for the financial year 2023-24 and submit the report to the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI). The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a State or a UT while adhering to the key conditionality and the road map is given for PIP. In order to assess the implementation and progress of the PIP, the MoHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs and Ahmednagar is also one of the PIP districts in the Maharashtra State in monitoring important components under NHM.

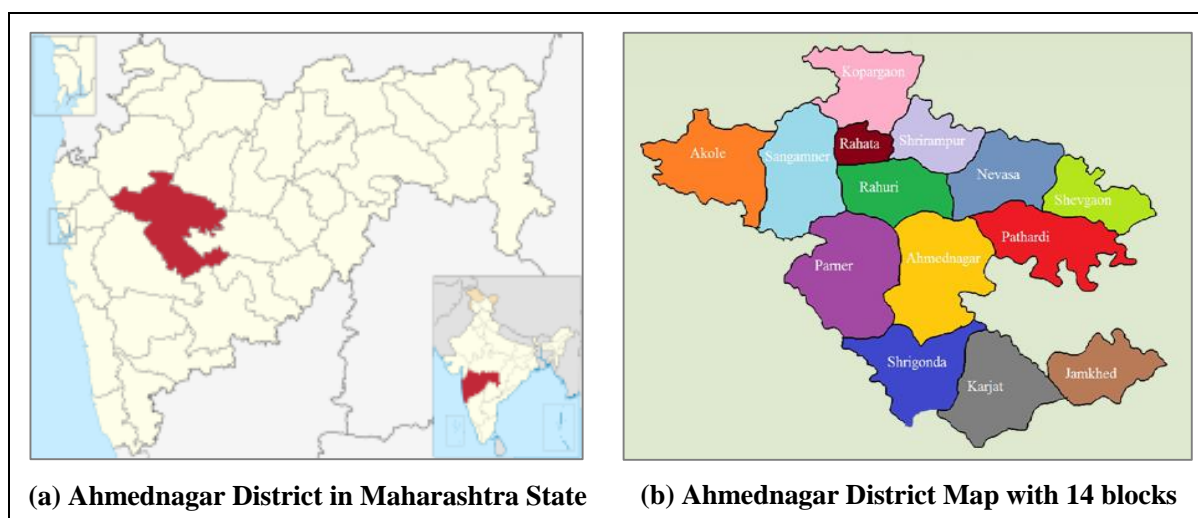
The Ahmednagar district's fieldwork was conducted during June 12-15, 2023. In order to carry out quality monitoring of the important components of PIP, various types of checklists developed by the Ministry were used. The checklist for district and facilities were aimed at gathering data on the actual implementation of PIP at the district and facility levels. The report is prepared in consultation with the District Health Officer (DHO), Civil Surgeon (CS), District Programme Manager (DPM), Monitoring and Evaluation (M&E) Officer, Medical Superintendent (MS), Medical Officers (MOs), ANM and IPHS coordinators. Accordingly, the District Health Office, District Hospital, CHC- Loni, PHC- Kolhar and SC-Pathare facilities were visited for the purpose of PIP monitoring in the Ahmednagar district. The District M&E Officer accompanied the PRC team to visit the facilities mentioned above. The PRC team received a very good cooperation from the district officials, and all the facilities' staff. Overall, this report depicts in detail the implementation of PIP in Ahmednagar district as observed by the PRC team during the field visit.

1.1 Overview of District

1.1.1 Geographical Profile

Ahmednagar is the largest district of Maharashtra State in respect of geographical area, which is situated partly in the upper Godavari basin and partly in the Bhima basin. Ahmednagar district is part of the Aurangabad division (one of the six administrative divisions of the state) of Maharashtra State and it is divided into 14 Blocks. The district covers a geographical area of 17114 sq. km., which is 5.5% of the total State area and it is well connected with capital City Mumbai & major cities in Maharashtra by Road and Railway.

Fig. 1. Ahmednagar District Location Map



Ahmednagar district is bounded on the north by Nasik district, Aurangabad district to the north-east side, Beed district to the east, Osmanabad and Solapur district to the south, Pune district to the west and Thane district to the north-west (see **Fig.1**). The district gets rain mainly from south-west monsoon between June to September, but the distribution of it is mostly uneven and the average annual rainfall in the district is 560mm.

1.1.2 Socio-Demographic Profile

As per the Census 2011 population, the district has a population of 45,43,159, consisting of around 36 lakhs reside in rural area and 9 lakhs reside in urban areas and the total district's population constitutes about 4% of the total population of the State. The percentage growth rate of population 2001-2011 is 12.4%. Ahmednagar has an average literacy rate of 79.1%, higher than the national average of 74.04%, with male literacy at 86.8%, and female literacy at 70.9%. The overall sex ratio is 939 females to 1000 male and child sex-ratio is 852 female child to 1000 male child. The district has a population density of 266 inhabitants per sq.km. There are 1584 villages from 14 blocks in the district (**Table 1**).

Table 1. Key Socio-Demographic and Health Indicators: Ahmednagar District

Indicator	Value	Source
Total no. of districts	1	
Total no. of blocks	14	
Total no. of villages	1584	Census 2011
Total population	45.4 lakh	Census 2011
▪ Rural population	36 lakh	Census 2011
▪ Urban population	9 lakh	Census 2011
Literacy rate	79.1 %	Census 2011

▪ Male literacy rate	86.8 %	Census 2011
▪ Female literacy rate	70.9 %	Census 2011
Sex-ratio	939	Census 2011
Sex-ratio at birth	852	Census 2011
Population density	266	Census 2011
Estimated number of deliveries	74573	IHIP, HMIS Portal
Estimated number of C-section	18643	IHIP, HMIS Portal
Estimated numbers of live births	74573	IHIP, HMIS Portal
Estimated number of eligible couples	240190	RCH portal
Estimated number of leprosy cases	344	NIKUSP 2.0 portal
Target for public and private sector TB notification for the current year	5200	NIKSHAY
Estimated /Actual number of cataract surgeries to be conducted	20320	NPCB Manual Report

Source: Census, 2011 and HMIS Portal

1.1.3 Health Profile

Table 1 also depicts a few health related indicators. For instance, total estimated deliveries for the years 2023 are 74573 and estimated C-section deliveries for the same year are 18643. Total 240190 are the estimated eligible couple in the district. There are 305 estimated leprosy cases, target for public and private sector TB notification for the year 2023.

Table 2: Deaths reported in Ahmednagar district, Maharashtra (Ref. till June, 12th 2023)

Mortality Indicators	Reported Deaths (Financial Years)	
	2022-23	2023-24
Maternal Death	19	0
Child Death	627	102
Infant Death	387	66
Still birth	325	42
Deaths due to Malaria	0	0
Deaths due to sterilization procedure	0	0

Source: District Programme Unit, Ahmednagar

Table 2 presents the mortality indicators and the corresponding reported deaths for two consecutive financial years, 2022-23 and 2023-24 (ref. till June, 12th 2023). In the year 2022-23, 19 maternal deaths, 627 child deaths, 387 infant deaths, and 325 still birth were reported. However, there were no reported deaths due to malaria or sterilization procedures in either of the two years. Overall, this data depicts the need for continued efforts to improve maternal and infant health, even as it highlights achievements in other areas of healthcare.

2. Availability of Physical Infrastructure in the District

2.1 Health Infrastructure

In the Ahmednagar district, a total of 692 public health facilities are functioning including district hospital and three sub-district hospitals. Of these, 22 facilities are CHCs and 101 are PHCs and UPHCs. A total of 565 sub-centres are providing health care services in the Ahmednagar district. All the primary-level health facilities have been converted as Health and Wellness Centres (HWCs) and among the 565 sub-centres, 488 facilities have been converted as HWCs. The district also has health infrastructure for SNCU, NRC, DEIC, FRU, Blood Bank, Tuberculosis Units, functional NCDs care units, Comprehensive Abortion Care services etc.

Table 3: District Health Profile, Ahmednagar, Maharashtra, 2022-23

Facility Details	Sectioned/Planned	Operational
District Hospital	1	1
Sub District Hospital	3	3
Community Health Centres (CHC)	22	22
Primary Health Centres (PHC)/HWC	98	98
Sub Centres (SC)	565	565
Urban Primary Health Centres (U-PHC)	3	3
Urban Community Health Centres (UCHC)	0	0
Special New-born Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	1	1
District Early intervention Centre (DEIC)	1	1
First Referral Units (FRU)	9	9
Blood Bank	1	1
Blood Storage Unit (BSU)	9	9
No. of PHC converted to HWC	98	98
No. of U-PHC converted to HWC	3	3
Number of Sub Centre converted to HWC	488	488
Designated Microscopy Centre (DMC)	129	84
Tuberculosis Units (TUs)	14	14
CBNAAT/TruNat Sites	3-CBNAAT & 10-Trunat	3-CBNAAT & 10-Trunat
Drug Resistant TB Centres	1	1
Functional Non communicable Diseases (NCD)		
• DH	1	1
• SDH	3	3
• CHC	22	22
Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	47	47
• Providing 1st trimester services	6240	6240
• Providing both 1st & 2nd trimester services	63	63
Details of construction pending for more than 2 years	2	2
Details of construction completed but not handed over	16	5

Source: District Programme Unit, Ahmednagar

2.2 Service Delivery

Out of total health facilities of the district, 2 Sub-Centres, 7 PHCs, 7 CHCs, and DH had conducted more than 3, 10, 20, and 50 deliveries, respectively. Apart from the delivery point, there are 3 ultrasound facilities situated in the district and all these ultrasound facilities are registered under PCPNDT Act.

Table 4: Status of Delivery Points in Ahmednagar District, 2022-23

Delivery Points	Average deliveries conducted
No. of SCs conducting >3 deliveries/month	2
No. of 24*7 PHCs conducting > 10 deliveries /month	7
No. of CHCs conducting > 20 deliveries /month	7
No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1
No. of DH/ District Women and child hospital conducting C-section	1
No. of Medical colleges conducting > 50 deliveries per month	0
No. of Medical colleges conducting C-section	0
Number of institutes with ultrasound facilities	3
Of these, how many are registered under PCPNDT act	3

Source: District Programme Unit, Ahmednagar

3. Availability of Human Resource for Healthcare Services

3.1 Status of Human Resource

Human resource for the healthcare system in the district is provided by NHM or by State Health Department. However, the information coordination lags lead to issues with combining the HR data and referring to the true status of HR availability from a reliable unified source becomes cumbersome.

Table 5: Status of Human Resource Regular staff in all the public health facilities, Ahmednagar district, 2022-23 (Ref. period June 2023)

Name of the Post	Sanctioned	In place	Vacant
Class I	226	187	39
Class II	1117	508	609
Class III	822	407	415
Class IV	96	39	57
Total	2261	1141	1120

Source: District Programme Unit, Ahmednagar

Table 5 shows the information about the availability of human resource for healthcare as regular in the district as on June 2023. For instance, there was a total of 2261 regular posts

sanctioned, out of which only 1141 posts have been filled and more than 50 percent of the posts are vacant in the district (See Table 5). Especially, out of 1117 Class-II sanctioned posts, only 508 are in-placed.

Table 6: Status of Human resource NHM Staff in all district public health facility in the Ahmednagar district, 2022-23 (Ref. period June 2023)

Name of the Post	Sanctioned	In place	Vacant
ANM/Staff Nurse/LHV	339	268	71
Lab Technician/Dialysis Tech.	39	26	13
Specialist/OBGY/Gynaecologists	3	3	0
Paediatricians	7	3	4
Anaesthetists	9	7	2
Surgeons	4	2	2
Pathologists	1	1	0
Physician/consultant Medicine	5	3	2
Physician/consultant Medicine(NPCDCS)	1	1	0
Psychiatrists	1	1	0
Ophthalmologist	1	1	0
Nephrologists	1	1	0
Cardiologist	1	1	0
Dental Surgeon	7	0	3
Dental Hygienist	2	1	1
Dental Assistant	1	1	0
Medical officer	25	6	19
Medical officer (AYUSH)	15	11	4
Pharmacist (AYUSH)	1	0	1
Yoga Therapist	3	3	0
RBSK Medical officer	126	85	41
RBSK ANM	63	60	3
RBSK Pharmacist	63	58	5
DIEC staff	12	5	7
NRC Medical officer	1	1	0
NRC Other staff	6	2	4
SNCU all Staff	58	37	21
Anaesthetists ICU	1	0	1
Counsellor RKSK	26	2	24
Other NHM Staff	207	190	21
Total	1029	780	249

Source: District Programme Unit, Ahmednagar

Table 6 shows the information about the availability of human resource for healthcare under NHM in the district as on June 2023. The District has 1029 NHM posts sanctioned, out of which only 780 posts were filled (75%) and 25% of posts were vacant in the district. Apart from the specialist vacancy, the position of ANM and MPW are also vacant with significant numbers. More

importantly, the district lacked with services of a Pediatricians, Anaesthetists, Lab technician and staff nurse. All vacant posts are very important to health facilities to provide good services to needy people in the district.

4. Status of Training for Health Professionals

4.1 Status of Training

Table 7 shows the information about the training for health professionals in the district as on 31st March 2023. Overall, the district has conducted 46 training sessions and had given training to 3513 health personnel in different programmes through offline and online modes during the financial year 2022-23.

Table 7: Status of Training for Health Professionals in Ahmednagar District, 2022-23
(Ref. date: 31/03/2023)

Sr. No.	List of training (to be filled as per ROP approval)	Planned (Target Load)	Total Trained HR
1	SAB (ANM/LHV/SN)	30	26
2	Bemoc (MO)	8	8
3	RTI-STI (MO)	30	18
4	RTI-STI (SN)	60	12
5	Dakshata	20	8
6	NSSK (MO)	22	21
7	NSSK (SN)	32	33
8	NSSK (ANM/LHV)	32	33
9	FPC (KMC)	17	25
10	IYCN (PM)	30	18
11	F-IMNCI (MO)	6	4
12	RBSK (MO)	88	86
13	RI (MO)	60	6
14	RI (PM)	0	119
15	AEFI	40	42
16	Bridge	200	213
17	Skill Lab MO	18	10
18	Skill Lab (PM)	54	33
19	Minilab (MO)	2	3
20	PPIUCD (MO)	17	21
21	PPIUCD (ANM/LHV/SN)	20	27
22	Laparoscopic Sterilization	2	1
23	IDSP (MO)	20	10
24	IDSP (PM)	12	6
25	IMEP (MO)	12	15
26	NTEP (MO)	23	13
27	SAANs Dist. Level	30	39
28	SAANs Block Level	60	332
29	RKSK Peer Educator	30	200
30	HWC (PM)	0	158
31	CHO Induction	125	118

32	EROS (CHO)	488	463
33	EROS (MO)	204	118
34	JAS (MO)	30	24
35	NRCP/NPCCHH (MS/MO)	130	93
36	ASHA Induction	30	55
37	ASHA HBNC Ist Phase	30	47
38	ASHA HBNC IInd Phase	30	57
39	ASHA HBNC IIIrd Phase	60	55
40	ASHA HBNC Iv th Phase	60	57
41	ASHA NCD	100	144
42	HBYC ASHA Trg.	60	84
43	Supportive Sup.Dist. Level	40	40
44	Supportive sup.Block Level	600	587
45	JAS MO	30	24
46	RI (NUHM)	20	7

Source: District Programme Unit, Ahmednagar

5. Status of National Health Programmes

5.1 National Health Programmes

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA): Total number of issued MCP cards and Safe Motherhood booklets are 63 and the total number of health facilities where current round of PMSMA was conducted are 59.

Rashtriya Bal Suraksha Karyakram (RBSK): There are a total of 63 RBSK teams sanctioned, but only 54 teams are with full strength with 62 vehicles are on road. Average each team screened around 200 children per day and Total number of children born in delivery points screened for defect at birth is 40765.

Special Newborn Care Unit (SNCU): There are 28 beds in SNCU with 20 Radiant Warmer, 2 step down care and one KMC unit available in the district hospital. On the day of visit, monitoring team have not found non-functional radiant warmer and photo therapy unit. During the reference period 2022-2023, the total admitted inborn children were 993 and 274 were out born in the SNCU. Inborn referral children were 61 cases, and LAMA and died children were 61 and 51 respectively, in the reference period 2022-2023.

Newborn Stabilization Unit (NBSU): A total NBSU facilities are available in 10 institutions in the district. Total admitted inborn children were 1029 and 16 were out born in the NBSU. The discharged cases are 898 and 15 of inborn and out born respectively, for the same reference period. Inborn referral children were 141 cases, and LAMA and died children were 3 and 1 respectively, in the reference period 2022-2023.

Table 8: Status of National Health Programmes in Ahmednagar, 2022-23 (Ref. date: 31/03/2023)

Programme/Indicator	Remark/Observation			
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) activities performed				
• No. of issued MCP Cards and safe motherhood booklets	63			
• Number of health facilities where current round of PMSMA was conducted:	59			
Rashtriya Bal Suraksha Karyakram (RBSK)				
• Total no. of RBSK teams sanctioned	63			
• No. of teams with all HR in-place (full-team)	54			
• No. of vehicles (on the road) for RBSK team	62			
• No. of Teams per Block	4			
• No. of block/s without dedicated teams	0			
• Average no of children screened per day per team	200			
• Number of children born in delivery points screened for defects at birth	40765			
Special Newborn Care Units (SNCU)	1			
• Total number of beds	In radiant warmer: <u>20</u> Stepdown care: <u>2</u> Kangaroo Mother Care (KMC) unit: <u>1</u>			
• Number of non-functional radiant warmer for more than a week	0			
• Number of non-functional phototherapy unit for more than a week	0			
	Inborn		Out born	
	2022 – 23	2023 - 24	2022 – 23	2023 - 24
• Admission	993	274	274	46
• Defects at birth	60	13	31	3
• Discharged	996	242	201	43
• Referral	61	10	22	5
• LAMA	61	11	42	4
• Died	51	11	33	4
Newborn Stabilization Unit (NBSU)	Inborn		Out born	
	2022 – 23	2023 - 24	2022 – 23	2023 - 24
• Admission	1029	209	16	3
• Discharged	898	184	15	3
• Referral	141	25	1	0
• LAMA	3	0	0	0
• Died	1	0	0	0
Nutrition Rehabilitation Centers (NRC)	2022 – 23		2023 - 24	
• Total admission	69		12	
• Discharged	52		12	
• Referral/ Medical transfer	05		0	
• LAMA	12		1	
• Died	0		0	

Source: District Programme Unit, Ahmednagar

Nutrition Rehabilitation Centre (NRC): NRC is situated in the district hospital, Ahmednagar. During the financial year 2022-23, a total of 69 infants were admitted in the NRC; out of which 10 were referred by front line workers, 24 referred by RBSK team and 15 were referred by Pediatric ward/emergency and 20 case came by themselves (parents); however, among them, 52 are discharged, 5 are referred, and 12 are LAMA.

Maternal and Child Health/Death Review: There are 19 maternal deaths reported in the district during the reference period 2022-2023. Among them 2 deaths from the district hospital and 17 are from other private hospitals. A total of 13 cases of Maternal death review (MDR) are conducted in 2022-2023.

ASHA: A total number of ASHAs are required as per population are 3360 for the district and a total of 3195 are filled for the same. With respect to social benefits for the ASHAs, 3123 ASHAs are enrolled for PMJJBY, 172 ASHAs facilitator enrolled for PMJJBY, 3136 ASHAs are enrolled for PMSBY, 167 ASHA facilitators are enrolled for PMSBY, 2583 ASHAs are enrolled for PMSYMY, and 144 ASHAs facilitators are enrolled for PMSYMY.

Mahila Arogya Smitis (MAS): Total MAS formed and trained are 74 and trained 60 respectively; and MAS account opened are 74. There are no issues related to Samiti addresses in the district.

Mobile Medical Unit (MMU): One MMU is available in Akole block in the district, which take on an average 45 trips per month which covers 50 villages of the district. On an average 2200 OPDs and 1000 lab investigation per month, and 15-20 per month RDTs are being done by MMU in the district.

Universal Health Screening (UHS): The target population for UHS is 13,43,301 in the district and total 13,43,702 CBAC forms have been filled till date. The targeted number of individuals screened for Hypertension and Diabetes are 1271205 and 1268395 respectively, of these, diagnosed are 172726 and 97858 respectively, for the same. There are limited cases diagnosed for Oral, Breast, and Cervical cancer (80, 58 & 93) out of total screened cases. The majority of the diagnosed cases are treated in the district.

Table 9: Status of National Health Programmes in Ahmednagar, 2022-23 (Ref. date: 31/03/2023)

Programme/Indicator	Remark/Observation
Maternal and Child Health	
<ul style="list-style-type: none"> Number of maternal deaths 	DH: 2 SDH:0 CHC:0 PHC:0 SC:0 Other Private Hospital -17 Total -19 MD
<ul style="list-style-type: none"> Prime reason for maternal deaths 	
<ul style="list-style-type: none"> Number of Maternal Death Review (MDR) conducted 	2022 – 23: 13 2023 – 24: 0
<ul style="list-style-type: none"> Number of Neonatal Deaths 	28 upto May 2023 , 136 upto Mar 2023
<ul style="list-style-type: none"> Number of total Child Deaths 	387 upto Mar 2023 , 66 upto May 2023
<ul style="list-style-type: none"> Number of Child Death Review (CDR) conducted 	2022 – 23: 627 2023 – 24: 1
Peer Education (PE) Programme (Adolescent Health)& Weekly Iron Folic Acid Supplementation (WIFS)	
<ul style="list-style-type: none"> Number of blocks covered under Peer Education (PE) programme 	14
<ul style="list-style-type: none"> No. of villages covered under PE programme 	469
<ul style="list-style-type: none"> Number of Peer Educators selected 	4114
<ul style="list-style-type: none"> No. of Adolescent Friendly Clinic (AFC) meetings held 	1494
<ul style="list-style-type: none"> WIFS stock out 	0
Mobile Medical Unit (MMU)	
<ul style="list-style-type: none"> No. of MMU on the road 	1
<ul style="list-style-type: none"> Micro Plan for each MMU prepared 	1
<ul style="list-style-type: none"> MMU team composition 	1
<ul style="list-style-type: none"> List of services provided by MMU 	ANC, NCD, PNC, HTN, DM, NEW BURN BABY, IN LAB (HB, BT/CT, HBSAJ, HIV, URIN GLUCOSE, PROTIN, SUGAR, RDT, BLOOD GROUP, CBC- RBC,)
<ul style="list-style-type: none"> No. of trips per MMU per month 	45
<ul style="list-style-type: none"> No. of camps per MMU per month 	0
<ul style="list-style-type: none"> No. of villages covered 	50
<ul style="list-style-type: none"> Average number of OPD per MMU per month 	2200
<ul style="list-style-type: none"> Average no. of lab investigations per MMU per month 	1000
<ul style="list-style-type: none"> Avg. no. of X-ray investigations per MMU per month 	0
<ul style="list-style-type: none"> Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 	15 – 20
<ul style="list-style-type: none"> Avg. no. of sputum collected for TB detection per MMU per month 	0
<ul style="list-style-type: none"> Average Number of patients referred to higher facilities 	3 - 5 per month
<ul style="list-style-type: none"> Payment pending (if any) If yes, since when and reasons thereof 	NO

Source: District Programme Unit, Ahmednagar

Table 10: Screening and Treatment status of patients under Universal Health Screening

Universal Health Screening			
If conducted, what is the target population: 13,43,301			
Number of Community Based Assessment Checklist (CBAC) forms filled till date: 1343702			
No. of patients screened, diagnosed, and treated for:			
Diseases	Screened	Diagnosed	Treated
Hypertension	12,71,205	1,72,726	1,71,724
Diabetes	12,68,395	97,858	97,282
Oral cancer	12,63,816	80	65
Breast Cancer	6,19,738	58	55
Cervical cancer	3,64,919	93	102

Source: District Programme Unit, Ahmednagar

National Tuberculosis Elimination Programme (NTEP): There are 1828 (95%) target TB notification were achieved against the target population in the district during the financial year 2022-23. Of which, 1592 were notified from the public sector with a treatment rate of 93%, and 303 were notified from the private sector with a treatment rate of 96%. Among these, HIV status were known for 100% of cases, and 653 cases were eligible for UDST testing. A total of 1124 beneficiaries have been paid under the Nikshay Poshan Yojana.

National Vector Borne Disease Control Programme (NVBDCP): The NVBDCP is implemented in the district. The micro and macro plans are available and the annual blood examination rate is 15%. The district achieved elimination status for lymphatic filariasis less than 1% in the district.

Vehicle for Referral Transport: A referral transport facility is available in the district. All health facilities have transport vehicles district has a total of 7 ALS vehicles and 30 BLS available in various facilities. Operational agency is PPP (BVG) for both ALS and BLS. All vehicles are GPS fitted and handled through a centralized call centre in Pune. Average kilometres each Ambulance travelled per day is 250-300.

National Leprosy Eradication Programme (NLEP): A total of 36 new cases of Leprosy were detected till May 2023 in the district. There were zero cases from G2D. There were MDT available without interruption cases are 36 and MCR footwear and self-care kit are 448 available in the district.

National Viral Hepatitis Control Program (NVHCP): The NPHCP Treatment centre is established at district hospital in 2019. About 60% health workers immunized against Hep-B in the district.

National Tobacco Control Programme: In the district, the Cotpa 2003 Act implementation, tobacco-free schools, tobacco cessation centres, focus group discussions, World Tobacco Day and other key activities are performed in the year 2022-23.

Mera-aaspatal: It is being implemented in the district hospital, for which they are taking feedback from the patients via online and call. All the scores from the patients are being entered, generating patient satisfaction scores on a monthly basis. Total 74 responses collected in the DH and out of, 47% and 27 are reported very satisfied and satisfied respectively, and 26% are reported as not satisfied in the record.

6. Implementation of Comprehensive Primary Health Care

6.1 Status CPHC

The MoHFW, Government of India is started the Ayushman Bharat Comprehensive Primary Healthcare (CPHC) programme, which is being implemented in the district for undertaking a population-based NCDs. Table 10 shows the status of CPHC in the district for the financial year 2022-23. For instance, a total of planned 3630542 individuals have been enumerated, out of them only 2914537 completed till June 15th 2023 and 1349552 CBAC forms are filled till the same reference period.

Table 11: Status of CPHC in Ahmednagar District, 2022-23 (Ref. 15th June 2023)

Indicators	Planned	Completed
1. Number of individuals enumerated	3630542	2914537
2. Number of CBAC forms filled	1343301	1349552
3. Number of HWCs started NCD screening:		
a. SHC- HWC	555	555
b. PHC- HWC	96	96
c. UPHC – HWC	03	03
4. Number of individuals screened for:		
a. Hypertension	335825	172726
b. Diabetes	134330	97858
c. Oral Cancer	1125	80
d. Breast Cancer	2023	58
e. Cervical Cancer	717	93
5. Number of HWCs providing Teleconsultation services	27067	27067
6. Number of HWCs organizing wellness activities	13	13

Source: District Programme Unit, Ahmednagar

The targeted number of individuals screening Hypertension and Diabetes are 335825 and 134330 respectively, but the screening is completed for only 172726 and 97858 respectively, for the same. There is limited screening conducted till date for Oral Cancer, Breast Cancer and Cervical Cancer in the district.

7. Status of Fund Utilization

7.1 District Health Action Plan (DHAP)

In the year 2022-23, the district received approval for DHAP on October 2022; however, before approval, they got first released funds on 10th May 2022 for the smooth implementation of NHM Programmes in the district. During 2022-23, the district received a total of 12673 lakhs, out of which around 12531lakhs were spent on different programmes.

7.2 FRM Wise Financing Status

Table 12 below presents the FMR-wise expenditure under different programmes. Overall, the district spent majority of the fund which they received, however, the district spent less than 60% under a few FMR heads, for that, the DPMU have not cited for any reason for not spending the fund.

Table 12: FMR-wise budget released and utilized in the district during 2022-23 (Ref. period March 2023)

Particulars	PIP Budget Released	Expenditure Utilized	Reason
FMR 1: Service Delivery facility Based	604.19	498.69	DPMU Not Provided
FMR 2: Service Delivery community Based	147.98	136.62	
FMR 3: Community interventions	1563.42	1335.57	
FMR 4: United fund	626.19	503.16	
FMR 5: Infrastructure	1289.54	1128.14	
FMR 6: Procurement	354.63	186.63	
FMR 7: Referral Transport	50.22	35.67	
FMR 8: Human Resources	3811.80	4084.82	
FMR 9: Training	94.21	59.77	
FMR 10: Reviews, research, surveys and surveillance	3.50	2.20	
FMR 11: IEC/BCC	35.78	30.89	
FMR 12: Printing	29.17	22.47	
FMR 13: Quality Assurance	39.26	18.63	
FMR 14: Drug warehousing and logistics	30.13	168.45	
FMR 15: PPP	112.85	103.11	
FMR 16: Programme Management	439.97	342.69	
FMR 17: IT services	53.45	49.47	
FMR 18: Innovations	9.50	8.12	
Total	9295.79	8715.1	

Source: District Programme Unit, Ahmednagar

7.3 Programme-wise Fund Utilization

Table 12 shows the fund released and utilization of programme-wise by RCH and Health System Flexi pool, NUHM, Communicable Disease Pool, and Non-Communicable Disease Pool. The district spent less than 60% under a few heads, for which they mentioned fund release lately and for the rest, they did not cite any proper reasons. Notably, they did not receive or spend any amount for the Programme Management and MMU under RCH and Health Systems Flexi pool and the National Dialysis Programme, National Programme for Prevention and Control of Fluorosis, National Rabies Control Programme, National Programme for Prevention and Management of Burn & Injuries, and the Programme for Prevention and Control of Leptospirosis under the non-communicable disease pool.

Table 13: Programme-wise budget released and utilized in the district during 2022 – 23

Indicator	Budget Released	Budget utilized	Reason for low utilization (if < 60%)
▪ RCH and Health Systems Flexi pool			DPMU Not Provided
○ Maternal Health	604.19	459.69	
○ Child Health	313.57	186.69	
○ RBSK	145.36	128.67	
○ Family Planning	106.86	67.56	
○ RKSK/ Adolescent health	0.35	0.06	
○ PC-PNDT	213.58	136.62	
○ Immunization	566.42	503.16	
○ United Fund	1287.63	1170.43	
○ Comprehensive Primary Healthcare (CPHC)	13.23	2.20	
○ Blood Services and Disorders	1289.54	1128.14	
○ Infrastructure	1563.42	1335.57	
○ ASHAs	3811.80	4084.82	
○ HR	439.97	342.69	
○ Programme Management	0	0	
○ MMU	0	0	
○ Referral Transport	50.22	35.67	
○ Procurement	354.63	186.63	
○ Quality Assurance	39.26	18.63	
○ PPP	112.85	103.11	
○ NIDDCP	8.02	0.13	
▪ NUHM	127.42	107.27	
▪ Communicable Diseases Pool			
○ Integrated Disease Surveillance Programme (IDSP)	4.80	0.38	
○ National Vector Borne Disease Control Programme (NVBDCP)	23.44	19.65	
○ National Leprosy Eradication Programme (NLEP)	133.96	132.15	

○ National TB Elimination Programme (NTEP)	166.74	88.97
▪ Non-Communicable Diseases Pool		
○ National Program for Control of Blindness and Vision Impairment (NPCB+VI)	74.76	28.67
○ National Mental Health Program (NMHP)	14.30	7.85
○ National Programme for Health Care for the Elderly (NPHCE)	1.80	0.68
○ National Tobacco Control Programme (NTCP)	3.61	0.25
○ National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	45.22	22.87
○ National Dialysis Programme	0	0
○ National Program for Climate Change and Human Health (NPCCHH)	2.58	0.64
○ National Oral health programme (NOHP)	16.00	5.31
○ National Programme on palliative care (NPPC)	1.02	0.12
○ National Programme for Prevention and Control of Fluorosis (NPPCF)	0	0
○ National Rabies Control Programme (NRCP)	0	0
○ National Programme for Prevention and Control of Deafness (NPPCD)	1.0	0.4
○ National programme for Prevention and Management of Burn & Injuries	0	0
○ Programme for Prevention and Control of Leptospirosis (PPCL)	0	0

Source: District Programme Unit, Ahmednagar

8. Status of Selected Health Facilities in the District

8.1 Selection of Health Facilities for the Monitoring

As per the MoHFW guidelines of PIP monitoring, we should visit one each of the DH, CHC, PHC, and Sub-centre in the district within 5 days. Therefore, we selected one Rural Hospital-Loni (equivalent to CHC) situated within the Rahata block. Under the Loni CHC, we selected one PHC (PHC-Kolhar), and finally, within the Kolhar PHC, we selected one Sub-centre (SC-Pathare). For the tertiary level healthcare, there is one district hospital, which is a default selection as per the guidelines.

Table 14: List of selected and visited health facilities

Name of Facility	Level	Health Block	Criteria for selection
District Hospital, Ahmednagar	Tertiary	Ahmednagar	By default, due to one DH
Rural Hospital, Loni	Secondary	Loni	On the highway and high OPD
Primary Health Centre, Kolhar	Primary	Kolhar	Additional RH in the Rahata block and situated beside the highway
Sub-Centre, Pathare	Primary	Pathare	Situated in the main locality but with low OPD

8.2 District Hospital – Ahmednagar

Ahmednagar District Hospital is situated at the district headquarters at Ahmednagar. It is a 282 bedded hospital with 18 ICU beds, but currently 428 functional beds are there in the hospital. The hospital is a well-constructed and thoughtfully designed healthcare centre with a strong emphasis on accessibility, patient comfort, and a comprehensive range of medical services. The facility's physical infrastructure, including its geriatric and disability-friendly features, reflects a commitment to ensuring a welcoming environment for all patients. The electricity with power backup, drinking water, 24*7 running water, separate toilets for male and female wards, ASHAs rest rooms, and drug store are available and this facility is well accessible from the main road. Waste management practices are outsourced in hospitals.

The OPD timings of the facility are 8.30 am to 12.30 pm and 4.00 pm to 6.00 pm in the evening, excluding Sunday. ASHAs rest room is not available in the facility. The hospital refers emergency patients to Sasoon Hospital Pune. All the services are provided to people free of cost in the district hospital including OPD, IPD, lifesaving services, Blood bank services, 24 hours' emergency & medico legal, and X-RAY, Laboratory with semiautomatic analyser and blood counter, Pharmacy, Family planning services, Physiotherapy, Operation Theatre, Counselling services (Medical & social work) Telemedicine, ARSH clinic, NCD services, etc. Besides, the monitoring team has made the following some key observations:

- The vacant posts in the various department of the district hospital is the big issue. A total of 40 posts of staff nurse is vacant. Besides, some posts in NRC, Sonography, CT scan, X-Ray, and Dialysis are also vacant, which hampered the service delivery.
- There is EDL displayed in front of the drug delivery counter.
- There are very few toys for children to play with in the NRC.

- The district hospital has a SNCU unit, however only one unit is functional. Total 28 beds are sanctioned in SNCU, but only 20 warmers are functional in SNCU unit. There were 40 posts are sanctioned, but only 22 posts are filled out of total posts in this unit.
- AYUSH facility is available in district hospital and there were 10 posts are sanctioned, but only 8 posts are filled and two posts are vacant.
- DIEC building is completed, but not yet handover to hospital authorities
- The District Hospital's cleanliness is very poor due to lack of manpower.
- Physical records are not properly maintained in the facility.
- District Hospital has Modular operation theatre which is well managed and staff are well acquainted with the all protocol, procedure and record maintenance is good.

Table 15: Status of Human Resource at District Hospital, Ahmednagar (Ref. June 2023)

Human Resource	Sanctioned	Regular	Vacant
Class I	18	9	9
Class II	40	40	0
Class III (A B C)	184	136	48
Class IV	140	91	49
Total	382	276	106

Source: District Programme Unit, Ahmednagar

Table 14 & 15 show the status of human resource in regular cadre and under the NHM at Ahmednagar district hospital. There are a total of 382 regular positions are sanctioned in the district hospital, out of which only 276 are filled. Similarly, under the NHM, there are 113 posts are sanctioned and out of which only 95 are filled.

Table 16: Status of Human Resource under NHM at DH Ahmednagar (Ref. June 2023)

Name of the Post	Sanctioned	In place	Vacant
RBSK	30	26	4
RKS	1	1	0
Haematology	6	4	2
SNCU	40	22	18
Monitoring& Evaluation officer	1	1	0
AYUSH	10	8	2
EMS	1	1	0
PCPNDT	1	1	0
FMG	1	1	0
NVHCP	2	2	0
Telemedicine	1	1	0
IPHS	21	19	2
DEIC	14	4	10
NRC	3	3	0
Sr. Consultant Public Health	1	1	0
Total	133	95	38

Source: District Programme Unit, Ahmednagar

8.3 Community Health Centre: RH, Loni

Rural Hospital (RH) Loni is in Rahata Block. This facility about 70 kilometers away from district headquarters. RH-Loni is a 30 bedded hospital and located in the government old building. The facility has good infrastructure along with 24*7 running water, electricity, clean functional toilets, drinking water facility, OPD waiting area, drug storeroom with rack, and power backup in some parts. This facility is providing ICTC, Immunization, NCDs, ANC check-up, lab services, family planning services, OPD, and IPD etc. The OPD timings of facility is 8:00am-12:30pm and 4:00pm to 6:00pm. Besides, the PRC team observed following a few things in the RH-Loni:

Observations

- There was a shortage of manpower in the facility. CHC has insufficient Specialty Medical Officers and other staff.
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV is being given.
- Counselling on Family Planning is being also provided in the hospital.
- Facility has one major functional OT and CHC providing the X-Ray facility to needy patients.
- Line listing of high-risk pregnancies are available in the facility. There is no Maternal death and child death in last year and current year in the facility.
- Blood storage unit is sanctioned but not functional, due to some technical problem. so urgently start the BSU in CHC. There is no private or public blood bank in the town.
- Staff quarters are not available for Medical Officers.
- Essential Drug list is available and displayed at public place in the facility.
- NCD clinic is functional in facility. 6 days in a week.
- Telemedicine /Consultation services not available in the facility, only it is available for X-ray.
- There is no shortage of 5 priority medicine/drugs from EDL in last 30 days.
- Kayakalp score was 85% in this facility.
- IT services are available (7 desktops and laptops) with good internet connectivity.

8.4 Primary Health Centre – Kolhar

Primary Health Centre-Kolhar is in Rahata Block and it is 8 kilometers away from the CHC. PHC-Kolhar is a 6 bedded hospital with a good infrastructure along with 24*7 running water, electricity, clean functional toilets, drinking water facility, OPD waiting area, and drug storeroom with rack. This facility is providing OPD, IPD, laboratory services, minor surgery, vaccination, NCDs diagnosis & treatment, ANC and PNC services, etc. The facility offers outpatient services from 8:30 am to 12:30 pm and 4:00 pm to 6:00 pm, ensuring convenient access for patients. It also provides 24-hour delivery services, ensuring expectant mothers receive necessary care at any time. However, the PRC team observed following a few things in the PHC-Kolhar:

- The facility is facing with shortage of medicine and testing kits.
- Man power is the problem in the facility including manpower for cleaning services.
- It has a reliable 24*7 water supply system, ensuring uninterrupted healthcare services.
- The facility is designed to accommodate the needs of elderly and disabled patients, featuring disability-friendly infrastructure and separate toilet facilities for men and women.
- The Solar inviter is sanctioned for power backup to ensure continuous healthcare services in the facility.
- With six functional beds for male and female patients, PHC Kolhar offers various essential services, including family planning, ANC, PNC, delivery services, tuberculosis treatment, and management of NCDs.
- The drug store room is well-organized with racks for efficient storage and repurchase of medications.
- The facility strives to meet the healthcare needs of the local population, promoting the overall well-being of the community.
- The staff quarters condition is very poor, that need to be repaired soon.
- Fuel expenses should be provided for ambulance services.

8.5 Sub Centre – Pathare

Sub-Centre/HWC Pathare has situated 7km and 6 km away from PHC-Kolhar and RH-Loni, respectively. This facility is on one side of the village. The facility building was good with the parking space, but lacking with the herbal garden. One CHO, ANM, MPW male and 4 ASHA are there in the facility. The facility offers 13 services including neonatal, pregnancy, family planning, yoga services etc.

General Observations

- There is shortage of medicine in the facility, especially, the 5 priority drugs from EDL in last 30 days, i.e., IFA, Calcium, Seftron, Atenol, Zinc/ORS and they gave reason as these were not available in the PHC.
- There is a shortage of MCP cards/JSY cards, reason is mentioned that there is an issue with Pune Bureau office.
- A specified area for yoga practice is available, along with the availability of 24*7 running water facility on the premises.
- Biomedical waste is segregated and send to PHC-Kolhar.

9. Summary and Recommendations

9.1 Summary

The report highlights the geographic, socio-economic, and health profiles of the Ahmednagar district. It is situated partly in the upper Godavari basin and partly in the Bhima basin and covers a geographical area of 17114 sq. km and the district's population is more than 4.5 million. As a part of NHM-PIP, the PRC team is visited this districts for monitoring of the key components. This report highlights key observations and recommendations in detail the implementation of PIP in Ahmednagar district during the field visit for monitoring reference period April 2022 to March 2023.

The district's health infrastructure includes hospitals, health centres, and special care units. Human resources are a concern, especially for specialist doctors, ANMs, dentists, and technicians. The availability of these professionals is crucial for the effective functioning of the healthcare system. The district received funds and utilized them for different health initiatives, but some specific areas, like innovation indicators and certain program components, had lower utilization rates. Various health programs, like PMSMA, SNCU, and NRC, are

implemented, although there's room for improvement. Non-communicable disease control, RNTCP, and vector-borne disease programs are functional, but data completeness is lacking. Quality initiatives like LaQshya, Kayakalp, and Mera-Aspatal are ongoing. The district has a functioning referral transport system.

9.2 Recommendations

- Overall, there are many vacant posts in the various departments of the Jalna district. Therefore, the recruitment should be done on an immediate basis in all facilities in the district.
- There is shortage of medicine and testing kits in many of the facilities in the district, especially, the 5 priority drugs under EDL. Therefore, sufficient medicine should be provided to all facilities in the district.
- IT services are available in the facilities, but poor internet connectivity is there. So, there is need of providing computers/laptops with good internet connection.
- Staff quarters are not available for many Medical Officers in the district and a few quarters are in poor condition. Permanent staff quarters should be provided for MO and the repaired or renovation should be done soon.
- Many facilities are having ambulance services, but drivers and fuel expenses are lacking; since ambulance services are very important for the emergency purpose, there is a need to provide funds for smoothly maintenance of these services.
- The maintenance of physical records missing in a few facilities. Therefore, proper physical records should be maintained in all facilities in the district.
- There is a shortage of MCP cards/JSY cards, sufficient cards should be provided.
- Improve record-keeping for referral transport services, including data on pregnant women and accident cases transported, for efficient monitoring and service enhancement in the district.

10. Glimpse of PIP Ahmednagar Field Visit



District Hospital, Ahmednagar



District Hospital, Ahmednagar



Community Health Centre, Loni



Primary Health Centre, Kolhar



Sub-Centre, Pathare



Sub-Centre, Pathare

R. Durga Prasad

Ravi Durga Prasad

Rajendra S. Pol

Rajendra S. Pol