A Report on

An Assessment of MaherGhar Scheme in Maharashtra

Population Research Centre
(Established by Ministry of Health and Family Welfare)
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Population Research Centre, Gokhale Institute of Politics and Economics, Pune has carried out a study on "An Assessment of Maher Ghar Scheme in Maharashtra (Gadchiroli and Nashik District) As a part of an annual work plan, Population Research Centre (PRC), Pune has done this study with the funding and guidance of Ministry of Health and Family Welfare, Government of India. We are grateful to MoHFW. Shri Kal Singh, DG (Stats), Shri Rakesh Kumar Maurya, DDG (Stats), and Mr. K. Sundaram, Deputy Director, MoHFW for their kind and constant support. We are thankful, Dr. Babita Kamlapurkar, Assist. Director Health Services, Government of Maharashtra for their support and suggestions. We are also grateful to Mrs. Dr. Sarika Kadam, State Programme officer and District Program officer of Gadchiroli and Nashik districts for their constant support and coordination with the team throughout the study.

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Executive summary

Tribal communities often reside in remote and inaccessible areas, such as mountainous terrains, dense forests, or regions with inadequate transportation infrastructure. These unique geographical characteristics pose significant challenges in establishing and maintaining healthcare facilities and ensuring the timely and efficient delivery of medical supplies and services. Consequently, tribal groups often struggle to meet their basic needs, leading to neglect of medical care and treatments.

Recognizing the low utilization of maternal and child healthcare services and the high rates of maternal and infant mortality among tribal populations, the Maharashtra government launched the Maher Ghar Scheme in nine tribal districts during 2011-12. The scheme aims to improve institutional deliveries and reduce maternal and child mortality. Since its inception, the Maher Ghar Scheme has played a crucial role in reducing maternal and child deaths while increasing institutional deliveries in the state.

The present study aims to evaluate the adequacy of infrastructure and services provided under the Maher Ghar Scheme and to gather insights from health personnel and beneficiaries regarding its overall functioning in the state. For this purpose, Gadchiroli and Nashik districts were selected as study sites. The key findings of the study are as follows:

Findings/observations

- Manpower shortage, no special manpower given to Maherghar.
- Insufficient funds for Maherghar.
- The fund has not been sanctioned for the current year for Maherghar.
- The condition of road is not good. The connected road is Kutcha Road. Many Padas are in hilly areas which is cut-off during rainy session.
- No network for landline phone, hence, no communication to health facilities. All service providers use personal mobile.
- In the visited PHCs, proper guidelines for admission to MaherGhar is not being followed as the pregnant women's of the surrounding villages with good road connectivity are getting admitted to MaherGhar instead of cut-off villages and hard to reach areas.
- It has also been found that the pregnant women are admitted to MeharGhar for 1 or 2 days only whose delivery could have been admitted to General ward.
- No power backup is available in the visited health facilities. Electricity load seeding problem faced in Maherghar.

- In the Dhanora Block's, the larger share of the population belongs to ST community. The level of education is also very low. The traditional methods are used for health issues.
- The rate of out migration from the district is very high. The main reason for migration is employment. In many houses, only women's family members are there. At the time of the delivery, they want to be discharged from the hospital as early as on the second day. Many households related problems cited to discharged the patients.
- Maher Ghar scheme has helped in increasing the institutional delivery, and decreasing the maternal and child deaths in both the districts.
- PPP The Maherghar scheme is not implemented in both districts.
- It was observed that the intended target population and remote areas were not adequately benefiting from the scheme, as most of the admissions to Maher Ghar were from nearby locations. This may be done to fulfil the target given to Maher Ghar.

Recommendations

- Increase the availability of healthcare professionals, such as doctors, nurses, and paramedical workers, in tribal areas. This can be achieved through recruitment drives, incentives, and targeted training programs to attract and retain healthcare personnel in these regions.
- Currently there is cleaning staff dedicated to MaherGhar. The cleaning and other work is done by the household selected by the respective PHC as and when need arises. However, it was felt that there should be some provision for a dedicated cleaning staff.
- At that time, when the scheme was launched in 2012-13, the tribal areas were not this much developed as today, so many Maherghars' reviews are important.
- There is a shortage of staff. The sanctioned staff has not been filled. The Maher Ghar scheme is an extra work load on the PHC staff.
- Presently 100 Rupees is given for food/diet to food provider which is not sufficient. Hence there is a need to increase the fund by at least 200/day.
- Presently there is a provision of Rs. 300/day to pregnant/delivered women as a compensation for wage loss, which is less than minimum wage rate. Hence, it is recommended that the compensation amount should be equivalent to minimum wage rate of district. For that, wage rate of MNREGA can be taken as standard.
- Currently, the provision of admission to MaherGahr is for one week (7 days), but during the rainy season, 7 days are enough due to cut-off. Hence, it is recommended that provision for admission should be increase 10 days for the identified cut-off villages. To decide the number of days for

admission, discretionary power should be given to MO of PHCs. Similarly, compensatory (loss of wage) money to be extended to same number of days.

- In the financial year 2023-2024, no fund has been allotted to Maherghars in all the 9 districts of Maharashtra, However, the state government extended the JSSK scheme facilities to the tribal pregnant women. It is recommended that a fixed fund should be allotted to MaherGhar for smooth functioning of the MaherGhars.
- To Motivate mothers to come to MaherGhar, a provision for a Saree for the mother and clothes for Baby can be made.

Background

In India, National Health Mission (NHM) has played an important role in reducing maternal and child deaths and increasing institutional deliveries. Under the NHM, many scheme or programme has been started for pregnant women and child, such as Janani Suraksha Yojana (JSY) – to increase institutional delivery by providing financial support, Janani Shishu Suraksha Karyakram (JSSK) – for providing the free cost transportation and diagnosis services, Pradhan Mantri Matru Vandana Yojana (PMMVY)-conditional cash transfer scheme for pregnant and lactating women of 19 years of age or above for the first live birth etc. Simultaneously many states have also initiated their own schemes/programmes along with centre-sponsored schemes to promote institutional delivery and reduce maternal and child mortality. These programmes proved to be effective to increase institutional delivery and in the reduction of maternal and child mortality. However, studies have shown that the benefits of these schemes have not reached every section of society equally. As studies have found that the quality of antenatal care services was better in the non-tribal district compared to the tribal districts (Nandi et al., 2016; Kumar et al., 2012).

In the state of Maharashtra, although schemes like JSY, JSSK, PMMVY etc., are successfully implemented; however, it is very difficult for pregnant women in the tribal areas to reach the health centres in time, as many of the tribal Padas (Lok Basti) do not have Pucca roads. Even if Pucca roads are available, there are no reliable transportation facilities for transferring pregnant women into labour to nearby health centres. In addition, these hilly or remote areas usually do not have adequate/proper mobile network coverage, making it difficult to call an ambulance for pregnant women to be transferred to the nearest health centre. This is an important cause of high maternal and neonatal mortality among tribal people in Maharashtra. A study found deficiencies in the JSSK transport service; only one driver was catering the services at the health facility and was expected to be on duty 24 hours. Network issues are a hindrance in seeking health services in difficult-to-reach areas (Sivanandan V., 2017).

In view of the low utilisation of maternal and child health care services and high rates of maternal and infant mortality among tribal people, the Maharashtra government launched a scheme called 'Maher Ghar' in nine tribal districts. These nine districts were Palghar, Nandurbar, Nashik, Nanded, Yavatmal, Amravati, Gondia, Chandrapur and Gadchiroli. The aim of the scheme is to reduce maternal and child deaths.

The scheme was specifically started for pregnant women living in the tribal and remote areas like the hilly region of the state, which are usually inaccessible. The scheme is meant to increase institutional deliveries in tribal and remote areas and reduce maternal and child mortality. Under this scheme, a Pregnant woman is admitted to Maher Ghar four to five days before her expected date of delivery to avoid the risk of maternal and child death at the last moment, as tribal areas are disconnected from the main road and transport facilities. Maher room is of one room with local building materials is constructed in PHCs premises. The Maher room has amenities like one sanitary block (Toilet and bathroom), one kitchen ota with smokeless chulha and one solar water heater system. The maintains of the Maher room and supply of food to the mother and her younger child along with one relative is provided in the scheme by Self Help Groups, identified by Local RKS.

This scheme is proving helpful in State Government's efforts to prevent pregnant women's death. Institutional deliveries are increased in inaccessible areas, and maternal, and child death has reduced due to the Maher Ghar scheme. A pregnant woman is paid Rs.200 per day as absent wages under this scheme.

In 2019-20, a total of 2,646 tribal women were assisted at the centers. In 2020-21, amid the pandemic, the number of beneficiaries rose to 2,806. But in 2021-22, the registration of women under the scheme dropped to 2,131. As of 2022-23 (till December), the 90 centres across the districts recorded only 1,788 beneficiaries (Chakraborty R., 2023).

Need of the Study

The 'MaherGhar ' scheme is active at 90 PHCs of nine tribal districts of Maharashtra. During 2017-18 and 2018 - 19, nearly 2500 and more than 2500 women delivered safely to their new-borns under this scheme, respectively (Express News Services, 2019). In addition, the Maher Ghar scheme plays an important role in the lives of pregnant women in tribal and remote areas by admitting them to Maher's room four or five days before their expected delivery date. Institutional deliveries are increased, and the pregnant mother and child death ratio is decreased in these tribal areas due to this scheme. These services are most beneficial for mother and child death improvement in the overall health status. The Maherghar scheme is playing the important role in increasing institutional deliveries and decreasing child death in the tribal area since its implementation year (2010-11). However, we don't have any concrete evidence of its role, impact and way of functioning in the state as we have not found any study related to evaluation of this scheme. Hence, this study is an assessment of 'Maherghar Scheme.

Objectives:

The broad objective of the study is to assessment of scheme in Maharashtra. However, the study particularly focusing on the following specific objectives:

1. To evaluate the adequacy of the infrastructure and services under the MaherGhar Scheme in Maharashtra.
2. To understand the views/opinions of the health personnel and beneficiaries about the overall functioning of the Maher Ghar Scheme and the issues faced by them.
3. To identify the gaps in the implementation of the MaherGhar Scheme.

Data and Methodology

Data

Both Primary and Secondary data have been utilised for the present study. For the first objectives secondary data have been collected from the state office and respective PHCs. For rest of the objectives primary data from the health care providers and beneficiaries have been collected from the selected PHCs.

Selection of the districts and MaherGhar-PHCs

Two districts of Maharashtra-Gadchiroli and Nashik were selected for the study based on the Low and High level of socio-economic development. One block from each district were selected based on the percentage tribal population. Within block, two Maher Ghar- one nearest and one farthest from the district headquarter were selected. Hence, Pendhari and Rangi Maher Ghar (PHCs) of the Gadchiroli district and Jogmodi and Chinchhol MaherGhar (PHCs) of the Nashik district were selected from the primary data collection.

Respondent selection

Within the selected Maher Ghar, all the beneficiaries admitted on the day of the visit were interviewed. Besides, service providers appointed at the respective health facilities were interviewed to access their perception about the Mehar Ghar scheme.

Study Tool and Data Collection

Two well-tested semi-structured questionnaire were enacted for the beneficiary and service provider interview in the selected Maher Ghar. The face-to-face interview were conducted with the beneficiaries and service provider to full fill the study objective.

About Study Districts

Gadchiroli

Gadchiroli district was carved out on the 26th of August 1982 by the division of erstwhile Chandrapur district. Earlier, it was a part of Chandrapur District and only two places namely Gadchiroli and Sironcha were tahsils of Chandrapur District before the formation of Gadchiroli District.

Gadchiroli district, located on the eastern border of Maharashtra, shares its boundaries with Chhattisgarh to the east and Telangana to the south. The district headquarters, Gadchiroli, is approximately 175 km south of Nagpur, the nearest major city. Despite the progress seen in other parts of Maharashtra and India, Gadchiroli remains one of the poorest and least developed districts in the country. With a population of nearly one million, 36% of whom are tribal, the district faces significant developmental challenges. It is burdened by a high prevalence of diseases, including malnutrition, malaria, anaemia, sickle cell anaemia, tuberculosis, and childhood mortality. Non-communicable diseases such as hypertension, diabetes, back pain, and stroke further exacerbate the health crisis. The government health system in Gadchiroli struggles to meet the needs of its residents, primarily due to the district's low population density and limited healthcare-seeking behavior among the tribal population. Additionally, the reluctance of doctors and healthcare personnel to serve in such remote and challenging conditions poses a significant barrier to improving health outcomes in the region.

According to the 2011 Census, the total population of Gadchiroli district is 1,072,942, with men numbering 541,328 (50.4%) and women 531,614 (49.6%). Among its administrative blocks, Charmoshi is the most populous, housing 16.7% of the district's population. On the other hand, Bhamragad is the least populated, with only 3.4% of the population residing there. Gadchiroli has a population density of just 74 people per square kilometer, reflecting its vast, sparsely populated terrain. The Desaiganj block is the most densely populated, with 396 people per square kilometer, while Etapalli block has the lowest density, with just 18 people per square kilometer.

The district is classified as tribal and underdeveloped, with much of its landscape dominated by forests and hills. Over 75.96% of its geographical area is covered by forests, making it rich in natural resources like Bamboo and Tendu leaves. Paddy is the primary agricultural crop grown here, along with other produce such as Jowar, Linseed, Tur, and Wheat. Farming is the main livelihood for most residents, reflecting the deep connection of the people to their land

and the natural environment. Despite its challenges, Gadchiroli remains a district of immense ecological and cultural significance, shaped by its forests and the resilience of its people.

Nashik

Nashik district, also known as 'Nasik,' is located in Maharashtra, India, with the city of Nashik serving as its administrative headquarters. It is located between 18.33 degree and 20.53-degree North latitude and between 73.16 degree and 75.16-degree East Longitude at Northwest part of the Maharashtra state, at 565 meters above mean sea level. Covering an area of 15,530 square kilometres, the district is bounded by Dhule to the north, Jalgaon to the east, Aurangabad to the southeast, Ahmednagar to the south, Thane to the southwest, and the districts of Valsad, Navsari, and Dang in Gujarat to the west and northwest. The Western Ghats, or Sahyadri range, run north to south along the district's western side. This region is characterized by hilly terrain, ravines, and limited agricultural activity due to its rugged nature. In contrast, the eastern part of Nashik, lying on the Deccan Plateau, is open, fertile, and highly cultivated, making it an agricultural heartland. Administratively, the district is divided into fifteen talukas, which are grouped into four sub-divisions.

Nashik district was officially established in 1869. Marathi is the main language spoken here, but in the northern parts of the district, dialects like Ahirani and Bhili are common. Nashik's religious significance, with sites like Trimbakeshwar, has also kept the ancient Indian Language Sanskrit alive, and it remains widely understood in these areas.

According to the 2011 Census, Nashik district has a population of 6,109,052, ranking it 11th in India and 3rd in Maharashtra. The district has a population density of 393 inhabitants per square kilometre and witnessed a growth rate of 22.33% between 2001 and 2011. Nashik has a sex ratio of 931 females for every 1,000 males and a literacy rate of 80.96%. Urbanization is significant, with 58.67% of the population living in urban areas.

Nashik city itself is the fourth-largest in Maharashtra, with a population of 1,486,053 as per the 2011 Census. Of these, 782,517 are males and 703,536 are females. The metropolitan population is slightly higher at 1,561,809, with a literacy rate of 89.85%—93.40% for males and 85.92% for females. However, the city's sex ratio is lower, at 894 females per 1,000 males, and the child sex ratio is 865 girls per 1,000 boys. Around 11.42% of the city's population is under six years of age.

In 2001, Nashik's urban agglomeration had a population of 1,152,326, making it Maharashtra's fourth-largest urban area after Mumbai, Pune, and Nagpur. By 2012, the projected population of the Nashik urban agglomeration, including adjoining areas like Deolali, had reached 1,562,769, reflecting its rapid growth as a key urban hub in the state.

Health profile of the districts

The table 1 provide the health profiles of Nashik, Gadchiroli and state from 2021-22 to 2023-24. In Nashik, the proportion of home deliveries steadily declined from 1.3% in 2021-22 to 0.6% in 2023-24, indicating an increase in institutional deliveries, which remained consistently high at 98.8% in the last two years. The rate of C-section deliveries also rose significantly, from 21.1% in 2021-22 to 27% in 2023-24. The stillbirth rate in Nashik remained relatively stable, marginally increasing from 0.9% to 1% over the three years. The percentage of new-borns weighed at birth was relatively high but showed a slight decline, from 92.8% in 2021-22 to 89% in 2023-24. However, the prevalence of low birth weight (LBW) babies increased substantially, from 13.6% to 18.2% over the same period. Similarly, the proportion of babies breastfed within the first hour dropped from 88.4% in 2021-22 to 79.9% in 2023-24, indicating potential gaps in immediate postnatal care.

In Gadchiroli, home deliveries also declined significantly, from 3.8% in 2021-22 to 1.9% in 2023-24, while institutional deliveries improved from 95.5% to 97.3%. The rate of C-section deliveries showed an upward trend, rising from 24.2% in 2021-22 to 27.9% in 2023-24. The stillbirth rate decreased from 2.2% to 1.8%, reflecting positive outcomes in preventing fetal deaths. The percentage of new-borns weighed at birth remained exceptionally high, increasing slightly from 98.5% in 2021-22 to 98.9% in 2023-24. However, the proportion of LBW babies consistently increased, from 26.6% to 28.7%. The percentage of babies breastfed within the first hour remained high and relatively stable, with minor fluctuations between 95.6% and 96.7% during the period.

At the state level, home deliveries reduced significantly, from 0.61% in 2021-22 to 0.30% in 2023-24, while institutional deliveries continued to exceed 99%, reaching 99.7% by 2023-24. The rate of C-section deliveries increased substantially, from 27.8% to 36.3%, suggesting a state-wide trend of rising surgical births. The stillbirth rate remained stable, fluctuating between 0.78% and 0.83% over three years. The percentage of new-borns weighed at birth

showed a slight decline, from 99% in 2021-22 to 95.9% in 2023-24, while the proportion of LBW babies increased significantly from 12% to 16.5%. The proportion of babies breastfed within the first hour increased to an impressive 99.9% in 2023-24, indicating improved adherence to early breastfeeding practices state-wide.

Table 1: Health profile of the selected districts

Item	2021-2022	2022-2023	2023-2024
Nashik			
Home Delivery	1.3	0.9	0.6
Institutional Deliveries	98.4	98.8	98.8
C-Section	21.1	24.8	27
Still Birth	0.9	0.9	1
Number of new-borns weighed at birth	92.8	94.7	89
LBW babies	13.6	13.3	18.2
Breastfed within hour	88.4	89.9	79.9
Gadchiroli			
Home Delivery	3.8	3	1.9
Institutional Deliveries	95.5	96.2	97.3
C-Section	24.2	25.6	27.9
Still Birth	2.2	2.1	1.8
Number of new-borns weighed at birth	98.5	98.7	98.9
LBW babies	26.6	27.8	28.7
Breastfed within hour	97.2	95.6	96.7
Maharashtra			
Home Delivery	0.61	0.41	0.30
Institutional Deliveries	99.39	99.59	99.70
C-Section	27.8	30.7	36.3
Still Birth	0.82	0.78	0.83
Number of new-borns weighed at birth	99.0	99.1	95.9
LBW babies	12.0	13.0	16.5
Breastfed within hour	95.5	95.8	99.9

Source: HIMS

State of MaherGhar in Maharashtra

The table 2 presents data on the status of **Maher Ghars** in various districts of Maharashtra for the year 2024. Total 90 Maher Ghars are sanctioned in the Maharashtra, out of this, 78 (86.7%) are functional and 12 (13.3%) are Non-functional in the Maharashtra. Gadchiroli is having the highest number of Maher Ghars among all the districts followed by Nandurbar (9) and Amravati.

Table 2: Number of Maher Ghar in the Maharashtra, 2024

Sr. No	District	Functional Maher Ghars	Non-functional Maher Ghars
1	Gondia	8	1
2	Chandpur	7	0
3	Gadchiroli	31	7
4	Nandurbar	9	0
5	Nashik	2	0
6	Amravati	9	0
7	Yavatmal	1	1
8	Nanded	3	0
9	Palghar	8	3
	Total	78	12

Source: NRHM, Maharashtra Government

The table 3 illustrates the year-wise distribution of beneficiaries across nine districts in Maharashtra under Maherghar scheme from 2021 to 2024. The total number of beneficiaries decreased consistently over the four years: from 2,739 in 2021 to 1,855 in 2024, indicating a significant drop of 32.3%. Gadchiroli consistently had the highest number of beneficiaries each year, with a peak of 1,459 in 2021. However, its beneficiaries sharply decreased to 865 in 2024, marking a 40.7% reduction over four years. Yavatmal have least number of beneficiaries each year and remained stable over the years, with the number of beneficiaries ranging from 51 to 55, showing minimal variation.

Table 3: Number of Deliveries district wise in Maherghar in the year 2021to 2024.

Sr. No	Name of District	Number of Beneficiaries of Scheme-2021	Number of Beneficiaries of Scheme-2022	Number of Beneficiaries of Scheme-2023	Number of Beneficiaries of Scheme-2024
1	Gondia	230	192	223	197
2	Chandpur	232	172	173	131
3	Gadchiroli	1459	1149	1131	865
4	Nan durbar	151	86	203	187
5	Nashik	77	62	78	59
6	Amravati	215	155	254	215
7	Yavatmal	54	54	51	55
8	Nanded	139	56	62	40
9	Palghar	182	277	177	106
	Total	2739	2203	2352	1855

Source: Data from State office Pune.

The table 4 presents data on the number of deliveries at visited Primary Health Centers (PHCs) and the number of Maherghar beneficiaries in Dhanora block of Gadchiroli district for 2021 to 2024. Over the three years, there were 297 deliveries at the Pendhari and Rangi PHCs combined, with 129 Maherghar beneficiaries, indicating an average of 43.4% of delivery cases receiving Maherghar support. The majority of the deliveries occurred at Pendahri PHC,

accounting for 247 deliveries (83.2%) of the total. The number of Maherghar beneficiaries increased from 23 in 2021–22 to 44 in 2022–23 but slightly declined to 39 in 2023–24, reflecting a generally positive trend in beneficiary coverage despite a decrease in deliveries from 97 (2022–23) to 65 (2023–24). Maherghar beneficiaries increased steadily from 3 in 2021–22 to 13 in 2023–24 at Rangi, demonstrating improved outreach or utilization despite declining delivery numbers (from 21 in 2021–22 to 13 in 2023–24).

Table 4: Trends in number of admission to the visited Maherghar in Gadchiroli district, Maharashtra

Year	Name of the Block	Name of the PHC.	No. of Deliveries at PHC	No of Maherghar Beneficiaries
2021-22	Dhanora	Pendhari	85	23
2022-23		Pendhari	97	44
2023-24		Pendhari	65	39
2021-22		Rangi	21	3
2022-23		Rangi	16	7
2023-24		Rangi	13	13
Total			297	129

Note: In Gadchiroli district have 31 Functional Maherghar. Source: Gadchiroli District Authorities.

The table 5 presents data on the number of deliveries at visited Primary Health Centers (PHCs) and the number of Maherghar beneficiaries in Peth and Trimbak blocks of Nashik district for 2021 to 2024. Over the three years, there were 818 deliveries at the Jogmodi and Chinchhol PHCs combined, with 173 Maherghar beneficiaries, indicating an average of 21.1% of delivery cases receiving Maherghar support. The majority of the deliveries occurred at Chinchhol PHC, accounting for 545 deliveries (66.6%) of the total. The number of Maherghar beneficiaries increased from 10 in 2021–22 to 56 in 2022–23 but slightly declined to 53 in 2023–24 in Jogmodi, reflecting a generally positive trend in beneficiary coverage despite a decrease in deliveries from 137 (2022–23) to 119 (2023–24). Maherghar beneficiaries increased steadily from 0 in 2021–22 to 32 in 2023–24 at Chinchhol.

Table 5: Trends in number of admission to the visited Maherghar in Nashik district, Maharashtra

Year	Name of the Block	Name of the PHC.	No. of Deliveries at PHC	No of Maherghar Beneficiaries
2021-2022	Peint/peth	Jogmodi	17	10
2022-2023		Jogmodi	137	56
2023-2024		Jogmodi	119	53
2021-2022	Trimbak	Chinchhol	67	0
2022-2023		Chinchhol	226	22

2023-2024		Chinchhol	252	32
Total			818	173

Source: Nashik District Authorities.

The table 6 presents the approved and utilised budgets for the MaherGhar scheme in various districts of Maharashtra from 2021 to 2023. A significant disparity is evident between the approved and utilised funds across all three years, indicating underutilisation of resources in most districts. In overall, while the approved budgets have increased over the years, utilisation has steadily declined.

In 2021, the total approved budget across the districts was ₹25 lakhs, while utilisation exceeded this figure at ₹32.25 crore. Notably, Gadchiroli accounted for the highest expenditure (₹19.28 lakhs), significantly surpassing its approved budget of ₹11.07 lakhs. On the contrary, districts like Palghar and Nanded reported lower utilisation rates compared to their approved allocations. In 2022, the approved budget increased substantially to ₹58.24 lakhs. However, the utilised amount was considerably lower at ₹24.06 lakhs, reflecting underperformance in fund usage. Gadchiroli continued to utilise the highest amount (₹16.11 lakhs), but still fell short of its allocation. Other districts, such as Gondia, Chandpur, and Nan Durbar, reported less than half of their approved amounts being utilised. By 2023, the gap between the approved (₹58.24 lakhs) and utilised budget (₹6.58 lakhs) widened further, with all districts reporting utilisation below ₹5 lakhs. Gadchiroli remained the district with the highest expenditure (₹4.6 lakhs), while districts like Yavatmal and Nashik utilised less than ₹0.5 lakhs each.

Table 6: Budget approved and utilised (in lakh) for MaherGhar in Maharashtra, 2020- 2023.

District	2021		2022		2023	
	Approved	Utilised	Approved	Utilised	Approved	Utilised
Gondia	3.09	2.75	5.0	1.61	5.0	0.45
Chandpur	1.9	3.23	5.28	2.58	5.28	0.56
Gadchiroli	11.07	19.28	27.12	16.11	27.12	4.6
Nan durbar	2.96	1.69	4.82	1.0	4.82	0.4
Nashik	0.71	0.79	1.64	0.35	1.64	0.21
Amravati	2.3	2.64	4.3	0.55	4.3	0.19
Yavatmal	0.71	0.52	4.16	0.14	4.16	0.04
Nanded	1.07	0.79	2.5	0.32	2.5	0.12
Palghar	1.19	0.56	3.42	1.4	3.42	0.41
Total	25.0	32.25	58.24	24.06	58.24	6.58

Source: State office Maharashtra

Facility-wise observations on Maher Ghar

Pendhari PHC/Maher Ghar

Pendhari Primary Health Centre (PHC) is situated in the Dhanora block of Gadchiroli, within the village of Pendhari, approximately 73 km east of the district headquarters. The village spans a total area of 108.05 hectares, with 302.68 hectares designated as forest land. Located in a remote area, Pendhari faces challenges such as poorly maintained connecting roads and a lack of internet connectivity. The PHC serves a catchment population of 15,198, of which 13,227 belong to Scheduled Tribes (ST). It oversees the operations of eight sub-centres within its jurisdiction. The PHC building is an old structure but includes a designated room for the MaherGhar program. Of the 32 sanctioned posts at the PHC, 26 are currently filled, leaving six positions vacant, which impacts the delivery of healthcare services in the area. The PHC lacks a lab technician, impacting diagnostic services.

The PHC is having an Maherghar's room was available. The following points have been observed during the visit:

- The MaherGhar room is an old structure and is not well-maintained, with cleanliness being a significant issue.
- The MaherGhar faces challenges due to poor network connectivity and frequent power outages, with no backup power system in place.
- Road connectivity to the PHC is inadequate, consisting only of unpaved (kacha) roads.
- The MaherGhar faces a shortage of funds, leading to operational difficulties.
- Both the PHC and MaherGhar experience a lack of fuel funds, further constraining their activities.
- Gas stoves, cylinders, and essential food preparation equipment are available in the MaherGhar room.
- Drinking water is accessible within the MaherGhar room.
- Toilet and bathroom facilities are available but are poorly maintained and unhygienic.
- No security arrangements are in place for the MaherGhar room.
- The solar power system at the PHC is non-functional.
- During the rainy season, 28 villages in the PHC's catchment area become completely cut off due to poor road infrastructure.

The data on the sanctioned budget and expenditure for Pendhari MaherGhar from 2020 to 2024 reveals a trend of underutilisation of allocated funds, with expenditure consistently falling short of the sanctioned amount.

Sanctioned Budget and Expenditure- Pendhari Maherghar

Year	Sanctioned budget	Expenditure	Percent
2020-2021	92200	81900	88.82
2022-2023	36100	29400	81.44
2023-2024	86400	55100	63.77

Source: District Authorities, Gadchiroli

PHC Rangi

Rangi village is located in the Dhanora tehsil of Gadchiroli district, Maharashtra. It lies 19 km from the tehsil headquarters (Dhanora) and 45 km from the district headquarters (Gadchiroli). The Primary Health Centre (PHC) in Rangi serves a total catchment population of 11,566, of which 8,042 belong to Scheduled Tribes (ST), highlighting its focus on providing healthcare services to tribal communities. The PHC has one Ayurveda dispensary. The PHC oversees the operations of seven sub-centres within its jurisdiction. Of the 38 sanctioned posts in the PHC, only 24 are filled, leaving 14 positions vacant, which affects service delivery.

A functional MaherGhar room is available within the PHC. All essential items were available in the MaherGhar room, including a bed, mattress, fan, and cooking gas. Additionally, a cooking pot and drinking water were readily accessible. Besides, the following point were observed during the visit:

- The MaherGhar room in Rangi is well-maintained.
- The solar system in the MaherGhar room is non-functional, but a charging bulb is available for use.
- The MaherGhar faces challenges such as poor network connectivity and frequent electricity load-shedding, with no backup power provision.
- Insufficient funding remains a significant issue for the MaherGhar, affecting its operations.
- There is no dedicated caretaker assigned to the MaherGhar room at PHC Rangi.
- A cleaner is hired and paid to maintain cleanliness in the MaherGhar.
- Drinking water is available in the MaherGhar room.
- Toilet and bathroom facilities are present but need better maintenance.
- During the rainy season, four villages in the PHC's catchment area become completely inaccessible.

- There is a shortage of Information, Education, and Communication (IEC) materials, limiting awareness and outreach efforts.

The table on the sanctioned budget and expenditure for Rangi MaherGhar from 2020 to 2024 highlights a persistent issue of underutilisation of funds. Overall, while there has been a gradual improvement in the percentage of funds utilised over the years, the significant gap between the sanctioned budget and actual expenditure.

Sanctioned Budget and Expenditure-Rangi Maherghar

Year	Sanctioned budget	Expenditure	Percent
2020-2021	69900	5000	7.15
2022-2023	46600	15600	33.47
2023-2024	76900	26400	34.33

Source: District Authorities, Gadchiroli

Nashik District visited Facilities

PHC Jogmodi

Jogmodi is a village located in Peth Taluka of Nashik district, Maharashtra. It is part of the Nashik Division and is situated 52 km north of the district headquarters in Nashik, 11 km from Peth, and 193 km from the state capital, Mumbai. The village has a total geographical area of 191.22 hectares and serves as a hub for major economic activities, located approximately 68 km away. Public bus services are available to connect the village with other areas. The PHC in Jogmodi serves a catchment population of 18,532 and operates under four sub-centres. Of the 21 sanctioned posts at the PHC, only 14 are filled, leaving seven positions vacant. The National Health Mission (NHM) has provided 3 Auxiliary Nurse Midwives (ANMs) to support this facility. All Lady Health Visitor (LHV) posts in the Peth block, including this facility, remain vacant. The PHC has good road connectivity as it is located in a plain area. Expected Date of Delivery (EDD) lists are available at the facility.

Despite these challenges, the MaherGhar room within the PHC is functional. Besides this, following point were observed:

- The MaherGhar room is very old and requires repainting to improve its condition.
- The MaherGhar faces financial challenges due to inadequate funding, which affects its operations.

- There is no security facility for the MaherGhar room.
- The solar system at the PHC is not operational.
- The PHC is facing issues due to a shortage of fuel funds for its vehicle facility.
- Gas and other cooking equipment are available in the MaherGhar room.

The table on the sanctioned budget and expenditure for Jogmodi MaherGhar from 2021 to 2024 reveals significant fluctuations in fund utilisation, ranging from severe underutilisation to exceeding the sanctioned budget. For example, in 2021-2022, A total of 3,8,500 were sanctioned, but only ₹2,100 was spent, resulting in an exceptionally low utilisation rate of 5.45%. In 2023-2024, the sanctioned budget increased to ₹73,200, but expenditure exceeded the allocated amount at ₹76,800, resulting in a utilisation rate of 104.92%**.**

Sanctioned Budget and Expenditure- Jogmodi Maherghar

Year	Sanctioned budget	Expenditure	Percent
2021-2022	38500	2100	5.45
2022-2023	67200	33700	50.15
2023-2024	73200	76800	104.92

Source: District Authorities, Nashik

PHC Chinchhol

Chinch Ohol is a village located in Trimbakeshwar Tehsil of Nashik District, Maharashtra, India. It falls under the Trimbakeshwar Community Development Block. The nearest town, Trimbakeshwar, is approximately 48 kilometres from the village. Public bus services connect the village, while the nearest railway station is located more than 10 kilometers away. The Primary Health Centre (PHC) in Chinch Ohol serves a catchment population of 16,632 and operates under three sub-centres. Of the 21 sanctioned staff positions at the PHC, 15 are currently filled, leaving six positions vacant. The facility is located in a hilly area. While road access is available, the roads are in poor condition, making transportation challenging. Mobile and internet connectivity are unavailable, limiting communication and digital operations. The solar system at the facility is not operational, contributing to power supply challenges. However, the facility's catchment area has no home deliveries; all deliveries are conducted in institutional settings, ensuring safer childbirth practices.

The PHC includes a functional Maher Ghar room. The following point were observed during the visit:

- There is an insufficient budget for food supplies and vehicle fuel for MaherGhar activities.
- The MaherGhar room is housed in an old building that requires repairs and repainting to improve its usability.

The table on the sanctioned budget and expenditure for Chinchhol Maher Ghar from 2021 to 2024 reveals a significant variation in fund utilisation over the years, ranging from complete underutilisation to over-expenditure.

In 2021-2022, despite a sanctioned budget of ₹38,500, there was no expenditure recorded, resulting in a utilisation rate of 0.00%. In 2022-2023, the sanctioned budget increased to ₹67,200, with an expenditure of ₹51,000, yielding a utilisation rate of 75.89%.

Sanctioned Budget and Expenditure – Chinchhol Maherghar

Year	Sanctioned budget	Expenditure	Percent
2021-2022	38500	00	0.00
2022-2023	67200	51000	75.89
2023-2024	73200	76800	104.92

Source: District Authorities, Nashik

No. of service providers, ASHA and Beneficiaries Interviewed

Name of the District	Name of the Block	Name of the PHC.	Facility Information	No of Service provider	No. ASHA	No. Beneficiaries	THO
Gadchiroli	Dhanora	Pendhari	1	2	2	2	1
		Rangi	1	2	2	2	0
Nashik	Peint/peth	Jogmodi	1	2	2	2	1
	Trimbak	Chinchhol	1	2	2	1	1
Total			4	8	8	7	3

Insights from the service providers regarding Maher Ghar Scheme

Data from the eight ASHAs and seven Medical officer of PHCs were also conducted to get the insights of Maher Ghar functioning. Service providers from both districts reported significant progress in increasing institutional deliveries and reducing child mortality within their Primary Health Center (PHC) catchment areas. They highlighted that the Maherghar scheme has been highly beneficial for tribal women, particularly those living in remote areas. During childbirth, pregnant women require timely health services, and the scheme facilitates access to these facilities.

The service providers explained that they counsel expectant mothers and encourage them to be admitted to the hospital. However, many mothers are reluctant to stay for the recommended 3 to 5 days due to adherence to traditional cultural practices, with family members often insisting on early discharge. Both districts' service providers also pointed out several challenges in implementing the scheme, including: A shortage of manpower, Insufficient funding, and Delayed or unavailable funds, which sometimes compels them to cover expenses out of their own pockets. They emphasized the need for at least one dedicated caretaker for each Maherghar to ensure its effective functioning and support for tribal women.

However, they also expressed the concern over the less utilization of the Mahar Ghar by the needy. One of the Medical officer from Gadchiroli district said that "*The pregnant women don't want to admit to the Maher Ghar in 2-3 days in advance due to the wage loss. The amount provided by the government is not sufficient. It should be at least minimum wage rate of the district.*"

A medical officer of the Gadchiroli district raised concerns over the number of days. He expressed that "*currently, there is provision for 4-5 days; however, in a district like Gadchiroli, where in some seasons, some of the villages are completely cut off, it is necessary to increase the number of days to at least ten."*

Upon further discussion with the health workers we learned that the amount of money provided for food is not sufficient, and because of these local families rarely come forward to give food to the Maher house. A medical officer asserted that "*Currently, the provision for food is 100 rupees per day. How can one supply food twice a day for 100 rupees? People eat 500 foods at one time. These are delivered women, who require nutritious food. Therefore, the money for food should be increased."*

Enquiring about the duration of stay in Maher Ghar, it was found that the average duration of stay is 3 days. The main reason for this was that sometimes family members, and sometimes even the mother, do not want to stay in Maher Ghar and go home early.

The **Taluka Health Officer** of the Dhanora block in Gadchiroli district stated that while five Maherghars have been sanctioned for the block, only four are currently functional. Dhanora is a predominantly tribal block, with the majority of the population belonging to the Gond and Madiya communities. The educational levels in the area are notably low.

To address these challenges, the health staff is actively promoting the Maher Ghar scheme and working diligently to increase institutional deliveries and reduce child mortality in the block.

However, the block officers have highlighted several areas for improvement in the scheme. They have requested:

- Provision of a functional solar power system,
- An increase in maintenance funds for Maherghars,
- Construction of paved roads to connect the Primary Health Center (PHC),
- Improved mobile network connectivity, and
- An increase in compensation for the beneficiaries to offset wage losses.

Taluka Health officer Peth/ Peint in Nashik district: Total Maherghar sanctioned 1 and functional Maherghar in the block. This block is a fully tribal block this block cast community is major Hindu, Kokana, Mahadeo Koli, and Katkari available education level was low in the block. Our health staff is promoting the Maherghar scheme. Block officers demand to develop the scheme to provide additional infrastructure, manpower caretaker, and cleaning and budget for annual maintenance.

The **Taluka Health Officer** of Peth/Peint in Nashik district reported that one Maherghar has been sanctioned for the block and is currently functional. This block is predominantly tribal, with the majority of the population belonging to the Hindu, Kokna, Mahadeo Koli, and Katkari communities. Educational attainment in the area is relatively low. The health staff is actively promoting the Maherghar scheme to improve healthcare access and outcomes. However, block officers have identified the need for further development of the scheme, including: Provision of additional infrastructure, Recruitment of more caretakers and cleaning staff, and an increased budget for annual maintenance.

The **Taluka Health Officer** of Trimbak block in Nashik district reported that one Maherghar has been sanctioned and is currently functional in the block. Trimbak is a predominantly tribal block, with the majority of the population belonging to the Kokna, Koli, Warli, Thakur, and Katkari communities. Educational levels in the area remain low. The health staff is actively working to promote the Maherghar scheme to enhance healthcare services. However, block officers have highlighted the need for additional support, specifically: An increase in POL (Petrol, Oil, and Lubricants) funds, and Additional maintenance funding for solar systems

District Health Officer-Gadchiroli and Nashik. The District Health Officers (DHOs) from both districts emphasized that the Maherghar scheme is crucial for the well-being of tribal

women. However, they noted that the current funding is insufficient to cover maintenance needs, and the scheme lacks provisions for dedicated manpower.

They stated that with adequate funding and manpower allocation, the scheme could be fully operational and more effective in the districts. The DHOs also mentioned that they conduct a review of the Maherghar scheme every two months to monitor its progress and address challenges.

Role of ASHA: ASHA workers play a crucial role in the success of the Maherghar scheme. They actively motivate mothers to opt for institutional deliveries, contributing to an increase in institutional delivery rates and a reduction in child mortality. In the districts, ASHA volunteers work tirelessly to overcome challenges and improve health outcomes.

Insights from the beneficiaries about the Maher Ghar Scheme

As part of the qualitative data collection to assess the performance of the Mahergahr Scheme interview with seven beneficiaries were done. The background characteristics of the beneficiaries are given in below table. The mean age of the benefices was 23.3 years, with a range from 19 to 31 years. Four beneficiaries have attained secondary level of education and while three beneficiaries have achieved higher education levels. The majority of the beneficiaries (6 out of 7) identify as Hindu and five beneficiaries were from STs community. The average monthly income of the benefices household was 15,714 and all possessed the ration card. Out of total, five beneficiaries hold BPL cards and 2 hold APL card. The average duration of stay at Maher Ghar was 3.3 days. The average distance of the Maher Ghar from beneficiaries was 6.3 km.

Characteristics	No. of Beneficiaries
Age Range	
Mean Age (min- max)	23.3 (19 – 31)
Education	
Secondary	4
Higher Sec. and Above	3
Religion	
Hindu	6
Non-Hindu	1
Caste	
ST	5
Others	2
Type of House	
Kutcha	1
Semi-Pukka	5

Pukka	1
Average income	15714
Average expenditure	11286
Availability of Ration Card	
Yes	7
No	0
Type of Card	
BPL	5
APL	2
Mean duration of stay at Maher Ghar	3.3
Mean distance of Maher Ghar from Maher Ghar (in KM) (max-min)	6.3 (15-1)
Total Participants	**7**

All of the interviewed beneficiaries asserted that they had received 300 rupees per day for the duration of their stay at the PHC as compensation for the wage loss. All of the beneficiaries reported that they are getting food twice a day. Further, five beneficiaries have reported that they faced problems at Maher Ghar. On further inquiry, they asserted that electricity was the big problem here for which they had to suffer; the second reported problem was insufficient food delivery and no provision of tea by the PHC. A respondent said, "*I am a daily wage labour, and my appetite is higher due to my physical activities. The food given by PHC is not sufficient for me. Sometimes, I feel that I have not eaten yet*."

Another respondent same issue, said, "*The quantity and quality of the food is not good. Three –four types of food should be given to delivered women in sufficient quantity*."

One beneficiary commenting on the cleanliness said, "*When I was admitted to the Maher Ghar, no cleanliness was done. The kitchen was in bad shape, and the toilet was like it had not been cleaned in one year*. "

However, out of seven, four benefices said that they were somewhat satisfied with Maher Ghar's services, and three said that they were very satisfied with the services provided by Maher Ghar.

It was also found that ASHA was the main source of information for Mahar Ghar.

One beneficiary of the MaherGhar scheme from the Pendhri PHC block in Dhanora, Gadchiroli district, shared her experience. She was a 31-year-old resident of Mohali village, located 4 km from the PHC. She belongs to the OBC category, has completed her 10th grade, and was a housewife. *She said Maherghar scheme is a very good scheme, particularly beneficial for tribal women. Maherghar facility was well-equipped, and meals were provided twice a day. I have*

she received compensation of ₹300 per day for wage loss after being discharged. However, I have faced some challenges during my stay, including frequent electricity issues and insufficient food provided in the Maherghar facility.

One beneficiary of the Maherghar scheme in Rangi PHC, located in the Dhanora block of Gadchiroli district, shared her experience. She is a 20-year-old woman from a tribal village within the Rangi catchment area, approximately 2 km away. Having completed her education up to the 11th grade, she belongs to the Scheduled Tribe (ST) category and is a housewife.
She expressed her gratitude for the scheme, stating, *'It is a very good initiative for poor and needy women like me.' However, there is a frequent electricity outage (load-shedding) and the lack of security in the facility. Additionally, I have not receiving tea or snacks during my stay. Moreover, I have received Rs. 900 to my bank account.*

Summary and conclusion

The Maher Ghar Scheme, initiated in 2010-11, addresses the healthcare challenges faced by tribal communities in Maharashtra by promoting institutional deliveries and reducing maternal and child mortality. The Government of Maharashtra has proposed 66 new Maherghar for Maharashtra in NHM PIP (Year 2024-2026), considering the importance and impact of this scheme on people living in hard-to-reach and poor-resource areas. This scheme has had a significant impact on reducing Maternal and child deaths.
The present study evaluates the scheme's infrastructure, services, and its impact in Gadchiroli and Nashik districts. While the scheme has increased institutional deliveries and contributed to declining maternal and child deaths, several gaps persist. Key issues include inadequate infrastructure, insufficient funds, and lack of manpower, which hinder the scheme’s effectiveness. Pregnant women from remote areas often face connectivity and wage-loss challenges, deterring them from using the Maher Ghar facilities. It was found that the target population and areas were not getting the benefits of this scheme as most of the beneficiaries were from nearby locations. This may be done to fulfil the target given to Maher Ghar. Insights from beneficiaries’ reveal dissatisfaction with food quality, cleanliness, and the lack of security and power backup in facilities. Health workers also recommend revising financial provisions to ensure better service delivery.

Conclusion

The Maher Ghar Scheme is pivotal in bridging healthcare gaps in tribal areas, enhancing maternal and child health outcomes. However, its full potential remains unrealized due to operational challenges. To strengthen the scheme, the government must address manpower shortages, increase financial allocations, and enhance infrastructural facilities, including reliable power and sanitation. A focused approach to increase awareness and incentivize longer stays for expectant mothers can further improve its utilization. Regular evaluations and targeted interventions are essential to ensure the scheme's sustainability and effectiveness in hard-to-reach regions.

References

Kumar, V., Kaushal, S. K., Misra, S. K., & Gupta, S. C. (2012). Assessment of the impact of JSY on maternal health services in rural areas of Agra District. *Indian Journal of Community Health*, *24*(2), 118-123. URL: file:///C:/Users/Admin/Downloads/234.pdf

Nandi, S., Sinha, D., Joshi, D., Dubey, R., & Prasad, V. (2016). Evaluation of the Janani Shishu Suraksha Karyakram: Findings on inequity in access from Chhattisgarh, India. DOI: http://dx.doi.org/10.1136/bmjgh-2016-EPHPabstracts.4

Government of Maharashtra (2021). NRHM. MaherGhar Scheme. Available from: https://nrhm.maharashtra.gov.in/mahermarathi.htm

Express News Service. (2019). 2018 saw 2,650 births under Maherghar scheme in Maharashtra's tribal areas. *The Indian Express*. URL: https://indianexpress.com/article/india/2018-saw-2650births-under-maherghar-scheme-in-maharashtras-tribal-areas-5836953/

Express News. Chakraborty, R. (2023, April 13). 'MaherGhar': A scheme that provides room to expectant mothers at PHCs has few takers. .URL: https://indianexpress.com/article/mumbai/maherghar-a-scheme-that-provides-room-to-expectant-mothers-at-phcs-has-few-takers-8553453/

Glimpses of the Maher Ghar visit in Gadchiroli and Nashik district.

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