Monitoring and Evaluation of Programme Implementation Plan, 2021-22

Mumbai Suburban District, Maharashtra

By

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Executive Summary

As directed by MOHFW, the monitoring and evaluation of the PIP 2021-22 of Mumbai Suburban District was carried out from 6th to 9th August, 2021. The District Health Office, Peripheral hospital, Maternity home, Medical college, UPHC and dispensary were also visited for the study. This report discusses detailed findings with regard to activities under NRHM in the Mumbai suburban district as observed during 2021-22.

District Profile

Declared as Independent District w.e.f. 1st October, 1990 due to the bifurcation of the Greater Mumbai into two revenue districts namely, Mumbai City and Mumbai Suburban. Prior to this, Mumbai Suburban was the part of Mumbai City District. Population wise; it is one of the largest districts in the country. The current population is 93.56 Lakhs. Area wise; it is the second smallest district in Maharashtra State. Its geographical area is 369 Sq. Kms. The District Headquarters is located in Bandra (E). Administratively it comes under Konkan Division. Mumbai suburban District is divided into two Sub Divisions i.e. SDO Office Western Suburban and SDO Office Eastern Suburban. The Mumbai Suburban District has 3 Talukas/Tehsils namely, Andheri, Borivali and Kurla. It has 87 villages. The jurisdiction of Mumbai Suburban District is from Bandra to Dahisar, from Kurla (Chuna Bhatti) to Mulund and from Kurla and upto Trombay Creek. This District has 4 Parliamentary Constituencies and 26 Assembly Constituencies.

Indicator	**Remarks/ Observation**
1. Total number of Districts	36 (Maharashtra) 2(MUMBAI, MUMBAI SUBURB)
2. Total number of Blocks	357 (Maharashtra),7 zones, 12 blocks
3. Total number of Villages	Not available
4. Total Population	9,356,962
• Rural population	Not available
• Urban population	9,356,962 (As per Census 2011)
5. Literacy rate	90.9%
6. Sex Ratio	921 (Census 2011)
7. Sex ratio at birth	950 (2020-21)
8. Population Density	20,980 persons per sq.km
9. Estimated number of deliveries	198291(As per GOM) , 155645 (As per MCGM)
10. Estimated number of C-section	1854- maternity homes (28)
11. Estimated numbers of live births	197305 (As per GOM), 148943 (As per MCGM)

12. Estimated number of eligible couples	2067457			
13. Estimated number of leprosy cases	Not available			
14. Target for public and private sector TB notification for the current year	Not available			
15. Estimated number of cataract surgeries to be conducted	Data not provided			
16. Mortality Indicators:	**Previous year**		**Current FY**	
	Estimated	**Reported**	**Estimated**	**Reported**
• Maternal Death	Not Provided	197	Not Provided	111
• Child Death	Not Provided	757	Not Provided	344
• Infant Death	Not Provided	2649	Not Provided	Not Provided
• Still birth		1348		359
• Deaths due to Malaria	Not Provided	Not Provided	Not Provided	Not Provided
• Deaths due to sterilization procedure	Not Provided	Not Provided	Not Provided	Not Provided
17. Facility Details	**Sanctioned/ Planned**		**Operational**	
1. Medical colleges (MCGM)	5		5	
2. Sub District Hospital	NA		NA	
3. Community Health Centers (CHC)	18		18	
4. Urban Primary Health Centers (U-PHC)	134		134(Stand alone and Dispensary)	
5. Urban Community Health Centers (U-CHC)/Maternity Homes	28		28	
6. Special Newborn Care Units (SNCU)	6		5	
7. Nutritional Rehabilitation Centres (NRC)	5		4	
8. District Early intervention Center (DEIC)	0		0	
9. First Referral Units (FRU)	9		9	
10. Blood Bank	16		16	
11. Blood Storage Unit (BSU)	16		16	

12. No. of PHC converted to HWC	118	118
13. No. of U-PHC converted to HWC	NA	NA
14. Number of Sub Centre converted to HWC	NA	NA
15. Designated Microscopy Center (DMC)	134	134
16. Tuberculosis Units (TUs)	59	59
17. CBNAAT/TruNat Sites	29(CBNAAT)+5 (TRUNAAT)	29(CBNAAT)+5 (TRUNAAT)
18. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services	28 maternity homes	25 out of 28 provide

Overview: DHAP

All the health facilities are involved in preparation District Health Action Plan (PIP). These facilities send their requirements and action plans to the district for approval. Special grants are not allocated by the state to the district for tribal development department. Some funds are allocated from Zillah Parishad for health subject. The District has received the approved PIP on 11th August, 2021 which is why all the routine activities are being managed from the unspent grant of the last financial year.

Indicator	**Remarks/ Observation**
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	Yes,DHAP (PIP) is submitted to the state and has been sanctioned.
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	Yes (Received PIP on 11th of August 2021)
3. Date of first release of fund against DHAP	11.08.2021
4. Infrastructure: Construction Status	

Indicator	Remarks/ Observation
• Details of Construction pending for more than 2 years	NIl
• Details of Construction completed, but not handed over	NA

B. Service Availability

There are medical colleges, speciality hospitals, maternity homes, Urban primary Health Centre and Peripheral Centre, dispensary to cater primary, secondary and tertiary health care services in the district. In Mumbai Suburb tertiary care services are available at cooper hospital and Sion hospital. Further, 5 specialty hospitals and 16 peripheral hospitals are available. In addition, DILASA centre is established in peripheral hospital catering to domestic violence patients.

The health facilities in the district are well maintained with running water, etc. Under NHM, the free drug policy has been implemented for all national programmes for BPL, elderly. However, in some of the visited health facilities there is a lack of proper storage space for drugs mainly due to the time delay in supplying the drugs to the health facilities from the state/district. In house labs are available in all the facilities of the district for most of the diagnostics tests. Besides this, some tests are outsourced and are done by Thyrocare Labs. This district has a good referral system. There is a 'pink card system' for high-risk patients in the district. Maternal death review takes place on a community level. Like ASHAs there are community health visitors they are working under BMC. There are 1000- 2500 CHVs and 500-700 USHAs

RBSK: There are total 30 RBSK teams are available in the district. All blocks are having RBSK teams. The ratio of doctors to children is 1:120 and the check-up in 5192 Anganwadi happens in 2 phases. With the shutting down of schools and Anganwadi due to COVID-19 pandemic, all the RBSK staff were on Covid-19 duty. Under RBSK, five private hospitals have signed MoU for state sponsored surgeries.

NCD: Recent reports on Health of Nation states indicates Non communicable diseases are on the rise and a challenge to the public health system in terms of morbidity and mortality. NCD is mostly related to lifestyles and dietary intakes and in cities like Mumbai it is difficult for an individual to maintain a lifestyle due to the fast pace of life wherein majority of the time is spent on commuting.

For Non-Communicable Diseases, two NCD cells are available for Mumbai city and Mumbai suburban. However, these cells do not provide labor, infrastructure, etc. They also do not receive any funding and schemes, which are designed specifically for the needs of the urban areas. 75% of cases in Mumbai are related to NCD, however disproportionate funds are given

to the department. There is no population based screening. Asha should be trained for BNCD related screening. There is no city programme manager assigned for NCD. CBAC forms are not filled by ASHAs. Rs. 10 has been proposed for CBAC forms. It is essential for secondary and peripheral hospitals to have NCD cells.

Discussion with officials of NCD from dispensaries revealed that the software for data entry need to be aligned to urban requirement. There is also a requirement of trained manpower to look after the data aspects. Due to lack of trained manpower Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs are not filled. The clinical data is not captured at dispensary level in the required format. In addition, it is difficult to follow up the patient as the patient can visit the dispensary from any part of the Mumbai and it is difficult to keep a track of the patient due to high drop out. They have suggested PPP for angioplasty etc. and NCD clinic should be there catering 24*7 services. Emergency care services. There should be an uninterrupted flow of drugs gap in supply creates difficulties in the management of the stocks. IEC especially awareness regarding 108 services needs to be improved. There is no programme manager to coordinate with NHM.

SNCU and NRC are functional in medical colleges. Lactation centres are available with good capacity and the latest technology. NICU is available at Maternity homes.Telemedicine through 118 has been proposed, but it is yet to be approved.

RKS/MAS/MKS

RKS/MAS are constituted to take collective action on issues related to health, nutrition, water, sanitation and other social determinants at community level. In Mumbai each ward has a population in lakhs and can be considered equivalent to a block of other districts of Maharashtra. For a simple procedure like leakage of taps it goes through a tedious procedure of formation of governing body; get approved by concerned officers. Whereas through BMC the same procedure can be solved in 3 to 4 hours. Therefore, RKS/MAS guidelines can be modified or upgraded as per the population size and to perform the functions timely and effectively.

The different services provided at Maternity Homes are given below:

OPD Service	**Primary MH + Upgrade MH**	**Sentinel MH**
OPD Service	• ANC / PNC Clinic	All the OPD services are provided
	• Gynecologist & FP OPD	
	• Immunization OPD	
	• USG	
	• Lab Investigation & Pap Smear	
	• Pediatric OPD	
Indoor Service	• ANC, PNC & Gynaec Admission • Normal & instrumental Deliveries.	All sentinel Maternity homes have all indoor services.

	• Blood transfusion facility available. • FP & other Gynecological Surgeries (Morning Shift). • Ambulance facility – Available 24*7(108)	
	• Emergency and elective LSCS available (Morning Shift)	Emergency and elective LSCS available
	• Laboratory (Morning Shift)	Laboratory and elective LSCS available in 2 shifts
		Special New-born Care unit (SNCU) functional at Oshiwara MH, Marol MH, Bhandup MH, Kharewadi MH, & Mahim MH
		In addition, NISU functional at Mother & Child hospital
		Additional manpower as sentinel CMO / Sr MO 2 Gynaec MO and 2 Pediatric MOs. 2 lab technicians, pharmacist

The below table gives yearly Performance of maternity Homes

	Indicators	**(January – July) 2021**
1	New ANC	22291
2	Pediatric OPD	70899
3	Total OPD	222205
4	Total Deliveries	6887
5	Total LSCS	1854
6	Major Operations	2535
7	Minor Operations	1459
8	Total Operations	3994
9	Total NSV + TL	1305
10	Total PPIUCD	2371
11	Total USG	37227
12	Total Lab Investigation	387535
13	Total referrals	1071

Kayakalp is an initiative by the Government of India, to improve cleanliness, hygiene and sanitation of public health facilities by recognizing and giving awards to those who exhibit high level of cleanliness, hygiene and infection control. It was launched on May 15, 2015 as an extension of Swachh Bharat Abhiyan.

Kayakalp is implemented at UPHC. Below are the percent of implementation of Kayakalp at UPHCs in the entire district.

KAYAKALP		
Sr.No	Name of Health Institute	KAYAKALP
1	Colaba UPHC	67%
2	Chandnwadi UPHC	54%
3	Bane Compound UPHC	61%
4	Gaurabai UPHC	58%
5	Family Welfare UPHC	72%
6	Antop Hill UPHC	52%
7	New Transit Camp UPHC	60%
8	BDD Chawl UPHC	83%
9	Jijamata HP	84%
10	Worli Koliwada UPHC	66%
11	Welkarwadi UPHC	48%
12	Kalina UPHC	49%
13	Kherwadi MH UPHC	56%
14	Gurunanak UPHC	45%
15	Sambhaji Nagar UPHC	61%
16	Squatters Colony MH UPHC	56%
17	Versova UPHC	56%
18	Nusserwanji Jahangiri Wadiya	56%
Sr No	Name of the institute	
19	Banana Leaf UPHC	56%
20	Topiwala Maternity Home Goregaion UPHC	56%
21	Rathodi Village	46%
22	Malawani -2 UPHC	46%
23	Charkop Sec UPHC	55%
24	Damu PadaUPHC	43%
25	Kajupada UPHC	49%
26	Charkop MH UPHC	88%
27	Yashwant Rao Tawade Marg UPHC	87%
28	Dr Anandibai Joshi Maternity Home PUHC	95%
29	Maasheb Meenatai	87%
30	Buddha Colony UPHC	56%
31	New Bainganwadi UPHC	48%
32	Lokshahir Annabhau Sathe Nagar UPHC	74%
33	Deonar MH UPHC	56%
34	Matoshri Ramabai Ambedkar MH UPHC	49%
35	Chembur Colony UPHC	54%

36	Ramabai Colony UPHC	83%
37	LSB Marg MH UPHC	55%
38	Ishwar Nagar UPHC	49%
39	Savitribai Jyotiba Phule Maternity Home UPHC	84%
40	Hiranadani UPHC	85%
41	Mulund Colony Uphc	50%

The below table gives the status details of health care services implemented in health facilities

Indicator	**Remarks/ Observation**
1. Implementation of Free drugs services (if it is free for all)	Yes, available at 134 UPHC
2. Implementation of diagnostic services (if it is free for all)	Yes, with tie up with private lab- Under Arpit chikitsa tie up with Metropolis of MCGM. Rs 50 for basic care and Rs 100 for advance care. At the visited peripheral hospital, the out of pocket expenditure for citi scan is 1200 rupees.
3. Status of delivery points	
• No. of 24X7 PHCs conducting > 10 deliveries /month	At all 28 Maternity Homes
• No. of CHCs conducting > 20 deliveries /month	At 11 Peripheral Hospital
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	At 28 Maternity Homes, 4 Medical Colleges, 11 Peripheral Hospital
• No. of DH/ District Women and child hospital conducting C-section	At 5 Medical Colleges , 11 Peripheral Hospital
• No. of Medical colleges conducting > 50 deliveries per month	At 5 Medical Colleges
• No. of Medical colleges conducting C-section	At 5 Medical Colleges
4. Number of institutes with ultrasound facilities (Public+Private)	1600
• Of these, how many are registered under PCPNDT act	1600
5. Details of PMSMA activities performed	

Indicator	Remarks/ Observation	
	Not Available	
6. RBSK		
• Total no. of RBSK teams sanctioned	55	
• No. of teams with all HR in-place (full-team)	33 teams, at present working for Covid-19	
• No. of vehicles (on the road) for RBSK team	30 vehicles	
• No. of Teams per Block	30 vehicles	
• No. of block/s without dedicated teams	At least 1 team and maximum 2-3 teams	
• Average no of children screened per day per team	At present staff working for covid-19	
• Number of children born in delivery points screened for defects at birth	Total 120 children per day	
7. Special Newborn Care Units (SNCU)	0	
• Total number of beds o In radiant warmer o Stepdown care o Kangaroo Mother Care (KMC) unit	Yes 40	
• Number of non-functional radiant warmer for more than a week	Nil	
• Number of non-functional phototherapy unit for more than a week	Nil	
	Inborn	**Out born**
• Admission	1538	334
• Defects at birth	83	-
• Discharged	1281	291
• Referral	7	3
• LAMA	154	21
• Died	164	37
8. Newborn Stabilization Unit (NBSU)		
	Inborn	**Out born**

Indicator	Remarks/ Observation	
• Admission	-	-
• Discharged	-	-
• Referral	-	-
• LAMA	97	-
• Died	-	-
9. Home Based Newborn Care (HBNC)	300 (Available)	
• Status of availability of HBNC kit with ASHAs	-	
• Newborns visited under HBNC	-	
• Status of availability of drug kit with ASHAs	-	
10. Number of Maternal Death Review conducted • Previous year • Current FY	Previous Year -12 Current Financial year-1	
11. No. of Adolescent Friendly Clinic (AFC) meetings held	3	
12. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	5	
• No. of trips per MMU per month	1 day 2 Location / 24*2= 48	
• No. of camps per MMU per month	48	
• No. of villages covered	12*5= 60	
• Average number of OPD per MMU per month	NA	
• Average no. of lab investigations per MMU per month	NA	
• Avg. no. of X-ray investigations per MMU per month	NA	
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	NA	
• Avg. no. of sputum collected for TB detection per MMU per month	NA	
• Average Number of patients referred to higher facilities	NA	

Indicator	Remarks/ Observation	
• Payment pending (if any) • If yes, since when and reasons thereof	NA	
13. Vehicle for Referral Transport	JSSK	
• No. of Basic Life Support (BLS) (on the road) and their distribution	67	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	26	
	ALS	**BLS**
○ Operational agency (State/ NGO/ PPP)	State	State
○ If the ambulances are GPS fitted and handled through centralized call centre	GPS fitted	GPS fitted
○ Average number of calls received per day	2-3 calls per day	2-3 calls per day
○ Average number of trips per ambulance per day	2-3	2-3
○ Average km travelled per ambulance per day	80 km	80 km
• No. of transport vehicle/102 vehicle (on the road)	Only for drop back	
○ If the vehicles are GPS fitted and handled through centralized call centre	Yes	
○ Average number of trips per ambulance per day	NA	
○ Average km travelled per ambulance per day	70-80 km	
○ Key reasons for low utilization (if any)	108 is applicable in Mumbai.	
14. Universal health screening		
• If conducted, what is the target population	Population of Mumbai city+Mumbai suburbans	
• Number of Community Based Assessment Checklist (CBAC) forms filled till date	Not available.	

Indicator	Remarks/ Observation		
• No. of patients screened, diagnosed, and treated for: o Hypertension o Diabetes o Oral cancer o Breast Cancer o Cervical cancer	Not available.		
15. If State notified a State Mental Health Authority	Yes		
16. If grievance redressal mechanism in place			
• Whether call center and toll-free number available	Yes		
• Percentage of complains resolved out of the total complains registered in the current FY	Data not given.		
17. If Mera-aaspatal has been implemented			
18. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• JSY beneficiaries	1813	-	All
• ASHA payment:			
19. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team • No. of outbreaks investigated in previous year and in current FY	24 rapid Response team, 1 for each ward Composition-MOH, AMO, CDO, Health Post Medical No outbreaks investigated.		
• How is IDSP data utilized	By Coordination with all reporting entities such as Health Posts, Dispensaries, and Peripheral Hospitals. They maintain data everyday & disseminate to rapid response team		
• Proportion (% out of total) of Private health facilities reporting weekly data of IDSP	50%		

Indicator	Remarks/ Observation
20. Implementation of National Vector Borne Disease Control Programe (NVBDCP)	Yes
• Micro plan and macro plan available at district level	NA
• Annual Blood Examination Rate	8.9%
• Reason for increase/ decrease (trend of last 3 years to be seen)	NO outbreaks past 3 years
• Anti-larval methods	Integrated Vector Management
• Contingency plan for epidemic preparedness	Pre-monsoon IEC Activities & awareness campaign, Training of front-line health workers, ensuring early diagnosis and early treatment, Effective vector Control, coordination with all stake holders
• Weekly epidemiological and entomological situations are monitored	Yes
21. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	January to December 2020:43304/68100 (64%) January-August 2021:36661/48631 (75%)
• Whether HIV Status of all TB patient is known	Yes January-August 2021:28926/32230 (90%)
• Eligible TB patients with UDST testing	January-August 2021: 27125/32230 (90%)
• Whether drugs for both drug sensitive and drug resistance TB available	Yes
• Patients notification from public sector	No of patients notified: 22960 (2019) Treatment success rate:75% (17222 cured +TC of 2019) No. of MDR TB Patients: 4689 Treatment initiation among MDR TB patients:4486 (2020)

Indicator	Remarks/ Observation
• Patients notification from private sector	No of patients notified: 22709(2019) Treatment success rate: 84% (19073 cured +TC of 2019) No. of MDR TB Patients:2 63 Treatment initiation among MDR TB patients:254 (2020)
• Beneficiaries paid under Nikshay Poshan Yojana	January-August 2021:16204 paid out of 35252
• Active Case Finding conducted as per planned for the year	Yes. 1st September 2021 to 28th February 2022
22. Implementation of National Leprosy Eradication Programme (NLEP)	
• No. of new cases detected	166 (April 2020-March 2021)
• No. of G2D cases	18 (April 2020-March 2021)
• MDT available without interruption	Yes
• Reconstructive surgery for G2D cases being conducted	Yes
• MCR footwear and self-care kit available	150 MCR footwear & 272 self-care kits
23. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	Data not given
24. Percent of health workers immunized against Hep B	Data not given
25. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	Data not given
26. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	Data not given
27. Key activities performed in current FY as per ROP under National Tobacco Control Programme	Data not given
28. Number of ASHAs • Required as per population • Selected	591 selected Ward wise for population of 12,442,373 -

Indicator	Remarks/ Observation
• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population • No. of villages/ slum areas with no ASHA	-
29. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme_____ _____	 -- -- -- (2 Lakh, Accident death) -- Pension Scheme monthly 19% . Monthly income upto 1500 During CoVID under NHM extra salary of Rs 1000 for ASHAs
30. Status of Mahila Arogya Samitis (MAS)- a. Formed (2019) b. Trained (259 – Total) c. MAS account opened	19 MAS with the help of SNEHA. Asha should be modified.
31. Number of facilities quality certified	Not Yet / In Process
32. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	40 Based Assessment / Pear Assessment in process
33. Activities performed by District Level Quality Assurance Committee (DQAC)	40 based Assessment done – 16 Internal assessment

Human Resource

The staffs in Mumbai city and Mumbai Suburban are employed by MCGM, RCH and NUHM. The most number of staffs is employed with MCGM followed by NUHM. The positions filled under NUHM are mostly contractual.

Human Resource Challenge

Due to the contractual nature of the work and the salary difference with regular staff there is a high attrition rate among the Doctors. The salary paid to doctors is very less (Rs 25,000) and the cost of living in cities like Mumbai is very high.

Recruitment of ANM/GNM is through outsourcing. The salary of an ANM is 15000. However, in hand the ANM receives only around 12000 to 12500 as the rest of the amount is deducted by the outsourcing company. Locals staying with family and house in Mumbai it's still manageable MUMBAI.

Under NUHM there are CPM-2; City account Manager-2; PMMVY coordinator-1; consultant-1; 2 each of district FP; data manger and Data entry operators. There are 725 ASHAS working under GOM.

Due to low salary package the attrition rate is very high. The salary paid to doctors is very less 25,000 and the cost of living in cities like Mumbai is very high. Hence, most of the doctors work till they clear CET exams they leave the service. Recruitment of ANM/GNM is through outsourcing. The salary of an ANM is 15000. However, in hand the ANM receives only around 12000 to 12500 as the rest of the amount is deducted by the outsourcing company. Localities staying with family and house in Mumbai it's still manageable. However, it is a hardship for those staying in the outskirts of the city limit such as Kharad etc.

In Mumbai the outreach activities under BMC is done by CHV (city health visitor). There are around 3700 CHVs and they are paid a monthly remuneration of Rs 10,000. Under workman's act they are liable to get gratuity and pension.

Under NUHM MD is given 9 to 4 duties and salary should be more. However, doctor on call is available 24*7 since 30 years. 8 to 9 MH post. Special Medical Consultant 1 year. At maternity homes there are Bonded Medical Officer posts.

The below table shows the number of sanctioned and filled staff for Mumbai city and Mumbai Suburban combined.

	MCGM		**RCH**		**NUHM**		**Total Filled Post**
	Sanctioned	**Filled**	**Sanctioned**	**Filled**	**Sanctioned**	**Filled**	
City Program manager	0	0	0	0	4	4	4
City Account manager	0	0	0	0	4	4	4
Consultant	0	0	0	0	4	1	1
PMMVY coordinator	0	0	0	0	1	1	1
AMO	169	151	15	11	0	0	162
FTMO	0	0	0	0	98	50	50
PTMO	0	0	0	0	50	32	32
PHN/GNM	175	117	15	3	176	149	269
ANM	721	412	60	50	385	278	740
Coordinator	338	284	0	0	0	0	284
Accountant (RCH)	0	0	1	1	0	0	1
Pharmacist	0	0	0	0	75	60	60
Lab Technician	2	2	0	0	94	65	67
DEO	0	0	0	0	243	243	243
Attender	168	136	15	5	111	95	236
Medical Social worker Di	0	0	0	0	22	22	22

Health Worker Dilaasa	0	0	0	0	22	22	22
DEO Dilaasa	0	0	0	0	11	10	10
Data volunteer under Covid portal work	0	0	0	0	200	85	85
Total	**1573**	**1102**	**106**	**70**	**1500**	**1121**	**2293**

As evident from the above table majority of the sanctioned posts are vacant.

A. State of Fund Utilization

FMR Wise (as per ROP budget heads)

Indicator	**Budget Released (in lakhs)**	**Budget utilized (in lakhs)**	**Reason for low utilization (if less than 60%)**
1. FMR 1: Service Delivery: Facility Based	64.32	49.47	76.91231343
2. FMR 2: Service Delivery: Community Based	51.46	13.90	27.01127089
3. FMR 3: Community Intervention	152.23	93.49	61.4136504
4. FMR 4: Untied grants	3.12	0.00	
5. FMR 5: Infrastructure	0.00	0.00	0
6. FMR 6: Procurement	12.41	24.17	194.7622885
7. FMR 7: Referral Transport	0.00	0.00	0
8. FMR 8: Human Resource (Service Delivery)	3651.46	1661.78	45.51001517
9. FMR 9: Training	15.44	0.85	5.505181347

10. FMR 10: Review, Research and Surveillance	7.88	0.37	4.695431472
11. FMR 11: IEC-BCC	10.40	0.00	
12. FMR 12: Printing	25.49	0.00	
13. FMR 13: Quality	42.49	2.69	6.330901389
14. FMR 14: Drug Warehouse & Logistic	0.00	0.00	0
15. FMR 15: PPP	0.00	0.00	0
16. FMR 16: Programme Management	159.19	79.69	50.05967712
• FMR 16.1: PM Activities Sub Annexure	41.55	29.73	71.55234657
17. FMR 17: IT Initiatives for Service Delivery	9.36	0.10	1.068376068
18. FMR 18: Innovations	1502.76	506.51	33.70531555

The above table indicates the low utility of funds as the outreach activity and training programmes were severely affected during CoVID pandemic.

Programme Wise

The below table shows budget released and utilized. The data shows that there is relatively higher utilization of budget. For some of the programmes, budget was utilized much more than the budget that was released. The main reason for underutilization of funds was Covid-19. The funds for ASHA were lower utilized due to lesser number of ASHAs in Mumbai.

Indicator	**Budget Released (in lakhs)**	**Budget utilized (in lakhs)**	**Reason for low utilization (if less than 60%)**
1. RCH and Health Systems Flexipool			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• Maternal Health	453.81	137.79	30.36%
• Child Health	19.27	298.14	1547.17%
• RBSK	593.77	101.2733	17.05%
• Family Planning	1089.31	1867.55	171.44%
• RKSK/ Adolescent health	0.30	0.10	33.33%
• PC-PNDT	0	0	0
• Immunization	42.18	40.82	96.77%
• United Fund	-	-	
• Comprehensive Primary Healthcare (CPHC)	-	-	
• Blood Services and Disorders	318.94	241.1	75.81%
• Infrastructure	0.1	26.04	26040%
• ASHAs	776.63	295.26	38.01%
• HR	1470.81	974.6	66.26%
• Programme Management	558.58	897.89	160.74%
• MMU	-	-	-
• Referral Transport	0	0	0
• Procurement	4436.14		0
• Quality Assurance	-	-	
• PPP	614.13	533.85	86.94
• NIDDCP	-	-	

B. Status of trainings

List of training (to be filled as per ROP approval)	Planned	Completed
1. HMIS / IHIP	15 planned in Fy 21-22	3 completed in Fy20-21
2. ASHA- NCD	6 planned in Fy 21-22	6 completed in Fy20-21

3. ASHA-Induction	14 planned in Fy 21-22	7 completed in in fy 20-21 and 4 completed in in fy 20-21
4. ASHA-HBNC	33 planned in Fy 21-22	18 completed in Fy 20-21
5. Dakshata training		1 completed in Fy 20-21
6. HWC	13 planned in Fy 21-22	2 completed in Fy 20-21

Status as on August 2021

From the above table, it can be seen that 15 training batches have planned for the period of 2021-22. By the end of August 2021, only three training batches are completed. For low performance of trainings, City Programme Manager stated that all the incomplete training would be completed by March 2022. COVID-19 situation had affected most of the staff with administrative and overload of work. However, RBSK programme was non-functional due to COVID-19, as all the staff of the RBSK are engaged in COVID duties.

C. Service Delivery: **Maternity home**

Savitribai Phule maternity home, Bhandup was visited in Mumbai suburban district. This maternity home is stand-alone and is accessible from the nearest road. The maternity home has access to 24*7 running water facility, it is geriatric and disability friendly, clean functional toilets separate for males and females were available, availability of drinking water, drug storeroom with racks, power backup and OPD waiting area with sufficient sitting arrangements were available. ASHA rest room was not available. Very recently, a 20 bedded along with three ventilators. 2 CPAC machine, 15 Multipara monitor, 13 Inter; 6 Photographic unit, 20 Radiant warmer.Newborn Intensive Care Unit (NICU) has been set up. This NICU runs on PPP model in lien with Indian paediatric network and is useful for providing qualified doctors, nurses and other medical staff wherein Rs 3700 is paid for per day visit. The Indian paediatric network provides human resource such as doctor, nurses, medical equipment for each shift 2 qualified paediatrician, 6 qualified nurses, (minimum 6 months); 1 senior neonatal officer (with 5 years' experience); BMC will pay for them based on occupancy of bed per day. On the day of our visit 21 babies were admitted in NICU.

The hospital has 50 functional inpatient beds. The services were not available 24*7. They also have tele-medicine/consulting services with an average of three cases per day. They have been provided with desktops and good quality internet connection. Schemes like Kayakalp and NQAS have been initiated with a facility score of 83.8 and 77.2, respectively. The healthcare centre has a good supply chain management system. The essential drugs are available in huge

quantity and a shortage was never reported. The total number of essential drugs list applicable to this maternity home was six. They were injections like Adrenaline, Atropine, Mogsulf, Avil, Sodabicarb, etc. There was a sufficient supply of essential consumables and essential diagnostics which are both in-house and outsources. The diagnostic services were free for all, including BPL, elderly and JSSK beneficiaries. Rapid diagnostics kits were available in sufficient quantity. Janani Sureksha Yojana (JSY) payment were up to date. Janani Shishu Suraksha Karyakram (JSSK) has also been implemented, all entitlements provided are free delivery services, free diet, free drugs and diagnostics, free blood services, free referral transport of drop back from facility to home, however there is no free referral transport system from home to facility.

Line listing of high-risk pregnancies is available. 195 normal deliveries were reported in the last three months, whereas 253 new-borns were immunized with birth dose at the facility in the last three months. The newborns breastfed within one hour of birth were 929 and 318 women are being counselled at the time of the survey. Twenty one cases of sterilizations were performed in the last one month. The maternity home rarely performs any wellness activity. Recently, a breastfeeding awareness related activity was provided by Nestle. Records for Tuberculosis (TB) treatment cards cases, TB notification registered, Malaria, palliative, dengue and chikungunya and leprosy cases are properly maintained. The nearest referral hospitals are KEM and Sion hospital.
Under The status of TB elimination programme, the facility is designated as a Designated Microscopy Centre(DMC). All the anti-TB drugs are available. Nineteen percent of patients were tested through CBNAAT/TruNat for Drug resistance in the last 6 months. All TB patients are tested for HIV and diabetes Mellitus. Forty-two TB patients have used DBT instalments under Nikshay Poshan Yojana in the last 6 months. Actual and correct data has been updated on HMIS, MCTS, IHIP and Nikshay portal. The facility owns an ambulance; ambulance service is also available with centralized call centre. The facility also has a donated ambulance. The facility is surrounded by a vast open, space and this space can be effectively utilised.

There is a Dispensary/ Health post colocated and covers a population of approximately 62000 (48000 slums and 14000 non slum) divided into 6 sections. The staff consists of staff in charge, there are 14 CHV for outreach activities. Two ASHA were recruited but they left. Tuesday and Saturday fixed day immunisation programme. During CoVID Family Planning camp was affected.

During Covid the number of ANC and PNC registration increased as other hospitals were converted as covid centre. The throat swabs of expectant mother were collected after 37 weeks. However, during covid they lost 2 mother as one mother did not report she was having covid. After delivery there was complication due to bleeding could not be stopped. The MDR of mothers were conducted.

Shortage of human resource is evident as shown in the table below. There are only data entry operator (DEO) posts under NHM all the other posts come under BMC.

Table 1. Shows the number of scheduled and non-scheduled positions filled and vacant.

Staff position at Bhandup Mat. Home DT- 03.09.2021							
		Scheduled			**NON-SCHEDULED**		
		Total	**Filled**	**Vacant**	**Total**	**Filled**	**Vacant**
		Maternity home			**Sentinel Centre**		
	Sr Med. Officer	0	0	0	1	1	0
	Med.officer(Gynec)	1	0	1	1	0	1
	Med.officer(paed)	1	0	1	1	0	1
	Hon. Gynec	0	0	0	2	1	1
	Hon,Asst (Gynec)	2	0	2	0	0	0
	Hon,Asst (Paed)	1	0	1	2	0	2
	Hon,Asst(Physian)	0	0	0	1	0	1
	Hon. Gynec	0	0	0	1	0	1
	RMO(Gynec)	1	1	0	1	0	1
	RMO (Paed)	1	1	0	1	0	1
	Jr Asst Matron	0	0	0	1	1	0
	Sister I/c	2	0	2	0	0	0
	Staff Nurses	13	13	0	8	8	0
	Sr. Aux. Nurse (R.A.M.)	2	0	2	0	0	0
	Aux. Nurse (A.N.M)	2	0	2	0	0	0
	Pharmacists	1	0	1	0	0	0
	Head Cleark	0	0	0	1	0	1
	Clear	3	1	2	0	0	0
	Lab Technician	1	1	0	1	0	1
	Med Record Tech	0	0	0	1	0	1
	Ref Asst	1	1	0	1	1	0
	Jr Health Visitor	2	0	2	0	0	0
	Ayah	15	14	1	0	0	0
	Sweeper	16	13	3	0	0	0
	Hamal	2	2	0	0	0	0
	Liftman Cum Wireman	2	2	0	0	0	0
	Peon	0	0	0	1	0	1
	Peon cum Hamal	1	1	0	0	0	0
	Ambulance Attendant	0	0	0	2	0	2
	Ambulance Attendant Cu Labour (Hamal)	2	0	2	0	0	0
	OT Assistant	0	0	0	2	0	2
	OT Assistant	0	0	0	1	0	1
	OT Attended Cum Hama	1	1	0	0	0	0
	Cook	3	0	3	0	0	0
	Cook mate	3	0	3	0	0	0
	Part Time Ayah	1	0	1	0	00	0
	Total	**80**	**51**	**29**	**30**	**13**	**17**

Key challenges

- The key challenges observed in the facility centre were shortage of specialists. The facility reports the need of increasing the number of qualified doctors. The facility requires specialist post such as Ophthalmologist; Audiometric for BEKA; Paediatric, cardiologist, Occupation therapist, Paediatrician.

- At present the system is as and when required they call consultant paying Rs 5000 per consultant **as it is difficult to refer babies**. Also, it is advisable to appoint one Physician as many pregnant women go to KEM/SION. Although there is an honorary post since 2014 it is vacant as no-one is willing to join.

- A surgeon need to be appointed on a full time basis as surgical complex happens then they need to call from outside by paying Rs 4000.

- Only DEO from NHM and all other posts are from BMC. Hence coordination and implementation of NHM programmes are challenging at times.

- Although sschemes like JSY and JSSK have been implemented properly; however, interaction with senior officer reveals they are not clear with JSSK guidelines. For example, in cities like Mumbai there is not much demand of transportation and DIET is outsourced. Whereas there is requirement for specific drugs and diagnosis.

- Implementation of Kayakalp remains an issue.

- There is requirement in the NICU for some costly medicine for eg: Survavanta (Surphatical) medicine for babies born < 37 week. Some babies require 8 ml. 20 to 30 vials per month required. Some babies require 8 ml due to LBW.1 kg = 4 ml. Such medicine can be purchased through JSSK depending upon the requirement. Hepatitis B (Immunolocob approximate cost 4600 rs) and every year they require 10 to 12 per year required.

- **There is a time lags in demand and supply of drugs. For example, the facility placed a requirement in 2019 and the drugs was supplied to them in 2021. There is a gap of almost 2 years and by the time they receive drug most of them are near expiry date or expiry date of the medicine is over. In the meantime, they procure medicines locally and many a times they have bulk of stock received from the state as well as drugs which are purchased locally.**

- **The facility cannot handle huge stocks of drugs in a bulk. They require drug storage room.**

D. Service Delivery: Peripheral hospital-Rajawadi Hospital

Mumbai suburban district is home to several peripheral hospitals. Our report covers monitoring of the Rajawadi Municipal General Hospital, Ghatkopar. The PRC team met Medical incharge, Dr Bharati Senior Medical Officer and Dr. Usha Seth Senor medical officer MCGM; looking over urban health post in eastern suburb. This stand-alone hospital is 596 bedded and all types of secondary services are available. It is also a UDI authorized centre for issuing certificates. In house blood bank is available and the only peripheral hospital to have in house blood bank. All types of super speciality care except neurosurgery is available. The nearest referral hospital is Sion hospital. Diploma of National Board (DNB) course has been approved at Rajawadi hospital.

The infrastructure is well maintained with 24*7 running water facility, availability of drinking water, clean functional toilets, geriatric and disability friendly facilities, drug storeroom, opd waiting areas and an ASHA rest room. The hospital provides services like general OPD, ANC, PNC, delivery, immunization, laboratory services, medicines, O & G, Paediatric, general surgery, anaesthesiology, ophthalmology, dental, X-ray, SNCU/Mother and newborn care unit, Lactation Management centre, Neonatal Intensive Care Unit, pediatric Intensive care unit, labour room, ICU, emergency care and teaching block for medical students. The hospital has a burn unit; however, a proper burn specialty is unavailable. The dialysis unit runs on PPP model. Tele-medicine services are currently unavailable. The hospital also has a blood bank with blood separation unit, at present 20 units of blood were available with 223 number of blood transfusions done in the last month. The blood issued is free for all including below the poverty line, elderly and JSSK beneficiaries. The biomedical waste management is outsourced. The hospital has desktops in good number along with a stable internet connection. There are many beggars admitted in the hospital. Surgeries are conducted. Seven anaesthetist is available. Under Mahatama Jyothiba Phule arogya Yojana surgeries and treatment are covered except cataract. There is high demand from maternity homes for paediatrician. Paediatrics unit is well maintained. ART centre/DILASA/VCTC deadiction centre is available. NICU unit is full and they are getting high referrals from dombivili area. There was an in house Blood bank Human Milk bank, but now the service is discontinued; in addition, there is a DILASA/Deaddiction centre; Under NHM: ANC/PNC/mother child care is implemented.

NHM schemes related to ANC/PNC/ mother child care/ OPD/ Family Planning is implemented. Under Mahatma Jyotiba phule arogya dan yojana operation and treatment costs are covered. A package is available except for cataract operations. Interaction with health officials revealed a rise in POSCO cases: The child is accompanied by lawyer/parent/guardian Medical legal rights. After examination of child court will specify and coordinate with Forensic department/package/standard protocol.

Kayakalp: The implementation of kayakalp is poor and almost not initiated. The main reason behind it is a shortage of staff and major security issues. Under Kayakalp people awareness is given, but requires audio visuals.

NQAS: NQAS has not been initiated.

LaQshya: They have almost all the facilities, but capacity building is an issue. LAQSHA although implemented PNC/ANC ward need repairs. Under Lakshya Capacity building/training Medicine ward is converted to ANC ward.

The health centre has an essential medicine, drug list. They also have a Proper implementation of DVDMS and similar kind of supply chain management system. As per OPD demands drugs procured. Sufficient supply of essential consumables except for shortage of gloves. Essential diagnostics is done 24*seven in-house as well as outsourced. X-ray services are available with two fixed functional X-ray machines and five portable machines. The healthcare centre has completed 44 dialysis on 6 machines in 44 cycles. The health centre does not have shortage of any equipment's or instruments. However, during Covid spraying of Cot most of the cot got rusted/scrapped. All the diagnostic services were available free for all, except for the services which were outsourced. Under PPP dialysis is outsourced and partial lab test is conducted for a basic test 50 rupees'/ Advance test 100 rupees. There are functional 2 x ray is fixed and 5 portables. MRI and CT scan is not done. City scan is scrapped recently and is covered under PPP. **The out of pocket expenditure for citi scan is 1200 rupees. It is outsourced and patient needs to pay.** National dialysis programme not implemented. 44 cycles in a day on 6 machines. **Patients are charged** Rs 200 for dialysis. **In** Ophthalmology lenses are required. For cataract different types of lens which cost upto Rs 2000 is required.
DEIC is not functional, however, they will be proposing. TB elimination device like TRUNaat has been used for Covid-19 patients, whereas CBNaat has been started 13 months back.

Key Challenges

- The challenges faced by the hospital authorities is proper security issue due to less dedicated manpower, similarly crowd management is also an issue because of less manpower. At entry point the PRC team found lots of stray dogs roaming around and entering the premises of the hospital. When we queried with the supervisor, she told that difficult to maintain strict security, moreover people in the vicinity are feeding stray dogs and if the issue is raised they argue cannot hit the dog under PETA etc. Hence the people in the vicinity should strictly make aware that entry of the stray animals inside the premises pose risk to not only to the patients but also to their relatives. The overall security issue is a problem and difficult to manage 250 relative's/kids robbery issues/nuisance culture/stray dogs. The hospital also has cases of beggars and some of them have been overstaying there.

- Overall cleaning needs to be improved. Cleaning is outsourced. The hospital also faces space issues as many departments have been incorporated.

- There is a need to increase the capacity of the NICU and PICU as more critical mothers are transferred. Another major observation was made related to the underutilization of various

central schemes, this has mainly been done due to lack of training and improper framework for the utilization of funds.

- There is a space cram for disabled patients. The buildings are old and need urgent renovation. Some buildings are as old as 1953. More than 10 buildings need to be renovated. IEC in OPD and the waiting area is required. Waiting area space is less and waiting room for relatives and library is required. Quarters for doctors is required. RMO quarter is in dilapidated condition.

Medical college-Lokmanya Tilak Municipal General hospital & Medical college , Sion, Mumbai-400022

PRC team interacted with all the head of the respective department in this hospital. Overall interaction revealed a lack of knowledge of standard operating procedure (SOP) among doctors. There are two DEO in Sion hospital who looks after entering and managing the data. Hence, additional manpower is required. Moreover, the software should be user and administration friendly. At present the laptops are old and they require new laptops. There is no nodal person coordinating the NHM schemes in the hospital.

This facility type is a standalone medical college that is accessible from the nearest road. Their next referral point is K.E.M hospital, which is 6 to 6.5 km away. The OPD timing for new patients are from 8:30 am to 1:15 pm and for follow up patients 1 pm to 4 pm. The condition of the infrastructure is good with 24*7 running water facility, clean functional toilets, geriatric and disability friendly facilities, drinking water, OPD waiting area with sufficient sitting arrangement, ASHA rest room and drug storeroom with rack is available.

The hospital has 1750 functional in-patient beds with 173 ICU beds available. The general list of services available are Medical, Paediatric, Surgery, OBGY, Ortho, Psychiatry, ENT, ophthalmology and dental OPD. The super specialty OPDs are available for Neuro medicine, Neurosurgery, CVTS, Urology, Cardiology, Neonatology, Respiratory medicine, endocrinology, Nephrology, Adult Haematology, Thalassemia day care Centre, Paediatric Centre of Excellence in HIV care, Adult HIV care OPD. To undergo investigation CT scan, MRI scan, Ultra Sonography, 2D Echo, Endoscopy, Brochohoscopy, etc. The hospital is home to all the specialized services like District Early Intervention Centre, Nutritional Rehabilitation Centre, SNCU, Lactation Management Unit, Burn unit, etc. The emergency services are available for Triage, Resuscitation and Stabilization. An average of five cases per day are available for Telemedicine services. The below table shows us the list of availability of operation theatres.

OPERATION THEATRE(SINCE APRIL 202

SINGLE GENERAL OT	03
ELECTIVE OT-MAJOR(GENERAL)	04
ELECTIVE OT-MAJOR(ORTHO)	03

OBSTETRICS & GYNAECOLOGY OT	03
OPHTHAMOLOGY/ENT OT	03
EMERGENCY	03

The medical college has a functional blood bank with 8 units of A positive, 10 units of B positive, O positive are available in 7 units, 2 units of A negative and 5 units of AB positive are available. The blood is issued for free to all, However, Platelet and Fresh Frozen Plaza are charged for Rs. 300 per use. The medical college opts for an outsourced common bio medical treatment plant.

The below table includes all the Human Resource details available in the facility.

HR	Sanctioned	Regular	Contractual
Medicine	31	15	11
Obgy	26	13	6
Pardiatrician	18	10	3
Anaesthetist	70	30	6
Surgeon	27	16	5
Ophthalmologist	6	5	0
Orthopedic	21	10	3
Radiologist	25	9	8
Pathologist	19	14	3
Dentist	3	1	1
Staff nurses	894	802	6
Life Saving Anesthesia skilled doctors	36	33	3
Pharmacist	33	27	6
COVID-19	11	0	11

The medical college has desktops and laptop available with a good quality internet connection.

Kayakalp, NQAS, LaQshya are not implemented due to improper guidelines from the higher authorities. The medical college does not face any shortage of medicines and includes 252 tablets, 241 injections and 104 other medicines. Essential diagnostics are available for in-house and are outsourced as well. 11 functional X-ray services are available. In-house service for CT

scan is available with Rs. 1200 as out of pocket expenditure associated with CT scan. These diagnostics services are available free for all. Testing kits and rapid diagnostic kits are available in sufficient supply. For dialysis, acute dialysis is done for short term. All the treatments are done under Rajiv Gandhi Dialysis. The medical; college has 15 dialysis RO plants with 700 tests performed in a month.

The delivery services are available for c-section as well as normal deliveries. 241 Number of normal deliveries were performed in the last month, whereas 254 number of C-section deliveries were performed. The labour room is well maintained and the OT was well equipped. The hospital authority confirmed a high number of C-section deliveries due to personal choices for painless delivery of the mother.

Under the JSY scheme, the average delay for the status of the payment is for 10-15 days. However, all the payments have been completed until 30/08/2021. The main reason for delay was that the patient does not have a bank account in a nationalized bank or a delay in the submission of the documents from the patients end is reported.

The JSSK entitlements have been provided with free delivery of services, free diet, drugs and consumables, diagnostics, blood services. The medical college neither provides free referral transport from home to facility nor drop back facility from facility to home.

The facility has a line listing of high-risk pregnancies. The number of Maternal Death review done in the present year from January 2021 to August 2021 is 21. The number of child Death review done from January 2021 to August 2021 is 71, this is done once in every month. Comprehensive Abortion Care services is provided. A total number of 1103 newborn are immunized with birth dose at the facility in the last 3 months. The number of sterilizations performed in the last one month are 28. The below table provides the number of patients screened and confirmed for the following diseases in the last six months.

Diseases	**Screened**	**Confirmed**
Hypertension	1449	339
Diabetes	596	130
Oral Cancer	90	-
Breast Cancer	63	-
Cervical cancer	0	-

NRC: There is an NRC unit in Dharavi Newly introduced ready to use therapy Ready-to-Use Therapeutic Food (RUTF). RUTF is peanut butter “amplified” and consists mainly of peanut butter paste rich in vitamins, energy, and micro-nutrients and contained in an ice-cream like package that looks appealing for children. As per interaction with officials RUTF has been revolutionary in treating severe acute malnutrition because it allows SAM to be treated in the community, does not require water, and does not spoil. RUIUTF tastes like peanut butter. The

mother is given proper guidance regarding feeding RUTF to children and per official's regular consumption of SAM and MAM patients up to 8 weeks is required. There are several publications giving evidence of the importance of RUTF to SAM and mam children. The PRC team visited the unit involved in preparation of RUTF. Hygiene and cleanliness are maintained up to the standards and well maintained. Adjoining the building NRC centre and urban health post was located. NRC unit has all the basic requirements of beds etc. for SAM and MAM children. 5 to 6 children were admitted in the ward and covid protocols were maintained

Key Challenges

- The key takeaways from the health centre were : Around 370 patients received benefits of JSSK. During Covid-19 times; the hospital could successfully conduct delivery of babies from 415 Covid-19 positive mothers. For JSY, Direct benefit Transfer service is given and the authority tries to transfer the money as soon as possible. However, one major problem the hospital authority faced for JSY is that migrant population is not eligible for the scheme.

- Peripheral hospitals should also be upgraded as the load is on the medical college. A lot of wastage of medicines was observed due to the oversupply of medicines. There should be a reverse referral system to immediately update in case of emergency. The hospital does not have a separate NBSU, everything is included in the NICU.

- SNCU unit is well maintained.

- Lack of knowledge of standard operating procedure (SOP) among doctors. There is no nodal person. There are two DEO in Sion hospital, managing the data entry. Hence, additional manpower is required.

- Well established NRC unit Ready-to-Use Therapeutic Food (RUTF) in treating SAM and MAM patients.
- Data is available in near miss cases wherein the lives are saved due to timely treatment.

Urban Primary health centre, Dharavi-Sion hospital

This health centre is 1km away from Sion Medical College. The health centre works from 9 am to 4 pm and immunization happens from 9 am to 1 pm. The facility is functioning in PPP mode with Sneha NGO. The facility centre has all the facilities like running water, geriatric and disability friendly facilities, clean functional toilets, ASHA rest room,etc. Biomedical waste is collected by a vehicle, which comes from Kasturba office and collects waste once or twice in a week.

The below table provides sanctioned and in-place Human resource details

Human Resourc	Sanctioned	Regular	Contractual
MO(MBBS)	2	2	0
MO(AYUSH)	0	0	0
Sns/GNMs	2	2	0
ANM	5	4	1
LTs	1	1	0
Pharmacist	1	1	0
Public he ager	NA	NA	NA
LHV/PHN	1	1	0
Dresser	1	1	0

The facility has 2 desktops with internet connection. All ANMs do not have functional tablets. ASHAs have not been provided with smartphones. Kayakalp, NQAS are not implemented, these are found in the dispensary. The health centre does not face ay shortage of drugs except for Metormin, that is out of stock from the last five months. All the drugs are available for hypertension and diabetic patients. The health facility works in collaboration with thyrocare labs for testing. Other tests like Malaria, CBC, Urine, Dengue are taken place in the nearby dispensary. For Covid-19 patients, the health centre had kept mobile vans. All the essential diagnostics are outsourced under Apli Chikitsa in collaboration with Thyrocare labs. They do not have X-ray facility. For Tuberculosis patients, vouchers are made in collaboration with centres that help with x-ray.All the tests are available for free, however free transportation is not available. The testing kits and rapid diagnostic kits are available in sufficient quantity.

This UPHC does not have delivery services. The status of JSY payment is not up to date and only 23 payments could be made from April till date. The availability of JSSK entitlements only covers free drugs, consumables and diagnostics. Free diet is available in nearby Anganwadi. The health centre has line-listing of high risk pregnancies, but they give referral to Sion hospital for follow up. No Maternal Death Review or Child death review took place. The health centre does not have a functional Adolescent Friendly Health Clinic. The NCD clinic facilities have been fixed in the dispensary. Wellness activities like IEC and interpersonal training sessions are provided. The status of TB elimination Programme is: The facility has a designated Microscopy centre. They also have anti-TB drug available at the facility. All the patients are tested through CBNAAT/TruNat for drug resistance in the last six months. All the TB patients are tested for HIV and Diabetes Mellitus. All the patients receive payment through DBT under Nikshay Poshan Abhiyan. The key challenges faced by the health centre are migration, immunization, improper immunization of ANC, PNC, overcrowding is a major challenge. Shortage of staff in dispensary has been a major problem.

Key findings and Recommendations

- **Convergence between BMC and NHM**

The table given below illustrates the issues in various health programmes due to lack of coordination and some suggestion by PRC

Programmes	Issues	Suggestion
RKS/MAS	1.Forming committees 2. Time consuming	Devise a scheme wise convergence plan with BMC authorities. BMC has a well-functioning system in wherein minor/repair work can be completed in a short span of time.
NCD	1. Unavailability of trained manpower. 2. Software is not aligned to meet urban requirement 3.Lack of knowledge of Standard Operating Procedure and communication 4.Difficult to follow up the patients due to high drop out.	1. Training to health care service providers. 2. Distribution and continuous tracking of 108 as per density of respective wards. 3. Better management of drug stocks and stocks.
ASHA	1.Strikingly there is no provision in their guideline for providing incentivise to ASHAS for reporting maternal death. 2.ASHA receives an average incentive of rupees 3000 per month.	It is highly recommended to provide incentives to ASHAs for reporting maternal death.
JSSK	Rather than transport services the demand for essential drugs and diagnosis is high.	Coordination with public transport system. Regular meetings with NHM regarding allotment of funds as per the requirement of other component of JSSK such as drugs and diagnosis.
Integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and	Lack of awareness in community	IEC need to be strengthened through audio-visuals, Community, ASHAS and CHV Strengthen IEC through schools and colleges.

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)		
Integrated Disease Surveillance Programme (IDSP)	As per discussion with IDSP officials there is a rise in **leptospirosis cases** due to water logging and stagnation posing challenge to health authorities. While the focus has been on the increasing number of COVID-19 cases, experts have urged health authorities to strengthen spot mapping to combat dengue and leptospirosis. In Mumbai there is collaboration with Pest control department. There are few pumping stations in Mumbai wherein through pumping machine the water is collected and disposed in the sea.	Strict enforcement of the surveillance system as well as health officials needs to strengthen spot mapping. Rodents are likely to mix in such places the authorities have to determine the geographic areas such as E, north wards of G and F and high pockets of slums. Hotspots need to be identified with the help of Asha workers and CHVs. Participation of people, schools , local clubs etc. is suggested.

The table given below illustrates overall major issues and some suggestion by PRC

Challenges	Issues	Intensity of the issue affecting the overall health programme	Suggestion
Human Resource	1. Due to the contractual nature of the work and salary difference with regular staff high attrition rate among Doctors. The salary paid to doctors is very less 25,000 and the cost of living in cities like Mumbai is very high. 2.Recruitment of ANM/GNM is through outsourcing. The salary of an ANM is 15000. However, in hand the ANM receives only around 12000 to 12500 as the rest of the amount is deducted by the outsourcing company. Locals staying with family and house in Mumbai it's still manageable. However, it is a hardship for those staying in the outskirts of the city.	High	1. The salary should be at par with regular doctors. 2. Performance based incentives such as regularised job; incentive for innovative ideas and outreach 3.Awards based on community evaluation. 4.Direct recruitment and continuous feedback from communities
Overall management	The only contact person for City Programme manager are data entry operators at ward level.	High	There should be a mid manager position to coordinate at ward level.

The table given below illustrates key challenges in visited health facilities and some suggestion by PRC

Health Facilities	Features	Issues	Coordination	Suggestion
Rajawadi Hospital	1.Under Mahatama Jyothiba Phule arogya Yojana surgeries and treatment are covered except cataract. 2.Diploma of National Board (DNB) course at Rajawadi hospital. 3.DILASA centre	1.At entry point the PRC team found lot of stray dogs roaming around and entering the premises of the hospital. 2.High number of POSCO cases are reported from this hospital. 3.The out of pocket expenditure for citi scan is 1200 rupees. It is outsourced and patient needs to pay. Patients are charged Rs 200 for dialysis. **4.L**enses are required. For cataract different types of lens which cost upto Rs 2000 is required. 5.Overall cleaning needs to be improved Cleaning is outsourced. Some buildings are as old as 1953. More than 10 buildings need to be renovated.	1.IEC for nearby residence through coordination with local clubs; communities, resource person. 2.Cordination with charitable trust. 3. Coordination with JJ school of Arts or design institute who can voluntarily take up the painting of hospitals to appear appealing.	1.JSSK funds can be utilized for other health features. For eg. DIET is available in the hospital to patients that fund can be diverted to provide feeding gown to mothers, baby kit etc. 2.Strengthen security system so as to prevent entry of stray dogs in the premises. Instead of providing a regular diet can provide fruits.

		6.IEC in OPD and the waiting area is required. Waiting area space is less. 7.Waiting room for relatives and library is required. 8.Quarters for doctors is required.		
Lokmanya Tilak Municipal General hospital & Medical college	Well maintained SNCU unit. There is no nodal person. NRC unit Ready-to-Use Therapeutic Food (RUTF) in treating SAM and MAM patients up to 8 weeks is required. Children. Adjoining the building NRC centre and urban health post was located. NRC unit has all the basic requirements of beds, etc. for SAM and MAM children. 5 to 6 children were admitted in the ward and covid protocols	Lack of knowledge of standard operating procedure (SOP) among doctors.	There are two DEO in Sion hospital, managing the data entry. Hence, additional manpower is required.	1.Training on SOP and implementation of various NHM programmes is urgently required to service providers. 2. Trained manpower for data entry and management at each ward. 3. Community feedback of beneficiaries.

	were maintained. Data is available in near miss cases wherein the lives are saved due to timely treatment.			
Savitribai Phule maternity home, Bhandup	Well established NICU	1.Only DEO from NHM due to which coordination and implementation of NHM programmes are challenging at times. 2.Requires specialist post such as Ophthalmologist; Audiometric for BEKA; Paediatric, cardiologist, Occupation therapist, Paediatrician. 3.At present the system is as and when required they call consultant paying Rs 5000 per consultant as it is **difficult to refer babies.** 4.Time lags in demand and supply of drugs 5.JSSK Guidelines are		1.Require Physician and surgeon 2.Drug storage Management Serious time lag in demand and supply of drugs and needs to be immediately addressed. 3.Provion to purchase for some costly medicine for eg: Survavanta (Surphatical) Medicinefor under JSSK depending upon the requirement. Simultaneously feedback from beneficiaries is required if such provision is undertaken in future.

		not clear. Not much demand of transportation. 6.For JSY; family Planning only 1 clerk she has to look after 2 maternity homes. 7.Cannot admit patient for paediatrics; A paediatrician comes twice a week.		
Urban health Post in Bhandup Maternity home	Outreach activities coverings a population of approximately 62000 (48000 slums and 14000 non slum) Divided into 6 sections. Human resource of MO, Staff in charge, CHVs in addition 2 ASHAs were recruited but they left. 14 CHV for Tuesday and Saturday fixed day immunisation programme. 7 camps in the area.	FP camp almost affected due to covid.		

Key Recommendations:

Strengthening of Human resource:

The salary gaps are unacceptable irrespective of the categories (permanent, contractual and outsourced). A reasonable salary keeping in mind that the amount of work done irrespective of the categories. The outsourced workers are the most vulnerable, since they have to share the part of the salary to the recruiting agency in spite of spending the same amount and effort of work as a regular employee. Medical reimbursement must be initiated as a policy, keeping in mind the constant danger of a pandemic.

Planning and Programme implementation

The implementation schemes should be simultaneously evaluated by health care seekers and local bodies comprising resource person. These bodies should be integrated with evaluating agencies to form an independent alliance keeping a watch on the implementation of government policies.

Information Education and Communication through the media and sport personalities audio visuals, and other mediums of communication is required.

Strengthening of Monitoring and Supervision

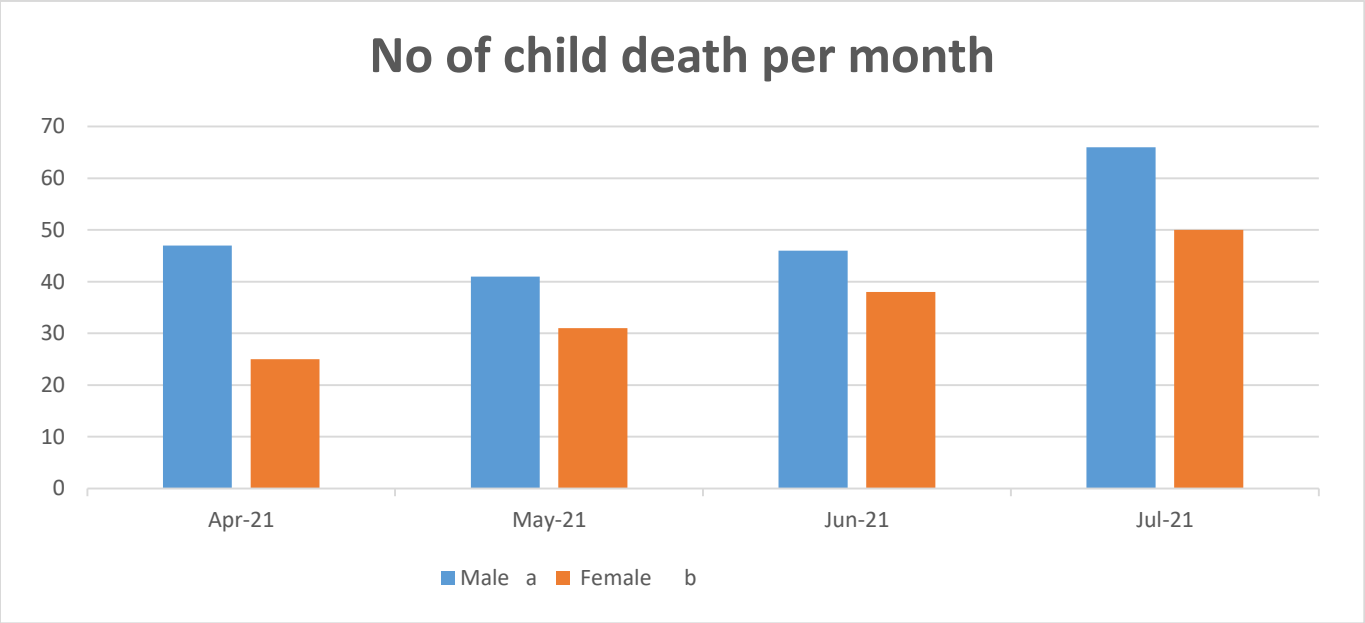
Along with IEC continuous feedback from communities are required.

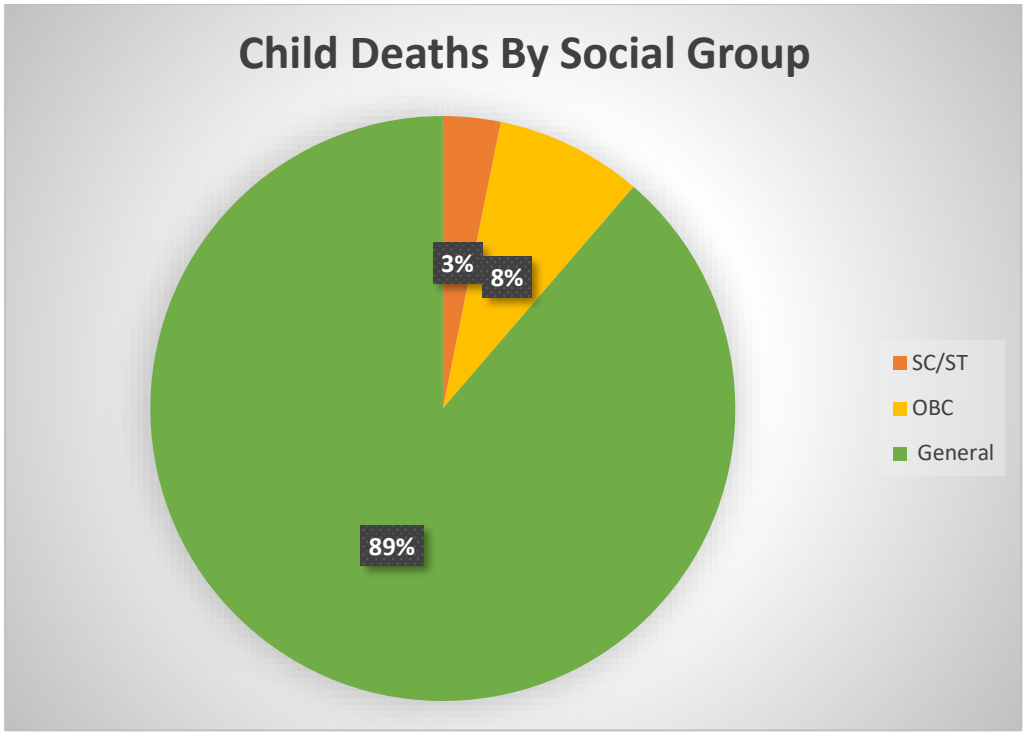
Drug Maintenance

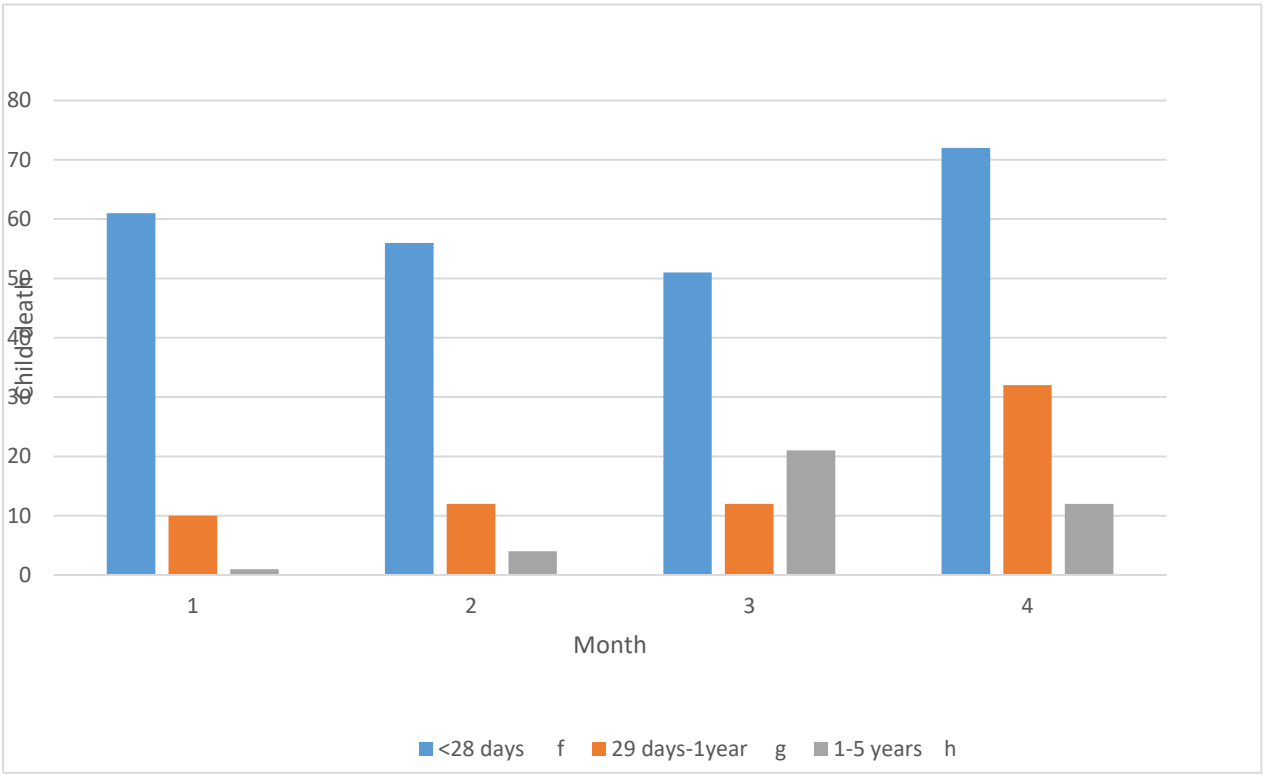
Demand and Supply of drugs need to be addressed and continuous monitoring and supervision is required both at community and at state and central level.

Key findings from the data of MUMBAI District

In this report, 344 child deaths were registered, out of these 41.86% were girls and 58.13 % were boys. Background Characteristics of the report reveals 2.61 % of child death occurred in SC/ST households, 6.68% in OBC households, and 72.96% in general category households. In this study, out of 344 cases of death of child mortality, 69.76%were neonatal, 19.18% were infant and 11.04 % were child.




Child Deaths By Social Group
3%
8%
89%
SC/ST
OBC
General


80
70
60
50
40
30
20
10
0
1
2
3
4
Month
<28 days
f
29 days-1year
g
1-5 years
h

Low birth weight is one of the most important causes of child mortality in Mumbai. In this report 68 (19.76%) children died who had less than 1000 (gm) Birth weight, 81(23.54%) had Birth weight between 1001-1500gm, 81 (23.54) had a birth weight between 2001-2500 gm and 78 (22.67%) had birth weight 2501 gm and above.

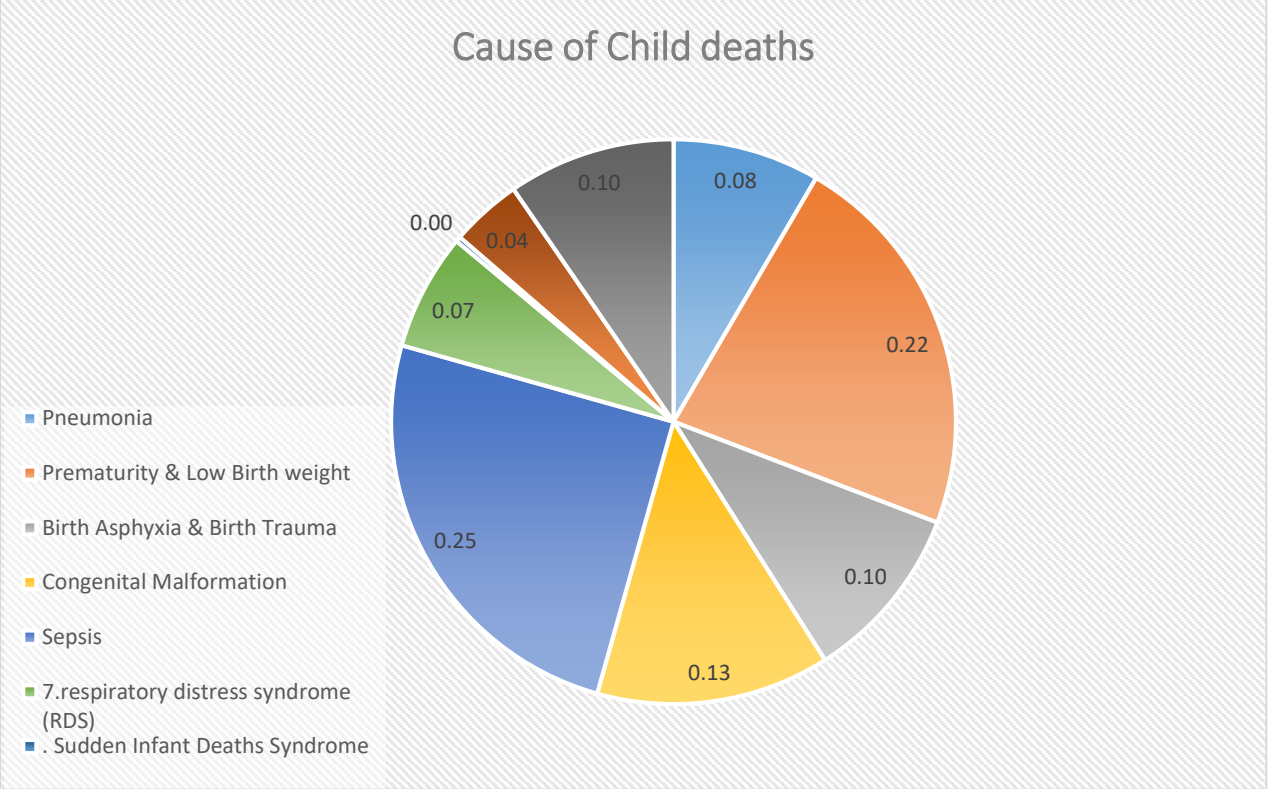
Level of delay

Level of delay refers to the group of factors that may prevent women and girls from accessing the required maternal health care. As per Mumbai data during the reference period, 10 Child deaths were reported due to Level 1 delay (Level one delay to the low status of women and girls, Poor awareness related to compliances and risk factors associated with pregnancy, poor previous experience of health care, and acceptance of maternal death). There was not a single death reported due to the Level Two & Level Three delays. 117 deaths were reported due to multiple levels of delay and 216 cannot be ascertained.

Cause of Child Deaths

Out of the 344 child deaths, birthweight (77) and Sepsis (86) accounted for 163 (47.38 %) deaths Prematurity & low of all registered child deaths. 46 child deaths occurred due to Congenital Malformation and 46 children died due to Birth Asphyxia & Birth Trauma. 29 children died because of Pneumonia infection. Respiratory Distress Syndrome (RDS) and Meningitis accounted for 23 & 14 respectively.

All deaths were caused by Pneumonia, Respiratory Distress Syndrome Prematurity, and low birth weight registered as a neonatal death.


Cause of Child deaths
0.08
0.22
0.10
0.13
0.25
0.07
0.00
0.04
0.10
Pneumonia
Prematurity & Low Birth weight
Birth Asphyxia & Birth Trauma
Congenital Malformation
Sepsis
7.respiratory distress syndrome (RDS)
. Sudden Infant Deaths Syndrome

Glimpses of Field visit

A. Peripheral hospital-Rajawadi Hospital

Savitribai Phule Maternity home, Bhandup

Urban Primary health centre, Dharavi-Sion hospital