

Note on Health in Ahmednagar district, Maharashtra

Background

Ahmednagar is largest district of Maharashtra. It is known for its leadership in the co-operative sector. It established first sugar co-operative in 1950¹. The district accounts for more than 50% of sugar produced in Maharashtra state. The district is endowed with 100% electrification, but 94.5% of the population is connected with electricity supply (NFHS-5). Connectivity to drinking water remains same at around 90% for NFHS-5&4.

The district has shown 62 points improvement in sex ratio with 967 (NFHS-5) over NFHS-4 (905). Though there is marked improvement in the age at marriage from NFHS-4 (39%) to NFHS-5 (26.9%), still more than one fourth of girls are getting married before 18 years. There is a very slight decline of 2.4 points in teenage (15-19) pregnancies over two surveys, still 10.8% girls were already mothers or pregnant at the time of NFHS-5 survey. With 97.9% institutional deliveries in the district, only 45.5% catered by public health facilities which is 55.8% for state; 95% births were attended by skilled attendants which is higher than state's 93.8%. There is a need to check why around **3% of institutional births** were not attended by skilled birth attendants in the district. This could have serious implications for maternal and newborn morbidity and mortality. Also, caesarian rates are high for the district with private hospital leads with 33.7% and public with 23%.

84% women use hygienic menstrual products which is significantly up 24 points from NFHS-4. This may mean that women are more aware and have access to menstrual products.

People in Ahmednagar prefer public health facilities for child vaccinations (93.1%) which is higher than the state average of 89.5%. 88.6% of children (12-23 months) of the district were fully immunized as compared to 81.7% state average. Vitamin A supplementation is only 69.9% among children aged 9-35 months during NFHS-5 which is lower than 77.7% recorded in NFHS-4. This is an indicator which needs to be looked at seriously by district. Breastfeeding within one hour of the delivery is very crucial for the health of the life of child. 50.5% of children under 3 years in the district are breast fed in the first hour of their birth as compared to 53.2% at state level. Overall, this needs to be a focus point for the district and state to improve breastfeeding in first hour of birth through widespread awareness generation and counselling of all pregnant mothers and their family members.

As per NFHS-5 survey, only 9.8% of children aged 6-23 months are getting an adequate diet, which is quite worrisome. Inadequate nutrition has resulted in 31.7% stunted, 24.9% wasted and 41.2 underweight children under 5 years of age. NHFS-4 has shown similar results, the district has shown no improvement in the nutrition of its children. All groups including 64.3% children (6-59 months), 50.5% non-pregnant women (15-49 years), 44% pregnant women (15-49 years) and 45% adolescent girls (15-19 years) are anaemic. Anaemia has increased for all groups over the NFHS-4 survey.

Screening for breast, cervical and oral cancers among women (30-49 years) is very poor (NFHS-5). But as per latest district reports (Feb 2024), the entire population above 30 years has been screened for cancers, hypertension and diabetes. Tobacco use is higher in men (37.7%) than women (14.7%) in the ages 15 years and above. In same group alcohol consumption among men (10.5%) is way higher than women (0.2%).

¹ <https://ahmednagar.nic.in/en/about-district/district-profile/>

The state of Maharashtra has fertility rate of 1.7 far below replacement level fertility rate of 2.1. The under-five mortality is 28 with 16.5 Neonatal mortality which contributes around 59% of total child mortality.

Health programmes:

The district all the health programmes under National Health Mission, 15th Finance Commission and other state health schemes. The district hospital caters to a population of 36,30,546 supported by 2 sub district hospitals, 23 rural hospitals covering 14 blocks. Primary health care is catered for by the health and wellness centres at PHC and SHC level in both rural and urban areas.

S.No	Health facility	Total
1	District Hospital (DH)	1
2	Sub District Hospital (SDH)	2
3	Rural Hospital (RH)	23
4	Primary Health Centre (PHC)	98
5	Sub Health Centre (SHC)	175
6	Health and Wellness Centres (Urban-4) (HWCs)	382
7	Primary Health Units (PHU)	7

15th Finance Commission and PM-ABHIM

The district has received resources under 15th Finance Commission and PM-ABHIM for infrastructural improvement of the health facilities. The current status is as follows:

- Block Public Health Unit (BPHU) will be completed soon in Sangamner RH.
- Tender is being issued for construction of Block Public Health Unit (BPHU) at Srirampur.
- Construction of Block Public Health Unit (BPHU) at Rahata and Karjat though sanctioned, could not be taken up due to non-availability of the land.
- Tender in process for construction of new sub centre building at Chedgaon, Tal. Rahuri

Community engagement

As per the NHM community processes guidelines, the district has deployed ASHAs across rural and urban areas in the district. The village level community platform-Village Health Sanitation and Nutrition Committees (VHSNCs) are formed in 1569 villages with ASHAs as member secretary. The functionality of these committees can be assessed only on the ground and with interaction with its members and mentors. Jan Arogya Samitis (JAS) has been recently formed at the HWCs at PHC and SHC level as per the state guidelines. The district is facing challenge in appointing the chairpersons as the local panchayat elections are due for last two years. The vice chairperson is performing the role of chairperson for smooth functioning of the JAS.

S.No	Particulars	Numbers	Remarks
1.	ASHA	3360	
2.	VHSNCs	1569	
3.	JAS-HWC	PHC-96 SHC-490	
4.	Rogi Kalyan Samitis	26	Upto RH level
5.	Peer educators	4114	@50 per PE per month

Adolescent Health

1. Weekly Iron Folic Supplementation- school based.
2. Sanitary napkin @1 per SN to ASHA.
3. Monthly meeting with adolescent girls on Menstrual hygiene by ASHAs @ Rs 50/- per meeting for 3192 ASHAs
4. Adolescent health day (AHD)- every quarter- @ 2500/- for 1407 AHDs across district.
5. Adolescent friendly health club meetings-1660 @ 500/- per meeting

Maternal Health Schemes

Flagship schemes of maternal health such as Janani Suraksha Yojna (JSY)², Janani Shishu Suraksha Karyakaram³ (JSSK), Pradhan Mantri Surakshit Matrava Abhiyan (PMSMA)⁴, Pradhan Mantri Matratva Vandana Yojna⁵ (PMMVY), and Comprehensive abortion care along with family planning services.

The district has 10 LaQshya certified public health facilities. LaQshya is for the improvement of delivery care at the hospital level and after elaborate assessments and improvements of the birthing area (labour room) the facilities are given certifications.

Rashtriya Bal Suraksha Karyakaram (RBSK)⁶

Medical teams screen children admitted in Anganwadi centres and the government schools in rural areas. They screen children for the 4 Ds, Defects at birth, Disease, Deficiency and Development delays.

TB elimination programme

- TB mukt panchayat initiative
- Screening of sugarcane workers for TB.
- Good detection rates of TB against targets for 2023-24 in Srirampur (91%) , Rahuri (100%), Rahata (97%) and Nevasa (99%)
- Private doctors and AYUSH practitioners' sensitization on TB.

Non Communicable diseases (NCD): Screening of population above 30 for 5 diseases- Diabetes, hypertension, oral, breast and cervical cancers.

Quality Assurance

- Kayakalp⁷ assessments cover all DH, RH, PHCs and HWC-SCs.
- SDH Srirampur-LaQshya national certified
- RH, Newasa and Rahata are state certified in LaQshya.

² JSY: <https://nhm.gov.in/WriteReadData/18925/97827133331523438951.pdf>

³ JSSK: Meals @Rs 100/- per day per person; Rs 300/- for normal delivery (3 days) and Rs 700/- for CSec (7 days). Other free services: Drugs and diagnostics, pick up and drop back transport, blood transfusion if required. This is provision of the health facility which is required to make these services available to women free of charge.

⁴ Free ANC check up at the public health facilities by specialists on 9th of every month.

⁵ Rs 1000- Registration of ANC in first trimester; Rs 2000- Complete ANC Checkup; Rs 2000- Birth registration and completion of initial immunization.

⁶ <https://rbsk.gov.in/RBSKLive/>

⁷ Kayakalp Scheme is quality assessment of the hospitals on sanitation and cleanliness conditions. Details can be accessed using link: [https://nhm.gov.in/images/pdf/in-focus/Implementation Guidebook for Kayakalp.pdf](https://nhm.gov.in/images/pdf/in-focus/Implementation%20Guidebook%20for%20Kayakalp.pdf)

- SUMAN⁸ facilities- SDH Srirampur and RH Newasa, PHC Umbre, Rahuri, RH Rahata, PHC TAKLIBHAN, Srirampur, PHC DEWLALI PRAVARA, Rahuri; **PHC LONI VYANKANATH, Rahata**

Action points on health in Ahmednagar based on the data available⁹.

1. Counselling of pregnant women and their families to promote for normal delivery. Work with private care providers to desist from unnecessary caesarian deliveries.
2. A focused approach to reduce neonatal mortality- with strict follow up all neonates and close monitoring with supportive supervision by health functionaries will be required. District level challenges and the action required can be identified after speaking with the concerned authorities and practitioners.
3. Breastfeeding in the first hour of birth through widespread awareness generation and counselling of all pregnant mothers and their family members will be crucial and may support in reducing neo natal mortality.
4. As malnutrition among children, adolescents and women is remains high, there is need to sensitise families on balanced and adequate nutrition based on locally available food items. The district may put special emphasis on iron rich foods and children nutrition during *poshan abhyan* organised on regular basis by the government.
5. For better eye health among children, the vitamin A supplementation has to be taken on mission mode and closely monitored.
6. For the better outcomes from the RBSK programme, the screening results of the children needs to be discussed with the families, local health functionaries and the community platforms so that a strategy to address preventable conditions can be taken and support for the children if required needs to be planned.
7. Promote the uptake of public health services which are free of cost- by creating awareness on schemes and entitlements of public.
8. The functionality of the community platforms such as VHSNCs, JAS and RKS needs to be understood at the local level for the people to participate and support health functionaries in improving the health indicators.

Community action for their health could be very helpful in participation of public in the health and taking ownership for improving same.

Please note that there are challenges faced by sugarcane workers for which there is no reliable data available for the district. It is generally known that working conditions in sugarcane harvesting are pathetic for women which has forced them to undergo hysterectomy. A separate assessment on health of the sugarcane workers in the district may be done to strategise and plan activities for their better health.

⁸ SUMAN-Surakshit Matratva Ashwasan is for zero preventable maternal and child death. Details can be accessed using link: <https://suman.mohfw.gov.in/>

⁹ I have used NFHS and the district official data.