

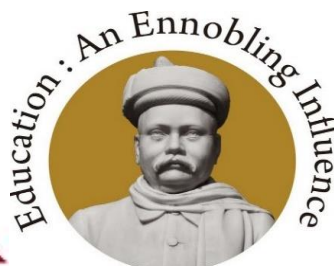


A report on
Monitoring of Important Components of Program Implementation Plan of
NHM, Latur, Maharashtra, 2023-24

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Monitoring of the important components of Programme Implementation Plan of NHM, Latur District, Maharashtra, 2023-24

Executive Summary

The monitoring and evaluation of the key components of the National Health Mission Programme Implementation Plan (NHM-PIP) envisage periodic assessment of the health systems at the district level across the states and union territories of India. The present report brings forth findings from the monitoring and evaluation of the key components of the NHM PIP in the district of Latur for the year 2023-24. The report highlights key observations made with respect to the district and WH-level health needs, based on which the key stakeholders may be guided to prioritize each area with an approach best suited for the realization of the goals of the National Health Mission. The field work was carried out during 3-7 July, 2023. The District Health Office, Women Hospital (WH) Latur, Rural Hospital (RH) Murud, Public Health Center (PHC)-Jawala (B), and Sub Center (SC)-Katgaon were visited for the study by the PRC team. During the field visit the PRC team was accompanied by IPHS Coordinator. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programs, and other programs under the NHM. This report discusses in detail the implementation of PIP in the Latur district as observed during the field visit for monitoring. There is an overall improvement in the health system in the district. The key observation at the district level is given below:

a) Achievements made

- Significant increase in institutional delivery in the district from last financial year.
- All 24x7 PHC are with basic lab facilities. 46 PHCs are converted into HWCs.
- Free meals and drugs are given to mothers in the health facilities.
- ASHAs are provided with drug kits.
- 913 Village Health, Sanitation, and Nutrition Committee (VHSNC) have been formed, and 913 bank accounts have also been opened.
- 41 Mahila Arogya Samitise (MAS) have been formed and trained in the district. 25 MAS Accounts has also been opened in the urban areas of the district.
- The CPHC has been implemented in the district, a total of 778641 CBAC forms have been filled in the district. 184 of the SC-HWC, 46 PHC-HW, 11 CHCs, and 9 UPHC-HWCs have started doing NCD screening.
- Very well-functioning web HMIS, IHIP, NIKSHAY portal, etc. in the district. The error in data reporting has also been minimised.

b) Areas for Further Improvement

- The new format of HMIS is yet to be implemented in the district. No training of the health staff on the same is done as well.
- District as a whole is facing a severe shortage of health staff. Vacant posts of doctors/nurses need to be filled at all levels on an urgent basis. Further, the contractual staff of NHM (ANM, ASHA, etc.,) need to fill on a priority basis.
- Most of the NHM Health staff are underpaid and have lots of responsibilities; therefore, they leave their jobs. Even they are not covered under PF and health insurance. Therefore, it is strongly recommended to increase the remuneration of the NHM staff and provide them with health insurance coverage and retirement benefits such as PF.
- Regular meetings of the State & District Health Mission should be held.
- The district needs to plug the gap between lower-level staff and DPMU.
- Ambulance drivers do not get their salary on time; that's why they don't come on time. Hence, the district need to find out the root cause and solve the problem at the earliest.
- Diesel is provided in ambulances only for picking up and dropping pregnant women. It should be for all types of patients.
- More emphasis needs to be laid on NCD training and screening, particularly on cancer in the district.
- As only 10 health facilities are quality certified, the district needs to focus more on the inclusion of the health facility under the quality assurance program.
- Training for health staff is required.
- New initiatives/purchase should be initiated in the beginning of the financial year from state side, so that target can be achieved.

c) Specific recommendations

- RBSK form need to be given in local language. Vacant posts should be filled on priority basis.
- More emphasis need to be placed on NTCP in district. School and village-level sensation programs/workshops need to be organized.
- The more emphasis needs to be placed on quality assurance programs in the district. 104 institutes in the district have got Kayakalp Award during 2021-22, the same needs to be sustained. The district should take initiative to include more health facilities under NQAS and LaQshya programs.

Sub Centre Katgaon

- Only 877 CBAC forms have been filled in the last three months, which shows the insufficient screening of the population. The speed of the screening of the population needs to be increased.

PHC Jawala (B)

- At the PHC, one post of medical officer, one post of DEO and one post of attendant is vacant which is hindering the services delivery, it is recommended to filled all the vacant post at the earliest.
- Building is old, Ceiling of the OT fell down, hence OT need to be renovated on urgent basis.
- The TB treatment cards are partially filled; the information related to the patient's age, sex, marital status, occupation, etc., is not collected in the TB treatment card, which is a glaring ignorance of protocols. This will have repercussions on the TB program. Therefore, it is recommended that district officials sensitize the service provider about the importance of this information during the training program; or organize some workshops on this.

CHC Murud

- Building is old, leakage is happing, hence construction of new infrastructure and repair/up-gradation of the existing infrastructure is required at CHC-Murud.
- No direction board on the main road towards CHC.
- Pharmacist, X-Ray technician post is vacant in the facility for the last six months. Similarly, one post of Medical officer-dental, one post of In-charge staff nurse, three post of ward-boy and one post of sweeper is vacant at the CHC in the regular cadre, which hinders the services delivery at the facility. It is recommended to fill the vacant posts on priority basis.
- Though Trauma care staffs are available at CHC, but required instrument are not available. Hence, it is recommended to provide all the required instrument at the earliest to the CHC.
- As accidental cases are more prevalent in the CHC due to its location, and for the same purpose, trauma staff are there, although, Blood Storage Unit is there, but technician is not available. Therefore, it needs to be provided at the CHC.
- Three anaesthetists are available at CHC, which is not required considering it is a CHC. The deployment of human resources needs to be rationalized.
- PPIUD material were not available at the facility for last six months.
- Laundry is outsourced, however respective person doesn't come to provide laundry services. beacase MOU is from state level, he doesn't listen to CHC people. Hence, district need to find out the root cause and solve the problem at the earliest.

Women Hospital

- As the WH is run on a rented building, hence no repairs can be made. The drain is clogged, Sewers are clogged, buildings are discoloured, and windows are cracked. Hence, shifting the women's hospital to another place with a new building is recommended. It will also solve the problem of resident doctor availability at the hospital as there is no staff quarter available currently.
- One Surgeon and class fourth posts are vacant for last one year, which need to be filled on priority basis.

- Some of the protocols are not followed properly like EDL was not displayed in the public domain, PNC ward is not in good condition and head ticket was also not mentioned on bed, spitting was on staircase, no direction board toward herbal garden, etc., which need to be taken care.
- The hospital staffs are not aware of some of the important data items of HMIS (i.e. Mera Aspataal, etc.); hence training on the HMIS should be given to hospital staff from time to time.

1. Introduction

National Health Mission (NHM), previously known as National Rural Health Mission (NRHM) was launched in order to make health care more accessible and affordable to all, especially who are vulnerable and underserved and at the moment it has become one of the essential part of the health services in the country. The Mission is both flexible and dynamic and is intended to guide states towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. Also, the need for effective inter-sectoral convergent action to address the wider social determinants of health is envisioned. A timely and systematic assessment of the key components of NHM is important for further planning and resources allocation.

In keeping with the goals of the NHM, the Programme Implementation Plan (PIP) 2023-24 has been designed and submitted to the Ministry of Health and Family Welfare (MoHFW), Government of India (GOI) by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionality and the road map given for PIP. In order to assess the implementation and progress of PIP, the MoHFW has assigned the task of evaluation and quality monitoring of the important components of NHM to various PRCs. Population Research Centre (PRC), Pune was assigned the evaluation study of PIP of fourteen districts of Maharashtra states for the year 2023-24.

In order to carry out quality monitoring and evaluation of important components of NHM, various types of checklists developed by the Ministry were used. The checklist for districts and facilities was aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

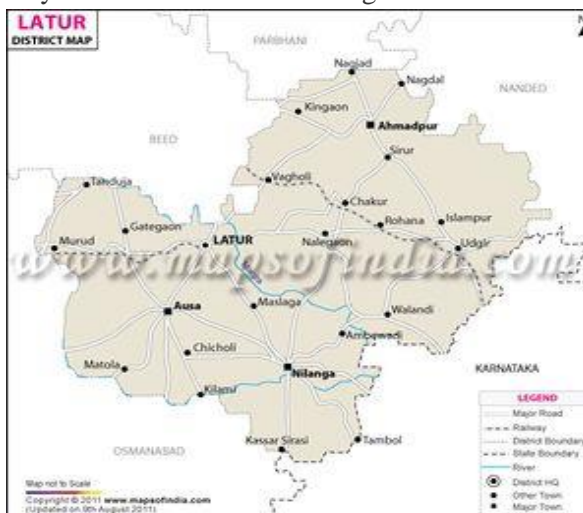
This report discusses the monitoring and evaluation of PIP findings and observations for the Latur District in Maharashtra, which was carried out during the period 3-7 July 2023

This report provides a review of key population, health, and service delivery indicators of the Latur district. The report also deals with the health infrastructure and human resources of the district and provides insights on MCH service delivery including JSSK and JSY schemes, NRC, Immunization, RBSK, Family Planning, ARSH, Bio-medical waste management, referral transport, ASHA scheme, communicable and Non-communicable diseases and status of HMIS and MCTS. The report is also included the inputs of the District Program Manager, Civil Surgeon; concerned Programme Officers, and Medical Officer of the visited facilities.

2. Overview of District

2.1 Geographic Profile

The Latur district is in the south-eastern part of the Maharashtra state. It is the 16th largest city in Maharashtra with district headquarter located in the city. It comes under the Aurangabad division. Latur town is situated at 18.7° latitude and 73.25° longitude. The district is situated on the Maharashtra-Karnataka boundary. On the eastern side of the Latur is the Bidar district of Karnataka, whereas Nanded is on the northeast, Parbhani on the northern side, Beed on the Northwest, and Osmanabad on the western and southern sides. The entire district of Latur is situated on the Balaghat plateau, 540 to 638 meters from the mean sea level. The total areas of the district is 7,157 km². Average rainfall in the district is 600 to 800 mm. This is usually during the monsoon months from July to October. Moderate temperatures are mainly observed.



2.2 Administrative Profile

Administratively the district is divided into five subdivisions namely Latur, Nilanga, Ausa, Ahmadpur and Udgir, and further divided into ten talukas & ten Panchayat Samitis. These are Latur, Udgir, Ahmedpur, Ausa, Nilanga, Renapur, Chakur, Deoni, Shirur Anantpal, and Jalkot. Latur city is the administrative headquarters of the district. There are around 928 villages in the district. There are six Vidhan Sabha constituencies in Latur District. These are Latur City, Latur Rural, Udgir, Ausa, Nilanga and Ahmedpur.

2.3 Demographic Profile

The total population of the district is 2,797,455; total 869,937 people live in the urban areas and 1,927,518 lives in the Rural areas. The total literacy rate of the district is 77.26 percent. The overall sex ratio of the district is 889 females per thousand males and sex ratio at birth is 928 female babies per thousand male babies. The population density of the district is 890 people per square kilometre.

Table 1: district background, health indicator and facility details of Latur district, 2023-24.

Indicator	Remarks/ Observation
Total number of Blocks	10
Total number of Villages	928
Total Population	2797455
Rural population	1927518
Urban population	869937
Literacy rate	77.26
Sex Ratio	889
Sex ratio at birth	928
Population Density	890/km2

Source: DPMU Latur

2.4 Health Profile of the state and district

The fifth round of the National Family Health Survey (NFHS-5) brings to light key statistics concerning the national and sub-national health outcomes (**table 2**). The district of Latur records a higher percentage of the share of women using contraception, when compared with the state's share. However, The maternity and delivery care indicators fare relatively better too, as the district records higher than state average of 4 or more ANC visits, consumption of IFA 180 days or more, almost equal proportion of institutional deliveries and less proportion of caesarean deliveries. With respect to child under-nutrition, district records, a lower than state average of the share of underweight and anemic children. 60% of the children age 6-59 months were tested to be anemic during the NFHS survey. The proportion of children fully immunised was higher (79.2%) in the district than state average (73.5%).

With respect to adult health, hypertension surfaces to be an emerging area of concern in the district, for both, men and women. However, the prevalence of hypertension and diabetes among women was lower in the district than state.

Total three maternal deaths, 25 children deaths, 60 infant deaths and 26 still birth were reported in the district during 2022-23. Impressively, no deaths have been reported in the district during April to June of 2023-24 (**table 3**).

Table 2: Key health Indicators in Maharashtra and Latur district, NFHS-5

Key indicators	NFHS 5	
	Maharashtra	Latur
Maternity and Delivery care		
Mothers registered in the first trimester (%)	70.9	74.6
Mothers who had at least 4 ANC visits (%)	70.3	72.6
Mothers whose last birth was protected against neonatal tetanus9 (%)	90.1	86.4
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	30.9	38.0
Institutional Delivery (%)	94.7	94.7
Home deliveries assisted by SBA (%)	2.0	2.4

Births delivered by caesarean section (%)	25.4	19.0
MMR		
Child health		
Children (12-23 months) fully Immunized (%)	73.5	79.2
Children under 5 years who are stunted (%)	35.2	43.2
Children under 5 years who are underweight (%)	36.1	33.9
Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	68.9	59.9
IMR	23.2	
NMR	16.5	
Reproductive health		
Using any modern method for family planning (%)	63.8	77.2
Total Unmet need for FP (%)	9.6	4.6
Unmet need for spacing (%)	3.9	3.3
Adult Health		
% women aged 15-49 years who are anemic	54.2	50.7
Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	12.4	11.1
% women aged 15-49 years who have elevated blood pressure (Systolic \geq 140 mm of Hg and/or Diastolic \geq 90 mm of Hg) or taking medicine to control blood pressure (%)	23.1	11.1
% men aged 15-49 years who are anemic	21.9	
% of men have sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	13.6	19.6
% men aged 15-49 years who have elevated blood pressure (Systolic \geq 140 mm of Hg and/or Diastolic \geq 90 mm of Hg) or taking medicine to control blood pressure (%)	24.4	

Source: NFHS-5

Table 3: Mortality indicators in Latur district

Mortality Indicators	2022-23	2023-24 (April to June)
	Reported	Reported
Maternal Death	03	00
Child Death	25	00
Infant Death	60	00
Still birth	26	00

Source: HMIS

3. Available Physical Infrastructure in the district

3.1 Health Infrastructure in the District

There is no district hospital in Latur district, but two medical colleges are available in the district. A total 1 WH, 1 SDHs, 11 CHCs, 50 PHCs, 252 SCs, 10 U-PHC, 1 SNCU, 1 NRC, and 1 DEIC are available in the district. 46 PHCs and 184 Sub-centres, 10 U-PHCs are converted into health and wellness centre (HWC). Further, 6 health facilities are FRU; and one blood bank, and 7 BSU are available in the district. A total of 30 designated microscopy centers (DMC), 11 tuberculosis units

(TUs), 5 CBNAAT/TruNat sites, and one drug-resistant TB center are also available in the district. The NCD clinic is done at all the SDHs, CHCs, and PHCs. Though only 184 SCs conduct the NCD clinic in the district. A total of 13 health facilities provide comprehensive abortion care (CAC) services, and all provide services in both 1st and 2nd trimesters.

Table 4: Health infrastructure in the Latur district, 9 July –district 2023

Facility Details	Sanctioned/ Planned	Operational
District Hospitals	0	0
Sub District Hospital	1	1
Community Health Centres (CHC)	11	11
Primary Health Centres (PHC)	50	50
Sub Centres (SC)	252	252
Urban Primary Health Centres (U-PHC)	10	9
Urban Community Health Centres (U-CHC)	0	0
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	1	1
District Early intervention Center (DEIC)	1	1
First Referral Units (FRU)	6	6
Blood Bank	1	1
Blood Storage Unit (BSU)	7	7
No. of PHC converted to HWC	50	46
No. of U-PHC converted to HWC	10	10
Number of Sub Centres converted to HWC	252	184
Designated Microscopy Center (DMC)	34	30
Tuberculosis Units (TUs)	11	11
CBNAAT/TruNat Sites	5	5
Drug Resistant TB Center	1	1
Functional Non-Communicable Diseases (NCD) clinic		
• At DH	0	0
• At SDH	1	1
• At CHC	11	11
• At PHC	50	46
• SC	252	184
Institutions providing Comprehensive Abortion Care (CAC) services		
Total no. of facilities	13	13
Providing 1st trimester services	13	13
Providing both 1st & 2nd trimester services	13	13

Source: DPMU, Latur

3.2 Service Delivery Points

In the district, free drug policy is implemented under all national programmes and for BPL patients. Other than national programmes patients are charged Rs. 10/- for case paper and lab tests are done on minimum charges. In-house labs are available in the all the facilities of the district for most of the diagnostics tests. Besides this, HLL Life Care Ltd. is appointed in the state for providing diagnostic tests services which are being done at the health facilities. Moreover, a total of 3 SCs conducting more

than three deliveries per months and a total of 6 PHCs conducting more than 10 deliveries per months in the district. There are two medical colleges in the district of which one conducts more than 50 deliveries per month. Similarly, a total of 272 institute (public and private) are having ultrasound facilities and all are registered under PCPNDT Act.

Table 5: Health facilities and their status in the district

Indicator	Remarks/ Observation
Implementation of Free drugs services (if it is free for all)	Yes
Implementation of diagnostic services (if it is free for all)	Yes
Number of lab tests notified	4337 (April to June)
Status of delivery points	
No. of SCs conducting >3 deliveries/month	3
No. of 24X7 PHCs conducting > 10 deliveries /month	6
No. of CHCs conducting > 20 deliveries /month	4
No. of DH/ District Women and child hospital conducting > 50 deliveries /month	General hospital and women hospital is there.
No. of DH/ District Women and child hospital conducting C-section	2
No. of Medical colleges conducting > 50 deliveries per month	1
No. of Medical colleges conducting C-section	1
Number of institutes with ultrasound facilities (Public + Private)	272
Of these, how many are registered under PCPNDT Act	272

Source: DPMU, Latur

4. Availability of Human Resource for Healthcare Services

Human resources are an important component of the health care system. Achievement of good health outcomes is not possible without a sufficient qualified health workforce and its shortage will lead to a decrease in the quality of healthcare services. There are some improvements in human resources after the implementation of the National Health Mission. Human Resource Information System (HRIS) is in place in the district. Table 6 presents the status of regular staff under the District Health Office in the Latur district. A total of 1034 posts of different disciplines are sanctioned for the district; of which 563 (54.5) posts are filled, and 471 (45.5%) posts are vacant (**table 6**).

Table 7 depicts the status of contractual staff appointed under NHM in the Latur district. The PRC monitoring team has observed that 67 posts (8.7%) of different classes of employees were vacant among the contractual staff under NHM. 16 posts of Lab technician, 12 posts of Staff Nurses, 14 posts of ANM, 1 Anaesthetist, 4 Paediatricians, and 3 posts of OBGYs are vacant in the district.

Table 6: Status of Regular Staff under District Health Officer (DHO), Latur district, 30 June, 2023

Name of Post	Approved No. of Post	Filled	Vacant
CLASS I	1	1	0
Add DHO	1	1	0
RCH officer	1	1	0
ASST DHO	1	1	0
Epidemiologist Veterinary officer	1	1	0
MO	111	83	28
Ayurveda MO	7	5	2
Unani medical officer	1	0	1
TMO	10	9	1
Administrative officer	1	0	1
Assistant Administrative officer	1	1	0
Jr Administrative officer	3	2	1
Assistants	4	2	2
Statistical officer	1	0	1
Jr account officer	2	1	1
Assistant account officer	2	2	0
Pharmacist officer	49	41	8
Health supervisor	28	19	9
Health assistant (Male)	74	69	5
Health assistant (female)	50	35	15
Health worker (male)	268	133	135
Health worker (female)	405	147	258
Lab technician	2	1	1
Driver	3	3	0
Other	7	5	2
TOTAL	1034	563	471

Source: DPMU, Latur

Table 7: Contractual staff appointed under NHM in District Programme Management Unit (DPMU), Latur district as on 31th June 2023.

Name of Post	Approved No. of Post	Filled	Vacant
OBGY	4	1	3
Paediatrician	6	2	4
Anaesthetist	3	2	1
Surgeon	1	0	1
Radiologists	2	1	1
Other specialists	9	9	0
Dental surgeon	9	5	4
ANM	155	141	14
Staff Nurse	176	164	12
LHV Staff	23	18	5
Lab Technician	30	14	16
Dental Technician	1	1	0
Pharmacists	36	33	3
Physiotherapists	4	3	1
Dental Hygienist	2	1	1
Mo	30	30	00

AYUSH MO	21	20	1
RBSK MO(male)	30	30	0
RBSK MO (Female)	30	30	0
Other post	198	198	
TOTAL	770	703	67

Source: DPMU, Latur

5. Status of Training of Healthcare Provider in the District

Table 8 depicts the status of training given to health personnel of Latur district at the Health & Family Welfare Training Centre under various Programmes during the last financial year. It was planned to provide training to a total of 62 different batches during 2022-23. A total of 3 BEmOC, 10 SAB, 3 RI, and 1 WIFS sessions were planned, and the same number of sessions were completed in the district. However, 4 sessions for PPIUCD-SN, 3 sessions for FPLMIS, and one session on NSV-refresher were planned, but only 3 sessions for PPIUCD-SN, no session on FPLMIS and no session on NSV-refresher have conducted in the district.

Table 8: Training given to health personnel of Latur district at Health & Family Welfare Training Centre under various Programmes as on 31 June, 2023

List of training (to be filled as per ROP approval)	Planned	Completed
BEmOC Training	3	3
SAB Training	12	10
RI Training	3	3
MTP/MVA	1	1
RTI/STI	1	1
COLD CHAIN	1	1
MINI LAP	2	2
MINI LAP REFRESHER	1	1
NSV REFRESHAR	1	0
PPIUCD- MO	1	1
PPIUCD- SN	4	3
WIFS	1	1
PMHS	1	0
NSV	1	0
POST ABORATION	1	1
KMC	1	1
FPLMIS	3	0
NCD-IT	6	6
Supportive supervision TOT	1	1
Block 10	10	10
NPCHH/NRCP	2	2
Bridge refresher training	1	1
NSSK staff nurse	1	1
NSSK ANM	1	1
IYCN	2	2
Total	62	53

Source: DPMU, Latur

6. Implementation of National Health Programmes in the district

6.1 Maternal and Child Health Care Programmes

Maternal Health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. So, the well-being of the mother is not only important in their own right but is also central to solving large broader, economic, social, and development challenges. Therefore, the government of India has introduced several programme focusing on the well-being of mothers and children. In the Washim district, many of these programmes are being implemented smoothly with the help of central and state funding.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA): A total of 7945 MCP (7945 in rural areas) cards and booklets have been issued in the district under PMSMA. The current round of PMSMA was conducted in the one medical college, district Women Hospital, one SDH, 10 CHCs, 50 PHCs, and in one UPHC of the district. (This data is only DHO side)

Table 10: Details of PMSMA activities performed.

PMSMA components		
No. of issued MCP Cards and safe motherhood Booklets	Total 7945 in rural areas.(2023-24)	
Number of health facilities where the current round of PMSMA was conducted	Medical College	01
	WH	01
	SDH	01
	CHC	10
	PHC	50
	UPHC	01

Source: DPMU, Latur

Special New-born Care Unit (SNCU): The district is having 12 beds of SNCU situated at Woman Hospital. 12 radiant warmers and 4 step-down units and one KMC unit are available in the SNCU. During last year, from April 2022 to March 2023, a total of 685 (516 inborn and 169 out-born) children were admitted in the SNCU in the district. In total, 01 children died in the SNCU. From April 2023 to June 2023 a total of 176 (135 inborn and 41 out born) children have been admitted to the SNCU, and one case of refer and 3 cases of LAMA have been reported in the district SNCU.

Table 11: Number of children admitted in SNCU in Latur district.

	Inborn		Out born	
	2022-2023	2023-24	2022-23	2023-24
Admission	516	135	169	41
Defects at Birth	16	05	03	01
Discharged	452	133	143	37
Referral	44	06	22	01
LAMA	13	03	03	03
Died	00	00	01	00

Source: DPMU, Latur

Newborn Stabilization Unit (NBSU): NBSUs are available in the district. In the last financial year, April 2022 to March 2023, a total of 786 children were admitted to the NBSU, out of which 253 were referral cases. 32 case was reported as LAMA, and 3 cases of death in the last year 2022-23. In the current year (April to June) 134 admission to the NBSU have been taken place, of which 57 are referral cases. 76 children have been discharged from the NBSU after the treatment.

Table 8: Number of children admitted in NBSU in Latur district.

	Inborn		Out-born	
	2022-2023	2023-24	2022-23	2023-24
Admission	686	122	100	12
Discharged	448	65	49	11
Referral	211	56	42	1
LAMA	26	1	6	0
Died	1	0	2	0

Source: DPMU, Latur

New-born Care Corner (NBCC): Most of the SCs are having NBCC as reported by DPMU.

Nutrition Rehabilitation Centres (NRC): NRC is situated in the women district of the district, and is functioning with necessary equipment's and trained manpower. During the 2022-23, total 206 children were admitted in the NRC, of which 211 were discharged, 3 were referral/medical transfer cases and 5 were LAMA cases. Similarly, from April to June 2023, total 47 children have been admitted in the NRC, of which 38 got the discharge after treatment and 6 are the LAMA cases. Out of total cases, 28 children were admitted due to the <-3SD WFH. 24 children were referred by RBSK team and 4 children came with their parent among the total admitted children in 2023-24.

Table 9: Status of NRC in the district

Nutrition Rehabilitation Centre (NRC)	2022-23	2023-24
Total admission	206	47
Discharged	211	38
Referral/ Medical transfer	03	00
LAMA	05	06
Died	00	00
Admission by disease categories	00	
○ Bilateral pitting edema	00	
○ MUAC<115 mm	28	
○ <-3SD WFH	00	
○ with Diarrhoea	00	
○ ARI/ Pneumonia	00	
○ TB	00	
○ HIV	00	
○ Fever	00	
○ Nutrition related disorder	00	
○ Others		
Referred by		
○ Frontline worker	0	
○ Self	4	

○ RBSK	24
○ Paediatric ward/ emergency	0
Discharged	18

Source: DPMU, Latur

Rashtriya Bal Swasthya Karyakram (RBSK): A total of 30 RBSK teams are sanctioned in the district, however only 24 of them are having full strength (consisting of 2 Medical officers (1 male and 1 female), 1 ANM, 1 Pharmacist. A total of 27 teams are having designated vehicle for outreach visit. All RBSK teams work under District Health Office. In the last financial year, on an average 110 children screened per team. Total 15475 children born at delivery point screened for defects at birth in 2022-23.

Table 10: Status of RBSK programme in the district, 9 June 2023

Indicators	Remarks
Total no. of RBSK teams sanctioned	30
No. of teams with all HR in-place (full-team)	24
No. of vehicles (on the road) for RBSK team	27
No. of Teams per Block	1
No. of block/s without dedicated teams	0
Average no of children screened per day per team	2022-2023: 110
Number of children born in delivery points screened for defects at birth	2022-2023: 15475

Source: DPMU, Latur

Recommendations

1. Vacant posts should be filled on priority basis.
2. RBSK form need to be given in local language too.

Janani Suraksha Yojana (JSY): The JSY program is well-functional in the district. All the beneficiaries received the payment on time. A total of 5754 JSY beneficiaries have received the monetary benefits through DBT from the Taluka health office in the last year. Although, 508 beneficiaries are in the backlogs list of the district.

Maternal and Child Deaths Review

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan documents. The importance of MDR and child death review (CDR) lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in services.

There were 03 Maternal Deaths and 25 child deaths took place in the district during 2022-23 and all maternal and child deaths were reviewed by concerned authority.

Table 16: Status of Maternal and child deaths in the district

Maternal and child deaths	2022-23	2023-24 (April to June)
Maternal deaths	03	0
Number of Maternal Death Review conducted	03	0
Child deaths	25	0
Number of Child Death Review conducted	25	1

Source: DPMU, Latur

6.2 Community Process

The leading role of community front-line workers such as ASHAs and ANMs in the operational delivery of key schemes/programme under NHM has been in evidence for decades now.

Accredited Social Health Activist (ASHA): In the district, total 1703 ASHAs are required as per population, but only 1698 ASHAs are appointed. Out of total selected ASHAs, total 1630 are enrolled for Pradhan mantra Jeevan Jyoti Bima Yojana (PMJJBY), 1614 are enrolled in the Pradhan Mantri Suraksha Bima Yojana (PMSBY), 1201 ASHAs are enrolled in the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). Similarly, total 84 ASHA facilitators are enrolled in the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 78 ASHA facilitators are enrolled in the Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 76 ASHA facilitators are enrolled in the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district.

Table 11: status of enrolment of ASHAs in the various programs in the district.

Sr. no.		Number of ASHAs
1.	Number of ASHAs	
	Required as per population	1703
	Selected	1698
	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	0
	No. of villages/ slum areas with no ASHA	0
2.	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	
	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	1630
	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	84
	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	1614
	No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	78
	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	1201
	No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	76

Source: DPMU, Latur

Home Based New-born Care (HBNC): All the appointed ASHAs are having HBNC kits and essential drugs, and all the new-borns are visited by ASHA under HBNC.

Mahila Arogya Samiti (MAS): Total 41 MAS are formed and all the trained. However, a total 25 MAS account have been opened in the district.

Peer Education (PE) Programme: The Peer education program is not implemented in the district.

Weekly Iron Folic Acid Supplementation program (WIFS): The WIFS program is implemented in the district through Schools and Aganwadi centres. Total 80,2,957 IFA tablets were distributed among the adolescents under the program during 2022-23.

6.3 Non-Communicable disease programme

Implementation of CPHC and Universal Health Screening: The government of India, Ministry of Health and Family Welfare under the Ayushman Bharat Comprehensive Primary Healthcare (CPHC) program is undertaking a population-based NCD (non-communicable diseases) program is being implemented in the district. The total number of PHCs 50, SHCs 196, and UPHCs 10 are functioning as HWCs. Almost all facilities are as HWCs.

The universal screening is being conducted in the district. The total target population of the district is 2047186, of which 749961 CBAC have been filled. A total of 684813 people were screened for Hypertension, of which 81411 were diagnosed with hypertension and 80348 were treated for the same. Total 684607 people were screened for Diabetes, of which 40465 were diagnosed for Diabetes and 40343 were treated for same. Similarly, total 682357 people were screened for oral cancer, of which 666 were diagnosed with diabetes and 633 were treated for same. Total 339472 women were screened for Breast cancer, of which 266 were diagnosed with breast cancer and 243 were treated for same.

Table 12: Status of universal health screening of the population in the district

Universal health screening		Yes		
If conducted, what is the target population		2047186 per portal (NCD)		
Number of Community Based Assessment Checklist (CBAC) forms filled till date		749961		
No. of patients screened, diagnosed, and treated for:	Screened	Diagnosed	Treated	
Hypertension	684813	81411	80348	
Diabetes	684607	40465	40343	
Oral cancer	682357	666	633	
Breast Cancer	339472	266	243	
Cervical cancer	246493	298	267	

Source: DPMU, Latur

National Iron Deficiency Program: National Iron Deficiency Program is implementation in the district. Total 802957 IFA tablets have were distributed in the district under the program during 2022-23.

National Tobacco Control Programme (NTCP): Under NTCP program only district level workshops are conducted in the district.

Recommendations

1. More emphasis need to be placed on this program in district.
2. School and village-level sensation programs/workshops need to be organized.

6.4 Communicable Disease Programmes

National Vector Borne Disease Control Programme (NVBDCP): The NVBDCP is not implemented in the district.

National Leprosy Eradication Programme (NLEP): The NLEP program is implemented in the district. A total of 316 new cases of Leprosy have been detected so far in the district, of which 4 cases are G2D. Moreover, six reconstructive surgeries for G2D cases have been conducted. MCR footwear and self-care kit are available in the district, and MDT supply is there without interruption.

Integrated Disease Surveillance Programme (IDSP): The IDSP has been implemented in the district and functioning well. The rapid response team includes the district health officer, surveillance officer, Malaria officer, epidemiologist, veterinary officer, district food Drug officer, and physician. A total of six outbreaks were reported in 2022-23.

Table 13: Status of IDSP in the district

Implementation of Integrated Disease Surveillance Programme (IDSP)	Yes
If Rapid Response Team is constituted, what is the composition of the team	District health officer, surveillance officer, Malaria officer, epidemiologist, veterinary officer, district food Drug officer, and physician 2022-23: 06
No. of outbreaks investigated in the previous year and in the current FY	2023-24: 00
How is IDSP data utilized	IDSP data is utilized for disease surveillance. Weekly & monthly data is analyzed on a regular basis to find out trends of any communicable diseases or syndrome in the field. According to Treads preventive Measures have taken place at field & Health facility Levels to prevent future outbreaks.
Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP	1.40% (Total RU=71 & No of Pvt. Ru=01)

Source: DPMU, Latur

National Tuberculosis Elimination Program (NTEP): The public and private sector notification ratio in the State is almost 50:50. A total of 1275 (39%) TB notifications have been achieved, of which 1226 patients' HIV status is known. A total of 503 TB patients were eligible for UDST testing, of which 409 patients' UDST testing was done. In the district, both types of drugs (drug-sensitive and drug resistance

TB) are available. A total of 633 patients were notified from the public sector, with a treatment success rate of 70.0%. Total 26 patients were MDR TB patients, and all of them have initiated the treatment. A total of 642 patients were notified from the private sector, with a treatment success rate of 77.3%. No MDR cases have been reported from the private sector. Total of 665 TB patients were paid under Nikshay Posahan Yojna in the district.

Table 14: Status of NTEP in Latur, May 2023

Implementation of National Tuberculosis Elimination Programme (NTEP)	Yes
Target TB notification achieved	1275/3250=39%
Whether HIV Status of all TB patient is known	Yes; No. of TB patients with known HIV status: 1226, 93.66%
Eligible TB patients with UDST testing	Yes; 409/503, 81.31 %
Whether drugs for both drug sensitive and drug resistance TB available	Yes
Patients notification from public sector	No of patients notified: 633, 36.17% Treatment success rate:70.0% No. of MDR TB Patients: 26 Treatment initiation among MDR TB patients: 26
Patients notification from private sector	No of patients notified: 642, 42.80% Treatment success rate: 77.29% No. of MDR TB Patients: 00 Treatment initiation among MDR TB patients: 00
Beneficiaries paid under Nikshay Poshan Yojana	665
Active Case Finding conducted as per planned for the year	Yes

Source: DPMU, Latur

6.5 Quality Assurance Programmes

Kayakalp: A total of 104 Kayakalp awards (1 WH, 1 GH, 1 SDH, 9 CHC, 27 PHCs and 65 SCs) have been received by district during 2021-22.

National Quality Assurance Standards (NQAS): In the district, a total of five PHCs are NQAS certified.

LaQshya: District women hospital, SDH, General Hospital and two Rural Hospitals have been LaQshya quality certified in the district.

District Quality Assurance committee (DQAC): DQAC activities have been performed at the district level.

Grievance Redressal Mechanism: A grievance redressal mechanism is available in the district. District collector, Civil surgeon, DHO, DPM, etc., are members of the committee. Besides, a call center

with the toll-free number (toll-free number 104) is also available in the district. All the complaints are resolved in due course of time.

Mera Aaspatal: Mera Aaspatal is implemented in the women's hospital; however, 'The Mera Aaspatal' score is not generated due to a problem in the software. Even respective staffs are also not properly aware of the functionality of the 'Mera Aaspatal' portal.

6.6 Others

Referral Transport

All JSY and JSSK beneficiary are provided transportation services free of charge in the district. A total of 26 ambulances (20 with BLS and 6 with ALS) are available in the district, and all the ambulances are equipped with GPS. Total 82 ambulances of 102 toll free number are available in the district. On an average three trips are done and on an average 25 km distance is travel by these ambulances in the district. Total 11596, ANC pick-up, 5802 patients referred from one institute to another and total 13272 deliver mothers were dropped back to home were reported during 2022-23. In the last financial year, 2021-22, a total of 12279 ANC pick-ups, 4786 patients referred from one institute to another, and 14219 mothers were dropped back home in the district.

Table 15: Status of referral transport in the district.

Vehicle for Referral Transport (108)		
No. of Basic Life Support (BLS) (on the road) and their distribution	20	
No. of Advanced Life Support (ALS) (on the road) and their distribution	6	
	ALS	BLS
Operational agency (State/ NGO/ PPP)	6	20
If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
Average number of calls received per day	3	3
Average number of trips per ambulance per day	3	3
Average km travelled per ambulance per day	100	100
Key reasons for low utilization (if any)	Performance as per norms	Performance as per norms
No. of transport vehicle/102 vehicle (on the road)	82	
If the vehicles are GPS fitted and handled through centralized call centre	Yes	
Average number of trips per ambulance per day	3	
Average km travelled per ambulance per day	25	
Key reasons for low utilization (if any)	108 is fully utilized	

Source: DPMU, Latur

Mobile Medical Unit (MMU): There is no MMU in the district because MMU is not required in the district.

7. Public Health planning and implementation of National Programmes

7.1 District Health Action Plan (DHAP)

In preparation of the District Health Action Plan (PIP), all the facilities are involved in the preparation of the DHAP. All the facilities send their requirements and action plan to the district for approval. According to the DHAP send by the district, the state with some minor changes gives their approval. There is no tribal population in the district therefore no special grants are being given by the state to the district for the tribal development department. The District has received the of approved PIP in July 2023.

DPMU has provided the details of funds received and utilised on for the various programmes of NHM. Every year PIP funds are received in same period. But they are able to manage their routine activities from the unspent grant which they have received in the last financial year. As DPMU is stated that there is no delay in making payment of ASHAs.

Table 9: Details about DHAP and status of construction of building in Latur district.

Indicator	Remarks/ Observation
Whether the district has prepared any District Program Implementation Plan (PIP) for current year and has submitted it to the states (verify)	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	1/07/2023
Date of first release of fund against DHAP	13 April 2023
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	No
Details of Construction completed but not handed over	No

Source: DPMU Latur

7.2 Status of Fund Utilization

The budget utilization summary for the Latur district is presented in Table below. Total 6507.65 Cr. Budget was available with the district, out of which, 5815.04 Cr. spent on various programs during 2022-23. The head-wise utilization of funds is given in the below table.

Programme Wise Utilization of Fund

Table 17: Status of Expenditure as on: 01/04/2022 to 31/03/2023

Indicator	Budget Released 2022-2023	Budget utilized	Reason for low utilization
RCH and Health Systems Flexi pool	1166.47	937.18	80.34
Maternal Health	634.29	468.87	73.92%
PC-PNDT	0.35	199.81	85.68
Child Health	233.19	199.81	85.68%
Immunization	188.22	122.94	103.99%
RKSK/ Adolescent health	11.66	20.86	58.08%
Family Planning	89.51	84.30	94.18%
Nutrition	78.90	54.43	68.99%

	NIDDCP	0.35	00.00	00.00
NDCP		225.46	164.88	73.13%
	IDSP	2.20	0.82	37.35%
	NVBDCP	11.27	20.86	185.07%
	NLEP	87.14	65.03	74.63%
	NTEP	116.78	73.74	63.14%
	NVHCP	4.83	2.71	56.13%
	NRCP	3.20	1.66	51.94%
	ISSI	0.04	0.05	134.70%
NCD		170.30	125.58	73.74%
	NPCB+VI	100.76	77.71	77.13%
	NMHP	11.00	10.12	92.02%
	NPHCE	1.80	1.45	80.39%
	NTCP	5.00	4.78	95.61%
	NPCDCS	32.49	22.47	69.16%
	PMNDP	3.00	3.01	100.21%
	NOHP	9.00	3.98	44.17%
	NPPC	1.02	0.22	22.05%
	NPPCF	2.65	0.30	11.33%
	NPPCD	1.00	0.00	0.00%
	NPCCHH	2.58	1.54	59.50%
HSS (Urban)		96.49	95.77	99.25%
	CPHC	10.44	4.61	44.19%
	Community Engagement	18.25	31.40	172.06%
	IPHS	1.44	1.04	72.16%
	QAC	0.98	00.00	00.00%
	HR	61.28	56.71	92.54%
	PTA	0.24	0.24	100.00%
	Untied Fund	3.86	1.76	45.69%
HSS (Rural)		4848.93	4491.64	92.63%
	• CPCH	381.71	264.02	69.17%
	• Blood services Disorders	2.50	2.50	99.99%
	• Community Engagement	476.77	597.43	125.31%
	• IPHS	649.39	215.82	33.23%
	• Quality Assurance	76.82	58.99	76.79%
	• Other Initiatives to improve access	228.73	36.14	15.80%
	• HR	2534.84	2974.48	117.30%
	• Enhancing HR	16.88	12.76	75.60%
	• Program and technical ass	84.09	69.43	82.57%
	• IT INTERVENTIONS AND Systems	11.70	3.68	31.45%
	• State specific programme	20.00	16.36	81.80%
	Untied fund	364.50	240.03	65.85%
	TOTAL	6507.65	5815.04	89.36%

Source: DPMU, Latur

8. Selection of the Health Facility for Monitoring in the District

As per the guidelines of PIP monitoring, we have to visit one each of the DH, CHC, PHC, and SC in the district, considering the timeline of five days. The Latur block was selected for the physical monitoring of the services provided in the health facilities. So, Rural Hospital (equivalent to CHC) Murud, Jwalad (B) PHC and SC-HWC, Katgaon from the Latur health block were selected for Physical

Monitoring. The Women hospital was selected as default due to unavailability of district hospital in the district.

Table 18: List of visited health facilities

Name of Facility	Level	Health	Criteria for selection
Women Hospital Latur	Tertiary	Latur	By default, due to unviability of DH
Rural Hospital, Murud	Secondar	Latur	On the highway and high OPD
PHC-HWC, Jawala (B)	Primary	Latur	Comes under the Murud Rural Hospital's jurisdiction
SC-HWC, Katgaon	Primary	Latur	Situated in out of main popualtion with low OPD

9. Service Availability at the visited Public health facilities

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regard to infrastructure, service delivery, manpower, drugs and equipment, NHM programs, etc.

The monitoring team visited the following health facilities comprising one Sub center, one PHC, one CHC, and the woman's Hospital of the district.

9.1 Service Delivery: Sub Centre Katgaon

PRC team visited the Katgaon Sub-Center (SC). Sub-centre-Katgaon is located in Latur block and was about 5 km away from PHC Jawala (B). The facility is easily accessible from the nearest road head. SC provides OPD, ANC, PNC, RI, Family Planning, and HBNC services, and all national programs are implemented in the periphery of 8 villages and catering about 9740 populations. The women delivery room is available at the facility. It is a geriatric and disability friendly health facility. One clean and functional toilet is available. Facility is having a 24*7 running facility water.

The facility is having inverter as power back-up. A waiting area for OPD patients and a restroom for ASHAs is also available at the facility. This facility has been converted into Health and wellness Centre (HWC) and community Health officer (CHO) is also appointed here.

The facility is equipped with one bed. It is functioning in a government building, which is in good condition. The staff ANM quarters are available at the SC. Apart from the above point, the following observations have been made by the PRC monitoring team;

Key observations

- Wellness activities are organized at the SC. The total population of individuals aged 30 years or above is 5433, and 877 CBAC forms have been filled in the last three months.

- Essential drug list is available and displayed in the public domain. Anti-TB drugs are available in the facility as it is supplied from the PHC. Hypertension and Diabetic drugs is also available. Community Health Officer dispenses the medicines for hypertension and diabetes at the SC.
- All the essential and basic instruments i.e. B.P. instrument, thermometer, DDK, and blood urine testing kits, etc., are available at the health facility.
- PPIUCD service is available at the facility, oral pill and condom distribution is done at the facility and counselling for sterilization is also done.
- Line listing of high-risk women is done at the health facility.
- Biomedical waste is collected in color-coded bags, PHC vehicle comes to SC once a week to collect it.
- All the IT related instrument (laptop, tablets, and smart-phone) have been given to CHO.
- VHSNC is done once a month. The 'S' form under IDSP is filled.
- In the last financial year, a total Rs. 40000/- had been received and the total expenditure was Rs. 21184. SC has yet to receive the fund for this financial year.
- 108 and 102 ambulances are available at the facility on-call basis.
- Testing kits/Rapid Diagnostic kit is available in the facility.
- Tele-consultation services are available.
- ASHA is aware of the provision of incentives under NTEP.
- 2 ANC cases referred to PHC and another 18 referred cases were dengue cases.
- All records are maintained and updated at the facility. However due to the freezing the HMIS portal, HMIS data were not updated.
- Total two presumptive TB patients have been identified in the sub-centre area and 20 presumptive TB patients referred for testing during April 2023- June 2023. Of which, 2 TB patients diagnosed and the same number of patients are taking treatment under the SC area (Table 19).

Table 19: Status of Tuberculosis in SC area.

Indicators	2022-23	2023-24
Number of presumptive TB patients identified	3	2
Number of presumptive TB patients referred for testing	40	20
Number of TB patients diagnosed out of the presumptive TB patients referred	3	2
Number of TB patients taking treatment under the SC area	3	2
Total	49	26

Source: SC, Katgaon, Latur

Table 20: Human resource at SC-Katgaon

Human Resource	Sanctioned	Filled (regular)	Filled (contractual)
CHO	1	1	0
ANM	1	0	1
MPW	1	1	0
ASHA	10	00	10
Total	13	2	11

Source: SC, Katgaon, Latur

Below table 21 shows the number of cases screened and confirmed cases of different types of NCDs in the SC. It can be seen that from the table, a total of 871 persons were screened for hypertension, 877 for Diabetes, 850 persons screened for oral cancer, 477 for breast cancer and 476 for Cervical Cancer during the reference period. Of the total screened cases, 100 cases were found positive for Hypertension and 42 cases for Diabetes and one for breast cancer.

Table 21: Screened and confirmed cases of NCDs under NCD program reported at Sub-centre Katgaon, Latur.

NCDs	Screened	Confirmed
Hypertension	871	100
Diabetes	877	42
Oral Cancer	850	00
Breast Cancer	477	01
Cervical Cancer	476	00

Source: SC, Katgaon, Latur

Weaknesses/ challenges and recommendations

- Only 877 CBAC forms have been filled in the last three months, which shows the insufficient screening of the population. The speed of the screening of the population needs to be increased.

9.2 Service Delivery: Primary Health Centre Jawala (B)

PHC Jawala is located in the Latur block of Latur district and about 25 KMs away from Women Hospital (WH) Latur. It caters services to 4 Sub-centers covering a population of 20,000 in the periphery. PHC-Jawala is easily accessible from the nearest road. It is functioning in a government building. It is a 10 beds (6 of PHC and 4 IPHS beds) health facility with separate wards for males and females. The labour room of the health facility is currently under maintenance. New-born Care Corner is available at the facility. The working timing of the facility is 8-30 am to 12-30 pm in the morning and 4 to 6 pm in the evening. 24*7 water supply, clean toilets, inverter for power back-up, and drinking water facilities are available in the PHC. ASHA restroom is also available at the facility. Besides, the following observations have also been by the monitoring team;

Key observation and good practice

- Kayakalp activity is implemented in the facility. PHC has received the first prize of Kayakalp at the district level for the year 2021-22. For the year 2019-20, the facility score was 79.47%. Further, state level NQAS assessments has also been done and PHC has applied for national level assessment.
- Bio-Medical Waste management is outsourced, and the outsourced agency collects the BMW once a week from the PHC.
- Tele Medicine consultation facility is available at the facility. The average caseload is five per day.
- In the case of IT equipment, the facility is having Desktops with good internet connectivity.
- All ANMs are provided with Tablets. Though, ASHAs are not provided with the smartphone.
- Total of 122 essential drugs are listed in the EDL, and displayed in the public domain. In the last 30 days, there was no shortage of drug in the PHC. Drugs related to Hypertension & Diabetes were available in the facility. For procurement of medicine, E-Aushadhi software is used in the PHC. Testing and rapid diagnostic kits are available in the facility in sufficient quantity.
- All the essential equipment is available at the PHC. A total of 1348 tests were done at PHC, and 1120 tests were done by an outsourced agency.
- 24*7 delivery facility is available in the facility. Respectful maternity care is followed in the PHC.
- From April 2023 to June 2023, a total of 7 deliveries took place in the PHC. All of the new-borns were given 0 Polio, BCG, and Hepatitis B, and all of the new-borns initiated breastfeeding within one hour of delivery.
- JSY beneficiaries list is sent to Taluka Health Office (THO) for payment, and THO makes payment through PFMS to the beneficiaries. A total 7 of eligible beneficiary payments have been done from April to June 2023 through DBT from the THO office.
- All diagnostic and health care services are provided free of cost to all JSSK beneficiaries.
- A total of 5 female sterilizations were done last month. Supply of condoms, oral pills, and Copper-T services are provided in the facility. Family planning counselling is done by LHV and ANM. FPLMIS is implemented from SC.
- No maternal or infant death is reported in the periphery.
- NCD clinic is there on a daily basis. Up to June 2023, a total of 276 patients were screened for Hypertension, Diabetes, Oral Cancer, Breast Cancer, and Cervical Cancer. Of which 227 were confirmed for Hypertension, and 42 were confirmed for Diabetes. The medical officer has been trained in cancer screening.
- The facility is a designated Microscopy Centre. In the last 6 months, 1% of patients were tested for TB. Drugs for TB treatment are available and currently patients are taking TB drugs. 1% of patients were given monetary benefits through DBT under Nikshay Poshan Yojna in the last 6 months.
- Registers for Malaria, Dengue Chikungunya, and Leprosy are available and maintained. Though, no records are maintained for palliative cases.

- Data entry in different portals is updated as per the statement of the Medical officer.
- RKS meetings take place once a month.
- A total of Rs. 45,1000 was received, out of which a total of 383358 was utilized during last financial year.

Weaknesses/ challenges and recommendations

- At the PHC, one post of medical officer, one post of DEO and one post of attendant is vacant which is hindering the services delivery, it is recommended to filled all the vacant post at the earliest.
- Building is old, Ceiling of the OT fell down, hence OT need to be renovated on urgent basis.

9.3 Service Delivery: Community Health Centre (CHC) Murud

Community Health Centre (CHC)- Murud is located in the Latur Block of the Latur district, and is about 35 km away from district headquarters. It is a 30 beds hospital situated in a government building which is not in good condition. It is well accessible from the main road. The working hours of the facility is 8-30 am to 12-30 pm in the morning, and 4 to 6 pm in the evening. Electricity with power backup is available. Separate toilets are there for male and female wards; toilets are attached to the Labour room and are clean. restroom is available for ASHAs. A drug store with racks is available in the facility. Waste management is outsourced to a private agency. Pertaining to health services, CHC provides OPD; IPD; Delivery; RI; Family Planning; ANC, PNC, etc., services.

In terms of specialty of services, only Paediatric, ophthalmic, and Anaesthesiology services are available at the facility. Besides the above, the following observation has been made by the monitoring team;

Key observation/good practices

- NBCC, Triage, Resuscitation, and stabilization facility is available at the facility.
- Kayakalp is implemented and assessment is done, the facility scores is 92% for 2022-23. The Baseline assessment of NQAS is also done and facility scored 89% point. CHC has applied for national assessment. Facility is LaQshya certified.
- E-Aushadhi software is used for procurement of medicine. Of total EDL, 155 drugs were available on the day of the visit. However, EDL was not displayed in the public domain.
- In-house Lab service is available in the facility.
- X-Ray machine is available in the facility and X-ray services are free for BPL, senior citizens and JSSK beneficiaries.
- For payment of JSY, a list of beneficiaries is sent to the THO.
- All services are provided free of cost to the JSSK beneficiaries. PMSMA services are provided on the 9th day of every month.

- Line listing of high-risk pregnancies is done. Respectful maternity care is also implemented in the facility.
- NCD clinic is done with the general OPD. A total of 23,418 and 14,212 patients were screened for hypertension and diabetes in the last financial year.
- FP-LMIS is implemented in the facility.
- CHC is a designated Microscopy Centre. Patients are taking TB drugs from the facility. All of them are tested through TruNat for drug resistance. In the Last 6 months, total 423 samples were tested for TB and all the TB patients are tested for HIV and Diabetes.
- A total of INR 6,64,000 were received and out of which 5,35,938 were utilized in the financial year 2022-23.
- RKS meeting is conducted once a month. The last meeting was held on March 23, 2023.
- CHC is having own ambulance.
- No maternal or child death during this year and the previous year.
- One post of Medical officer-dental, one post of In-charge staff nurse, three post of ward-boy and one post of sweeper is vacant at the CHC in the regular cadre (table 22).

Table 22: Status of Human Resource in the CHC- Murud, Latur as on 31 June 2023

Human Resource	Sanctioned	Filled	Vacant
Medical Superintendent CI-I	1	1	0
MO CI-II	8	8	0
Dental MO	1	0	1
Pathology	1	1	0
Assistant Superintendent	1	1	0
IN sister	1	0	1
SN	10	10	0
Pharmacy Officer	1	1	0
X ray tech	1	1	0
Jr. Clerk	2	2	0
X-Ray Tech	1	1	0
Lab Tech	1	1	0
Lab Asst.	1	1	0
Driver	1	1	0
Peon	1	1	0
Ward Boy	7	4	3
Sweeper	3	2	1
Total	42	36	6
Contractual			
MO Dental	1	1	0
Dental assistant	1	1	0
ANM (urban)	4	4	0
Data operator	1	1	0
TOTAL	7	7	0

Source: CHC, Murud, Latur

Weakness/challenges and recommendations

- No direction board on the main road.
- Pharmacist, X-Ray technician post is vacant in the facility for the last six months. Similarly, one post of Medical officer-dental, one post of In-charge staff nurse, three post of ward-boy and one post of sweeper is vacant at the CHC in the regular cadre, which hindrance the services delivery at the facility. It is recommended to filled on vacant posts on priority basis.
- Though Trauma care staffs are available at CHC, but required instrument are not available. Hence, it is recommended to provide all the required instrument at the earliest to the CHC.
- As accidental cases are more prevalent in the CHC due to its location, and for the same purpose, trauma staff are there, although, Blood Storage Unit is there, but technician is not available. Therefore, it needs to be provided at the CHC.
- The TB treatment cards are partially filled.
- Three anaesthetists are there, which is not required due to workload.
- The Building is old and seepage. Hence a new building is required.
- PPIUD material were not available at the facility for last six months.
- Laundry is outsourced, however respective person doesn't come to provide laundry services. because MOU is from state level, he doesn't listen to CHC people.

9.4 Service Delivery: Woman Hospital (WH) Latur

Woman Hospital is in the Latur block of the Latur district, and is situated at the heart of the city district. This facility is serving a population of five lakhs. It is a 100 -beds hospital and is well accessible from the main road. It is a geriatric and disable-friendly hospital which is located in a government building. Electricity with power backup is available in the facility. 24*7 running water facility is available. The attached toilets to the Labour room are available and are clean. The drug store room with racks is available in the facility and has sufficient space. Waste management is outsourced to a private agency. The services like OPD, IPD, NCD, Ophthalmic, Pathology, ICTC, Emergency, Delivery, ANC, PNC, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK, etc., are provided at the hospital. Besides these specialized services of Medicine, O & G, Paediatric, Anaesthesia, Imaging Services, and Labour complex, are available at the facility. All other sanctioned specialist is available at the facility 24*7. The facility is having emergency services. Triage, Resuscitation, and stabilization facility is available. The following observation has also been made by the PRC monitoring team;

Key observation/good practices

- Kayakalp is implemented in the hospital and the total score is 83.81% for the year 2022-23. The internal assessment for NQAS has also been done and the score was 96%. Hospital has applied for state assessment.
- The LaQshay is also implemented in the Hospital. Both the Labour room and OT assessment have been done. The Labour Room score is 92%, and OT is 91% for the year 2022-23.
- A total of 140 drugs, out of 926, were available on the day of the visit. E- Aushadhi software is used for medicine procurement.
- Sufficient supply of consumables and testing kits were there. In-house diagnostic facility is available and a total of 13,1,58 tests have been done from April to June 2023 and total 713 outsourced test has also been done at the hospital.
- X-Ray services are available in the hospital.
- During the month of June 2023, total 123 deliveries have been conducted in the hospital, of which 74 were C-section deliveries. Respectful maternal care is implemented at the WH. No maternal and child death is reported in the last financial year. All the JSSK and JSY beneficiaries are entitled to free diagnostic and referral services. Free food and diagnostics are also provided to JSSK and JSY patients. All the new-borns are given birth doses of immunization and are asked for breastfeeding within an hour of delivery. JSY is made from the WH side. PMSMA services are provided on the 9th day of every month.
- The hospital staff are trained in the IUCD, PPIUCD and total 21 female sterilizations have been done in last month.
- NCD clinic services are provided in the daily OPD. From April to June 2023, a total of 1858 patients were screened for NCDs, of which newly diagnosed Hypertension patients were 437 and 230 of Diabetes. No breast and cervical cancer patients have been identified during the last year.
- Adolescent-friendly health clinic is not available at the Hospital.
- During the year 2022-2023, Rs. 6060195/- funds were received and 6335350/- were spent on various works/heads.
- In the case of online reporting, all portals are updated.
- Computers and printers are available with good internet connectivity.
- General emergency services are not available at the hospital as it was designated to MCH services.
- Women Hospital is having its own ambulance.
- Tele-medicine/consultation services are available on Monday and on an average 2 consultation per day is done.
- Blood Storage Unit (BSU) is available in the hospital. Total 38 blood transfusion were done in the last month.
- PM-National Dialysis program is not Implementation in the hospital.
- Comprehensive Abortion care (CAC) services are available.

- DEIC and NRC are situated in the premises of women hospital.

The below table 19 depicts the status of human resources at the Women Hospital. Of the total regular sanction posts (94), a total of 09 posts of different categories of human resources are vacant in the hospital. Among the vacant posts, 3 posts are of Staff Nurse, 2 posts of OT Attendant, 1 post of OPD Attendant, etc. Under NHM, a total of 6 posts (1 surgeon, 1 pediatric, 1 MO, and 2 are staff nurse) are vacant.

Table 23: status of Human resource at Woman Hospital, Latur.

Human Resource	Sanctioned	Regular	Vacant
Medical Superintendent	1	1	0
Medical Officer	16	16	0
Assistant Superintendent	1	0	1
Office sup	1	1	0
Assistant Matron	1	1	0
In-charges	5	5	0
Staff nurse	28	25	3
Pharmacist	3	3	0
Sr. Clerk	1	1	0
Jr. Clerk	4	4	0
Dietitian	1	1	0
X-Ray Tech.	3	3	0
Lab Tech.	2	2	0
Lab Assistant	3	3	0
Peon	2	1	1
Dresser	1	0	1
Ward Boy	10	10	0
OT Attendant	2	0	2
OPD Attendant	4	3	1
Sweeper	2	2	0
Store keeper	1	0	1
Total	94	85	9
NHM			
HR	Sanctioned	Regular	Vacant
Surgeon	1	0	1
Paediatrician	2	1	1
MO	6	5	1
Staff nurse	21	19	2
Lab tech	2	2	0
Dietitian	1	1	0
Physiotherapist	1	1	0
Optometrist	1	1	0
Psychologist	1	1	0
Other	13	12	1
TOTAL	50	44	6

Source: WH, Latur.

Challenges and recommendations

- As the WH is functioning on a rented building, hence no repairs can be made. The drain is clogged, Sewers are clogged, buildings are discoloured, and windows are cracked. Hence, shifting the women's hospital to another place with a new building is recommended. It will solve the problem of residence doctor as there is no staff quarter available currently.
- One Surgeon and class fourth posts are vacant for last one year, which need to be filled on priority basis.
- Some of the protocols are not followed properly like EDL was not displayed in the public domain, PNC ward is not in good condition and head ticket was also not mentioned on bed, spitting was on staircase, no direction board toward herbal garden, etc., which need to be taken care.
- The hospital staffs are not aware of some of the important data items of HMIS (i.e. Mera Aspataal, etc.); hence training on the HMIS should be given to hospital staff from time to time.

10. Summary and Recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2023-24 of Latur District was carried out by the PRC team during 3-7 July 2023. The District Health Office, Women Hospital, Rural Hospital-Murud, PHC-Jawala (B), and Sub Centre Katgaon were visited for Monitoring by the PRC team. During the field visit, PRC team was accompanied by the NCD Consultant.

The report highlights the geographic, socio-economic, and health profiles of the Latur district. Located in the Marathwada region of Maharashtra, the district covers 7,157 km² land with a total population of 2797455. The population density of the district is 890/km² and the literacy rate is 77.26%. The district faces challenges such as teenage marriages, anemia, and inadequate sanitation facilities. Health-wise, maternal and child health indicators are below the state average. The district's health infrastructure includes hospitals, health centres, and special care units. Human resources are a concern, especially for specialist doctors, ANMs, dentists, and technicians. The availability of these professionals is crucial for the effective functioning of the healthcare system.

The District Health Action Plan (DHAP) provides a budget framework for health programs in the district. The district received funds and utilized them for different health initiatives, but some specific areas, like innovation indicators and certain program components, had lower utilization rates.

Various health programs, like PMSMA, SNCU, and NRC, are implemented, although there's room for improvement. Non-communicable disease control, RNTCP, and vector-borne disease programs are functional, but data completeness is lacking. Quality initiatives like LaQshya, Kayakalp, and Mera Aspatal are ongoing.

10.1 Recommendations

1. District as a whole is facing a severe shortage of health staff. Vacant posts of doctors/nurses need to be filled at all levels on an urgent basis. Further, the contractual staff of NHM needs to fill on a priority basis.
2. Most of the NHM Health staff are underpaid and have lots of responsibilities; therefore, they leave their jobs. Even they are not covered under PF and health insurance. Therefore, it is strongly recommended to increase the remuneration of the NHM staff and provide them with health insurance coverage and retirement benefits such as PF.
3. As the WH is run on a rented building, hence no repairs can be made. The drain is clogged, Sewers are clogged, buildings are discoloured, and windows are cracked. Hence, shifting the women's hospital to another place with a new building is recommended. It will also solve the problem of residence doctor as there is no staff quarter available there currently.
4. One Surgeon, Paediatrician and fourth class employee's post are vacant for last one year, which need to be filled on priority basis.
5. No CT scan and Dialysis facility is available in the facility. Therefore, it is strongly recommended to provide a CT scan and Dialysis facility as there is no district hospital in the district and people are forced to go to private health facility that increases the OOPE of people.
6. There is a blood storage unit available in CHC-Murud, but no staff is there to manage that. Hence, one technical staff need to be provided to CHC.
7. Similarly, Pharmacists and X-ray technicians are not available in the CHC-Murud, which need to be appointed on a priority basis.
8. As the CHC is situated on the main road, accident cases are prevalent. Though Trauma care staff are available in the CHC, it is lacking the required equipment.

11. Glimpses of the Latur district PIP monitoring visit, 3-7 July 2023



Visit to SC Katgaon



Visit to PHC Jwala



Visit to CHC-Murud



Visit to DEIC at WH, Latur

Chauhan

Bal Govind Chauhan, PRC, Pune

Prashik

Prashik A.P, PRC, Pune