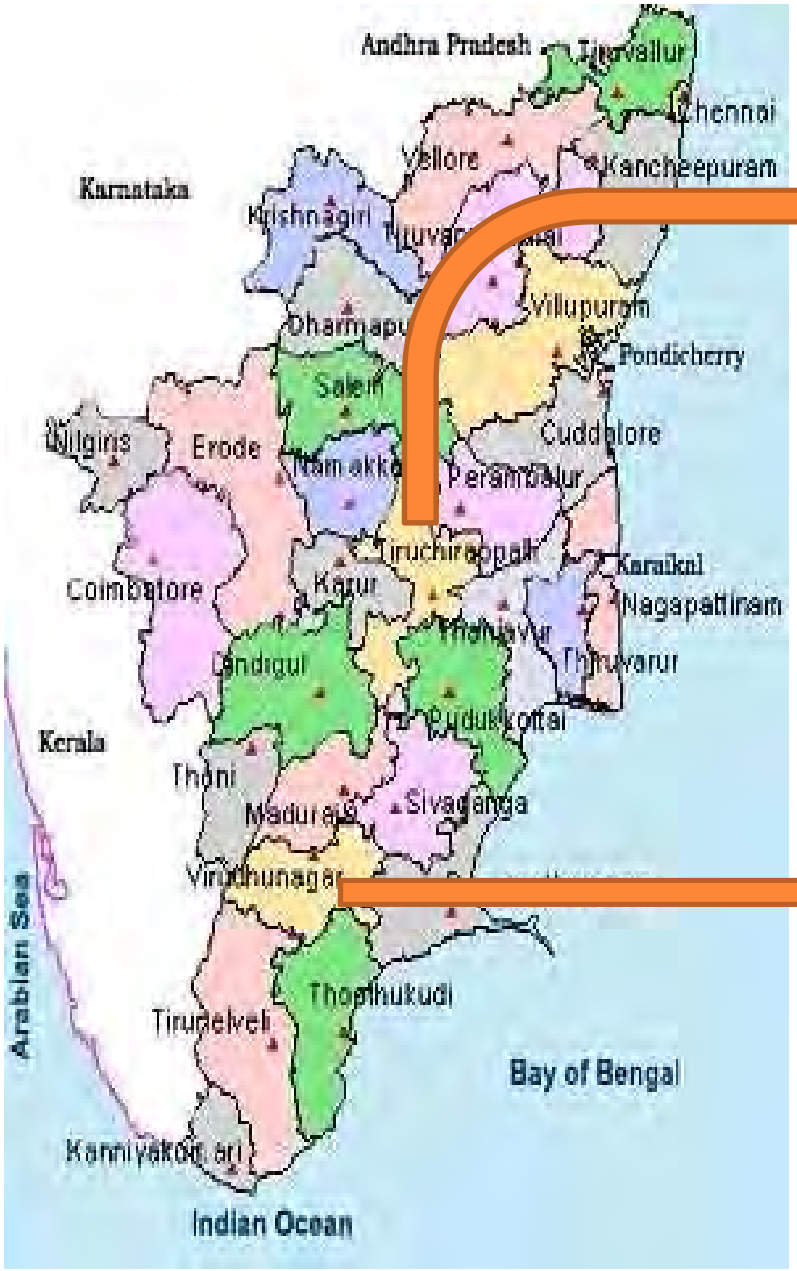
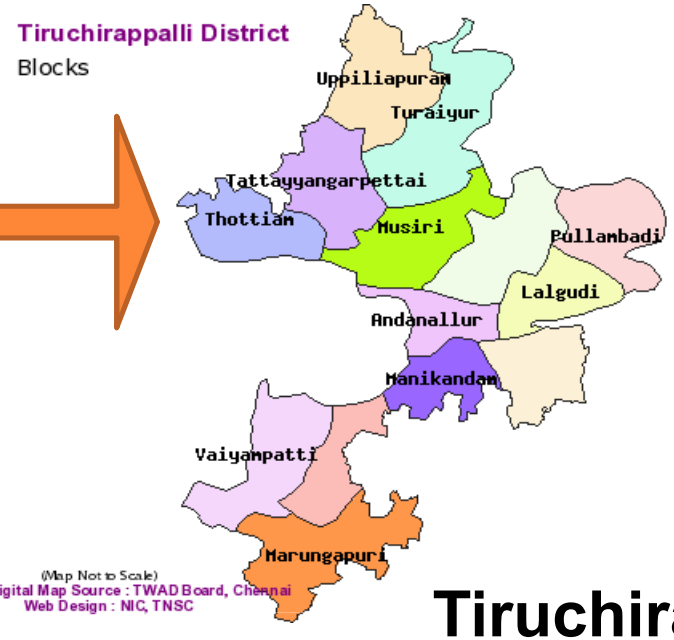
4TH COMMON REVIEW MISSION

TAMIL NADU

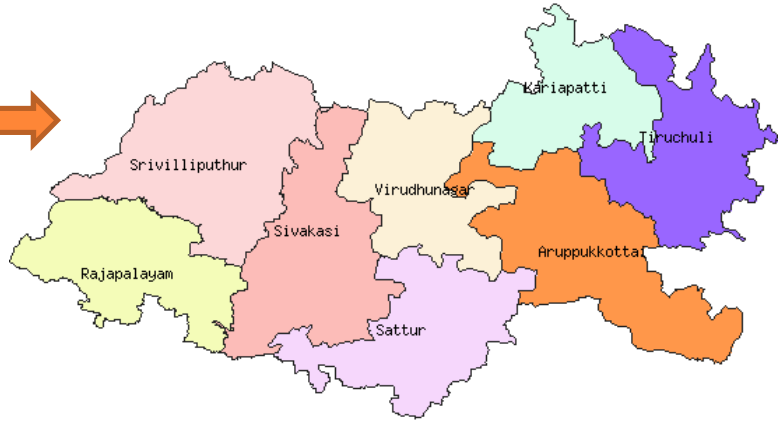
(15TH – 21ST DECEMBER 2010)

DISTRICTS VISITED





Tiruchirapalli



Virudhunagar

CRM Team: Tiruchirapalli	CRM Team: Virudhunagar
1. Dr. Thelma Narayan, SOCHARA 2. Ms Gayatri Mishra, Director, MoHFW 3. Prof. T. Mathiyazhagan, NIHFW 4. Dr. Ashoke Roy, Advisor, Public Health, RRC – NE, Guwahati. 5. Dr. Hemant Sharma, NRHM	1. Dr. Rattan Chand, CD(Stats) 2. Prof. J. K. Das, NIHFW 3. Mr. Sunil Nandraj, WHO 4. Dr. Rachana Parikh, NRHM
<u>Members from State:</u> 1. Dr. A. K. Rajendran, Additional Director 2. Mr. Durasamy, Joint Director, SBHI 3. Dr. V. Shanthi, Health Officer 4. Mr. Mani, Assistant Director, SBHI 5. Mr. Rajshekhar	<u>Members from State:</u> 1. Dr. Vasanthi, Joint Director 2. Dr. Vedivelan, Joint Director 3. Dr. Senthil, Health Officer 4. Mr. Basha
<u>Members from District:</u> 1.Dr. Mohana Sundaram, Joint Director 2.Dr. Veerapandian, DDHS 3.Mrs . Vasantha, DMCHO	<u>Members from District:</u> 1. Dr. Azzi Kannammal, JDHS 2. Dr. S Balasubramanian, DDHS 3. Dr. S Nirmaladevi, DD 4.Dr S Samiappan, District coordinator. 5. M. Usharani (District MCHO) 6. R. Padmachala (District MCHO)

Facilities/ Areas Visited

	Tiruchirapalli	Virudhnagar	Total
MC/District Hospital	2	1	3
Area Hospital/ SDH/ Taluk Hospital/CHCs	1	4	4
UGPHC/APHC	8	4	13
Sub Centres	5	10	15
AWCs/VH&NDs	3	0	3
Villages	2	5	7
Training Centres	2	0	2
Others (school/ relief camp)	0	0	0
Total	23	24	47

TAMIL NADU: HEALTH INDICATORS

- CBR (2009) :16.3 per1000 Population
- CDR (2009) : 7.6 per1000 Population
- IMR (2009) : 28 per1000 Live births
- MMR (2004-06) :111/100, 000 Live births

- The state has already achieved the NRHM Goal of IMR and expected to have achieved the MMR Goal also.

PROGRAM MANAGEMENT

- Dedicated Mission Director & Support Team
- Weekly Video Conferencing with districts by the Mission director
- Commitment of senior management and other staff is appreciable
- Good collaboration & integration between District Health Society and District Administration.
- Minimal contractual appointments – regular staff manages program implementation.

INFRASTRUCTURE DEVELOPMENT

- Infrastructure Development wing – tied up with State PWD.
- Up-gradation mainly done to develop the infrastructure for Wards, OTs and Labour rooms
- New buildings are being constructed. But planning for utilisation of existing buildings should be there.
- Residential accommodation not available in most places and not utilized if exists.
- Need to have duty room and security provision in 24x7 facilities as only Nurses and patients remain during night.
- Prompt and effective 108 services available

108 IN ACTION IN TAMIL NADU

INFRASTRUCTURE DEVELOPMENT

- Quality of construction needs to be ensured. Seepage in the roofs and walls observed–at some visited centres
- Presence of partial / no boundary walls at some facilities resulting in encroachments and security hazards.
- Outside Sanitation and Landscaping good but at some facilities needs improvement. Well maintained gardens in some facilities (Trichy)
- Attention needs to be paid to facilities having problem of availability of water. (VHSC help)

OT at PHC Pandalkudi

Screens for privacy in IPD at CHC Kulumani

Uppiliyapuram UGPHC

Open Burial Pits - Biomedical Waste Management at CHC Kunnur

HUMAN RESOURCES PLANNING

- Well planned recruitment and placement procedure ensures filling up of rural posts of doctors and availability of specialists at secondary level. Simultaneously, it ensures career progression and professional development of doctors
- Regular staff is given the responsibility for Programme Management at the respective levels of healthcare facilities.
- Anganwadi workers are eligible for ANM training
- Hiring of need based specialist services (Anaesthetists, Gynecologists, etc.) is a good initiative.

MANPOWER AT FACILITIES

- VHNs were available at all the visited sub-centers.
- 46% of Sub-centres do not have any MPW (Male)
- At the designated CHCs HR, infrastructure and other facilities are not according to norms.
- Need to look into the availability of accounts personnel at the PHC/CHC level

Tiruchirapalli

- Availability of Pediatricians at NICU and other specialists can be strengthened further.
- X- Ray technicians are lacking in the District, Should be made available in each facility having X –ray Machine.
- Sanitary workers at PHC getting very less payments of Rs 500/- per month (HSC Rs. 100/- pm).

TRAINING

Virudhunagar

- Medical Officers are being provided Specialised training like LSAS, BEmONC, CEmONc, etc.
- Medical Officers along with Staff nurses and Institution based ANMs are trained in F-IMNCI, SBA, AMTSL, Blood Storage, etc.

Tiruchirapalli

- Regional Training Institutes, Health Manpower Development Institute need to be strengthened for infrastructure, management etc.

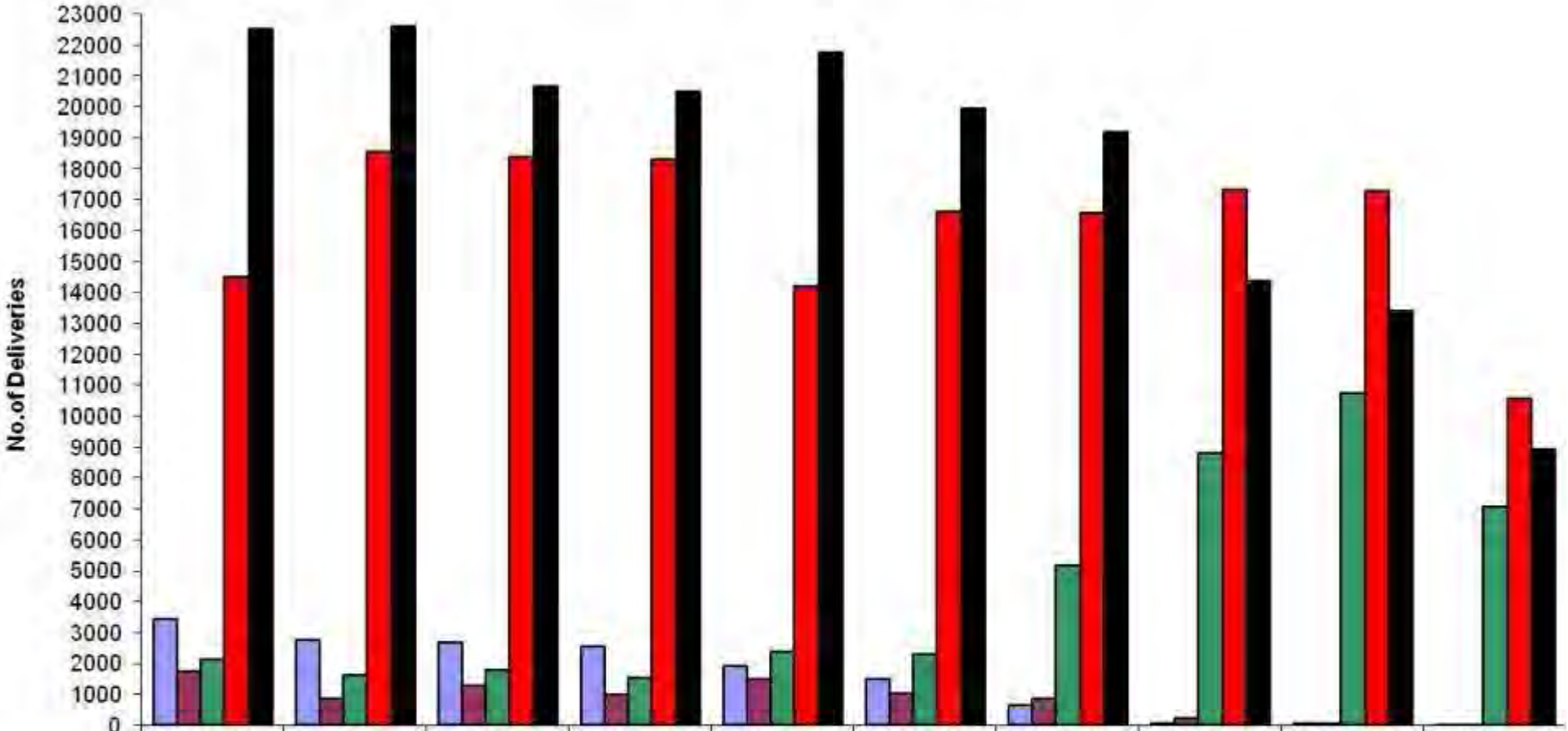
DECENTRALISED LOCAL HEALTH ACTION

- District Health Action Plans are made.
- Meetings of Executive Committee of RKS are being held.
- Citizen's charter and Grievance Redressal System need to be displayed prominently (Virudhunagar)
- Village Health and Sanitation Committees are constituted and functioning.
- Community Health Actions may be ensured by empowering community regarding role, responsibilities and rights.

SERVICES

- Well established hospitals at sub-district and district level
- PHCs / CHCs mainly provide RCH services.
- For Emergency cases, first aid is provided by the Staff nurses and referred to sub-distt / district hospitals and selected referral CHCs.
- Decongestion of the higher centres have started for institutional deliveries.

Thiruchy – Decongestion (Institutional deliveries)



	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11(NOV
Domi	3431	2765	2673	2566	1904	1482	653	62	41	38
HSC	1738	853	1265	979	1476	1047	869	229	42	25
PHC	2137	1615	1809	1526	2383	2300	5154	8819	10739	7057
GH	14524	18578	18379	18327	14218	16619	16566	17354	17294	10589
Pvt. Hos	22553	22629	20663	20521	21753	19956	19214	14391	13394	8948

Help Desk for Patients (DH Virudhunagar)

Cell number of VHN (ANM) displayed at the Health Sub-center

SNCU at District Hospital

FACILITIES UTILIZATION

- Number of beds in PHCs are generally in the range of 2-6. Number of beds in the CHCs are in the range 7-30.
- Bed Occupancy Rate in visited PHCs varied between 4% - 12%, and for CHCs it varied between 10% - 40%
- Beds mostly utilised for delivery cases.
- USG machines available, utilised, but records not maintained as per PNDT Act.

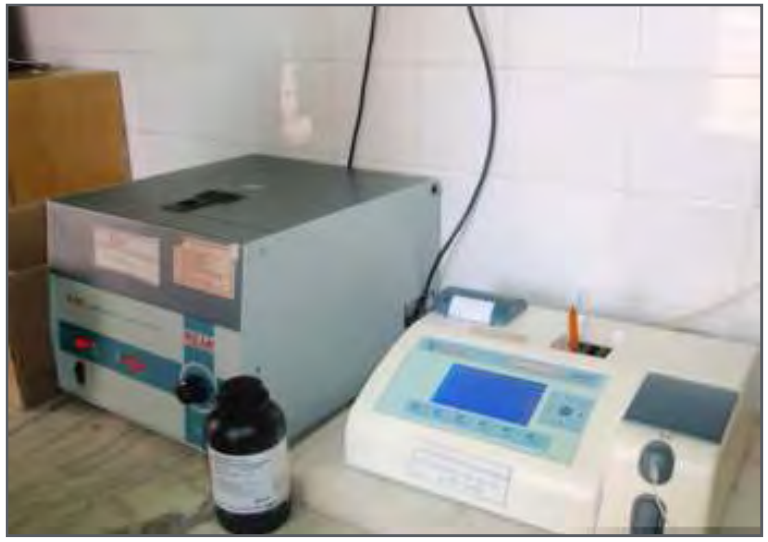
Unutilised ward at PHC Pandalkudi in excellent condition

SUPPLY & SERVICES

- TNMSC ensures timely and adequate supply of drugs. However, regular drug supply & Hb testing kit to sub-centers is an issue.
- The radiology services not available at the CHC level .
- Diet services to the in-patients need to be strengthened and streamlined.
- Laundry services are primarily through outsourcing, but mechanised laundry is in the process of implementation at some hospitals.
- Use of mosquito nets at health facilities to be promoted.



Diet services at CHC Kunnur and Canteen (Private sector) at DH



Semi automatic Analysers in PHC laboratories (Virudhunagar District, TN)

Drug Store at a PHC

EQUIPMENTS

- Most of the equipments, mainly in the HSCs like Labor table and associated instruments were found to be lying unutilised.
- Instances of equipment – Dental chairs, Treadmill, Generator set, etc., lying unutilised at Health Facilities were observed.

Labor table unused at HSC - Sankaralingapurum

OUTREACH SERVICES

- State has ASHAs only in tribal areas.
- Sub-centers are not providing Immunisation services and Routine Delivery Services.
- None of the sub-centers visited were found to have Second ANM or MPW (Male)
- MMUs are providing services in the remote areas.

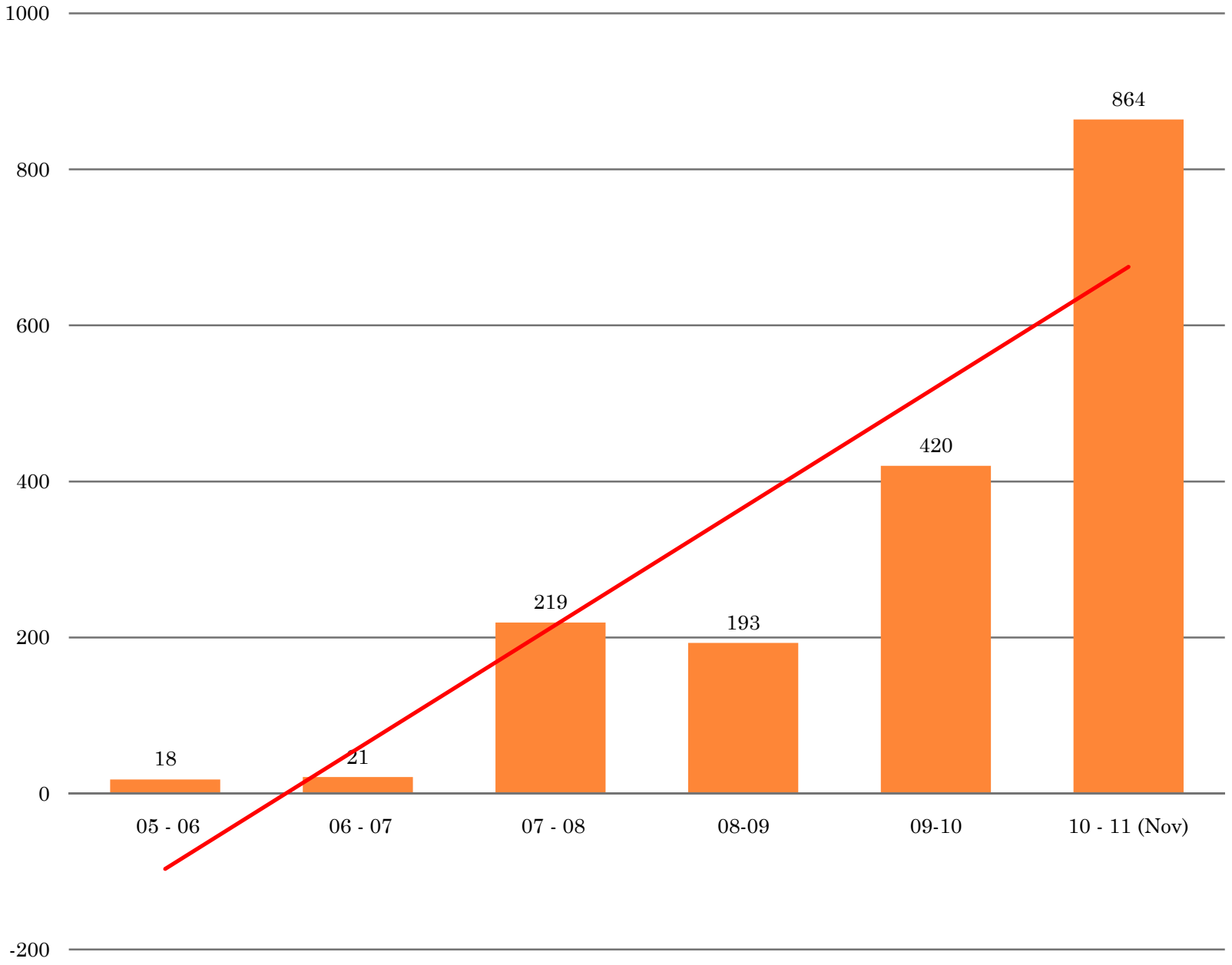
JSY, NUTRITION, FP, COMMUNITY AWARENESS

- JSY payments were found to be made by and large . Payment in Topsengattuipatti not made.
- Around 45% babies born during Sept 2010- Nov 2010 were <2.5 Kg.(Pulivalam PHC, Tiruchirapalli). Malnutrition and anaemia prevention services to be enhanced.
- Early breast feeding practice is properly followed and adequate IEC material was displayed.
- Birth Certificates are issued before discharge, which is a good practice.
- Male participation in Family Planning needs to be increased.

National Disease Control programmes

- Increase in incidence of Dengue may be taken seriously.
- Measures for integrated Vector Control, especially mosquitoes need to be seriously looked into. Utilisation of mosquito nets was seen only in one PHC.
- RNTCP – Maintenance of patient treatment cards, empty blister packets, treatment supervision and tracking of defaulters need to be strengthened.
- Ophthalmic OTs and Eye Surgeons in rural areas were not available.

Incidences of Dengue cases in Tiruchirapally



HMIS & NAME BASED TRACKING

- State HMIS system is in place and regular feeding of data is taking place. But, utilisation of data at the local level is to be promoted.
- Name Based Tracking of Mothers and Children (PIC ME) is being done, but data entry especially of infants is not complete.
- Maternal / Infant Death Audit are being undertaken. But need to be monitored.
- Accounts book keeping, patients record, PNDT Act records are deficient / lacking

FINANCIAL MANAGEMENT

- Electronic Fund transfer in the state is up to District Level.
- Government of Tamil Nadu have accepted and implemented the financial guidelines issued by GoI regarding delegation of financial powers.
- Financial Management is weak.
- Report of concurrent audit is not being shared with facilities.
- Book keeping is absent or poor.
- Lack of Accounts Personnel was observed at various levels. Refresher training also to be given.
- Proper monitoring and supervision of Utilisation of funds should be there.

INFECTION MANAGEMENT AND ENVIRONMENT PLAN (IMEP)

- Retraining and supervision of staff is required for better implementation of IMEP
- Deep burial in cemented pits in rural facilities and sharp pits with covered mouths need to be ensured and used as per guidelines
- Facility for regular collection of waste for incineration from PHCs need to be established
- Regular sweeping cum cleaning assistants also need to be trained and utilised

Wrong methods of disposal of sharps

Sharp Pit in a CHC - examplary

Segregation of Waste at DH

Waste Management at CHC Kunnur

OTHER SUGGESTIONS

- Expansion of ASHA scheme and Community Action for Health may be considered.
- Existing Immunization policy to do them only at PHCs needs to be reviewed in view of drop in total immunization

Thank You