4th Common Review Mission

Tamil Nadu

(16th – 22nd December 2010)

Key Findings
**Districts Visited**

**The Teams**

<table>
<thead>
<tr>
<th><strong>Tiruchirapalli</strong></th>
<th><strong>Virudhunagar</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dr. Thelma Narayan, SOCHARA</td>
<td>1. Dr. Rattan Chand, CD(Stats)</td>
</tr>
<tr>
<td>2. Ms Gayatri Mishra, Director, MoHFW</td>
<td>2. Prof. J. K. Das, NIHFHW</td>
</tr>
<tr>
<td>3. Prof. T. Mathiyazhagan, NIHFHW</td>
<td>3. Mr. Sunil Nandraj, WHO</td>
</tr>
<tr>
<td>4. Dr. Ashoke Roy, Advisor, Public Health, RRC – NE, Guwahati.</td>
<td>4. Dr. Rachana Parikh, NRHM</td>
</tr>
<tr>
<td>5. Dr. Hemant Sharma, NRHM</td>
<td></td>
</tr>
</tbody>
</table>

**Members from State:**
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

**Members from District:**
1. Dr. Mohana Sundaram, Joint Director
2. Dr. Veerapandian, DDHS
3. Mrs. Vasantha, DMCHO

**Members from State:**
1. Dr. Vasanthi, Joint Director
2. Dr. Vedivelan, Joint Director
3. Dr. Senthil, Health Officer
4. Mr. Basha

**Members from District:**
1. Dr. Azzi Kannammal, JDHS
2. Dr. S Balaubramanian, DDHS
3. Dr. S Nirmala Devi, DD
4. Dr S Samiappan, District coordinator.
5. M. Usharani (District MCHO)
6. R. Padmachala (District MCHO)
Facilities/Areas Visited

<table>
<thead>
<tr>
<th></th>
<th>Tiruchirapalli</th>
<th>Virudhunagar</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospital</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Area Hospital/SDH/Taluk Hospital/CHCs</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>UGPHC/APHC</td>
<td>8</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Sub Centres</td>
<td>5</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>AWCs/VH&amp;NDs</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Villages</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>ANMTCs</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Others (school/ relief camp)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>24</td>
<td>47</td>
</tr>
</tbody>
</table>

**POSITIVE FINDINGS**

- There is good Collaboration & integration between District Health Society and District Administration.
- Weekly Video Conferencing with districts
- There is Minimal Contractual Appointments in the State.
- Pre-appointment counseling ensures availability of employee.
- Improved infrastructure in primary and secondary care facilities.
- State Schemes with NRHM support. Eg. Correction of refractive errors; Dental treatment, cardiac surgeries.
- ISO certification of facilities.
- PPP at local level is encouraging. Eg. Solar water heating, Garden maintenance, Diet supply for pregnant ladies.
- 24*7 availability of nursing services in PHCs.
- Case to case basis hiring of Anesthetists and Obstetrician from outside is good initiative
- Birth Certificates are issued before discharge, which is a good practice.
- Name Based Tracking of Mothers and Children (PICME) is being done.
• Maternal / Infant Death Audit are being conducted in the State.
• Aanganwadi workers are eligible for ANM training which motivates them.
• Prompt and effective 108 (EMRI) services.
• IEC & Community Awareness is very good in the State.
• Tamil Nadu Medical Services Corps (TNMSC) – for procurement and supply of Drugs is very effective and is ensuring availability of drugs in health facilities.
• Government of Tamil Nadu have accepted and implemented the financial guidelines issued by GoI regarding delegation of financial powers.
• Electronic Fund transfer in the state is up to District Level.

**COMMENTS & ISSUES**

1. **Infrastructure up-gradation**
   - Infrastructure Development wing – tied up with PWD.
   - Up gradation mainly done to develop the infrastructure for Wards, Operation Theatres and Labour rooms.
   - In District Tiruchirapalli
     - As per the recommendation of CRM 1, the infrastructure development of 12/14 Block PHCs to CHCs have been completed.
     - Residential accommodation and their utilization need to be ensured.
   - In District Virudhunagar
     - New buildings are being constructed. But planning for utilisation of existing buildings should be there.
     - Quality of construction needs to be ensured. Seepage was found in the roofs and walls of some SHC visited.
     - Presence of partial/ no boundary walls in some facilities is resulting in encroachments and security hazards.
     - Sanitation and Landscaping of the health facilities is poor.
     - USG machines available, utilised, but records not maintained as per PNDT Act.
     - Availability of water in some facilities is a problem.

2. **Human Resource Planning**
   - In District Tiruchirapalli
     - CHCs are functioning as 24*7 facilities only.
     - Availability of Pediatricians can be explored further.
     - X- Ray technicians are lacking in the District, Should be made available in each facility having X–ray Machine.
Sanitary workers are getting very less payments of Rs 500/- per month.

In District Virudhunagar
- Commitment of Medical Officers /Staff is visible.
- At the designated CHCs HR, infrastructure and other facilities are not according to norms.
- VHNs were available at all the visited sub-centres.

3. Training
- Medical Officers are being provided specialised training like LSAS, BEmONC, CEmONC, etc. Utilization to be ensured.
- Medical Officers along with Staff nurses and Institution based ANMs are trained in FIMNCI, SBA, AMTSL, Blood Storage, etc.

4. Healthcare Service Delivery
- Primary Healthcare Institutions are mainly providing RCH services.
- Number of beds in PHCs is in the range of 2-6.
- Numbers of beds in the CHCs are in the range 7-30.
- Bed Occupancy Rate in visited PHCs varies between 4% - 12%, and for CHCs it varies between 10% - 40% and all were Delivery cases.
- For Emergency cases, first aid is provided by the Staff nurses and referred to higher facilities.
- Regular drug supply to sub-centres is an issue.
- The radiology services not available at the CHC level – CHC Kunnor, CHC – Pandalkudi
- Diet services to the in-patients need to be strengthened and streamlined.
- Laundry services are primarily through outsourcing, but in-plant mechanised laundry is in the process of implementation in Taluka hospitals.
- Citizen's charter and Grievance Redressal System need to be displayed prominently.
- Most of the equipments, mainly in the HSCs like Labor table and associated instruments were found to be lying unutilised. Instances of equipments like dental chairs, Treadmill, Generator set, etc., lying unutilised at Health Facilities were observed.
- Meetings of Executive Committee of RKS are being held.
- Efforts are being made to acquire ISO Certification and NABH Accreditation for few of the facilities.
- Male participation for FP needs improvement.

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

- Name Based Tracking of Mothers and Children (PICME) is being done, but data entry especially of infants is not complete.
- JSY payments were found to be made by and large on time.
- Early breast feeding practice is properly followed and adequate IEC material was displayed.
- Around 45% babies born during Sept 2010- Nov 2010 were <2.5 Kg. (Pulivalam PHC)

7. National Disease Control Programmes

- Increase in incidence of Dengue may be taken seriously.
- Measures for 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.
- NPCB- Ophthalmic OTs and Eye Surgeons in rural areas were not available.

8. Institutional Management and Programme Management

- Commitment of the Senior Management Staff is appreciable.
- Regular staff is given the responsibility for Programme Management at the respective levels of healthcare facilities.
- HMIS system is in place and regular feeding of data in the system is taking place. But **utilisation of data at the local level is to be promoted.**


- Financial Management is weak.
- Report of concurrent audit is not being shared with facilities.
- Book keeping is absent or poor.
- Proper monitoring and supervision of Utilisation of Innovative funds should be there.

10. Decentralised Local Health Action

- District Health Action Plans are made.
- Village Health and Sanitation Committees are constituted and functioning.
- Community Health Actions may be ensured by empowering community regarding role, responsibilities and rights.
Areas for Improvement

- Book – keeping and accounting
- Infection Control and Environment Plan including Bio-medical waste management.
- Regional Training Institutes need to be strengthened.
- ASHA scheme and community action for health needs to be expanded.
- Residential accommodation, duty room for night duty staff for 24*7 facilities and security.
- MPW (male) vacancies to be filled.

Few Suggestions

- Existing Immunization policy needs to be reviewed in view of drop in total immunization
- Provision of Accountants at the facilities may help in financial management reform and in book keeping – computer savvy commerce graduate may also help in data management.
- Re training and supervision of staff members for IMEP, cemented pits in rural facilities.
- Provision of ASHAs in NRHM may be utilized for community empowerment.
- Payment of RCH Sanitary worker, Trained Dias may be reviewed.
- Though IEC activities are quite visible in the district, however son preference dominates, which needs more counseling for gender equality.
- Special efforts may be made to step-up health promotion for non-communicable & lifestyle diseases.