Monitoring of Programme Implementation Plan Of National Rural Health Mission In Tamil Nadu

Krishnagiri District Report

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Executive Summary

The monitoring exercise of the Programme Implementation Plan of the State of Tamil Nadu was done in the Krishnagiri district in the month of October 2013.

The analysis indicates that NRHM inputs have vastly improved the physical conditions of the health facilities at various levels. Particular example being NICU / SNCU centres and JSSK support. While medical / para-medical staff are adequately provided at the general hospital level, vacancies at the peripheral levels dampen the spirit of implementation of various programmes, particularly vector borne diseases control and anemia. The transport facilities under 108 scheme and the coverage of difficult areas under MMU scheme are noticeable services. Timely completion of civil works at the medical facilities and support to make the newly created Urban PHCs fully functional are the urgent requirement as the number of patients are increasing at every facility day-by-day. More than sixty per cent of the deliveries at the district hospital and sub-district hospital are all normal deliveries. Plan to manage non-complicated deliveries at the primary health centres will help in improve the quality of services at the district and sub-district hospitals as the specialists services can better utilized to attend the complicated pregnancies. Similarly, if the services of the EmOC and anesthesia trained doctors could be utilized for LSCS deliveries at PHCs the work load of the specialists at the higher level facilities could be lessened. The quality of data produced need to be improved and the data collected at each facility is to be reviewed and utilized to understand the health situation and plan for implementing effective health services.
Monitoring Programme Implementation Plan under NRHM in the Krishnagiri district of Tamil Nadu

1. Introduction

The Ministry of Health and Family Welfare, Government of India, assigned the task of monitoring the components of the State Programme Implementation Plan (PIP) 2012-13 & 2013-14 of National Rural Health Mission (NRHM) to the Population Research Centres (PRC). Monitoring of the Tamil Nadu State PIP is assigned to the PRC, Gandhigram, Tamil Nadu. In this report the results of monitoring visit to the Krishnagiri district of Tamil Nadu in the month of October 2013 is presented. Observations of the PRC research team during their visits to various health facilities in this district and the data from various sources like HMIS, MCTS are analyzed and synthesized and are presented in this report.

Krishnagiri District is one of the six districts allotted to the PRC, Gandhigram to carry out monitoring. The monitoring visit was done during 21st October to 26th October 2013. Before undertaking the monitoring visit, the state and the district officials were informed about the purpose of the visit and their permission was obtained.

The research team consisted of Shri Senthil Kumar, Field Investigator and Dr. S. Ravichandran, Chief, Population Research Centre, Gandhigram.

Data from the following health facilities were collected by the research team during their visits to the district:

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>Krishnagiri District</th>
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<tbody>
<tr>
<td>District Hospital</td>
<td>Krishnagiri</td>
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<tr>
<td>Sub District Hospital</td>
<td>Hosur</td>
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<td>Block PHC &amp; HSCs under it</td>
<td>Bagalur, HSC-G Mangalam</td>
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<tr>
<td>PHC &amp; HSCs under it</td>
<td>S. Muduhanapalli HSC-Muduhanapalli</td>
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<tr>
<td>Other</td>
<td>UPHC-Mathigiri</td>
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Besides observing the facilities and verifying the data from the records kept at the institutions, interviews were held with the officials, in-patients, out-patients and the general population at the village / households to understand the reach of the efforts made under NRHM.
2. District Profile

Krishnagiri district is one of the 32 districts in Tamil Nadu. The district headquarters is located at Krishnagiri town. The district is divided into two revenue divisions – Krishnagiri and Hosur. There are 5 taluks and 10 panchayat unions (community development blocks). The district has 2 municipalities, 7 town panchayats, 352 village panchayats and 636 revenue villages.

As per the 2011 census, the population of Krishnagiri district is 18,83,731. The district has recorded a population growth rate of 20.67% during 2001-2011, which is higher than the growth rate (19.62%) recorded during the previous decade, 1991-2001. The sex ratio is 936 females per 1000 male population. The percentage of population living in urban areas is 22.8%. The general literacy rate is 72.41% and the female literacy is 64.86%. The density of population is 370 per sq. km.

3. Key health indicators

A survey conducted in 2008 by the Directorate of Public Health and Preventive Medicine, Tamil Nadu indicates that the district had a Crude Birth Rate (CBR) of 18.7 and a Crude Death Rate of 5.0. The Infant Mortality and the Still Birth Rates recorded in this survey in this district were 23.9 and 7.1 respectively.

The data in the Health Management Information System (HMIS) indicates that there were 28,034 deliveries in the district during 2012-13. Out of which 74.8% were conducted at public health institutions, 24.3% in private institutions and the rest, a very small proportion, were home deliveries. About one fifth (19.9%) of the deliveries were C-section deliveries. There were 305 still births and 1302 abortions done during the year 2012-13. Out of the new born weighted, 15.7% were less than 2.5 kg.

The data obtained from the District health society indicates that there were 7351 deaths in the district during the year 2012-13. From the HMIS data it is observed that there were 606 infant deaths during 2012-13. Ninety nine infants died within 24hrs of birth. About 21% of all infant deaths were due to Asphyxia. Nineteen infants died within 1 week of delivery due to Low Birth Weight. Pneumonia was the cause for the death of 26 infants. However the District Health Society reported 504 infant deaths and 19 maternal deaths during 2012-13.
4. **Health Infrastructure**

Krishnagiri has a district hospital, located at Krishnagiri, four taluk hospitals, one non-taluk hospital, ten CHCs, 30 PHCs and 240 HSCs functioning to deliver health services. Besides the public health institutions, 36 approved and 3 non approved private nursing homes registered with the health department also deliver health services. Siddha (AYUSH) wing is functioning in the district, sub-district hospitals and in CHCs.

Village Health Nurses are available at 211 Health Sub Centres. Twenty eight HSCs do not have VHNs. Two medical officers are available at all Primary Health Centres (PHC). Eleven posts of medical officer are lying vacant. Additional staff nurses on contractual basis under NRHM have been provided to all the PHCs so as to function as 24 x 7 PHCs. However, still 42 posts of staff nurses are required. The CHCs have five medical officers each to provide various health services. ASHA scheme is implemented in 11 PHC areas in three Community Development Blocks. A total of 103 ASHAs were enrolled in the scheme. Out of the sanctioned strength of 156 Health Inspectors only 27 are available. This has a huge impact on the public health arena. Similarly, against 41 sanctioned laboratory Technicians only 12 are available. Every block is provided with one Mobile Medical Unit (MMU) with a medical officer, one staff nurse and other required staff. The route map has been well defined and the adherence is monitored. Urban PHCs have been functioning in two towns. These urban centres are in addition to the already existing urban health/FW centres and municipal health posts.

Such a detailed data on manpower availability in general hospitals was not available. However, the data obtained from the hospitals visited indicate that the district hospital has been provided with the required medical & para-medical manpower, the sub-district hospitals suffer due to shortage of medical man power.

All the health institutions are receiving funds provided for Patient Welfare Society (PWS/RKS), Annual Maintenance grant, Untied fund etc as per the NRHM norms. HSCs receive funds for conducting Village Health and Sanitation Committee meetings.

Funds have been allotted to construct NICU centres at the sub-district level hospitals also. The CEmONC centres have been well equipped with latest instruments. Two PHCs have been newly created, three PHCs have been upgraded. In seven CHC/PHCs maternity blocks have been constructed. In 48 HSCs Repair & Renovation work has been started in 2012-13. Various other infrastructure improvement proposal has been submitted for the year 2013-14.
Thus the health infrastructure of the district has substantially been developed to address various health problems.

5. Health service outputs

Reproductive and Child Health

Maternal Health
Under ante-natal care, the pregnant women are to be registered early by the Village Health Nurses (VHNs) and appropriate services to be given in time.

In Krishnagiri district, as per the HMIS data 2012-13, the number of women registered for ANC was 30,788. Out of this number 75.4% of the women were registered at the 1st trimester itself and 84% received 3 or more ante-natal visits. The women were tested for anemia. Out of the tested women, most of the women were found to be anemic (HB<11). About 1.5% of the women were severely anemic (HB<7). All the registered pregnant women were given 100 IFA tablets. More than 83% of the women received 1st dose of TT and 97% received 2nd or booster dose of TT. Deliveries are not conducted at the Health sub-centre. Number of women receiving post-natal services was also high.

Child Health
More than 25,000 were immunized during 2012-13. Immunization coverage is good. Micro plan for immunization was drawn up and followed. Very few complications due to immunization was recorded. No cases of vaccine preventable diseases were reported during the year 2012-13. However, more than 10,000 cases of diarrhea and dehydration were reported. Similarly more than 10,000 cases of respiratory infections were also reported.

Benefits received under NRHM
More than 6600 women were registered for JSY benefit. Ambulance (108 service) is available to transport pregnant women, sick infants and the cases in need of emergency attendance to the desired medical institutions. It was observed at the district hospital and sub-district hospital that the delivered mothers were provided food from the hospital kitchen. Interactions with the in-patients indicate that the drugs, procedures and other laboratory services were given free of cost. Some facilities were also extended to the attendants of the patients. In the CHCs and PHCs it was reported that food is arranged from the nearby eateries/hotels or food coupons are given. However, in none of the place drop back facility was reported. The services indicate that most of the provisions prescribed under JSSK are implemented in the district.
School Health
All the schools in the district are covered under school health programme and the schools are visited by the medical team on Thursdays. About 3400 school children were detected with refractive errors and 420 of them were provided with free glasses. Dental check-ups are also carried out in schools.

Adolescent health
Distribution of free sanitary napkins and providing IFA tablets to adolescent girls are the main activities under Adolescent health. Since ICTCs are integrated, the ICTC counselor is trained in Adolescent Reproductive and Sexual Health (ARSH) counseling and is expected to conduct counseling sessions at the PHCs.

Family Planning
In Namakkal district, about 8.4 per cent of all births in 2011 were of higher order births (more than 2 living children). More than 48% of the couples are protected by contraceptive methods. During 2012-13, total number of sterilizations performed was 7081, which was 10% less than the performance of previous year. Most of the sterilizations were female sterilizations and the male sterilizations accounted for 0.54%. The Intra-Uterine Contraceptive Devise (IUCD-Copper-T) insertion achievement was 87.6% of the total estimated demand. Though other methods, oral pills and condoms, are reported it may not be reliable in the context of birth prevention.

Apart from the government health facilities, 67 approved nursing homes and 4 non-approved nursing homes are participating in the family planning service delivery. It was observed from the field that the CHCs are providing fixed day sterilization services. District hospital and sub-district hospitals provide regular services. Family Planning team visits the CHCs to conduct the sterilizations on the fixed days. The VHNs and the ANMs in PHCs are trained in IUCD. As far as motivation is concerned, most of the acceptors of sterilization have adopted the method on self-motivation.

Other health programmes
The National programmes, RNTCP, National Vector Control Programme, Blindness control programme are implemented in this district with adequate technical staff. However, the number of male health workers posts filled up at the peripheral level are very less, which may affect the public health programmes, especially vector control programme during monsoon. It is also reported that more than 10,000 patients with respiratory infections were examined in the hospitals
during the year 2012-13. The causes for such a large number of patients with respiratory infections need to be examined.

Non-communicable diseases, diabetic, hypertension, breast and cervical cancer and stroke are detected at the primary health centre itself and the patients are referred to the higher level facilities for further treatment. Drugs are supplied free of cost to the diabetic and hypertensive patients at the PHCs. A counselor / staff nurse is dedicated to this service.

6. Quality of Health Services provided at the health facilities visited

The health manpower at the district hospital, Krishnagiri was good, all the posts have been filled up. Facilities for patients need to be improved as the number of patients visiting the facility is increasing every day. The facilities need to be improved keeping in view the increasing number of patients. Cleanliness at the waiting area and the toilets meant for patients needs to be improved. Adequate trained man power is available. More than 5000 deliveries were conducted in a year and more than half of them were normal deliveries. More than one lakh indoor patients and more than 4,50,000 out door patients were treated. The Patient Welfare Society (RKS) grant is used for buying equipments and medicine. More funds from this account could be used for improving patient facilities. The sub-district hospital at Hosur also has adequate man power. Construction activities were going on at the time of team’s visit as such the hospital was seen dust particles all over the premises. Here too more than 1500 normal deliveries were conducted in a year.

The CHC at Bagalur did not have enough medical persons. Three medical officers against the sanctioned strength of five were working at the time of visit. Though one MO is trained in Anesthesia and EmOC no LSCS deliveries are conducted. The building is very old, space is inadequate. The newly constructed maternity ward has not been completed. Both on manpower and physical facility this institution needs lot of improvement. The PHC S.Mudhuhanapalli is located far away from the main hamlet. Two medical officers and all the sanctioned other staff were functioning. One of the medical officer was trained in F-IMNCI and EmOC. The PHC premises is not covered by a compound wall and thus the in-patients feel it is not safe to stay in the PHC. The MO quarters is left un-used and is vandalized. However, the nearby villagers use this PHC facility for delivery and interaction with the patients and the attendants indicated the services are good. Ninety three deliveries were conducted during 2012-13. More than 32,500 outdoor patients availed services at this facility during 2012-13. If the transport services are improved (by the way of introducing a bus stop near PHC during PHC hours) more people may avail this facility’s services. The buildings of the sub-centres visited need repair work to be carried out. Though the Village Health Nurses (VHN) are willing to stay at the facility, the physical
condition of the facilities prevent them from staying. The newly created urban-PHC was temporarily functioning in the panchayat office building and there was not enough space to even store the drugs and equipments. The facility is getting popularity and the people of low socio-economic status living nearby the facilities have started using this facility. A more spacious and adequately manpowered facility will fulfill the need of these people.

There were no shortage of drugs and other requirements in the facilities visited. The on-going construction works in many of the facilities needs to be expedited and the manpower shortage in the peripheral facilities to be solved as this is one of the districts identified as ‘priority’ district by the state government.

Referral Transport and MMUs

The tour programme of Mobile Medical Units is available in the state web-site. However, the team could not get a chance to verify the functioning of this system. The ambulance service (108 services) is available and seen functioning during the visit.

7. Record management
The record management in the facilities visited is observed to be good. Required reports are generated in time and submitted to the higher authorities.

HMIS and MCTS

Data entry in the central portals HMIS and MCTS are not done at the peripheral / facility level. The data from TNHMIS portal and the PICME portal are transferred to the central portals at the district and state levels respectively. The data quality is far from satisfactory and the timeliness and the accuracy needs to be improved. Utilization of the data from the portal at the peripheral level is not noticed.

8. Monitoring & Supervision

A cursory look at the records kept at various health facilities reveal that regular monitoring of the facilities is done by the higher officials. Though in many places no observations are recorded, it is understood from the staff that the supervisors had advised them on specific aspects and the staff follow the suggestions.

Utilization of the data for review and programme improvement is lacking. Though even the medical officers of PHCs have been trained on HMIS / MCTS, interpretation of data and using
the data for planning are lacking. Till the time of visit facility based reporting in the HMIS portal has not been initiated.

ii). Supportive supervision

Supervision of the programme implementation is planned well and a team of supervisors including retired programme experts are involved in supervising and helping the health functionaries to implement various aspects of NRHM effectively.

Summary Findings and Suggestions

The following are the findings of the Population Research Centre team that visited the Krishnagiri district of Tamil Nadu to monitor the implementation of Programme Implementation Plan of NRHM:

Various financial support from NRHM like untied funds, RKS funds, annual maintenance grants etc has helped to give a facelift to many of the health facilities, particularly the primary health centres

Non-completion and delay in handing over of the additional buildings/extended areas in time is an important concern

There is a need to expedite the civil works so that the improved facilities are available to the ever increasing number of patients.

There are no shortages of drugs, equipments and other consumables. This has increased the confidence level of the general public and it is shown in the increasing number of patients availing the services of various facilities.

Though adequate number of manpower is available at general hospitals the peripheral level health facilities suffer due to vacancies in medical posts due to non-filling up or the medical persons deputed to other facilities.

Similarly the staff nurses position also needs to be improved.

If the normal deliveries can be managed at the CHCs / PHCs the pressure on the district and sub-district hospitals can be reduced and the specialists available there can concentrate more on complicated deliveries and LSCS deliveries.

LSCS deliveries at CHCs need to be encourages as EmOC / Anesthesia trained medical persons are available at these facilities.

Generation and utilization of quality data is an area needs to attended. The data generated at each facility to be analyzed and utilized. The quality of such a huge data generated is not checked and there is no attempt to utilize the data for planning purpose.

Micro plan for immunization is a good practice. It may also be extended to address anemia, which is emerging a serious problem, and to tackle respiratory infections.