

REPORT ON FIELD VISIT IN SIVAGANGA DISTRICT, TAMIL NADU, INDIA

June 19th – 20th, 2009

Field visits were made to the following places:

1. Deputy Director of Health Services (DDHS) at Sivaganga (Friday, June 19, 2009)
2. Primary Health Centre (PHC) at Thirukostiyur (Friday, June 19, 2009)
3. Primary Health Centre (PHC) at Nerkuppai (Saturday, June 20, 2009)
4. Primary Health Centre (PHC) at Keelasevalpatty (Saturday, June 20, 2009)

The field visits to each of the places focused on:

- Discussing the health-alerts component of the project with DDHS officials
- Evaluating the current status of the RTBP
- Consulting with VHNs/SHNs for an initial assessment of the technology usability
- Discussing the monthly health information to be collected by Janakiraman

Activities and Lessons

June 19, 2009 (Friday) - DDHS, Sivaganga and PHC, Thirukostiyur

We met with Mr. Ramesh, District Entomologist of the Integrated Disease Surveillance Programme (IDSP) at DDHS, Sivaganga to discuss the health-alerts component of the RTBP, health information flow and health database being maintained at DDHS. We were joined by Mr. Ravi, Data Entry Operator of the same unit. We discussed the process of notification, investigation, information flow, health information reporting pattern, analysis of health information and alerting system.



We observed the following:

- Health information collected by VHNs in their respective HSC is routed through PHC to DDHS. The DDHS will collate the information and send the same to Director of Public Health and Preventive Medicine (DPH) based at Chennai.
- Rapid Respond Team consisting of medical officers, health inspectors, SHNs will go to the disease outbreak location and investigate the causes of the concerned diseases and preventive measures will be taken to prevent them from spreading to other areas.
- Morbidity data is currently being stored through online database.

- When Mr. Nuwan questioned on how one detects the outbreak, the answer was that the field staff would do the surveillance and informs the status to DDHS who in turn will inform the PHC. Consequently, the respective team consisting of Medical Officer, SHNs, VHNs, HI will go to the concerned location and initiate the actions.
- The outbreak will be declared if the following status is noted: 10 fever cases at every 1000 population; one case of measles at any number of populations; one case of dengue at any number of populations; one case of polio at any number of populations.
- 10 Acute Diarrhea Disease (ADD) cases were recorded in the selected blocks of this district in the recent past.
- The reporting format of Syndromic Surveillance (Form 5) was explained. This is being prepared both in PHC and HSC level. Since 2007, 10th week onwards data collection began using this format and the same entered onto an excel format.
- Morbidity data maintenance and content displayed on the website of directorate of public health and preventive measures were demonstrated.
- SAHANA Disaster Management System website was demonstrated by Mr. Nuwan.
- DDHS officials use the website called: www.way2sms.com to send official SMS to Block Medical Officers of PHC. The SMS are being sent by them at every 3 – 4 times a week.
- Mr. Nuwan demonstrated t-cube.



During the noon session of the first day, we went to PHC at Thirukostiyur to discuss the technology usability with VHNs. In attendance there were seven VHNs, one SHN, one staff health nurse and one pharmacist of the PHC. We discussed the difficulties faced by VHNs while entering data through mobile phone and also conducted a small mock exercise on mobile phone data entry.

We observed the following:

- Under status column, they need one more option in addition to treated and referred because if cancer patients' complaints for pain. We treat them by giving pain killer tablets and also refer the patients to specialist doctors. So in this case we do both the levels (treated and referred).
- In the mock exercise, on an average it took 2 minutes to enter data for one patient.

- The PHC level data through web application (internet method) is not entered by the SHN as her role is to supervise the VHNs and monitor field level activities. Hence, it was suggested that either the pharmacist or staff health nurse could be authorized to enter data.

June 20, 2009 (Saturday) - PHCs, Nerkuppai and Keelasevalpatty

We met with Dr. K. Mohamed Azessa, Medical Officer of PHC at Nerkuppai. She briefed us of the flow of health information and notification pattern being adopted by them. Then we had a meeting with 6 VHNs (SHN was not present).



We observed the following:

- They have not been actively involved in mobile phone data entry.
- The reason they told us that they did not treat the patients is due to non-availability of medicines at HSC level. Due to conflict of their current work rules, they cannot enter patient information on the mobile. They will resume entering the data as and when the medicines become available.
- They mentioned they are ready to enter data on mobile phone if the options such as treated and referred are removed from the mhealth survey form.
- It was suggested that mandatory options for treated and referral will be removed after discussion with our team members.
- In the mock exercise conducted among VHNs, none of them were able to enter data on the mobile phone.



In the afternoon, we met with Dr. Shanmugapriya, Medical Officer of PHC at Keelasevalpatty. She briefed us on the number of patients' visits this PHC. We also had an opportunity to meet with the Block Medical Officer, Dr. Senthilkumaran. We discussed with him the web application (internet data entry) by SHN at PHC level. Then we had a meeting with 6 VHNs and one SHN. We discussed the recent outbreak in their locality and any difficulties they encountered while entering data on the mobile phone.

We observed the following:

- About 150 to 200 patients visit this PHC daily.

- Dr. Senthilkumaran suggested that pharmacist, staff health nurse and sector health nurse of each PHC could be trained in Internet data entry at PHC level.
- SHN may not be in a position to enter data at PHC level as she has already lot of field related works.
- There was a cholera outbreak in 1996 and diarrhea outbreak due to food poison in 2007 reported by VHNS.
- They told swine flu is being currently reported as outbreak in various parts of our country and in the world.
- While conducting mock exercises among VHNS, we observed the following error: Network connection; in the disease column, if data entered as leprosy, it is not stored; in the list of symptoms, if some symptoms are deleted, the data is not being stored.

Based on the out come of our two-day field visits, the following actions must be undertaken with immediate effect:

- We need to write a letter to Dr. N. Raghupathy, DDHS to get his approval for using weekly health data available at Integrated Disease Surveillance Programme unit of DDHS, Sivaganga to use for T-cube representation
- There is a need for Janakiraman to visit with the DDHS officials at Sivaganga in order to have constant rapport building. Otherwise without the cooperation of DDHS officials we may not be in a position to achieve the objectives of the RTBP in case there is any lack of cooperation from VHNS/SHNS. This he could undertake at least monthly once, if possible fifteen days once.
- The VHNS of Nerkuppai PHC must be trained once again on how to enter data through mobile phone, as they were still mobile phone illiterate.
- Mr. Janakiraman should make regular field visit to HSCs attached to Nerkuppai PHC and build good rapport with them. He needs to make sure that they enter data on the mobile at regular interval until they get familiar with data entry.
- We need to organize a two to three hour web application (internet data entry) training programme for pharmacists, staff health nurses and sector health nurses of all the four PHCs. This could be organized within a 30 days time period from now on. The Block Medical Officer, Dr. Senthilkumaran has already given permission during our visit to organize this.
- During our visit, we understand that the medical officers at PHC and district level health officials (other than Dr. N. Raghupathy) were not aware of RTBP activities. Hence, Janakiraman should meet Medical Officers also apart from VHNS/SHNS at every PHC to sensitize the RTBP.
- Decision regarding mobile fields (Status – Referred/Treated) will have to be made after discussing with the team.

- Mr. Nuwan suggested that Mr. Janakiraman should collect monthly health information from each VHN using the format. In this regard, he has been trained on how to collect data.

Field visits done by

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Field trip organized by

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