

Chapter - 9

TAMIL NADU HEALTH SYSTEMS PROJECT

9.1. The World Bank supported Tamil Nadu Health Systems Project is being implemented from 2005 onwards. The Project aims to improve the effectiveness of the Secondary Health Care System in Tamil Nadu. The original outlay of Rs.597.15 crores was revised to Rs.482.49 crores due to diversion of funds for Tsunami relief activities in Tamil Nadu during 2005. However, the World Bank has assured consideration of reallocation of the diverted funds during phase III of the Project. The Project is being implemented in three phases.

Phase I	from January 2005 to June 2006
Phase II	from July 2006 to December 2007
Phase III	from January 2008 to March 2010

The Project has undertaken improvements to hospitals in 5 districts namely Dharmapuri, Krishnagiri, Theni, Pudukottai and Kanniyakumari districts during Phase I. Now all the hospitals in the remaining districts are being strengthened with provision of buildings, equipments and staff. The activities which are continued and being taken up now are as follows:-

9.2. Reduction of maternal mortality and infant mortality:

The Project has strengthened the 24 hours Comprehensive Emergency Obstetric New born Care (CEmONC) centers in 51 Government Hospitals throughout Tamil Nadu. This has resulted in increase in number of deliveries and Caesarian operations benefitting many poor women. Another 32 hospitals have been added to this category to provide 24 hours CEmONC services so that any pregnant woman need not travel more than an hour to reach a hospital fully equipped with staff, Specialist Doctors, equipment and facilities to undertake deliveries and treat complicated deliveries by caesarian operations etc., The Government have permitted to recruit 400 specialist Doctors and 400 Staff Nurses exclusively for CEmONC services in these hospitals. Doctors and Nurses have been recruited and posted to these hospitals.

9.3. Provision of buildings to hospitals:

The Government have issued orders to provide additional buildings to 227 hospitals at a cost of Rs.228 crores during phase II of the project. Most of the buildings are in tender finalization stage and the buildings are planned to be constructed and completed by March 2009.

9.4. Provision of equipments:

During Phase I, goods and hospital equipments have been provided to 38 hospitals. Hospital equipments and goods to the remaining 232 hospitals were provided during Phase- II. The provision of equipments has improved the quality of services in all the District Head Quarters Hospitals, Taluk and Non taluk hospitals.

9.5. Emergency Ambulance Services:

Emergency Ambulance Services have been established in 187 blocks in 15 districts to provide timely transport for the emergency cases at concessional rates to reach the appropriate hospitals. This service will be established in the remaining 198 blocks shortly. The ambulances are being procured and the services will be made available from June 2008. With a view to assisting the public in need of urgent medical attention, who require to be taken immediately to hospitals, this Government will launch a new scheme in the current financial year whereby

people from anywhere in the State need to dial a single common telephone number to request emergency ambulance services. A computer based central control room along with GPS fitted Ambulances will provide this service. The services of Police and Fire Service departments will also be integrated to this system thereby ensuring immediate assistance to the public in situations of emergency. A Centre for providing immediate medical care to people affected in large numbers during natural calamities and major accidents, will be established at Chennai with Central assistance.

9.6. Tribal Health Development:

To provide medical facilities to the tribals, the project has established mobile health services in 12 places by providing vehicles to the Non Governmental Organizations and supporting them with grants for salary of Medical Officers, Lab Technicians, Nurses, Drivers and for drugs. The Project has entered into contract with two private hospitals in the Nilgiris District to provide prompt treatment free of cost to tribal people suffering from sickle cell anaemia. The cost is reimbursed to the hospitals by the project. The project has also contracted two hospitals one each in the Nilgiris district and Dharmapuri district to provide in-patient treatment to the tribal people, the cost of which is borne by the project. The project has also appointed counsellors in 25 hospitals and 5 Primary Health Centres in tribal areas to help and guide the tribal patients coming to these hospitals for treatment.

9.7. Patients Counselling Centres:

During Phase I of the project 'Patients Counselling Centers' have been established in 166 hospitals. Each counselling center is manned by 3 counsellors round the clock in turns, to provide necessary counselling support to the poor illiterate patients and delivery cases attending these hospitals. These counselling centers are being continued during Phase II of the project also.

9.8. Bio Medical Waste Management System:

During Phase I of the project, the Bio Medical Waste Management System was piloted in all the hospitals in Dharmapuri and Krishnagiri Districts. This system is being extended to all the 270 hospitals during Phase II of the project. The Medical Colleges, Medical College hospitals and major Primary Health Centres will also be included under this scheme.

9.9. Human Resource Development:

To improve the quality of care in all the 270 hospitals, a massive training programme has been drawn up by the project to the Health Care providers working in the project hospitals. Training is being imparted for both technical skills and for management skills. The training programme is being implemented in stages.

9.10. Quality of Care:

Several steps have been taken to improve the quality of care provided to patients in the project hospitals. Monthly performance reports are being collected from each hospital and their activities are analyzed and hospitals are graded based on their expected performance. Remedial measures are being undertaken to improve the performance. It is planned to bring in a system of accreditation for all the project hospitals. Standard treatment guidelines have been developed for provision of uniform quality treatment in all the hospitals. Quality of care indicators are being developed to improve the quality care in the project hospitals.

9.11. Piloting Universal Screening for cervical cancer:

The project has started implementing a pilot programme for prevention and early detection of cervical cancer in Theni and Thanjavur districts. All the women in the age group of 30-60 years are being screened during the pilot programme. Depending on the success of the pilot programme this scheme could be extended to the whole of Tamil Nadu.

9.12. Piloting Prevention and treatment of Coronary Heart Disease and Hypertension:

The project has taken up a pilot programme on the prevention and treatment of coronary heart disease and hypertension in Sivagangai and Virudhunagar districts for a period of 2 years. The pilot programme undertakes screening of people above the age group of 30 years for high blood pressure, diabetes and heart diseases. Proper counseling is provided on life style changes for prevention of these diseases. Those who are already affected are provided with proper medication. Based on the success of this pilot programme, this approach could be extended throughout Tamil Nadu.

9.13. Hospital Management Information System:

With a view to enable the controlling officers at the hospital level, district level and State level to take management decisions to improve the services in the hospitals, the project has taken up computerization of all the activities of the project hospitals. It is also proposed to computerize the patient treatment system including the out patient department. Initially this system would be introduced in 38 hospitals in 5 districts and extended to other hospitals subsequently.

9.14. Health Promotion Activities:

Health promotion activities are undertaken to help the population to follow healthy habits for prevention of life style diseases like Diabetes, Hypertension, Cardiac diseases. They are advised on proper balanced diet, low fat and salt, importance of exercise, reduction of weight, cessation of smoking and maintaining healthy habits. The media like television, closed circuit television, radio and news papers are being involved in the health promotion activities. Posters, stickers, handouts and hoardings for propagation of health messages are under preparation. Formation of health clubs, walkers clubs, cycling clubs etc. are being encouraged. School based, work place based health promotion activities have been initiated.