

26th December, 2004...



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# Health Policy and Coordination

A Critical Review of Experience



**Government of Tamil Nadu - India**

# Emergency Steps

- ✓ Coordination with District Collectors
- ✓ Handled crisis initially with the available resources
- ✓ Disposal of large number of dead bodies
- ✓ Procedural requirements addressed  
eg. Postmortem
- ✓ Treatment, first aid and referrals for shock, orthopaedic injuries
- ✓ Handled huge crowds



# Strengthening of Public Health activities

- ✓ Affected population sheltered in relief camps initially and in temporary shelters later
- ✓ Additional manpower deployed from unaffected areas
- ✓ Medical aid provided to the camps with adequate supplies of medicines, ORS, IV fluids (TNMSC)
- ✓ Support services activated with the help of several other departments – Municipal Administration, Revenue, Police, Fisheries, Electricity Board, Water Supply etc.
- ✓ Disinfectants like bleaching powder, slaked lime, chlorine tablets etc. supplied immediately



# Provision of Safe Water Supply and Sanitation

- ✓ Drinking water sachets provided during initial phase; later water provided by water tankers
- ✓ Temporary small water tanks provided in the camps
- ✓ Adequate chlorination of water ensured by the health workers
- ✓ Water Quality Monitoring done by testing for residual chlorine and microbiological testing of samples
- ✓ Advocacy for solid waste management and sanitation practices in the relief shelters undertaken
- ✓ Temporary toilets provided in all the camps and affected villages



# Measles Vaccination Campaign in Tsunami Affected Districts and Communities

- ✓ Measles vaccination, along with Vitamin A administration carried out (This is the single most cost-effective public health intervention in a displaced population)
- ✓ Campaign was carried out in all the tsunami affected villages and shelter camps in affected coastal districts of Tamil Nadu
- ✓ All children from 6 months to 59 months were immunized with one dose of Measles vaccine irrespective of previous status.
- ✓ AD syringes were used for giving Measles vaccine.
- ✓ One dose of OPV was administered to all children under 5 years.



# Measles Vaccination Campaign in Tsunami Affected Districts and Communities- contd.

- ✓ Mobility support, and support for orientation to the vaccinators to use AD syringes was provided
- ✓ A daily report about the coverage was collated by the districts and sent to the State headquarters
- ✓ Vaccines and logistics support were provided by the State, Government of India and UN agencies



# Measles Vaccination Campaign in Tsunami Affected Districts and Communities- contd.

- ✓ VHNs, ANMs, other paramedical staff and Medical Officers were mobilized and deployed in the affected districts for the campaign
- ✓ Voluntary organizations were mobilized to assist in the campaign
- ✓ WHO/UNICEF teams were deployed to the States to provide technical assistance to the district administration
- ✓ 71,338 children were vaccinated



# Vector Control

Vector control provided in the relief camps through:

- ✓ Vector collection and identification
- ✓ Anti-larval measures
- ✓ Environmental methods
- ✓ Insecticide spray and insecticide treated bed nets
- ✓ Fogging in camps



# Strengthening Maternal Health Services Through Existing Partnerships

- ✓ Doctors and Village health nurses ensured the essential maternal and child care in all the affected villages
- ✓ Strong Infrastructure of health institutions even in remote areas ensured quick delivery of essential services
- ✓ Essential and emergency maternal, newborn and child health services were ensured both at outreach locations and at the health facilities



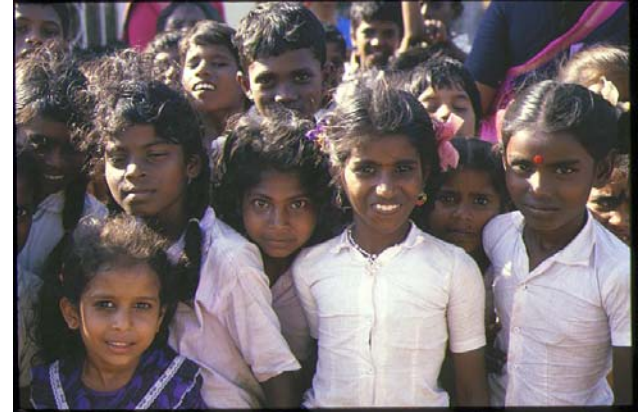
# Strengthening Maternal Health Services Through Existing Partnerships-contd.

- ✓ Recanalisation & IVF services to be provided to those who had undergone sterilisation and had lost their children
- ✓ Partnerships were also developed between stakeholders (FOGSI, ICH, IAP, GOTN and WHO) in engaging the services of 10 specialists and 20 staff nurses, for Nagapattinam district to ensure skilled care at birth and to operationalise the emergency obstetric and newborn care;



# Strengthening Child Health Services

- ✓ Health check up of all the children was done not only in the camps but also in all the affected villages
- ✓ A package of practices for management of newborn and childhood illnesses was developed in partnership with Indian Academy of Paediatrics
- ✓ Training of doctors/specialists at FRU/DH in inpatient management of cases of severe infections and malnutrition was done in the affected districts
- ✓ AWWs deployed in all the affected villages to monitor nutrition status
- ✓ Temporary homes for orphaned children opened



# Psychosocial Support

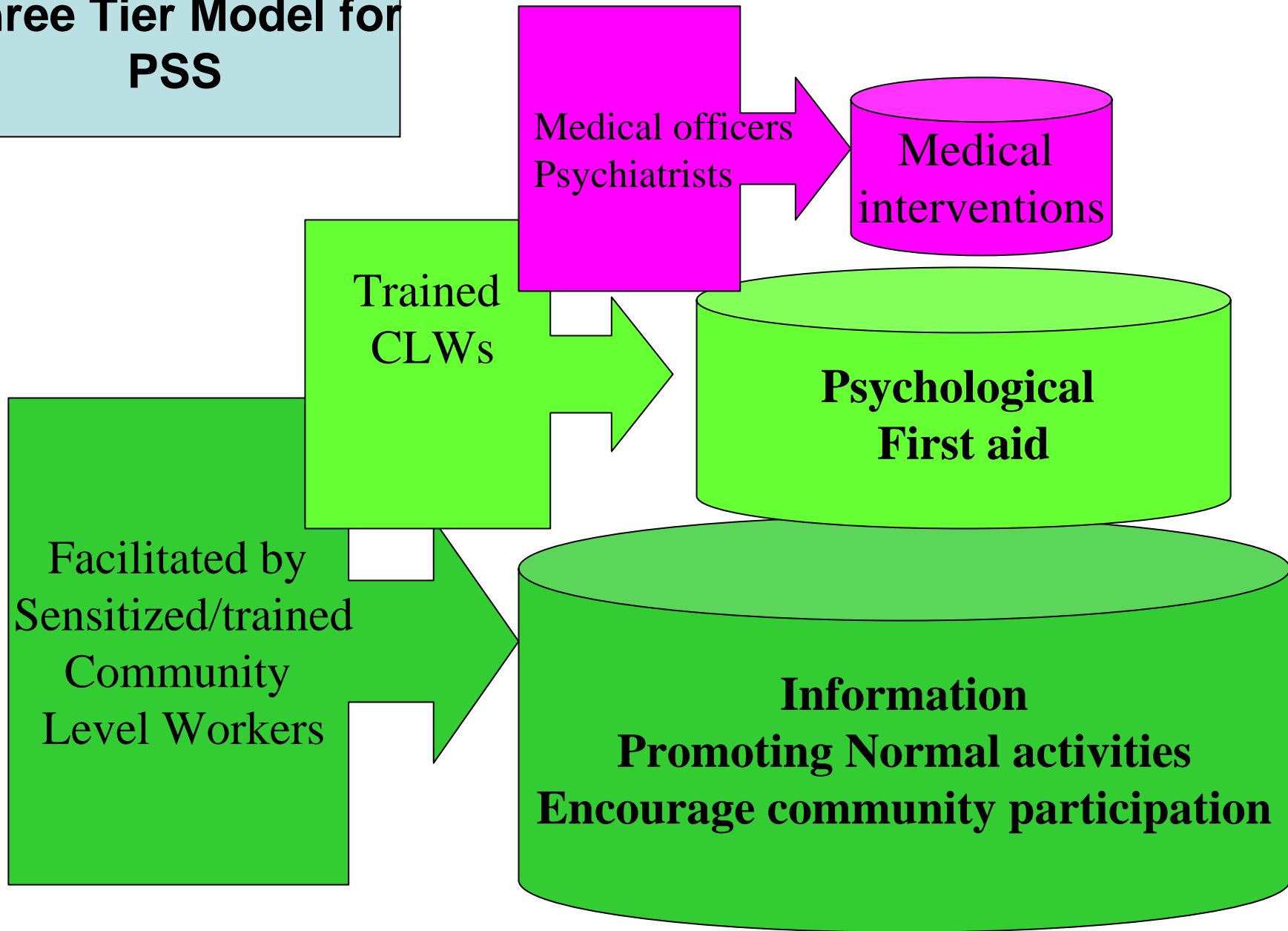
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Intensely traumatic events can lead to acute and long-term mental health and psychosocial consequences

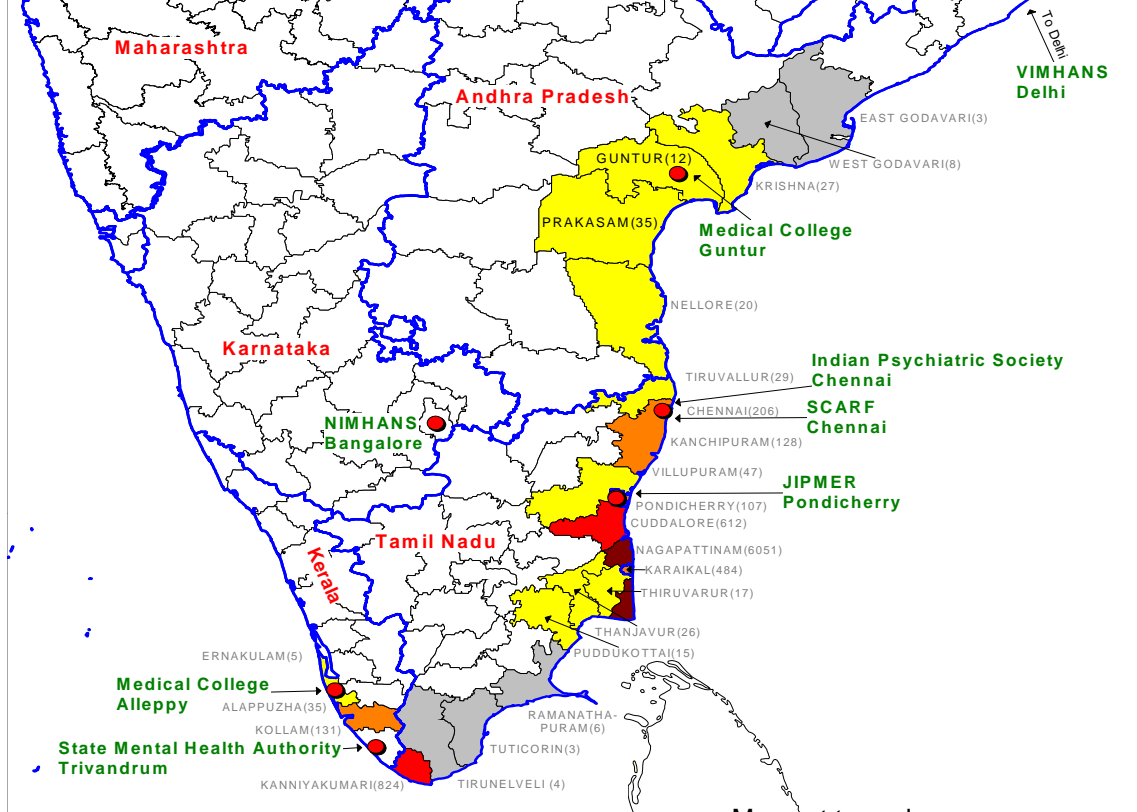
- ✓ Phase I (during and up to 4 weeks)
  - Acute stress reaction/ Disaster syndrome
- ✓ Phase II (2-6 months)
- ✓ Phase III (>6 months)
  - Delayed manifestations
- ✓ District mental health programme - trained manpower was made available in the affected areas from nearby districts & states



# Three Tier Model for PSS







## Psychosocial Support (Tsunami – India)

Institution	Supported State/Districts	Support For
NIMHANS, Bangalore	Tamil Nadu, Andhra Pradesh, Kerala	Technical Support/Capacity Building
SCARF, Chennai	Tamil Nadu, Cuddalore, Chennai	Training of NGOs and support in Cuddalore, Chennai
JIPMER, Pondicherry	Pondicherry	Psychosocial in Pondicherry through training of NGOs
Medical College, Guntur	Guntur, Prakasam, Krishna	Training/ Service Delivery
VIMHANS, Delhi	Tamil Nadu, Nellore	Child Psychiatry/Capacity Building
Medical College, Alleppy	Alleppy	Training/Service Delivery
State Mental Health Authority, Trivandrum	Kollam, Trivandrum, Alleppy	Psychosocial Support
Department of Social Welfare, TN	Affected Districts in Tamil Nadu	Training/Service Delivery
Medical College Trivandrum	Trivandrum and Kollam	Training/Service Delivery

# Strengthening Post Disaster Disease Surveillance

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- ✓ Implementation of the Integrated Disease Surveillance Project (IDSP) 'jump started' in affected districts
- ✓ IDSP training modules used for training all Medical Officers and Paramedical workers in 12 main affected districts of the states
- ✓ Support from the Community Medicine and Microbiology departments of Medical colleges ensured for strengthening surveillance
- ✓ District surveillance units established in each district including strengthening of diagnostic laboratories
- ✓ Sustainability of the surveillance system ensured under the IDSP



- ✓ **GOI**
- ✓ **WHO**
- ✓ **UNICEF**
- ✓ **National and State level Institutions**
- ✓ **NGOs**



Thank You