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Government of India
NATIONAL TUBERCULOSIS INSTITUTE
(Directorate General of Health Services)
'AVALON' No.8, Bellary Road, Bangalore

No.F.4.37.31/HIN Project(corr)82/Stat

14 October 2004

Dr.Prahlad Kumar
Director

Dear Sir,

- Sub: Launch of GOI / WHO's Health Inter Network Project -**
- a. Mobile Data Management System using handheld devices (Simputers) (MDMS)**
 - b. Journal Custom Content Consortium (JCCC)**

Health InterNetwork (HIN) Project is led by the WHO with the initiative to bring together the Governmental setup, private sector, non-governmental organizations and resource institutions to ensure *equitable access to health information*. The project aims at establishing a network among health service providers, researchers and policy makers to ensure that they get equitable, reliable and rapid access to health information, using Internet technologies. India has been selected as the first HIN pilot country from 6 to 8 HIN pilots planned worldwide, because India has several priority public health programs as well as valuable skills and resources, which could contribute to the development of the global Health InterNetwork. The aim of this project is to improve Internet-based communication and networking among health professionals. The primary beneficiaries of the HIN-India pilot project are researchers, policy makers and health service providers.

Under the said project, a decision had been taken by all the Resource institutions of the HIN project to explore on a pilot basis “**Opportunities for better supervision and data collection using mobile handheld devices (Simputers) from sub-district levels to district level and beyond including capturing Patient data and its analysis for enhancing decision making at all levels**”.

Another module of the HIN project is aimed at providing “**a common gateway to access and share e-journals resources for scientific research institutions of the consortium namely National Tuberculosis Institute - Bangalore, Tuberculosis**

Research Centre - Chennai, LRS - New Delhi and VPCI – New Delhi , across a common internet based application.”

We are happy to state that the development of these projects are now complete and is ready to be launched. **In this regard we extend our invitation to you to kindly join the function for the Launch of the pilot projects of ‘Mobile Data Management System’ and the ‘Journal Custom Content Consortium’ as scheduled below.**

Date: Tuesday, 02 November 2004

Venue : Kalaniketan Auditorium, NTI

Time : 10.30 A.M

Looking forward to have your presence.

Thanking you,

Yours sincerely

**Dr.Prahlad Kumar
Director**

Encl : Project Writeup - MDMS / JCCC

Mobile Data Collection System under RNTCP :

**In India today, like any other day this year,
more than 1,000 people will die from tuberculosis (TB)
But these deaths can be prevented.
With proper care and treatment, TB patients can be cured
and the battle against TB can be won**

Tuberculosis (TB) is an infectious disease caused by a Bacterium, *Mycobacterium tuberculosis*. It is spread through the air by a person suffering from TB. A single patient can infect 10 or more people in a year.

In the light of the recommendations and concerns expressed by the Central Health Council, steps were taken since 1993 to implement the Revised National TB Control Programme (RNTCP) in selected areas with World Bank assistance.

The RNTCP builds on the very substantial strengths and accomplishments of the National Tuberculosis Programme (NTP). The RNTCP strengthens the existing NTP infrastructure by creating a sub-district-level supervisory (known as the TB Unit) team, consisting of a treatment supervisor (Senior Treatment Supervisor, STS) and a laboratory supervisor (Senior TB Laboratory Supervisor, STLS). These are new posts. In addition, a medical officer from the general health system serves as Medical Officer—TB Control at sub-district level who is specifically allocated TB control duties in addition to his other duties. These 3 individuals constitute the management unit, which is responsible for overseeing operations in approximately a 5 lakh population including, on average, 5 designated microscopy centers. All these three staff have been made mobile by giving vehicle/POL inputs. At each microscopy centre, a state-of-the art binocular microscope, good quality reagents and new recording and reporting proforma are available. More importantly, intensive modular training, supervision, and cross-checking of the work of the laboratory technician should ensure that reliable results are obtained.

The supervision of the Revised National Tuberculosis Control Programme at the periphery/sub district level revolves around the performance of 2 key personnel namely, Senior Treatment Supervisor (STS) and Senior Tuberculosis Laboratory supervisor (STLS). The priority in this pilot project, being implemented in 17 Tuberculosis Units of Bangalore Mahanagara Palike, Bangalore Urban and Bangalore Rural, is to capture sub district level programme data electronically by a mobile device (Personal Digital Assistants). This is done by the STS during his regular periodic field visits. The patient wise data thus collected is used to provide ready / easy access to crucial dynamic patient data for effective monitoring and corrective actions. This data is sent to a central server and made available to the other programme managers through a web application, right from the sub district level from the Medical Officer (Treatment Centre) to the District level (District TB Officer) and also to the state programme manager (State TB Officer) and the nodal monitoring agencies (National Tuberculosis Institute and Central TB Division) .NTI is the nodal agency for this pilot project component.

The goal of RNTCP is to cure at least 85% of new smear-positive cases of tuberculosis and to detect at least 70% of such patients, after the desired cure rate has been achieved. Clearly, both good outcomes and high case detection rates are essential. But it is essential that the system is geared up to reliably cure patients, before any attempts are made at expanding case detection. To achieve the goals of RNTCP, the programme managers need to have an effective tool for monitoring of dynamic patient data in the field without which it is difficult to achieve the desired results. This pilot Project is an effort in this direction.

About JCCC-NTI

JCCC is J-Gate Custom Content (JCCC) for a group of homogeneous consortia members. JCCC-NTI, an extension of JCCC, is a customized product for the consortia member viz.,

1. National Tuberculosis Institute, Bangalore
2. Tuberculosis Research Centre, Chennai
3. VP Chest Institute, New Delhi
4. Lala Ram Swarup Hospital for TB and Chest Medicine, New Delhi

Mission of JCCC-NTI

- To provide a common gateway to e-journals for the participating members of the consortium.
- To provide a common access and search interface for all journals subscribed by the consortium members.
- To provide an insured and dependable journal archive source for the consortium members.

Features of JCCC-NTI

- Common access to Table of Content (TOC) and full-text articles.
- Common TOC and Database search facility for both print and online journals, which have scholarly content and are subscribed by the consortium members.
- Links to abstracts of articles.
- Links to full-text articles from JCCC interface.
- Facility to search Bibliographic Database of articles.
- Content is mirrored in the server of each participating consortia member.
- Links to the journals subscribed by each participating consortia member.
- E-mail request for photocopies can be sent from one consortia member to the other.