## POLICY NOTE
**ON**
HEALTH AND FAMILY WELFARE
2012-13
### CONTENTS

<table>
<thead>
<tr>
<th></th>
<th>Introduction</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>1 - 10</td>
</tr>
<tr>
<td>2</td>
<td>Medical Education</td>
<td>11 – 20</td>
</tr>
<tr>
<td>3</td>
<td>Medical and Rural Health Services</td>
<td>21 – 35</td>
</tr>
<tr>
<td>4</td>
<td>Public Health and Preventive Medicine</td>
<td>36 – 56</td>
</tr>
<tr>
<td>5</td>
<td>Family Welfare Programme</td>
<td>57 – 69</td>
</tr>
<tr>
<td>6</td>
<td>Food Safety and Drugs Control Administration</td>
<td>70 – 79</td>
</tr>
<tr>
<td>7</td>
<td>Indian Medicine and Homoeopathy</td>
<td>80 – 93</td>
</tr>
<tr>
<td>8</td>
<td>Tamil Nadu Health Systems Project</td>
<td>94 – 103</td>
</tr>
<tr>
<td>9</td>
<td>State Health Society</td>
<td>104 – 142</td>
</tr>
<tr>
<td>10</td>
<td>Tamil Nadu State AIDS Control Society</td>
<td>143 – 162</td>
</tr>
<tr>
<td>11</td>
<td>Tamil Nadu Medical Services Corporation</td>
<td>163 – 170</td>
</tr>
<tr>
<td>12</td>
<td>Tamil Nadu State Health Transport Department</td>
<td>171 - 175</td>
</tr>
</tbody>
</table>
Chapter – 1

INTRODUCTION

1.1. Good health is a basic requirement for quality of life. It is the foundation for social and economic development. The objective of the government is to ensure that health care services are rendered, keeping in view the core principles of accessibility, equity, quality and affordability. This will be accomplished through strengthening of the health care network throughout the state to deliver not only curative but also preventive and rehabilitative care. To achieve the above objectives, the budget allocation of the Health and Family Welfare Department has been fixed at Rs 5569.28 crores for the financial year 2012-13 as against the provision of Rs.3889 crores for the year 2010-11 registering an increase of more than 40%.

1.2. Tamil Nadu fares well on the health indicators which form a part of the Human Development Index (HDI) as compared to other Indian states. Government policy interventions and funding have played an important role in the State’s better health outcomes. Tamil Nadu has implemented various programmes with special focus on maternal and child health which has resulted in the reduction of vital indicators such as the Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR). However, the state will continue its efforts to improve its performance in the health sector by benchmarking itself against higher targets. The recently released “Vision 2023” envisages Tamil Nadu to become not only the numero uno State in India in terms of social indicators, but also reach the levels attained by developed countries in human development by ensuring universal access to health facilities”.

1.3. This Government will continue to give prominence to the health of women and children. Promotion of institutional deliveries by strengthening the Primary Health Centres and Health Sub-Centres with qualified and trained manpower, establishment of upgraded Primary Health Centres in each block with 30 beds, an operation theatre and various other facilities, provision of 24 hours delivery care services by positioning 3 staff nurses in each Primary Health Centre, provision of emergency obstetric care in the CEmONC Centres established in the district and select taluk hospitals, ensuring availability of an Emergency Response System through 108 ambulances with inter facility transfer, provision of safe blood at the upgraded Primary Health Centres, provision of neo-natal ambulances for the transportation of neo-natal emergencies, establishment of Neo-natal Intensive Care Units (NICUs) with trained Doctors and Staff Nurses in each district are all schemes which would no doubt help to achieve good progress in the further reduction of MMR and IMR, in the coming years.
1.4. The benefit under the Dr. Muthulakshmi Reddy Maternity Benefit Assistance Scheme has been enhanced to Rs. 12,000, which is the highest in the country. This has come as a boon to the poor beneficiaries who deliver in government health facilities. The three phase payment has also strengthened antenatal, postnatal care and improved child immunization. The scheme would have a major impact on further improving the maternal and child health indicators in the State. An allocation of Rs. 720 crores has been provided for this scheme in 2012-2013.

1.5. This Government has announced a path breaking new scheme for free distribution of sanitary napkins to rural adolescent girls. This scheme which has been launched by the Hon'ble Chief Minister on 27th March 2012, will benefit over 41 lakh adolescent girls in the 10-19 age group in rural areas covering all the districts of the state. Sanitary napkins will be distributed through schools and Anganwadis. This initiative will go a long way to improve personal hygiene, prevent future complications such as infertility and promote the health of the future mothers. An amount of Rs. 55 crores has been provided for this scheme in this financial year.

1.6. State-wide programmes have been launched for the management of iron deficiency anaemia and gestational diabetes. The State has been the first to introduce the use of injection iron sucrose in the public sector for reducing severe anaemia in pregnant women following a protocol developed by senior obstetricians and specialists. Addressing these major underlying causes will no doubt help to reduce maternal morbidity and mortality further.

1.7. The Chief Minister’s Comprehensive Health Insurance Scheme has been launched on 11th January 2012 to provide insurance coverage for life threatening ailments to the poor people of Tamil Nadu. This scheme has enhanced the sum assured to rupees one lakh per year and Rs. 4 lakhs for a period of four years and has also extended the coverage to more diseases and included diagnostic procedures. Special provisions have also been incorporated to strengthen the role of Government hospitals in implementing the scheme. So far, 26,172 beneficiaries have undergone treatments costing Rs. 70.53 crores. A sum of Rs. 750 crores has been provided for the implementation of this scheme in 2012-2013.

1.8. As new initiatives, during 2012-2013, the infrastructure for operation theatres in district and medical college hospitals will be improved at a cost of Rs. 20 crores. Post-mortem facilities will be improved at a cost of Rs. 10 crores. To improve the services available to the public, diagnostic equipment will be provided at a cost of Rs. 10 crores and MRI facilities will be provided in 5 Medical Colleges through Public Private Partnership. The Burns centre in Kilpauk Medical College Hospital
will be upgraded as a Centre of Excellence at a cost of Rs.5 crores.

1.9. The incidence of cancer as a disease has gradually been increasing and it has become a major cause of morbidity and mortality in the State. A State Cancer Registry to collect details of all the cancer cases in the State will be put in place from this year. Further, most forms of cancer are treatable if detected early. Seventy percent of various types of patients seek treatment in an advanced stage. There is only one exclusive cancer hospital in the Government sector i.e. Arignar Anna Cancer Hospital at Karapettai, Kancheepuram is providing treatment to the patients. Considering the increasing need for specialized cancer care, Government has decided to establish Regional Cancer Centres at the Government Rajaji Hospital, Madurai and Coimbatore Medical College Hospital at a cost of Rs.15 crores per centre. These cancer centres will address the needs of the cancer patients in the Southern and Western region of the State. A new programme to screen the high risk population for oral cancer and to diagnose it at an early stage will also be launched.

1.10. The King Institute of Preventive Medicine and Research, Guindy, Chennai, is one of the premier institutions of this country. It is also a teaching and research centre. The Virology department of this Institute is recognized by Government of India and the World Health Organisation as the National Polio Laboratory. This institute was manufacturing vaccines and serum which was stopped some years back. It is now proposed to revive the vaccine production and create a Tissue bank in the King Institute of Preventive Medicine and Research, Guindy, Chennai, at a cost of Rs.5 crores.

1.11. Special focus will be provided on non-communicable diseases like diabetes, hypertension, cardiovascular diseases and cancer of breast and cervix which are emerging as major causes of morbidity and mortality. A two pronged strategy will be adopted to tackle these diseases. While awareness creation for prevention through lifestyle changes will be taken up at various levels, infrastructure facilities for early detection and treatment will be created. After the success of the pilot schemes in two districts, this activity has been scaled up to the entire State in phases. During phase -I, the programme has been taken up for implementation in 16 districts and during phase-II, the programme will be implemented in the remaining 16 Districts during the later part of the year. Rs.158 crores has been earmarked to the Health Systems Project for implementing the programmes during this year.

1.12. Considering the growing urbanization of the State it is necessary to address urban health challenges, especially in small urban towns. 60 urban primary health centres already sanctioned under NRHM and the newly sanctioned 75 urban
primary health centres have been brought under the control of Director of Public Health and Preventive Medicine. Strengthening of these centres with appointment of Medical Officers, Staff Nurses, ANMs, Pharmacists etc., is now taking place.

1.13. The Medical Services Recruitment Board, which is the first of its kind in India, has been formed exclusively for the Health and Family Welfare Department to recruit candidates to fill up medical and para medical vacancies in the Government Hospitals and Primary Health Centres. The Board is taking action to recruit candidates for ten major categories of posts which will no doubt improve the functioning of the government health institutions.

1.14. The objective of Vision 2023 is to build a healthy society that will be able to take part in and share the fruits of economic development. The various schemes launched by this Government during the last year and the new schemes proposed now for this year would build a beginning to achieve the objectives of the Vision 2023.

1.15. The provision for Health and Family Welfare Department under Demand No.19 for 2012 -2013 is Rs.5,568.52 crores as detailed below:-

<table>
<thead>
<tr>
<th>(Rs. in crores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand</td>
</tr>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>19 Health &amp; Family Welfare Department</td>
</tr>
</tbody>
</table>

This includes Rs.5413.75 crores on the Revenue Account and Rs.154.62 crores on the Capital Account. The provision on the Revenue Account works out to 5.51% of the total Revenue Expenditure of Rs.98213.85 crores in the Tamil Nadu State Budget for the year 2012 -2013.

Note: Apart from the above provision, funds towards Civil Works being undertaken by Public Works Department have been provided to the tune of Rs.323.68 crores under Demand No.39.

1.16. The Directorate-wise provision for 2012-2013 made under Demand No.19 Health and Family Welfare Department is as follows:
1.17. NEW SCHEMES FOR THE YEAR 2012 - 2013:

It is proposed to implement 26 new schemes (Part-II Schemes) at a cost of Rs.5.04 crores during the year 2012-13. The Directorate-wise details are furnished below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Directorate</th>
<th>No. of Schemes</th>
<th>Ultimate Cost</th>
<th>Cost for 2012 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Directorate of Medical Education</td>
<td>2</td>
<td>402.19</td>
<td>189.19</td>
</tr>
<tr>
<td>2</td>
<td>Directorate of Medical and Rural Health Services</td>
<td>3</td>
<td>103.00</td>
<td>103.00</td>
</tr>
<tr>
<td>3</td>
<td>Directorate of Indian Medicine and Homoeopathy</td>
<td>8</td>
<td>94.05</td>
<td>71.85</td>
</tr>
<tr>
<td>4</td>
<td>Directorate of Public Health and Preventive Medicine</td>
<td>2</td>
<td>195.00</td>
<td>78.00</td>
</tr>
<tr>
<td>5</td>
<td>Directorate of Family Welfare</td>
<td>2</td>
<td>1.70</td>
<td>1.70</td>
</tr>
<tr>
<td>6</td>
<td>Directorate of Drugs Control</td>
<td>6</td>
<td>70.10</td>
<td>43.10</td>
</tr>
<tr>
<td>7</td>
<td>Tamil Nadu State Health Transport Department</td>
<td>3</td>
<td>17.20</td>
<td>17.20</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>26</td>
<td>883.24</td>
<td>504.04</td>
</tr>
</tbody>
</table>

Note: Provision towards ESI Scheme Hospitals for Rs.180.83 crores has been made in the Labour and Employment Demand No.32.

1.18. Details of the Schemes proposed and the activities of the Directorates are narrated in the succeeding chapters.
Chapter - 2
MEDICAL EDUCATION

2.1. The Directorate of Medical Education has been established in July 1966 with the prime objective of development of teaching, training and research programmes in the field of medicine and allied health sciences. The Directorate also looks after the administration of Government Medical colleges and attached Teaching Hospitals, Nursing and Pharmacy colleges. In addition, the Directorate is also responsible for the supervision of the Selection Committee for admission to specified Medical, Para Medical and Nursing courses of study.

2.2. MEDICAL INSTITUTIONS:
A total of 63 Hospitals function under the Directorate of Medical Education. The total bed strength of these hospitals is 25,413 and their daily average inpatient and outpatient strength is 22,002 and 70,919 respectively. At present there are 17 Government Medical colleges, 1 Government Dental college, 2 Pharmacy colleges (B.Pharm), 2 Physiotherapy colleges and 4 Nursing colleges (B.Sc Nursing) along with 23 Schools of Nursing (Diploma) (15 in Government Medical colleges and 8 in Government District Headquarters Hospitals) being run by the Government. The Table below gives the intake capacity of these institutions for undergraduate and postgraduate courses. In addition, there are private institutions providing Medical and Para Medical Education in the State. The details of the total number of seats available in these private institutions as well as the seats surrendered for allotment by the Government are given in Table 2.

Table 1: Number of Seats Available in each Course in Government Sector:
   (a) Number of seats available in Under Graduate/Diploma courses:

<table>
<thead>
<tr>
<th>Name of the course</th>
<th>No. of seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.B.B.S.</td>
<td>1945</td>
</tr>
<tr>
<td>B.D.S.</td>
<td>100</td>
</tr>
<tr>
<td>B.Sc (Nursing)</td>
<td>200</td>
</tr>
<tr>
<td>Post Basic B.Sc (Nursing)</td>
<td>90</td>
</tr>
<tr>
<td>B.P.T.</td>
<td>50</td>
</tr>
<tr>
<td>B.Pharmacy</td>
<td>120</td>
</tr>
<tr>
<td>Diploma in Nursing</td>
<td>1875</td>
</tr>
<tr>
<td>Diploma in Pharmacy</td>
<td>240</td>
</tr>
</tbody>
</table>

Diploma in Nursing:

<table>
<thead>
<tr>
<th>Stipendary</th>
<th>Non-stipendary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>645</td>
<td>1230</td>
<td>1875</td>
</tr>
</tbody>
</table>

(b) Number of specialties and intake capacity under Post Graduate Courses:

<table>
<thead>
<tr>
<th>Courses</th>
<th>No. of specialties</th>
<th>Total intake capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.G. Degree</td>
<td>23</td>
<td>706</td>
</tr>
<tr>
<td>P.G. Diploma</td>
<td>15</td>
<td>403</td>
</tr>
<tr>
<td>M.D.S.</td>
<td>8</td>
<td>35</td>
</tr>
</tbody>
</table>
Table 2: Number of Self financing Medical and Para Medical Institutions functioning in the Private sector which surrender seats to the Government:

<table>
<thead>
<tr>
<th>Colleges</th>
<th>Number of colleges</th>
<th>Number of seats</th>
<th>Number of seats surrendered to Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical colleges</td>
<td>11</td>
<td>1460</td>
<td>839</td>
</tr>
<tr>
<td>Dental colleges</td>
<td>17</td>
<td>1470</td>
<td>878</td>
</tr>
<tr>
<td>Pharmacy course (B.Pharm)</td>
<td>34</td>
<td>1950</td>
<td>1235</td>
</tr>
<tr>
<td>Physiotherapy course (B.P.T)</td>
<td>22</td>
<td>1080</td>
<td>671</td>
</tr>
<tr>
<td>Nursing course (B.Sc)</td>
<td>135</td>
<td>7230</td>
<td>4592</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>2</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>
has negotiated with the management of Self financing institutions for the surrender of 65% of the total seats in the case of non-minority unaided institutions and 50% in the case of minority institutions for allotment to meritorious students under the Government Quota.

2.4. MENTAL HEALTH CARE:

2.4.1. The Institute of Mental Health, Chennai, is the only hospital functioning in Tamil Nadu exclusively for the treatment of psychiatric patients. The hospital has 1800 beds. The patients from the neighbouring states are also coming to this hospital for taking treatments. Besides giving treatment to mentally ill patients, the hospital also provides rehabilitation to cured persons.

2.4.2. The Government of India have permitted the Institute to start a Post Graduate Diploma course in Psychiatric Nursing and Clinical Psychology at the Institute of Mental Health as part of the Man Power Development Scheme under the National Mental Health Programme at a total cost of Rs.1.51 crores. Out of this amount, Rs.90.38 lakhs has been released as a first phase by the Government of India. The existing N.R.Thiyagaraja Hospital, Theni is being converted as a Mental Hospital to take care of the mentally ill patients of the southern districts of Tamil Nadu. As soon as the renovation work is over, the hospital will be brought to use, after appointing the required doctors, nurses and paramedical staff during the year.

2.5. ACCIDENT AND TRAUMA CARE CENTRES:

The Government of India have introduced a revised scheme in the Eleventh Plan for developing a network of Trauma care centres along the Golden Quadrilateral, North-South and East-West corridors of the National Highways to provide trauma service to the accident victims. Sanction has been given to set up such centres in the following tertiary care institutions:

1. Government Mohan Kumaramangalam Medical College Hospital, Salem.
2. Government Rajaji Hospital, Madurai.
3. Government Vellore Medical College Hospital, Vellore.
4. Kilpauk Medical College Hospital, Chennai.
5. Kanyakumari Medical College Hospital, Kanyakumari.
6. Tirunelveli Medical College Hospital, Tirunelveli.

The construction of buildings for the above centres in Government Mohan Kumaramangalam Medical College Hospital, Salem, and Government Rajaji Hospital, Madurai are completed and these centres are functioning. The construction of buildings in Vellore Medical College Hospital, Kilpauk Medical College Hospital, Kanyakumari Medical College Hospital and Thirunelveli Medical College Hospital is over and the provision of medical equipments for these centres is under progress.
2.6. ESTABLISHMENT OF SUPERSPECIALITY HOSPITALS:

2.6.1. The State is well known at the national level for the provision of super speciality services in the health sector. This Government is committed to strengthen the tertiary Institutions to provide quality tertiary health care to its people. It is proposed to set up a Multi Super Speciality Hospital in the unutilized A Block building constructed in the Omandurar Government Estate, Chennai to ensure that the public of the State will get high quality medical care. A High Level Committee under the Chairmanship of Chief Secretary to Government has been constituted to oversee the early functioning of the speciality hospital. Funds have also been sanctioned for conversion of the existing A Block and supply of equipments for the Multi Super Speciality Hospital.

2.6.2. It is proposed to upgrade the Annal Gandhi Memorial Government Hospital at Tiruchirappalli as a Super Speciality Centre at a cost of Rs.100 crores. As a first phase, Rs.53.97 crores have been sanctioned for construction of the building and the work will commence shortly.

2.6.3. A super speciality hospital has been set up with a trauma block and has started functioning in the Mohan Kumaramangalam Medical College Hospital, Salem under the Pradhan Manthri Swasthya Suraksha Yojana (PMSSY). The total cost of the scheme is Rs. 139.10 crores, of which the Government of India contribution is Rs 100 crores and the balance amount has been met by the State Government.

2.6.4. The Government of India has sanctioned the establishment of a similar Multi Super Specialty Hospital in the Govt. Rajaji Hospital in Madurai under the PMSSY Scheme at a cost of Rs.150 crores. Of this, the Central Government contribution will be Rs.125 crores and the balance amount of Rs.25 crores is to be met by the State Government. The project will be taken up for implementation shortly.

2.7. KING INSTITUTE OF PREVENTIVE MEDICINE AND RESEARCH:

The King Institute of Preventive Medicine and Research, Guindy, is one of the premier institutions of this country. The Institute is equipped for manufacturing vaccines and sera and functions as a teaching and research centre. The Virology department of this Institute is recognized by the Government of India and the World Health Organization as the National Polio Laboratory and National Measles Laboratory for the South East Asia Region of the World Health Organisation. Drug samples received from the Director of Medical and Rural Health Services, the Southern Railway, and other departments including the police, local bodies and the Tamil Nadu Medical Services Corporation are analyzed by the laboratory attached to this Institute. It is now proposed to revive the vaccine production and create a tissue bank in this Institute at a cost of Rs.5 crores.
2.8. THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY:
The Tamil Nadu Dr.M.G.R. Medical University was started in 1987 to promote academic excellence, research and advancement of knowledge in the field of Medical and Para Medical Education. At present, 328 institutions conducting various courses in Medicine and allied sciences are affiliated to this University. The University Library serves as a Regional Medical Library and Medical Informatics centre.

2.9. NEW SCHEMES FOR THE YEAR 2012-13:
   i. Construction of protection wall for Chengalpattu Medical College, Chengalpattu at a cost of Rs.3.55 crores. It is proposed to sanction Rs.1.42 crores during the year 2012-13.

   ii. Construction of protection wall for Tirunelveli Medical College, Tirunelveli at a cost of Rs.47.19 lakhs.

3.1. The Government of Tamil Nadu provides curative health and medical services to the people of the state, especially the poor and the downtrodden, through the government health institutions. The Directorate of Medical and Rural Health Services (DMRHS) administers and controls the functioning of 31 District Head Quarters Hospitals, 154 Taluk Hospitals, 76 Non-Taluk Hospitals, 19 Dispensaries, 10 Mobile Medical Units, 7 Women and Children Hospitals, 2 T.B. Hospitals/Sanatorium, 2 T.B. Clinics and 7 Leprosy Hospitals/Centres and other 9 Hospitals. The Directorate is responsible for the planning and implementation of various schemes for the development of these secondary level hospitals. The hospitals under the control of the DMRHS provide the following services:

   i. Extended Medical specialty services like Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology, E.N.T, Venerology, Orthopaedics, Anaesthesiology, Child Health, Dental, Psychiatry, Ambulance Services, Laboratory Services, Leprosy, Tuberculosis, Diabetology, Cardiology;

   ii. Comprehensive Emergency Obstetrics and Neo Natal Care Services (CEmONC);
The Joint Directors of Medical Services functioning at the district level under the Directorate of Medical and Rural Health Services coordinate and implement various programmes for the provision of health care to the public including the Hill Area Development Programme and Special Component Plan for Adi-dravidar and Tribal Welfare through the Government medical institutions under this department. National programmes including those for the control of blindness, tuberculosis (TB) and leprosy are also implemented by this department. The Deputy Director (TB) and Deputy Director (Leprosy.) in each district supervise the implementation of the Revised National TB Control Programme (RNTCP) and the Leprosy Eradication Programme respectively. The Leprosy Eradication Programme has been integrated with the Directorate of Public Health and Preventive Medicine. The Director of Medical and Rural Health Services is the State Appropriate Authority for the implementation of Transplantation of Human Organ Act 1994 and the Pre –Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994.

3.2. REVISED NATIONAL TB CONTROL PROGRAMME (RNTCP)

3.2.1. The Revised National TB Control Programme (RNTCP) is being implemented in Tamil Nadu, from the year 1999, in a phased manner. The entire state has been covered under RNTCP since 2002. The Revised National TB Control Programme (RNTCP) aims at detecting maximum number of Tuberculosis patients, especially the sputum positive (infectious type) TB patients and curing them through direct short term DOTS treatment. The objective of the RNTCP is to achieve and maintain more than 85% cure rate among the new sputum smear- positive TB cases registered and to detect at least 70% of the estimated new sputum smear positive cases after achieving the objective of 85% cure rate.

3.2.2. After the introduction of National Rural Health Mission, the erstwhile State Health Society (RNTCP) formed under the Chairmanship of Secretary to Government (Health) has been merged with the State Health Society and the funding has been brought under the National Rural Health Mission. A State level officer who is a TB specialist in the rank of Additional Director functions as State Tuberculosis Officer to coordinate and supervise RNTCP in the state. The District Health Society (RNTCP) formed at the Government Headquarters Hospital has been merged with the District Health Societies formed under NRHM. The Programme is implemented in close coordination with the
Directorate of Public Health and Preventive Medicine.

3.2.3. The RNTCP programme is implemented in all the districts through 144 TB Units, 791 microscopy centres and about 11,000 DOT centres. One TB Unit (TU) is formed for every 5 lakh population and each TB Unit is manned by one of the PHC Medical Officers in the Unit, who is designated as Medical Officer (TB Control). One Designated Microscopy Centre (DMC) has been formed for every 1 lakh population with one Laboratory Technician who is provided with a Binocular Microscope.

3.2.4. About 11,000 Directly Observed Treatment (DOT) Centres have been started for providing diagnostic and treatment services to the identified TB patients in the state. Field level staff like the Village Health Nurses, Multipurpose Male Workers and self help groups are given training under RNTCP to give Directly Observed Treatment to the TB patients. DOT Centres have been started in all Government Hospitals, Primary Health Centres, Health Sub centres and NGO Clinics and are functioning well. There is a TB Cell in all the Medical Colleges. 238 Non - Governmental Organizations, 103 Private Nursing Homes and 319 Private Practitioners are involved in the RNTCP Programme.

3.2.5. For the detected cases of TB, patient-wise Drug Boxes are made available for rendering organized treatment. During the course of the 6 months treatment, sputum follow-up examination is done twice or thrice, for each patient, to assess the progress of treatment. Depending on the nature of the disease, patients are given treatment in the DOT Centres near the patients' home. Paediatric drug boxes are also provided under the RNTCP to the children affected with T.B. The required Anti-TB drugs are supplied in kind by the Central TB Division. The Government of India is providing funding to this programme through NRHM. The Government of India has now raised the sharing ratio in the Twelfth Plan to 75: 25 from the year 2012-13. The funds are released based on the proposals included in the Project Implementation Plan of NRHM, which is approved annually by the National Programme Coordination Committee through the State Health Society to all the districts.

3.2.6. The Intermediate Reference Laboratory (IRL) established in the campus of the Institute of Thoracic Medicine (ITM), Chetpet on the occasion of World TB Day on 24th March 2007 is functioning well. Culture tests for Multi-Drugs Resistant TB (MDR) patients are being carried out in this centre. The State TB Training and Demonstration Centre established in the ITM Campus, Chennai is conducting training to all those associated with the TB control Programme in the State.
3.2.7. Multi Drug Resistant TB is a new challenge that has arisen in the field of TB management. DOTS Plus activities for the management of Multi Drug Resistant TB patients, which was started from 30.01.2010, in 4 districts in Cuddalore, Kancheepuram, Villupuram, Tiruvannamalai and Government Hospital for Thoracic Medicine, Tambaram has been extended to 15 more Districts i.e. Vellore, Dharmapuri, Krishnagiri, Salem, Namakkal, Thoothukudi, Tirunelveli, Coimbatore, Erode, Thanjavur, Nagapattinam, Virudhunagar, Tiruvallur, Dindigul and Theni Districts. The Programme will be extended to the rest of the state shortly.

3.2.8. Another area of concern is the growing presence of TB in HIV positive patients. The HIV-TB intensified package is being implemented in all districts throughout the State. Now the referral from RNTCP to Integrated Counseling and Testing Centres (ICTC) set up for HIV testing and counseling under the Tamil Nadu Society for AIDS Control is 68%. The aim is to achieve cross referral for more than 90% of all patients identified under RNTCP to these centres.

<table>
<thead>
<tr>
<th>Year</th>
<th>% Out Patients examined</th>
<th>Annualized Total Case detection</th>
<th>Annualized detection rate / new S+ve per lakh</th>
<th>Ratio of new S+ve : S-ve</th>
<th>Sputum Conversion rate</th>
<th>Cure Rate</th>
<th>Success Rate</th>
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3.3. DISTRICT MENTAL HEALTH PROGRAMME:

3.3.1. The National Mental Health Programme was launched in view of the magnitude of mental illness in the country and the non availability of infrastructure and trained man power to address this challenge. The programme has three components namely treatment of mentally ill, rehabilitation and prevention of mental illness and promotion of positive mental health. The Government of India has launched the District Mental Health Programme as a 100% Centrally Sponsored Scheme for the first five years at the national level in 1996-97 as a pilot project. The aims of the District Mental Health Programme which is under implementation in the state are as follows:

1) To create awareness regarding Mental Health in the community;

2) To integrate and implement Mental Health services through all the wings of the health department;

3) To facilitate the early detection and treatment of the patient within the community itself;

4) To reduce the stigma attached towards mental illness through change of attitude and public education;

5) To treat the rehabilitated mental patients discharged from mental hospital within the community.

3.3.2. The District Mental Health Programme was sanctioned in Trichy District during 1997 in the first phase. Subsequently, the programme was extended to Madurai and Ramanathapuram during 2001-2002, and was further extended to Chennai, Cuddalore, Kancheepuram, Tiruvallur, Tiruvarur, Virudhunagar, Perambalur, Namakkal, Theni, Kanniyakumari, Erode, Dharmapuri and Nagapattinam districts. The programme is under implementation in 16 Districts. In the programme districts, one 10 bedded psychiatric ward has been established in the District Hospital. The government is taking efforts to get the approval of the Government of India for the extension of the scheme to the remaining districts.

3.3.3. This programme is fully funded by Central Government for the first five years and thereafter the programme has to be implemented from the state budget. The programme in Trichy, Ramanathapuram and Madurai districts is implemented using State funds.
3.4. TAMIL NADU STATE ILLNESS ASSISTANCE SOCIETY:

3.4.1. Tamil Nadu State Illness Society is rendering financial assistance to the population below the poverty line whose annual income is less than Rs. 24,000/-. This is a shared scheme between the Central and State Governments in the ratio of 1:2. There are two types of assistance under this scheme.

i. Revolving fund fixed to the Government Medical college hospitals for purchase of consumables for specified surgeries.

ii. Revolving fund fixed to District Collectors for disbursement of financial assistance at Rs. 25,000/- per patient for specified and accepted surgeries performed at 71 accredited private hospitals.

3.4.2. Upto 29.2.2012, 13,702 beneficiaries have received assistance under this scheme. Out of the funds of Rs.56.625 crores allotted, a sum of Rs.49.61 crores has been utilized.

3.5. UPGRADE AND STRENGTHENING OF TRAUMA CARE CENTRES WITH GOVERNMENT OF INDIA FUNDS:

The Government of India has launched the National High Way Trauma Care Project during the XI Plan period to cover the entire Golden quadrilateral and North-South –East-West corridors for trauma care. It envisages strengthening of hospitals along the highways from basic trauma care to advanced tertiary care, all networked with the emergency care ambulances so as to provide care during transit and hospitalization within the golden hour. The Government of India have sanctioned funds for the establishment of Trauma care centres in Government Hospitals at Krishnagiri, Dindigul, Karur and Kovilpatti and released funds intended for building construction. The building work for Trauma Care Centres has been completed in Govt. Headquarters Hospital, Krishnagiri, Dindigul and Kovilpatti and is under progress in Karur. The Government of India is being approached to release the left over funds for provision of equipments, communication and man power to these Trauma Care Centres.

3.6. MEDICAL SERVICES RECRUITMENT BOARD:

In order to fill up the vacancies expeditiously in medical, nursing, paramedical and non medical posts without delay to provide better uninterrupted health services to the public in the Government Hospitals and Primary Health Centres, the Medical Services Recruitment Board has been formed in Tamil Nadu exclusively for the Health and Family Welfare Department. An amount of Rs. 1 crore has been sanctioned to meet the recurring and non
recurring expenditure of the Board. This Medical Services Recruitment Board is a first of its kind initiative in the country. The Board has commenced the recruitment of candidates for ten major categories of posts.

3.7. IMPLEMENTATION OF THE TRANSPLANTATION OF HUMAN ORGANS ACT 1994:

The “Transplantation of Human Organs Act 1994” was enacted in order to curtail the trade in human organs. The Director of Medical and Rural Health Services is the State Appropriate Authority under this Act. The hospitals which apply for registration under the Act are inspected by a team of medical experts from the nearest Government Medical College Hospital. Based on the inspection report, the State Appropriate Authority issues registration to the Hospitals concerned for performing organ transplantation. Transplantation shall be done only in those hospitals which are registered under this act. In Tamil Nadu, 72 Hospitals are registered under this Act for performing various organ transplantations, such as kidney, heart, lungs, liver, pancreas and cornea. To regulate organ transplantations, the Government have constituted three Regional level Authorization Committees, at Chennai, Madurai and Coimbatore. Both donors and recipients of organs transplantation are verified and approved by these Committee for carrying out transplantations.

3.8. CADAVER TRANSPLANT PROGRAMME:

The Cadaver Transplant Programme, initiated by the Government of Tamil Nadu in October 2008 has been a great success. Tamil Nadu ranks No.1 in India in the implementation of the Cadaver Transplant Programme. This has been possible due to the simplification of regulatory framework. The potential for this programme is much larger and could put an end to the demand for illegal trade in human organs. This programme is supported by an Advisory Committee that has been formed to establish formats and procedures, to oversee compliance with procedures, to ensure stability of functioning of the programme and to recommend a coordinating body to institutionalize and streamline the programme. Currently 38 hospitals are involved in this programme. Transplant hospitals in the State have been divided into three zones as follows and organ donations from cadavers arising in a zone are allocated first within that zone:

- **North Zone** - Chennai and neighbourhood, Vellore
- **South Zone** - Trichy, Madurai, Tirunelveli, Nagercoil
- **West Zone** - Coimbatore, Erode, Salem

Upto March 2012, there have been 246 donors and 1402 organs were harvested out of which 725 were major organs (heart, lungs, liver and kidneys).
3.9. IMPLEMENTATION OF THE PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION) ACT 1994 IN TAMIL NADU:

Though the state has been doing better than the rest of the country, the decline in sex ratio with specific reference to the child sex ratio in some pockets of the state is a matter of great concern. The most important reason for this decline has been identified to be sex selective abortion of female foetuses. In order to prevent the practice of female foeticide, the Government of India have enacted the Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994. For effective implementation of this Act, the State, District and Sub-District level Appropriate Authorities have been nominated. Advisory Committees have also been formed to streamline the implementation of this Act. The Director of Medical and Rural Health Services is the Chairperson of the State level Supervisory Board. At the District Level, the District Collector has been nominated as the District Appropriate Authority, with the Revenue Divisional Officer functioning as the Sub-District Appropriate Authority. Under the Act, all organizations involved in implementing pre-natal diagnostic techniques (largely, ultrasound scan centres) should register themselves with the respective Appropriate Authority. Offences under the Act such as non-registration and misusing the equipments to disclose the sex of the foetus are punishable as cognizable, non-bailable and non-compoundable offences leading to up to 3 years of imprisonment. Doctors who are found indulging in malpractices are also liable to lose their registration for medical practice. So far 4933 scan centres have been registered under the Act and cases have been filed against 72 scan centres for the violation of this Act. Judgement had been delivered in 62 cases and 10 cases are under trial.

3.10. NEW SCHEMES FOR THE YEAR 2012-13:


ii. Replacement of Lift (B) to Office of the Director of Medical and Rural Health Services, Chennai-6 at a cost of Rs. 25 lakhs.

iii. Replacement of Staff Car to Joint Director of Health Services, Karur, Thiruvallur & Trichy Districts @ Rs. 5 lakhs each for JDHS at a total cost of Rs. 15 lakhs.
PUBLIC HEALTH AND PREVENTIVE MEDICINE

4.1. BACKGROUND:

The Directorate of Public Health and Preventive Medicine was formed as early as 1923 in Tamil Nadu with the main objective of prevention and control of communicable diseases and to provide community-based maternity and child health services in rural and urban areas. The Tamil Nadu Public Health Act, 1939 is a pioneering legislation enacted before independence which empowers the Health Officers to enforce public health laws to safeguard the health of the people. The Directorate of Public Health and Preventive Medicine is now responsible for the administration and supervision of the Primary Health Centres (PHCs) in the state. Primary Health Care services are provided through a network of 1612 PHCs and 8706 Health Sub Centres (HSC). Outreach services for the people living in remote areas are provided through 385 Hospital on Wheels programme. The Directorate of Public Health and Preventive Medicine implements major health programmes such as Reproductive and Child Health (RCH) Programme, National Rural Health Mission (NRHM) supported programmes, Dr. Muthulakshmi Reddy Maternity Benefit Scheme, Immunisation Programme, Family Welfare Programme, National Diarrhoeal Diseases Control Programme, National Vector Borne Diseases Control Programme, Integrated Disease Surveillance Programme, Non Communicable Diseases Control Programme, National Leprosy Elimination Programme, School Health Programme, National Iodine Deficiency Disorders Control Programme and Tobacco Control Programme. The Directorate also implements new initiatives like the Hospital on Wheels Programme, Menstrual Hygiene Programme, Telemedicine services, establishment of Urban Primary Health Centres and establishment of level-I and level-II MCH centres. The Directorate of Public Health and Preventive Medicine is also responsible for the implementation of various Public Health Acts such as the Tamil Nadu Public Health Act, Cigarette and Other Tobacco Products Act and Registration of Birth and Death Act. Active support is provided by the PHCs for the implementation of Revised National Tuberculosis Control Programme, National AIDS Prevention / Control Programme, National Blindness Control Programme, Integrated Child Development Scheme, Rural Water Sanitation Schemes and other Community Development Programmes. The impact of various public health interventions carried out by this Directorate are well reflected in the vital indicators such as the Birth Rate, Infant Mortality Rate, Maternal Mortality Ratio, Total Fertility Rate, control of communicable diseases and elimination of vaccine preventable diseases. Tamil Nadu is acknowledged as a role model in providing public health care to the people.
4.2. PRIMARY HEALTH CENTRES (PHC):

4.2.1. PHC Infrastructure:

Of the 1612 Primary Health Centres functioning in Tamil Nadu, 1497 PHCs are functioning in Government Buildings. Construction of buildings is under progress for 70 Primary Health Centres. Site identification / land transfer is under process for the remaining 45 Primary Health Centres after which buildings will be constructed for these PHCs.

4.2.2. PHC Services:

During 2011-12(upto February 2012), a total of 7,62,06,102 out-patients and 10,62,480 in-patients were treated in PHCs. On an average, each PHC treats 143 outpatients per day and 61 inpatients per month. 24x7 delivery care services with 3 Staff Nurses are provided in all the 1612 Primary Health Centres under NRHM support. A total of 2,57,564 deliveries have been conducted in PHCs at an average of 15 per PHC per month during 2011-12, contributing to 27.2 percent of total deliveries in the State. The Institutional Services in the Primary Health Centres are monitored through a web enabled Institutional Services Monitoring Report (ISMR) and feedback is sent to the districts for further improvements.

4.2.3. Upgradation of Primary Health Centres:

In 2001, the Government has taken a policy decision to provide at least one 30 bedded upgraded Primary Health Centre in each block where there is no such health facilities in a phased manner. Accordingly, one Primary Health Centre in each block is upgraded as 30 bedded PHC. Each Upgraded Primary Health Centre has 5 Doctors, an operation theatre, modern diagnostic equipments like Ultra Sonogram, ECG, Semi Auto Analyzer, X-ray and an ambulance vehicle. At present 309 upgraded Primary Health Centres are functioning in 277 blocks. The Government has planned to provide at least one 30 bedded facility in the remaining blocks in the coming years.

4.2.4. ISO 9001 Certification:

48 Primary Health Centres in 12 Health Unit Districts have been taken up for quality certification using NRHM funds and these PHCs have obtained ISO certification in 2010-11. Efforts are on to get certification for 30 more PHCs in the uncovered 30 Health Unit Districts (HUDs) in the current year. These PHCs will serve as role models to the other PHCs in the HUD so as to achieve overall quality standards. It is proposed to form a State Quality Management Cell which will grade PHCs based on the quality of services rendered and make quality
management a sustainable and continuous activity in the state.

4.2.5. Diet:

Nutritious food is provided for antenatal mothers when they come for ultrasonogram examination at the PHC. Diet is also provided three times a day for 3 days at the PHCs to the mothers admitted for delivery and for undergoing family welfare sterilization. Birth waiting homes are functioning in 17 Primary Health Centres for admitting pregnant mothers coming from inaccessible/remote areas and diet is provided to the mother and one attendant for 7 days. NRHM funds and funds from Patient Welfare Society and Village and Health Sanitation Committees are utilized for providing this diet.

4.2.6. Dental health care services in PHCs:

Dental health care services are provided in 208 PHCs to treat dental problems like dental caries among school going children and other morbidities. The Government has planned to introduce dental health care services in all upgraded PHCs in phased manner.

4.3. HEALTH SUB CENTRES:

Of the 8706 Health Sub Centres functioning in Tamil Nadu, 6510 Health Sub Centres are functioning in Government Buildings and the remaining 2196 Health Sub Centres are functioning in rented / rent free buildings. The construction and renovation of HSC buildings will be taken up using NRHM funds in phased manner.

4.4. IMMUNIZATION PROGRAMME:

4.4.1. The Universal Immunization Programme was started in 1985 to protect children from vaccine preventable diseases like diphtheria, pertussis, tetanus, poliomyelitis, tuberculosis and measles. Annually, around 11 lakhs infants are benefited under this programme. Further, 12 lakhs pregnant mothers are immunized every year with Tetanus Toxoid injection for prevention of tetanus infection during delivery. A second dose of measles vaccine at the age of 18 months has been introduced during the current year in addition to the first dose given at the age of 10th month.

4.4.2. Introduction of Pentavalent vaccine for routine immunization:

Pentavalent vaccine has been introduced in Tamil Nadu from 21st December 2011. Pentavalent vaccine gives protection against diphtheria,
pertussis, tetanus, Hepatitis-B and Haemophilus influenzae-b (Hib). The newly added HiB prevents life threatening pneumonia and meningitis. Tamil Nadu is one of the two States selected by the Government of India for introducing pentavalent vaccination. The advantages of pentavalent vaccination to the children include protection against 5 life threatening diseases and reduced number of needle pricks to a child.

4.4.3. Pulse Polio Immunization (PPI):

For the eradication of poliomyelitis, the Pulse Polio Immunization campaign was introduced in the year 1995-96, which along with an efficient routine immunization coverage has successfully eliminated the dreaded disease from the State. During the current year 2012, two rounds of pulse polio immunization campaigns have been planned as part of the nationwide PPI campaign in order to prevent the importation of polio virus and to sustain the zero polio status. The first round was conducted on 19.2.2012 and the second round is scheduled on 15.4.2012. In the first round, 69.58 lakh children were administered Oral Polio Vaccine in Tamil Nadu.

4.4.4. Focus on Migrant Children:

Special initiatives are being taken to cover the children living in temporary settlements and migrant population to protect the children from Vaccine Preventable Diseases. Two special polio rounds were conducted on 11-12-2011 and 08-01-2012 and 34,000 migrant children were covered.

4.4.5. Impact of Immunization Programme:

Due to successful implementation of immunization programme, the State has achieved and maintains polio free status since 2004. Neonatal tetanus elimination status has also been certified by World Health Organization in 2006. The incidence of diphtheria, pertussis and tetanus has become epidemiologically insignificant. There is also a significant reduction in the number of measles cases.

4.5. Dr. MUTHULAKSHMI REDDY MATERNITY BENEFIT SCHEME:

The Government has launched a revised Dr.Muthulakshmi Reddy Maternity Benefit Scheme by enhancing the maternity benefit from Rs.6,000/- to Rs.12,000/- to the pregnant women who delivered after 01-06-2011. This has come as a boon to the poor beneficiaries and has improved the health status of both the mother and the child. The cash assistance is given in three installments on conditional basis and restricted for two deliveries only. The three phase payment has strengthened the antenatal and post natal care and improved
child immunization. 6,34,939 pregnant mothers have benefited under the scheme and a sum of Rs.505.50 crores has been disbursed as on 29.3.2012 to the beneficiaries. An allocation of Rs.720 crores has been provided for this scheme for the current year.

4.6. HOSPITAL ON WHEELS PROGRAMME:

The Hospital on Wheels scheme was commenced by upgrading the existing 385 Mobile Medical Units with necessary additional manpower, laboratory facilities and other diagnostic equipments. These units will provide high quality medical care with focus on Mother and Child Health Services, Communicable and Non-Communicable Diseases covering all the remote villages and hamlets as per the fixed day fixed time plan, specific for each block. The Hospital on Wheels programme has been launched in all the 385 blocks at a cost of Rs.29.36 crores.

4.7. PROMOTION OF MENSTRUAL HYGIENE:

This government has announced a revolutionary scheme for free distribution of sanitary napkins to rural girls. Promotion of menstrual hygiene among adolescent girls will go a long way in reducing the risk of reproductive tract infection and infertility in future. Under the programme, which has been launched in March 2012. sanitary napkins will be distributed free of cost to adolescent girls (10-19 years) living in the rural areas. Post Natal mothers who delivered in Government Health institutions, women prisoners and women patients of mental hospital will also be covered under the scheme. Adolescent girls will also be provided with health cards to monitor their health status which include weight, height, blood haemoglobin level etc. Over 41 lakh adolescent girls in the 10-19 age gap in rural areas will be benefitted from the first of its kind initiative covering the entire state. Sanitary Napkins will be distributed through schools and Anganwadi centres. The beneficiaries will also be provided with iron and folic acid tablets and deworming drugs. An amount of Rs.55 crores has been allotted to the scheme during the current year.

4.8. SCHOOL HEALTH PROGRAMME:

The School Health Programme is implemented in Tamil Nadu to provide comprehensive health care services to all students studying in Government and Government aided schools in Tamil Nadu. The medical team will provide health care services to students thrice a year. Special emphasis is given to heart diseases, eye disorders, nutritional disorders and dental problems, which tend to affect education and overall development. All Thursdays are scheduled as School Health Days. Students in need of advanced medical treatment are referred to higher medical institutions and Saturdays are referral days. Two teachers in each school are
identified and trained for identifying common illnesses of students and taking follow up action on the report of the doctors. So far, 92,01,124 school students have been covered under this programme in 42,769 Government and aided schools in 2011-12 in three visits. 41,24,969 students were treated for one or more health problems and 38,805 were referred to higher medical institutions for further treatment.

**4.9. CONTROL OF COMMUNICABLE DISEASES:**

Control of Communicable Diseases continues to be one of the major roles of the Directorate, especially for the diseases occurring in epidemic forms. Acute Diarrhoeal Diseases with sporadic outbreaks of cholera are reported in most of the districts throughout the year and in epidemic form during rainy and summer seasons. Efforts are continuously made to provide safe drinking water by monitoring water quality and promotion of food hygiene and environmental sanitation. The Integrated Disease Surveillance Programme (IDSP) is being implemented in the state which continuously monitors the occurrence of infectious diseases and outbreaks on daily and weekly basis. Two District Public Health laboratories are already functioning in Cuddalore and Ramanathapuram districts. Six District Public Health Laboratories are under establishment in Erode, Thiruvannamalai, Tiruchy, Dindugul, Nagappattinam and Kanyakumari districts.

**4.10. INFLUENZA A H1N1 DISEASE (Swine Flu):**

**4.10.1.** Swine Flu is a contagious respiratory illness caused by the pandemic Influenza A H1N1 viruses. It is transmitted from infected persons to others through droplets formed during coughing and sneezing and through hands touching the surfaces contaminated with the infectious droplets. It can cause mild to severe illness. Some people, such as older people, young children and people with certain health conditions like diabetes, obesity, hypertension, liver disorders are at high risk for serious flu complications. If diagnosed early and treated appropriately with the anti-viral drug Oseltamivir, the risk of mortality is very minimal.

**4.10.2.** The first case of A H1N1 was reported in May 2009 in Tamil Nadu and 3,047 persons were affected and 10 persons died in the same year. In 2010, 1,405 persons were affected and 24 persons died. In 2011, only 34 persons were affected with 4 deaths. During 2012 up to 31st March, only 11 persons were affected.

**4.10.3.** The various control measures taken by the Department which include early identification and management of cases, contact tracing and treatment, promotion of public awareness, were effective in controlling the spread of swine flu. Now the pandemic flu is in its declining phase and the situation is under control in Tamil Nadu. Occurrence
of fever cases are being monitored throughout the State by the Directorate of Public Health on daily basis and appropriate preventive and control measures are taken. Isolation wards and adequate quantity of Oseltamivir capsules are kept ready in Communicable Diseases Hospital, Tondiarpet, all the Government Medical College Hospitals and Head Quarters Hospitals in all the districts. RT-PCR testing facility is available at free of cost in five Government institutions. 25000 doses of Influenza A H1N1 vaccines have been mobilized from Government of India for immediate distribution to all the districts for the Medical and Paramedical staff handling suspected Influenza AH1N1 cases.

4.11. WATER ANALYSIS LABORATORIES:

The Water Analysis Laboratories established in Chennai and Coimbatore collect and examine water samples from various protected water sources to control water pollution and contamination of drinking water. These laboratories also assist the Tamil Nadu Pollution Control Board in examining samples of industrial wastes and conducting field surveys to ensure the prevention and control of environmental and industrial water pollution. In addition, two more Water Analysis Laboratories are being established in Tiruchirapalli and Tirunelveli Districts during the current year.

4.12. CIVIL REGISTRATION SYSTEM:

4.12.1. Birth and Death Registration:

The Registration of Birth and Death is compulsory at the place of occurrence in the state as per the Registration of Births and Deaths Act 18 of 1969 and as per the revised Tamil Nadu Registration of Births and Deaths Rules, 2000. All the Registrars are trained in Birth and Death Registration and Doctors in Medical Certification of Cause of Death. The System of Registration of Births and Deaths is reviewed and monitored regularly. As per Sample Registration System for the year 2010, the birth rate is 15.9, the death rate is 7.6 per 1000 population and Infant Mortality Rate is 24 per 1000 live births in Tamil Nadu.

4.12.2. Additional Birth and Death Registration units and appointment of Health Inspectors as Birth and Death Registrars:

All the 1612 Primary Health Centres in Tamil Nadu have been declared as Additional Birth and Death Registration units. Health Inspectors working in the Primary Health Centres have been appointed as Registrars and Birth Certificates are given at the Primary Health Centres at the time of discharge of the delivered mothers.
4.12.3. Web based Birth and Death Registration System:

At present Birth and Death certificates are issued online in the Corporations of Chennai and Madurai. Efforts are being taken to cover the entire state to register and issue certificates through web based online system.

4.12.4. E-Governance:

The Department of Public Health and Preventive Medicine has taken steps to computerize the reporting system with the support of the State Health Society and National Informatics Centre (NIC) from the PHC level. All PHCs are supplied with computer and accessories along with e-mail id and internet facility for speedy communication.

4.13. NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME:

4.13.1. Malaria:

Malaria continues to be a public health problem in few urban and rural areas viz., Chennai, Ramanathapuram, Thoothukudi, Dharmapuri, Krishnagiri, Tiruvannamalai and Kanyakumari Districts. During 2011, out of the total number of 22,156 positive cases recorded in the state, 29.92 percent of cases were reported from rural areas and 70.08 percent from urban areas. Chennai city contributed to 96.14 percent of malaria cases in urban areas.

4.13.2. Japanese Encephalitis:

Japanese Encephalitis (JE) has emerged as an important public health problem in the state during the last decade. Districts such as Perambalur, Villupuram, Cuddalore, Tiruvannamalai, Virudhunagar, Tiruchirapalli, Thanjavur, Tiruvur and Madurai report JE cases. Japanese Encephalitis Control Units at Cuddalore, Villupuram, and Perambalur with Monitoring Unit in Chennai are carrying out Japanese Encephalitis Vector Control activities. JE vaccination is being carried out in the above said districts under routine immunization and all children at the age of 18 months are being immunized. JE vector monitoring is being carried out regularly in the endemic districts. Fogging operation is being carried out in villages where suspected JE cases are reported. Acute Encephalitis Syndrome (AES) Surveillance is being carried out in District Head Quarters Hospitals, Medical College Hospitals and major private hospitals. Serum samples are taken from the AES cases for diagnosis of JE. Lab diagnosis is done in 4 Medical College Hospitals and King Institute of Preventive Medicine. When JE is confirmed by laboratory diagnosis, necessary symptomatic
treatment is given to the patient in Medical College Hospitals.

4.13.3. Filaria:

The National Filaria Control Programme is being implemented in Tamil Nadu since 1957. The filarial disease control activities are carried out in 43 urban areas. In these urban areas, 25 control Units and 44 Night Clinics are functioning. Mass Drug Administration programme with DEC tablet was started in 1996 in Cuddalore District as a pilot project. Single dose mass DEC drug administration programme is being carried out from 1997-98 in all endemic districts. Diethyl Carbamazine Citrate (DEC) tablets are supplied by the Government of India. The entire operational cost is met by the State Government. Self-care practices training for the Lymphoedema cases and Hydrocele for hydrocele cases are being organised. 33,947 Lymphatic Filariasis cases have been recorded in this state. Morbidity management kits are also issued to these patients for foot care. Financial assistance of Rs.400 per month has been sanctioned to the Grade IV Lymphatic Filaria patients.

4.13. 4. Dengue:

Dengue is a vector borne disease which is caused by a virus. Dengue is reported in all the districts of Tamil Nadu. Govt. of India has identified 15 Medical Colleges, 9 Zonal Entomological Teams, Institute of Vector Control and Zoonoses, Hosur and King Institute of Preventive Medicine, Guindy for diagnosis of Dengue and Chikungunya. Elimination of vector breeding places like artificial containers is critical for control of Aedes mosquito which spreads these diseases.

4.13.5. Chikungunya:

Chikungunya was first reported in Tamil Nadu from Chennai Corporation in the year 1964. In 2006, Chikungunya outbreaks were reported in Tamil Nadu. 64,802 suspected cases have been recorded so far. The State Government have allotted Rs.4.52 crores for Chikungunya and other vector borne disease control to carry out source reduction of mosquito breeding and to apply larvicides. There is a decline in chikungunya cases due to the control measures taken by the Department.

4.13.6. Leptospirosis:

Leptospirosis is one of the serious zoonotic diseases which require timely diagnosis, treatment and control measures. Seven leptospirosis clinics are functioning in Thiruvallur and Madurai districts for diagnosis and treatment. Rapid diagnostic kits have been supplied to these clinics and the 9 Zonal Entomological Teams in the state. The Institute of
Vector Control and Zoonoses, Hosur is given the responsibility of investigation during outbreaks with a specialized team. A State Level Reference Laboratory is functioning from the year 2008 at State Head Quarters to provide laboratory confirmation and training.

4.14. NATIONAL TOBACCO CONTROL PROGRAMME:

The National Tobacco Control Programme is being implemented in Tamil Nadu since 2003. The State Tobacco Control Cell is functioning under the Director of Public Health and Preventive Medicine since 2007. The District Tobacco Control Cell has been formed in all the districts and functions under the supervision of the Deputy Director of Health Services. Under the National Tobacco Control Program, two districts namely Villupuram and Kancheepuram have been selected as pilot districts for implementation of the District Tobacco Control Program. Government of India has provided financial assistance of Rs.27.33 lakhs for the state and 2 pilot districts from 2007-2011. So far, 53396 violators have been fined to an amount of Rs.61.43 lakhs as on March 2012.

4.15. TRAINING AND CONTINUING HEALTH EDUCATION PROGRAMME:

4.15.1. Continuing education, in-service training and pre-service training programmes are organized for the health officers, medical officers, nurses and other paramedical staff through six regional training centres namely Institute of Public Health, Poonamallee, Health and Family Welfare Training Centres at Egmore, Madurai and Gandhigram, Health Manpower Development Institutes at Villupuram and Salem, Regional Institute of Public Health, Thiruvarankulam and Institute of Vector Control and Zoonoses, Hosur. The Institute of Public Health, Poonamallee is recognized as a national collaborative training centre with National Institute of Health and Family Welfare, New Delhi for training programmes organized by the Reproductive and Child Health Programme and the National Rural Health Mission.

4.15.2. Multi skilling task shifting training programmes are organized for medical officers in life saving anaesthesia and obstetrics for a period of six months to improve the availability of specialist services in rural areas particularly in Primary Health Centres. Ultrasonogram training is given to PHC doctors for detection of congenital deformities during pregnancy in coordination with renowned private sector ultrasound agencies. Skill Birth Attendant Training, Training on Integrated management of Newborn and Childhood Illnesses, Immunization training are organized for improving
the mother and child care services in Primary Health Centres.

4.15.3. The Multi Purpose Health Worker (Male) training course is conducted in medical colleges and Regional Training Centres. During 2011-12 three hundred candidates were trained and during 2012-13, it is proposed to train 600 candidates. The Auxiliary Nurse Midwife (ANM) course is being conducted in five ANM training schools. Three new ANM training schools at Theni, Namakkal and Sivaganga districts are being established in Tamil Nadu with assistance from the Government of India. ANM training will be started during the current year for filling up of the existing vacancies of Village Health Nurses and Auxiliary Nurse Midwives.

4.16. NEW SCHEMES FOR THE YEAR 2012 – 2013:

i. Construction of a New building for the Directorate of Public Health and Preventive Medicine at a cost of Rs.60 lakhs.

ii. Construction of office building for Deputy Director of Health Services, Erode at a cost of Rs.18 lakhs.

Chapter – 5

FAMILY WELFARE PROGRAMME

5.1. The National Family Welfare Programme is being implemented in Tamil Nadu since 1956. Initially, the Department of Family Welfare was functioning only as a wing of the Medical and Public health Directorates. A separate Directorate of Family Welfare was formed during 1983. Subsequently, the Family Welfare Programme was implemented as a people's programme by involving all the other departments. The main objective of the Directorate is to stabilize the population growth as well as to improve the maternal and child health status thereby reducing the vital indicators such as the IMR and MMR. Today, Tamil Nadu is considered as a model State for the other States in the country in the implementation of the Family Welfare Programme. As the State has made commendable progress in reducing the birth rate, the focus has shifted from a "Target based approach" to a "Community Needs Assessment Approach" where importance is given to meeting the unmet needs for family planning services and improving maternal and child health. The major factor behind the success of the programme in the State has been the strong
social and political commitment coupled with a systematic administrative backup.

5.2. DEMOGRAPHIC INDICATORS:

As per 2011 census (provisional), the population of Tamil Nadu is 7.21 crores with decadal growth rate of 15.6 percent. Tamil Nadu is the seventh most populous state in India. It accounts for 6% of the country's total population. The demographic scenario of Tamil Nadu for 2010 (SRS) is furnished below:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Indicators</th>
<th>Current level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Crude Birth Rate</td>
<td>15.9 / 1000 population</td>
</tr>
<tr>
<td>2</td>
<td>Crude Death Rate</td>
<td>7.6 / 1000 population</td>
</tr>
<tr>
<td>3</td>
<td>Total Fertility Rate (2009)</td>
<td>1.7</td>
</tr>
<tr>
<td>4</td>
<td>Infant Mortality Rate</td>
<td>24 /1000 live births</td>
</tr>
<tr>
<td>5</td>
<td>Maternal Mortality</td>
<td>79 /100000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Indicators</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Infant Mortality Rate</td>
<td>&lt;15 / 1000 live births</td>
</tr>
<tr>
<td>2</td>
<td>Crude Birth Rate</td>
<td>14 / 1000 Population</td>
</tr>
<tr>
<td>3</td>
<td>Maternal Mortality Ratio</td>
<td>45/100000 Live Births</td>
</tr>
<tr>
<td>4</td>
<td>Total Fertility Rate</td>
<td>1.6</td>
</tr>
<tr>
<td>5</td>
<td>Couple Protection Rate</td>
<td>65 percent</td>
</tr>
<tr>
<td>6</td>
<td>Reduction of Higher Order Births</td>
<td>&lt;10 percent</td>
</tr>
</tbody>
</table>

5.3. GOALS:

It is proposed to achieve the following demographic goals over the next five years from 2012-17.

5.4. FAMILY WELFARE CENTRES:
The National Family Welfare Programme is implemented in the field by the three Directorates of Health and Family Welfare Department viz. Directorate of Public Health and Preventive Medicine, Directorate of Medical and Rural Health Services, Directorate of Medical Education, Local bodies and the Non Governmental Organizations. The Directorate of Family Welfare is monitoring the entire programme at the State level. The Family Welfare Programme in the rural areas is implemented through the Primary Health Centres. 364 Operation Theatres in the Primary Health Centres are functioning and providing family welfare surgeries to the rural eligible couples. The Family Welfare programme is implemented in the urban areas through the Post Partum Centres, Urban Health Posts and Urban Family Welfare Centres functioning in the State. 27 Non Governmental Organisations and 1863 Approved Nursing Homes in the State are also extending the Family Welfare services to the needy people.

5.5. FAMILY WELFARE PERFORMANCE:

5.5.1. The Family Welfare Performance for 2011-12 (Upto February 2012) is as follows:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Programme</th>
<th>Annual ELD</th>
<th>Proportional ELD</th>
<th>Achievement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sterilization</td>
<td>3,65,000</td>
<td>3,34,583</td>
<td>3,11,791</td>
<td>93.2</td>
</tr>
</tbody>
</table>

5.5.2. The Sterilization Performance by various institutions in the State for 2011-12 (upto February 2012) is as follows:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Institution</th>
<th>Percentage of Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Government Institutions</td>
<td>59.5%</td>
</tr>
<tr>
<td>2</td>
<td>Voluntary Organizations</td>
<td>5.2%</td>
</tr>
<tr>
<td>3</td>
<td>Approved Nursing Homes</td>
<td>28.5%</td>
</tr>
<tr>
<td>4</td>
<td>Local Bodies Institutions</td>
<td>4.7%</td>
</tr>
<tr>
<td>5</td>
<td>Unapproved Nursing Homes</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

5.6. MAJOR THRUST AREAS IN THE IMPLEMENTATION OF FAMILY WELFARE PROGRAMME:
a) **Out of 10.8 lakh births occurring in the State 9.2 % (2011 provisional) of the births are Higher Order Births (HOB) i.e. 1.0 lakh** To reach the goals fixed for 2012, area specific approach will be adopted to counsel these higher order birth mothers to adopt family welfare methods so as to reduce the percentage of higher order births, thereby decreasing the birth rate.

b) The unmet needs of family welfare service have been reduced from 13.0% in 1998-99 (NFHS – II) to 8.9% in 2005-06 (NFHS – III). The unmet need under spacing methods is 4.1 percent and permanent methods is 4.8%. There will be a conscious focus on making spacing methods such as IUD, oral pill etc available at the field level, not only to increase spacing between births but also as a quasi permanent method of family planning for mothers who are unwilling or unable to go in for permanent methods.

c) The male participation under the sterilization programme is only 0.7 %. Efforts are being taken to improve this percentage. No Scalpel Vasectomy camps are being organized in all the districts to improve male participation under Sterilisation Programme. The Vasectomy performance has shown marginal improvement compared to previous years. In order to achieve the goal of 10 per cent of total sterilization through male participation, wide publicity is given through IEC personnel in the entire district to create awareness about the new technique of No Scalpel Vasectomy. Services are also provided systematically in hospitals through doctors trained in providing vasectomy services.

d) As per SRS 2010, the infant mortality rate was 24 per 1000 live births. Among these infant deaths nearly 75% are neonatal deaths. If these neo-natal deaths are reduced, then the state’s aim of reducing the IMR can be achieved. Various steps are being taken to reduce the neonatal mortality such as setting up of Neonatal Intensive Care Units, special focus on low birth weight babies etc. These schemes are discussed in detail in the Chapter on the State Health Society.

e) As per National Family Health Survey – III (2005-06), 53.3% of mothers and 72.5% of infants are affected by some form of anaemia (mild, moderate or severe) in Tamil Nadu. Anaemia is the main indirect cause for the maternal deaths and neo-natal deaths. The strategies for reduction of anaemia in pregnant women and adolescent girls are discussed under NRHM schemes in Chapter 9.

5.7. **STRATEGIES TO BE ADOPTED TO ACHIEVE THE GOALS:**
The following strategies will be adopted to achieve the goals proposed for the Twelfth Five Year Plan period:-

1. Area specific approach will be adopted to identify village wise eligible couples with three and above children and motivate them by a block level team to adopt different methods of contraception.

2. At present 364 Operation theatres are functional in the Primary Health Centres. Steps will be taken to make the remaining Operation theatres in the Primary Health Centres functional in a phased manner.

3. So far 1863 private nursing homes have been involved besides the Government institutions to provide family welfare services in the State. The unapproved private nursing homes which satisfy quality standards will be systematically approved to render Family Welfare services to the eligible couples.

4. The voluntary sector, such as Self Help Groups, Magalir Mandrams, elected representatives and the Non-Government sector will be involved along with the Government to provide better Family Welfare services to the eligible couples.

5. All the untrained specialists with DGO, M.D (Obstetrics & Gynaecology) and M.S. (Surgery) will be trained in Laparoscopic Sterilization.

6. An effort will be made to train at least one MBBS doctor in each upgraded PHC (which has a functioning operating theatre) in tubectomy sterilization, Mini Lap and No Scalpel Vasectomy. These doctors will also be trained in Manual Vacuum Aspiration techniques to provide safe abortion services at the PHC level. Training in Post Partum IUCD insertion has also been started to ensure that high risk mothers are given a reliable form of contraception with their consent.

5.8. GROUP INSURANCE SCHEME TO STERILIZATION ACCEPTORS:

The Government of India have renewed the family planning insurance scheme in tie up with ICICI Lombard Insurance Company Limited with effect from 1st January 2012 with the following insurance benefits for the family welfare sterilization acceptors and service providers.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death following sterilization in hospital or within 7 days from the date of discharge from the hospital</td>
<td>Rs. 2,00,000</td>
</tr>
</tbody>
</table>
### 5.9. Compensation to Sterilization Acceptors:

Compensation to sterilization acceptors is being implemented in the State as detailed below.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptors of male sterilization in public health facilities</td>
<td>Rs. 1100</td>
</tr>
<tr>
<td>Acceptors of female sterilization belonging to Below poverty Line and SC / ST in public health facilities</td>
<td>Rs. 600</td>
</tr>
<tr>
<td>Acceptors of female sterilization belonging to Above poverty Line in public health facilities</td>
<td>Rs. 250</td>
</tr>
</tbody>
</table>

### 5.10. Interpersonal Counseling to Higher Order Birth Mothers in the Selected Village Panchayat:

As per the 2011 Delivery Report, the Higher Order Birth (3rd and above order of birth) in the State is 9.2%. It has been identified that the Higher Order Births are more than State average in 17 Districts. To reduce the Higher Order Births in these Districts, it is proposed to identify the Village Panchayats in each block, where Higher Order Births are high. In these Village Panchayats, it is proposed to impart interpersonal counselling to Higher Order Birth mothers and also to sensitize them to adopt Family Welfare method to reduce the Higher Order Births. It is proposed to involve PHC Doctors and field staff of the block in this activity.

### 5.11. IUCD Camps:

To create awareness about the spacing method especially IUCD among the tribal mothers of Hills areas, it is proposed to organize IUCD camp one per month in each of 52 Blocks of 13 identified Districts for the year 2012-13.

### 5.12. Female Sterilization Camps in Higher Order Birth Blocks:

21 blocks in 10 districts have been identified with high percentage of higher order births (i.e. 20 and
above) in the State. To reduce the HOB in these 21 blocks, it is proposed to conduct one additional female sterilization camp per month during this year over and above the routine sterilization services that are made available in these blocks.

5.13. NO SCALPEL VASECTOMY (NSV) TRAINING:

Construction of Centre of Excellence for NSV at Govt. Kilpauk Medical College Hospital, Chennai campus is under progress. This Centre of Excellence will be utilized to impart the Training to Doctors in the State. In Tamil Nadu One State Trainer and 10 District Trainers for NSV Technique are available. Due to the non-availability of NSV Service Providers, it is proposed to conduct District trainers training to one doctor from each remaining district at Govt. Kilpauk Medical College Hospital, Chennai. 21 Doctors will be trained to create at least one trained doctor per district. The District Trainers will provide Training to the untrained Doctors in their districts during the year 2012-13. In Tamil Nadu, adequate number of Service Providers on NSV are not available at the field level. At least one service provider on No Scalpel Vasectomy should be made available in each Government facility to provide the Service to the needy people. It is proposed to train 192 NSV Service providers during NSV camps in the respective district during the current year to further enhance the availability of NSV service providers at the Primary and secondary level.

5.14. POST PARTUM IUCD (PPIUCD) TRAINING:

To reduce the unmet needs in spacing methods and for promoting maternal and child health, the Post Partum IUCD insertion has been introduced by Govt. of India. This programme has already been introduced in the medical college hospitals in the state. Post partum Family Planning services need to be strengthened and the providers updated on recent developments in contraceptives. It is proposed to conduct the PPIUCD Training to Doctors in the Govt. Head quarters Hospital during the year 2012-13.

5.15. CONTRACEPTIVE UPDATE TRAININGS FOR HEALTH PROVIDERS IN THE DISTRICTS:

Presently, the use of contraceptives like oral pills and condoms among the public is on the declining trend. It requires skill training for the field staff for one day in the respective district to update their knowledge in temporary contraceptive methods like CC, OP, IUD and ECP. The objective of the training is to create awareness among the staff about the proper use of temporary contraception including its side effects so that the public can select the most appropriate method which suits them. It is proposed to conduct the contraceptive update training for the
health providers in the Districts during the year 2012-13 with the special focus on early identification of pregnancy, emergency contraceptive pills and medical abortion so that the field staff could be able to educate the people on the pros and cons of these methods.

5.16. NEW SCHEMES FOR THE YEAR 2012-13:

1. Provision of funds for purchase of Riso Graph Digital Copy Printer machine for the use of Family Welfare Directorate for printing of monthly bulletin on family welfare statistics at a cost of Rs.1.50 lakhs.

2. Provision of funds for purchase of two water purifiers for the use of visitors, Officers and Staff of Directorate of Family Welfare at a cost of Rs.20,000.

Chapter – 6

FOOD SAFETY AND DRUGS CONTROL ADMINISTRATION

6.1. FOOD SAFETY ADMINISTRATION:

6.1.1. Introduction:

The Government of India has enacted the Food Safety and Standards Act, 2006 (34 of 2006) and it has come into force throughout the country from 5th August 2011 by repealing the Prevention of Food Adulteration Act 1954 and seven other orders specified in the Second Schedule of the Act 34 of 2006.

6.1.2. Creation of New Department:

The tasks of Food Administration and Drug Control are in many ways akin to each other and have synergy. They need greater co-ordination and integration of licensing procedures. The Government has therefore proposed to bring the Food Safety and Drug Control under one administration called the Food Safety and Drug Control Administration. Government has therefore issued orders for the formation of a new department called Food Safety and Drug Administration Department and also sanctioned funds of Rs.86.05 crores to the new department for incurring recurring and non recurring expenditures.
6.1.3. Appointment of Commissioner of Food Safety:

A Food Safety Commissioner in the rank of Commissioner and Secretary to Government has been appointed to the new department. On the Food Safety side, he will be assisted by the Director (Food Safety), a post filled by an Additional Director of Public Health and Preventive Medicine. The Commissioner of Food Safety will also supervise the functioning of the Director of Drug Control whose functions and activities are discussed later in this chapter.

6.1.4. Appointment of Designated Officers (DOs):

32 Designated Officers have been appointed for all the 32 revenue districts to implement the Food Safety and Standards Act, 2006. Supporting staff has been sanctioned for the formation of the office of the Designated Officer. In our state, medical officers have been appointed as Designated Officers.

6.1.5. Appointment of Food Safety Officers (FSOs):

385 Food Safety Officers at the rate of one for each block and 199 Food Safety Officers for the Municipalities and Municipal Corporations have been appointed for the implementation of the Food Safety and Standards Act, 2006. These FSOs have been drawn from the cadre of Health Inspectors on the rural side and Sanitary Inspectors on the urban side who are qualified to be Food Safety Officers under the Food Safety and Standards Act, 2006.

6.1.6. Appointment of Adjudicating Officers:

The District Revenue Officers (Additional District Magistrates) of each districts have been appointed as the Adjudicating Officers under the Food Safety and Standards Act, 2006. Adjudicating Officers have been appointed for all the 32 Revenue Districts.

6.1.7. Training:

All the 32 Designated Officers have been imparted with training for 5 days on the provisions of the Food Safety and Standards Act, 2006 and the Rules and Regulations made thereunder. Similarly, training to all 32 Adjudicating Officers has been given for a period of 3 days on the said Act. This training has been given by the resource persons of FSSAI. 250 Food Safety Officers have also been given training on the provisions of the said Act and Rules. Training for the remaining FSOs will be organized shortly.
6.1.8. Registration Certificates and Licenses:

As per the provisions of the Food Safety and Standards Regulations 2011, any Food Manufacturer whose annual turnover exceeds Rs.12 lakhs has to obtain License from the State or Central Authority as specified under the Act. It is sufficient if the others get the Certificate of Registration. In Tamil Nadu, the Designated Officers will be the Licensing Authorities and Food Safety Officers are the Registering Authorities under the Act. It is estimated that 66,091 licenses and 2,66,080 registrations have to be issued under the Act. The process of registration/licensing of food manufacturing units is under progress.

6.2. DRUG CONTROL ADMINISTRATION:

6.2.1. The Drug Control Department was formed with the main objective of enforcement of certain Central Acts for regulating the Manufacturing, Distribution and Sale of Drugs and Cosmetics in the State. This Department is responsible for the surveillance and eradication of spurious drugs, adulterated drugs and drugs of non standard quality. The Drugs Control Administration was initially formed in 1976 under the control of a Joint Director of Public Health. A separate Directorate was formed in the year 1981. The Director of Drug Control is the controlling authority for issue and renewal of licences for drug manufacturers and retailers for Allopathy and Homeopathy medicines and cosmetics under the Drugs and Cosmetics Act 1940 and Rules 1945, Drugs Prices Control Order 1995 and the Drugs and Magic Remedies (Objectionable Advertisement) Act 1954. The Director is also the licensing authority for Blood Banks in Tamil Nadu and he issues license to the blood bank after getting the approval from Central License Approving Authority, New Delhi. The Directorate of Drug Control has been brought under the control of the newly formed department of Food Safety and Drug Control Administration. However, the Director of Drug Control will continue to act as Director (Drug Control) under the provisions of the relevant Acts.

6.2.2. Functioning of Mobile Squad and Legal-cum-Intelligence Wing:

There is a Legal-cum-Intelligence Wing at the Directorate and a Mobile Squad with Madurai as its headquarters to investigate specific complaints relating to spurious drugs in Chennai and the Southern Region respectively. Apart from this work, the Legal-cum-Intelligence Wing also processes legal matters and undertakes special investigations.

6.3. DRUGS TESTING LABORATORY:

There is a full fledged Drugs Testing Laboratory attached to this Department which undertakes testing of samples drawn by the Drugs Inspectors
(other than parenteral preparations) from various retail, wholesale and manufacturing units as well as hospitals in the government and private sector.

6.4. ACHIEVEMENTS:

6.4.1. Action taken on spurious drugs:

The Directorate of Drugs Control has initiated many steps to unearth spurious and sub standard drugs. In this connection, this Directorate has conducted many surprise inspections/raids and caused drawing of samples on a particular date by all the Drugs Inspectors of this Directorate. This process has enabled the Directorate to detect major cases of spurious drugs. After conducting detailed preliminary enquiry, the cases have been transferred to the police for further investigation so that all the persons who were involved in the crime are prosecuted. The following are the cases transferred to the police by this Directorate:-

Case details:

a) Manufacture and sale of spurious BENADRYL COUGH FORMULA - Batch No.0911091

b) Sale of spurious CARDACE 5 mg. Tablets- Batch No. 299026

c) Sale of spurious VOVERON SR 100 mg Tablets- Batch No. 91002

d) Recycling and re-labelling and sale of spurious RENERVE capsules Batch No.7205795.

e) Sale of Spurious Taxim-O 200 tablets B.No.TOTF-9123325

f) Sale of Spurious Glucored Forte Tablets B.No.AD-90287

Based on the reports of this Directorate, the police have arrested 46 persons and 22 of them were detained under the Goondas Act. The above cases are under investigation by the police. A team of officers of this Directorate inspected the premises of 5 surgical dressings manufacturers at Chattrapatty and noticed that they have indulged in the manufacturing of spurious drugs and action has been initiated against them.

6.4.2. The following spurious drugs have been detected by Drugs Inspectors and samples drawn for analysis and further action has been taken in the matter.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Drugs Name</th>
<th>Batch Nos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prednisolone Tablets</td>
<td>EPT 04</td>
</tr>
<tr>
<td>2</td>
<td>Acemiz Gel</td>
<td>10016BAA</td>
</tr>
</tbody>
</table>
6.4.3. Action taken on Blood Banks:

This Directorate is keeping a constant vigil over the activities of the Blood Banks by conducting periodical inspections. All the Drugs Inspectors have been instructed to inspect all the Private Blood Banks in the State, draw samples of blood bags and analyze them at the nearest Government Medical College Hospitals. During the inspections conducted at the (1) Vignesh Blood Bank, Madurai, 625 020 (2) Erode Blood Bank, Erode (3) Dindigul Blood Bank, Dindigul and (4) Lions Club of Coimbatore Legend Blood Bank, Coimbatore, certain contraventions were noticed and prosecutions were launched against these blood banks as per the provisions of Drugs and Cosmetics Act and Rules. Further the Drugs inspectors and Senior Drugs Inspectors have conducted Joint inspections along with the officials of Central Drugs Standard Control Organisation and noticed non-compliance of certain provisions of Drugs and Cosmetics Act and Rules in 16 Blood Banks and action has been initiated against them.

6.4.4. Action taken for Violation under Drugs and Cosmetics Act and Rules:

Surprise joint inspection / search has been made in the medical shops of Namakkal, Udhagamandalam, Mandaveli at Chennai, Tiruppur, Coimbatore, Sivagangai and Tiruchi and action has been taken against 26 medical shops for certain violations under Drugs and Cosmetics Act and Rules. A total quantity of 13449 tablets of Mypal, B. No. 31002 and 31003 have been seized from sales premises at Guindy and Madurai, since they were found to be misbranded. The total value of seized drugs is Rs. 13.45 lakhs (approximately).

6.4.5. Sanction for prosecution:

243 prosecutions have been sanctioned last year for certain contraventions under Drugs and Cosmetics Act 1940 and rules thereunder. The details are as follows:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Manufacturing and sale of Spurious / Adulterated drugs</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Manufacturing and sale of Not of Standard Quality drugs</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>Misbranded</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Contraventions by Blood Banks</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Contraventions under DMR (OA Act) 1954</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Other Contraventions under Drugs and Cosmetics Act 1940</td>
<td>181</td>
</tr>
</tbody>
</table>
The other contraventions include sale of drugs without prescription of RMP, sale of drugs without supervision of qualified persons, sale of physician samples, sale of date expired drugs, non maintenance of purchase, sales records and sale of drugs without issuing sales bills.

6.5. NEW SCHEMES FOR THE YEAR 2012-2013:

i. Provision of Computer and printer and UPS for Zonal offices and the Directorate of Drugs Control, Chennai-6 at a cost of Rs.20 lakhs.

ii. Construction of Third floor in the newly constructed Annexure building for Directorate inside the DMS compound at a cost of Rs.18 lakhs.

iii. Provision of Computer and printer and UPS for Drug testing laboratory, Chennai -6 at a cost of Rs.1.50 lakhs.

iv. Provision of Copier machine and Fax machine for Zonal offices and the Directorate of Drugs Control, at a cost of Rs.1.40 lakhs.

v. Provision of Copier machine and Fax machine for Drug testing laboratory, Chennai -6 at a cost of Rs.1.20 lakhs.

vi. Intercom facility for Drug testing laboratory, Chennai -6 at a cost of Rs.1 lakh.

Chapter – 7

INDIAN MEDICINE AND HOMOEOPATHY

7.1. The Indian Systems of Medicine (ISM) are ethnic to our Country. The Siddha and Ayurveda Systems of Medicine have been the popular modes of health care in this country from the dawn of civilization. Most of the medicines administered under the Indian Systems are prepared from herbal plants grown widely in the rural areas. These systems have therefore remained a reliable and economical form of treatment available locally. This practice has become the part and parcel of the life style of the people of this state. The axiomatic saying in Tamil “ஏழியார் உணவு உணவு ஏழியார்” rightly depicts the significance of herbs in our daily food cycle from the time immemorial. The ISM operates on the principle that prevention is better than cure. Today ISM encompasses not only Siddha, Ayurveda, Yoga and Naturopathy but also Unani and Homoeopathy systems as these two systems of medicine have taken deep roots in this country even before the advent of the Modern Medicine. The Siddha system is the proud contribution of our Tamil ancestors to the world. It is the unique health care system widely practiced across the world wherever Tamils reside and in some parts of Kerala. Even today, the people of the State resort to “அம்மாவின் பார்வை” (Grandma’s Remedies) at the first instance for treating the common disease and are able to manage the
ailments without burning a hole in their pockets. Further, these Indian Systems of Medicine provide relief without any side effects besides ensuring sustainable relief even for known chronic ailments. The increasing cost of medicines in Modern System and the incidents of toxicity with the associated side effects have once again highlighted the need, importance, and relevance of traditional systems of medicine in the world and have brought them to the centre stage. The estimate of World Health Organization reveals that 70% of world population depends on such ethnic system of health care specific to the geographies across the globe. Hence with an avowed intention of taking the benefits of these systems to the doorsteps of the public, the Department of Indian Medicine and Homoeopathy has been rendering its yeomen service since 1970.

7.2. PRIME OBJECTIVES:

The Department was established with the following objectives:

- Taking the benefits of traditional systems to the public by opening ISM wings/Hospitals at various levels in all the districts.
- Establishing and encouraging the growth of educational infrastructure in the public and private sector in Siddha, Ayurveda, Unani, Yoga & Naturopathy and Homoeopathy.
- Promoting cultivation of Medicinal Plants and processing & preserving raw drugs
- Encouraging the manufacture and sale of high quality ISM drugs.
- Promoting Research and Development in ISM.

7.3. CO-LOCATION OF ISM WINGS IN GOVERNMENT HEALTH FACILITIES:

Mainstreaming of AYUSH contemplates a set of strategies aimed at integrating the ISM with the Modern Medicine as an integral part of the health care policy of the State. This object is sought to be achieved by co-locating the facilities under one common roof from primary level to the apex level by establishing irreversible institutional arrangement at all levels for cross referrals of patients with certain identified chronic diseases. Other strategies for mainstreaming include undertaking joint Medical Camps where the Medical Officers of Public Health and Medical Services spread the virtues of ISM, involving the ISM Personnel in the decision making process of health care facilities at cutting edge level, providing access to the ISM staff for the utilization of Common Resources such as vehicles, diagnostic facilities, etc., at all levels, training the health care staff such as VHN in ISM, and undertaking massive Information, Education, and Communication (IEC) campaigns on the benefits of ISM with required budget allocation. The
Government of Tamil Nadu has been adopting the policy of co-location of ISM wings at all levels starting from the Primary Health Centre in rural areas to Medical College Hospitals in urban areas. The co-location of ISM systems in the same premises of the General Hospitals of Modern Medicine at all levels will strengthen the Public Health care delivery system and will facilitate the objective of reaching the unreached. At present ISM practitioners are available in 30 District Headquarters Hospitals, 231 Taluk Hospitals and Non-Taluk Hospitals and 954 PHCs including the 300 wings opened under NRHM during the year 2009-10 and the 175 wings started under NRHM during the year 2010-11.

7.4. MEDICAL EDUCATION:

The success and exponential growth of Allopathic Medicine is attributed to its scientific approach and clinical research. It is the need of the hour to imbibe this spirit of inquiry and research into the Indian Systems of Medicine so that the virtues of ISM can be realized and accepted by all concerned. This is possible only with high quality Medical Education and relentless research. Tamil Nadu is the only State in the Country where Government Medical Colleges have been established in all the five disciplines of Indian systems. It is the only state that promotes and encourages all the five systems of ISM irrespective of the ethnicity or nativity of the system. The total number of Government Medical Colleges of ISM and the number of ISM Private Medical Colleges available in the State for Indian Systems of Medicine are as follows:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Medical System</th>
<th>No. of colleges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Govt.</td>
</tr>
<tr>
<td>1</td>
<td>Siddha</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Ayurveda</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Unani</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Homœopathy</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Yoga &amp; Naturopathy</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

With a view to augmenting paramedical human resources in the field of ISM, a new Diploma course in Integrated Pharmacy designed to impart pharmacy training and manufacturing practices in all the disciplines of Indian Medicine except Yoga & Naturopathy is now being conducted. Similarly another Diploma course in Nursing Therapy has been started to impart training in massage therapies of all disciplines of Indian Medicine except Homoeopathy. These two Diploma Courses aimed at promoting Pharmacists and Nursing Therapists
are being conducted at the Arignar Anna Government Hospital of Indian Medicine, Chennai and the Government Siddha Medical College, Palayamkottai, Tirunelveli. The total number of seats available in the Government Colleges and the Private Colleges for the admission to the Undergraduate and Postgraduate Degree Courses of ISM are given below:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Discipline</th>
<th>UG</th>
<th>PG</th>
<th>UG</th>
<th>PG</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Siddha</td>
<td>150</td>
<td>94</td>
<td>200</td>
<td>--</td>
<td>444</td>
</tr>
<tr>
<td>2.</td>
<td>Ayurveda</td>
<td>50</td>
<td>--</td>
<td>160</td>
<td>--</td>
<td>210</td>
</tr>
<tr>
<td>3.</td>
<td>Homoeopathy</td>
<td>50</td>
<td>--</td>
<td>400</td>
<td>24</td>
<td>474</td>
</tr>
<tr>
<td>4.</td>
<td>Yoga &amp; Naturopathy</td>
<td>20</td>
<td>--</td>
<td>200</td>
<td>--</td>
<td>220</td>
</tr>
<tr>
<td>5.</td>
<td>Unani</td>
<td>26</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>296</td>
<td>94</td>
<td>960</td>
<td>24</td>
<td>1374</td>
</tr>
</tbody>
</table>

The number of seats sanctioned for Diploma Course in Integrated Pharmacy and for Nursing Therapy are furnished below:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the Institution</th>
<th>Diploma in Integrated Pharmacy</th>
<th>Diploma in Nursing Therapy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Arignar Anna Government Hospital of Indian Medicine, Chennai</td>
<td>50</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>2.</td>
<td>Government Siddha Medical College, Palayamkottai, Tirunelveli</td>
<td>50</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>100</td>
<td>100</td>
<td>200</td>
</tr>
</tbody>
</table>

The Government Siddha Medical Colleges at Chennai and Palayamkottai, Tirunelveli and the Government Homoeopathy Medical College, Thirumangalam, Madurai District are being upgraded as State Model Colleges with financial support from the Government of India under the scheme “Development of Institutions - Establishment of Model Colleges”. The Government Unani Medical College, Chennai and the Government Yoga and Naturopathy Medical College, Chennai are also being upgraded by availing Grants-in-aid from the Government of India.

7.5. MEDICAL TREATMENT:

There are 1375 institutions including the medical colleges in the State providing
medical treatment under the Indian Systems of Medicine and Homeopathy, with an inpatient capacity of 1210 beds. This includes 475 ISM wings functioning part time in Primary Health Centres under NRHM. In order to popularize the Indian Systems of Medicine, the State Government has established Specialty Clinics in 17 District Head Quarters Hospitals at a cost of Rs. 5.55 crores, in 151 Taluk Hospitals at a cost of Rs. 15.10 crores, and in 134 PHCs at a cost of Rs.13.40 crores with the financial assistance from the Government of India. Further, proposals have been sent to Government of India for establishing Specialty Clinics in 481 ISM wings. The State Government has already released their 15% share of Rs.16.56 crores for the implementation of the Scheme.

7.6. NATIONAL RURAL HEALTH MISSION :

7.6.1. Under the National Rural Health Mission Scheme 300 ISM wings were opened in 2009-10 at a cost of Rs.7.01 Crore. These 300 ISM wings are being upgraded with infrastructure facilities under the Centrally Sponsored Scheme. Grants to the tune of Rs. 46.66 crore were received from the Government of India as 85% Central share and Rs. 8.24 crore from the Government of Tamil Nadu as 15% State share. In the year 2010-11, 144 Indian Systems of Medicine wings were opened under NRHM at a cost of Rs.3.37 crore along with maternity clinics in 31 Primary Health Centres at a cost of Rs.59.19 lakh. As on date, there are 275 Siddha wings, 57 Homoeopathy Wings, 52 Ayurveda wings, 51 Yoga and Naturopathy wings (inclusive of the maternity clinics) and 40 Unani wings functioning under NRHM.

7.6.2. The 31 Maternity clinics have been opened in the Primary Health Centres where the Siddha Wing is already functioning for the purpose of providing antenatal and postnatal health care to the pregnant women. Appropriate and time-tested treatment is given through Siddha and Yoga and Naturopathy systems of medicine. One Yoga and Naturopathy doctor, and one trained Therapeutic Assistant and one Multi-Purpose Worker have been appointed for each Maternity clinic. The Siddha Doctor available in the Siddha wings gives the Siddha part of treatment through medicines and external massage, while the Yoga and Naturopathy doctor teaches simple yoga exercises to the expecting mothers for easy and safe delivery.
7.7. STATE DRUG LICENCING AUTHORITY FOR INDIAN MEDICINE:

The Licensing function relating to drugs manufactured under the Indian System of Medicines has been taken away from the Department of Drug Control and these powers have been vested with the State Licensing Authority (Indian Medicine) with effect from 29.11.2007. The State Licensing Authority performs its statutory functions laid down under the provisions of the Drugs and Cosmetics Act 1940 and the Rules made there under with respect to drugs of the Indian Systems of Medicine. This Authority functions under the administrative control of the Department of Indian Medicine and Homoeopathy. The District Siddha Medical Officers have been notified as Drug Inspectors for the purpose of implementation of the provisions pertaining to inspection, sampling, and prosecution under the Drugs and Cosmetics Act 1940. The State Licensing Authority is responsible for carrying out the statutory duties assigned to it under the above Act in respect of drugs under Indian Systems of Medicine.

7.8. STANDARDISATION AND STRENGTHENING OF DRUG TESTING LABORATORY:

With a view to ensuring quality of various drugs manufactured from herbal plants and raw drugs under the Indian Systems of Medicine, the Drug Testing Laboratory has started functioning from 01.04.2009. It is mandated to strengthen the quality parameters laid down under the Drugs and Cosmetics Act 1940 and sustain the standard quality of Ayurveda, Siddha, and Unani (ASU) drugs which is posing a great challenge. The Laboratory has been conferred with the statutory status. Its primary function is to test the quality of the statutory samples lifted and sent by the Drug Inspectors and District Siddha Medical Officers in discharge of their statutory function under section 33G of Drugs and Cosmetics Act 1940. Advanced and modern equipments have been installed in the Laboratory for the purpose of standardisation and quality control of the ISM medicines. The tasks accomplished by the laboratory are given below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total No. of Samples tested</th>
<th>Standard Quality</th>
<th>Not of Standard Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>203</td>
<td>141</td>
<td>62</td>
</tr>
<tr>
<td>2010-11</td>
<td>248</td>
<td>175</td>
<td>73</td>
</tr>
</tbody>
</table>
7.9. NATIONAL INSTITUTE OF SIDDHA:

The State government has played a key role in the establishment of the National Institute of Siddha at Tambaram, which is a joint venture of the Government of India and the Government of Tamil Nadu. The National Institute of Siddha was inaugurated on 3rd September 2005. The Government of India has provided 60% of the capital expenditure and 75% of the revenue expenditure towards establishing this institute. The State Government has already given its share of 40% towards capital expenditure i.e., Rs. 14.16 crore by way of land and grants. During the year 2011-12, the State Government has released their share of 25% on Revenue Expenditure i.e., Rs. 2.75 crore. The institute has been established with the objective of imparting high quality Post Graduate education in Siddha Medicine system and to provide medical care through Siddha system of medicine. This premier Institution is now engaged in promoting and propagating the science and art of Siddha medicine system.

7.10. TAMIL NADU MEDICINAL PLANT FARMS & HERBAL MEDICINE CORPORATION LTD., (TAMPCOL):

The Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Ltd. (TAMPCOL) was established in the year 1983. The Corporation manufactures Siddha, Ayurveda and Unani Medicines and supplies these medicines to all ISM Wings functioning in the Government Hospitals and Primary Health Centres. The authorized share capital of TAMPCOL is Rs.1.25 crores and is present paid up share capital is Rs.1.00 crore including bonus shares. The gross sales turnover of the Corporation which was Rs.10.15 crore during the year 2005 – 2006 has increased to Rs.16.90 crore during the financial year of 2010-11. The Corporation has made a net profit of Rs.74.79 lakh during the last financial year. It is paying dividend since 1998-99 to the Government. The Corporate Office of the corporation has been built in the campus of Arignar Anna Government Hospital of
Indian Medicine, Chennai. To improve the qualities of the TAMPCOL products, it is proposed to start a Research and Development centre exclusively and 5% of the profit has been earmarked to this centre. It has also been planned to develop new exclusive drugs and expand the existing line of products in the years to come in accordance with the modified provisions of the Drugs and Cosmetics Rules 1945.

**7.11. NEW SCHEMES FOR THE YEAR 2012-2013:**

i. Creation of separate online facilities at each of the Government Siddha Medical College, Palayamkottai, Tirunelveli; Government Unani Medical College, Chennai, Government Yoga & Naturopathy Medical College, Chennai, Government Homoeopathy Medical College, Thirumangalam, Madurai District and Government Ayurveda Medical College, Kottar, Nagercoil, Kanyakumari District at a total cost of Rs.18.95 lakh.

ii. Construction of 2100 sq. ft. new In-Patient ward for the ISM wings functioning in the Government Hospital Campus, Chidambaram, Cuddalore District at a total cost of Rs.14.80 lakh.

iii. One computer, one lap top, one laser printer, one multi media projector with screen for all six ISM Medical Colleges at a total cost of Rs.12 lakh.

iv. Purchase of 100 Numbers of Chairs with writing arm pad for class rooms, 2 Tables for Teachers, 80 Nos. of Cots, Armless chairs, and folding tables for Hostel students for Government Ayurveda Medical College and Hospital, Kottar, Nagercoil at a total cost of Rs.8.20 lakh.

v. Purchase of each 100 Numbers of wooden Teapai type writing table (2'x2') and wooden arm chair for diploma students at Arignar Anna Government Hospital of Indian Medicine, Chennai and the Government Siddha Medical College, Palayamkottai, Tirunelveli at a total cost of Rs.6.40 lakh.

vi. Replacement of Staff vehicle for the office of the Commissioner of Indian medicine and Homoeopathy, Chennai at a total cost of Rs.6 lakh.

vii. Provision of Biometric instruments for recording attendance of the teaching faculties and staff to all the six Government ISM Medical Colleges at a total cost of Rs.3 lakh.

viii. Provision of 1 Telephone line with Broad Band Connection and 1 Computer, 1 laptop, mini copier multifunctional device including fax machine, one laser printer, and one UPS with 1/2 an hour backup and computer stationery,
cartridges and furniture each for O/o State Licensing Authority (Indian Medicine) and O/o Drug Testing Laboratory at a total cost of Rs.2.50 lakh.

Chapter – 8

TAMIL NADU HEALTH SYSTEMS PROJECT

8.1. The Tamil Nadu Health Systems Project is being implemented from January, 2005 with World Bank loan at a cost of Rs. 597.15 Crores. The original project period was 5 years and the project activities ended by March 2010. As the Tamil Nadu Health Systems Project had successfully implemented all the activities and spent the allocated amount within the time frame, the World Bank extended the project for a further period of 3 years upto 30th September 2013 at an additional project cost of Rs. 627.72 crores. Out of this, the World Bank will provide loan for Rs. 564.95 crores and Government of Tamil Nadu will meet Rs. 62.77 crores.

8.2. ACTIVITIES UNDERTAKEN BY TAMIL NADU HEALTH SYSTEMS PROJECT:

8.2.1. Maternal and Child Health:

Tamil Nadu Health Systems Project is implementing 24 hours Comprehensive Emergency Obstetric and New Born Care Services in 125 Government Hospitals. Due to this the maternal and neo natal mortality and morbidity have come down. This scheme is being continued in the extended phase of the project also. Further, additional buildings at a cost of Rs. 48 crores and additional equipments at a
cost of Rs. 8 crores are being provided to maternal and child health departments in the following 8 Government Medical college hospitals.

1. Chengalpattu Medical College Hospital
2. Raja Mirasdar Hospital, Thanjavur
3. Annal Gandhi Memorial Hospital, Trichy
4. Vellore Medical College Hospital
5. Coimbatore Medical College Hospital
6. Theni Medical College Hospital
7. Tirunelveli Medical College Hospital
8. Thoothukudi Medical College Hospital

The construction work in all above hospitals has commenced except in Chengalpattu Medical College hospital where it will be started shortly.

8.2.2. Cervical Cancer Screening and Treatment Programme:

This Programme, implemented as a pilot programme from February, 2007 to January, 2010 in Theni and Thanjavur districts, is being continued. 4.75 lakhs women in the age group of 30 – 60 years were screened for cervical cancer and out of them 37,400 women who were found to be positive in the tests were treated. Early detection and treatment of cervical cancer among these women prevented the scope for developing full-fledged cancer later if not intervened. This scheme is now upscaled to all the districts in Tamil Nadu starting from 2011 in a phased manner under which all women aged 30 years and above are being screened now in all the government health facilities, ESI dispensaries & hospitals and selected municipal dispensaries and hospitals. Those detected in the screening program are provided treatment. The preparatory activities before implementation of this program included procurement of reagents, consumables, equipments, drugs, training of medical and paramedical staff, and recruitment of exclusive NCD staff nurses to the health facilities etc.. This is an important measure to bring down the incidence of cervical cancer in the state where cervical cancer is the most common cancer among women.

8.2.3. Prevention of Breast Cancer and Treatment:

Breast cancer is the second most common cancer affecting women in Tamil Nadu. In order to prevent breast cancer among women, breast cancer prevention, detection and treatment programme has been implemented in all the districts as part of the Non Communicable Diseases Programme in Tamil Nadu in a phased manner starting from 2011. Under this programme, all women aged 30 years and above will be sensitized on Breast Self Examination (BSE) and those found to have suspicious mass will be further evaluated with
Clinical Breast Examination (CBE) in all the government health facilities, ESI dispensaries & hospitals and selected municipal dispensaries and hospitals. Investigations like mammography and biopsy will be made available in the district hospitals for further confirmation of the disease. It is estimated that about 1.7 crores women will be screened under this Programme.

8.2.4. Cardio Vascular Diseases Prevention and Control Programme:

This Programme, implemented as a pilot programme in Virudhunagar and Sivagangai districts where more than 12 lakh persons have been screened for these diseases. Of those screened, 77,757 persons have been found to be affected by hypertension and are getting regular treatment in Government Hospitals. Due to this, they have been prevented from developing complications of heart and other vital organs. Moreover, health promotion activities have been taken up among the community for prevention of Cardio Vascular Diseases. Health promotion activities include avoiding oil rich foods like fried items, taking less salt, maintaining ideal weight for the height, increased physical activity, cessation of smoking or no initiation to smoking and avoiding stress. This scheme has been upscaled to all the districts in Tamil Nadu in a phased manner starting from 2011. Besides equipping the government health facilities with adequate facilities and trained manpower, activities have also been initiated to take up health promotion activities in the schools, work places and in the community by collaborating with the departments of Rural Development, Education, Labour and Employment and Municipal Administration.

8.2.5. Prevention and Treatment of Diabetes Mellitus:

Prevention, case detection and treatment of Diabetes mellitus is an another intervention being implemented in all districts of Tamil Nadu in phased manner under the Non Communicable Disease Programme. Under this programme, all individuals aged 30 years and above will be screened for diabetes and treatment will be provided for all those detected. For all the Non-Communicable Diseases (NCD) interventions explained above, massive IEC activities for creating awareness regarding the risk factors leading to diabetes and cardio vascular diseases as well as the need for diagnosis and continued treatment for all the NCDs have been initiated through the IEC wing of the Tamil Nadu Health Systems Project.

8.2.6. Health Management Information System:

A Web based Health Management Information System including Hospital Management System is being implemented in 43 Government Hospitals since phase-I. This activity is being extended to the
remaining 222 Secondary care Government hospitals at a cost of Rs. 60 crores. Currently, 199 hospitals are having their patient related activities completely online. In the remaining hospitals, the training of health care providers is going on. All 265 secondary care hospitals are sending their reports online. Further, this scheme is being piloted in Medical Colleges and Medical College Hospitals also. It is proposed to establish a State Health Data Resource Centre which will collect, maintain and store all health related data in the state and facilitate research and analysis.

8.2.7. Provision of Modern Equipments to Government Hospitals:

The Diagnostic services in District Hospitals have been upgraded with supply of additional equipments like dialysis units, echo cardiograms, digital x-rays, modular type multi para monitors, ventilators and life saving equipments for poison treatment centres at a cost of Rs. 55 crores.

8.2.8. Poison Treatment Centres:

During the phase-I of the project, Poison Treatment Centres were established in 34 Government Hospitals which saved many patients who are brought to the centres due to snake bite and poisoning. During the last year, 65,932 patients were admitted in these centres, of which 63,207 patients were treated and cured. As these centres are quite useful, Poison Treatment Centres have been established in 32 more Government hospitals during this year.

8.3. 108–EMERGENCY AMBULANCE SERVICES:

The Government of Tamil Nadu is now operating 108 Emergency Ambulance Services with 436 ambulances. It is proposed to add 200 more ambulances from the project during the extended phase. During the financial year 2010-11, a total number of 4,56,685 emergency cases were transported of which 1,26,895 were pregnancy related cases. The total cost to provide the above service during the financial year 2012-13 would be Rs.128.10 crores.

8.4. TRIBAL HEALTH DEVELOPMENT:

The activities which are being implemented for the welfare of the tribal people who are living in remote and inaccessible areas are 1) 20 Mobile Out reach health Services are being operated in remote tribal areas in 13 districts. During the last year 2,60,367 patients have been treated by the mobile out reach health services; 2) Posting of Tribal Health Counselors in 32 Health facilities in Tribal areas to guide the tribal patients coming there for treatment. 4,69,802 patients have been counseled by these counselors during the last year; 3) Provision of Bed Grant to NGO run hospitals in tribal areas for inpatient treatment of tribal patients. During the last
year 1963 patients have been admitted and provided treatment under this scheme and 4) Sickle Cell Anaemia Interventions like screening the tribal community for detection of Sickle Cell Anaemia patients / traits, immunization, pre marital counseling, continuation of treatment and treatment of Sickle Cell crises. During the last one year 2,572 persons have been screened for sickle cell anaemia.

8.5. MORTUARY VAN SERVICES:

The Tamil Nadu Health Systems Project has been operating Mortuary Van Services at concessional rate at 42 places throughout the State. As this service was found to be useful to the poorer sections of the community, it is being operated to transport the dead bodies of patients dying in Government hospitals either to the home or to the graveyard through Centralized Control System as being done in the case of 108 Emergency Ambulance Services. This scheme is being operated through Tamil Nadu State branch of Indian Red Cross Society. An unique telephone number 155377 has been allotted to contact the Central Response Centre to avail this service. During the last year, 13,773 dead bodies have been transported by these vehicles.

8.6. CHIEF MINISTER’S COMPREHENSIVE HEALTH INSURANCE SCHEME:

In order to achieve the objective of Universal Health Care to the people of Tamil Nadu, the Government has launched the “Chief Minister’s Comprehensive Health Insurance Scheme” on 11th January 2012. Under the new scheme, the eligibility criteria is (i) persons with income ceiling limit below Rs.72,000/- per annum and (ii) those who have been covered in the previous scheme and whose data base is available. The sum assured is Rs. 1.00 lakh per year per family along with a provision to pay upto Rs. 1.5 lakhs per year per family for 77 specified procedures. The new scheme covers 1016 procedures. It provides coverage of bed charges in the general ward, nursing and boarding charges, surgeons, anesthetists, medical practitioner and consultant fees, Anesthesia, Blood, Oxygen, O.T. charges, cost of surgical appliances, medicines and drugs, cost of prosthetic devices, implants, x- Ray and diagnostic tests, food to inpatients and one time transport cost. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient upto 5 days after the discharge from the hospital for the same ailment / surgery including transport expenses will also form part of the package cost. In instance of death, the carriage of the dead body from network hospital to the village / township would also be part of the package. 23 stand alone diagnostic procedures are also covered.
in this scheme. In addition, follow up medicines will also be provided for an extended period of time under 113 identified procedures. In an effort to improve the participation of Government hospitals under the scheme, some procedures have been reserved for government. Full package cost will be given to the Government hospitals on par with other private hospitals to encourage them to participate fully under the scheme. A total of 26,172 patients have benefited from the scheme at a cost of Rs.70.53 crores. A sum of Rs.750 crores has been provided for the implementation of this scheme in 2012-13.

Chapter – 9

STATE HEALTH SOCIETY

9.1. Recognizing the importance of health in the process of economic and social development, the Government has launched the National Rural Health Mission (NRHM) to carry out necessary architectural correction in the basic health care delivery system and improve the quality of life of our citizens. The Mission aims at increasing public expenditure on health and reducing regional imbalance in health infrastructure. The other features of the Mission include optimization of health manpower through multi skilling and capacity building and induction of management and financial personnel into the health system. Decentralization and district management of health programmes as well as community participation and ownership of assets are part of the Mission’s strategies to improve the efficiency and accountability of health service delivery. The Mission also attempts to build convergence with the other determinants of good health viz, nutrition, sanitation, hygiene and safe drinking water. It lays emphasis on mainstreaming the Indian Systems of Medicine to facilitate health care.
9.2. VISION, GOALS, OBJECTIVES OF THE STATE HEALTH SOCIETY:

9.2.1. Vision:

‘Healthy People – Now and in the Future.’

9.2.2. Goals:

- To provide accessible and affordable health care based on people’s need
- To deliver high quality of health services
- To improve the long term health status of the population
- To improve the management of health services and make them more accountable to the people.

9.2.3. Objectives:

- Reduction in Infant mortality and maternal mortality
- Universal access to Public Health Services - Women’s health, child health, drinking water, sanitation and hygiene, nutrition and universal immunization.
- Prevention and control of communicable and non-communicable diseases
- Population stabilization – Gender and demographic factors
- Access to integrated comprehensive primary health care
- Revitalizing local health tradition and mainstreaming ISM
- Promotion of healthy life styles

9.3. STATE HEALTH SOCIETY:

9.3.1. To achieve the objectives of the Mission, the State Government entered into a Memorandum of Understanding (MoU) with the Government of India (GoI), stating their agreement to the policy framework of the Mission and the timelines and performance benchmarks against identified activities. The State Health Society, Tamil Nadu was registered under the Tamil Nadu Societies Registration Act on 15.3.2006. Similarly, District Health Societies have been formed for all the Revenue Districts and registered under the Tamil Nadu Societies Registration Act, 1975.

9.3.2. The Project Implementation Plan (PIP) for the year 2012-13 has been prepared and furnished to

9.3.3. The total allocation proposed for various activities given above includes the State Government share of 25% of the overall cost of the programme. The funds for all the programmes are routed through the State Health Society at the state level and the District Health Society at the district level. This has contributed to the smooth release of funds to reach the field. Sub committees have also been formed at the state level to facilitate coordination and policy planning under the various components.

9.3.4. A short description of the various important activities taken up under the first two components (RCH and NRHM flexi pool) is given below. The activities carried out under the other components and disease control programmes are discussed in the relevant chapters of the Policy Note.

9.4. REPRODUCTIVE AND CHILD HEALTH (RCH) II PROJECT:

9.4.1. The state has been providing a wide range of Reproductive and Child Health Services including institutional delivery, emergency obstetric care, safe abortions, family planning services and adolescent health services in the rural areas as well as the small urban towns. There has also been a thrust towards increasing the utilization of PHCs through improving the atmosphere and service in these centres. It is expected that these efforts will result in a significant and sustained fall in the major RCH indicators, viz. MMR and IMR. The major activities taken up under the RCH II sub component are detailed below.

9.4.2. Maternal Health:

9.4.2.1. 24 X 7 Hours Delivery Care Services in all PHCS:

One of the remarkable achievements over the last four years has been the manifold increase in the number of the deliveries conducted in the PHCs. This proportion has increased from 5 % in 2005 to 28 % upto March 2011. This has been made possible by the introduction of 24 x 7 hour services in every PHC by posting 3 staff nurses for rendering round the clock duty. The confidence that trained personnel are always available in the PHCs has increased not only the number of deliveries but also the daily OP attendance and IP attendance. This intervention has been implemented in all the 1612 Primary Health Centres. This intervention will be continued in the current year at a total cost of Rs 43.69 crores.
9.4.2.2. Janani Suraksha Yojana (JSY) Improving Institutional Delivery of Below Poverty Line (BPL) Women:

Janani Suraksha Yojana is one of the flagship programmes under RCH II which aims to reduce the maternal and infant mortality by focusing on increasing institutional deliveries. The scheme is implemented in urban areas also. An amount of Rs 700 in rural and Rs 600 in urban areas is paid to below the poverty line mothers delivering in institutions for the first two live births. This scheme has a provision of Rs 33.07 crores for the year 2012-13.

9.4.2.3. Mobile Medical Units (MMU):

Mobile Medical Units have been provided in all 385 blocks under NRHM and are functioning since February 2009 under the control of the PHC’s Patient Welfare Societies. Each Mobile Medical Unit covers at least 25 to 30 remote villages which are being visited on fixed days every month. Services such as routine immunization/dropout immunization, ante natal care, post natal care, family welfare services, adolescent care, referral services and counseling services are rendered by the MMU team which include a doctor and a staff nurse. The visit of the MMUs are linked with the Village Health and Nutrition (VHN) day so that the VHN would also be available in the village on the same day. These MMUs have now been upgraded as Hospital on Wheels, with improved facilities in the vehicle and addition of lab services. The Hospital on Wheels Project has been launched in all 385 Blocks to provide basic medical services at the doorstep of the remote and far flung villages.

9.4.2.4. Provision of Second Medical Officer in PHCs with Single Doctor:

213 PHCs in the state which were Panchayat Union dispensaries and subsequently converted into PHCs had only one Medical Officer. To make them function effectively in line with other PHCs, one more Medical Officer was appointed under NRHM in the Primary Health Centres in the first phase. The scheme is continued for the year 2012-13. The budget of Rs 9.17 crores has been proposed for this year.

9.4.2.5. Integration of 402 ICTC Established under TANSACS in Block PHC:

There are 797 ICTCs spread across Government Medical College hospitals, Government District Headquarters hospitals, Taluk Headquarters hospitals, Primary Health Centres, prisons, corporation and municipal health posts, bus terminus, railway stations and private hospitals established by TANSACS. The salary component of the Counselors and Lab Technicians working at the
ICTC centres in the 402 PHCs including the cost of training, procurement of lab reagents etc have been proposed in the PIP 2012-13 with a budget for Rs 14.04 crores.

**9.4.2.6. Provision of Feeding and Dietary Charges for Ante-Natal Post Natal Mothers:**

AN Mothers who stay for undergoing investigation like ultrasound scan etc. in the PHC are being provided with food during the Ante Natal Clinics at the PHCs. To maintain the extra facilities and to meet the increasing demands of the ante natal mothers attending the PHC, the PHCs are provided with extra amount based on the number of deliveries conducted. This scheme has been budgeted at a cost of Rs 2.44 crores for the year 2012-13.

**9.4.2.7. Provision of Feeding and Dietary Charges for Post Natal Mothers:**

Diet is provided to for post natal mothers for 2-7 days during their post natal/post–operative period. This is an excellent strategy to ensure stayal of delivered mothers with their newborns in the PHC. This has helped mothers in initiation of early breastfeeding during their hospital stay. This enables the health providers to offer counseling about family welfare services and orientation on warning signals that may occur in the Antenatal / Post natal period to the delivered mothers. The amount proposed for the scheme in the year 2012-13 PIP is Rs.11.19 crores.

**9.4.2.8. Provision of Specialist Services – Obstetricians, Anaesthetists for Emergency Obstetric Care (EmOC):**

The lack of manpower in the FRUs has been managed through hiring of Obstetricians and Anaesthetists for family welfare and emergency obstetric care services. The Government/Private/Retired personnel are hired for the above services at PHCs and District hospitals. Caesarean deliveries are also conducted in PHCs by hiring private gynaecologists under RCH. Under this scheme, Anaesthetists and Obstetricians are paid an honorarium of Rs.1000/- per visit. In 2012-13, an amount of Rs 12.94 crores has been proposed to implement the scheme.

The Government of India has approved short term training courses for 24 weeks in Life Saving Anaesthesia (LSAS) and Emergency Obstetric Care for medical officers of primary and secondary health care centres. Tamil Nadu is a leader in conducting these courses, which are used to meet the specialist gap. So far, 240 Doctors have been trained in LSAS and 40 Doctors have been trained in EmOC.
9.4.2.9. Maternal Anaemia Control Programme:

The prevention and control of maternal anaemia is a serious concern for the state. Treatment guidelines (protocols) for implementation of moderate and severe anaemia control programme have been introduced during the year 2010-11 to tackle this problem. This includes deworming for all pregnant women and use of injectable iron sucrose for cases of moderate and persistent anaemia. A budget of Rs 4.29 crores has been proposed in the current year PIP for the continuation of management of maternal anaemia using the protocol based intervention.

9.4.2.10. Gestational Diabetes Control Programme:

A scheme for early detection of gestational diabetes using the Glucose Challenge Test approach has been functioning at the block PHC level using the semi auto analyzers provided under RCH. The scheme has been extended to all PHCs using the services of trained staff nurses wherever lab technicians are not available at a total cost of Rs 1.61 crores.

9.4.2.11. Ensuring Blood Safety- Conduction of Community Blood Donation Camps, Establishment of Blood Storage Centres in all Upgraded PHCs: Provision of safe blood at the level of First Referral Units is a priority area for reducing deaths due to post partum hemorrhage which is a major cause of maternal mortality. With the inputs of NRHM, 255 CHCs have been provided with blood storage facilities in phased manner till 2010-11 to enable them to function as First Referral Unit’s. In addition, 13 blood storage centres had been established in 13 PHCs in the year 2011-12. Blood donation camps will continue to be conducted at the rate of two per block. This will facilitate supply of sufficient quantity of all blood types to the blood banks and blood storage centres. A budget of Rs 47.9 lakhs has been proposed for conduction of blood donation camps and maintenance of blood storage centres.

9.4.2.12. MCH Centres:

42 Community Health Centres have been identified at the rate of one per Health Unit District to function as Level II MCH Centres, based on their strategic location for offering higher levels of Maternal and Child care. These centres will be developed as comprehensive MCH centres to provide the RCH package of AN& PN care, Emergency Obstetric Care, Safe Abortion Services, Sterilization Services, Adolescent Clinics, RTI/ STI management etc. Poison Management services will also be provided in these centres.
31 Health Sub Centres in remote / difficult areas have been identified to provide Level-I MCH services with additional facilities. Adequate supervision will be provided to guide and improve quality of care in such centres. The schemes will be implemented in the current year at a total cost of Rs.19.95 crores by strengthening infrastructure, drugs, training etc. as well as with additional manpower.

9.5. CHILD HEALTH:

9.5.1. Comprehensive intervention to reduce neonatal deaths in districts with high IMR:

The Infant Mortality Rate (IMR) serves as a key development indicator, reflecting the combined effects of health interventions and the socio-cultural environment. With the support of NRHM, the neonatal care and referral services in the State have been strengthened by establishing Neonatal Intensive Care Units (NICU) in the districts in phased manner. In the year 2009-10, 5 high IMR districts (Phase-1) were selected for the establishment of Neonatal intensive care units (NICU) in 2 CEmONC centres in each of the districts. Each unit was provided with 9 staff nurses and 3 paediatricians to ensure 24x7 care for the neonates in the NICU. Based on lessons learnt, it was decided to have a revised strategy to set up 1 NICU per remaining district initially. Priority has been given for standardized civil works as well as provision of inputs for housekeeping and security services. 44 centres have been operationalized now in phased manner. An amount of Rs. 14.49 crores has been proposed in 2012-13 for funding the recurring expenditure. Existing Sick Neonatal Care Units of 3 Government Medical College Hospitals, 6 District Head Quarters Hospitals and 11 Sub district hospitals will be taken up for upgradation in 2012-13 for the provision of above services at a cost of Rs 9.30 crores .

9.5.2. Essential New born Care Services at PHCs and New Born Stablisation Unit at FRUs:

The Government of India have provided norms (IPH standards) for Child Care Service Units (New Born Corner (NBC), New Born Stabilization Unit (NBSU) and Sick Neonatal Care Unit (SNCU). As per the norms, New Born Corners have been established in 1421 PHCs with necessary inputs from NRHM in terms of equipments and facility based training of health personnel. Provision of equipments to NBCs in 73 new PHCs, 31 identified Level I MCH centres and 135 new Urban Primary Health centres will be taken up in the year 2012-13. For essential new born care services at these Government Institutions, an amount of Rs 5.24 crores has been proposed for the year 2012-13. Further, 42 MCH centres in identified PHCs, which have been designated as Level 2 Maternal and Child Care
centres will be established with New born Stabilization Units (NBSU) in the current year. Further in the year 2012-13, 114 existing FRUs have been identified for establishment of NBSU at a cost of Rs 5.01 crores.

9.6. COMPREHENSIVE INTERVENTION TO REDUCE NEONATAL DEATHS IN 10 BLOCKS WITH HIGH IMR.:

9.6.1. A new strategy has been drawn for enhancing child care services with a focused attention for reduction of neonatal deaths in blocks with high IMR. Pediatrician in each centre would be identified to conduct weekly field visit / well baby clinics in the PHCs in the Blocks with high IMR. These clinics will provide an array of diagnostic and preventive care services. The Village Health Volunteers (VHV) will be placed in the villages exclusively for infant care and will be providing follow up support for high risk babies discharged from NICU in the local setting for home based new born care. The strategy would be implemented in 10 identified High IMR blocks. An amount of Rs 7.8 lakhs has been proposed towards the honorarium for pediatricians and Rs 2.45 crores towards performance based incentive to the infant care VHVs.

9.6.2. Capacity Building for Health Care Providers in Prenatal Screening to detect Fetal Anomaly:

A scheme for capacity building of health care providers in prenatal screening and developmental screening of new born, infants and children for Rs.3.00 crores has been approved in PIP 2010-11. Under this scheme, Medical Officers of 256 upgraded Primary Health Centres in all Districts in the state are being provided hands on and on line training for prenatal screening to detect foetal abnormalities using ultrasonography. This scheme is being implemented in partnership with reputed private sector organizations who specialize in ultrasonography, through a custom designed software for prenatal screening of foetal abnormalities in first, second and third trimester. Continuous audit of the images documented by trained Medical Officer and refining their skills for a minimum period of 1 year from the date of commencement is being done through these reputed organizations. Memorandum of Agreement has been signed and training in 16 districts has been completed. This training programme will be extended to another 232 centres (78 CEmONC centres and 154 CHCs) for training 2 doctors/centre. An amount of Rs 3.45 crores has been proposed for this scheme in the year 2012-13.

9.6.3. Establishment of Early Intervention Centres in 2 Districts. (Pilot Project):
Cuddalore and Thoothukudi Districts have been selected on pilot basis for establishing Early Intervention Centres collocated in Primary Health Centres at the rate of 4 PHCs per district. The children (0-3 years) identified by active screening with developmental delay / disability etc will be managed by appropriate Special Educator / Therapist at the Early Intervention Centres. These centres are being provided with therapy equipments and manpower. The NGO Maduram Narayanan Centre for Exceptional Children has been nominated by the Commissionerate of Differently abled as a mentor and consultant for this project and MOU has been signed. The survey of children with developmental disorders is ongoing.

9.6.4. Referral Services (29 New Vehicles + 35 Existing Vehicles) for Sick New Born under JSSK:

A scheme for transport of sick new borns by strengthening 29 existing EMRI vehicles for providing neonatal transport system has been approved in 2011-12 under NRHM and procurement of vehicles is under process. Further, additional new vehicles with neonatal transport system will be placed in the state for transport of sick newborns. The cost towards fabrication, purchase of new vehicle and equipment for neonatal transport including the operational cost for the proposed and existing vehicles has been proposed at Rs 9.86 crores.

9.6.5. Managing Children with Malnutrition:

Considering the high IMR status for the past 3 years (of State HMIS data) in the districts of Dharmapuri and Perambalur, it has been decided to pilot the establishment of one Nutrition Rehabilitation centre (NRC) each at the Medical College Hospital, Dharmapuri and District Head Quarters hospital of Perambalur district for management of children with malnutrition. In the PIP 2012-13, an amount of Rs 20 lakhs has been proposed towards the establishment of the 2 NRC and Rs.25.89 lakhs has been proposed for training of staff at these centres.

9.6.6. Strengthening of Infant Death Audit:

The Infant Death Audit is being conducted in two stages i.e verbal autopsy at the district level and institutional audit in the medical institution where the death occurred. Verbal autopsy is being conducted by the Medical Officer in rural and urban areas within 15 days of occurrence of the death. District Infant Death Audit Committee under the Chairmanship of the District Collector audits selected infant death at the district level and takes appropriate action to rectify the defects. It is
proposed to form a facility level committee in each major hospital comprising of the Medical Superintendent / Chief Medical Officer along with the senior most Pediatrician and Obstetrician to investigate the events leading to neonatal death as this constitutes the major component of IMR. The budget for institutional neonatal death audit at the rate of Rs.1000/ case amounting to Rs.1.5 crore is proposed in the PIP 2012-13.

9.7. ADOLESCENT HEALTH PROGRAMMES:

9.7.1. Control of Nutritional Anaemia:

One of the major focus of the RCH programme is towards Prevention and Control of Nutritional anaemia in adolescent girls. The programme involves distribution of one IFA (L) tablet per week to all adolescent girls, both in school and out of school along with biannual deworming. The IFA and deworming tablets would be distributed for school going girls through the routine school health programme and for non school going girls, through adolescent link workers. Apart from anaemia control, the Adolescent health Programme is also implemented through the Community Medicine and Paediatrics departments of the Medical colleges by sensitizing the medical and paramedical students to adolescent health issues and conducting outreach camps. Training on ARSH to field health staff including medical officers is nearing completion.

9.7.2. Modified School Health Programme:

On a pilot basis during 2009-10, six districts of Cuddalore, Dindigul, Kanchipuram, Kanniyakumari, Thoothukudi and Ramnad and during 2010-11, four districts of Salem, Dharmapuri, Tiruvannamalai and Tiruvarur were chosen for implementing the Modified School Health Programme based on the model prescribed by Government of India. The Modified School Health Programme has been extended to the remaining 20 districts. The scheme will be implemented in all the Districts in the coming academic year.

9.8. URBAN HEALTH PROGRAMME:

Recognizing that the health facilities are generally very poor in small urban towns, a comprehensive project proposal for providing health infrastructure in 60 municipalities with less than 1 lakh population was approved at a cost of Rs.8.00 crores. With NRHM inputs, the cost towards the renovation and repairs of Urban Health Centres, rent for Urban
Centres, drugs, equipment, furniture are being provided as per the proposals sent by the Commissioner of Municipal Administration. It has been decided to bring all these centres under the administrative control of the Director of Public Health and Preventive Medicine. Establishment of Urban Health centres in another 75 Municipalities and Town Panchayats with less than 1 lakh population, that has been announced in the last assembly session. has also been included in the PIP 2012-13 at a cost of Rs 6.90 crores. In addition, to study urban health issues and reduce primary referral to tertiary institutes, a novel programme is implemented through the Community Medicine department of 14 Medical colleges by adopting one urban health post from where the medical colleges are getting large number of primary referrals. These adopted Urban Health Centres have been provided with necessary equipments, materials as well as specialist manpower for specified days through the medical college, to take health services closer to the urban poor and see whether the improved services will have an impact on referral load to the tertiary centres.

9.9. TRIBAL HEALTH:

9.9.1. VHV-ASHA (Village Health Volunteers – Accredited Social Health Activist) in 12 Districts with Tribal Population:

To promote and improve availability of basic health care services to the tribal population, 1639 VHV - ASHA (Phase-1) have been selected and placed in the 12 identified tribal districts. The training of VHV in 5 modules has been completed in collaboration with the NGO - SOCHARA and 2 master trainers at the state level. Placement of another 1011 VHVs in tribal, hilly and difficult PHCs (Phase-2) has been completed and the training of these VHVs will be taken up in the current year. An amount of Rs.4.30 crores has been proposed for performance based incentives to 2650 VHV in the PIP 2012-13.

9.9.2. Establishment of Birth Waiting Room:

A scheme for providing diet to the antenatal mothers and one of their attenders in tribal areas for 1 week stayal before the expected date of delivery is being implemented at 35 tribal PHCs. An amount of Rs.98 lakhs has been approved in the current year for this scheme. Out of the 34 tribal PHCs, 17 foot hill PHCs have been provided with Birth Waiting Rooms. Antenatal mothers especially the high risk cases, are brought to these waiting rooms well in time, prior to the expected date of delivery, to stay in a comfortable atmosphere and have access to emergency obstetric care. A budget of Rs 1.26 crores has been proposed towards maintenance of
Birth Waiting Rooms and feeding and dietary charges to AN mothers along with the attender.

9.9.3. Mobile Medical Unit (MMU) in Tribal Areas:

To reach the remotest pockets, mobile medical services for outreach services with 12 MMUs are being provided in 10 districts, through NGOs in collaboration with the Tamil Nadu Health System Project. (TNHSP). Under Phase 2, 8 additional MMUs will be provided in 3 districts. The amount proposed for supporting this scheme for outreach services in tribal villages is Rs.2.06 crores.

9.9.4. Referral Services in Tribal Districts:

In order to reach those tribal areas which are inaccessible, supply of new four wheel drive vehicles suitably equipped as ambulances were approved in 24 identified points in tribal / hilly areas under NRHM in 2011-12. The procurement of these 24 four wheel drive vehicles is under process. Further, based on the geographical constraints, it has been assessed that more vehicles have to be placed at tribal points to transport sick mothers and newborns in the hilly terrain. The capital costs for the new vehicles and the operational cost of running the vehicles has been proposed at Rs 7.08 crores.

9.9.5. Bed Grant Scheme:

TNHSP has initiated a bed grant scheme in collaboration with NGOs for treatment of tribal people in identified private hospitals since 2007. It has been decided to support and include this scheme under NRHM in the coming year. The Grant in Aid for inpatient services at Rs.10 lakhs Hospital is proposed in the current PIP for an amount of Rs.40 lakhs.

9.9.6. Tribal Counselors in 10 Government Hospitals:

Tribal Counselors will be appointed in 10 Government Hospitals in the Tribal districts. These persons will function as health activists in the institution who will create awareness on health and its determinants. They will motivate the community towards healthy living practices. The budget towards the payment of counselors in the 10 Government Institution in the tribal district is proposed in the current PIP. An amount of Rs.6 lakhs has been proposed in the PIP 2012-13.

9.10. HUMAN RESOURCE:
As per the norms, there has to be a Primary Health Centre for every 30000 population in the plains and for every 20000 population in the hilly areas. Accordingly, 166 new PHCs (116 PHCs during 2009-10 & 50 PHCs during 2010-11) have been established across the state for easy accessibility and availability of primary health care for the rural poor. In the year 2008-2010, 125 PHCs have been upgraded with 30 beds, operation theatre, Ultrasound, X ray, ECG and other facilities. The human resource component for these new PHCs and upgraded PHCs is being supported by NRHM. In the PIP 2012-13, a sum of Rs.54.32 crores has been proposed towards the salary component of the staff for the above PHCs.

9.11. REPAIRS, RENOVATIONS AND EXTENSION OF AN WARDS, PN WARDS, LABOUR ROOM, OPERATION THEATER ETC.:

With surging institutional deliveries, there is an urgent need to provide larger space in the PHCs to accommodate expectant mothers so that they could stay in the health facility where they deliver for at least 48 hours post delivery. Hence under RCH essential civil works for the PHC buildings which need repairs, renovation and extension especially to provide facilities for the additional delivery load are being provided. It is proposed to take up extension and renovations to labour rooms, OTs, ante natal wards, post natal wards and area extension to accommodate other specialized MCH care service and other works in the current year also. A provision of Rs 21.00 crores has been made for this scheme in PIP 2012-13.

9.12. TRAINING AND HUMAN RESOURCE DEVELOPMENT:

9.12.1. Strengthening of Training Centres:

In Tamil Nadu, there are eight training centres under the Directorate of Public Health and 10 Rural health training centres located in the PHCs where the ANM trainees are trained. In view of the increased need for both pre service and in-service training as a result of RCH/ NRHM initiatives, it is required to upgrade the facilities available in these training centres. The facilities in the training centres will be upgraded along with provision of skill labs for training and evaluation of field staff at a cost of Rs.5 crores. The various training programmes have been proposed for the year 2012-13 and an amount of Rs.24.90 crores has been sought for in the current year PIP for conducting the training programmes.
9.13. ADDITIONALITIES UNDER NATIONAL RURAL HEALTH MISSION:

9.13.1. Placement of 4200 Programme Specific VHV-ASHAs (Village Health Volunteers - Accredited Social Health Activist) in Non Tribal Areas:

The State has decided to position programme specific Village Health Volunteers in other blocks (remote, inaccessible and difficult PHCs) to improve the outreach of specified health activities. Since these VHVs will be functioning in the plain areas under the close supervision of the VHVs, the guidelines for their job functions and incentive schemes are being redesigned based on the programme needs which are relevant in these areas. The VHVs will receive training and performance based incentives for the specific programmes for which they are selected. An amount of Rs 11.96 crores has been proposed towards the performance based incentive, training and drug kits to these 4200 VHV.

9.13.2. Patient Welfare Societies:

Patient Welfare Societies have been constituted in all the PHCs, Medical College Hospitals and their attached institutions / District Headquarters Hospitals and Taluk / Non-Taluk Hospitals. All the societies are registered and functioning effectively.

These societies coordinate with health staff for better functioning of the health institutions by providing patient amenities and bridging service gaps which will definitely facilitate achievement of the objectives of NRHM. An amount of Rs.5 lakhs per District Head Quarters Hospital, Rs.1 lakh per Taluk/Non-Taluk Hospital, and Rs.1 lakh per Primary Health Centre, Rs.1 lakh per Urban health centre is proposed per annum under this scheme. The amount proposed for 2012-13 is Rs.24.70 crores.

9.14. ANNUAL MAINTENANCE GRANT (AMG) TO PHCS/HSCS:

9.14.1. An Annual Maintenance Grant of Rs.1 lakh is allotted to each 30 bedded PHC and CHC for providing BEmONC and referral services and to ensure quality of care through functional physical infrastructure. Similarly, an Annual Maintenance Grant of Rs.50,000 is allotted per annum to each additional PHC for provision of water, toilets, their use and their maintenance and other activities which has resulted in the better functioning of the health centres. An AMG of Rs.10,000 is also provided per annum for the maintenance of HSCs with own buildings. An amount of Rs.21.32 crores has been proposed for this core activity in the year 2012-13.
9.14.2. Untied Grants to Health Sub Centres and Primary Health Centres:

Untied funds are given to all health facilities to meet out unexpected, essential and immediate expenses towards day to day maintenance. Flexibility is also given to the Patient Welfare Societies for spending this money based on the actual requirement at the field level. An amount of Rs.10,000 is allotted as untied grant for each Health Sub Centre per annum. An amount of Rs.25000 is allotted to each Primary Health centre and Urban Primary Health Centre per annum. An amount of Rs Rs.50,000 per annum is allotted to Taluk and Non Taluk hospitals and Rs.1 lakh per annum to District Headquarters hospitals. The total amount proposed for the above scheme is Rs.15.65 crores for the current year.


The village is the basic unit for assessing the health needs of the people and for developing village specific plans. 12,618 Village Health and Sanitation Committees have been formed in 12,618 village panchayats in Tamil Nadu, with representatives of the Panchayat Raj Institutions, women’s groups and other village level officials related to health and determinants of health such as water and sanitation. Similarly 2,540 village health and water sanitation committees have been formed in 561 town panchayats. Each Committee is entitled to an annual untied grant of Rs.10,000 which will be used for improvement of the health and sanitation of the village. The committee members have already been given training regarding the village health activities. In view of the local body elections held last year, it is proposed to retrain the members of the VHNWSCs during the current year. The financial allocation proposed for these committees is Rs.15.16 crores.


The VHN day is conducted once a month by each VHWSC in one of the Anganwadi Centres in the Panchayat by rotation. During this session, both the VHN and the ICDS Anganwadi worker will offer joint services. A clinical session including Ante Natal Care will be conducted in the forenoon by the VHN and IEC activities will be conducted in the afternoon. The revised strategy for conducting VHN day has provided the health system with ample opportunities to interact with the ICDS workers and disseminate/counsel/manage the different substrata of the community based on their varying health needs.

9.14.5. Infrastructure Upgradation in PHCS / FRUs:
9.14.5.1. Public Health Infrastructure plays a crucial role in undertaking curative and preventive health care for the total population of the State. In terms of physical infrastructure, a network of sub-health centres, PHCs, CHCs, taluk /non-taluk and District Hospitals exist in the state. To improve the overall health infrastructure, several strengthening activities have been initiated in the State under NRHM. A detailed facility survey has been conducted through Tamil Nadu Health Systems Project for identification of infrastructure gaps in the secondary hospitals, especially in view of the increasing patient load. Upgradation of the maternity & neonatal care services and provision of support services to improve the overall functioning of the institution have been given priority. Provision of equipment for the increased work load or replacement of old and obsolete equipment including major repairs of essential equipment will be taken up as a part of infrastructure strengthening in selected FRUs and DME institutions. Based on the facility survey, the civil works required in FRUs have been identified which is proposed to be taken up in 2012-13.

9.14.5.2. As part of the district planning process, it is evident that there is a continuing need for infrastructure upgradation in the PHCs due to increased utilization of PHC services by the public. In addition to facilities like additional wards, labour rooms and theatres, another major requirement is the construction of staff nurse quarters to house the nurses who provide 24x7 care in the PHCs. PHCs will be selected based on need and available infrastructure on a case to case, after assessing the requirements submitted by the districts. The amount proposed for taking up this scheme in PIP 2012-13 is Rs 20.1 crores.

9.14.6. ISO – Quality Certification:

The implementation of quality management system was initiated in 48 Primary Health Centres in 12 Health Unit Districts at 4 per HUD in the State of Tamil Nadu in December 2009. A MOU has been signed in this regard with NHSRC and their empanelled quality consultant. All the 48 PHCs have obtained ISO certification in 10-11. Now the health facilities will be undergoing the process of hand holding for another year. Another 30 PHCs i.e., one PHC from the balance 30 HUDs have been taken up for quality certification in the year 2011-12 at the cost of Rs 2.3 crores. As a result of this exercise, it is expected that the quality of services provided by PHCs will get streamlined and the rural poor can avail services on par with that provided by private hospitals. It is proposed to form a State Quality Management Cell which will grade PHCs based on the quality of services rendered and make quality management a sustainable continuous activity in the State.

9.14.7. Mainstreaming of AYUSH:
Mainstreaming of AYUSH is also one of the strategies envisaged under National Rural Health Mission with an objective to improve outreach and quality of health delivery in rural areas. The use of AYUSH has expanded and gained popularity with the tremendous expansion. AYUSH is an important component of primary health care delivery in Tamil Nadu. 479 clinics have been well established in PHCs across the state. During 09-10, the AYUSH services were extended to another 300 PHCs and in 2010-11 to 175 PHCs under NRHM due to the growing public demand bringing the coverage to more than 60% of the PHCs. The amount proposed for the implementation of the scheme in the current year is Rs 38.95 crores.


The Tamil Nadu Government has signed a MoU with EMRI Hyderabad to provide integrated Emergency Response Management Services bringing together the departments of Health and Family Welfare, Police and Fire Prevention. EMRI is in operation from 15.09.2008 and a Emergency Response Centre has been established at the Government Kasturibha Gandhi Hospital for Women and Children, Chennai – 5. The scheme is continued in 2012-13. The recurring/non recurring cost proposed for the year 2012-13 under NRHM is Rs.39.33 crores which includes operational cost for manpower, training, fuel, repair and maintenance of vehicles etc.

9.15. DENTAL SERVICES IN THE GOVERNMENT INSTITUTION:

Establishment of dental units in rural areas will raise the level of dental health awareness and combine prevention with curative treatment amongst the rural population, with their active participation, to achieve our goal of “Caries – free children” under NRHM. At present 208 PHCs and 22 Taluk / Non taluk Hospitals are providing dental services for three days in a week.

9.16. PENGAL NALAMUDAN (WELL WOMAN CAMPAIGN):

‘NALAMAANA THAMILAGAM’ (HEALTHY TAMIL NADU) PHASE – II ‘

Nalamaana Thamizhagam, a non-communicable disease Program was implemented during 2010-11, in which screening of diabetes and hypertension was done in camp mode. Based on the success of Nalamaana Thamizhagam, a new program 'Pengal Nalathittam' was proposed in PIP 2011-12 to spread awareness regarding risk for breast and cervical cancer, detect and treat early asymptomatic
and undiagnosed cases especially those at high risk and to prevent complications through prompt and effective treatment of diagnosed cases. The screening program is planned in a camp mode to cover all rural women aged 30 years and above. The scheme will be implemented during April 2012.

9.17. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS:

9.17.1. The National Programme for Control of Blindness was launched in 1976 to prevent and reduce the prevalence of blindness in the country. It was extended and functioned as the World Bank assisted Cataract Blindness Control Project till 30.6.2002. The scheme was then converted into a Centrally Sponsored Scheme and is funded as part of the National Rural Health Mission (NRHM) from the year 2007-08. The main objective of the programme is to reduce the prevalence of preventable blindness. Towards this goal, the Tamil Nadu State Blindness Control Society was formed as a separate entity from 1.4.1996. The Tamil Nadu State Blindness Control Society has been merged with the State Health Society after the implementation of NRHM in the state. The Project Director in charge of the programme is a senior ophthalmologist of the rank of Additional Director of Medical Education, who is responsible for the smooth implementation of the scheme. He works under the administrative control of the Secretary to Government, Health department and the financial control of the Mission Director, State Health Society. The District Blindness Control Societies which were formed to govern the activities of the National Blindness Control Programme with the Collector is the Chairman of the Society have also been merged with the District Health Societies formed under NRHM. Each district has a District Programme Manager who is a senior ophthalmologist in the district.

9.17.2. The programme was originally mainly focused towards cataract surgery since cataract was identified as one of the major causes of blindness in the state and country. Hence various infrastructure facilities like dedicated base eye wards, dark rooms and exclusive ophthalmic operation theatres have been built with the assistance of the World Bank. Currently, the programme has started looking at improving eye donation and tackling non cataract causes of blindness like glaucoma and diabetic retinopathy. Tamil Nadu has been a pioneer in identifying and correcting cataract through surgery, especially by involving the NGO sector. The state has also launched a pioneering scheme using NRHM funds to screen all school children between the sixth and the tenth standards for refractive errors and providing those identified with free spectacles. In recent years, Tamil Nadu has also secured first place in India in collection of donated eyes and utilising them to cure corneal blindness.

9.17.3. The following activities were performed during the year 2011-2012 (01.04.2011 to 31.01.2012) by utilising the financial assistance
provided for the scheme under the National Rural Health Mission:

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<tr>
<td>1</td>
<td>Cataract operations</td>
<td>6,50,000</td>
<td>6,07,107</td>
<td>93.00</td>
</tr>
<tr>
<td>2</td>
<td>School children Eye Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>School children screened</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Children with refractive error</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>Free spectacles to poor children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Eye Donation - Eyes collected</td>
<td>8,500</td>
<td>7,195</td>
<td>84.65</td>
</tr>
</tbody>
</table>

**9.17.4.** In order to increase the performance of cataract surgeries in Government Institutions, the government has permitted the hiring of private Ophthalmic Surgeons at Rs.150/- per case and trained Staff Nurses to assist the surgeon at Rs.50/- per case, respectively.

**9.17.5.** Government Institutions are following conventional cataract surgery and small incision surgery with IOL. The Regional Institute of Ophthalmology and Government Ophthalmic Hospital, Chennai, has trained Government Medical Officers in Phaco Emunification Cataract Surgery. Eight Government Hospitals are supported with Phaco Machines under District Blindness Control Programme and have trained man power. For the first time, it is planned to provide Flexible Foldable Intra Ocular Lenses to the Regional Ophthalmic Hospital and Government Medical College Hospitals where Phaco Machines are available for doing Phaco Emunification Cataract Surgery. This lense is useful in reducing the post operative astigmatism. Patients need not wear spectacles after the surgery.

**9.17.6.** The following activities will be continued during the year (2012 - 2013):

- a) Performing cataract operations with more than 95% involving implantation of Intra Ocular Lenses (IOL).
- b) Universal screening of school children from Class VI to X for detection of refractive error and providing free spectacles to identified poor children.
- c) Development of eye banks and eye donation centres to facilitate collection and transplantation of donated eyes thereby
reducing corneal blindness due to corneal diseases and injuries.

d) Providing training to eye surgeons, especially in government sector, in modern cataract surgery, glaucoma surgery, retinal surgery and other specialised procedures.

e) Enhancing capacities for eye care services in public sector by providing infrastructure at all levels.

f) Special focus on improving field capacity to screen, identify and treat glaucoma and diabetic retinopathy.

Chapter – 9

STATE HEALTH SOCIETY

9.1. Recognizing the importance of health in the process of economic and social development, the Government has launched the National Rural Health Mission (NRHM) to carry out necessary architectural correction in the basic health care delivery system and improve the quality of life of our citizens. The Mission aims at increasing public expenditure on health and reducing regional imbalance in health infrastructure. The other features of the Mission include optimization of health manpower through multi skilling and capacity building and induction of management and financial personnel into the health system. Decentralization and district management of health programmes as well as community participation and ownership of assets are part of the Mission’s strategies to improve the efficiency and accountability of health service delivery. The Mission also attempts to build convergence with the other determinants of good health viz, nutrition, sanitation, hygiene and safe drinking water. It lays emphasis on mainstreaming the Indian Systems of Medicine to facilitate health care.
9.2. VISION, GOALS, OBJECTIVES OF THE STATE HEALTH SOCIETY:

9.2.1. Vision:

‘Healthy People – Now and in the Future.’

9.2.2. Goals:

- To provide accessible and affordable health care based on people’s need
- To deliver high quality of health services
- To improve the long term health status of the population
- To improve the management of health services and make them more accountable to the people.

9.2.3. Objectives:

- Reduction in Infant mortality and maternal mortality
- Universal access to Public Health Services - Women’s health, child health, drinking water, sanitation and hygiene, nutrition and universal immunization.
- Prevention and control of communicable and non-communicable diseases
- Population stabilization – Gender and demographic factors
- Access to integrated comprehensive primary health care
- Revitalizing local health tradition and mainstreaming ISM
- Promotion of healthy life styles

9.3. STATE HEALTH SOCIETY:

9.3.1. To achieve the objectives of the Mission, the State Government entered into a Memorandum of Understanding (MoU) with the Government of India (GoI), stating their agreement to the policy framework of the Mission and the timelines and performance benchmarks against identified activities. The State Health Society, Tamil Nadu was registered under the Tamil Nadu Societies Registration Act on 15.3.2006. Similarly, District Health Societies have been formed for all the Revenue Districts and registered under the Tamil Nadu Societies Registration Act, 1975.

9.3.2. The Project Implementation Plan (PIP) for the year 2012-13 has been prepared and furnished to
9.3.3. The total allocation proposed for various activities given above includes the State Government share of 25% of the overall cost of the programme. The funds for all the programmes are routed through the State Health Society at the state level and the District Health Society at the district level. This has contributed to the smooth release of funds to reach the field. Sub committees have also been formed at the state level to facilitate coordination and policy planning under the various components.

9.3.4. A short description of the various important activities taken up under the first two components (RCH and NRHM flexi pool) is given below. The activities carried out under the other components and disease control programmes are discussed in the relevant chapters of the Policy Note.

9.4. REPRODUCTIVE AND CHILD HEALTH (RCH) II PROJECT:

9.4.1. The state has been providing a wide range of Reproductive and Child Health Services including institutional delivery, emergency obstetric care, safe abortions, family planning services and adolescent health services in the rural areas as well as the small urban towns. There has also been a thrust towards increasing the utilization of PHCs through improving the atmosphere and service in these centres. It is expected that these efforts will result in a significant and sustained fall in the major RCH indicators, viz. MMR and IMR. The major activities taken up under the RCH II sub component are detailed below.

9.4.2. Maternal Health:

9.4.2.1. 24 X 7 Hours Delivery Care Services in all PHCS:

One of the remarkable achievements over the last four years has been the manifold increase in the number of the deliveries conducted in the PHCs. This proportion has increased from 5 % in 2005 to 28 % upto March 2011. This has been made possible by the introduction of 24 x 7 hour services in every PHC by posting 3 staff nurses for rendering round the clock duty. The confidence that trained personnel are always available in the PHCs has increased not only the number of deliveries but also the daily OP attendance and IP attendance. This intervention has been implemented in all the 1612 Primary Health Centres. This intervention will be continued in the current year at a total cost of Rs 43.69 crores.
9.4.2.2. Janani Suraksha Yojana (JSY) Improving Institutional Delivery of Below Poverty Line (BPL) Women:

Janani Suraksha Yojana is one of the flagship programmes under RCH II which aims to reduce the maternal and infant mortality by focusing on increasing institutional deliveries. The scheme is implemented in urban areas also. An amount of Rs 700 in rural and Rs 600 in urban areas is paid to below the poverty line mothers delivering in institutions for the first two live births. This scheme has a provision of Rs 33.07 crores for the year 2012-13.

9.4.2.3. Mobile Medical Units (MMU):

Mobile Medical Units have been provided in all 385 blocks under NRHM and are functioning since February 2009 under the control of the PHC’s Patient Welfare Societies. Each Mobile Medical Unit covers at least 25 to 30 remote villages which are being visited on fixed days every month. Services such as routine immunization/dropout immunization, ante natal care, post natal care, family welfare services, adolescent care, referral services and counseling services are rendered by the MMU team which include a doctor and a staff nurse. The visit of the MMUs are linked with the Village Health and Nutrition (VHN) day so that the VHN would also be available in the village on the same day. These MMUs have now been upgraded as Hospital on Wheels, with improved facilities in the vehicle and addition of lab services. The Hospital on Wheels Project has been launched in all 385 Blocks to provide basic medical services at the doorstep of the remote and far flung villages.

9.4.2.4. Provision of Second Medical Officer in PHCs with Single Doctor:

213 PHCs in the state which were Panchayat Union dispensaries and subsequently converted into PHCs had only one Medical Officer. To make them function effectively in line with other PHCs, one more Medical Officer was appointed under NRHM in the Primary Health Centres in the first phase. The scheme is continued for the year 2012-13. The budget of Rs 9.17 crores has been proposed for this year.

9.4.2.5. Integration of 402 ICTC Established under TANSACS in Block PHC:

There are 797 ICTCs spread across Government Medical College hospitals, Government District Headquarters hospitals, Taluk Headquarters hospitals, Primary Health Centres, prisons, corporation and municipal health posts, bus terminus, railway stations and private hospitals established by TANSACS. The salary component of the Counselors and Lab Technicians working at the
ICTC centres in the 402 PHCs including the cost of training, procurement of lab reagents etc have been proposed in the PIP 2012-13 with a budget for Rs 14.04 crores.

9.4.2.6. Provision of Feeding and Dietary Charges for Ante-Natal Post Natal Mothers:

AN Mothers who stay for undergoing investigation like ultrasound scan etc. in the PHC are being provided with food during the Ante Natal Clinics at the PHCs. To maintain the extra facilities and to meet the increasing demands of the ante natal mothers attending the PHC, the PHCs are provided with extra amount based on the number of deliveries conducted. This scheme has been budgeted at a cost of Rs 2.44 crores for the year 2012-13.

9.4.2.7. Provision of Feeding and Dietary Charges for Post Natal Mothers:

Diet is provided to for post natal mothers for 2-7 days during their post natal/ post –operative period. This is an excellent strategy to ensure stayal of delivered mothers with their newborns in the PHC. This has helped mothers in initiation of early breastfeeding during their hospital stay. This enables the health providers to offer counseling about family welfare services and orientation on warning signals that may occur in the Antenatal / Post natal period to the delivered mothers. The amount proposed for the scheme in the year 2012-13 PIP is Rs.11.19 crores.

9.4.2.8. Provision of Specialist Services – Obstetricians, Anaesthetists for Emergency Obstetric Care (EmOC):

The lack of manpower in the FRUs has been managed through hiring of Obstetricians and Anaesthetists for family welfare and emergency obstetric care services. The Government/Private/Retired personnel are hired for the above services at PHCs and District hospitals. Caesarean deliveries are also conducted in PHCs by hiring private gynaecologists under RCH. Under this scheme, Anaesthetists and Obstetricians are paid an honorarium of Rs.1000/- per visit. In 2012-13, an amount of Rs 12.94 crores has been proposed to implement the scheme. The Government of India has approved short term training courses for 24 weeks in Life Saving Anaesthesia (LSAS) and Emergency Obstetric Care for medical officers of primary and secondary health care centres. Tamil Nadu is a leader in conducting these courses, which are used to meet the specialist gap. So far, 240 Doctors have been trained in LSAS and 40 Doctors have been trained in EmOC.
9.4.2.9. Maternal Anaemia Control Programme:

The prevention and control of maternal anaemia is a serious concern for the state. Treatment guidelines (protocols) for implementation of moderate and severe anaemia control programme have been introduced during the year 2010-11 to tackle this problem. This includes deworming for all pregnant women and use of injectable iron sucrose for cases of moderate and persistent anaemia. A budget of Rs 4.29 crores has been proposed in the current year PIP for the continuation of management of maternal anaemia using the protocol based intervention.

9.4.2.10. Gestational Diabetes Control Programme:

A scheme for early detection of gestational diabetes using the Glucose Challenge Test approach has been functioning at the block PHC level using the semi auto analyzers provided under RCH. The scheme has been extended to all PHCs using the services of trained staff nurses wherever lab technicians are not available at a total cost of Rs 1.61 crores.

9.4.2.11. Ensuring Blood Safety - Conduction of Community Blood Donation Camps, Establishment of Blood Storage Centres in all Upgraded PHCs:

Provision of safe blood at the level of First Referral Units is a priority area for reducing deaths due to post partum hemorrhage which is a major cause of maternal mortality. With the inputs of NRHM, 255 CHCs have been provided with blood storage facilities in phased manner till 2010-11 to enable them to function as First Referral Unit’s. In addition, 13 blood storage centres had been established in 13 PHCs in the year 2011-12. Blood donation camps will continue to be conducted at the rate of two per block. This will facilitate supply of sufficient quantity of all blood types to the blood banks and blood storage centres. A budget of Rs 47.9 lakhs has been proposed for conduction of blood donation camps and maintenance of blood storage centres.

9.4.2.12. MCH Centres:

42 Community Health Centres have been identified at the rate of one per Health Unit District to function as Level II MCH Centres, based on their strategic location for offering higher levels of Maternal and Child care. These centres will be developed as comprehensive MCH centres to provide the RCH package of AN& PN care, Emergency Obstetric Care, Safe Abortion Services, Sterilization Services, Adolescent Clinics, RTI/ STI management etc. Poison Management services will also be provided in these centres.
31 Health Sub Centres in remote / difficult areas have been identified to provide Level-I MCH services with additional facilities. Adequate supervision will be provided to guide and improve quality of care in such centres. The schemes will be implemented in the current year at a total cost of Rs.19.95 crores by strengthening infrastructure, drugs, training etc. as well as with additional manpower.

9.5. CHILD HEALTH:

9.5.1. Comprehensive intervention to reduce neonatal deaths in districts with high IMR:

The Infant Mortality Rate (IMR) serves as a key development indicator, reflecting the combined effects of health interventions and the socio-cultural environment. With the support of NRHM, the neonatal care and referral services in the State have been strengthened by establishing Neonatal Intensive Care Units (NICU) in the districts in phased manner. In the year 2009-10, 5 high IMR districts (Phase-1) were selected for the establishment of Neonatal intensive care units (NICU) in 2 CEmONC centres in each of the districts. Each unit was provided with 9 staff nurses and 3 paediatricians to ensure 24x7 care for the neonates in the NICU. Based on lessons learnt, it was decided to have a revised strategy to set up 1 NICU per remaining district initially. Priority has been given for standardized civil works as well as provision of inputs for housekeeping and security services. 44 centres have been operationalized now in phased manner. An amount of Rs. 14.49 crores has been proposed in 2012-13 for funding the recurring expenditure. Existing Sick Neonatal Care Units of 3 Government Medical College Hospitals, 6 District Head Quarters Hospitals and 11 Sub district hospitals will be taken up for upgradation in 2012-13 for the provision of above services at a cost of Rs 9.30 crores.

9.5.2. Essential New born Care Services at PHCs and New Born Stablisation Unit at FRUs:

The Government of India have provided norms (IPH standards) for Child Care Service Units (New Born Corner (NBC), New Born Stabilization Unit (NBSU) and Sick Neonatal Care Unit (SNCU). As per the norms, New Born Corners have been established in 1421 PHCs with necessary inputs from NRHM in terms of equipments and facility based training of health personnel. Provision of equipments toNBCs in 73 new PHCs, 31 identified Level I MCH centres and 135 new Urban Primary Health centres will be taken up in the year 2012-13. For essential new born care services at these Government Institutions, an amount of Rs 5.24 crores has been proposed for the year 2012-13. Further, 42 MCH centres in identified PHCs, which have been designated as Level 2 Maternal and Child Care
centres will be established with New born Stabilization Units (NBSU) in the current year. Further in the year 2012-13, 114 existing FRUs have been identified for establishment of NBSU at a cost of Rs 5.01 crores.

9.6. COMPREHENSIVE INTERVENTION TO REDUCE NEONATAL DEATHS IN 10 BLOCKS WITH HIGH IMR.: 

9.6.1. A new strategy has been drawn for enhancing child care services with a focused attention for reduction of neonatal deaths in blocks with high IMR. Pediatrician in each centre would be identified to conduct weekly field visit / well baby clinics in the PHCs in the Blocks with high IMR. These clinics will provide an array of diagnostic and preventive care services. The Village Health Volunteers (VHV) will be placed in the villages exclusively for infant care and will be providing follow up support for high risk babies discharged from NICU in the local setting for home based new born care. The strategy would be implemented in 10 identified High IMR blocks. An amount of Rs 7.8 lakhs has been proposed towards the honorarium for pediatricians and Rs 2.45 crores towards performance based incentive to the infant care VHVs.

9.6.2. Capacity Building for Health Care Providers in Prenatal Screening to detect Fetal Anomaly:

A scheme for capacity building of health care providers in prenatal screening and developmental screening of new born, infants and children for Rs.3.00 crores has been approved in PIP 2010-11. Under this scheme, Medical Officers of 256 upgraded Primary Health Centres in all Districts in the state are being provided hands on and on line training for prenatal screening to detect foetal abnormalities using ultrasonography. This scheme is being implemented in partnership with reputed private sector organizations who specialize in ultrasonography, through a custom designed software for prenatal screening of foetal abnormalities in first, second and third trimester. Continuous audit of the images documented by trained Medical Officer and refining their skills for a minimum period of 1 year from the date of commencement is being done through these reputed organizations. Memorandum of Agreement has been signed and training in 16 districts has been completed. This training programme will be extended to another 232 centres (78 CEmONC centres and 154 CHCs ) for training 2 doctors/centre. An amount of Rs 3.45 crores has been proposed for this scheme in the year 2012-13.

9.6.3. Establishment of Early Intervention Centres in 2 Districts. (Pilot Project):
Cuddalore and Thoothukudi Districts have been selected on pilot basis for establishing Early Intervention Centres collocated in Primary Health Centres at the rate of 4 PHCs per district. The children (0-3 years) identified by active screening with developmental delay / disability etc will be managed by appropriate Special Educator / Therapist at the Early Intervention Centres. These centres are being provided with therapy equipments and manpower. The NGO Maduram Narayanan Centre for Exceptional Children has been nominated by the Commissionerate of Differently abled as a mentor and consultant for this project and MOU has been signed. The survey of children with developmental disorders is ongoing.

9.6.4. Referral Services (29 New Vehicles + 35 Existing Vehicles) for Sick New Born under JSSK:

A scheme for transport of sick newborns by strengthening 29 existing EMRI vehicles for providing neonatal transport system has been approved in 2011-12 under NRHM and procurement of vehicles is under process. Further, additional new vehicles with neonatal transport system will be placed in the state for transport of sick newborns. The cost towards fabrication, purchase of new vehicle and equipment for neonatal transport including the operational cost for the proposed and existing vehicles has been proposed at Rs 9.86 crores.

9.6.5. Managing Children with Malnutrition:

Considering the high IMR status for the past 3 years( of State HMIS data) in the districts of Dharmapuri and Perambalur, it has been decided to pilot the establishment of one Nutrition Rehabilitation centre (NRC) each at the Medical College Hospital, Dharmapuri and District Head Quarters hospital of Perambalur district for management of children with malnutrition. In the PIP 2012-13, an amount of Rs 20 lakhs has been proposed towards the establishment of the 2 NRC and Rs.25.89 lakhs has been proposed for training of staff at these centres.

9.6.6. Strengthening of Infant Death Audit:

The Infant Death Audit is being conducted in two stages ie verbal autopsy at the district level and institutional audit in the medical institution where the death occurred. Verbal autopsy is being conducted by the Medical Officer in rural and urban areas within 15 days of occurrence of the death. District Infant Death Audit Committee under the Chairmanship of the District Collector audits selected infant death at the district level and takes appropriate action to rectify the defects. It is
proposed to form a facility level committee in each major hospital comprising of the Medical Superintendent / Chief Medical Officer along with the senior most Pediatrician and Obstetrician to investigate the events leading to neonatal death as this constitutes the major component of IMR. The budget for institutional neonatal death audit at the rate of Rs.1000/ case amounting to Rs.1.5 crore is proposed in the PIP 2012-13.

9.7. ADOLESCENT HEALTH PROGRAMMES:

9.7.1. Control of Nutritional Anaemia:

One of the major focus of the RCH programme is towards Prevention and Control of Nutritional anaemia in adolescent girls. The programme involves distribution of one IFA (L) tablet per week to all adolescent girls, both in school and out of school along with biannual deworming. The IFA and deworming tablets would be distributed for school going girls through the routine school health programme and for non school going girls, through adolescent link workers. Apart from anaemia control, the Adolescent health Programme is also implemented through the Community Medicine and Paediatrics departments of the Medical colleges by sensitizing the medical and paramedical students to adolescent health issues and conducting outreach camps. Training on ARSH to field health staff including medical officers is nearing completion.

9.7.2. Modified School Health Programme:

On a pilot basis during 2009-10, six districts of Cuddalore, Dindigul, Kanchipuram, Kanniyakumari, Thoothukudi and Ramnad and during 2010-11, four districts of Salem, Dharmapuri, Tiruvannamalai and Tiruvarur were chosen for implementing the Modified School Health Programme based on the model prescribed by Government of India. The Modified School Health Programme has been extended to the remaining 20 districts. The scheme will be implemented in all the Districts in the coming academic year.

9.8. URBAN HEALTH PROGRAMME:

Recognizing that the health facilities are generally very poor in small urban towns, a comprehensive project proposal for providing health infrastructure in 60 municipalities with less than 1 lakh population was approved at a cost of Rs.8.00 crores. With NRHM inputs, the cost towards the renovation and repairs of Urban Health Centres, rent for Urban
Centres, drugs, equipment, furniture are being provided as per the proposals sent by the Commissioner of Municipal Administration. It has been decided to bring all these centres under the administrative control of the Director of Public Health and Preventive Medicine. Establishment of Urban Health centres in another 75 Municipalities and Town Panchayats with less than 1 lakh population, that has been announced in the last assembly session. has also been included in the PIP 2012-13 at a cost of Rs 6.90 crores. In addition, to study urban health issues and reduce primary referral to tertiary institutes, a novel programme is implemented through the Community Medicine department of 14 Medical colleges by adopting one urban heath post from where the medical colleges are getting large number of primary referrals. These adopted Urban Health Centres have been provided with necessary equipments, materials as well as specialist manpower for specified days through the medical college, to take health services closer to the urban poor and see whether the improved services will have an impact on referral load to the tertiary centres.

9.9. TRIBAL HEALTH:

9.9.1. VHV-ASHA (Village Health Volunteers – Accredited Social Health Activist) in 12 Districts with Tribal Population:

To promote and improve availability of basic health care services to the tribal population, 1639 VHV - ASHA (Phase-1)have been selected and placed in the 12 identified tribal districts. The training of VHV in 5 modules has been completed in collaboration with the NGO - SOCHARA and 2 master trainers at the state level. Placement of another 1011 VHVs in tribal, hilly and difficult PHCs (Phase-2) has been completed and the training of these VHVs will be taken up in the current year. An amount of Rs.4.30 crores has been proposed for performance based incentives to 2650 VHV in the PIP 2012-13.

9.9.2. Establishment of Birth Waiting Room:

A scheme for providing diet to the antenatal mothers and one of their attenders in tribal areas for 1 week stayal before the expected date of delivery is being implemented at 35 tribal PHCs. An amount of Rs.98 lakhs has been approved in the current year for this scheme. Out of the 34 tribal PHCs, 17 foot hill PHCs have been provided with Birth Waiting Rooms. Antenatal mothers especially the high risk cases, are brought to these waiting rooms well in time, prior to the expected date of delivery, to stay in a comfortable atmosphere and have access to emergency obstetric care. A budget of Rs 1.26 crores has been proposed towards maintenance of
Birth Waiting Rooms and feeding and dietary charges to AN mothers along with the attender.

9.9.3. Mobile Medical Unit (MMU) in Tribal Areas:

To reach the remotest pockets, mobile medical services for outreach services with 12 MMUs are being provided in 10 districts, through NGOs in collaboration with the Tamil Nadu Health System Project (TNHSP). Under Phase 2, 8 additional MMUs will be provided in 3 districts. The amount proposed for supporting this scheme for outreach services in tribal villages is Rs.2.06 crores.

9.9.4. Referral Services in Tribal Districts:

In order to reach those tribal areas which are inaccessible, supply of new four wheel drive vehicles suitably equipped as ambulances were approved in 24 identified points in tribal / hilly areas under NRHM in 2011-12. The procurement of these 24 four wheel drive vehicles is under process. Further, based on the geographical constraints, it has been assessed that more vehicles have to be placed at tribal points to transport sick mothers and new borns in the hilly terrain. The capital costs for the new vehicles and the operational cost of running the vehicles has been proposed at Rs 7.08 crores.

9.9.5. Bed Grant Scheme:

TNHSP has initiated a bed grant scheme in collaboration with NGOs for treatment of tribal people in identified private hospitals since 2007. It has been decided to support and include this scheme under NRHM in the coming year. The Grant in Aid for inpatient services at Rs.10 lakhs Hospital is proposed in the current PIP for an amount of Rs.40 lakhs.

9.9.6. Tribal Counselors in 10 Government Hospitals:

Tribal Counselors will be appointed in 10 Government Hospitals in the Tribal districts. These persons will function as health activists in the institution who will create awareness on health and its determinants. They will motivate the community towards healthy living practices. The budget towards the payment of counselors in the 10 Government Institution in the tribal district is proposed in the current PIP. An amount of Rs.6 lakhs has been proposed in the PIP 2012-13.

9.10. HUMAN RESOURCE:
As per the norms, there has to be a Primary Health Centre for every 30000 population in the plains and for every 20000 population in the hilly areas. Accordingly, 166 new PHCs (116 PHCs during 2009-10 & 50 PHCs during 2010-11) have been established across the state for easy accessibility and availability of primary health care for the rural poor. In the year 2008-2010, 125 PHCs have been upgraded with 30 beds, operation theatre, Ultrasound, X ray, ECG and other facilities. The human resource component for these new PHCs and upgraded PHCs is being supported by NRHM. In the PIP 2012-13, a sum of Rs.54.32 crores has been proposed towards the salary component of the staff for the above PHCs.

9.11. REPAIRS, RENOVATIONS AND EXTENSION OF AN WARDS, PN WARDS, LABOUR ROOM, OPERATION THEATER ETC.:

With surging institutional deliveries, there is an urgent need to provide larger space in the PHCs to accommodate expectant mothers so that they could stay in the health facility where they deliver for at least 48 hours post delivery. Hence under RCH essential civil works for the PHC buildings which need repairs, renovation and extension especially to provide facilities for the additional delivery load are being provided. It is proposed to take up extension and renovations to labour rooms, OTs, ante natal wards, post natal wards and area extension to accommodate other specialized MCH care service and other works in the current year also. A provision of Rs 21.00 crores has been made for this scheme in PIP 2012-13.

9.12. TRAINING AND HUMAN RESOURCE DEVELOPMENT:

9.12.1. Strengthening of Training Centres:

In Tamil Nadu, there are eight training centres under the Directorate of Public Health and 10 Rural health training centres located in the PHCs where the ANM trainees are trained. In view of the increased need for both pre service and in-service training as a result of RCH/ NRHM initiatives, it is required to upgrade the facilities available in these training centres. The facilities in the training centres will be upgraded along with provision of skill labs for training and evaluation of field staff at a cost of Rs.5 crores. The various training programmes have been proposed for the year 2012-13 and an amount of Rs.24.90 crores has been sought for in the current year PIP for conducting the training programmes.
9.13. ADDITIONALITIES UNDER NATIONAL RURAL HEALTH MISSION:

9.13.1. Placement of 4200 Programme Specific VHV-ASHAs (Village Health Volunteers - Accredited Social Health Activist) in Non Tribal Areas:

The State has decided to position programme specific Village Health Volunteers in other blocks (remote, inaccessible and difficult PHCs) to improve the outreach of specified health activities. Since these VHVs will be functioning in the plain areas under the close supervision of the VHVs, the guidelines for their job functions and incentive schemes are being redesigned based on the programme needs which are relevant in these areas. The VHVs will receive training and performance based incentives for the specific programmes for which they are selected. An amount of Rs 11.96 crores has been proposed towards the performance based incentive, training and drug kits to these 4200 VHV.

9.13.2. Patient Welfare Societies:

Patient Welfare Societies have been constituted in all the PHCs, Medical College Hospitals and their attached institutions / District Headquarters Hospitals and Taluk / Non-Taluk Hospitals. All the societies are registered and functioning effectively.

These societies coordinate with health staff for better functioning of the health institutions by providing patient amenities and bridging service gaps which will definitely facilitate achievement of the objectives of NRHM. An amount of Rs.5 lakhs per District Head Quarters Hospital, Rs.1 lakh per Taluk/Non-Taluk Hospital, and Rs.1 lakh per Primary Health Centre, Rs.1 lakh per Urban health centre is proposed per annum under this scheme. The amount proposed for 2012-13 is Rs.24.70 crores.

9.14. ANNUAL MAINTENANCE GRANT (AMG) TO PHCS/HSCS:

9.14.1. An Annual Maintenance Grant of Rs.1 lakh is allotted to each 30 bedded PHC and CHC for providing BEmONC and referral services and to ensure quality of care through functional physical infrastructure. Similarly, an Annual Maintenance Grant of Rs.50,000 is allotted per annum to each additional PHC for provision of water, toilets, their use and their maintenance and other activities which has resulted in the better functioning of the health centres. An AMG of Rs.10,000 is also provided per annum for the maintenance of HSCs with own buildings. An amount of Rs.21.32 crores has been proposed for this core activity in the year 2012-13.
9.14.2. Untied Grants to Health Sub Centres and Primary Health Centres:

Untied funds are given to all health facilities to meet out unexpected, essential and immediate expenses towards day to day maintenance. Flexibility is also given to the Patient Welfare Societies for spending this money based on the actual requirement at the field level. An amount of Rs.10,000 is allotted as untied grant for each Health Sub Centre per annum. An amount of Rs.25000 is allotted to each Primary Health centre and Urban Primary Health Centre per annum. An amount of Rs.50,000 per annum is allotted to Taluk and Non Taluk hospitals and Rs.1 lakh per annum to District Headquarters hospitals. The total amount proposed for the above scheme is Rs.15.65 crores for the current year.


The village is the basic unit for assessing the health needs of the people and for developing village specific plans. 12,618 Village Health and Sanitation Committees have been formed in 12,618 village panchayats in Tamil Nadu, with representatives of the Panchayat Raj Institutions, women’s groups and other village level officials related to health and determinants of health such as water and sanitation. Similarly 2,540 village health and water sanitation committees have been formed in 561 town panchayats. Each Committee is entitled to an annual untied grant of Rs.10,000 which will be used for improvement of the health and sanitation of the village. The committee members have already been given training regarding the village health activities. In view of the local body elections held last year, it is proposed to retrain the members of the VHNWSCs during the current year. The financial allocation proposed for these committees is Rs.15.16 crores.


The VHN day is conducted once a month by each VHWSC in one of the Anganwadi Centres in the Panchayat by rotation. During this session, both the VHN and the ICDS Anganwadi worker will offer joint services. A clinical session including Ante Natal Care will be conducted in the forenoon by the VHN and IEC activities will be conducted in the afternoon. The revised strategy for conducting VHN day has provided the health system with ample opportunities to interact with the ICDS workers and disseminate/counsel/manage the different substrata of the community based on their varying health needs.

9.14.5. Infrastructure Upgradation in PHCS / FRUs:
9.14.5.1. Public Health Infrastructure plays a crucial role in undertaking curative and preventive health care for the total population of the State. In terms of physical infrastructure, a network of sub-health centres, PHCs, CHCs, taluk /non-taluk and District Hospitals exist in the state. To improve the overall health infrastructure, several strengthening activities have been initiated in the State under NRHM. A detailed facility survey has been conducted through Tamil Nadu Health Systems Project for identification of infrastructure gaps in the secondary hospitals, especially in view of the increasing patient load. Upgradation of the maternity & neonatal care services and provision of support services to improve the overall functioning of the institution have been given priority. Provision of equipment for the increased work load or replacement of old and obsolete equipment including major repairs of essential equipment will be taken up as a part of infrastructure strengthening in selected FRUs and DME institutions. Based on the facility survey, the civil works required in FRUs have been identified which is proposed to be taken up in 2012-13.

9.14.5.2. As part of the district planning process, it is evident that there is a continuing need for infrastructure upgradation in the PHCs due to increased utilization of PHC services by the public. In addition to facilities like additional wards, labour rooms and theatres, another major requirement is the construction of staff nurse quarters to house the nurses who provide 24x7 care in the PHCs. PHCs will be selected based on need and available infrastructure on a case to case, after assessing the requirements submitted by the districts. The amount proposed for taking up this scheme in PIP 2012-13 is Rs 20.1 crores.

9.14.6. ISO – Quality Certification :

The implementation of quality management system was initiated in 48 Primary Health Centres in 12 Health Unit Districts at 4 per HUD in the State of Tamil Nadu in December 2009. A MOU has been signed in this regard with NHSRC and their empanelled quality consultant. All the 48 PHCs have obtained ISO certification in 10-11. Now the health facilities will be undergoing the process of hand holding for another year. Another 30 PHCs i.e., one PHC from the balance 30 HUDs have been taken up for quality certification in the year 2011-12 at the cost of Rs 2.3 crores. As a result of this exercise, it is expected that the quality of services provided by PHCs will get streamlined and the rural poor can avail services on par with that provided by private hospitals. It is proposed to form a State Quality Management Cell which will grade PHCs based on the quality of services rendered and make quality management a sustainable continuous activity in the State.

9.14.7. Mainstreaming of AYUSH :
Mainstreaming of AYUSH is also one of the strategies envisaged under National Rural Health Mission with an objective to improve outreach and quality of health delivery in rural areas. The use of AYUSH has expanded and gained popularity with the tremendous expansion. AYUSH is an important component of primary health care delivery in Tamil Nadu. 479 clinics have been well established in PHCs across the state. During 09-10, the AYUSH services were extended to another 300 PHCs and in 2010-11 to 175 PHCs under NRHM due to the growing public demand bringing the coverage to more than 60% of the PHCs. The amount proposed for the implementation of the scheme in the current year is Rs 38.95 crores.


The Tamil Nadu Government has signed a MoU with EMRI Hyderabad to provide integrated Emergency Response Management Services bringing together the departments of Health and Family Welfare, Police and Fire Prevention. EMRI is in operation from 15.09.2008 and a Emergency Response Centre has been established at the Government Kasturiba Gandhi Hospital for Women and Children, Chennai – 5. The scheme is continued in 2012-13. The recurring/non recurring cost proposed for the year 2012-13 under NRHM is Rs.39.33 crores which includes operational cost for manpower, training, fuel, repair and maintenance of vehicles etc.

9.15. DENTAL SERVICES IN THE GOVERNMENT INSTITUTION:

Establishment of dental units in rural areas will raise the level of dental health awareness and combine prevention with curative treatment amongst the rural population, with their active participation, to achieve our goal of “Caries – free children” under NRHM. At present 208 PHCs and 22 Taluk / Non taluk Hospitals are providing dental services for three days in a week.

9.16. PENGAL NALAMUDAN (WELL WOMAN CAMPAIGN):

“NALAMAANA THAMILAGAM” (HEALTHY TAMIL NADU) PHASE – II

Nalamaana Thamizhagam, a non-communicable disease Program was implemented during 2010-11, in which screening of diabetes and hypertension was done in camp mode. Based on the success of Nalamaana Thamizhagam, a new program 'Pengal Nalathittam' was proposed in PIP 2011-12 to spread awareness regarding risk for breast and cervical cancer, detect and treat early asymptomatic
and undiagnosed cases especially those at high risk and to prevent complications through prompt and effective treatment of diagnosed cases. The screening program is planned in a camp mode to cover all rural women aged 30 years and above. The scheme will be implemented during April 2012.

9.17. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS:

9.17.1. The National Programme for Control of Blindness was launched in 1976 to prevent and reduce the prevalence of blindness in the country. It was extended and functioned as the World Bank assisted Cataract Blindness Control Project till 30.6.2002. The scheme was then converted into a Centrally Sponsored Scheme and is funded as part of the National Rural Health Mission (NRHM) from the year 2007-08. The main objective of the programme is to reduce the prevalence of preventable blindness. Towards this goal, the Tamil Nadu State Blindness Control Society was formed as a separate entity from 1.4.1996. The Tamil Nadu State Blindness Control Society has been merged with the State Health Society after the implementation of NRHM in the state. The Project Director in charge of the programme is a senior ophthalmologist of the rank of Additional Director of Medical Education, who is responsible for the smooth implementation of the scheme. He works under the administrative control of the Secretary to Government, Health department and the financial control of the Mission Director, State Health Society. The District Blindness Control Societies which were formed to govern the activities of the National Blindness Control Programme with the Collector is the Chairman of the Society have also been merged with the District Health Societies formed under NRHM. Each district has a District Programme Manager who is a senior ophthalmologist in the district.

9.17.2. The programme was originally mainly focused towards cataract surgery since cataract was identified as one of the major causes of blindness in the state and country. Hence various infrastructure facilities like dedicated base eye wards, dark rooms and exclusive ophthalmic operation theatres have been built with the assistance of the World Bank. Currently, the programme has started looking at improving eye donation and tackling non cataract causes of blindness like glaucoma and diabetic retinopathy. Tamil Nadu has been a pioneer in identifying and correcting cataract through surgery, especially by involving the NGO sector. The state has also launched a pioneering scheme using NRHM funds to screen all school children between the sixth and the tenth standards for refractive errors and providing those identified with free spectacles. In recent years, Tamil Nadu has also secured first place in India in collection of donated eyes and utilising them to cure corneal blindness.

9.17.3. The following activities were performed during the year 2011-2012 (01.04.2011 to 31.01.2012) by utilising the financial assistance
provided for the scheme under the National Rural Health Mission:

<table>
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<tr>
<td>1</td>
<td>Cataract operations</td>
<td>6,50,000</td>
<td>6,07,107</td>
<td>93.00</td>
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<tr>
<td>2</td>
<td>School children Eye Screening</td>
<td></td>
<td></td>
<td></td>
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<td>a)</td>
<td>School children screened</td>
<td></td>
<td>8,71,107</td>
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<tr>
<td>b)</td>
<td>Children with refractive error</td>
<td></td>
<td>1,38,061</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>Free spectacles to poor children</td>
<td>25,000</td>
<td>18,431</td>
<td>74.00</td>
</tr>
<tr>
<td>3</td>
<td>Eye Donation - Eyes collected</td>
<td>8,500</td>
<td>7,195</td>
<td>84.65</td>
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9.17.4. In order to increase the performance of cataract surgeries in Government Institutions, the government has permitted the hiring of private Ophthalmic Surgeons at Rs.150/- per case and trained Staff Nurses to assist the surgeon at Rs.50/- per case, respectively.

9.17.5. Government Institutions are following conventional cataract surgery and small incision surgery with IOL. The Regional Institute of Ophthalmology and Government Ophthalmic Hospital, Chennai, has trained Government Medical Officers in Phaco Emuncification Cataract Surgery. Eight Government Hospitals are supported with Phaco Machines under District Blindness Control Programme and have trained man power. For the first time, it is planned to provide Flexible Foldable Intra Ocular Lenses to the Regional Ophthalmic Hospital and Government Medical College Hospitals where Phaco Machines are available for doing Phaco Emuncification Cataract Surgery. This lense is useful in reducing the post operative astigmatism. Patients need not wear spectacles after the surgery.

9.17.6. The following activities will be continued during the year (2012 - 2013):

- g) Performing cataract operations with more than 95% involving implantation of Intra Ocular Lenses (IOL).
- h) Universal screening of school children from Class VI to X for detection of refractive error and providing free spectacles to identified poor children.
- i) Development of eye banks and eye donation centres to facilitate collection and transplantation of donated eyes thereby
reducing corneal blindness due to corneal diseases and injuries.

j) Providing training to eye surgeons, especially in government sector, in modern cataract surgery, glaucoma surgery, retinal surgery and other specialised procedures.

k) Enhancing capacities for eye care services in public sector by providing infrastructure at all levels.

l) Special focus on improving field capacity to screen, identify and treat glaucoma and diabetic retinopathy.

Chapter – 10

TAMIL NADU STATE AIDS CONTROL SOCIETY

10.1. TAMIL NADU STATE AIDS CONTROL SOCIETY (TANSACS):

The State AIDS Project Cell which was formed in January 1993 under the control of the Director of Medical Education was later reconstituted as the Tamil Nadu State AIDS Control Society with effect from 11th May 1994 under the control of the Health Department to implement strategies for the prevention and control of HIV/AIDS in the state. As a result of the concerted efforts taken by TANSACS in coordination with the government health system and non government organizations, Tamil Nadu has been showing a steady declining trend in HIV prevalence. The prevalence rate has declined from 1.13 % in 2001 to 0.25% based on the Sentinel Surveillance report of 2007. The continued focus of TANSACS is achieving the goal of "Getting to Zero' - No new infection, No HIV/AIDS related Death, No HIV/AIDS related Stigma and Discrimination" in Tamil Nadu. The funds allotted for the year 2012-13 is Rs.81.69 crores.

10.2. PROGRAMMES OF TANSACS:

The programmes of TANSACS can be broadly categorized as follows:
1. Prevention of New Infections
2. Care, Support and Treatment
3. Strategic Information Management System

These components will be implemented along with a systematic thrust on institutional strengthening of the public health system to address the challenge of HIV/AIDS in the state.

10.3. TARGETING HIGH RISK GROUPS:

These intervention programmes are designed to bring about behavioural change among specific population groups whose risk/vulnerabilities of contacting STI/HIV infections are high. These groups are categorized as Core Groups - Female Sex Workers (FSW), Men who have Sex with Men (MSM) and Injecting Drug Users (IDU) - and Bridge population which includes truckers and migrants. This programme is implemented through the Non-Governmental Organizations (NGOs)/Community Based Organizations (CBOs). During the financial year (2011-12), 71 TI NGOs were functioning under the control of TANSACS. For the current financial year, funds of Rs.16.76 crores has been allotted to implement this program through 94 targeted intervention projects.

10.4. CONDOM PROMOTION:

10.4.1. Condoms are the most effective means for prevention of HIV infection among high risk and general population. TANSACS adopts different strategies to reach out to each group.

- Distribution of free condoms to people through health care institutions, Sexually Transmitted Infection (STI) clinics, outreach programmes, Integrated Counseling & Testing Centres (ICTCs), Anti-Retro Viral Therapy (ART) centres and NGOs.
- Social marketing of condoms through the involvement of condom manufacturers and social marketing organizations.
- Behavioural Change Communication (BCC) to create awareness about safer sexual practices
- Empowering women through promotion of female condoms for interventions that work with FSWs. Female condoms are distributed through Peer Educators at subsidized cost. This helps women to take control of their lives and meets the need for female controlled prevention methods to avoid unwanted pregnancies and infections.

10.4.2. Distribution of Free Condoms:

Approximately, 413 lakh condoms were distributed
through Integrated Counselling and Testing Centres (ICTC), Anti Retroviral Therapy (ART) Centres, Sexually Transmitted Infection (STI) Clinics, Women self-help groups and NGOs / CBOs during the year 2011-12.

10.5. LINK WORKERS SCHEME:

The Link workers scheme is being implemented in 21 districts through NGOs. The programme is designed to reach out to the high risk and vulnerable population in the rural areas. NACO has identified AIDS Prevention And Control Project (APAC) as the lead agency for implementing this programme in Tamil Nadu. A sum of Rs.5.39 crores for implementing the scheme for the current year has been allotted.

10.6. INTEGRATED COUNSELING & TESTING SERVICES:

The Integrated Counseling & Testing Centre (ICTC) is a gateway, entry point for a host of HIV/AIDS related services in prevention as well as care. In Tamil Nadu there are 1471 centres that offer counseling and testing services. TANSACS is supporting 393 stand-alone ICTCs in Medical Colleges and Government Hospitals. 402 ICTCs are supported by NRHM at the block level Primary Health Centres and Community Health Centres. 600 facility-integrated ICTCs at PHC level are also providing counseling and testing services. In order to extend counseling & testing facilities to the remote and inaccessible areas, 17 Mobile ICTC Vans were provided by TANSACS. The Mobile ICTCs are equipped with TV & DVD and is being manned by a Counselor and Lab-Technician to provide counseling & testing services. The Vans are operated by the respective District Red Cross Societies / District AIDS Prevention and Control Units (DAPCUs) under the guidance of the District Collector. During 2012-13, it is proposed to extend the facility-integrated counseling & testing services to another 502 facilities.

10.7. PREVENTION OF PARENT TO CHILD TRANSMISSION (PPTCT):

Mother-to-child transmission is a major route of HIV transmission and spread of infection. The objective of the PPTCT programme is to scale up prevention and care interventions among women of child-bearing age and their families with a package of services which includes primary prevention, family planning, voluntary counseling and confidential testing, anti-retroviral prophylaxis and counseling on infant feeding practices. Central to the process of preventing parent to child transmission is the administration of Nevirapine to pregnant mothers before delivery and to newborn after delivery. Under this programme, adequate supply of the required drugs is ensured in all the PPTCT centres and efforts are taken to ensure compliance to the drug regimen. As a result of these steps, the overall
coverage of pregnant women in the state under this programme has increased significantly. In order to reduce HIV related morbidity/mortality among the newborns, “Early Infant Diagnosis” programme is implemented through 122 ICTCs. The total budget for the ICTC component (exclusive of the PHC component which is funded through NRHM) is Rs.15.33 crores.

10.8. SEXUALLY TRANSMITTED INFECTIONS / REPRODUCTIVE TRACT INFECTIONS (STI/RTI) SERVICES:

10.8.1. STI/RTI clients are more vulnerable to HIV infection (2-9 times). Prevention and control of STI/RTI infections will reduce transmission of HIV infection. Controlling STIs/RTIs helps decrease HIV infection rates and provides a window of opportunity for counselling about HIV prevention and reproductive health. Patients diagnosed with STI/RTI are treated using Syndromic Case Management (SCM). TANSACS supports 156 designated STI clinics in the State. The medical officers and the staff of these clinics are trained to treat STI using SCM. The programme is effectively supervised with the help of the specialists from Venereology, Social & Preventive Medicine, Microbiology and Obstetrics departments.

10.8.2. Regional STI Centre, Madras Medical College, Chennai:

The Institute of Venereology, Madras Medical College, Chennai is the Regional STI Centre. The Regional STI Centre provides specialized services like Etiological diagnosis of STI/RTI syndromic validation and research. Under the regional laboratory, five State Referral Laboratories are functioning and they are in turn linked with 156 DSRCs and TI Projects. The allotted budget for the year 2012-13 is Rs.2.57 crores.

10.9. BLOOD SAFETY:

10.9.1. Blood transfusion services should provide safe and quality blood and blood components to meet the needs of the patients in the state. TANSACS supports 85 blood banks that are functioning in Government Hospitals. A well established network of blood banks and blood storage centres in the state ensures adequate supply and distribution of blood and blood components. The table below gives the total number of blood banks, blood storage centres and blood component separation units functioning in the state.
There are 9 blood component separation units established in various Government Health Institutions in Tamil Nadu namely Govt. Rajiv Gandhi General Hospital, Stanley Medical College Hospital, Kilpauk Medical College Hospital, Institute of Child health & Hospital for Children, Egmore, Chennai, Thanjavur Medical College, Coimbatore Medical College Hospital, Tirunelveli Medical College Hospital, Govt. Vellore Medical College Hospital and Madurai Medical College Hospital. There is a conscious effort to persuade these government medical institutions to increase their use of blood components instead of wasting whole blood. Tamil Nadu has collected 6.43 lakh units of blood through voluntary blood donation in 2011-12, making it one of leading States in the Country in voluntary blood donation. It is significant to note that due to the conscious efforts of the state, the proportion of voluntary blood donation has gone up from 57.3% in 2002 to 94% in 2010-11.

10.9.2. External Quality Assurance Scheme:

Quality Assurance in Laboratory testing is an important component in HIV Testing. A robust quality control system has been established to monitor the quality of HIV testing. National AIDS Control Organization (NACO) provides necessary fund and training to improve the quality of the testing of the blood. Necessary action will be taken to get the recognition of National Accreditation Board for Laboratory Certification (NABL) for the 12 Govt. Medical College State Referral Laboratories functioning in Madurai, Trichy, Salem, Kanyakumari, Stanley Hospital-Chennai, GHTM Tambaram, Theni, Thanjavur, Tirunelveli, Coimbatore, Chengalpattu, and Tuticorin. The allotted fund for the year 2012-13 is Rs.7.39 crores.

10.10. INFORMATION, EDUCATION & COMMUNICATION (IEC):

10.10.1. The communication strategies of TANSACS which were designed to create awareness have been very successful in effectively reaching out to the high risk, vulnerable and general population. In terms of awareness impact, a plateau
has been reached and TANSACS has now shifted the focus of its communication strategies to effecting behavioural change,

10.10.2. With the shift in focus, IEC activities are now tailored to ensure Inter Personal Communication (IPC). This approach has led to an increase in the uptake of services. Considerable success has been achieved in reducing the myths and misconceptions surrounding HIV/AIDS in our Society. IEC interventions have also helped to reduce stigma and discrimination associated with HIV/AIDS.

10.10.3. The tools for IEC include printed material – manuals for education and training, flip books with photographs and other illustrations, posters, handbills, pamphlets, banners, stickers and danglers, messages on T-shirts, headbands and caps; electronic material – songs, stories and messages broadcast on radio and TV, cinema slides, audio and video tapes; wall paintings and folk art performances; regional and state level competitions; capacity building and peer education courses. TANSACS conducts ongoing awareness campaigns to reach out to the high risk groups, vulnerable groups and general public. To create awareness among the youth, adolescents and women, a folk media programme "Nam Nalam Nam Kaiyil" was conducted through folk arts namely Karakattam, Oyilattam and Puppet show for 100 days and it has reached 18 lakhs people. A sum of Rs.9.37 crores has been allotted for the I.E.C. activities for the year 2012-13.

10.10.4: Mobile IEC Vans:

The Mobile IEC Vans were introduced to reach out to the difficult to reach populations with HIV/AIDS messages. The vans, which are equipped with Audio Visual aids, IEC panels, pamphlets/posters, condom vending machine etc., are intended to attract people and impart information through interactive materials. These mobile IEC vans are operated in Madurai and Chennai districts. The mobile IEC vans are operated by the Red Cross Society under the guidance of the respective District Collectors.

10.10.5. Empowering Rural Women to fight HIV/AIDS:

Women are more vulnerable to HIV infection because of their limited role in decision making and limited opportunity to discuss issues related to sex and sexuality. UNAIDS, the Joint United Nations Programme on HIV/AIDS, estimates that 50% of new infections occur among women. In this context, informing women about sexual health and empowering them to make decisions and negotiate with their partners on condom use becomes essential. 18 lakh Women belonging to 1.12 lakh women Self-Help Groups in 16 districts of Tamil Nadu have been trained on STI/HIV/AIDS
prevention. This program is being implemented through Tamil Nadu Women Development Corporation Ltd. (TNCDW). The objectives of the programme are:

- To decrease women’s vulnerability on issues related to HIV/AIDS;
- To empower women to make informed decisions about their sexual and reproductive health rights;
- To increase their knowledge of sexually transmitted infections (STI) and HIV/AIDS;
- To make them aware of the HIV/AIDS services provided by TANSACS;
- To reduce the stigma and discrimination among the PLHIVs in the society.

10.10.6. Police Advocacy in Tamil Nadu:

Sensitization of key stakeholders is an important component of HIV/AIDS prevention strategy. The police department plays an important role in dealing with issues related to high-risk groups - Sex Workers (SW), Men having Sex with Men (MSM), Injecting Drug Users (IDUs) and Trans-gender. A one-day HIV/AIDS sensitization training is regularly conducted by TANSACS for all the policemen in Tamil Nadu. Over the past three years (2008-11), 129 higher officials of the police department, 5372 Inspectors and Sub-Inspectors, 12,714 Head Constables, 11,000 Trainee constables and 28,222 constables have been sensitized.

10.10.7. Enhancing Awareness among Young People:

About 31% of HIV burden in India is among the age group of 15-29 years. TANSACS works with the young and adolescent population through the following programmes.

10.10.7.1 Life Skills Education Programme:

10,006 High and Higher Secondary Schools are covered through the Life Skills Education Programme. Life Skill education is imparted to students studying in class IX and XI. The Objective of the programme is to reduce HIV infection among youth by raising their risk perception through behaviour change communication. It also aims to prepare the youth as peer educators and agents of change in the community.

10.10.7.2. Red Ribbon Club in Colleges:

The Red Ribbon Club (RRC) Programme is being implemented by TANSACS to reach out to the young people who are studying in colleges. This programme is a voluntary on-campus intervention, aimed at heightening the risk perception and
preventing HIV among youth. Red Ribbon Clubs have become a powerful medium to reach out to young people.

- 2337 RRCs have been established in Arts & Science, Engineering, Polytechnic, B.Ed Colleges & in Teacher Training Institutes
- 1,00,000 students have registered as Voluntary Blood Donors

A ten hour classroom module ‘Celebrating Life’ has been prepared based on this programme and is now being included in the curriculum at the university level. Bharathidasan and Madurai Kamarajar Universities have included this module in their curriculum, and other universities are being encouraged to do the same.

10.10.8. **Hello Plus - Toll Free Helpline**

Hello Plus, a toll-free helpline number (1800-419-1800) which is functioning as a Public Private Partnership model provides HIV/AIDS related information. This programme which was initiated under the APAC Project in 2008, has been transitioned to TANSACS from April 2011.

10.11. **CARE, SUPPORT & TREATMENT:**

10.11.1. **Anti Retroviral Therapy (ART):**

ART is given to increase the life span and improve the quality of life of people living with HIV/AIDS. Effective ART regimens inhibit the replication of the HIV virus and reduce viremia to undetectable levels. Reduced frequency of opportunistic infections significantly reduces the cost of management of the disease for the patient.

10.11.1.1. **Objectives:**

The main objective of ART is to provide comprehensive services to eligible persons with HIV/AIDS. The specific objectives of an ART centre are:

- Identify eligible persons with HIV/AIDS requiring ART.
- Provide free ART drugs to eligible persons living with HIV/AIDS.
- Provide counseling services before and during treatment for ensuring drug adherence.
- Educate patients and family members on nutritional requirements, hygiene and measures to prevent transmission of infection.
♦ Refer patients requiring specialized services or admission;
♦ Provide a comprehensive package of services including condoms and prevention education.

10.11.2. The Free Treatment Initiative:

On 1st April 2004, the Government of India launched the free ART Scheme, in eight Government hospitals in six high-prevalence states as a new initiative. The Government Hospital of Thoracic Medicine, Tambaram, was one of the centres identified to implement the free ART roll-out. Within 8 years, the number of centres has increased to 43 in Tamil Nadu. These centres provide ART free of cost to all eligible People Living with HIV/AIDS (PLHA). A direct correlation is evident between the increase in number of ART centres and PLHA registration. 1.94 lakh persons are currently registered with the 43 centres. Of these, free ART has been initiated for 96,869 (till Feb.2012). Of these, 60,124 patients are on first line ART and 700 patients are on second line ART from 5 centres in Tamil Nadu. In addition to the existing ART services, there are 90 Link ART Centres in selected ICTCs. This facility is extended to the patients already on ART to get drugs and counseling in the Link ART, which is closer to their place of residence.

10.11.3. Continuum of Care:

The eligible People Living with HIV / AIDS (PLHA) and those already on ART medications are being provided counseling and support through ART Centres, Community Care Centres and other support services like Drop-in centres. The ART medicines adherence is monitored and follow up clients are given counseling for benefits and adverse effects of medicines through ART Counsellors, Care Co-ordinators and outreach workers. The PLHA’s are made to understand the importance of 100% consumption of ART medicines as prescribed and advised to visit ART for refill of tablets once in a month or once in two months.

10.11.4. Community Care Centres:

The Community Care Centres (CCC) which are run through NGOs and People living with HIV (PLHIV) Networks provide inpatient service, counseling and clinical support for treatment of minor opportunistic infections for people infected with HIV mainly referred from ART centres. Presently, there are 30 CCCs operational in Tamil Nadu (28 Adult CCCs + 1 Pediatric CCC & 1 CCC for Transgenders at Kancheepuram). The allotted fund for ART services and Community Care Centres for the year 2012-13 is Rs.15.84 crores.
10.11.5. Drop in Centres (DIC):

Support from family, community and fellow PLHA has been found to be both necessary and effective for people living with HIV. The important objective of the Drop In Centre is to improve the quality of life and to provide psycho-social support to People Living with HIV. There are 38 Drop-In-Centres in Tamil Nadu, out of which 5 are meant exclusively for women. The DICs are managed by PLHIV networks. This programme has been budgeted under I.E.C. programme.

10.12 LEGAL AID CLINIC FOR PEOPLE LIVING WITH HIV/ AIDS IN TAMIL NADU (LACTN):

Even though the prevalence of HIV/AIDS is on the decline in Tamil Nadu, People Living with HIV/AIDS(PLHA) face various social problems. In order to provide free legal services to the PLHIV, TANSACS in partnership with the Tamil Nadu State Legal Services Authority is supporting Legal Aid Clinics. Free legal aid clinics have been established in 16 districts - Namakkal, Dindigul, Madurai, Cuddalore, Tirunelveli, Tuticorin, Dharmapuri, Salem, Krishnagiri, Theni, Kanyakumari, Villupuram, Tiruchirappalli, Tiruppur, Karur and Chennai. There is a plan to extend this programme to the remaining districts.

10.13.1. Strategic Information Management System:

A new web based reporting “Strategic Information Management System (SIMS)” was developed as a mechanism for improving computerized reporting. It was rolled out in Tamil Nadu on 15 Sep, 2011 by the National AIDS Control Organisation. Integrated Biological and Behavioural Survey (IBBS), Behavioural Surveillance Survey and HIV sentinel surveillance (HSS) are conducted periodically to understand the pattern of HIV transmission and associated behaviours in the state.

10.13.2. Sentinel Surveillance:

The HIV sentinel surveillance program monitors trends in HIV infection by place, by group and by time, through testing of blood samples. The testing is done by the unlinked anonymous method. In Tamil Nadu HIV sentinel surveillance was conducted in 121 sites during (2010-11). During 2012-13, it is proposed to include 12 new sites for surveillance. The allotted fund for the year 2012-13 is Rs.1.18 crores.
10.14. DISTRICT AIDS PREVENTION AND CONTROL UNIT:

To decentralize the Programme Management of HIV/AIDS activities up to the District/sub district level, National AIDS Control Organization (NACO) under National AIDS Control Programme (NACP) III has established District AIDS Prevention and Control Units (DAPCU). DAPCUs have been established in 29 A & B category districts in Tamil Nadu.

10.15. TAMIL NADU TRUST FOR CHILDREN AFFECTED WITH AIDS:

The Tamil Nadu Government has registered a Trust for the children orphaned partially or fully by HIV. This Trust provides financial assistance for nutrition, education, medical expenses to the children who have lost their father/mother or both due to HIV. An amount of Rs.5.00 crores has been allotted to this Trust. Out of this, Rs. 4.50 crores has been deposited with the Tamil Nadu Power Finance Corporation Limited. The interest received on this deposit is utilized towards providing financial assistance to the orphan and vulnerable children. 1549 children infected/affected by HIV/AIDS have been provided support under this programme.

Chapter – 11

TAMIL NADU MEDICAL SERVICES CORPORATION

11.1. ORGANISATION:

With an endeavour to improve the public medical services in the state, the Tamil Nadu Medical Services Corporation (TNMSC) Limited was incorporated as a Company under the Companies Act, 1956, on 01.07.1994. The primary objective of the TNMSC is to procure and supply drugs to various medical institutions in the State. Over a period of time, in addition to drugs and medicines, the role of TNMSC has expanded to include procurement and supply of equipment for the use of the health department. In addition, TNMSC is also involved in the provision of diagnostic and other medical services through the maintenance of CT/MRI Scan Centres at various Government Hospitals and payment wards at Rajiv Gandhi Govt. General Hospital, Chennai and IOG, Chennai etc. It is now an ISO 9001:2008 Certified Organization.

11.2. PROCUREMENT, STORAGE & DISTRIBUTION OF DRUGS:

11.2.1. Procurement:

The TNMSC procures essential drugs and medicines, new generation speciality drugs and
surgical & suture items from reputed manufacturers through a transparent tender system. TNMSC also procures drugs and chemicals for the Animal Husbandry Department.

11.2.2. Storage & Distribution:

The Corporation has a district level network of warehouses to store the drugs in a scientific manner. The Government Medical Institutions are provided with pass books based on the allotment made by the respective Head of Departments to enable the institutions to draw their requirement of drugs and medicines from the warehouse to which they are attached. The Corporation maintains about 4 months’ physical stock in the warehouses and 2 months’ stock in the pipeline for ensuring uninterrupted supply of medicines to hospitals. The warehouse wise requirement of drugs, placing of supply orders and distribution of drugs is monitored online by use of Information Technology.

11.2.3. Quality Assurance:

The Corporation has established a Quality Control Section to ensure the quality of drugs procured. The Quality Control Section draws samples from each batch of supply and get them tested in the empanelled analytical laboratories (selected through open tender system) to ensure the quality of drugs. Only the drugs which pass quality tests are issued to the medical institutions. The quality control measures are constantly being upgraded to meet the new challenges in the field and to maintain the quality of drugs available in the health institutions.

11.3. SERVICE ACTIVITIES:

11.3.1. Operation of CT and MRI Centres:

The Corporation is maintaining 48 CT Scanners including one 128 slice CT Scanner and two 64 slice CT scanners at 41 Centres in Government Hospitals. This Corporation is also maintaining 10 MRI Scan Centres, one each at Rajiv Gandhi Government General Hospital, Chennai, Government Rajaji Hospital, Madurai, Government Stanley Hospital, Chennai, Government Medical College Hospitals at Coimbatore, Thanjavur, Trichy, Tirunelveli, Vellore, Salem and Government Hospital at Erode and providing scanning facility to the public at nominal charges.

11.3.2. Maintenance of Lithotripsy Machines:

The Corporation is maintaining 2 Lithotripsy machines, one each at Govt. General Hospital, Chennai and Govt. Rajaji Hospital, Madurai.
11.3.3. Logistic support to payment wards:

TNMSC acts as custodian of funds and provides logistic support out of the revenue generated for the pay wards functioning in the following hospitals.

a) The ISO 9001 certified GI Bleed and Hepato Biliary Centre in the Surgical and Gastroentrology Department in Government Stanley Hospital, Chennai now upgraded as Liver Transplant Centre.

b) Maternity Pay ward in IOG, Egmore, Chennai (established in Feb 2003).

c) Maternity Pay ward at Kasturba Gandhi Hospital for Women and Children, Chennai (established in May 2004).

d) Pay ward at Rajiv Gandhi Government General Hospital, Chennai.

e) Master Health Checkup Centre at Rajiv Gandhi Government General Hospital, Chennai.

11.3.4. Regional Diagnostic Centres:

Tamil Nadu Medical Services Corporation Ltd., is maintaining 7 Regional Diagnostic Centres at Government Headquarters Hospitals i.e. Villupuram, Virudhunagar, Thiruvannamalai, Tiruppur, Ramanathapuram, Namakkal and Pudukottai.

11.3.5. Construction of Warehouses:

TNMSC is having scientifically designed and constructed Drug Warehouses at 25 convenient locations in 24 district headquarters in the state. Action has been initiated to construct 4 more warehouses at Perambalur, Krishnagiri, Namakkal and Tiruppur.

11.3.6. Purchase and Supply of Medical Equipment:

Specialized and high technology medical equipments, required for the Government Hospitals and other health institutions are procured and supplied by TNMSC based on specific Government Orders. Further, TNMSC is the procurement agency for the Tamil Nadu Health Systems Project, aided by World Bank. The World Bank is actively considering the engagement of TNMSC as an authorized procurement agency in respect of procurement of Drugs and Medicines, Equipments for their projects in other States.

11.3.7. Consultancy Services:

TNMSC is a well known brand name in Drug Logistics and Warehousing for the whole country. It is an exemplar for many other states in the country who have approached the corporation for consultancy services. TNMSC has taken up and
completed the consultancy works for the Government of Andhra Pradesh and Rajasthan. For the State of Madhya Pradesh, TNMSC has rendered consultancy services during 2010-11 for the procurement activities both for drugs and for equipments.

11.4. NEW INITIATIVES TAKEN BY TNMSC:

11.4.1. Intra Dermal Route of Administration of Anti Rabies Vaccine (ARV):

In respect of Anti Rabies Vaccine, the state has so far been following Intra Muscular Route of Administration of Anti Rabies Vaccine which is a single dose vaccine. Now, as suggested by the Drugs Controller of India, we have switched over to Intra Dermal Route of Administration of Anti Rabies Vaccine with effect from September 2008. This is not only an effective method but has also ensured cost savings by more than 50% of annual expenditure towards ARV.

11.4.2. Connecting the existing Inventory Management System for Drugs and Medicine as Online system:

Out of the 25 TNMSC Drug Warehouses, 24 Drug Warehouses have been provided with BSNL Broadband Connectivity and connected with TNMSC Head Office. Now, the data are being transferred from Drug Warehouses to TNMSC Head Office, once every 2 hours.

11.4.3. Bar-coding of Packages:

TNMSC has introduced the system of Bar-coding on the packages which is of great help to account the issue and receipt of stock faster and avoid errors in such accounting by manual mode.

11.4.4. Computerized Entry in Pass book and Bin Card:

To avoid the possibility of errors in posting and also to maintain bin cards up to date, it is proposed to introduce computerized printing of Pass book and Bin Card during the current year.

11.4.5. User Friendly Web site:

The TNMSC is maintaining a web site www.tnmsc.com. User name and password have been provided to all the stake holders and suppliers for specific purposes besides posting salient information about the organization.
11.5. **PROPOSED MAJOR PROGRAMMES AND PLAN OF ACTION:**

i. It is proposed to procure and operate 8 more new CT scan centres in the Government Hospitals at Pollachi, Kovilpatti, Kallakurichi, Wallajah, Tenkasi, Padmanabhapuram, Usilampatti and Mettur dam with state funds.

ii. It is proposed to procure and install 4 MRI with state funds at Kilpauk Medical College Hospital, Chengalpet Medical College Hospital, Dharmapuri Medical College Hospital and Villupuram Medical College Hospital.

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**Chapter – 12**

**TAMIL NADU STATE HEALTH TRANSPORT DEPARTMENT**

12.1. The origin of this department dates back to the year 1959 when six mobile repair units started functioning under the control of a Transport Officer exclusively for the maintenance of vehicles of the Health Department. In 1971, the Government of India, evolved an All India pattern, based on which the State Health Transport Organization came into existence in Tamil Nadu. The Tamil Nadu State Health Transport Organization was formed into a separate Directorate in 1981 for the effective maintenance of vehicles of the Health and Family Welfare Department. This Department was converted as the Tamil Nadu State Police Transport Workshop in 1995 and the vehicles of the Health and Family Welfare department were brought under the control of the Motor Vehicles Maintenance Department for maintenance. This policy was reversed and the Tamil Nadu State Health Transport Department was revived and restored back to its original form from 1.1.1997 with the Police vehicles again being brought under the Motor Vehicle Maintenance Department. At present, seven Regional Workshops, nine District Workshops and twenty nine Mobile Workshops, four Mini Workshops and one Reconditioning Unit are functioning under the Administrative Control of this Department. Currently, the Department maintains
2650 vehicles attached to the various Directorates of Health and Family Welfare Department.

Department wise Fleet:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Directorate</th>
<th>Fleet Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public Health and Preventive Medicine</td>
<td>1325</td>
</tr>
<tr>
<td>2</td>
<td>Medical and Rural Health Services</td>
<td>488</td>
</tr>
<tr>
<td>3</td>
<td>Medical Education</td>
<td>288</td>
</tr>
<tr>
<td>4</td>
<td>Family Welfare</td>
<td>481</td>
</tr>
<tr>
<td>5</td>
<td>Drug Control</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Indian Medicine and Homoeopathy</td>
<td>10</td>
</tr>
<tr>
<td>7</td>
<td>Tamil Nadu State Health Transport Department</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2650</td>
</tr>
</tbody>
</table>

12.2. FUNCTIONS OF THE DEPARTMENT:

The major function of this Department is the maintenance of vehicles of various Directorates attached to the Health and Family Welfare Department in an effective and economical manner. It also acts as a repository for all data related to vehicles maintained by it. In co-ordination with the vehicle owning officers, this Department identifies aged and obsolete model vehicles that are uneconomical for further retention and takes steps for their condemnation and speedy disposal. If requested, this Department short-lists and recommends the right type/ make of vehicles to be purchased by the concerned Directorates based on the requirements of the vehicle using officers. Overall, this Department, with its expertise in the field of fleet management, provides complete solutions to all vehicle related problems encountered by the Health and Family Welfare Department. Apprenticeship training is also imparted by this Department to 45 I.T.I. Certificate holders, 29 Diploma holders and 17 B.E. Graduates sponsored by the different authorities every year.

12.3. ACTIVITIES OF THE REGIONAL / DISTRICT / MOBILE WORKSHOPS:

- Each of the 7 Regional Workshops at Chennai, Salem, Madurai, Comitatore, Trichy, Tirunelveli and Vellore maintains a fleet of around 400 Vehicles each.
- 9 District Workshops at Chengalpattu, Dharmapuri, Virudhunagar, Udha-gamandalam, Erode, Thanjavur, Pudukottai, Nagercoil and Villupuram and 29 Mobile Workshops that are spread all over the State function to assist the Regional Workshops in maintaining the vehicles in an effective manner.
- The Mobile Workshops undertake camps based on their Advance Tour Programme
and render periodical servicing and execute minor repairs, if found necessary, in the premises of the hospitals and health facilities.

- If the nature of repairs in a vehicle is beyond the capacity of the Mobile workshops, the required major repairs are executed in the nearby Regional or District Workshop.

12.4. IMPROVEMENT IN THE PERFORMANCE:

Several tools and machinery that are required for undertaking complicated repair works have been installed in the Workshops attached to this Department. With these facilities, the down time required to carry out the works have been drastically reduced which in turn has facilitated in the early delivery of vehicles. Computers have also been installed to expedite the activities of all the Workshops of this Department. As a result, the percentage of fleet in operation which was 72.6% at the beginning of the formation of this Department in the year 1981 has progressively improved to 97% in the Year 2011-12.

12.5. NEW SCHEMES FOR THE YEAR 2012 - 2013.

i. Construction of Workshed at District Workshop (H), Nagercoil at a cost of Rs.10 lakhs.

ii. Purchase of 10 Computers for the Tamil Nadu State Health Transport Department at a cost of Rs.5 lakhs.

iii. Purchase of one number of 2 post hoist for Regional Workshop (H), Trichy at a cost of Rs.2.2 lakhs.

Dr. V. S. VIJAY
Minister for Health