



**HEALTH & FAMILY WELFARE DEPARTMENT**

**POLICY NOTE**

**ON**

**HEALTH AND FAMILY WELFARE**

**2007 - 2008**

**Demand No.19 : Health & Family Welfare**

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**POLICY NOTE  
ON  
HEALTH AND FAMILY WELFARE - 2007-2008**

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Government of Tamil Nadu

2007

## Chapter - 1 INTRODUCTION

“உற்றான் அளவும் பிணியளவும் காலமும்  
கற்றான் கருதிச் செயல்”

(A doctor of skills makes sure to know the patient,  
the sickness and the time best for treatment)

Ayyan Thiruvalluvar has written the above wonderful Thirukkural. This Thirukkural has been explained below by Hon'ble Chief Minister Dr.Kalaignar during the inaugural speech made on the opening of new Gastro-enterology department building at Government Stanley Medical College Hospital at Chennai on 15.04.2007:-

“The modern sophisticated facilities should be made available to all the people including the poor and downtrodden without any discrimination, for which substantial funds have been provided to this department.”

1.1. The Primary objective of this Government is to actively promote the welfare of the people by extending promotive, preventive, curative and rehabilitative health care services. To achieve the objective, the Government have taken steps to improve the health care delivery system so that it can reach the poorest section of the society by construction of buildings to provide for more beds, provision of sophisticated equipments, provision of specialised services, enhancing the strength of the medical as well as paramedical personnel and by improving the quality of services rendered. The Government headed by Dr.Kalaignar has fully committed to provide quality medical care services to all sections of the society at free of cost in the State. The increase in attendance of inpatients and outpatients certifies that the people have tremendous faith in the treatment being given by Government Hospitals.

1.2. This Government have taken effective steps for providing modern diagnostic equipments such as C.T. Scan, MRI Scan, Digital X Ray, 64 Slice C.T. Scan, Semi Auto Analyser and Multi Slice C.T. Scan to the Government Hospitals in comparing with the private medical institutions. Provision of Lithotripsy equipments for the removal of kidney stone is another achievement in providing modern treatment to the poor people.

1.3. The 'Varumun Kappom' Scheme has been revived to facilitate early detection and treatment of illness. This scheme envisages conduct of 9,000 medical camps by teams of medical experts all over the State and 1070 medical camps have been conducted so far. This scheme, which has been widely, welcomed by the public and so far 11,62,647 persons have been benefited.

1.4. In pursuance of this Government's policy that every district should have a medical college, sanction has been accorded last year to establish a new medical college at Villupuram and preliminary works for the same are underway. Similarly, two new medical colleges will be established during this year at Thiruvarur and Dharmapuri at a cost of Rs.100 crores each.

1.5. The infrastructure facilities of Medical College Hospitals in the State will be improved at a cost of Rs.50 crores. Additional buildings will be constructed for Institute of Child Health attached to Madras Medical College and Royapettah Government Hospital attached to Kilpauk Medical College at estimated costs of Rs.14 crores and Rs.10 crores respectively. In addition, construction of hostel and other infrastructure improvement works will be taken up in Chengalpattu, Tirunelveli, Thanjavur, Trichy, Madurai, Kilpauk, Stanley Medical Colleges and Madras Dental College at a cost of Rs.21 crores. Hostels will be constructed for 5 Nursing Schools at Government General Hospital in Chennai, Stanley Medical College, Coimbatore Medical College, Government District Headquarters Hospitals at Ramanathapuram and

Udhagamandalam, at a cost of Rs.one crore each, totalling Rs.5.00 crores.

1.6. With a view to transporting patients and pregnant women in rural areas in time for emergency medical care, orders have been issued to provide 24 hours ambulance service in all Blocks under the Tamil Nadu Health Systems project. Under this project, 187 Blocks have been so far provided with new ambulances. Remaining 198 Blocks will be provided with new ambulances at a cost of Rs.21 crores.

1.7. Dr.Muthulakshmi Reddy Maternity Assistance Scheme was launched by Hon'ble Chief Minister for providing cash assistance of Rs.6,000/-, for the pregnant women from below poverty line families to compensate the loss of wages, for nutritional supplementation, to avoid low birth weight babies. Under this scheme 2,41,095 pregnant women have been benefited and Rs.100 crores have been distributed so far. In the current financial year, a sum of Rs.120 crores have been provided for this scheme in the Budget 2007-2008. This scheme has been extended to Sri Lankan pregnant women refugees.

1.8. 66 Headquarters Hospitals have been upgraded into Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Centres under the Tamil Nadu Health Systems Project. In the current year, another 32 hospitals will be upgraded. Specialist doctors like Paediatricians, Anaesthetists and Obstetricians will be made available in these Centres.

1.9. A sum of Rs.193 crores has been allocated for procurement of medicine for all the hospitals in the State in the current year.

1.10. Under National Rural Health Mission (NRHM), it is proposed to establish a premier institution under Madras Medical College as RCH Centre of Excellence at a cost of Rs.100 crores. It is proposed to improve the infrastructure and Patient Welfare Amenities of the Institute of Obstetric and Gynaecology (IOG), Egmore and Government Kasturbha Gandhi Hospital (KGH) for Women and Children, Triplicane

into a Centre of Excellence. This Centre of Excellence will serve as premier training institute for the entire country. The Institute aims to conduct RCH training to primary, secondary and tertiary care medical and paramedical staff. It is proposed to train 1000 medical and paramedical personnel every year all over India. Hence it is inevitable to accommodate these trainees and to provide a comprehensive training facility. It is also proposed to improve the two training centres namely Health & Family Welfare Training Centre, Egmore and Multipurpose Health Supervisors Training Centre, Triplicane.

1.11. The provision for Health and Family Welfare Department under Demand No.19 for 2007-2008 is Rs.2285.88 crores as detailed below:-

(Rs. in Crores)

Demand	Non Plan	Plan			Total
		State Plan	Centrally Sponsored	Shared between Centre and State	
(1)	(2)	(3)	(4)	(5)	(6)
19 Health & Family Welfare Department	1644.48	374.93	261.27	5.00	641.20

Demand	Total Plan and Non Plan	Add Recoveries	Total
(1)	(7)	(8)	(9)
19 Health & Family Welfare Department	2285.68	0.20	2285.88

This includes Rs.2231.20 crores on the Revenue Account and Rs.54.68 crores on the Capital Account. The provision on the Revenue Account, works out to 5% of the total Revenue Expenditure of Rs.44633.66 crores in the Tamil Nadu State Budget for the year 2007-2008.

1.12. The directorate-wise provision for 2007-2008 made under Demand No.19 Health and Family Welfare Department is as follows:-

(Rs. in lakhs)

1	Secretariat	466.45
2	Directorate of Medical and Rural Health Services	37405.81
3	Directorate of Medical Education	71420.11
4	Directorate of Public Health and Preventive Medicine	79226.38
5	Directorate of Family Welfare	8017.69
6	Directorate of Drugs Control	653.59
7	Commissionerate of Indian Medicine and Homeopathy	7904.80
8	Tamil Nadu State Health Transport Department	1243.38
9	Reproductive and Child Health Project	352.25
10	Tamil Nadu Health Systems Project	21897.27
	<b>Total</b>	<b>228587.73</b>

Note:

- Apart from the above provision, funds towards Civil Works being undertaken by Public Works Department have been provided to the tune of Rs.134.79 crores under Demand No.39.
- Provision towards ESI Scheme Hospitals for Rs.112.01 crores has been made in the Labour and Employment Demand No.32.

**1.13. New Schemes for the year 2007-2008:**

It is proposed to implement 20 new schemes (Part-II Schemes) at a total ultimate cost of Rs.492.91 lakhs. The Directorate-wise details are furnished below:-

(Rs. in lakhs)

Sl. No.	Directorate	No. of Schemes	Ultimate Cost	Cost for 2007-2008
1	Secretariat	1	10.00	10.00
2	Directorate of Medical Education	5	350.87	350.87
3	Directorate of Medical and Rural Health Services	1	1.06	1.06
4	Commissionerate of Indian Medicine and Homeopathy	5	46.28	34.39
5	Directorate of Public Health and Preventive Medicine	1	70.00	70.00
6	Directorate of Family Welfare	2	7.80	7.80
7	Directorate of Drugs Control	2	3.60	3.60
8	Tamil Nadu State Health Transport Department	3	3.30	3.30
	<b>Total</b>	<b>20</b>	<b>492.91</b>	<b>481.02</b>

1.14. Details of the New 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 (D.M.E) is functioning from July 1966. The prime responsibilities of the Directorate are:

- 1) Development of Medical Education.
- 2) Administration of Medical Colleges and Teaching Hospitals.
- 3) Effective supervision of Selection Committee for admission to specified Medical and Nursing Courses of Study.

### 2.2. MEDICAL INSTITUTIONS:

At present 14 Government Medical Colleges, 1 Government Dental College, 2 Physiotherapy colleges, 2 B.Sc. Nursing Colleges and 21 Schools of Nursing (Diploma) (13 under the control of Director of Medical Education and 8 under the control of Director of Medical and Rural Health Services) are run by the Government. A total of 44 hospitals attached to various medical colleges are functioning under the control of Director of Medical Education. The total bed strength of these hospitals is 22461. The daily average inpatient and outpatient strength are 22375 and 72560 respectively. Medical Education is provided in both Government and Private institutions in the State. The relevant data is presented in Tables 1 and 2 below:

**Table 1 : Number of seats available in each course in Government sector:**

(a) Number of seats available in undergraduate / diploma courses:

Name of the Course	No. of seats
M.B.B.S.	1645
B.D.S.	100
B.Sc. (Nursing)	75
Post Basic B.Sc. (Nursing)	40
B.P.T.	50
B.Pharmacy	110
Dip. in Nursing (Stipendary:645; Non-Stipendary:1150)	1795

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

Courses	No. of Specialties	Total intake capacity
P.G. Degree	23	429
P.G. Diploma	15	460
M.D.S	7	34
Higher Specialties	14	69
M. Pharmacy	4	32
M.Sc., (Nursing)	4	8

**Table 2: Number of self-financing Medical and Para Medical Institutions functioning in the Private Sector:**

Colleges	No. of Colleges	No. of seats
IRT Medical College, Perundurai (Quasi Government College)	1	60
Medical Colleges- M.B.B.S.	3	350
Dental Colleges	7	520
Bachelor of Pharmacy (B.Pharm.)	33	1815
Bachelor of Physiotherapy (B.P.T.)	34	1710
Bachelor of Science (Nursing)	40	1965
Bachelor of Occupational Therapy (B.O.T.)	4	200
D.Pharm. to B. Pharmacy (Lateral Entry 10%)	33	181

### 2.3. Selection Process:

2.3.1. Government have taken a policy decision to make admission to professional courses in the State, based on the marks obtained in qualifying examination i.e. '+2' examination, on merit through Single Window System. An Act has been passed in the State Legislature. The President has given his assent. Hence, selection to MBBS/Bachelor of Dental Surgery/ Bachelor of Science (Nursing)/ Bachelor of Physiotherapy/Bachelor of Occupational Therapy/Bachelor of Pharmacy courses will be done by the selection committee under Single Window System following the rule of reservation

in accordance with the policy of Government. Admission to Postgraduate Diploma, Degree, MDS and Higher specialties course is done by the Selection Committee through a common entrance examination followed by counselling, adopting the rule of reservation. Admission to diploma courses in Nursing is also done by the Selection Committee on Merit basis (+2 marks) followed by counselling and adopting the rule of reservation.

2.3.2. The seat sharing between the Government and the Management in Self-financing college will be made as follows:-

Status	Government	Management
Non-Minority	65%	35%
Minority	50%	50%

#### 2.4. New Government Medical Colleges:

In pursuance of this Government's policy that every district should have a medical college, sanction has been accorded last year to establish a new medical college at Villupuram and preliminary works for the same are underway. The Special Officer/Dean has been appointed to process the preliminary work for starting the new Government Medical College at Villupuram. Necessary land for construction of building has been identified. The Government have sanctioned a sum of Rs.12.00 crores for the construction of buildings. An application has been sent to Government of India / Medical Council of India for approval. The Government have issued orders to transfer the Government Headquarters Hospital at Villupuram to the control of Director of Medical Education along with the infrastructure facilities. Similarly, two new medical colleges will be established at Thiruvavur and Dharmapuri at a cost of Rs.100 crores each.

#### 2.5. New Dental, Nursing and Physiotherapy Colleges:

2.5.1. The Government have issued orders to consider the request of Private Trusts for issue of permission to start

Dental/B.Sc., (Nursing)/Diploma in Nursing and other para-medical courses in rural areas of the State on merits taking into account of existing guidelines The Government have also decided to permit the request of the private Trust/Societies for increase of seats in the existing Colleges from 50-100 seats in B.Sc., (Nursing) Course and 20-40 seats in Diploma in Nursing course.

2.5.2. Earlier, new B.Sc. Nursing / Diploma in Nursing / DMLT courses in Government Institutions were started on self-funding pattern. As per the new policy of the Government, all self-funding courses have been converted into regular courses. The revised fee fixed are as follows:-

B.Sc. (Nursing)	:	Rs.1,200 per annum
Diploma in Nursing/CMLT/DMLT	:	Rs.200 per annum

2.5.3. Proposal for increase of seats in B.Sc., (Nursing) course from 25-50 at Madras Medical College, Chennai and M.Sc. (Nursing) course from 8 to 100 in Madras Medical College and starting M.Sc. (Nursing) course at Madurai Medical College is under consideration. The existing seats in certificate courses have been increased from 2700 to 5000. 125 seats in Diploma in Nursing have been created exclusively for SC/ST students.

2.5.4. Hostels will be constructed for 5 Nursing Schools at Government General Hospital in Chennai, Stanley Medical College, Coimbatore Medical College, Government District Headquarters Hospitals at Ramanathapuram and Udhagamandalam, at a cost of Rs.one crore each, totalling Rs.5.00 crores.

#### 2.6. Starting of D.N.B. Courses in Tamil Nadu Government Medical Colleges/ Government Headquarters Hospitals:

In order to give due opportunities to young doctors to pursue higher studies, Government have decided to start D.N.B. / P.G. Courses. Government of Tamil Nadu have

permitted to start D.N.B. Courses which is equivalent to M.D./M.S. in 14 Government Medical Colleges under the control of Directorate of Medical Education and 29 District Headquarters Hospitals under the control of the Directorate of Medical & Rural Health Services. Inspection has been conducted for 68 courses by the National Board of Examination. Approval from the National Board will be obtained soon.

### **2.7. Increase of Post Graduate seats in Government Medical Colleges:**

2.7.1. Proposals have been sent to Government of India for starting / increase of seats in 74 Post Graduate courses. These proposals are in various stages, viz. inspection by Medical Council of India etc.

2.7.2. Medical Council of India has recommended to Government of India to issue letter of permission for 28 courses out of 70 courses for which, inspection have been conducted for starting the courses during the academic year 2007-2008. Necessary compliance reports have been sent to Medical Council of India for starting of 5 courses out of 42 courses.

### **2.8. Reservation in P.G. Courses:**

At present, 50% of seats are surrendered to All India Quota, which will be allotted by Director General of Health Services, New Delhi. For these seats reservation is allowed only for SC/ST candidates. Reservation to OBC candidates is not allowed for allotment under All India Quota. Hon'ble Chief Minister has written a letter to Hon'ble Prime Minister stressing the need to follow 27% reservation to OBC candidates as is being followed by the Indian Institute of Technology / Indian Institute of Management. From the current year, the Government have decided to follow reservation by roster system in certain P.G. courses where reservation could not be followed in previous years, strictly as the number of seats is less than eight.

### **2.9. Government Mohan Kumaramangalam Medical College Hospital, Salem is to be upgraded on par with All India Institute of Medical Sciences at New Delhi for bringing Tamil Nadu as first in Medical Science:**

The Central Government have proposed to upgrade the Government Mohan Kumaramangalam Medical College Hospital, Salem to the level of All India Institute of Medical Sciences, New Delhi under 'Pradhan Mantri Swasthya Suraksha Yojana' Programme. They have also proposed to invest Rs.100.00 crores as Central Government contribution. The State Government have proposed to contribute a sum of Rs.20.00 crores in this regard. Along with the Super Speciality Blocks, the existing Medical, Surgical and other Departments are also to be upgraded by the State Government giving financial assistance upto Rs.12.50 crores.

### **2.10. Improvements to Teaching Hospitals:**

1. Sanction has been accorded for an amount of Rs.23.97 crores for providing the modern diagnostic MRI scan facility to the Teaching Hospitals at Tirunelveli, Thanjavur, Tiruchirapalli, Coimbatore and Vellore. Sanction has also been accorded for providing MRI scan facility to Stanley Medical College Hospital, Chennai.
2. In order to diagnose the disease accurately in any part of the body in 20 seconds, sanction has been accorded for Rs.5.5 crores for providing a modern sophisticated 64-slice CT scan to the Government General Hospital, Chennai.
3. Sanction has been accorded for Rs.3.00 crores for providing Lithotripsy equipment to the Government General Hospital, Chennai and Government Rajaji Hospital, Madurai. This will enable the Hospitals to remove stones in the kidney without much pain. This is the first of its kind in the history of medical service in the public sector in Tamil Nadu.

4. Sanction has been accorded for Rs.2.34 crores towards strengthening of the neo-natal ward in Government Hospital for Women and Children, Egmore, Chennai. This will save those children born with a weight of half Kg.
5. Government sanctioned Rs.2.70 crores towards the purchase of Multi Slice C.T. Scanner and other medical equipments to the Bernard Institute of Radiology at Government General Hospital, Chennai.
6. Sanction has been accorded for Rs.28.00 lakhs towards the purchase of equipments to Bone Bank at Government General Hospital, Chennai.
7. Sanction has been accorded for Rs.52.00 lakhs towards the purchase of 50 dental chairs to Tamil Nadu Government Dental College & Hospital, Chennai.
8. Additional buildings will be constructed for Institute of Child Health attached to Madras Medical College and Royapettah Government Hospital attached to Kilpauk Medical College at estimated cost of Rs.14 crores and Rs.10 crores respectively. In addition construction of hostel and other infrastructure improvement works will be taken up in Chengalpattu, Tirunelveli, Thanjavur, Trichy, Madurai, Kilpauk, Stanley Medical Colleges and Madras Dental College at a cost of Rs.21 crores.

#### 2.11. **Cancer Control Programme:**

2.11.1. The following Hospitals have been provided with Cobalt Therapy Units to treat the cancer patients:-

1. Government Royapettah Hospital, Chennai.
2. Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Chennai.
3. Government General Hospital, Chennai
4. Government Thanjavur Medical College Hospital, Thanjavur.

5. Government Tirunelveli Medical College Hospital, Tirunelveli.
6. Government Rajaji Medical College Hospital, Madurai.
7. Government Coimbatore Medical College Hospital, Coimbatore.
8. Government Arignar Anna Memorial Cancer Hospital, Kancheepuram.

2.11.2. The Government have sanctioned a sum of Rs.7.88 crores towards the purchase of Linear accelerator rotational Cobalt Unit, C.T. Stimulator equipment etc., for the Government Arignar Anna Memorial Cancer Hospital, Kancheepuram.

2.11.3. **Mammography Units:** The following Government Hospitals have been provided with Mammography Units (a vital equipment to detect the breast cancer at the beginning stage):-

1. Government Coimbatore Medical College Hospital, Coimbatore
2. Government Thanjavur Medical College Hospital, Thanjavur
3. Government Tirunelveli Medical College Hospital, Tirunelveli

#### 2.12. **Mental Health Care:**

2.12.1. The Institute of Mental Health, Chennai has been strengthened and the functional facilities improved. The bed strength of the Institute is 1800. An average of 1208 in-patients and 330 outpatients are taking treatment per day at this Institute.

2.12.2. At present, 8 de-addiction centers are functioning in Medical College Hospitals. Besides these, the Psychiatric Department is functioning in each of the Government Medical College Hospital with inpatient and outpatient services.

#### 2.13. **Blood Bank:**

There are 22 licensed Blood Banks functioning in various Teaching Hospitals.

**2.14. King Institute of Preventive Medicine:**

The King Institute of Preventive Medicine, Guindy is one of the premier Institutions of this country. This Institute is manufacturing vaccines and serum. It is also a teaching and research centre. The Virology Department of this Institute is recognized by Government of India and World Health Organisation as the National Polio Laboratory for South East Asia Region of the World Health Organization. Drug samples received from Tamil Nadu Medical Services Corporation and samples from various Blood banks are also analysed and reports sent to them.

**2.15. Tamil Nadu Dr. M.G.R. Medical University:**

2.15.1. The Tamil Nadu Dr.M.G.R. Medical University was established in July 1988, to promote academic excellence, to provide for research and advancement of knowledge in the field of medical and Paramedical Education. At present, 233 Institutions are affiliated to this University.

2.15.2. Under this University, Department of Transfusion Medicine, Department of Curriculum Development, Department of Epidemiology, Department of Experimental Medicine, Virtual Library, etc., are functioning.

2.15.3. The Department of Transfusion Medicine established in the year 1997 has started the P.G. Degree course in M.D., Immuno Haematology and Blood Transfusion Medicine with an intake of 2 students from 2005-06, which is the second Institution to start this course in India with the approval of the Medical Council of India.

2.15.4. The Department of Epidemiology has started P.G. Degree course in M.Sc., Epidemiology and so far, 4 batches of students are graduated. This Department is also conducting Research Programmes leading to the Award of Ph.D.

2.15.5. At present, the Regional Medical Library and its units Medical Informatics Centre, Digital Library and the virtual library are functioning within the main annexe of the administrative building.

**2.16. New Schemes for the year 2007–2008:**

1. Setting up of Central Sterile Supply Department (CSSD) at Government General Hospital, Chennai at a cost of Rs. 127.92 lakhs.
2. Starting of the Department of Cardio Thoracic Surgery at Institute of Child Health and Hospital for Children, Chennai at a cost of Rs. 60.95 lakhs.
3. Purchase of 2 buses for transport facility of students at Kilpauk Medical College to Government Royapettah Hospital, Chennai at a cost of Rs. 16.00 lakhs.
4. Purchase of equipments for the Department of Cardiology at Government Rajaji Hospital, Madurai at a cost of Rs.106.00 lakhs.
5. Purchase of Video Endoscopy for the Department of Medical Gastro Enterology at Government Stanley Hospital, Chennai at a cost of Rs. 40.00 lakhs.

### Chapter - 3

## MEDICAL AND RURAL HEALTH SERVICES

### 3.1. Introduction:

3.1.1. The Director of Medical and Rural Health Services is incharge of Planning and implementation of all Programmes of Medical Services through the grid of 28 District Headquarters Hospital, 155 Taluk Headquarters Hospitals, 80 Non-Taluk Hospitals, 11 Dispensaries, 11 Mobile Medical Units, 7 Women and Children Hospitals, 2 TB Hospitals, 2 TB Clinics and 7 Leprosy Hospitals. He also looks after the implementation of various schemes like Human Organ Transplantation Act and Private Clinical Establishment Regulation Act, Pre-natal Diagnostic Techniques Act, Accreditation of Private Hospitals, District Mental Health Programme etc.

3.1.2. 29 of the 30 Revenue Districts in the State with the exception of Chennai City are administered either by Joint Director of Medical and Rural Health Services and Family Welfare or by Deputy Director of Medical and Rural Health Services and Family Welfare.

3.1.3. The Deputy Director of Medical and Rural Health Services (TB) in every District implements the Revised National Tuberculosis Control programme (RNTCP). The Deputy Director of Medical and Rural Health Services (Leprosy) in each District looks after the leprosy eradication programme. This programme has already been integrated with the Directorate of Public Health and Preventive Medicine to involve Leprosy field Staff in Public Health work and the Health Inspectors in Leprosy work.

3.1.4. Improvements to the Hospitals and Dispensaries under the control of the Director of Medical and Rural Health Services are in the form of expanded medical facilities and Provision of Specialist services such as Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology, ENT, Venereology, Orthopaedic Surgery, Anaesthesiology, Child

Health, Dental, Psychiatry, Laboratory Services, Leprosy, TB, Diabetics and Cardiology which constitute important development activities.

3.1.5. Specialists in the rank of Senior Civil Surgeons are available in all the District Headquarters Hospitals. Accident and Emergency Services are also available. The Maternal and Child Health and Family Welfare activities are undertaken effectively through the Non-Teaching Medical Institutions.

3.1.6. The other programmes such as control of blindness, medical facilities under Hill Area Development programme (HADP), Adi-dravidar and Tribal Welfare programme etc. are being co-ordinated and implemented by the Director of Medical and Rural Health Services.

### 3.2. Appointment of Staff Nurse on Contract Basis:

The Government accorded permission to recruit 1800 Staff Nurses on Contract basis, to improve 24 hours Round the clock Maternity and Child Health Care activities under Reproductive and Child Health Project by allotting three staff nurses to each of the 600 Primary Health Centres. 1800 Nurses have been appointed on contract basis. 400 Staff Nurses were also appointed on contract basis in January & February 2007 to the Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Hospitals under the Tamil Nadu Health Systems Project.

### 3.3. Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994:

To curtail the highly adverse sex ratio and to prevent female foeticide, the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act-1994 is being implemented effectively in this State. State level, District level and sub District level advisory committees have been formed. Under the Act, 3000 Scan centres have so far been registered and constant vigil is being maintained to prevent detection of sex. So far, 70 cases for violation of the Act have been identified and cases have been filed against 70 Scan Centres.

Judgement has been delivered in 48 cases and 22 cases are under trial. Wide publicity is being given in the media to create awareness about this Act.

#### 3.4. **District Mental Health Programme:**

3.4.1. Treating the mentally ill is an important aspect in our society. For the purpose of treating this kind of people living in villages, a pilot programme called District Mental Health Programme is implemented in 8 Districts viz. Trichy, Ramanathapuram, Madurai, Theni, Kanniyakumari, Erode, Dharmapuri and Nagapattinam districts. The main aim of this scheme is to identify the mentally ill people and to render proper treatment for the mental illness.

3.4.2. Under this Programme, Mobile Mental Health Team is formed. Psychiatrist and certain non-medical workers will go to the different places in the districts, identify the patients and give them appropriate treatment. Depending upon the severity of mental illness, they are referred to Headquarters hospitals for intensive treatment. Under this programme, Doctors, Nurses and certain para medical workers are trained in mental health care delivery.

3.4.3. Awareness on mental illness and remedies available under this programme is being disseminated among the public through various IEC activities.

3.4.4. Under this programme, 10-bedded psychiatric ward is created in Madurai, Erode and Ramanathapuram Government Headquarters Hospitals.

3.4.5. The Director of Medical and Rural Health Services is Controlling and Monitoring Authority and Director, Institute of Mental Health and Deans of Medical Colleges of the programme district are looking after the programme.

3.4.6. This programme is well implemented in the districts. It is proposed to extend this programme in 8 more districts viz. Chennai, Kancheepuram, Thiruvallur, Cuddalore, Virudhunagar, Thiruvapur, Perambalur and Namakkal districts during this year.

#### 3.5. **TB Control Programme:**

3.5.1. Every year almost 18 lakhs new T.B. cases occur in the country. 1.4 lakhs new T.B. cases occur in Tamil Nadu, of which almost 48,000 have TB Bacilli in their sputum. Systematic and sustained effort combined with successful implementation of Directly Observed Treatment Short-course (DOTS) strategies can only effectively control this menace.

3.5.2. There are 8 TB Hospitals in Tamil Nadu - 2 under the control of the Directorate of Medical and Rural Health Services, 4 under the control of Directorate of Medical Education and 2 Private. There are 3091 beds in the State exclusively for in-patient treatment of acutely ill patients. All the other patients are under the Directly Observed Treatment Short-course (DOTS) in the nearest health facility of the patient. A State level Officer in the rank of Additional Director of Medical and Rural Health Services is acting as State Tuberculosis Officer to coordinate and supervise the Revised National TB Control Programme (RNTCP). At the District level, the Deputy Director of Medical Services is the manager of the Programme.

3.5.3. The Government of India with the World Bank Assistance is providing 100% expenditure for drugs and establishment cost of all District TB Control Societies headed by the District Collectors. The State Government meet the entire expenditure on running all the District TB Centres and Government TB Hospitals.

3.5.4. The RNTCP is implemented in all the Districts through 140 TB Units (one for every 5 lakhs population), 776 Microscopic Centres (one for every one lakh population) and about 11,000 DOTS Centres. The RNTCP Programme also has a good partnership with NGOs, Private Hospitals and Private Doctors, Railways, Port Trust and Military Hospitals. The Programme has examined 6,03,223 persons and diagnosed about 85,874 TB patients during the year 2006-07. Of them, 32,991 persons are new sputum positive patients. 82% of these patients are cured. It has achieved all the parameters and targets fixed by Government of India.

### Achievements under the RNTCP Programme

Year	Chest Symptomatics for whom sputum examination was done			New Sputum Positive TB Patients diagnosed			Cure rate w.r.t. new sputum positive TB patients diagnosed	
	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement
2000-01	308880	384506	124%	30890	24533	79%	85%	37%
2001-02	310550	380747	123%	31055	23589	76%	85%	81%
2002-03	310550	376037	121%	31055	24346	78%	85%	84%
2003-04	310550	596367	192%	31055	36104	116%	85%	88%
2004-05	486024	632533	130%	48602	39562	81%	85%	89%
2005-06	486024	650123	134%	48602	36066	74%	85%	86%
2006-07	489457	603223	123%	48946	32991	67%	85%	82%

3.5.5. Government have ordered to convert all T.B. Sanatoria as HIV – TB Care Homes and to allot 50% of the beds to the HIV / AIDS patients including children.

#### 3.6. Tamil Nadu State Illness Assistance Society:

The Government of Tamil Nadu have constituted the Tamil Nadu Illness Assistance Society with a “Revolving Fund” of Rs.15.00 crores. This will be an initial Corpus Fund. The funding pattern will be in the ratio of 2:1 between State Government and Government of India. The affairs of the Tamil Nadu State Illness Assistance Society are administered by the Executive Committee under the Chairmanship of the Secretary to Government, Health and Family Welfare

Department. The Director of Medical and Rural Health Services is the Member Secretary. The Society provides financial assistance through the District Collectors to the patients below poverty line for life saving surgical treatment in specified categories like Open Heart Surgery, Kidney Transplantation, Skull opening, Hip replacement, Spinal Cord Surgeries etc. in notified Government Hospitals and also accredited private hospitals recognized by Government as in the case of Chief Minister's Public Relief Fund scheme.

#### 3.7. Implementation of Human Organ Transplantation Act, 1994 in Tamil Nadu:-

3.7.1. The transplantations are being done only at the approved hospitals in Tamil Nadu. The Hospitals applying for registration under the Human Organ Transplantation Act 1994 are subject to inspection by a team of specialists at the nearest Government Medical College and the senior member among the team is the convener and co-coordinator of the team. The team will inspect the hospitals and furnish the inspection report in the prescribed format to the Director of Medical and Rural Health Services who is the State Appropriate Authority for issuing the approval for Organ Transplantation. Based on the inspection report, Registration Certificate is issued to the Government / Private Hospitals. Tamil Nadu Government has constituted three Authorization Committees region-wise at Chennai, Madurai and Coimbatore under the Chairmanship of Director of Medical Education / Dean of the concerned institutions for scrutiny of each and every case for approval of renal transplantation.

3.7.2. Accordingly, the Registered Hospitals, region-wise will submit their application for renal transplantation to the

respective Authorization Committee. The surgeons, donors and the recipients have to appear before the Committee. Each and every case is verified and approved by the Committees for carrying out the transplantations. In Tamil Nadu, so far 54 registered hospitals are carrying out Renal Transplantation.

### 3.8. **Strengthening of Comprehensive Emergency Obstetric and New born care Centres (CEmONC):**

To reduce the Maternal, Infant Mortality and Morbidity, two centres in a district, totally 51 have been identified to give Emergency Obstetric and New Born Care round the clock. Obstetric Casualty, New Born Casualty, Blood Bank Services, Operation Theatre services and Ambulance Services are provided. 200 specialist doctors like paediatricians, Anaesthetists and Obstetricians have been posted. These centres are selected among 162 First Referral Units based on the performance and in such a way to avoid delay (for the mother) of not more than one hour or 40 Kilometre of travel for the mother to reach the Emergency Obstetric Care Centres. It is proposed to identify another 32 hospitals during this year.

### 3.9. **Upgradation and Strengthening of Accident and Emergency Facilities:-**

3.9.1. Tamil Nadu Government have decided to establish Accident and Emergency facilities to accident victims, every 50 kms. distance in the National High ways of Tamil Nadu.

3.9.2. Till date, the Government of India have sanctioned Rs.14.48 crores for upgradation and strengthening of Accident and Emergency facilities in 10 Government Hospitals which are situated in the National High ways.

3.9.3. Details of Government of India's Fund for the upgradation and strengthening of Accident and Emergency Facilities are as follows:-

Sl. No.	Name of the Hospital and District	Amount (Rs. in crores)
1	Govt. Headquarters Hospital, Perambalur	1.05
2	Govt. Headquarters Hospital, Villupuram	1.43
3	Govt. Hospital, Omalur, Salem	1.50
4	Govt. Headquarters Hospital, Padmanabhapuram, Kanyakumari District	1.50
5	Govt. Headquarters Hospital, Namakkal	1.50
6	Govt. Headquarters Hospital, Walajah, Vellore District	1.50
7	Govt. Headquarters Hospital, Tenkasi, Thirunelveli District	1.50
8	Govt. Headquarters Hospital, Cuddalore	1.50
9	Govt. Hospital, Melur, Madurai District	1.50
10	Govt. Hospital, Tambaram, Kancheepuram District	1.50
Total		14.48

### 3.10. **Opening of Dental Clinics:**

Government have sanctioned staff for the 39 new dental clinics (i.e. Dental Assistant Surgeon, Staff Nurse, Dental Hygienist, Hospital Worker for each Hospital) at a total cost of Rs.2.45 crores. Government have also sanctioned Rs.78.00 lakhs to procure equipments required for these 39 new dental clinics.

### 3.11. **New Scheme for the year 2007-2008:**

Provision of Telephone facilities to 11 Government Dispensaries viz. Kariyakoil, Bhavanisagar, Malayadipalayam, Chinnathadagam, Gudalur Bazaar, Yedakadu, Sembulichampatti, Thirukokarnam, Mannadimangalam, Thoradipattu and Melnilavur at a cost of Rs.1.06 lakhs.

## Chapter - 4

### Tamil Nadu State Blindness Control Society

4.1. Blindness is a major problem throughout India. As early as July, 1972, Dr.Kalaignar had launched the Free Eye Camp Scheme for undertaking surgery for those suffering from cataract induced blindness under which thousands of poor people were operated upon for the removal of cataract and were given free spectacles by organizing camps throughout the State. The National Programme for Control of Blindness launched in 1976 was extended and included in the World Bank Assisted Cataract Blindness Control Project till 30.06.2002. Thereafter the Government of India is funding this programme as a 100% centrally sponsored scheme.

4.2. The main objective of the programme is to reduce the prevalence of blindness to 0.8% by 2007. On 01.04.1996, the Tamil Nadu State Blindness Control Society was formed as a separate entity, to give thrust to the goal by planning, executing and monitoring at the District level. The Tamil Nadu State Blindness Control Society is functioning under the Chairmanship of Secretary to Government, Health and Family Welfare Department. The Project Director is the Secretary of the society for the implementation of the scheme. Every district in the State has one District Blindness control Society to govern the activities of the National Programme for Control of Blindness. The District Collector is the Chairman of the District Blindness Control Society. The cataract, being the major cause for the avoidable blindness, was given importance and various infrastructure facilities like base eye wards, dark rooms etc., have been built till 30.06.2002 and are now in use. Tamil Nadu has been a pioneer in tackling blindness, particularly arising from cataract.

4.3. The following activities were undertaken for the year 2007-2008 by utilising the assistance provided by the Government of India:-

Particulars	Target	Achievement	% in Achievement
<b>Cataract operations</b>	<b>4,80,000</b>	<b>5,01,832</b>	<b>105%</b>
Implantation of IOL	4,32,000	4,89,336	113%
Women beneficiary	2,64,000	2,24,281	85%
Surgery on bilaterally blind	2,40,000	57,228	24%
SC/ST/Below Poverty line beneficiaries	2,40,000	2,56,043	107%
<u>School Screening</u>			
<b>School children screened</b>	<b>21,00,000</b>	<b>23,24,699</b>	<b>111%</b>
Children with refractive errors	1,47,000	1,05,256	72%
Free spectacles to poor children	44,100	44,754	101%
<b>Eye Donation</b>	<b>7,000</b>	<b>5,973</b>	<b>85%</b>

#### 4.4. World Sight Day – Vision 2020:

World Sight Day 2006 was celebrated on 19.11.2006 in Tamil Nadu at Chennai. On that day, Vision 2020 document was released with the objective of eliminating avoidable blindness by the year 2020. The three major goals of the of the vision 2020 are

- To provide high quality comprehensive eye care
  - To expand coverage of eye care services to the underserved areas
  - To develop institutional capacity for eye care services by providing support for equipment, material and training personnel.
- 4.5. It is proposed to carry out the following activities during the current year (2007-2008):-
- a) Performing cataract operations with more than 90% IOL implantation.

- b) Screening of school children for detection of refractive errors and providing free spectacles to poor children.
- c) Collection of eyes for transplantation in persons with corneal blindness.
- d) Provide training to eye surgeons in modern cataract surgery and other specialised procedures.
- e) Enhancing capacities for eye care services to NGOs by providing assistance to hospitals at various levels.
- f) Development of eye banks and eye donation centres to facilitate collection and processing of donated eyes. Eye bank has been functioning at Regional Institute of Ophthalmology and Government Ophthalmic Hospital, Chennai in co-ordination with Lions international.
- g) Direct recruitment of M.S. Qualified ophthalmic surgeons (4 surgeons per district) to the District Headquarter Hospitals exclusively for the ophthalmic work, in order to reduce the fund-flow to NGOs from Government of India for cataract surgeries.

4.6. The following financial assistance have been proposed during the year 2007-08:-

(Rs. in lakhs)

Sl. No.	ACTIVITIES	Amount proposed for 2007-08
1	Cataract operations during 2007-2008 in Tamil Nadu	2955
2	School eye screening for 2007-2008	55
3	IEC activities for Tamil Nadu	4
4	Training of Para Medical Ophthalmic Assistants and nurses in eye care activities	3

4.7. Non-Recurring Grant-in-aid proposed:-

(Rs. in lakhs)

Sl. No.	ACTIVITIES	Amount proposed for 2007-08
1	In an effort to strengthen/expand the eye care units, non-recurring Grant-in-aid upto Rs.25 lakhs on a 1:1 sharing basis to NGOs is proposed to be given. This grant-in-aid shall be paid by way of ophthalmic equipments, construction of eye ward/OTs, furniture and fixtures of OT and the ward and vehicle for transportation	25
2	Opening of new eye bank in Government Medical Institutions at Madurai, Coimbatore, Thanjavur and Salem for every institution Rs.10/- lakhs each	40
3	Diabetic Retinopathy – Training of doctors for diabetic retinopathy - two months training – Rs. 4/- lakhs per doctor for 4 doctors	16
4	Procurement of equipments required for Government Medical Institutions, Medical College Hospitals, Government Headquarters Hospitals, Taluk Hospitals and PHC etc	325
5	Eye donation centres (Rs.500/- per pair of eye collected will be paid to the eye donation centres)	5
6	To support salaries of key technical staff (Eye surgeons and ophthalmic assistants working under the control of Director of Medical & Rural Health Services and Director of Public Health & Preventive Medicine, Chennai)	300

4.8. This Government have already reduced the prevalence of blindness to the level of 0.8% with the assistance provided by the Government of India.

## Chapter - 5

### PUBLIC HEALTH AND PREVENTIVE MEDICINE

5.1. The Director of Public Health and Preventive Medicine is providing primary health care services through a network of 1417 Primary Health Centres and 8683 Health Sub-Centres spread over the entire State.

#### 5.2. Primary Health Care:

1417 Primary Health Centres and 8683 Health Sub Centres provide the preventive, promotive and curative health care services. Most of the Block Primary Health Centres have inpatient services to provide first aid for emergencies and facilities for provision of family welfare services. Drugs are supplied adequately and periodically to all the Primary Health Centres by Tamil Nadu Medical Services Corporation. During the year 2006-07, 716.80 lakh outpatients and 5.51 lakh inpatients were treated by these Primary Health Centres. The average outpatient in the Primary Health Centres per day is 140.52. The average inpatient in the Primary Health Centres per month is 32.38.

#### 5.3. Upgradation of Primary Health Centres:

The policy of this government is to provide 30 bedded institutions at the rate of one per block. So far 130 Primary Health Centres have been upgraded with 24 to 30 beds with modern equipments like Ultra Sonogram, ECG, X-ray, Semi auto analyser and ambulance. At present a proposal for the upgradation of another 75 Primary Health Centres is under consideration of the Government. In a phased manner 385 Primary Health Centres will be upgraded to 30 bedded Institutions.

#### 5.4. Buildings for Primary Health Centres:

At present 1370 Primary Health Centres are functioning in Government buildings. Construction of Primary Health Centre building is under progress in 11 Primary Health Centres. Buildings have to be constructed for 36 more Primary Health Centres. Out of these Primary Health Centres,

NABARD loan for construction of buildings for 20 Primary Health Centres has been sought for.

#### 5.5. Provision of Telephone to Primary Health Centres:

Telephone facilities are provided under Reproductive and Child Health Project. Out of 1417 Primary Health Centres, totally 1389 Primary Health Centres have been provided with telephone facilities and steps are being taken to install telephones in 28 more Primary Health Centres.

#### 5.6. Construction of buildings for Health Sub Centres:

Out of 8683 Health Sub Centres in the State, 6510 Health Sub Centres are functioning in Government Buildings. Buildings have to be constructed for the remaining 2173 Health Sub Centres. Out of 2173 Health Sub Centres, the Government have already sought NABARD loan for construction of buildings for 234 Health Sub Centres and for the remaining 1939 Health Sub Centres also NABARD loan for construction of buildings in the coming years will be sought for.

#### 5.7. Immunisation:

Tamil Nadu started immunization programme against six vaccine preventable diseases viz. Diphtheria, Pertusis (Whooping Cough), Tetanus, Measles, Poliomyelitis and Tuberculosis during 1978. Annually around 13 lakh pregnant women and 12 lakh infants are benefited by Immunisation Programme. Because of effective implementation of Immunisation services there is a drastic reduction in the incidence of vaccine preventable diseases.

- There is no case of Diphtheria, Pertusis, Neonatal Tetanus, Poliomyelitis.
- The incidence of measles is reported around 1500 to 2000 cases annually.

#### 5.8. Pulse Polio Campaigns:

As part of polio eradication activities, the State has conducted twelve series of Pulse Polio Immunisation campaigns during the period from 1995-96 to 2005-06. Around 65 to 73 lakhs of children under five years are covered with

additional dose of oral polio vaccine in each campaign by involving various departments and voluntary organizations. During the year 2006-07 two rounds of Pulse Polio Immunization Campaign were conducted on 7<sup>th</sup> January 2007 and 11<sup>th</sup> February 2007. About 71 lakhs of children were benefitted. The State is sustaining 'Nil' polio status since February 2004.

#### 5.9. **Hepatitis B Vaccination:**

Hepatitis B Vaccination programme is being implemented in Chennai and in four districts namely Virudhunagar, Ramanathapuram, Madurai and the Nilgiris. Around 4.90 lakhs infants are benefitted so far. The programme will be implemented in all the districts during the year 2007-08 at a cost of Rs.7.20 Crores. The Hepatitis B Vaccine and Auto Disable (AD) Syringes have been supplied to the Districts. The orders from the Government of India for launching of the programme is awaited.

#### 5.10. **MMR and Rubella Vaccination:**

MMR and Rubella vaccination programme were launched in 5 blocks namely Anna Gramam (Cuddalore district), Jayankondam (Perambalur district), Andipatti (Theni district), Kilpennathur (Thiruvannamalai district) and Anaicut (Vellore district). 24919 children of 2 to 5 years and 22,390 adolescent girls of 10 to 15 years were given MMR and Rubella vaccination respectively. This vaccination helps to prevent congenital deformity in newborn babies. Action is being taken to implement MMR and Rubella vaccination programme in all the districts in Tamil Nadu. A proposal has been sent to Government of India for sanction of funding Rs.19.60 crores for implementation of the programme in all the districts.

#### 5.11. **Strengthening of Immunisation under National Rural Health Mission (NRHM):**

5.11.1. In order to strengthen Routine Immunisation Programme, Government of India have provided support for the following activities:-

1. Engaging of alternate vaccinator to conduct missed Immunisation sessions wherever the post of Regular vaccinators are vacant / on leave.
2. To conduct Immunisation sessions in urban slums to improve slum area coverage.
3. Support to deliver vaccine at Immunisation site to improve timely sessions holding rate.
4. Engaging computer Assistants for data compilation and transmission etc.
5. Mobility support to State and District level officers for inspecting Immunisation activities.
6. Provision of Immunisation cards, support for cold chain maintenance and ANMs training.

5.11.2. A sum of Rs.5.95 crore have been provided by Government of India during 2005-06 to carry out the above activities and these activities are under implementation in the Districts. A sum of Rs.2.82 crores was released by Government of India for the year 2006-07 to strengthen the Immunisation activities.

#### 5.12. **Maternal and Child Health Services:**

5.12.1. Maternal and Child Health services are provided through Primary Health Centres and Health Sub-centres. A Health Sub-centre is established at the rate of 1 per 5,000 population in the plain areas and one per 3,000 population in hilly and difficult terrains. The services provided by these Health Sub-centres are antenatal registration, antenatal check-up, vaccination against tetanus, immunization against vaccine preventable diseases, delivery care and postnatal care.

5.12.2. Each Health Sub-centre is manned by a Village Health Nurse. Each Health Sub-Centre is provided with an annual contingent sum of Rs.2,000/- to meet unforeseen expenditure. For the Health Sub-Centres functioning in rented buildings a sum of Rs.3,000/- per annum is provided towards rent. In order to promote institutional deliveries, incentive of

Rs.50/- is given to the Village Health Nurse for each delivery, which she personally attends to.

5.12.3. Drug Kit A and Kit-B are supplied to both Rural and Urban areas. IFA Tablets (both large and small), ORS packets, Vitamin A solution and other essential drugs needed for MCH activities for the treatment of minor ailments are supplied through these Kits. To improve institutional services 1910 numbers of Labour Boards in stainless steel form are supplied to the Health Sub-Centres at a cost of Rs.190.00 lakhs. The urban local bodies are sanctioned with a 1/4<sup>th</sup> Grant-in-aid towards the cost of medicine, staff salary, etc., for running the MCH centres in the respective Municipalities and provided with necessary technical guidance.

#### 5.13. **Administration of ISM Drugs:**

A Pilot Project for introduction of ISM drugs in lieu of IFA (L) tablets in order to control Iron deficiency anaemia among antenatal mothers and adolescent girls, a pilot project has been started in three blocks namely Keelpennathur, Mangalam and Thandarampattu in Thiruvannamalai district since 2006. The antenatal mothers are given Amukkara Chooranam, Annabethi Chenthuram and Navayasam tablets. The Indian System of Medicine drugs have been supplied by TAMPCOL. The level of anaemia among antenatal mothers and adolescent girls are found to be reduced in the above project area.

#### 5.14. **Special Programme For Pregnant Women:**

Dr.Muthulakshmi Reddy Maternity Assistance Scheme was launched by Hon'ble Chief Minister for providing cash assistance of Rs.6,000/-, for the pregnant women from below poverty line families to compensate the loss of wages, for nutritional supplementation, to avoid low birth weight babies. Under this scheme 2,41,095 pregnant women have been benefited and Rs.100 crores have been distributed so far. In the current financial year, a sum of Rs.120 crores have been provided for this scheme in the Budget 2007-2008. This scheme has been extended to Sri Lankan pregnant women refugees.

#### 5.15. **National Rural Health Mission (NRHM):**

5.15.1. The Government of India have released a sum of Rs.8.682 crores as untied funds for 2005-06 to 8682 Health Sub Centres at the rate of Rs.10,000/- per Health Sub-Centre under National Rural Health Mission. The Government have issued prescribed guidelines for utilization of untied funds for the purchase of the consumables such as bandage, transport of referral cases in emergencies, upkeep of environmental sanitation, transport of samples during epidemics, mobile phone to Village Health Nurses, gas stove connection and its refilling etc and for common good in the Health Sub Centres.

5.15.2. During the year 2006-07, 8683 Village Health Nurses working in all the 8683 Health Sub-Centres were provided mobile phone with SIM card with one year prepaid card at a total cost of Rs.2,75,19,966/- through ELCOT.

5.15.3. For the year 2006-07, Government of India have released a sum of Rs.6.512 crores as untied funds to the 8683 Health Sub Centres and 23 Maternity Centres. The above amount has been released to the Health Sub Centres through District Health Societies.

#### 5.16. **School Children Health Programme:**

5.16.1. Under the programme, School children studying upto 12<sup>th</sup> Standard are examined for the presence of any ailment as well as health check.

5.16.2. Special emphasis is given to Rheumatic Heart problems, Eye disorders, Dental problems, etc. All '**Thursdays**' are declared as School Health Days. Students in need of continuous treatment are referred to higher medical institutions and '**Saturdays**' are Referral days.

5.16.3. For the successful implementation of the scheme, two teachers from each school are identified to co-ordinate and they are given training in identifying common ailments and to interact with doctors.

5.16.4. During the year 2006-07, 31,414 schools were visited by the Medical teams and 48,68,900 students were screened. Out of these students, 32,54,108 students were treated for

their health problems. 22,701 students were referred to higher medical institutions for further treatment.

#### 5.17. Control of Communicable Diseases:

5.17.1. Control of communicable diseases is one of the major tasks to be achieved under Public Health services, especially for the diseases occurring in epidemic form. All the District level officers and executive authorities of the local bodies are asked to take necessary preventive measures including proper disposal of solid wastes and maintain sanitation and hygiene, chlorinate all water sources and undertake fly control measures. 43,857 Water sources were chlorinated till 27.12.2006.

5.17.2. Administration of Oral Re-hydration Salt has been popularised through Health Education and the method of preparation of O.R.S. solution is also demonstrated by the field staff to the public. The following are the details of cases and deaths due to Acute Diarrhoeal Disease (A.D.D.) / Cholera in Tamil Nadu for the past five years:-

Year	A.D.D.			CHOLERA		
	Cases	Deaths	CFR*	Cases	Deaths	CFR*
2002	69889	199	0.28	1591	3	0.19
2003	59471	66	0.11	390	1	0.26
2004	77400	119	0.15	1505	2	0.13
2005	70618	65	0.09	777	1	0.13
2006	52555	22	0.04	152	1	0.66

(\*CFR = Case Fatality Rate)

#### 5.18. Industrial Hygiene and Health:

5.18.1. The water analysis laboratories established at Chennai and Coimbatore are regularly collecting and examining water samples from various protected water sources to control pollution and prevent contamination of drinking water. These laboratories also assist the Tamil Nadu Pollution Control Board in examining samples of Industrial

wastes and conduct field surveys to ensure the prevention and control of Environmental and Industrial Pollution.

5.18.2. Air pollution surveys are also carried out around the industries to assess air quality. Efforts are also taken for abatement of nuisances and classify the industrial and residential areas. During the year 2006, 21,221 water samples have been tested by these laboratories.

#### 5.19. Prevention of Food Adulteration:

5.19.1. The food is the basic need and requirement for the survival of human race. As it is largely consumed and demand is high, to make extra profit, it gets adulterated with cheaper or inferior quality, substituted or by extraction of essential ingredients. To counter this unlawful activities and to ensure quality, pure and wholesome food to consumers to consume and to prevent consumers from deception and to encourage fair trade practice, the Government of India have enacted Prevention of Food Adulteration (PFA) Act, to be implemented by the State. The Act is extended throughout the Country.

5.19.2. In Tamil Nadu, the Act is being implemented in 481 local bodies and Government is taking action to implement the same throughout the State.

5.19.3. To implement the PFA Act, the requirement of Food Inspector in the State is 854. But there are only 192 Food Inspectors in the State. For filling up the gap, the Government have ordered to impart training for Food Inspectors to Sanitary Inspectors / Health Inspectors and it is in progress.

5.19.4. The food samples lifted by the Food Inspectors are being analysed at the Food Analysis Laboratory, Corporation of Chennai and at the Food Analysis Laboratories at Guindy, Coimbatore, Madurai, Thanjavur, Palayamkottai and Salem. Due to globalisation, there is a huge flow of foreign foods in the Country. The Food Analysis Laboratories at Guindy, Thanjavur and Palayamkottai which are near the sea ports are being upgraded by the World Bank Aided Capacity Building Project at a cost of Rs.833.56 lakhs. The Laboratory at Guindy has been provided with new building and the laboratories at

Guindy, Thanjavur and Palayamkottai are being supplied with the latest equipments.

5.19.5. During the year 2006-07, 3639 samples were analysed out of which 547 samples were found adulterated. The percentage of adulteration is 15.03. Prosecutions were launched in 86 cases of adulteration, 16 cases were convicted out of which 11 were fined and 5 were fined with imprisonment.

#### 5.20. **Vital Statistics:**

5.20.1. The Registration of Births and Deaths is compulsory at the place of occurrence in the State as per Registration of Birth and Death Act 18 of 1969 and as per revised Tamil Nadu Registration of Births and Deaths rules, 2000.

##### **Vital Rates (2005 SRS)**

The Birth Rate is 16.5/ 1,000 population

The Death rate is 7.4 / 1,000 population

Infant Mortality Rate is 37 / 1,000 Live births

5.20.2. Training to the Primary Registrars on Birth and Death Act 1969 in 10 Revenue Districts have been completed during the year 2006-2007 and training on Medical Certification of Cause of death is also organized for 570 doctors in 19 Revenue Districts during the year 2006-07 and the training is completed. During the year 2006-07, Computer training has been given to 950 persons and it will be extended to all Public Health staff as planned.

#### 5.21. **Malaria:**

5.21.1. In Tamil Nadu, the Malaria problem is confined mainly to urban, coastal and riverside areas. In Tamil Nadu, nearly 70% of the cases occur in urban areas and Chennai is the main urban problem area.

5.21.2. Malaria cases are detected through active and passive surveillance and immediate treatment is given at doorsteps. Due to intensive control measures carried out, the incidence of malaria has declined considerably. At present, due to the concerted efforts taken by the department, malaria

cases have considerably reduced from 39,678 in 2005 to 27,431 in 2006.

#### 5.22. **Filaria:**

5.22.1. 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. 42 Filaria and Malaria Clinics are functioning at taluk level in 5 districts besides one filarial survey unit for delimitation of endemic areas after survey, district by district. The larvicides and Di-ethyl Carbamazine (DEC) tablets are supplied by the Government of India. The entire operational cost is met by the State Government. Single dose mass DEC drug administration programme is being carried out from 1997-98 in all the endemic districts. The Government has come forward to launch COMBI (Communication of Behavioural Impact) Strategy of WHO.

5.22.2. The WHO has come forward to assist Tamil Nadu only in six districts where DEC and Albendazole are co-administered. It is proposed to conduct DEC Mass Drug Administration Programme in 13 Endemic Districts and Chennai Corporation covering a population of 303 lakhs during the financial year 2006-07.

#### 5.23. **Japanese Encephalitis Control Programme:**

5.23.1. Japanese Encephalitis control programme has emerged as an important Public Health Programme in the State during the last five years. Health Unit Districts such as Perambalur, Kallakurichi, Villupuram, Cuddalore, Thiruvannamalai and Madurai have reported Japanese Encephalitis cases. Japanese Encephalitis Control Unit at Cuddalore, Villupuram, Perambalur with the Monitoring Unit at Headquarters are carrying out Japanese Encephalitis Vector Control activities. Japanese Encephalitis Immunisation Programme has been carried out in selected villages in Perambalur District with State funds. Single dose Japanese Encephalitis vaccination is proposed to be administered in Villupuram district during the year 2007-08. During this year,

the programme will be extended to Cuddalore and Virudhunagar districts based on the cases reported and conducive conditions prevailing for Japanese Encephalitis transmission and case occurrence. Japanese Encephalitis Vector monitoring is being carried in villages where suspected Japanese Encephalitis is reported.

5.23.2. Fogging operation is being carried out in villages where suspected Japanese Encephalitis cases are reported. Serum samples are being sent to Madurai Medical College, Madurai and Institute of Vector Control and Zoonoses, Hosur for antibody detection and to confirm the Japanese Encephalitis case. Mosquito pools are also sent for virus isolation so as to implement prevention and control measures.

**5.24. Institute of Vector Control and Zoonoses, Hosur:**

5.24.1. For Plague Surveillance activities, the Institute of Vector Control and Zoonoses, Hosur is made as Nodal agency. The infrastructure available at this institute is also utilized to conduct various training programmes, workshops and seminars.

5.24.2. The institute is conducting a One year P.G.Diploma course in Public Health Entomology for Entomologist in service every year and pre-service and in-service training courses for Field Assistants / Lab Assistants each year. Laboratory diagnosis for Japanese Encephalitis, Dengue, Leptospirosis and Rickettsial infections are also being carried out in the Institute.

**5.25. Leptospirosis Control Programme:**

Leptospirosis being one of the re-emerging infections requires timely diagnosis, treatment and control measures. For early screening of fever cases, rapid diagnostic kits have been procured and supplied to the problem Districts. To strengthen the surveillance mechanism for early diagnosis of Leptospirosis cases 7 Leptospirosis clinics have been established in the districts and Taluk Headquarters hospitals of Madurai and Tiruvallur Districts. During the year 2006, 1882 cases have been reported in Tamil Nadu.

**5.26. Dengue Control Programme:**

Government have issued orders for the establishment of 12 dengue clinics in the taluk and district headquarters hospitals of Nagercoil, Vellore, Dharmapuri and Coimbatore. Rapid diagnostic test kits are supplied to endemic districts. Necessary guidelines are communicated to all the health unit districts to strengthen the surveillance mechanism and carry out vector control activities so as to avert outbreaks. 477 cases and 2 deaths were reported as dengue fever in Tamil Nadu during the year 2006. Due to the current need to control aedes aegypti breeding, detect dengue cases and train the Medical and Paramedical staff in the process of control activity an amount of Rs.50 lakhs will be provided. This fund will be utilized for procurement of Dengue diagnostic kits also.

**5.27. Chikungunya:**

Cases of Chikungunya started reporting in Tamil Nadu during March 2006, which had spread, from neighbouring States of Karnataka and Andhra Pradesh. The fever had spread to almost all the districts of Tamil Nadu during June and July. Control measures were initiated stringently in all the districts simultaneously with inter-departmental and inter sectoral coordination. A drive towards control of mosquito breeding involving the entire Health manpower and volunteers have been carried out as "Operation Chikungunya 2006" both in rural and urban areas. A special drive for "Clean Environment for better health" was observed for monsoon preparedness measure. Government of India have released 6,300 litres of Temephos and 2,500 litres of Pyrethrum for antilarval and fogging operation. The Government have released Rs.4.91 crores towards fogging operation, antilarval measures and appointment of mazdoors. 742 Health Inspectors have been appointed on a regular basis for surveillance activity. Training is imparted to the non-health personnel throughout the State on mosquito control activities to sustain the activities carried out as a gesture of Public Private Partnership. As a result of the above activities, Tamil Nadu has reported only 64,804 cases.

### 5.28. **Integrated Disease Surveillance Project (IDSP):**

5.28.1. Integrated Disease Surveillance Project (IDSP) has been launched in Tamil Nadu with the financial assistance of Government of India, Disease surveillance is a systematic collection of data on the incidence and prevalence of various priority diseases for the purpose of taking appropriate action for prevention and control.

5.28.2. The project development objective is to improve the information available to the Government health services and private health care providers on a set of high-priority diseases and risk factors, with a view to improving the on-the ground responses to such diseases and risk factors.

- To establish a decentralized state based system of surveillance for communicable and non-communicable diseases.
- To improve the efficiency of the existing surveillance activities of disease control programs and facilitate sharing of relevant information with the health administration, community and other stakeholders so as to detect disease trends over time and evaluate control strategies.

5.28.3. The project assist the Government of India and the States and Union territories. The Officer on Special duty (Epidemics) of the Department of Public Health and Preventive Medicine is the State Surveillance Officer. The Deputy Directors of Health Services of 29 Revenue Districts are functioning as District Surveillance Officers. During the year 2006, 2203 Medical Officers, 11,424 Health Workers and 116 Lab Technicians were trained.

5.28.4. The Satellite Interactive Terminal is installed and functioning in the State Surveillance Unit in the Office of the Director of Public Health and Preventive Medicine, Chennai. Further, out of 29 Districts, Satellite Interactive Terminal has been installed and functioning in 28 Districts. Tirunelveli has been included along with 15 other medical colleges in Tamil Nadu. Satellite Interactive Terminal pertaining to Chennai

District, is at Health and Family Welfare Training Centre, Egmore, Chennai-8.

5.28.5. Sensitization workshop has been completed in 18 District Surveillance Units and at State Surveillance Unit on 27.2.2007 at Health and Family Welfare training Centre, Egmore, Chennai-8.

5.28.6. An amount of Rs.72.72 lakhs has been released to the Tamil Nadu Medical Services Corporation for the procurement of Lab. Materials and to effect supplies to the peripheral and district labs. Lab Assessment has been completed for all the District Head quarters Hospital Laboratories (L2 labs). Tamil Nadu is the only State to complete the lab assessment for all the District Head quarters Hospital Laboratories (L2 labs). The work was well appreciated by the Government of India. The Civil Works at the L 2 Laboratories have been completed in December 2006.

5.28.7. The entire State of Tamil Nadu has been divided into 4 Zones and the Review meeting in the entire State of Tamil Nadu is being conducted by the Joint Directors of Public Health and Preventive Medicine once in 3 months periodically.

5.28.8. Toll free service 18004251568 has been established in Health and Family Welfare Training Centre, Egmore, so as to enable the public to give information on any untoward occurrences of diseases and to get guidance for the same.

### 5.29. **National Leprosy Eradication Programme:**

5.29.1. The National Leprosy Eradication was launched in 1954-55 with the main thrust on detection and sustained regular treatment of all leprosy patients. Multi Drug Therapy was launched in 1983 in a phased manner and a complete geographical coverage for Tamil Nadu was done in 1991. The prevalence rate 118/10,000 Population in the year 1983 was brought down to 0.60/10,000 in March 2006. The World Health Organization fixed the goal of eliminating Leprosy being a Public Health problem in March 2005. We have achieved the World Health Organization target and reached the goal to 0.60 in our State.

## 5.29.2. Target / Goal:

1. To work towards sustaining elimination at State / District Level.
2. To achieve the elimination at block level before 31<sup>st</sup> March 2008.
3. Making towards achieving the total eradication of Leprosy in the State.

5.30. **Integration of National Leprosy Eradication with Health Care Services:**

5.30.1. **Urban Leprosy:** As urban problems and situations are different, various strategies are used for case detection. They include special and focal surveys, skin camps continuous Information, Education and Communication (IEC) & Internal personnel communication and training to health staff for effective implementation of the programme.

5.30.2. **NGOs participation:** After integration, the Leprosy NGOs are made as FACILITATORS in Urban areas laying emphasis on Prevention of Disabilities, Rehabilitation and Training.

5.30.3. **Other Features:**

- An award scheme has been introduced to recognize leprosy work in the State and in each district.
- Validation of cases and cleaning of Records are carried out in all the districts, which has proved very effective in bringing down the prevalence.
- IEC & Inter Personnel Communication is through strategy used for Case Detection by Voluntary Reporting.

5.31. **National Iodine Deficiency Disorder Control Programme:**

5.31.1. The National Iodine Deficiency Disorder Control Programme is implemented in the State from 1991 and the State Iodine Deficiency Disorder Cell had started functioning

from 01-07-1994 onwards. The objective of the Programme is to identify the problem districts by conducting regular Goitre surveys. Through I.E.C. activities, the intake of Iodised Salt by the community has enhanced.

5.31.2. A Notification under the Prevention of Food Adulteration Act has been issued banning the sale of Non-iodised salt for edible purpose. Spot testing of the Salt samples for the retailers and spot testing of the kitchen salt samples are being done to assess the presence of Iodine level and to know the availability and use of Iodised salt. Now statutory salt samples are lifted and tested to know the Iodine content in salt.

5.32. **'Varumun Kappom Thittam':**

The 'Varumun Kappom' Scheme has been revived to facilitate early detection and treatment of illness. This scheme envisages conduct of 9,000 medical camps by teams of medical experts all over the State and 1070 medical camps have been conducted so far. This scheme, which has been widely, welcomed by the public and so far 11,62,647 persons have been benefited. The Varumun Kappom Thittam provide comprehensive health check up, treatment and health education to the rural and urban People. These camps are conducted at the Health Sub Centre level, every week covering 5000 population. In addition camps are held in the urban areas also. During the Camps all the Specialist doctors screen the beneficiaries for communicable and non-communicable diseases. In addition, treatment is given for minor ailments. Every week 3 camps are conducted in each district. All the investigations like blood, urine examination are done by using modern lab equipments like Semi Auto Analyser. All Pregnant mothers are examined with Ultra Sonogram to detect any abnormalities. It is proposed to conduct 9000 camps during the current year and next year. Camp timing is from 8.00 A.M. to 4.00 P.M. The referral and follow up camps are conducted in the referral institutions. All the morbidity data are computerised and used for planning purposes.

### 5.33. **Cancer Cervix Screening:**

In every Block two women Medical Officers are identified for giving training in the Technique of Visual Inspection with Acetic acid (VIA) for cancer cervix screening and self breast examination to detect breast cancer in the early stage itself. The cancer cervix screening is conducted in the 'Varumun Kappom Thittam' camps for rural women. 126 Number of ring lens system illumination were supplied for screening of cancer in 'Varumun Kappom Thittam' camps.

### 5.34. **Improvement of Laboratory Facilities in all the Primary Health centres by providing Semi Auto Analyser:**

The incidence of non-communicable diseases is on the increase in urban and rural areas. Many diabetic and hypertension cases approach Primary Health Centres to get treatment. Most of the upgraded Primary Health Centres conduct special clinics for Diabetes and hypertension. Very often these patients are referred to the nearest sub district hospitals for undergoing laboratory examination of blood. The availability of laboratory equipment to test the blood in the Primary Health Centre would reduce the hardships to the patients. Hence the Government have decided to provide Semi-Auto Analyser equipment to all the Block Primary Health Centres for complete examination of blood. This would ensure the availability of quality lab services in the rural areas. The Government have sanctioned an amount of Rs.7.12 crores for procurement of 385 Semi Auto Analyser under the first phase.

### 5.35. **Training and continuing Education Programme:**

In-service Training Programmes are being conducted for the Medical and Para-medical staff in the Institute of Public Health, Health and Family Welfare Training Centres and Health Manpower Development Institutes and Regional Training Institutes of Public Health to enhance their technical skill and the latest scientific information in the field of Health and Medicine.

### 5.36. **Training Institutes:**

5.36.1. There are 6 Regional Training Institutes namely, one at Institute of Public Health, Poonamallee, Chennai – 600 056, three Health and Family Welfare Training Centres situated at Chennai, Madurai and Gandhigram and two Health Manpower Development Institutes at Villupuram and Salem. The Institute of Vector Control and Zoonosis at Hosur is categorized as a specialized Training-cum Research for Vector Borne and Zoonotic Diseases Control. The in-service training to the male component of field Health functionaries of Public Health Department is given in the Regional Training Institute of Public Health, Tiruvarankulam at Pudukottai District.

5.36.2. It has been planned to organize the following training programme during 2007-2008:-

#### 1.RCH Training:

- a) Indian System of Medicine Training under RCH Project
- b) Manual Vacuum Aspiration (MVA) Training for Primary Health Centre Women Medical Officers and Staff Nurses
- c) Training of Trainers for BEmONC Training
- d) Training of Staff Nurses and Auxiliary Nurse Midwives of BEmONC Primary Health Centres.
- e) Mobility and communication skill Training for Village Health Nurses.
- f) Mobility and communication skill training to the staff of 8 training centres.
- g) Tubectomy Training for Primary Health Centre Medical Officers
- h) Obstetric ultra Sonogram training for women Medical Officers
- i) Training of Trainers in Integrated Management of Newborn and Childhood Illness
- j) Training of Village Health Nurses/ Auxiliary Nurse Midwives, Community Health Nurse, Sector

- Health Nurse-in Integrated Management Newborn and Childhood Illness Training
- k) Training of MBBS doctors in life saving Anaesthetic skills for Emergency obstetric care.
  - l) Cancer Cervix Detection and Cancer Breast Detection Training for Primary Health Centres Women Medical Officers and Staff Nurses- Training of Trainers
  - m) Integrated Management of New born and childhood Illness- Supervisor Training-Community Health Nurse/Sector Health Nurse/Child Development Project Officer /Nutrition supervisor.
  - n) Integrated Management of New born and childhood Illness Training- Auxiliary Nurse Midwives / Anganwadi workers / Village Health Nurse
  - o) Skilled Birth Attendant training-Staff Nurse, Auxiliary Nurse Midwives of other than BEmONC PHC, all Village Health Nurses, Sector Health Nurses and Community Health Nurses..
  - p) Colposcopic training for BEmONC Primary Health Centres Women Medical Officer
  - q) Obstetric Anaesthesia training-Anaesthetist from CEmONC Centres.
  - r) Blood Bank Training- Doctors, Staff Nurse and Lab. Technicians of Government Hospital not trained in Blood Banking.
  - s) Training of Trainers on Adolescent Friendly Health Service – Principals, Medical Officers, Maternity and Child Health Officers of 7 training institutes, Selected Medical Officer Primary Health Centres, Community Health Nurses, Sector Health Nurses, Block Extension Educators.
  - t) Adolescent Friendly Health Service- Training Primary Health Centres -Medical Officers

- u) Adolescent Friendly Health Service Training-Staff Nurses, Auxiliary Nurse Midwives, Community Health Nurse, Sector Health Nurse, Village Health Nurse, Health Inspector, Block Extension Educator and Counsellors.
  - v) Training of Trainers-State level- Principals, Medical Officers, Maternity and Child Health Officers of 8 training institutes, District level- Maternity and Child Health Officers (Selected) Block Medical Officers, Community Health Nurse, Sector Health Nurse and Nurses Grade I, II, Block level - Selected Village Health Nurse, Anganwadi Workers and Village level - Accredited Social Health Activist.
2. Training for Primary Health Centre Women Medical Officers and Staff Nurses on detection of Cervix Cancer and Breast Cancer.
  3. HIV/AIDS Training to Village Health Nurses
  4. Computer skill training to all Health Staff
  5. Training for Health Inspector Grade –I B
  6. In-service training to all field Health functionaries based on Training need assessment.
- 5.37. **New Scheme for the year 2007–2008:**
- Construction of own building for the offices of the Deputy Directors of Health Services Dindigul and Thirunelveli at a cost of Rs.70.00 lakhs.

## Chapter - 6

### FAMILY WELFARE PROGRAMME

6.1. Family Welfare Programme is implemented as a people's programme involving the active co-operation of community at large to improve Maternal and Child Health Services and to stabilize the population growth. Tamil Nadu is the model State in the introduction of "Community Needs Assessment Approach" in the country. The success of Family Welfare Programme in the State has been attributed to several factors including strong social and political commitment and good administrative back up.

#### 6.2. Demographic Indicators:

As per 2001 census, the population of Tamil Nadu is 6.24 crores with decadal growth rate of 11.72 percent which is the second lowest in the country next to Kerala. Tamil Nadu is the sixth most populous State in India. It accounts for 6% of the country's total population. The population of Tamil Nadu for 2007 is estimated at 6.6 crores. The demographic scenario of Tamil Nadu for 2005 (SRS), is furnished below:-

Sl. No.	Indicators	Current level
1	Crude Birth Rate	16.5 / 1000 population
2	Crude Death Rate	7.4 / 1000 population
3	Infant Mortality Rate	* 31 / 1000 live births
4	Maternal Mortality Ratio	** 0.9 / 1000 live births
5	Natural Growth Rate	0.91 percent

\* National Family Health Survey 2005-06

\*\* Based on the actual maternal deaths occurred in the State

#### 6.3. Goals:

The Government have fixed the following demographic goals to be achieved at the end of Tenth Five Year Plan i.e. 2007:-

Sl. No.	Indicators	Goals
1	Infant Mortality Rate	28 / 1000 live Births
2	Crude Birth Rate	15 / 1000 Population
3	Maternal Mortality Ratio	<1 / 1000 Live Births
4	Total Fertility Rate	1.7
5	Couple Protection Rate	65 percent
6	Reduction of Higher Order Births	10 percent
7	Male participation in Contraception	10 percent

#### 6.4. Family Welfare Centres:

Family Welfare and Maternal and Child Health activities are provided in Tamil Nadu through the following Centres:-

Sl. No.	Institution	Numbers
1.	Post Partum Centres	114
2.	Urban Family Welfare Centres	104
3.	Urban Health Posts	193
4.	Rural Family Welfare Centres	382
5.	Approved Nursing Homes	1645
6.	Voluntary Organisations	27

### 6.5. Family Welfare Performance:

6.5.1. The Family Welfare Performance for 2006-2007 (Provisional) is as follows:-

Sl. No.	Programme	Annual ELD*	Achievement	% of Achievement
1.	Sterilisation	4,50,000	3,56,936	79.3
2.	I.U.D. Insertion	4,50,000	3,59,056	79.8
3.	Oral Pill Users	1,75,000	1,28,039	73.2
4.	C.C. Users	3,75,000	1,41,903	37.8
5.	M.T.P	1,50,000	64,734	43.2

\*ELD – Expected Level of Demand

6.5.2. The Sterilization Performance by various institutions in the State for 2006-07 is as follows:-

Sl. No.	Institution	% of Achievement
1.	Government Institutions	56.4
2.	Voluntary Organizations	6.9
3.	Approved Nursing Homes	29.2
4.	Local Bodies Institutions	4.0
5.	Unapproved Nursing Homes	3.5

### 6.6 Major thrust areas in implementation of Family Welfare Programme:

- a) Out of 11.50 lakhs births occurring in the State, 16.3 % (2005) of the births are higher order births ie.1.86 lakhs. To reach the goals fixed for the year

2007 these higher order births are to be reduced in a phased manner.

- b) According to National Family Health Survey (2005-2006), the infant mortality rate is 31 per 1000 live births. Among these infant deaths nearly 75% are neo – natal deaths. If these neo – natal deaths are reduced, then our aim of the IMR of 28 per 1000 live births will be achieved.
- c) As per National Family Health Survey (NFHS) – III (2005-06), 53.3% of mothers and 72.5% of infants are affected by any one form of anaemia in Tamil Nadu. Anaemia is the main indirect cause for the maternal deaths and neo-natal deaths.
- d) The unmet needs of family welfare services have been reduced from 13.0% in 1998-99 (NFHS – II) to 8.9% in 2005-06 (NFHS – III). The unmet needs under spacing method are 4.1 percent and permanent method are 4.8%. The following strategies will be adopted to meet the unmet needs of family welfare services in the State:-
1. Identification of village wise eligible mothers with higher order of births and motivate them by a block level team to accept Family Welfare Sterilization.
  2. At present 214 Operation theatres are functioning in the Primary Health Centres. Steps will be taken to make all the Operation theatres in the Primary Health Centre functional in a phased manner.
  3. So far 1645 private nursing homes have been involved besides the Government institutions to provide family welfare services in the State. More number of unapproved private nursing homes will be approved to render Family Welfare services to the eligible couples.

4. Voluntary sector, such as Self Help Groups, Magalir Mandram, 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 DGOs, M.D (Obstetrician & Gynaecology), M.S. (Surgery) will be trained in Laproscopic Sterilization. All the untrained MBBS doctors will be trained in tubectomy sterilization and No Scalpel Vasectomy.
6. All the doctors working in the Government Medical Institutions will be trained in Manual Vacuum Aspiration technique in the Medical Termination of Pregnancy.
7. All the untrained VHNS and ANMs will be given training in insertion of IUD.

6.7. The Government of India have introduced the following schemes:

- (i) Family planning insurance for the acceptors of family welfare sterilizations:-

Death due to sterilization in hospital or within 7 days from the date of discharge from the hospital	Rs. 2,00,000/-
Death due to sterilization within 8 to 30 days from the date of discharge from the hospital	Rs. 50,000/-
Failure of sterilization leading/non-leading to child birth	Rs. 25,000/-
Cost of treatment up to 60 days arising out of complication from the date of discharge	Actual cost not exceeding Rs.25,000/-
Indemnity insurance per doctor but not more than 4 in a year	Upto Rs. 2.00 lakhs per claim

- (ii) Enhanced compensation for Below Poverty Line groups i.e. Rs.500/- for Vasectomy acceptors and Rs.450/- for Tubectomy acceptors

IEC activities will be strengthened to popularise the above schemes in local language so as to create awareness among the rural and urban people.

#### 6.8. State Commission on Population:

The Government of Tamil Nadu have constituted "State Commission on Population" under the Chairmanship of Hon'ble Chief Minister of Tamil Nadu. The Commission will review, monitor and give directions in the implementation of family welfare and maternal and child health programmes in this State with a view to meet the set goals.

#### 6.9. New Schemes for the year 2007–2008:

1. Provision of copier machines to 10 District Family welfare Bureaux at a cost of Rs. 6.00 lakhs.
2. Purchase of 4 personal computers with accessories to the Directorate of Family welfare at a cost of Rs. 1.80 lakhs.

## Chapter - 7

### DRUGS CONTROL ADMINISTRATION

7.1. The Drugs Control Administration has the prime object of enforcement of the following enactments for regulating the Manufacture, Distribution and Sale of Drugs and Cosmetics:-

- a) Drugs and Cosmetics Act 1940 and Rules 1945
- b) Drugs Prices Control Order 1995
- c) Drugs and Magic Remedies (Objectionable Advertisement) Act 1954.

The officers of this Department are also empowered to act under Narcotic Drugs and Psychotropic Substances Act, 1985. The Director of Drugs Control is the Controlling and Licensing Authority for Grant and Renewal of licences for manufacture and for sale of Allopathic, ayurveda, siddha, Unani Drugs, Homoeopathic Medicines and Cosmetics and also Licensing Authority for Blood Banks in Tamil Nadu along with the Central licence Approving Authority.

#### 7.2. **Functioning of Mobile Squad and Legal- Cum - Intelligence Wing:**

There is a Mobile Squad and Legal-cum-Intelligence Wing at Madurai as its headquarters and in this Directorate to attend complaints relating to Spurious Drugs and investigates specific complaints in Southern Region and in Chennai respectively. Apart from this work, the Legal-cum-Intelligence Wing at Chennai, processes Legal matters and undertakes special investigations.

#### 7.3. **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 Units, Manufacturing Units and Hospitals, Government as well as Private. The Parenteral Preparations are tested at King Institute of Preventive Medicine at Guindy.

#### 7.4. **Activities Undertaken During 2006-2007:**

3 workshops were conducted, one in the month of June 2006 and others in the months of September 2006 and December 2006 on

- a) Right to Information Act and Consumer Awareness
- b) Recent trends in Pharma Trade and Industry
- c) Legal aspects in Blood Bank

#### 7.5. **Action Taken on Chikungunya:**

The Director reviewed the ground reality of the 'Chikungunya' situation at Trichy, Karur and Salem Districts with the Deputy Directors of Health Services and the Corporation and Municipal Health Officials on 3<sup>rd</sup> and 6<sup>th</sup> October 2006 and submitted reports to the Secretary to Government, Health and Family Welfare Department. On information that the retail Medical stores are selling medicines without prescription of Registered Medical Practitioner to patients affected by 'Chikungunya', the Director ordered for surprise raids at Chennai, Trichy, Salem, Namakkal, Karur, Villupuram, Vellore, Tirupur and Coimbatore. So far 199 retail chemists were booked for violation of Drugs and Cosmetics Act 1940 and rules made there under. The Department has made publicity regarding these actions and also warned the retail chemists that severe action would be taken against the erring dealers.

#### 7.6. **Drug Information Centre:**

A proposal has been received from the Director of Drugs Control to set up a Drug Information Centre in the department with the assistance of Pharmacy Council of Tamil Nadu. It is under consideration of the Government. Meanwhile this department is presently running a information centre at the Office of the Director of Drugs Control, Chennai by utilizing the information available with the department like Number of Licence Holders, List of Banned Drugs, List of New Drugs and the Brands available in different combination etc., to the General Public.

### 7.7. Legal Action Against Manufacturers And Dealers:

#### (1) Action against Advertisement and Sale of 'Mistake' Tablets:

On receiving a complaint from a Social Welfare Organisation through Commissioner of Police, Chennai that the Drug 'Mistake' has been advertised for the prevention of conception through unprotected sexual action, raids were conducted at the depot of the marketer and certain wholesale premises situated in Chennai. This department has seized drugs worth about Rs.50,00,000/- (Rupees Fifty Lakhs) and advertisement materials, Books containing advertisements. Legal action has been initiated against the manufacturer, wholesalers etc., for the contravention of Drugs & Cosmetics Act 1940 and rules made thereunder and Drugs and Magic Remedies (Objectionable Advertisement) Act.

(2) A total of 200 prosecutions have been sanctioned for the period from 01.04.2006 to 28.02.2007. The following are the major contraventions for which sanction has been accorded:-

- (a) Eight (8) sanctions for prosecution have been accorded under Drugs and Magic Remedies (Objectionable Advertisement) Act.
- (b) Forty three (43) sanctions for prosecution have been accorded for having manufactured for sale of Not of Standard quality Drugs, Spurious Drugs and Adulterated Drugs against different manufacturers.
- (c) One Hundred and Forty Eight (148) sanctions have been accorded for other contraventions under Drugs and Cosmetics Act.
- (d) One (1) sanction has been accorded under Drugs Price Control Order.
- (e) This department has also detected Two (2) Spurious Drugs manufacturers and investigation

under Drugs and Cosmetics Act 1940 is under progress.

### 7.8. Achievements made During 2006-07:

- 1) Three (3) Computers with accessories have been purchased to the Office of the Director of Drugs Control at a cost of Rs.1.65 lakhs.
- 2) One (1) Photo Copier machine has been purchased for Zonal office use at a cost of Rs.0.60 lakh.
- 3) Reference Books for Rs.2.00 lakhs have been purchased for the use of Office of the Directorate.

### 7.9. Action Plan for 2007-2008:

- 1) Not less than 22,000 Inspections are proposed to be carried out in the Sales Concerns as well as in the Manufacturing Units / Blood Banks / approved Laboratories and the Government Hospitals.
- 2) Not less than 3,250 samples are proposed to be drawn for testing the quality of drugs available in the market as well as in the manufacturing units.
- 3) Training programme for the Drugs Inspectors and Senior Drugs Inspectors for equipping them with the latest Technical innovation in the process of manufacture and Quality Control of Drugs will be conducted.

### 7.10. New Schemes for the year 2007-2008:

1. Provision of handy cam for the use of Zonal Offices, Mobile Squad at Madurai and Intelligence Wing, Office of the Director of Drugs Control, Chennai-6 at a cost of Rs.2.25 lakhs.
2. Provision of LAPTOP and LCD Projector for Seminar Hall in the Office of the Director of Drugs Control, Chennai-6 at a cost of Rs.1.35 lakhs.

## CHAPTER - 8

### INDIAN MEDICINE AND HOMOEOPATHY

8.1. Indian Systems of Medicine (ISM) regained its importance due to the concerted efforts put in by the Government of Tamil Nadu. The Government has attached special importance to the growth and development of Siddha System, which is part and parcel of Tamil culture. The experience gained in the past from documentation of many achievements of ISM has helped a lot to suggest many improvements. The Indian Systems of Medicine and Homoeopathy Department (ISMHD) is a developing department extending its facilities throughout the State. It deals with teaching as well as provision of health care in five systems of medicine: (i.e.) 1) Siddha 2) Ayurveda 3) Unani 4) Homoeopathy and 5) Yoga and Naturopathy. The strategy in ISM sector is to restore the credibility and legitimacy of these systems by emphasizing research, education and product standardization and increasing the out reach of these systems by effectively complementing the efforts of the modern medicine system in making available health services to the common man.

#### 8.2. Education:

8.2.1. The strategy on education and training facilities in ISM is two pronged (i.e.). The Government itself have started Medical Colleges of ISM. Private colleges are also allowed so long as they conform to the required standards. The annual intake for the Graduate Course in Indian Medicine under the Government colleges and Private colleges is 236 and 790 respectively. The Post Graduate Course is offered only in the System of Siddha in Government Colleges and the annual

intake is 80. The Courses and the intake at these institutions are detailed below:-

Nature of Institution	Siddha	Ayurveda	Unani	Homoeopathy	Yoga & Naturo pathy	Total
<u>Under Graduate</u>						
Government	150		26	50	10	236
Private	120	160		400	110	790
<u>Post Graduate</u>						
Government	80	-	-	-	-	80
Private	Nil	-	-	-	-	-

8.2.2. In addition, the Government have taken steps to start functioning of new Government Ayurveda Medical College and Hospital at Nagercoil in Kanyakumari District from the academic year 2007-08.

#### 8.3. Research:

The attempts are being made by the State Government to provide adequate clinical and research infrastructure at different level. Inhouse research capabilities in the Department are limited. The approach is therefore to forge alliances with other institutions. A memorandum of understanding has been signed with Madras University to have collaborative work.

#### 8.4. Standardisation:

Indian Systems of Medicine are of great antiquity. The drugs have been used for centuries. To ensure the quality, affordable safe and efficacious of the ISM drugs the State Pharmacies and the pharmacy attached to Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited (TAMPCOL) have been modernized. Similarly, the State drug-testing laboratory at Chennai has also been well equipped and will pave the way for standardization of ISM drugs so that quality is ensured. In addition to this, the

Government have proposed to establish Quality Control Laboratories in the State Pharmacies as per Good Manufacturing Practices (GMP) norms.

#### 8.5. **Medical Treatment:**

With a view to develop and popularize the Indian Systems of medicine, there are 829 institutions in the State providing medical treatment under Indian Systems of Medicine and Homoeopathy, with an inpatient capacity of 965 beds. The State Government also implements Speciality Clinics in 17 District Headquarters Hospitals and in 151 Taluk Hospitals with the assistance of the Government of India.

#### 8.6. **'Varumun Kappom Thittam':**

Based on the overwhelming response from the public on the conduct of 'Varumun Kappom Thittam' during the year 1999-2001, the Government have reintroduced the scheme from the year 2006-07 onwards. The doctors from the ISM wings play an important role by participating in the camps along with the Allopathy doctors for treating the patients. During the camps 18 types of various Siddha drugs manufactured by TAMPCOL are dispensed to patients.

#### 8.7. **TAMPCOL:**

The authorized share capital of TAMPCOL is Rs.50.00 lakhs. Its present paid up share capital is Rs.20.75 lakhs. TAMPCOL earned a profit Rs.110.88 lakhs during the year 2003-04 and Rs.85.02 lakhs during the year 2004-05. During the year 2005-06 the Corporation achieved a turnover of Rs.1053.08 lakhs and a net profit of Rs.176.09 lakhs. The Corporation has been paying dividend from the year 1998-99 to the Government. TAMPCOL has maintained a dividend level of 20% amounting to Rs.4.15 lakhs to Government for the year 2005-06 as in the previous year.

#### 8.8. **New Schemes for the year 2007-2008:**

1. Strengthening of State Drug Testing Laboratory at a cost of Rs.15.00 lakhs.
2. Establishment of Quality Control Laboratories in Government Pharmacies at a cost of Rs.5.74 lakhs.
3. Purchase of Photocopier Machines for Government Yoga and Naturopathy Medical College and Commissionerate at a cost of Rs.3.00 lakhs.
4. Computerization of Translation wing of Commissionerate of Indian Medicine and Homoeopathy at a cost of Rs.3.50 lakhs.
5. Provision of Vehicle to all District Siddha Medical Officers at a cost of Rs.7.15 lakhs

## Chapter - 9

### Tamil Nadu Health Systems Project

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

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

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

#### 9.2. Reduction of maternal mortality and infant mortality:

66 Headquarters Hospitals have been upgraded into Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Centres under the Tamil Nadu Health Systems Project. In the current year, another 32 hospitals will be upgraded so that any pregnant woman need not travel more than an hour to reach a hospital fully equipped with staff, equipment and facilities to undertake deliveries and treat complicated deliveries by caesarean operations etc., 200 specialist doctors like paediatricians, Anaesthetists and

Obstetricians and 200 nurses will be made available in these Centres.

#### 9.3. Provision of buildings to hospitals:

It has been planned to undertake large-scale repairs and renovations to hospital buildings and to provide new buildings in 232 hospitals in the remaining 24 districts. The building works will begin by May 2007 and would be completed by March 2008.

#### 9.4. Provision of equipments:

Hospital equipments have been provided to 38 hospitals during phase I of the Project. Now it is planned to provide hospital equipments and goods to the balance 232 hospitals during the current year. It is expected that the provision of equipments will largely improve the quality of services in all the District Headquarters Hospitals, Taluk and Non-taluk hospitals.

#### 9.5. Emergency Ambulance Services:

With a view to transporting patients and pregnant women in rural areas in time for emergency medical care, orders have been issued to provide 24 hours ambulance service in all Blocks under the Tamil Nadu Health Systems Project. Under this Project, 187 Blocks have been so far provided with new ambulances. Remaining 198 Blocks will be provided with new ambulances at a cost of Rs.21 crores.

#### 9.6. Tribal Health Development:

The Project has planned to establish mobile health services to the tribal population by providing vehicles to the Non Governmental Organizations and to support them with grants for salary for Medical Officers, Lab Technicians, Nurses, Drivers and for drugs. These services are being provided in 12 places inhabited by Tribal Population. Apart from these it is also planned to strengthen the Government

hospitals in the Tribal areas so that the tribal people can have better health care.

#### **9.7. Patient Counselling Centres:**

Patients Counselling Centres have been established in 166 hospitals during Phase I of the Project. Each Counselling Centre is manned by 3 counsellors round the clock in turns. They provide the necessary counselling support to the poor illiterate patients and delivery cases attending these hospitals. These counselling centres are being continued during Phase II of the Project also.

#### **9.8. Bio Medical Waste Management System:**

During Phase I of the Project the Bio Medical Waste Management System was piloted in all the hospitals in Dharmapuri and Krishanagiri Districts. This system would be extended to all the 270 hospitals during Phase II of the Project.

#### **9.9. Human Resource Development:**

A massive training programme has been drawn up to improve the skills of the Health Care providers working in the Project hospitals. Training would be imparted for both technical skills and management skills. The training programme is being implemented in stages. The training programme is expected to improve the quality of care in Project hospitals.

#### **9.10. Quality of Care:**

It is planned to take many steps to improve the quality of health care provided to patients in the Project hospitals. Monthly performance reports are being collected from each hospital and their activities are analysed and hospitals are graded based on their expected performance. Remedial measures are being undertaken to improve the performance. It is planned to bring in a system of accreditation for all Project hospitals. Standard treatment guidelines are being developed for provision of uniform quality treatment in all the hospitals.

Quality of care indicators are being developed to improve care in the Project hospitals.

#### **9.11. Piloting of Universal Screening for Cervical Cancer:**

The incidence of cervical cancer is very high in Tamil Nadu. The Project has started implementing a pilot programme for prevention and early detection of cervical cancer in Theni and Thanjavur districts. It is proposed to screen all the women in the age group of 30-60 years during the pilot programme. Depending on the success of the pilot programme, this scheme could be extended to all other Districts of Tamil Nadu.

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

The Project has planned to take up as a pilot programme the prevention and treatment of coronary heart disease and hypertension in Sivagangai and Virudhunagar districts for a period of 2 years. The pilot programme will screen about 8 lakhs people above the age group of 30 years for high blood pressure, diabetes and heart diseases. Proper counselling will be provided on life style changes for prevention of these diseases. Those who are already having them could be provided with proper medication. Based on the success of this pilot programme this method could be extended throughout Tamil Nadu.

#### **9.13. Hospital Management Information System:**

It is planned to computerize all the activities of the Project hospitals so that the information is available to the controlling officers at the hospital level, district level and State level to take management decisions to improve the services in the hospitals. It is also proposed to computerize the patient treatment system inclusive of the out patient department. Initially, this system would be introduced in 38 hospitals in 5 Phase I districts and then extended to other hospitals subsequently.

**9.14. Health Promotion Activities:**

It is planned to take up health promotion activities for the population to follow healthy habits for prevention of life style diseases like Diabetes, Hypertension and Cardiac diseases. They shall be advised on proper balanced diet, low fat and salt, importance of exercise, reduction of weight, cessation of smoking and maintaining healthy habits. Mass media such as television, closed circuit television, radio, newspapers, etc. would be involved in health promotion activities. It is planned to have posters, stickers, handouts and hoardings for propagation of health messages. Formation of health clubs, walkers' clubs, cycling clubs etc would be encouraged. School based and work place based health promotion activities would be initiated.

## Chapter - 10

### Tamil Nadu State Health Society

10.1. The National Rural Health Mission (NRHM) has been launched in Tamil Nadu with the view to bring architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery. It aims to improve the health status of the people, especially those who live in the villages. The vision is to provide universal access to equitable, affordable and quality health care services, which is accountable at the same time responding to the needs of the people. The programme is for the period 2005-2012. The programme is funded by the Government of India (GOI).

10.2. **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 Indian Systems of Medicine (ISM)
- Promotion of healthy life styles

#### Mission:

10.3.1. To achieve the objectives of the mission, the State Health Mission was Constituted and State Health Society was registered under Tamil Nadu Societies Registration Act 1975 with Registration No. 47 / 2006.

10.3.2. State Health Society is constituted merging the existing health societies for leprosy, tuberculosis, blindness control and integrated disease control program except Tamil Nadu State AIDS Control Society. All the National health programmes at the State and District level are brought under one umbrella and it will function through the individual sub committees. This will help to pool all resources available in implementation of the programme. The subcommittees are:

- Sub committee for Reproductive Child Health (RCH)
- Sub committee for maternal child health and family welfare
- Sub committee for Vector Borne Disease Control programme
- Sub committee for Tuberculosis control
- Sub committee for Integrated Disease control Programme
- Sub committee for National Blindness Control Programme
- Sub committee for Indian System of Medicine and homeopathy

10.3.3. To implement the activities of the mission, District Health Mission and District Health Society have been formed.

10.3.4. The primary health care delivery is provided through Primary Health Centres (PHCs) and Health Sub Centres (HSCs). Under the Mission, all PHCs and HSCs will be upgraded to Indian Public Health Standards.

10.3.5. The following interventions are proposed to be implemented under NRHM during 2007-08:-

#### 10.3.5.1. Formation of patient welfare society:

For better management of Primary Health Centres and Hospitals, Patient Welfare Societies are formed in all Primary Health Centres, Taluk / Non Taluk Hospitals, and Government Head Quarters Hospitals. These societies will coordinate with health staff for better functioning of the health centres and will facilitate for achieving the objectives of the

Mission. The funds will be given to these Societies at the rate of Rs.5 lakhs per District Headquarters Hospital, Rs.1 lakh per Taluk / Non Taluk Hospital and Rs.1 lakh per Primary Health Centre.

**10.3.5.2. Providing Annual Maintenance Grant to Community Health Centres (CHCs) / 24 Hours Basic Emergency Obstetrics and Newborn Care services (BEmONC) PHCs / PHCs / HSCs:**

The Annual Maintenance Grant of Rs.1 lakh will be provided for each CHC / 24 Hours BEmONC PHC to ensure quality services through functional physical infrastructure. The Annual Maintenance Grant of Rs.50,000 for each PHC will be given for provision of water, toilets, their use and their maintenance and other activities for the better functioning of the health centres. The Annual Maintenance Grant of Rs.10,000 for each HSC will be given which will be used for the maintenance of HSC and will be monitored by the HSC level committee.

**10.3.5.3. Providing untied grants to Health Sub Centres, Primary Health Centres and Community Health Centres / 24 Hours BEmONC PHC:**

Untied grant will be given to every Health Sub Centre (Rs.10,000), Primary health centre (Rs.25,000), 24 Hours BEmONC centres (Rs.50,000) for local health action. These amount could be used for any local health activity for which there is a demand.

**10.3.5.4. Village Health and Water Sanitation Committee:**

The village is the basic unit for assessing the health needs of the people and for developing village specific plans. In every village with a population of up to 1500 the Village Health Water and Sanitation Committees will be formed with adequate representations of Panchayat Raj Institutions, women's group and other village level officials related to health and determinants of health such as water and sanitation. An untied grant of Rs.10,000 will be provided for

this committee, which can be used for household surveys, health camps, sanitation drives etc.

**10.3.5.5. Accredited Social Health Activists (ASHA) - Link Worker:**

Provision of a trained female community health worker ASHA will be implemented in the Tribal area. In other places Female Health Link Volunteers will be selected at the rate of one per 1000 population. The married women in the age group of 25-45 years studied up to 8<sup>th</sup> standard will be selected. The required training will be given to everyone of them regarding the health and related activities. They will be paid incentives based on their involvement and performance in the implementation of various national health programmes. Her roles and responsibilities will be:

- Creating awareness and provide information about nutrition, basic sanitation hygienic practices and health living.
- Giving information on existing health services and utilization of health and family welfare services.
- Giving counselling on mother and child care and identification of high-risk cases and referring to appropriate First Referral Units (FRUs).
- Will be providing primary Medical care for minor ailments such as diarrhoea, fever and first aid for minor injuries. She will be a DOTS provider under RNTCP.
- She will act as depot holder for ORS, IFA, Chloroquin, Oral pills and Condoms.
- She will be assisting in all basic health activities in the village.

**10.3.5.6. Creation of Mobile Medical Unit:**

With the objective to take health care to the doorstep of public in the rural areas especially in under served areas, 100 Mobile medical out reach units are operationalised.

Another 285 units will be formed during 2007-08. The unit, which consists of Medical and paramedical staff will be visiting the villages as per the fixed day annual plan. The schedule will be informed to the public in advance so that the villagers can utilize these services along with the laboratory services. Through the fixed day visits to the villages the entire reproductive health services are to be made available at the doorsteps of people. The elderly people, disabled, women with newborns would also benefit a lot by this programme. The services like treatment of minor ailments, antenatal care, post natal care, new born care, family welfare services, management of RTI / STI cases, diabetes and hypertension clinic, TB and leprosy case detection, nutrition counselling, health education, identification of issues regarding water, sanitation and hygiene in the area for corrective community action will be provided.

#### **10.3.5.7. Establishment of State Level Health Resource Centre:**

For the preparation of training materials and to meet the demanding knowledge needs of the field level functionaries and to operationalise innovative ideas for strengthening service deliveries and effective use of resources State Level Health Resource Centre will be created at a cost of Rs.1.00 crore.

#### **10.3.5.8. Appointment of VHNs at HSC level:**

The Health Sub Centres, which are having more population, remote and vast areas will be provided with one additional VHN to carry out health activities.

#### **10.3.5.9. Establishment of Dental Clinics in the PHCs:**

Prevention of dental problems is one of the objectives in primary health care. Promoting the oral hygiene will prevent many of the serious illness including Heart diseases. Prevention of dental caries is easily achievable with good counselling. At present on pilot basis, dental clinics are conducted in 24 PHCs in 6 districts by hiring Dentists 3 days a week. With the success of this project, it is proposed to extend

the dental clinic programme to 100 Upgraded PHCs during the year 2007-08. One Dentist and 1 Dental Hygienist will be appointed and the programme will be conducted on all weekdays.

#### **10.3.5.10. Computerisation of all Primary Health Centres:**

There are 1417 Primary Health Centres in Tamil Nadu sending health information to the district and to the State. 385 Block PHCs are provided with computer facilities. Additional PHC needs computer and its accessories for data entry and transmission through e-mail on regular basis. It will be handling web based data entries. Hence all the 1417 PHCs in Tamil Nadu will be provided with computer and its accessories during the current year.

#### **10.3.5.11. Electronic Moding (E – Moding):**

Electronic Moding of Health Information from the level of household will be useful to monitor the health events in every family in Tamil Nadu. E-moding all health data of the family members captured by the Village Health Worker will be transmitted to the PHC and from there to the district and to the State. It will be compiled and analysed at various levels to make decisions on the health intervention or to make decision on the course correction whenever required. Under NRHM it will be implemented in a phased manner throughout the State.

#### **10.3.5.12. Family Health Card / Smart Card:**

Under the NRHM, each family is provided with health care facilities through Link Workers, ASHA, Village Health Nurse and the Doctors from the Primary Health Centres. It is proposed to give a Family Health Card with coded number to each family. It will have all the base data of the family. The card will be a useful tool to get them identified at appropriate centres to provide them the health care facilities at secondary and tertiary level. The early-detected pregnant women will be provided with SMART CARD with antenatal case number. The maternity benefits are claimed and monitored through the SMART CARD. Smart Card will have the validity for 5 years. It will be useful to monitor the pregnancy outcome and also

useful for providing maternity benefits and timely intervention of high-risk mothers. It will be useful to reduce maternal mortality through Family Health Card and SMART Health Card. The Family Health Card will be introduced to rural poor in a phased manner and will be extended to urban areas also.

#### 10.3.5.13. Gestational Diabetes:

With the modern life style, change in the food habit and the culture, the prevalence of the non-communicable diseases like diabetes and hypertension is on the high side. Gestational diabetes causes abortion, still birth, big baby, birth defects respiratory distress and neonatal death and sometime even maternal death. Gestational diabetes could be easily diagnosed at early pregnancy with the semi auto analysers supplied to the PHCs. The treatment could be given at the PHC level and safe delivery could be ensured. It is proposed to implement the control and prevention of gestational diabetes programme at the PHCs. The doctors will be given training and adequate drugs will be provided to the PHCs. Awareness programmes will be conducted in the community.

#### 10.3.5.14. Prevention and early detection of disability among newborns:

RCH programme focuses on improving the quality of maternal and newborn care in addition to making the services accessible to the needy poor. If childhood disabilities are detected and the interventions are initiated early, the quality of life of these special children would improve considerably. The health functionaries have an important role to prevent the disabilities due to nutrition deficiencies, birth asphyxia, birth injuries etc. The health functionaries will be trained to upgrade their skills in the RCH Services. Hence it is proposed to implement Prevention and Early Detection of Disability Among Newborn Programme in the State. The following activities are planned:

1. Rubella immunisation for all the adolescent girls

2. Training of all medical and paramedical functionaries in the early detection of disabilities through high-risk newborn screening.
3. Organising multi speciality referral clinics in the District Hospitals
4. Establishing partnership with the NGOs for carrying out early detection and management of disabilities as a public private partnership.

#### 10.3.5.15. De-worming of all School Children:

Many children suffer with malnutrition and anaemia. It leads to stunted growth and affects the intelligence. One of the causes of anaemia in children is due to worms. Hence, it is proposed to implement a programme on de-worming of all school children through School Health Programme. After de-worming the children, iron and folic acid tablet will be supplied. Along with the treatment, awareness programme will be conducted on personal hygiene and environmental hygiene.

#### 10.4. REPRODUCTIVE AND CHILD HEALTH PROJECT:

NRHM provides, a thrust for reduction of child and maternal mortality and reduce the fertility rate. By providing quality health services in rural areas with wide range of services will achieve the above thrust. Efforts are on to provide quality Reproductive and Child Health Services including institutional delivery, safe abortions, treatment of RTI, family planning services, adolescent health issues and urban health issues. The Reproductive Child Health Project Phase II (RCH) at a cost of Rs.426 crores during the period 2005-2010, is being implemented in Tamil Nadu.

##### 10.4.1. Extending the programme of 24 hours delivery care services to 220 more PHCs:

The introduction of 24 hour delivery care services in 780 PHCs with 3 staff nurses is increasing the number of deliveries in the PHCs, thereby resulting in the shift of the normal delivery load from the secondary and tertiary institutions to PHCs. This shift and availability of 24 hour

delivery and emergency first aid services in the PHCs, simultaneously with providing quality service close to their residence, while enabling the secondary and tertiary care institutions to concentrate on the referral cases and specialized treatments, would improve the access to quality health care in the rural areas. Specialized skill training will be given to all the Staff Nurses and ANMs in Emergency Obstetric Care and Newborn Care. This training will improve their skill in giving emergency treatment before referring. This programme will be extended to 220 more PHCs during the year 2007-08.

#### **10.4.2. Hiring of Anaesthetists and Obstetricians for providing Emergency Obstetric Care Services:**

During delivery, mothers are referred for want of Anaesthetist and Obstetricians. 30% of the mothers died on the way to referral centres. This hiring programme has helped in reducing the maternal mortality by 38% in 2006. Also, this has increased the number of caesareans performed in the secondary institutions. Hence it is proposed to continue this scheme during this year.

#### **10.4.3. Training for MBBS Doctors on Life Saving Anaesthetic Skills for Emergency Obstetric Care:**

In order to make more number of Anaesthesia trained Doctors available in PHCs, a training programme for MBBS Doctors on Life Saving Anaesthetic Skills for Emergency Obstetric Care is organized in Tamil Nadu. Doctors from PHCs and Secondary level Hospitals are trained for 24 weeks in Medical Colleges. This training is under progress and 48 doctors are under training. It is proposed to train 100 doctors during 2007-08.

#### **10.4.4. Referral Control rooms with toll free numbers to be set up in all districts:**

Referral Control rooms are being established in all the districts. Each district is allotted common help line telephone number 1056 for the use of public. The ambulance services which are provided by the Health Systems Project is linked

with Medical Emergency and Referral Control Room established in all the districts. It will enable to transport emergency Obstetric & Newborn cases from rural areas to the referral unit in time. Ambulances will be placed in strategic locations in the blocks. The control room services are:

- Ambulance service
- Blood bank information services and net working
- Referral services
- Alerting the concerned medical institution regarding the expected arrival of emergencies and the nature of such emergencies.
- Child and women help line linkage and assistance.
- Link Services with Police control room, Highway patrol, Fire service control Room, Road side Emergency Accident and Relief Centre and Armed Forces.
- For providing information for women and children who need help through women / child help line.
- Timely information to district authorities regarding lack of service in a particular institution due to any reason for avoiding such lapses in future.

#### **10.4.5. Ensuring availability of blood of all groups in all Blood Banks throughout the year:**

Regular blood donation camps with the assistance of Government Blood Banks, Red Cross Societies are being conducted in all the PHCs. The blood requirement of the tertiary hospitals and the secondary hospitals are assessed and the blood is collected in the camps. The area based Blood Donors Directory has been prepared for each PHC and it is used in emergencies. This camp gives an opportunity to create awareness on voluntary blood donation.

#### **10.4.6. Ensuring the functioning of operation theatres without interruption:**

Operation theatre contingences at the rate of Rs.1000/- per month per Primary Health Centre are being

provided to improve the functioning of operation theatres. Totally 217 PHCs are identified which are performing family planning surgeries under RCH Project and are being sanctioned Rs.1000/- per month as operation theatre contingencies.

#### 10.4.7. **Female foeticide prevention through Scan Centre Audit:**

Scan centre audit will be continued in the State to prevent the female foeticide. Scan centres will be inspected and suspected centres will be brought under surveillance and action will be taken against the centres violating the Pre-Conception and Pre-Natal Diagnostic Techniques Act. Such regular audit is expected to reduce female foeticide substantially.

#### 10.4.8. **Improving the quality of Obstetrics and Newborn care services in tertiary institution:**

The availability of clean linens, sterile consumables, implementation of infection control protocol go a long way to improve the quality of maternal and child health care. Improvement of Electricity and Water supply, Drinking water amenities, developing communication facilities, Patient Guidance Boards, Clean Environment etc, is particularly required. During 2006–07 a sum of Rs.7 crores was given at the rate of Rs.50 lakhs to 14 Govt. Medical colleges for providing Patient Welfare Amenities like linen, waiting hall, play material for children, uninterrupted electric supply, essential equipments, Solar Heaters and cleaning facilities.

#### 10.4.9. **Family Health Clinic:**

Family Health Clinics would continue to function in 385 BEmONC PHCs. The clinics will be conducted on alternate days i.e. Monday, Wednesday and Friday. These clinics will provide lab services for diagnosis, treatment of RTI/STI, voluntary counselling and testing services for HIV. Infertility management and counselling will be given special focus.

#### 10.4.10. **Establishing Adolescent Friendly Health Services (AFHS):**

Adolescents (10-19 years) represent one-fifth of the population. A large number of them get married early and give birth to their first child at a very young age. It is important to influence the health seeking behaviour of adolescents as their health status will be an important determinant in mortality, morbidity and population growth scenario. Strategy for addressing Adolescent Reproductive and Sexual Health in RCH Phase II:

1. Incorporating adolescent issues in all the RCH training programmes and in developing Behaviour Change Communication (BCC) materials.
2. Dedicated timing and days to be allotted for Adolescents in the public health institution
3. Organising counselling sessions
4. Organising special campaigns for school children, college students, youth working in industries
5. Implementing anaemia control programme

In Tamil Nadu Adolescent Friendly Health Services programme was piloted in Nagapattinam district and it will be extended to the remaining districts during the year 2007-08

#### 10.4.11. **Mainstreaming ISM in the health systems:**

Training on Mainstreaming of ISM programme is being conducted in 10 training institutes in the State. 5024 female field health functionaries have been trained. A drug kit containing 50 ISM drugs is being supplied to HSCs. Use of ISM for dealing with Anaemia and for other aspects of maternal and child health is a focus area. The establishment of Indian system of Medicine wing will be extended to 100 PHCs during 2007-08.

#### 10.4.12. Establishing the Poison treatment centres in 385 BEmONC Centres:

The poisoning with organo phosphorous compounds, snake bites and scorpion stings are more common in rural areas. To give immediate first aid and initiation of antidote will save many lives and prevent complications, it is proposed to establish the poison treatment centre in 385 BEmONC centres. Necessary skill training will be given to the doctors and paramedical staff to follow the standard poison treatment protocols. Necessary drugs and antidotes will be supplied.

#### 10.4.13. RCH Centre of Excellence:

Under NRHM, it is proposed to establish a premier institution under Madras Medical College as RCH Centre of Excellence at a cost of Rs.100 crores. It is proposed to improve the infrastructure and Patient Welfare Amenities of the Institute of Obstetric and Gynaecology (IOG), Egmore and Government Kasturbha Gandhi Hospital (KGH) for Women and Children, Triplicane into a Centre of Excellence. This Centre of Excellence will serve as premier training institute for the entire country. The Institute aims to conduct RCH training to primary, secondary and tertiary care medical and paramedical staff. It is proposed to train 1000 medical and paramedical personnel every year all over India. Hence it is inevitable to accommodate these trainees and to provide a comprehensive training facility. It is also proposed to improve the two training centres namely Health & Family Welfare Training Centre, Egmore and Multipurpose Health Supervisors Training Centre, Triplicane.

The project is aimed to:

1. Address the training needs of RCH as required in government health services.
2. Facilitate expert opinion and consultancy services for proper treatment and referral of mothers and babies.

3. Conduct more specialized training in the field of RCH for upgradation of high quality skills and information and act as a resource centre for training.

#### 10.4.14. Providing Maternity Health Resort:

In the difficult terrain area women need to travel long distance to institutions for safe delivery. Emergency transport facilities in these areas are also very poor. Some times women in labour die on the way. Maternity waiting rooms would be provided in the selected PHCs and Government Hospitals which are located in the backward and tribal areas so that the women along with the child and birth companion could wait in these rooms before the expected date of delivery. During the stay, the health of pregnant women will be monitored. Adequate diet will be provided.

#### 10.4.15. Improving institutional delivery of Below Poverty Line (BPL) women:

The Government of India Janani Suraksha Yojana is one among the schemes under Phase II of RCH Project, which aims at reducing the maternal and infant mortality by focusing on skilled attendance during childbirth for the below poverty line families. The scheme is extended to urban area also. The BPL criteria are not applicable for the SC and ST population. The cash assistance under the scheme is:

Rural area		Urban area	
Institutional delivery	Home delivery	Institutional delivery	Home delivery
Rs.700/-	Rs.500/-	Rs.600/-	Rs.500/-

#### 10.4.16. Hiring of Paediatricians for provision of Emergency Newborn Care:

Under RCH Programme, funds have been provided to Government hospitals to hire the services of private obstetricians and anaesthetists for provision of emergency obstetric care services. It is proposed to hire the services of

private paediatricians to provide emergency new born care during normal deliveries and caesareans. Wherever the paediatricians are not available in the hospitals and PHCs, the Medical Officers are permitted to hire private paediatricians for emergency newborn care and paediatric care.

#### 10.4.17. Training and Human Resource Development:

For the year 2007-08, a comprehensive training programme is developed. As a part of NRHM it is proposed to give multi-skill training to PHC Medical Officers. The training proposed are:

- Manual Vacuum Aspiration (MVA) training
- Tubectomy training
- Obstetric ultra sonogram training
- Life Saving Anaesthetics skills for emergency Obstetric care
- Emergency Obstetric care training
- Emergency Newborn care training
- Visual Inspection with Acetic acid (VIA) Cancer cervix and Cancer breast detection training
- Colposcopic training
- Blood bank training

To reduce IMR and MMR specialised skill training is proposed for Staff Nurses and ANMs working in the PHCs. The training proposed are:

- BEmONC training
- Integrated Management of Neonatal and Childhood Illnesses (IMNCI) training
- Adolescent Friendly Health Services
- VIA Cancer cervix and Cancer breast detection training
- Skilled birth attendant training
- Pre service training for ASHA

## Chapter - 11

### TAMIL NADU STATE AIDS CONTROL SOCIETY

11.1. Government of Tamil Nadu has initiated some path breaking interventions in the field of HIV /AIDS prevention. The State has emerged as a model for the entire Country in showing the way to a very effective Programme Management. The Programme is at a crucial stage now where we are moving from National AIDS Control Programme (NACP)-II to National AIDS Control Programme - III. The Programme implementation in NACP - II has seen an effective coverage of High Risk Groups, emphasis on Prevention and Care & Support. While Tamil Nadu would consolidate the gains in NACP II, the efforts in NACP III would be directed towards halting and reversing the HIV infection in accordance with Millennium Development Goals (MDG).

#### 11.2. Tamil Nadu's response to the challenge of HIV/AIDS:

Tamil Nadu Government through TANSACS is implementing certain comprehensive programmes to achieve the objective of reversing the epidemic in the State. These programmes could be categorized as follows:

1. Prevention programmes
2. Treatment services
3. Care and support services
4. Capacity building activities

##### 11.2.1. Prevention programmes:

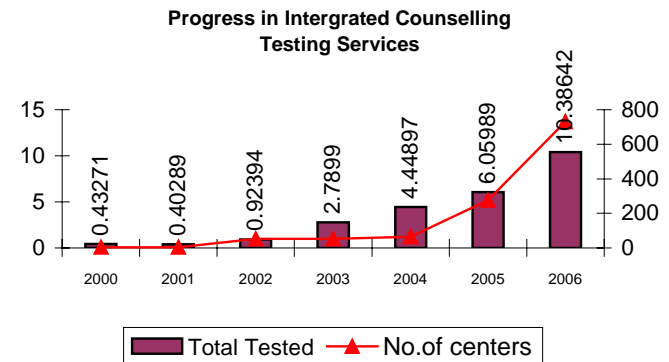
Prevention is always the best strategy with regard to control of HIV/AIDS. An effective prevention programme not only protects the high-risk population from getting infected with HIV but also arrests the every possibility of the epidemic from moving to the bridge and general population. This in turn will reduce the burden on the Government Health Care

Programmes. TANSACS is implementing the following prevention programmes:

1. Integrated Counselling and testing Centres (ICTC)
2. Intervention programmes among high risk population
3. Condom promotion
4. Awareness Programmes
5. Provision of Safe blood
6. Reaching out to the young people
  1. School AIDS Education programme
  2. Out of school youth programme
  3. Red ribbon club programme
7. Programme for Rural women

##### 11.2.1.1. Integrated Counselling and Testing Centres (ICTCs):

11.2.1.1.1. ICTCs have been established up to the Block PHC level. They serve as entry points for all the HIV related services. ICTCs personnel namely Counsellor and Lab technician provide the crucial counselling services and testing for HIV. They provide services like Prevention of Parent to Child Transmission (PPTCT), Voluntary Counselling and Testing (VCT), Blood Safety, RTI/STI treatment, HIV-TB and Anti-retro viral therapy (ART) under one roof.



11.2.1.1.2. 760 Integrated Counselling and Testing Centres have been set up in Government Medical College Hospitals, Private Medical College Hospitals, District Headquarters Hospitals, Taluk Hospitals, Corporation Health Posts, Community Hospitals etc. including all the 385 Block Primary Health Centres (PHCs). These ICTCs ensure that the essential services are available to people at the community level. During 2006, 10.4 lakhs people have accessed the ICTC services. This represents a 73% increase in the client load when compared to the previous year i.e. 2005. During this year new ICTCs will be established in select 24 hours Primary Health Centres, private hospitals and Industrial Establishments.

11.2.1.1.3. Towards achieving the mission of "No new infection to newborns in 2007", various strategies have been developed and implemented in the PPTCT Programme. The various strategies includes demand creation through IEC activities, increased follow-up of all ANC mothers through Out Reach Workers in all the 385 Blocks of the State, provide women - friendly services in ICTCs, promote institutional delivery and administer Nevirapine to all the Mother - Baby pairs.

11.2.1.1.4. In order to ensure good quality testing services, an External Quality Assurance Scheme (EQAS) is being implemented in Tamil Nadu. From this year, EQAS will be conducted twice a year with the help of MMC, which is a National Reference Laboratory (NRL). All medical colleges are also involved in the EQAS programme. A sum of Rs.14.97 lakhs has been released for training the health department personnel on EQAS.

#### **11.2.1.2. Intervention Programmes among high-risk population:**

11.2.1.2.1. The intervention programmes are specially designed and implemented for prevention and control of the spread of HIV infection among the High Risk and vulnerable population groups such as Commercial Sex Workers [CSWs], Men having sex with Men [MSMs], Injection Drug Users

[IDUs], Truckers, Migrants, Youth and Adolescents. The main objective of the targeted intervention is to change the High Risk Sexual Behaviour of the targeted population into safer/responsible sexual behaviour so as to prevent further spread of the infection among the High Risk Groups (HRGs) and to the general population through their sexual partners/bridge population. The main components of the Targeted Intervention programme are (i) Behaviour Change Communication, (ii) Counselling, (iii) Referrals for STI Treatment and voluntary testing for HIV Status, (iv) Condom Promotion and (v) Advocacy. Tamil Nadu State AIDS Control Society is implementing the TI programmes in partnership with Non Governmental organizations (NGOs) and Community Based Organizations (CBOs).

11.2.1.2.2. As per the Behaviour Surveillance Survey Wave-X 2005 conducted by APAC, the following are the outcomes of the Targeted Intervention programmes undertaken under the National AIDS Control Programme Phase II (NACP II) with reference to CSWs who are at most risk:

1. Knowledge levels with regard to prevention of HIV/AIDS and STIs have increased to 98% among CSWs.
2. Condom usage has increased to 89.5% among CSWs.
3. Treatment seeking behaviour among CSWs for STI infections has increased to 82%.
4. Counselling availed for voluntary testing has increased to 88.1%.

11.2.1.2.3. The transition of programme to IIIrd phase of National AIDS Control Programme is being launched shortly. The following are the main objectives of the programme: -

1. Saturation of Coverage among core group populations.
2. Mainstreaming of interventions among vulnerable and bridge population with the concerned departments and Associations.

3. Transitioning of programme ownership from Non Governmental Organizations (NGOs) to Community Based Organizations (CBOs) for sustainability.
4. Capacity building of CBOs.
5. Capacity building of Health Care Providers including RMPs, Siddha and Traditional Healers for effective STI management.
6. Strengthening of Non Traditional Outlets for condom promotion involving NGOs and SHGs.
7. Capacity building of Non partner NGOs.

#### Targeted interventions in Tamil Nadu (2006 – 07)

Sl. No.	Type of High risk population	No of interventions
	<b>Core group</b>	
1	Commercial Sex Workers	11
2	Men having Sex with Men	3
3	Injecting drug users	1
	<b>Bridge population</b>	
4	Truckers	8
5	Migrant workers	12
6	Industrial workers	13
7	Prison inmates	8
8	Tribal community	2
	<b>Total</b>	58

#### 11.2.1.3. Condom Promotion:

11.2.1.3.1. In the absence of the vaccine against HIV, Condom is the effective option for prevention of HIV infection. Condoms are being distributed free of cost among the core population viz. Commercial Sex Workers, Males having Sex

with Males, Intravenous Drug Users through Government Health Care Institutions, STD Clinics and NGOs/CBOs. For the rest, TANSACS is encouraging them through the IEC and general awareness programmes to avail priced condoms at subsidized rates from the numerous Social Marketing Condom Outlets developed through out the State, particularly in and around the areas where targeted intervention programmes are implemented. Apart from this, as a generic promotional effort, social marketing condoms are also promoted through all the Fair Price Shops existing in the State.

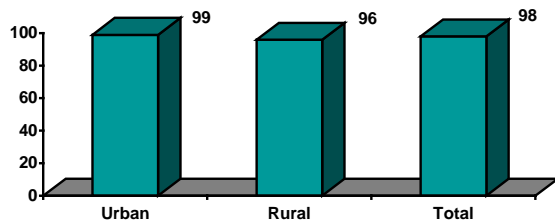
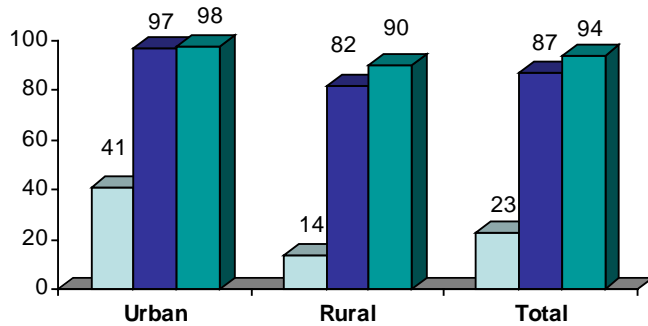
11.2.1.3.2. For ensuring 100% condom usage and prevention of infection among the HRGs, TANSACS has initiated Female Condom promotion activities through launching of pilot projects in 6 districts viz. Chennai, Madurai, Trichy, Tirunelveli, Salem and Vellore in collaboration with Hindustan Family Planning Promotion Trust (HLFPPT), New Delhi as directed by Government of India, Ministry of Health and Family Welfare, National AIDS Control Organization. For mainstreaming of Female Condom usage, TANSACS has also initiated promotional activities through the Women Self Help Groups.

11.2.1.3.3. Condom Vending Machines have been installed in 5 Municipal Corporations viz. Coimbatore, Madurai, Salem, Trichy and Tirunelveli for increasing the accessibility to condoms. The Condom Vending Machines are installed in prominent places viz Cinema Theatres, Petrol Bunks, Railway Stations and Bus Stops.

#### 11.2.1.4. Awareness Programmes:

11.2.1.4.1. Information sharing and awareness creation are essential pre-requisites for any successful campaign. In the field of HIV/AIDS, successful communication initiatives are the backbone for all prevention and Care & Support activities. TANSACS is implementing social mobilization activities to create awareness on HIV/AIDS issues through utilizing the services of Electronic Media, Print Media, and Outdoor Publicity activities, Multi-sectoral / Media Campaigns, Folk Art Campaigns and Awareness Rallies etc.

Tamil Nadu State AIDS Control Society is the role model in the entire country in creating awareness. The recent NFHS-III data shows that more than 90% of the people are aware of HIV/AIDS in Tamil Nadu.



11.2.1.4.2. TANSACS has been taking various effective measures for awareness creation to bring in required behavioural change. For the effective reach of the messages, several awareness initiatives are carried out to reach out to various sections and target groups of the population through a mix of various media. TANSACS has used interpersonal communication to focus on individual behaviour change

through IEC. TANSACS has planned to mobilize PLHAs to take their services as advocates for prevention as well as care & support and treatment programmes.

**11.2.1.5. Provision of safe blood:**

In general, Transmission of HIV through Blood and Blood Products is 2%. To ensure safe blood availability it is important to reduce the transmission of infection. The Government of Tamil Nadu is committed to provide safe blood to all through the following.

- a. Improving voluntary blood donation – Steps would be taken to increase voluntary blood donation by mobilizing young people and communities to donate blood. The Voluntary Blood Donation is 80% second only to West Bengal.
- b. Blood Banks Status – There are 83 Government Blood Banks functioning in Tamil Nadu. This year 54 Blood Storage Centers are functioning. We propose to set up 238 Blood Storage centres across the state with access to National Highways in PHCs where the deliveries are more than 200.
- c. Ensuring universal work precautions – Sensitization and training programmes are being conducted to ensure that all the Government institutions follow Universal Work Precautions and Hospital Waste Management.

Various books on Voluntary blood donations like compendium on Blood safety, on campus voluntary blood donation calendar. Blood bank directory have been released to increase and improve the voluntary blood donation.

**11.2.1.6. Targeting the Youth:**

According to the estimates of UNAIDS 50% of new infection happen in the age group of 15-24 years. Young people are vulnerable as they often indulge in high-risk behavior due to lack of information and knowledge. TANSACS has designed programmes to target young people to empower

them with necessary information to protect themselves. TANSACS is implementing three major programmes targeting youth.

#### **11.2.1.6.1. School AIDS Education programme (SAEP):**

The School AIDS Education Programme (SAEP) has been developed by the Government of India to provide accurate information on HIV/AIDS transmission and prevention in the context of growing up, and for imparting related life skills to students in all senior secondary schools in India. In Tamil Nadu this programme is implemented through DTERT. Tamil Nadu State AIDS control society has been funding SAEP since 1997. Now the programme has been extended to all the schools in Tamil Nadu (9423 schools ) with a budget of Rs.5 crores. Two teachers and two peer educators from each school are given training on Growing Up and Adolescence, STIs / RTIs, HIV/AIDS, Life Skills for HIV Prevention. They in turn sensitize all students of IX and XI Standard in Government, Government Aided, Private, Corporation, Matriculation and Anglo Indian Schools for based on the 16 hours module.

#### **11.2.1.6.2. Out of school youth programme:**

At present the formal education system is catering to the learning needs of about 65 percent of the population. The out of school youth constitute a sizable percentage of the population, who rarely have any educational programme to make them understand the dynamic of their decision making and its consequent effects on HIV/AIDS. They add to the eligible couple groups every year. Tamil Nadu State AIDS Control Society and State Resource Center last year implemented an out of school youth project in 6 districts. District continuing education (Arivoli Valarkalvi Thittam) is collaborating with SRC in operationalising the project. Out of school youth in the age group of 10-24 are trained on Growing up, sex, sexuality ,youth vulnerability, STD and HIV/AIDS for 6 weeks. to adopt a healthy life style behavior. It is proposed to form Red Ribbon clubs at village level .This year it is planned to extend the programme in five more districts

#### **11.2.1.6.3. Red Ribbon Club programme:**

Red Ribbon Club (RRC) is an on-campus youth intervention in higher education institutions initiated by TANSACS. This programme is duly supported by Higher Education Department, Ministry of Youth Affairs and Sports with technical assistance from Centers for Disease Control and Prevention, Atlanta demonstrating the importance of inter-sector collaboration. The programme is implemented with the twin objectives of reducing HIV infection among youth by raising their risk perception and to prepare youth as peer educators and agents of change. The RRC programme is currently being implemented in 830 higher education institutions including Arts and Science Colleges, Engineering and Polytechnics. With the success of Red Ribbon Clubs as an ideal social support platform for youth to understand sexual health, it has been planned to extend the programme to 1,150 colleges covering Agriculture, Law and B.Ed Colleges and to introduce a standardized curriculum on adolescent health.

#### **11.2.1.7. Programme for rural women**

TANSACS has framed an unique intervention programme for women in rural areas in Collaboration with Tamil Nadu Corporation for Development of Women and Centers for Disease Control and Prevention (CDC), Atlanta. The Programme aims to equip the women members of Self Help groups (SHGs) with adequate knowledge about STI, HIV/AIDS and necessary Capacity and Skill Building required to make informed decision on their sexual and reproductive health. It could decrease the vulnerability of HIV infection among women in rural areas. The programme is being implemented in seven districts of Tami Nadu and covered 52,228 Self Help Groups with the women population of 8,35,432 in the year 2006 – 2007. With the vision of reaching out to all 30 districts and covering 31 lakhs women, it has been planned to initially upscale the programme to 11 districts covering 1,12, 052 Self

Help groups and 17,92,832 self Help Group women, in this year.

#### **11.2.2. Treatment services:**

Treatment services form an important component in the prevention of HIV and improving the quality of life of infected people. At present the following treatment services are provided by TANSACS.

1. Sexually Transmitted Infection Care
2. Treatment for Opportunistic infections
3. Provision of Anti Retroviral drugs
4. HIV-TB treatment

##### **11.2.2.1. Sexually Transmitted Infection Care:**

The Sexually Transmitted Infection (STI) clinics are located in Government Medical College Hospitals, District Headquarters Hospitals, Taluk Hospitals and select Primary Health Centers. These clinics provide free investigation, treatment and Counselling for patients with STI / RTI TANSACS has been supporting these clinics by providing drugs, consumables, equipments, infrastructure development, IEC materials, and technical inputs and monitoring. For the year 2007 – 2008, TANSACS will focus on strengthening the 100 STI clinics in the Government sector by providing infrastructure, human resources (Doctors and Counsellors) and consumables. TANSACS will also focus on training the personnel in these 100 STI clinics and about 5000 private practitioners and paramedical on STI care.

##### **11.2.2.2. Treatment of Opportunistic Infections (OI):**

Opportunistic infections are very common among the HIV infected people as their immune system gets depressed with the progression of the infection. Right treatment at the right time improves the quality of life of the patient. The treatment for opportunistic infections is available in all Govt.

Medical Colleges, district headquarters hospitals and ICTCs in Block PHCs.

##### **11.2.2.3. Anti Retroviral Therapy (ART):**

The development of Anti Retro viral Therapy marks a turning point in the management of the HIV / AIDS epidemic. Anti retroviral Therapy has effectively increased the life span of people with HIV/AIDS and has also improved their quality of life. These drugs decrease the viral load, increase the CD4 count, reduce the occurrence of Opportunistic Infections and this in turn reduces the morbidity and mortality of PLHAs. At present, there are 19 ART centers effectively functioning in Tamil Nadu. ARV drugs are provided free of cost in all the centers. Currently 42,452 PLHAs have been registered at the ART centers and ARV treatment has been provided to 17,986 Patients. Paediatric ARV formulations are also made available in all ART centers. 3,068 children have been registered for HIV care and 1123 children have been enrolled for ARV.

##### **11.2.2.4. HIV-TB Co-ordination**

11.2.2.4.1. In India, 60 to 70% of people living with HIV suffer from TB. Tuberculosis is not only the most common but also the serious opportunistic infection which quickens the development of HIV into AIDS. A good coordination between HIV and TB control Programmes will reduce TB related morbidity and mortality in people living with HIV/AIDS and at the same time prevent further spread of HIV in TB patients. An effective linkage has been established throughout the State between the HIV/AIDS and RNTCP Programme to provide Directly Observed Treatment (DOT) regimen to the HIV infected people suffering from TB.

11.2.2.4.2. A sum of Rs.4.03 Crores has been sanctioned for strengthening 85 HIV–TB treatment and diagnostic centers under GFATM Round – III.

11.2.2.4.3. During the year 2007-08, TANSACS will focus on reaching the vulnerable population in the refugee camps, Adhivasi population in the hilly and difficult to reach areas, PLHA networks throughout the State to provide easy

accessibility to quality HIV-TB diagnostic and treatment facilities. TANSACS has established network of outreach workers through NGOs with GFATM R-III funding, that would be utilized throughout the State to increase awareness on HIV-TB co-infection and increase demand for prevention, care and support for HIV and TB through community mobilization and capacity building at community level.

### **11.2.3. Care and Support services:**

TANSACS has several interventions to provide comprehensive care and support services to the people living with HIV/AIDS. The care and support starts from the place where the person is diagnosed as HIV positive i.e. ICTC. The continuum of care is provided through the network of hospitals, NGOs and other service providers.

#### **11.2.3.1. Community Care Centres:**

Community Care centers provide Medical, psychosocial, needs of PLHAs. They provide handling of Opportunistic infections, Counselling services referrals of PLHAs to ART Centers and TB Sanatoria. TANSACS supports NGOs to run 27 Community Care centers in various districts of Tamil Nadu. It is proposed to open Community care center in every district with more emphasis on ART referral and treatment. Two TB Sanatoria have been converted as Community Care centers and one Leprosy center has been converted into Community Care center.

#### **11.2.3.2. Drop-in-Centres:**

Drop in centers are run by Positive Net work for extending psychosocial support to People Living with HIV/AIDS. Drop-in-centres conduct advocacy programmes in villages with positive speakers. TANSACS supports six drop-in-centres and all the districts will have a drop-in-centre shortly.

### **11.2.3.3. Greater Involvement of People Living With HIV/AIDS (GIPA):**

People living with HIV/AIDS (PLHAs) have played an active role in shaping the decisions and policies related to HIV/AIDS in Tamil Nadu. TANSACS is involving PLHAs in policy discussions and programme implementation. PLHAs form a part of the committees that make key decisions on programmes including the Executive Committee. PLHAs also acts as resource persons and conduct different training and sensitization programmes on HIV/AIDS. TANSACS has also provided funding support to the PLHA networks through the District Collectors to implement Advocacy programmes. With the present level of GIPA, TANSACS proposes to eradicate the stigma & discrimination on HIV/AIDS by way of intensive awareness and sensitization programmes through PLHAs.

### **11.2.4. Capacity building:**

11.2.4.1. Capacity Building of Health care providers is vital for effective delivery of services to PLHAs and other people. 32,800 Doctors, Para medial and other personnel of Director of Medical Education, Director of Medical and Rural Health Services, Director of Public Health & Preventive Medicine have been given training and it is proposed to train 22,000 personnel for this year also. Apart from that it is proposed to impart training to the private practitioners in the field of O&G, Anaesthetics, Psychiatrists and Surgeons. It has also been planned to conduct advocacy programmes under workplace intervention for IT companies, ITES, Automobile sector, Tea plantation workers etc.,

11.2.4.2. A massive sensitization has been planned for police personnel on HIV/AIDS in Tamil Nadu. The total outlay of the project is around Rs. 1.5 crores. The Programme will be implemented by TANSACS in collaboration with United Nations Development Programme (UNDP) and Constella Futures Group.

## Chapter - 12

### Tamil Nadu Medical Services Corporation

#### 12.1. Organisation:

The Tamil Nadu Medical Services Corporation (TNMSC), incorporated on 01.07.1994 under the Companies Act 1956, has grown in its functional importance and stature over the last 13 years. It is now an ISO 9001:2000 Certified Organization. The activities of the Corporation have expanded from the basics of procurement and supply of drugs to the medical institutions, to providing diagnostic facilities, procurement, storage and supply of drugs to the Veterinary Department, procurement and supply of high value equipments to the various Medical Institutions in the State, and maintenance of Pay Ward and medical equipments.

#### 12.2. Activities:

##### A) Procurement, Storage and Distribution of Human drugs:

The TNMSC ensures the ready availability of quality drugs, medicines, surgical and suture materials to the Government Medical Institutions throughout the State.

##### B) Procurement, Storage and Distribution of Veterinary Drugs:

The TNMSC is also procuring and distributing the drugs, Chemicals and Liquid Nitrogen to the Government Hospitals under the Directorate of Veterinary Services, throughout the State by adopting a streamlined procedure for their procurement, storage and distribution.

The Drugs and Medicines are distributed to the Government Medical Institutions through the Drug Warehouses in Tamil Nadu by pass book system based on the financial allotment made by the respective Head of Department.

#### C) Operation of CT and MRI Scan Centres:

The Corporation is maintaining 40 CT Scanners at 37 Centres in Government Hospitals and 2 MRI Scan Centres, one each at Government General Hospital, Chennai and Government Rajaji Hospital, Madurai to provide scanning facility to the public on nominal charges. The Government of Tamil Nadu have permitted TNMSC to procure and install MRI Scanners one each at the Medical College Hospitals at Tirunelveli, Thanjavur, Tiruchirappalli, Coimbatore, Vellore and Stanley Medical College, Chennai at a total cost of Rs.28.74 crores and the Centres are likely to be opened soon and these Centres would be made functional in the early part of 2007-2008.

Similarly, the Government have sanctioned a sum of Rs.5.50 crores for procurement of one 64 Slice C.T. Scan for the Government General Hospital, Chennai and purchase orders have been placed and the equipment would be made functional soon.

#### D) Maintenance of G.I. Bleed & Hepato Biliary Centre in Government Stanley Hospital, Chennai:

ISO 9001 certified GI Bleed and Hepato Biliary Centre (special ward) maintained by TNMSC is functioning as a separate unit under the Surgical Gastro-enterology Department in Government Stanley Hospital, Chennai. Required infrastructure facilities are provided by TNMSC out of the funds generated by the Centre.

#### E) Liver Transplant Centre:

The TNMSC provides infrastructure facilities and is vested with the maintenance of newly established 'Liver Transplant Centre' at the Government Stanley Hospital, Chennai.

**F) Maintenance of Special Class Maternity Pay Ward in Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children (I.O.G.)**

The Maintenance of Paying Maternity Ward in IOG, Egmore, Chennai-8 has been entrusted to TNMSC, and this ward has been functioning from 19.02.2003 onwards and TNMSC is effectively maintaining the Ward in the Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Egmore, Chennai.

**G) Maintenance of Special Class Pay Ward in Kasturba Gandhi Hospital for Women and Children, Chennai:**

The Government had directed TNMSC to take up the infrastructure facility and for establishment of Payment Maternity Ward at Kasturba Gandhi Hospital for Women and Children, Chennai. This ward has been commissioned with effect from 03.05.2004.

**H) Master Health Checkup Scheme:**

The financial control and implementation of Master Health Check-up Scheme in Government General Hospital, Chennai is brought under the purview of TNMSC from 01.04.2001 onwards and TNMSC is effectively maintaining the scheme in Government General Hospital, Chennai.

**I) Regional Diagnostic Centres:**

The Government have directed TNMSC to establish and maintain Regional Diagnostic Centres at 7 Government Headquarters Hospitals at Villupuram, Virudhunagar, Thiruvannamalai, Tiruppur, Ramanathapuram, Namakkal and Pudukkottai.

**J) Maintenance of Equipments at various Government Medical Institutions / Hospitals:**

TNMSC has floated tenders and finalized Annual Maintenance Contract for Medical Equipments. TNMSC

maintains the medical equipments for Directorate of Medical Education and Directorate of Medical & Rural Health Services.

**K) Construction of Warehouses:**

i) TNMSC has scientifically designed and constructed Drug Warehouses in 23 convenient locations at District Headquarters.

ii) TNMSC maintains a Warehouse at Sivagangai at rented premises. TNMSC has commenced construction of a drug warehouse for storage of drug at Sivagangai at a cost of Rs.105.00 lakhs. The Construction of building part is nearing completion and it would be made functional in the year 2007-2008, after the necessary infrastructure for the scientific storage is completed.

iii) TNMSC has also commenced construction of a drug warehouse at the cost of Rs.104.00 lakhs at Theni District. The Construction of building is in progress and will be completed soon. The Warehouse will also be made functional in the year 2007-2008, after the necessary infrastructure for the scientific storage is completed.

**L) Purchase and Supply of Medical Equipments:**

The hi-tech and hi-value medical equipments required for the Government Hospitals are procured and supplied by TNMSC based on the specific Government Orders. TNMSC is also the procurement agency for Tamil Nadu Health Systems Project, aided by World Bank.

**M) Consultancy Services:**

TNMSC is a brand name in Drug Logistics and Warehousing for the whole country. Many States in the country are emulating the principles followed by this Corporation. TNMSC has taken up and completed the consultancy works for the Health & Family Welfare Department, Government of Andhra Pradesh and Rajasthan.

**12.3. Procurement of Drugs:**

The TNMSC is procuring 275 drugs and medicines, 71 Surgical and 103 Suture items from reputed manufacturers, selected on the basis of transparent open tender system. Similarly the Corporation is procuring 126 drugs, Chemical and liquid Nitrogen for the Animal Husbandry Department. The Warehouse-wise requirement of drugs, placing of supply orders and distribution of drugs are monitored through a well-knit computer system.

**12.4. Quality Assurance:**

The Corporation has established a Quality Control Section to ensure quality of drugs procured through the Corporation. The Quality Control Section draws samples from each batch of supply and gets them tested in empanelled analytical laboratories (selected through open tender system) to ensure the quality of drugs. Only the drugs, which pass quality tests, are issued to Hospitals.

**12.5. Distribution:**

The Government Medical Institutions are provided with pass books based on the allotment made by the respective Head of Department. The institutions can draw their requirement of medicines etc. from the warehouse to which they are attached. The Corporation maintains about 3 months ground stock of drugs in the warehouses for ensuring uninterrupted supply to hospitals.

**12.6. Website:**

TNMSC maintains the Health & Family Welfare Department Website ([www.tnhealth.org](http://www.tnhealth.org)). This Website provides Health chat between 4.00 p.m. and 6.00 p.m. where public can access the specialists for getting expert opinion.

**12.7. Other Activities:**

- a) The Government of Tamil Nadu have permitted TNMSC to procure and supply the required Medicine Kits for the willing States under National Rural Health Mission (NRHM) and for National AIDS Control Organisation, Government of India. The States of Assam, Meghalaya, Tripura and Mizoram have already started the procurement of drugs for the NRHM through TNMSC.
- b) TNMSC has been appointed as procurement agency for equipments for Tamil Nadu Health Systems Project aided by World Bank. TNMSC is acting as procurement agency for procurement of testing kits, blood bank consumables etc. for Tamil Nadu State AIDS Control Society.
- c) The Corporation is also serving other institutions like Tamil Nadu Electricity Board dispensaries, Municipal and Corporation dispensaries, Panchayat Union dispensaries, Prison and Police Medical Hospitals, Juvenile Homes, Rehabilitation Homes, Co-operative Sugar Factories, Veterinary Institutions, Transport Corporation Dispensaries etc.

## Chapter - 13

### Tamil Nadu State Health Transport Department

13.1.1. Tamil Nadu State Health Transport Department (TNSHTD) was formed in 1981 as a separate Directorate for the purpose of keeping the Off-road vehicles of Health and Family Welfare Department to the minimum.

13.1.2. The total fleet strength of the vehicles attached to the various Directorates under the control of Health and Family Welfare Department is 2647.

#### 13.2. Activities:

13.2.1. The Tamil Nadu State Health Transport Department has under its control 7 Regional Workshops, at Chennai, Vellore, Salem, Coimbatore, Tiruchirappalli, Madurai and Tirunelveli. Apart from this, there are 9 District Headquarters workshops and 27 Mobile Maintenance Units. A Reconditioning and Central Body Repairing Unit is also functioning at Chennai.

13.2.2. This Department has progressively improved the percentage of fleet in operation from 72.6% (1981) to 96% (2006). In addition to the above, this Department is also ensuring rapid procurement of new vehicles sanctioned for various Directorates under the control of Health and Family Welfare Department.

13.2.3. Apprenticeship training is also being imparted by this Department to I.T.I. Certificate holders, B.E. Graduates and Diploma holders sponsored by the Director of Employment and Training, Tamil Nadu and the Director of Apprenticeship Training, Government of India, Taramani. This Department is having capacity for imparting Apprenticeship training for 17 B.E. Graduates, 29 Diploma holders and 45 I.T.I. Apprentices in a year.

#### 13.3. New Schemes for the year 2007-08:

1. Purchase of two computers with Accessories and Furniture to this Department at a cost of Rs.0.90 lakh.
2. Purchase of one two post Hoist for Regional Workshop (Health) Chennai at a cost of Rs.1.80 lakhs.
3. Purchase of one Xerox Machine to this Department at a cost of Rs.0.60 lakh.

**K.K.S.S.R. Ramachandran**  
Minister for Health