

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 1421 Primary Health Centres and 8706 Health Sub Centres spread over the entire State.

5.2. Primary Health Care:

5.2.1. 1421 Primary Health Centres and the 8706 Health Sub Centres provide the preventive, promotive and curative health care services. Most of the Block Primary Health Centres have in patient services and provide first aid for emergencies. They have facilities for provision of family welfare services. Drugs are supplied adequately and periodically to all the Primary Health Centres by the Tamil Nadu Medical Services Corporation. During the year 2007-08 up to March 2008, 683.50 lakhs outpatients and 6.47 lakhs of inpatients were treated by these Primary Health Centres and deliveries at the rate of 9 per Primary Health Centre per month. The average out-patient in the Primary Health Centre per day is 133 (March 2008). The average in patient in the Primary Health Centre per month is 38 (March 2008).

5.2.2. 1000 Primary Health Centres have been upgraded to provide 24 X 7 delivery Services. 3000 Staff Nurses were recruited and posted in these 24 X 7 Primary Health Centres to ensure round the clock delivery services. 1,53,968 deliveries were conducted in the Primary Health Centres. The Primary Health Centres have conducted 86.5% more deliveries when compared with 2006-07 for the same corresponding period.

5.2.3. Rs.17.28 crores have been provided to all Primary Health Centres and Health Sub Centres for infrastructural development. 385 Block Primary Health Centres were provided with computers and with internet connections as a part of health management information system. In the year 2007-2008, 1036 Primary Health Centres have been provided with computers at a cost of Rs.5.73 crores. Tamil Nadu is the first State to provide computers to all the Primary Health Centres in the State.

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. Prior to 2001, 24 Primary Health Centres have been upgraded. From 2001 to 2006, 106 Primary Health Centres have been upgraded. During 2007-08, 75 Primary Health centres have been upgraded with 30 beds facilities as per Indian Public Health Standards (IPHS) at a cost of Rs.43.49 crores. So far, 205 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. In a phased manner 385 Primary Health Centres will be upgraded as 30 bedded Institutions.

5.4. Buildings of Primary Health Centres:

At present 1375 Primary Health Centres are functioning in Government buildings. Construction of Primary Health Centre building is under progress in 8 Primary Health Centres. Buildings have to be constructed for 38 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. Construction of buildings for Health Sub-Centres:

Out of 8706 Health Sub-Centres in the State, 6510 Health Sub Centres are functioning in Government buildings. Buildings have to be constructed for the remaining 2196 Health Sub-Centres. NABARD loan for construction of buildings to 234 Health Sub-Centres has been sought for.

5.6. 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 12.5 lakhs pregnant women and 11.5 lakhs 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 2000 cases annually.

The State adopted the policy of FIXED DAY/ FIXED PLACE immunisation strategy. On every Wednesday, 8706 Village Health Nurses visit villages in their area and around 1500 Health workers in urban areas to carryout immunisation activities. Due to timely immunization and quality coverage, the State achieved 100% coverage and sustains the same over the years. Moreover, special efforts have also been taken to provide immunization services to all slum children and remote area population.

5.7. Pulse Polio Campaigns:

As part of polio eradication activities, the State has conducted 14 series of Pulse Polio immunisation campaigns during the period from 1995-96 to 2006-07. 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 2007-08 two rounds of Pulse Polio Immunization Campaign were conducted on 6th January 2008 and on 10th February 2008. About 72 lakhs of children have been benefitted. The State is sustaining 'NIL' polio status since February 2004.

5.8. Hepatitis B Vaccination:

Hepatitis B Vaccination programme was launched by the Hon'ble Chief Minister on 6.1.2008, and the programme was started in all the districts. The Hepatitis B Vaccines and Auto Disable Syringes (AD) have been supplied to all the districts. Annually 11.5 lakhs children will be protected from Hep-B Virus causing Jaundice, liver cancer by giving 3 doses of Hep-B vaccination.

5.9. Maternal and Child Health Services:

5.9.1. 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 Plain areas and One per 3,000 population in hilly and difficult terrains. The services provided by these Health Sub-centres are ante-natal registration, ante-natal check-up, vaccination against tetanus, immunization against vaccine preventable diseases, delivery care and post natal care.

5.9.2. Each Health Sub-centre is manned by a Village Health Nurse. Medicines worth Rs.2,000/- per annum are supplied to each of these Health Sub-Centres. Besides these, each Health Sub-Centre is provided with an annual contingent sum of Rs.2,000/- to meet unforeseen expenditures. 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 Nurses for each delivery which she personally attends to.

5.9.3. Drug Kit A and Kit-B (now HSC kits and Urban Kits) 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, Labour Boards, Baby weighing scales, etc., are supplied every year on need basis to Health Sub-centres to promote clean, hygienic and aseptic deliveries. Prophylactic and Therapeutic doses of IFA(L) are administered to pregnant and anaemic pregnant mothers respectively. IFA (large) tablets are given weekly once on Thursdays to about 53 lakhs adolescent girls to control anaemia.

5.10. Special Programme for Pregnant Women :

5.10.1. Dr. Muthulakshmi Reddy Maternity Benefit Scheme is under implementation from 15/09/2006. Under this scheme, cash assistance of Rs.6000/- is given to pregnant women falling Below Poverty Line to compensate the wage loss during pregnancy and to get nutritional food to avoid low birth weight babies. An amount of Rs.100.00 crores was sanctioned for implementing the scheme in 2006-07. This scheme has also been extended to Sri Lankan pregnant women refugees. During the year 2006-07, a total of 2,41,095 number of pregnant women were provided with cash assistance. During the year 2007–2008, a sum of Rs.300.00 crores was released for the implementation of the scheme. As on 31.03.2008, a total of 4,59,037 pregnant women have been benefitted under the scheme. As per the guidelines of this scheme, pregnant women have to obtain family income certificate to avail maternity assistance. As this is a hardship for them during pregnancy, this Government have decided to relax this condition. From the coming financial year onwards, financial assistance will be given under this scheme to women from poor families based only on the recommendation of the Village Health Nurse who examines the beneficiary during pregnancy and without having to produce an income certificate.

5.10.2. The Government of India have released a sum of Rs.8,70,60,000/- as untied funds for the year 2007-08 under National Rural Health Mission to 8706 Health Sub Centres to meet the contingency expenditure in the Health Sub Centres at the rate of Rs.10000/-.

5.11. School Children Health Programme:

5.11.1. Under the programme, school children studying upto 12th Standard are examined for presence of any ailments along with health checkup.

5.11.2. 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 higher medical treatment are referred to higher medical institutions and '**Saturdays**' are Referral days.

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

5.11.4. During the year 2007-08 out of 40,308 targeted schools, the visits of the Medical teams to the Schools till March (Provisional) 2008 are as follows.

VISIT	NO. COVERED FOR	
	SCHOOLS	STUDENTS
I	35,262	67,15,854
II	8,686	15,72,641
III	1,685	3,57,388

Of these students 43,96,835 were treated for health problems and 32,885 students were referred to higher medical institutions for further treatment.

5.12. Control of Communicable Diseases:

5.12.1. Control of communicable diseases is one of the major tasks to be achieved under Public Health services, especially for the diseases occurring in epidemic forms. All the District level officers and executive authorities of the local bodies concerned 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. 61,890 Water sources were chlorinated during the year 2007. 14,271 water sources were chlorinated during 2008 (upto 31.03.2008).

5.12.2. Administration of Oral Re-hydration Salt has been popularized 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 six years:-

Year	A.D.D.			CHOLERA		
	Cases	Deaths	CFR*	Cases	Deaths	CFR*
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
2007	49920	26	0.05	725	0	0.00
2008 (31.3.08)	11283	22	0.19	242	0	0.00

(*CFR = Case Fatality Rate)

5.13. Industrial Hygiene and Health:

5.13.1. 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 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.

5.13.2. 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. Upto December 2007 23,408 water samples have been tested by these laboratories. Upto March 2008, 2670 water samples have been tested by these laboratories.

5.14. Prevention of Food Adulteration:

5.14.1. The food is the basic need and requirement for the survival of human race. As it is largely consumed, demand is high, to make extra profit, it is 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 Act, 1954 (PFA) and Rules, 1955 to be implemented by the State.

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

5.14.3. To implement PFA Act, the requirement of Food Inspectors 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 Sanitary Inspectors/ Health Inspectors as Food Inspectors and so far 307 persons have been trained.

5.14.4. The food samples lifted by the Food Inspectors are being analysed at the Food Analysis Laboratory, Corporation of Chennai and at Food Analysis Laboratories at Guindy, Coimbatore, Madurai, Thanjavur, Palayamkottai and Salem. Due to globalization, there is a huge flow of foreign foods in the Country. The Food Analysis Laboratories at Guindy, Thanjavur and Palayamkottai near the sea ports are being upgraded by 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 laboratories at Guindy, Thanjavur and Palayamkottai are being supplied with latest equipments.

5.14.5. During the year 2007-08 upto February 2008, 4636 samples were analysed. Out of which 863 samples were found to be adulterated. Adulteration is 18.61 %.

5.15. Vital Statistics:

5.15.1. 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 Births and Deaths Registration Rules, 2000.

The Birth Rate is 16.2 / 1,000 population

The Death rate is 7.5 / 1,000 population

Infant Mortality Rate is 31 / 1,000 Live births.

Maternal Mortality Rate : 90/1,00,000 Live Births

for the year 2006 as per Sample Registration System.

5.15.2. Training on Medical Certification of Cause of Death has been organized for 750 Doctors / Coders in 10 Revenue Districts and 13 Health Unit Districts. Training on Birth and Death Registration to 1000 Police Officials have also been organized during 2007-08 in 15 Districts at the In Service Training Centres of Police Department itself.

5.16. Malaria:

5.16.1. In Tamil Nadu, the Malaria problem is confined mainly to urban, coastal and riverine areas. In Tamil Nadu, nearly 71.8% of the cases occur in urban areas and Chennai is the main urban problem area.

5.16.2. 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 been reduced from 28,219 in 2006 to 22,389 in 2007. IN 2008 (Upto 31.03.2008) 2653 Malaria cases.

5.17. Filaria:

5.17.1. 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, 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 endemic districts.

5.17.2. During 2007, the Mass Drug Administration Programme was conducted in 14 endemic districts, namely, Kancheepuram, Thiruvallur, Cuddalore, Villupuram, Trichy, Perambalur, Pudukkotai, Thiruvannamalai, Thanjavur, Thiruvarur, Ariyalur, Kanniyakumari, Nagapattinam and Vellore. Besides these districts, certain villages of Thirunelveli, Thoothukudi, Karur, Krishnagiri, Virudhunagar and Madurai and 64 wards in Chennai Corporation were also covered. 2.60 crores of population was covered in the programme. Around 91.5% of the eligible population were administered with DEC + Albendazole tablets on 27.12.07 and mopping up on 28th and 29th December 2007.

5.18. Japanese Encephalitis Control Programme:

5.18.1. Japanese Encephalitis Control Programme has emerged as an important Public Health Programme in the State during the last few 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 and is to be extended to other districts.

5.18.2. During July 2007, Japanese Encephalitis Vaccination programme was conducted in Villupuram, Cuddalore and Virudhunagar Districts for the Children in the Age group of 1-15 years targeting 18,19,000 Children. During the year 2008, it is proposed to conduct Japanese Encephalitis programme in Trichy, Madurai and Thiruvarur, Thanjavur, Perambalur and Ariyalur Districts. Japanese Encephalitis Vector Monitoring is being carried out regularly in the endemic districts.

5.18.3. Fogging operation is being carried out in villages where suspected Japanese Encephalitis cases are reported. Serum samples are being sent to all Sentinel Surveillance centres placed in 12 Medical Colleges 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. 43 cases were reported during 2007. 24,47,137 children were benefited under the scheme. 10 cases were reported during 2008 (Upto March 2008).

5.19. Institute of Vector Control and Zoonoses, Hosur:

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

5.20. Leptospirosis Control Programme:

Leptospirosis being one of the reemerging 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. In Tamil Nadu, except Udhamandalam and Thoothukudi all the districts are endemic for Leptospirosis. To strengthen the surveillance mechanism for early diagnosis of Leptospirosis cases, 7 Leptospirosis clinics have been established in Tamil Nadu. Rapid diagnostic kits have been supplied to these clinics. During 2007, 1025 cases have been reported in Tamil Nadu. During 2008 (March 2008) 168 cases have been reported in Tamil Nadu.

5.21. Dengue Control Programme:

The 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. 707 cases and 2 deaths were reported as dengue fever in Tamil Nadu during 2007. 89 cases were reported as dengue fever in Tamil Nadu during 2008 (Upto March 2008). Sentinel Surveillance Centres are established in 12 Medical Colleges and Institute of Vector Control and Zoonoses, Hosur where Diagnostic facilities are available for Dengue, Japanese Encephalitis and Chikungunya.

5.22. Chikungunya :

Chikungunya was first reported in Tamil Nadu at Chennai Corporation in the year 1964. More than 3 lakh cases were recorded at that time. In 2006, 29 Districts were affected in Tamil Nadu. 64,802 cases have been recorded. The spread of disease in Tamil Nadu is prevented by Intensive Vector control measures taken with inter sectoral co-ordination. Major outbreak was prevented by the following activities:- Timely appointment of 3850 Mazdoors (10 per block) and 742 health workers was made for vector control activities. Inter State Border meet for Health Officials was organised and information and experience were shared. Border Health Check posts were established in bordering districts. In all the borders with neighbouring States, static medical camps were established. All fever cases on transit were treated. Chikungunya cases were advised not to continue travel. All transport vehicles including trains were screened for Chikungunya vector. IEC activities were intensified. "War Against Mosquitoes" was observed to generate mass awareness on 23rd and 24th June 2007. Under National Rural Health Mission, part time workers have been hired for source reduction activities through village health and sanitation committees. The Government have allotted Rs.12 crores for Chikungunya control activities for 2006-07 and 2007-08. 13 Sentinel Surveillance centres have been established with diagnostic facilities. During the year 2007, only 45 cases have been reported. During the year 2008 (31.03.2008), only 3 cases have been reported.

5.23. Integrated Disease Surveillance Project: (IDSP)

5.23.1. 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. Integrated Disease Surveillance Project (IDSP) is being implemented in Tamil Nadu with the financial assistance of Government of India. The objectives of the project is:

- 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 programmes 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.

5.23.2. The project is being implemented at the State, District and Peripheral level by:

- Strengthening the existing laboratory facilities at peripheral, district and state levels (L1, L2 and L3)

- Provision of Satellite Interactive Terminal (EDUSAT) and modern communication facilities by Statewide networking for the rapid flow of information for immediate action.
- Improvement of management and technical skills to the health and laboratory personnel by training.

5.23.3. The State Surveillance Unit (SSU) of IDSP is functioning in the Directorate of Public Health and Preventive Medicine, Chennai – 6. The District Surveillance Units are functioning in the Office of the Deputy Director of Health services in all the 29 Revenue Districts.

5.23.4. The Additional Director of Public Health and Preventive Medicine, (M&F) is the State Nodal Officer for IDSP. The Deputy Director of Health Services of 29 Revenue Districts are designated as District Surveillance Officers. Data Managers have been appointed in all the 29 District Surveillance Units (DSU's). Appointment of Data Entry Operators in 20 Districts, Administrative Assistants in 19 Districts and Accountants in 19 Districts have been made and in the remaining Districts the appointment is being processed.

5.23.5. The Central Surveillance Unit, Government of India has supplied Server for Data Storage and transmission to the State and to all the District Surveillance Units along with broadband connectivity.

5.23.6. Satellite Interactive Terminal with Video conferencing facility has been installed and functioning in 28 Districts. 15 Govt. Medical Colleges have also been included in satellite linkage. 2780 Medical Officers, 18,212 Health Workers, 116 Lab Technicians and 385 Lab Assistants were trained under this project.

5.23.7. Civil work has been completed in 24 District Surveillance units and 23 District Head Quarters Hospital Labs.

5.23.8. National Institute of Communicable Diseases, Government of India has identified district level Laboratories at Erode, Thoothukudi, Thiruchirappalli, Madurai and Thanjavur under their Epi.Lab. network.

5.23.9. Leptospirosis is a State specific disease under Integrated Disease Surveillance Project. A Leptospirosis reference laboratory has been established in the Directorate of Public Health and Preventive Medicine, for diagnosis, training, and research on Leptospirosis.

5.23.10. A State level Rapid Response Team (RRT) and 29 District level Rapid Response Team have been formed for epidemic preparedness and response to any outbreak.

5.24. National Leprosy Eradication Programme:

The National Leprosy Eradication Programme 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 118/10000 Population in the year 1983 was brought down to 0.61 /10000 in 2007.

5.25. Varumun kappom Thittam:

The 'Varumun Kappom Thittam' 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 up to 31.03.2008, 5894 medical camps have been conducted so far. This scheme has been widely welcomed by the public and so far 61,23,417 persons have been benefitted. The Varumun Kappom Thittam provides 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 foetal abnormalities. 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 reports including morbidity data are collected through the Internet /Website and are used for monitoring, evaluation and planning purposes.

5.26. National Rural Health Mission:

100 Mobile Medical units have been established to provide Out Reach Services to un reached vulnerable group of population. 100 more such units are to be established shortly. Rs.14.21 crores have been provided to 1421 Patient Welfare Societies which have been constituted in Primary Health Centres. 12,618 Village Health Water and Sanitation Committees have been formed in the Village Panchayats for improving the sanitation and hygiene and a untied fund of Rs.10,000/- is provided to each committee amounting to Rs.12.62 crores. 2540 Village Health Water and Sanitation Committees have been constituted in 561 Town Panchayats during 2007-2008 and each Committee has been provided Rs.10,000/- for various welfare activities amounting to Rs.2.54 crores.

5.27. 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, Health Manpower Development Institutes and Regional Training Institutes of Public Health to enhance their technical skill and latest scientific information in the field of Health and Medicine.

5.28. Training Institutes:

There are 6 Regional Training Institutes namely, Institute of Public Health, Poonamallee, Chennai, three Health and Family Welfare Training Centres situated at Chennai, Madurai and Gandhigram and 2 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 Institute 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 at Regional Training Institute of Public Health, Tiruvarankulam in Pudukkottai District. It is planned to organize the following training programmes during 2008-09.

1. RCH Training:

- a) Indian Systems of Medicine Training under Reproductive and Child Health Project
- b) Manual Vacuum Aspiration 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 –staff from 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 New Born and Childhood Illness
- j) Training of Village Health Nurses/Auxillary Nurse Midwives, Community Health Nurse, Sector Health Nurse in Integrated Management of New Born and Childhood Illnesses
- 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 Illnesses training Supervisor Training-CHN/SHN/Child Development Project Officer / Nutrition supervisor.
- n) Integrated Management of New Born and Childhood Illness training - Auxillary Nurse Midwives /Anganwadi Workers/Village Health Nurse
- o) Skilled Birth Attendant training-Staff Nurse, Auxillary Nurse Midwives of other than BEmONC PHC, all Village Health Nurses, Sector Health Nurses and Community Health Nurses.
- p) Colposcopic training for BEmONC PHC 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 Bank Management .
- s) Training of Trainers on Adolescent Friendly Health Service - Principals, Medical Officer, Maternity and Child Health Officers of 7 training institutes, Selected Medical Officers of PHCs,CHNs,SHNs, Block Extension Educators.
- t) Adolescent Friendly Health Service Training Primary Health Centres -Medical Officers.
- u) Adolescent Friendly Health Service Training - Staff Nurses, ANM, CHN, SHN, VHN, Health Inspector, Block Extension Educators and Counselors.
- 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, CHN,SHN Trained Nurses Grade-1 & II, Block level- Selected VHN, Anganwadi Workers and Village level – Accredited Social Health Activist.

- 2. HIV/AIDS Training to Village Health Nurses
- 3. Computer skill training to all Health Staff
- 4. Training for Health Inspector Grade –I B
- 5. In-service training to all field Health functionaries based on Training need assessment.

5.29. New schemes for the year 2008-09:

- 1) Construction of one Primary Health Centre building at Monnikarmangudi in Sivaganga district at a cost of Rs.18.00 lakhs.
- 2) Construction of additional laboratory building in Food Analysis Laboratory at Palayamkottai and Thanjavur, Chennai at a cost of Rs.29.25 lakhs.