

Chapter – 10

STATE HEALTH SOCIETY

10.1. The National Rural Health Mission (NRHM) has been launched in Tamil Nadu with a 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 Government of India.

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 ISM
- Promotion of healthy life styles

10.3. State Health Mission:

10.3.1. To achieve the objectives of the mission, the State Health Society is constituted. The State Health Society was registered under Tamil Nadu Societies Registration Act 1975 with Registration No. 47/2006, merging all the health related societies for leprosy, tuberculosis, blindness control and integrated disease control programme 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 and 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 Systems of Medicine and Homoeopathy
- Sub-Committee for Leprosy Eradication

10.3.2. In all the districts to implement the activities of the mission, District Health Mission and District Health Society have been formed.

10.3.3. 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.

10.4. Additionalities under National Rural Health Mission (NRHM):

10.4.1. Rogi Kalyan Samiti (Patient Welfare Societies in Primary Health Centres and District Headquarters Hospitals and Taluk / Non-Taluk Hospitals):

For better management of Primary Health Centres and Hospitals, Patient Welfare Societies have been constituted in all the 1421 PHCs, 29 District Headquarters Hospitals and 235 Taluk / Non-Taluk Hospitals. All the societies are registered and functioning effectively. These societies coordinate with health staff for better functioning of the health centres and will facilitate for achieving the objectives of the Mission. An amount of Rs.5 lakhs per District Head Quarters Hospital, Rs.1 lakh per Taluk/Non-Taluk Hospital and Rs.1 lakh per Primary Health Centre is allotted per annum under this scheme.

10.4.2. Establishment of Patient Welfare Societies in Medical Colleges:

The concept of Patient Welfare Societies has worked effectively in the PHCs, District Headquarters Hospitals and Sub Divisional Hospitals (Taluk / Non-Taluk Hospitals). More than the financial assistance addressing the immediate minor requirements, it has established a rapport between Health Care Providers and the community. The health institutions have improved vastly under the management of patient welfare societies. In an extension of this practice, it will be more appropriate to include the Medical Colleges as they handle a huge load of patients. Since a sizeable volume of the rural patients access these facilities, there is a need for immediate financial assistance to maintain day to day activities. This has been addressed in this year's Project Implementation Plan (PIP) and a grant of Rs.10 lakhs per annum for each Medical College is proposed.

10.4.3. Annual Maintenance Grant to PHCs for providing BEmONC services:

The Annual Maintenance Grant of Rs.1 lakh is allotted for each PHC providing BEmONC services to ensure quality services through functional physical infrastructure. The Annual Maintenance Grant of Rs.50,000 for other PHCs is allotted per annum for provision of water, toilets, their use and their maintenance and other activities for the better functioning of the health centres.

10.4.4. Annual Maintenance Grant to Health Sub-centres:

The Annual Maintenance Grant of Rs.10,000/- for each HSC is allotted per annum for the maintenance of HSC with own buildings. The expenditure will be monitored by the HSC level committee.

10.4.5. Untied grants to Health Sub Centres and Primary Health Centres:

1. An amount of Rs. 10000/- is allotted as untied grant for each Health Sub Centre.
2. An amount of Rs.25000/- is allotted to each Primary health centre per annum.

This amount could be used for any local health activity for which there is a demand.

10.4.6. 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. 12618 Village Health and Sanitation Committees are formed in 12618 village panchayats in Tamil Nadu, with adequate representatives of Panchayat Raj Institutions, women's group and other village level officials related to health and determinants of health such as water and sanitation. Similarly 2540 village health and water sanitation committees are formed in 561 town panchayats for every 3000 population. Every such committee duly constituted and oriented would be entitled to an annual untied grant of Rs.10,000/- which could be used for improvement of the Health and Sanitation of the village.

10.4.7. First aid centres for poison management in 385 block PHCs:

The poisoning with organo phosphorous compounds, snake bites and scorpion stings are more common in rural areas. Immediate first aid and initiation of antidote will save many lives

and prevent complications. Hence, it is proposed to establish such first aid centres in 385 Block PHCs. Necessary skill training are given to the doctors and paramedical staff to follow the standard poison treatment protocols. Necessary drugs and antidotes will be supplied.

10.4.8. Mobile Medical Unit:

Access to health care and equitable distribution of health services are the fundamental requirement for achieving the goals set under NRHM. Particularly in hills and difficult terrain areas the accessibility to PHC services is not upto the required level. Organizing health care in remote areas continues to be a challenging task. Hence Mobile Medical Units (MMUs) were planned to bridge these gaps. These MMUs attracted the peoples attention and credibility and demand for them arose in other areas. Since a Medical Officer and Staff Nurse were attached with these units, the number of people benefitted with health services have been increasing. Hence it is proposed to place one MMU per block. There are 385 community development blocks in Tamil Nadu. Under NRHM 100 MMUs were sanctioned during 2006-07 and are fully functional, in addition to the then existing 46 units. In the year 2007-08 another 100 MMUs were established. The PHC Patient Welfare Societies administer these MMUs. These MMUs are sanctioned with a dedicated team of staff comprising of one Medical Officer, one Staff Nurse, one Driver and one Sanitary Worker. In the year 2008-09, it has been proposed to establish 139 MMUs in the remaining blocks.

10.4.9. Prevention and treatment of Rheumatic heart disease and congenital heart diseases:

Rheumatic heart disease in India affects significant number of children and it continues to be major public health problem. Girls affected by rheumatic fever suffer from rheumatic heart disease and develop complications during pregnancy and delivery. The most striking fact is that rheumatic fever is easily preventable and treatable in primary health care setting. Rheumatic fever can easily be diagnosed based on WHO criteria. Hence, it is proposed to under take focused IEC on rheumatic fever prevention, control, diagnosis and management. Standard protocols will be developed. Private cardiac care institutions will also be involved. Similarly, congenital heart diseases like VSD, ASD, PDA can easily be operated. Hence, it is proposed to under take early diagnosis at preschool/school age and provide surgical corrections to these children. Rs.1 crore was allotted during 2007-2008 and an enhanced amount of Rs.5 crores has been proposed in the PIP 2008-2009.

10.4.10. Down Syndrome Screening Programme:

Under NRHM and RCH Phase II, focus is on the improvement of quality of health care services at primary care level. One of the priority areas of interventions is prevention of disability among the newborn. Down syndrome can be identified at a very early stage during pregnancy and appropriate interventions can be done. The estimated prevalence of Down's syndrome is 1 in 700 births. At present, the services for screening for Down's syndrome in pregnant mothers is not being done in Government care. Hence, the poor and needy are not benefitted. It has major implications on the social and economical aspects of the households. Hence, the awareness generation and screening of pregnant women needs to be taken up in the Government sector. The programme for screening of Down's syndrome cases has been taken up by Downs Syndrome association of Tamil Nadu as a part public private partnership. It is proposed to support the same activity for the year 2008-09.

10.5. Reproductive and Child Health Project:

10.5.1. 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 and Child Health Project Phase II (RCH) at a cost of Rs.426 crores during the period 2005-2010, is being implemented in Tamil Nadu.

10.5.2. 24 Hours Delivery Care Services in 1000 PHCs:

Countries which have high level of skilled birth attendants at birth have lower levels of MMR. Tamil Nadu is committed to decrease the number of maternal deaths on par with developed nations across the world. In this direction, the PHCs were strengthened to provide 24x7 hour delivery care services. In Tamil Nadu, Staff nurses were recruited and placed in 1000 PHCs providing 24 x 7 delivery care services. This intervention has led to a dramatic increase in the number of deliveries being conducted in the PHCs. To sustain this activity, this intervention is being continued and extended to 421 more PHCs.

10.5.3. 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 rise. 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, hence it is proposed to continue this scheme during 2008-2009.

10.6. Provision of Outreach Services through Mobile Medical Units:

10.6.1. Under RCHP, the Outreach Services play a major role where the health care services are provided to the people as nearer to them as possible. Through the fixed day outreach visits to the villages, the entire reproductive health services are made available at the doorsteps of people. The elderly people, disabled and women with newborns would also benefit by this programme.

10.6.2. The following services are provided in the villages by the team headed by the doctor.

- Treatment of minor ailments
- Antenatal care
- Post Natal care, Newborn care.
- Management of RTI/STI cases
- Diabetes and hypertension screening and treatment
- TB & leprosy case detection
- Laboratory services.
- Nutrition counselling
- Health education.
- Identification of issues regarding water, sanitation and hygiene in the area for corrective community action.

Under NRHM, 200 mobile outreach units were formed with a dedicated team of Medical Officer, Nurse, Driver and Sanitary Worker in addition to the existing 46 mobile outreach units. It is proposed to establish 139 more dedicated MMUs by extending the existing scheme, so that all the 385 blocks are covered. For the year 2008-09, financial assistance is sought to establish 139 MMUs, so that every block will be having an established MMU. Generally, the teams cover all the

villages in one month schedule. Wherever the blocks are larger the schedule may be extended to six or eight weeks.

10.6.3. Hiring of Anaesthetists and Obstetricians for providing Emergency Obstetric Care Services:

During delivery mothers are referred for want of Anaesthetists and Obstetricians. 30% of the mothers died on the way to referral centers. This hiring programme has helped in reducing the maternal mortality by 38% in 2007. Also, this has increased the number of caesarians performed in the secondary institutions. Hence, it is proposed to continue this scheme during this year.

10.6.4. Family Health Clinics in PHCs providing BEmONC services:

Family Health Clinics are established in 385 BEmONC PHCs. These clinics are providing lab services for diagnosis, treatment of RTI/STI, voluntary counseling and testing services for HIV. Family Health Clinic services are established in all the BEMonc PHCS. These PHCs are conducting RTI/STI clinics on alternate days i.e. Monday, Wednesday and Friday.

10.6.5. Community Blood Donation Camps:

Regular blood donation camps with the assistance of Government Blood Banks, and 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 is prepared for each PHC and it is used in emergencies. This camp gives an opportunity to create awareness on voluntary blood donation.

10.6.6. 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 TamilNadu. Doctors from PHCs and Secondary level Hospitals are trained for 24 weeks in Medical Colleges. This training is under progress and 64 doctors were trained. It is proposed to train 100 doctors during the year 2008-2009.

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

IMR often serves as a key development indicator, reflecting the combined effects of health interventions and socio-cultural environment. Considerable progress has been made in Tamilnadu to reduce infant mortality rates through implementation of child health intervention such as immunization and IMNCI but in the last few years the sharp decline in IMR has reached a stagnant stage. This is due to the gradual increase in neonatal mortality rates in spite of a faster decline in post neonatal mortality rate. In an effort to plug the gaps in service delivery to newborn and address the need, it is proposed to strengthen the newborn care services as a pilot measure in 5 districts of Tamilnadu (Dharmapuri, Virudhunagar, Thiruchy, Thanjavur and Perambalur) that have the highest IMR among the districts. Based on the results obtained, this intervention will be scaled up to entire State next year.

10.6.8. Hiring of paediatricians for provision of emergency new born care:

Hiring of the services of private paediatricians to provide emergency new born care during normal deliveries and caesarians, are also introduced at the PHCs/Hospitals, by permitting the Medical Officer to hire the private paediatricians for emergency new born care and paediatric care wherever the paediatricians are not available, in the hospitals and PHCs.

10.6.9. Female foeticide prevention through scan centre audit:

Scan centre audit is being continued in the State to prevent the female foeticide. Scan centres are inspected and suspected have been brought under surveillance and action will be taken against the centres violating the PCPNDT Act. Such regular audit is expected to reduce female foeticide substantially. The Scheme is continued during 2008-09.

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

Janani Suraksha Yojana is one among the schemes under Phase II of RCH 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 is not applicable for the SC and ST population.

10.6.11. Training and Human Resource Development:

For the year 2008-09 it is proposed to continue the Skill based training

- Manual Vacuum Aspiration training
- Tubectomy training
- Obstetric ultra sonogram training
- Life Saving Anaesthetics skills for emergency Obstetric care
- Emergency Obstetric care training
- Visual Inspection with Acetic Acid (VIA) Cancer cervix and Cancer breast detection training
- Colposcopic training
- Blood bank training
- IMNCI training
- Adolescent Friendly Health Services
- Skilled birth attendant training

Newly proposed training:

- Home based new born care
- Facility based newborn care
- Urban IMNCI
- Training of staff nurses on contraceptive updates
- IMEP training for MO, PHCs,