

Demand No.19

POLICY NOTE - 2009-2010

HEALTH AND FAMILY WELFARE DEPARTMENT

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Chapter – 1

INTRODUCTION

This Government considers providing compassionate medical service to humanity as service to God. Accordingly, after this Government assumed charge in the year 2006, a number of measures have been taken towards the medical needs of the poor people.

1.1. A pioneer scheme named " Chief Minister Kalaignar's Insurance Scheme for Life Saving Treatments" enabling one crore poor and down trodden families to receive the specialist treatment upto Rs.1 lakh for 51 Life threatening diseases will be launched at a cost of Rs.517 crores.

1.2. Measures taken to meet the medical needs of the poor people:

In the last three years, a total of 20856 persons viz. 5411 doctors, 5183 staff nurses, 1262 Village Health Nurses and 9000 para medical staff have been appointed. 1249 doctors and 4509 staff nurses appointed on consolidated pay have been brought under regular time scale of pay. The 24 hours free delivery service has been introduced in all the 1421 Primary Health Centres with the appointment of three staff nurses to provide maternal service round the clock in the rural areas. Due to these measures, the number of deliveries in PHCs has increased thrice i.e. from 81190 in 2005-06 to 2,59,133 in the year 2008-09. Tamil Nadu is the only State where deliveries are performed in such a large number in the PHCs. All the PHCs have been provided with computers with internet facility.

1.3. With a view to enabling pregnant women to have adequate nutrition and to compensate their income during the period of pregnancy this Government is implementing "Dr.Muthulakshmi Reddy Memorial Maternity Assistance Scheme" providing Rs.6000/- as maternity assistance to them. So far an amount of Rs.723.69 crores has been disbursed to 14,65,845 pregnant women.

1.4. The pioneering scheme of 'Varumun Kappom Thittam' that enables diagnosis of disease at incipient stage and provision of appropriate treatment has been revived and is being implemented by this Government from 2006. Under this scheme, teams of medical experts have conducted 10239 medical camps throughout the State. Through these medical camps about 102.06 lakh poor people have benefited.

1.5. The scheme "Free Ambulatory Service" is being provided to the accident victims in association with EMRI throughout Tamil Nadu at a cost of Rs.32 crores. In order to provide ambulatory service throughout the State, 'Emergency Ambulatory Service Scheme' is implemented in collaboration with EMRI. During the times of emergency and accident, ambulance will arrive at the place on dialling free toll No.108 and take the victim to the nearest Government / Private hospital for providing free treatment. After the scheme was started on 15.09.2008, 51,534 patients have been admitted to Government Hospital and Private Hospitals under this scheme.

1.6. 125 PHCs have been upgraded as 30 bedded institutions at a cost of Rs.76.25 crores. 110 new PHCs have been established. In 52 Government Taluk

Hospitals new Dental wings were opened and Dentists and Dental Technicians were appointed.

1.7. In order to bring the Government medical institutions on par with private hospitals in terms of medical service to the people, this Government has provided a number of modern sophisticated equipments which include MRI scans, 64 Slice C.T.Scan, Lithotripsy, Colour Doppler, Echo-cardiography, Semi-auto analyser, Ultra sonogram, Cobalt unit etc. to Government Hospitals at a cost of Rs.350 crores.

1.8. In order to protect infant and school going ailing children from heart diseases the Government have brought forward two schemes viz. Ilam Sirar Idaya Aruvai Sickichai Thittam and 'Palli Sirar Idaya Aruvai Sikichai Thittam'. Under these schemes these children will be operated in the Private Hospitals. 24 renowned Private Hospitals have operated 2263 children so far. An amount of Rs.13.37 crores has been spent for this purpose. 650 children have been operated upon at the Institute of Child Health and Hospital for Children, Chennai and Government Rajaji Hospital during the last year. Beside, financial assistance to the tune of Rs.17.38 crores has been given to 6275 patients, for undergoing life saving surgeries in the Private Hospitals.

1.9. Action is being taken to implement the following schemes in the current year:

- (i) A big complex for Out-patient of Government General Hospital will be constructed at a cost of Rs.70 crores in the erstwhile Central jail land allotted for expansion of Government General Hospital.
- (ii) A mega blood bank will be constructed at a cost of Rs.400 crores in the same place.
- (iii) Infrastructural facilities are upgraded at Government Mohan Kumaramangalam Hospital, Salem at a cost of Rs.200 crores and the works will be completed before the end of this year.
- (iv) The Government Rajaji Hospital, Madurai will be upgraded as a multi speciality hospital at a cost of Rs.150 crores.
- (v) A National Institute of Ageing will be established at Kalaignar Karunanidhi Nagar, Chennai at a cost of Rs.112 crores in the current year.

1.10. Additional buildings are being constructed in the following Government Hospitals at a cost of about Rs.161 crores:-

- (1) Government Kilpauk Medical College Hospital, Chennai
- (2) Government Chengalpattu Medical College Hospital, Chengalpattu
- (3) Government Rajaji Hospital, Madurai
- (4) Government Dental College and Hospital, Chennai
- (5) Institute of Child Health and Hospital for Children, Egmore, Chennai
- (6) Government Royapetah Hospital, Chennai
- (7) Government Kasturba Gandhi Hospital for Women, Triplicane, Chennai
- (8) Government Hospital for Women and Children, Egmore, Chennai.

1.11. Additional buildings have been constructed in the 35 Government Hospitals located in the 5 Revenue Districts at a cost of Rs.45.00 crores under Tamil Nadu Health System Project. Under II phase, additional buildings are being constructed in 191 Government Hospitals at a cost of Rs.196 crores.

Medical Education:

1.12. In accordance with the policy announced in the election manifesto that Government Medical College will be established in the Districts where such college is not functioning, orders have been issued for the establishment of new Government Medical Colleges in Dharmapuri, Villupuram, Tiruvarur, Sivagangai and Perambalur. The Government Medical College, Dharmapuri has started functioning from the year 2008. Building works to the tune of Rs.192.58 crores are in progress for starting the Government Medical College at Villupuram and Tiruvarur. An amount of Rs.97 crores has been sanctioned for starting the Government Medical College, Sivagangai. The foundation stone laying ceremony was held on 21.02.2009. Action is being taken to start the construction work of the Government Medical College, Perambalur.

1.13. By conducting refraction test to all students studying in 6th, 7th & 8th class in all Government and Government aided Schools in our State, a new scheme by name "Manbumigu Tamilzhaga Mudhalvar Dr.Kalaingar Palli Sirar Kannoli Kappom Thittam" (மாண்புமிகு தமிழக முதல்வர் டாக்டர் கலைஞர் பள்ளி சிறார் கண்ணொளி காப்போம் திட்டம்) for providing free spectacles to those with defective vision was inaugurated on 03.06.2009 at a cost of Rs.5.38 crores under NRHM funds.

Budget:

1.14. The overall allocation for Health and Family Welfare has been increased to Rs.3391 crores in 2009-2010 as against a provision of Rs.1487 crores in 2005-06. The importance of this department can be understood by giving higher allotment of funds to this department in the current year.

1.15. The provision for Health and Family Welfare Department under Demand No.19 for 2009-2010 is Rs.3390.69 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 | 2180.04 | 858.11 | 347.34 | 5.00 | 1210.45 |

| Demand | Total Plan and Non- Plan | Add Recoveries | Total |
|---------------------------------------|--------------------------|----------------|----------------|
| (1) | (7) | (8) | (9) |
| 19 Health & Family Welfare Department | 3390.49 | 0.20 | 3390.69 |

This includes Rs.3184.83 crores on the Revenue Account and Rs.205.86 crores on the Capital Account. The provision on the Revenue Account, works out to 5.37% of the total Revenue Expenditure of Rs.59,295.28 crores in the Tamil Nadu State Budget for the year 2009-2010.

1.16. The directorate-wise provision for 2009-2010 made under Demand No.19 Health and Family Welfare Department is as follows:-

(Rs. in lakhs)

| | | |
|----|--|------------------|
| 1 | Secretariat, Health and Family Welfare Department | 615.62 |
| 2 | Directorate of Medical and Rural Health Services | 46794.40 |
| 3 | Directorate of Medical Education | 107535.18 |
| 4 | Directorate of Public Health and Preventive Medicine | 107806.89 |
| 5 | Directorate of Family Welfare | 10800.96 |
| 6 | Directorate of Drugs Control | 855.74 |
| 7 | Commissionerate of Indian Medicine and Homeopathy | 10094.09 |
| 8 | Tamil Nadu State Health Transport Department | 1811.07 |
| 9 | Reproductive and Child Health Project | 22353.21 |
| 10 | Tamil Nadu Health Systems Project | 30402.58 |
| | Total | 339069.74 |

Note:

a. Apart from the above provision, funds towards Civil Works being undertaken by Public Works Department have been provided to the tune of Rs.325.22 crores under Demand No.39.

b. Provision towards ESI Scheme Hospitals for Rs.143.69 crores has been made in the Labour and Employment Demand No.32.

1.17. New Schemes for the year 2009-2010:

It is proposed to implement 30 new schemes (Part-II Schemes) at a cost of Rs.503.37 lakhs. The Directorate-wise details are furnished below:-

(Rs. in lakhs)

| Sl. No. | Directorate | No. of Schemes | Ultimate Cost | Cost for 2009-2010 |
|---------|--|----------------|---------------|--------------------|
| 1 | Directorate of Medical Education | 9 | 200.39 | 200.39 |
| 2 | Directorate of Medical and Rural Health Services | 6 | 98.90 | 98.90 |
| 3 | Directorate of Indian Medicine and Homeopathy | 4 | 41.60 | 41.60 |
| 4 | Directorate of Public Health and Preventive Medicine | 1 | 100.00 | 100.00 |
| 5 | Directorate of Family Welfare | 2 | 18.00 | 18.00 |
| 6 | Directorate of Drugs Control | 3 | 29.30 | 29.30 |
| 7 | Tamil Nadu State Health Transport Department | 5 | 15.18 | 15.18 |
| | Total | 30 | 503.37 | 503.37 |

1.18. 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 15 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 & Rural Health Services) are run by the Government. A total of 48 Hospitals are functioning under the control of the D.M.E. The total bed strength of these Hospitals is 23450 The daily average inpatient and outpatient strength are 22446 and 79697 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 under graduate / diploma courses:

| Name of the Course | No. of seats |
|-----------------------------|--------------|
| M.B.B.S. | 1745 |
| B.D.S. | 100 |
| B.Sc. (Nursing) | 75 |
| Post Basic B.Sc.,(Nursing) | 40 |
| B.P.T. | 50 |
| B.Pharmacy | 110 |
| Diploma in Nursing | 1795 |

Diploma in Nursing:

| Stipendiary | Non-stipendiary | Total |
|-------------|-----------------|-------|
| 645 | 1150 | 1795 |

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

| Courses | No. of Specialities | Total intake capacity |
|---------------------|---------------------|-----------------------|
| P.G. Degree | 23 | 505 |
| P.G. Diploma | 15 | 404 |
| M.D.S | 8 | 33 |
| Higher Specialities | 15 | 76 |
| M. Pharmacy | 4 | 32 |
| M.Sc., (Nursing) | 5 | 22 |

Table 2: Number of self-financing Medical and Para Medical Institutions functioning in the Private Sector which surrender seats to the Government:

| Colleges | Number of Colleges | Number of seats | Number of seats surrendered to Government |
|--|---------------------------|------------------------|--|
| IRT Medical College, Perundurai | 1 | 60 | 39 |
| Medical Colleges- M.B.B.S. | 3 | 410 | 251 |
| Dental Colleges | 17 | 1370 | 862 |
| Bachelor of Pharmacy (B.Pharm) | 34 | 2010 | 1268 |
| Bachelor of Physiotherapy (B.P.T.) | 29 | 1450 | 939 |
| Bachelor of Science B.Sc., (Nursing) | 88 | 4560 | 2878 |
| Bachelor of Occupational Therapy (B.O.T.) | 2 | 100 | 65 |
| D.Pharm to B.Pharmacy (Lateral Entry(10%)) | 33 | 249 | 249 |

2.3. Selection Process:

2.3.1. Selection to MBBS/Bachelor of Dental Surgery/ Bachelor of Science (Nursing) Bachelor of Physiotherapy//Bachelor of Occupational Therapy/Bachelor of Pharmacy courses is done by a selection committee under single Window system following the rules of reservation under the Chairmanship of the Director of Medical Education in accordance with the policy of Government announced every year. Admission to Post graduate Diploma, Degree & MDS courses are done by the Selection Committee through a common entrance examination followed by counselling, adopting the rule of reservation. Admission to Higher specialities courses are done by the Selection Committee through a common entrance examination followed by counselling on merit. 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. As per the orders of the Hon'ble Supreme Court of India issued in P.A.Inamdar's case, the Management of the self-financing Institutions are permitted to exercise the rights to fill up the seats in their Colleges as per the norms laid down by the Supreme Court of India. But the Government have negotiated with the managements of the self-financing Institutions for the benefit of the meritorious candidates for the surrender of 65% of the total seats in the case of Non-Minority un-aided Institutions and 50% in the case of minority Institutions to Government quota.

2.4. 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 sera. 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. Drugs samples received from Tamil Nadu Medical Services Corporation are

analyzed and reports sent to them. The Vaccines and Sera manufactured in this institute are being distributed through TNMSC and cash sales.

2.5. Tamil Nadu Dr.M.G.R. Medical University:

2.5.1. The Tamil Nadu Dr.M.G.R. Medical University was established in July 1988, to promote academic excellence and to provide research and advancement of knowledge in the field of medical and Paramedical Education. At present, 288 Institutions are affiliated to this University.

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

2.5.3. The Department of Transfusion Medicine established in the year 1997 has started the P.G. Degree course in M.D., Immuno Hematology 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. Now six students are undergoing the courses in three batches.

2.5.4. The Department of Epidemiology has initiated a research on Prevalence of Group A Streptococcus among Slum Children in South Chennai. Another project on Knowledge, Attitude, Practice of (COTP) Cigarettes and other Tobacco Products Act 2003 sec 6 among petty shop owners of Chennai city is being planned in collaboration with the Adyar Cancer Hospital Chennai. The department proposes to take up research project on Non-communicable diseases, Tuberculosis, Trauma Care, Opportunistic infections in HIV/AIDS and Secondary Analysis, in future.

2.5.5. The Regional Library has planned to establish the Regional Network(WAN) link to all the 288 institutions to exchange e-resources and other collection development and to impart training for the Librarians of all the affiliated institutions to create awareness of the Virtual Library and to create separate website for easy access. In future, Introducing medical ethics into curriculum and teaching the students is a priority issue. It is proposed, to start diploma/certificate course in Medical Education through Distance Education, to establish Tele-Education through satellite with collaboration from ISRO. It is also proposed to start Diploma Course in Technician (Renal Dialysis) and P.G. Diploma in HIV Medicine.

2.5.6. The Department of Medical Genetics is conducting genetic clinic in KMC premises, patients with genetic disorders are referred from all specialties. The cases are registered and investigated. Special efforts are being made to detect birth defects in newborn infants and counseling given with follow-up. A genetic clinic has also been functioning in the university premises and render counselling to the patients.

2.5.7. The only Twin Registry in India was inaugurated in July 2008 by the worshipful Mayor of Chennai Corporation. A MoU was signed with the Head of Sri Lankan Twin Registry for collaboration. A project proposal in this regard has been sent to ICMR also.

2.6. Starting of New Government Medical Colleges:

2.6.1. Government Medical College, Dharmapuri:

As announced by the Government to start new Government Medical College in each district a new Government Medical College is functioning at Dharmapuri from 27.08.2008 with an intake of 100 students from the academic year 2008-2009. New buildings and equipments have been sanctioned and the construction of buildings is in progress.

2.6.2. Government Medical College Villupuram:

The Special officer/Dean has been appointed to process the preliminary work for starting the new Government Medical College at Villupuram. Necessary lands for construction of building have been identified and the court case has been succeeded in favour of the Government. The Government have sanctioned a sum of Rs.41.01 crores in 1st phase and Rs.58.70 crores in 2nd phase towards the construction of buildings for the college. The buildings works are in progress. A sum of Rs.16.00 crores has been sanctioned for the purchase of equipments and Rs.2.00 crores has been released by the Government out of the total sanctioned amount of Rs.16.00 crores. The processing of procuring equipments is being done by TNMSC.

2.6.3. Government Medical College, Thiruvarur:

The Special officer/Dean has been appointed to process the preliminary work for starting the new Government Medical College at Thiruvarur. The Government have sanctioned Rs.42.77 crores in 1st phase and Rs.50.10 crores in 2nd phase towards the construction of buildings for the college. The tender relating to construction of 1st phase building works has been finalized and the work has started. A sum of Rs.16.00 crores has been sanctioned for the purchase of equipments and Rs.2.00 crores has been initially released by the Government out of the sanctioned amount of Rs.16.00 cores. The process of procuring equipments is being done by TNMSC.

2.6.4. Government Medical College, Sivagangai:

The Special Officer / Dean has been appointed to process the preliminary work for starting the new Government Medical College at Sivagangai. Necessary lands for the construction of building have been identified. The Government have sanctioned Rs.97.00 crores for the construction of buildings for the new Medical College. The foundation stone for the college and building was laid by the Hon'ble Chief Minister on 21.02.2009. The construction of building work will be started soon.

2.6.5. Government Medical College, Perambalur:

The Special Officer/Dean has been appointed to process the preliminary work for starting the new Government Medical College at Perambalur. Necessary lands for the construction of building have been identified. Proposal for the sanction of fund towards the construction of building for the college is under consideration of the Government.

2.7. Improvements to Government Stanley Hospital, Chennai:

The following schemes have been sanctioned to improve the facilities at Government Stanley Medical College & Hospital, Chennai:

| Sl. No. | Name of the proposal | Amount (Rupees in Crores) |
|---------|--|---------------------------|
| 1 | Construction of P.G.(250) and U.G.(250) Men's students hostel building | 14.75 |
| 2 | Equipments | 2.44 |
| 3 | P.G. Women's hostel (140 students) | 3.70 |
| 4 | Amenities required in hostel | 1.54 |
| 5 | Improvement of infrastructure in Department of Radiology | 0.53 |
| 6 | Buses | 0.56 |
| 7 | Cadaver maintenance programme | 1.92 |
| | Total | 25.44 |

2.8. Schemes sanctioned for the improvement of Teaching Hospitals:

2.8.1. The upgradation of Government Mohan Kumaramangalam Medical College Hospital, Salem on par with the standard of All India Institute of Medical Sciences, New Delhi under "Pradhan Mantri Swasthya Suraksh Yojana" at a cost of Rs.139.31 crores (Central and State Governments contribution (Rs.100.00 crores and Rs.39.31 crores respectively) has been sanctioned. The building process is to be completed shortly.

2.8.2. A sum of Rs. 22.06 Crores has been sanctioned towards construction of the building for the expansion of Government Rajaji Hospital, Madurai at Anna Bus Stand, Madurai. The building work is in progress.

2.8.3. A sum of Rs. 13.83 crores has been sanctioned for the construction of 300 bedded hospital, O.P. Block and Casualty building for Institute of Child Health and Hospital for Children, Chennai and the work has started now.

2.8.4. A sum of Rs. 5.00 crores has been sanctioned for the purchase of MRI Scan at Kilpauk Medical College Hospital Chennai(2009-10).

2.8.5. A sum of Rs. 14.66 crores has been sanctioned for the construction of Medical Block at Government Mohan Kumaramangalam Medical College Hospital, Salem and the processing of plan and estimate are going on.

2.8.6. Orders have been issued for strengthening the Accident and Trauma Care facilities in the following Institutions with the Central assistance:

| Sl. No. | Name of the Institution | Amount (Rupees in Lakhs) |
|---------|--|--------------------------|
| a) | Tirunelveli Medical College Hospital, Tirunelveli | 80.00 |
| b) | Government Rajaji Hospital, Madurai | 80.00 |
| c) | Kanniyakumari Medical College Hospital, Asaripallam, Kanniyakumari | 80.00 |

| | |
|--|--------|
| d) Government Mohan Kumaramangalam Medical College Hospital, Salem | 65.00 |
| Total | 305.00 |

The above said amount is deposited in the concerned institution Deans' account and work is being processed.

2.8.7. Sanction has been accorded for creation of Vascular Surgery Department in Government Royapettah Hospital, Chennai and now functioning.

2.8.8. A sum of Rs.4.00 crores has been sanctioned for Cath Lab at Government General Hospital, Chennai (2009-10)

2.8.9. Sanction has been accorded for the establishment of Stem Cell Laboratory at Government Stanley Hospital, Chennai at a cost of Rs. 14.05 Crores and TNMSC is processing the project.

2.8.10. Sanction has been accorded for provision of 3.0 Tesla MRI Scan in the Barnard Institute of Radiology at Government General Hospital, Chennai at a cost of Rs. 10.00 crores and TNMSC is processing the tender.

2.8.11. Sanction has been accorded for construction of Hostel for Nursing students at Chengalpattu Medical College, Chengalpattu at a cost of Rs. 50.00 Lakhs and the work has commenced on in May 2009.

2.8.12. Sanction has been accorded for a sum of Rs. 46.44 Lakhs for the purchase of Buses for the use of the students of Medical Colleges of Government Mohan Kumaramangalam Medical College, Salem, Government Coimbatore Medical College, Coimbatore, and Chengalpattu Medical College, Chengalpattu and the vehicles are now being used by the students.

2.8.13. Sanction has been accorded for the purchase of buses for the use of Nursing students of Madras Medical College and Madurai Medical College at a cost of Rs. 33.35 Lakhs and buses are used by the students now.

2.8.14. Sanction has been accorded for the purchase of Ultra modern equipments of PCR established at King Institute of Preventive Medicine, Guindy, Chennai at a cost of Rs. 22.50 Lakhs and the equipments are being installed.

2.8.15. Sanction has been accorded for the purchase of Mammography equipment at Government General Hospital, Chennai, Government Stanley Hospital, Chennai and Government Kilpauk Medical College, Chennai at a cost of Rs. 90.00 Lakhs and is remitted to TNMSC for further processing.

2.8.16. Sanction has been accorded for the purchase of Equipments, Furniture, Linen, and Mattresses to Government Chengalpattu Medical College and Hospital, Chengalpattu at a cost of Rs. 399.42 Lakhs and the amount remitted to TNMSC for further processing.

2.8.17. Sanction has been accorded for the construction of building for examination Hall, Library buildings, Cafeteria and Common rooms and Gymnasium Block at

Chengalpattu Medical College, Chengalpattu at a cost of Rs. 392.38 Lakhs and processing by P.W.D. now.

2.8.18. Sanction has been accorded for the increase of seats in M.Sc. Nursing Course from 8 to 22 at Madras Medical College, Chennai from the year 2008-2009. Admission of students was made.

2.9. New schemes for the year 2009-2010:

- 1) It is proposed to upgrade the Madurai Medical College and Government Rajaji Hospital on par with AIIMS, New Delhi, India at a cost of Rs.150 Crores under PMSSY.
- 2) Construction of O.P. Block for Government General Hospital, Chennai in the erstwhile Central jail land at a cost of Rs.70.00 Crores.
- 3) Starting of a mega Blood Bank at the erstwhile Central Jail land with the Central assistance of Rs.400 Crores.
- 4) Starting of a Geriatric Care Centre for Geriatric patients at Government Peripheral Hospital, K.K. Nagar, Chennai with the central assistance of Rs.112.00 crores.
- 5) Establishment of Dialysis units in the Teaching Hospitals at a cost of Rs.2.50 Crores.
- 6) Replacement of Isotope Cobalt sources in the Tirunelveli Medical College Hospital, Tirunelveli at a cost of Rs.45.00 lakhs.
- 7) Purchase of FT Infra Red Spectrometer for the department of Pharmaceutical Chemistry at Madras Medical College, Chennai at a cost of Rs.12.00 lakhs.
- 8) Purchase of equipment for the department of Hepatology at Madras Medical College, Chennai at a cost of Rs.41.19 lakhs.
- 9) Construction of compound wall for Gents hostel at Tirunelveli Medical College, Tirunelveli at a cost of Rs.15.20 lakhs.
- 10) Establishment of Reverse Osmosis facility in the office of the Director of Medical Education at a cost of Rs.3.00 lakhs.
- 11) Purchase of equipment for the department of Vascular Surgery at Government Royapettah Hospital, Chennai at a cost of Rs.16.00 lakhs.
- 12) Purchase of Generator for the use of Office of the Director of Medical Education, Chennai at a cost of Rs.10.00 lakhs.
- 13) Purchase of equipment for the department of Dental surgery at Government R.M.Hospital, Thanjavur at a cost of Rs.8.00 lakhs.
- 14) Provision of Hygienic Modern Mechanical Laundry at Government R.M. Hospital, Thanjavur at a cost of Rs.50.00 lakhs.

Chapter – 3

MEDICAL AND RURAL HEALTH SERVICES

3.1. Introduction:

3.1.1. The Director of Medical and Rural Health Services is in-charge of planning and execution of all programmes of Medical Services in Tamil Nadu. He is responsible for rendering the Medical care services, through the grid of 27 District Headquarters Hospitals, 154 Taluk Hospitals, 80 Non -Taluk Hospitals, 11 Dispensaries, 11 Mobile Medical Units, 7 Women and Children Hospitals, 2 TB Hospitals/Sanatorium, 2 TB Clinics and 7 Leprosy Hospitals / Centres. He also looks after the implementation of various acts like Human Organ Transplantation Act, Pre-natal Diagnostic Techniques (prohibition of Sex Selection) Act 1994 and Accreditation of Private Hospitals, District Mental Health Programme and rendering financial assistance under Tamil Nadu Illness Assistance Society.

3.1.2. The State has been divided into 30 Revenue Districts for the implementation of the Medical Services. The Joint Directors of Medical and Rural Health Services are the overall controlling officers of all the Medical Institutions in the Districts for the implementation of Medical Services and supervising authority for all health programmes. The Deputy Directors of Medical Services (Thoracic Medicine) in every District look after the TB Control Programme. Specialists in the rank of Civil Surgeons are also provided in the District Headquarters Hospitals. The Deputy Director of Medical Services (Leprosy) in every District looks after the Leprosy Eradication Programme. The Leprosy Programme has been integrated with the Department of Public Health in order to involve Leprosy Field Staff in Public Health work and the Health Inspectors in Leprosy work.

3.1.3. Improvements to District, Taluk, Non-Taluk Hospitals and Dispensaries constitute an important development of plan of activities in the shape of expanded medical facilities, specialized services such as Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology, ENT, Venereology, Orthopaedic Surgery, Anaesthesiology, Child Health, Dental, Psychiatric Clinics, Ambulatory Services, Pathological Laboratory Services, Leprosy, TB, Diabetic clinics, Cardiology, Nephrology and most of other improvements. Accident and Emergency Service to meet the accident hazards is being implemented in a phased manner. The Maternity and Child Health and Family Welfare activities are undertaken effectively through non teaching medical institutions under family welfare post partum programme.

3.1.4. This Department is also coordinating the other departments' Programmes, such as Control of Blindness, Medical Facilities under Hill Area Development Programme and Adi Dravidar and Tribal Welfare Schemes etc.,

3.2. Appointment of Staff Nurses :

The Government have accorded permission for the creation of 24 Staff Nurses for the implementation of Special Ambulance Services in the Tsunami affected Districts Nagapattinam, Kancheepuram and Cuddalore through District Health Societies (8 Staff Nurses for each District) and the above posts were filled up. For the piloting clinic based prevention and control of cardio vascular diseases in Virudhunagar and Sivagangai Districts, 36 post of Staff Nurses were created and subsequently the posts were filled up. Further, the Government have accorded permission to recruit 1263 Staff Nurses on Contract Basis to improve 24 hours

Round the clock Maternal and Child Health Care activities under State Rural Health Mission by allotting three staff Nurses to each of 421 Primary Health Centres. Among them, 1130 posts were filled up. During the year 2008-2009, 1358 Staff Nurses were appointed on contract basis under various schemes. Further, the Government have accorded permission for the creation of 285 Staff Nurses to Mobile Medical unit in all the Health Unit Districts under National Rural Health Mission by allotting one Staff Nurse to each Mobile Unit and in addition 162 Staff Nurse posts were created for CEmONC Centres in 27 Government Headquarters Hospitals. The above posts will be filled up soon.

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. 3868 Scan centres have so far been registered under the Act and constant vigil is being maintained to prevent detection of sex. So far, 72 cases for violation of the Act have been identified and cases have been filed against 72 Scan Centres. Judgement has been delivered in 62 cases and 10 cases are under trial.

3.4. District Mental Health Programme:

3.4.1. Treating the mentally ill is important in our society. For the purpose of treating this kind of people living in villages, pilot programme called District Mental Health Programme is implemented in Trichy, Ramanthapuram, 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. Psychiatrists and certain non-medical workers 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. Under this programme, 10 bedded Psychiatric ward is created in Madurai, Ramanathapuram, Theni, Kanniyakumari, Erode, Dharmapuri and Nagapattinam Headquarters Hospitals.

3.4.4. The programme is extended to 8 more districts in Tamil Nadu namely Kancheepuram, Thiruvallur, Cuddalore, Chennai, Virudhunagar, Thiruvarur, Perambalur and Namakkal.

3.4.5. The Director of Medical and Rural Health Services is the Controlling and Monitoring Authority and the Director, Institute of Mental Health and Deans of

Medical Colleges of the programme district are looking after the programme. The programme is well implemented in the above districts.

3.5. TB Control Programme:

3.5.1. Every year about 18 lakh persons develop TB in India. In our State, every year about 1.4 lakh persons develop Tuberculosis, among which 48,000 have TB Bacilli in their sputum. 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 DOTS Treatment 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 RNTCP Programme. At the District level, the Deputy Director of Medical Services is the manager of the Programme. 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 District Collectors. The State Government meets the entire expenditure on running all the District TB Centres and Government TB Hospitals.

3.5.2. The Revised National TB Control Programme (RNTCP) is implemented in all the Districts through 142 TB Units (one for every 5 lakh population), 782 Microscopic Centres (one for every one lakh population) and about 11, 000 DOT Centres. The RNTCP Programme also has a good partnership with NGOs, Private Hospitals and Private Doctors, Railways, Port Trust and Military Hospitals. Under this programme, 5.5 lakh persons were examined and about 83,199 were diagnosed as TB patients during the year 2008-09. Of them 32,599 persons are new sputum positive patients and 85% of these patients were cured in 2008-2009. It has achieved all the parameters and targets fixed by Government of India.

3.5.3. 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 | % | Target | Achievement | % | 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 | 603073 | 123% | 48946 | 32991 | 67% | 85% | 82% |
| 2007-08 | 489457 | 569626 | 116% | 48946 | 33658 | 69% | 85% | 83% |
| 2008-09 | 489457 | 552330 | 112% | 48946 | 32599 | 67% | 85% | 85% |

3.6. Tamil Nadu State Illness Assistance Society:

The Government of Tamil Nadu has constituted the Tamil Nadu State Illness Assistance Society with a Revolving Fund of Rs.15 crores as 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 is administered by the Executive Committee under the Chairmanship of the Principal 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 to the poor patients for undergoing life saving surgical treatment in specified categories like Open Heart Surgery, Kidney Transplantation, Neuro Surgery, Hip replacement, Spinal cord, Cancer surgeries/ treatment etc., in accredited private hospitals through the District Collectors. The total beneficiaries from the inception of the Society i.e. from 13.05.2006 to 18.05.09 is 7382. In order to facilitate heart surgery for Children from poor families requiring it without any delay, the Young Children Heart Surgery Scheme is implemented by this Government in partnership with private Hospitals. Under the Scheme, the Government provides grants-in-aid upto Rs.1,00,000 to private hospitals. So far, 24 reputed hospitals have been selected and 473 children have been provided assistance for heart surgery.

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

Transplantations are being done only in the approved hospitals in Tamil Nadu. The Hospitals which are applying for registration under the Human Organ Transplantation Act 1994 have to be inspected by a team of specialists from the nearest Government Medical College. The team will inspect the hospitals and furnish the inspection report. The Director of Medical and Rural Health Services is the State Appropriate Authority for issuing the approval for Organ Transplantation and also issuing Registration Certificate based on the inspection report of the Hospitals. Tamil Nadu Government have constituted three Authorization Committees region-wise at Chennai, Madurai and Coimbatore for scrutiny of each and every non relative donor for approval of renal transplantation. Accordingly, the Registered Hospitals, region-wise will submit their application for renal transplantation to the respective Authorization Committee. The donors and the recipients have to appear before the Committee. Each and every case of non relative is verified and approved by the Committee for carrying out the transplantations. At present, in Tamil Nadu 72 hospitals are registered under this Act for various Organ Transplantations such as Renal, Heart, Lungs, Pancreas and Cornea 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 110 hospitals have been identified to give Emergency, Obstetric and New Born Care round the clock. Obstetric Causality, New Born Causality, Blood Bank Services, Operation Theatre Services and Ambulance Services are provided. In order to avoid delay for the mother to reach the centres for not more than one hour or within 40 Kms, these centres are selected among the 162 First Referral Units.

3.9. Upgradation and Strengthening of Accident and Emergency Facilities:

Tamil Nadu Government have decided to establish Accident and Emergency facilities to accident victims of every 50 kms distance in the National High ways of Tamil Nadu. Till date, the Government of India have sanctioned Rs.14.48 crores for upgradation and strengthening of Accident and Emergency facilities to 10 Government Hospitals which are situated in the National High ways. The 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 District | 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 |

Further, the scheme is to be extended to 4 more districts in Tamil Nadu namely Krishnagiri, Dindigul, Kovilpatti and Karur at a total cost of Rs,24.05 crores for upgradation and strengthening of Accident and Emergency Ward.

3.10. C.T.Scan facility:

The Government have sanctioned the provision of C.T.Scan facilities to Six Government Taluk Headquarters Hospitals viz., Tirupathur, Vellore District, Palani, Dindigul District, Aruppukottai, Virudhunagar District, Athur, Salem District, Tambaram, Kancheepuram District and Aranthangi, Pudukottai District. The C.T.Scan for the Government Hospitals Tirupathur, Palani and Aruppukottai has already been Supplied. The C.T Scan facilities for the remaining three Government Hospitals will be provided shortly.

3.11. MRI SCAN FACILITY:

The Hon'ble Chief Minister has announced for the provision of MRI Scan facility to all District Headquarters Hospitals. Based on that as a first phase, the MRI Scan has already been supplied to the Government Headquarters Hospital, Erode at a cost of Rs.5 Crores through TamilNadu Medical Services Corporation. It will start functioning soon.

3.12. Opening of Dental Clinic:

The Government have sanctioned 39 New Dental Clinics in addition to the 13 Dental Clinics already sanctioned. The Dental Chair and accessories for an amount

of Rs.78 lakhs to the 39 Dental Clinics were already supplied. Out of 52 posts of Dental Assistant Surgeons, 17 posts of Dental Assistant Surgeons were filled up and the remaining posts filled up through Tamil Nadu Public Service Commission.

3.13. Provision of 75 KVA Generator:

Construction of building with Provision of 75 KVA Generator at the Government Headquarters Hospital, Krishnagiri and Padmanabhapuram, Kanniyakumari District have been sanctioned at a total cost of Rs.42 lakhs.

3.14. Provision of Cell Phone facility:

The Government have sanctioned Cell phones to Director, Six Additional Directors and all the 29 Joint Director of Health Services of the Districts. The Cell phones have been purchased and supplied.

3.15. New Schemes for the year 2009-2010:

- 1) Construction of New Medical Godown building at Government Headquarters Hospital, Namakkal at a cost of Rs.50 Lakhs.
- 2) Replacement of Staff Car of the Joint Director of Health Services, Dharmapuri, Vellore, Theni at Periyakulam, The Nilgiris at Udthagamandalam, Sivagangai and Virudhunagar at a cost of Rs.30 Lakhs.
- 3) Modernisation of Office administration by providing 10 Nos. of Laser printers with accessories to Office of the Director of Medical and Rural Health Services at a cost of Rs.2.40 lakhs.
- 4) Modernisation of Office Administration by providing Two Multipurpose Photocopier with Network Printer and Network Scanner to the Office of the Director of Medical and Rural Health Services at a cost of Rs.3 Lakhs.
- 5) Provision of Laptops to all Joint Directors of Health Services and Director of Medical and Rural Health Services at a cost of Rs.10.50 Lakhs.
- 6) Provision of FAX Machine to the Office of the Joint Directors of Medical and Rural Health Services and Director of Medical and Rural Health Services at a cost of Rs.3 Lakhs.

Chapter – 4

TAMILNADU STATE BLINDNESS CONTROL SOCIETY

4.1. Blindness is a major problem throughout India. As early as July, 1972 Hon'ble Chief Minister Dr.Kalaignar had launched the free eye camp scheme for undertaking surgery to 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 to include the new 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 preventable blindness. On 01.04.1996, the Tamilnadu State Blindness Control Society was formed as a separate entity, to give thrust to the goal by planning, execution and monitoring at the District level. The Tamilnadu State Blindness Control Society is functioning under the control of Mission Director, State Rural Health Mission, Chennai with effect from 01.04.2007. 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. Therefore Tamilnadu has been a pioneer in tackling blindness, particularly arising from cataract.

4.3. The following activities were undertaken for the year 2008-2009 by utilising the assistance provided by the Government of India:

| Particulars | Target For 2008-09 | Achievement upto 31.03.2009 | % in achievement |
|----------------------------------|--------------------|-----------------------------|------------------|
| Cataract operations | 6,50,000 | 6,50,092 | 100% |
| School Eye Screening | | | |
| School children screened | 19,04,762 | 20,03,419 | 105% |
| Children with refractive error | 1,33,333 | 86,072 | 65% |
| Free spectacles to poor children | 40,000 | 44,036 | 110% |
| Eye Donation | | | |
| Eyes collected | 8000 | 11,917 | 148% |

4.4 It is proposed to carry out the following activities during the current year (2009-2010).

- a) Performing cataract operations with more than 90% being IOL implantation.

- b) Screening of school children for detection of refractive error and providing free spectacles to poor children.
- c) Collection of eyes for transplantation in persons with corneal blindness.
- d) Providing training to eye surgeons in modern cataract surgery and other specialised procedures.
- e) Enhancing capacities for eye care services in public sector 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) Recurring Assistance towards collection of Eyes per pair has been enhanced to Rs.1500/- to Eye Banks and Rs.1000/- for Eye Donation Centres with effect from 16.10.08.

4.5. The Government of Tamilnadu, have taken the following measures to enhance the cataract surgeries in Government Institutions.

- 1.The District Blindness Control Societies are permitted to hire private Ophthalmic Surgeons to do cataract surgeries in Government Institutions and pay Rs.150/- (Rupees one hundred and fifty only) per cataract case done.
- 2.The District Blindness Control Societies are permitted to hire private staff nurses trained in the field of Ophthalmic surgery to assist cataract surgeries in Government Institutions and to pay Rs.50/- (Rupees fifty only) per cataract case assisted.
- 3.The District Blindness Control Societies are permitted to incur expenditure on the above items from the Grant-in-aid funds provided by Government of India for cataract surgeries.
- 4.The Senior most District Ophthalmic Surgeon is appointed as District Programme Manager under the National Programme for Control of Blindness in the place of Joint Director of Health Services as Joint Directors have multi various works and they cannot concentrate on this National Programme.

Chapter – 5

PUBLIC HEALTH AND PREVENTIVE MEDICINE

5.1. The Department of Public Health and Preventive medicine provides preventive, promotive and curative services to the community, through a net work of 1533 Primary Health Centres (1423 and 110 new Primary Health Centres) and 8706 Health Sub-Centres located across the state. Basically, one Primary Health Centre is created for every 30,000 population in plain areas and for the Hilly areas one Primary Health Centre for 20,000 population. One Health Sub-Centre is established for every 5000 population and 3000 population in plain and hilly areas respectively. Government of Tamilnadu provides health services within the reach of every one in the Community and considered it as Social justice and equity.

5.2. Upgradation of Primary Health Centres:

During 2007-08, 75 Primary Health Centres have been upgraded with 30 bed facilities as per Indian Public Health Standards (IPHS) at a cost of Rs.41.25 crores. During 2008-09, 50 Primary Health Centres have been upgraded at a cost of Rs.35 Crores. Two more Primary Health Centres i.e. at Medavakkam and at Chemmanchery have been upgraded under Public Private Partnership. So far 257 Primary Health Centres have been upgraded in 227 Blocks. Upgraded Primary Health Centres have been provided with 30 beds and modern equipments like Ultra Sonogram, ECG, X-ray, Semi Auto Analyzer and Ambulance Services.

5.3. Buildings for Primary Health Centres:

At present 1380 Primary Health Centres are functioning in Government buildings. Construction of Primary Health Centre building is under progress for 115 Primary Health Centres. Buildings are to be constructed for 38 more Primary Health Centres out of which 20 Primary Health Centres buildings will be constructed shortly.

5.4. Public Private Partnership:

Tamil Nadu Government promotes Public Private Partnership in adoption of Primary Health Centers. Besides Ambulance Services, Family Welfare surgeries, Cataract surgeries, Heart surgeries, Non Governmental Organization and Private Trust are now willingly undertaking Primary Health Centres and extending their support .

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 are to be constructed for the remaining 2196 Health Sub Centres. Proposal has been submitted to get funds from the 13th Finance Commission for the construction of building for 500 PHCs.

5.6. Provision of diet in the Primary Health Centres:

The Hon'ble Minister for Health had made the announcement on the floor of the Assembly to provide diet three times daily for three days to Postnatal mothers and sterilization cases in all the Primary Health centres. In addition, he had announced to provide Nutritious Lunch to all Pregnant women who are coming for

scan and other tests to the Primary Health Centres during antenatal Clinics. This laudable scheme was inaugurated on 15th September 2008 during the 100th Birth day of Perarignar Anna. In addition, the Government have also announced to provide diet three times daily for seven days during the stayal of antenatal tribal mothers along with one female attendant in the Tribal area Primary Health Centres. The Government have sanctioned a sum of Rs.1,53,33,600/- for the above schemes.

5.7. Dental Health Services:

The Pilot Dental Health Check up Programme was carried out in 16 Primary Health Centres of 4 Districts viz., Theni, Salem, Dharmapuri and Namakkal. This is very much beneficial to the rural people and school children. After reviewing the performance, the programme has been extended to 8 Primary Health Centres in 2006. During the year 2007, the scheme has been further extended to 8 Primary Health Centres. Now the scheme is being implemented in 32 Primary Health Centres. So far 1,64,492 rural people and school children were benefited. This scheme will be further extended to 43 Primary Health Centres during the current year.

5.8. Immunisation:

5.8.1. Tamilnadu 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 under 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 for the past 5 years.

5.8.2. The State had achieved 95 to 100% coverage under different vaccinations and sustain the same coverage over the years. Moreover, special efforts have also been taken to provide immunization services to all children of the slums and remote areas through Mobile Medical Units. Immunisation services are provided throughout the State under the Supervision of Medical Officers from May 2008. Only Auto Disabled (AD) syringes are used for all vaccinations to ensure injection safety.

5.9. Pulse Polio Immunisation :

As part of polio eradication initiatives, so far the State has conducted 14 series of Pulse Polio immunisation campaigns from 1995-96 to 2008-09. Around 65 to 73 lakhs of children of under five years of age were given additional dose of oral polio vaccine in each campaign by involving many departments and voluntary organizations. During the year 2008-09, two rounds of Pulse Polio Immunization Campaign were conducted on 21st December 2008 and on 1st February 2009. About 72 lakhs of children have been benefited. During the year 2008-09, a panic was created by the electronic media during the first round which was effectively managed by the Public Health and Preventive Medicine Department.

5.10. Hepatitis B Vaccination:

Hepatitis B Vaccination programme was launched by Hon'ble Chief Minister on 6-1-2008, and the programme was implemented in all the Districts. Annually 11.5 lakhs infants will be protected from Hep-B Virus causing Jaundice, liver cancer by giving 3 doses of Hep-B vaccination.

5.11. Maternal and Child Health Services:

Maternal and Child Health services are provided through Primary Health Centres and Health Sub-centres. The services provided by these Centres are Ante-natal registration, Ante natal check-up, Vaccination against tetanus, immunization of children against Vaccine Preventable Diseases, Delivery care, Post natal care and Family Welfare Services. During 2008-09, Government of India have sanctioned a sum of Rs.8,70,60,000/- as untied fund under National Rural Health Mission to 8706 Sub Centres to meet the contingency expenditure in the Health Sub Centres at the rate of Rs.10,000/- per year. Minimum 3 Antenatal visits, Tetanus Toxoid, Iron and Folic Acid Tablets for 100 Days, basic investigation like Scan services and investigation for gestational Diabetes are rendered.

5.12. Dr. Muthulakshmi Reddy Maternity Benefit Scheme :

Dr.Muthulakshmi Reddy Maternity Benefit Scheme is implemented by this department from 15.09.2006. Under this scheme cash assistance of Rs.6000/- is given to the pregnant women of Below Poverty Line to compensate the wage loss during pregnancy, 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 was also extended to Sri Lankan refugees also. During the year 2006-07, 2,41,095 pregnant women were benefited. In the year 2007-08, a sum of Rs.300.00 crores was released for the scheme. As on 31.03.08 a total of 6,79,831 pregnant women have been benefited. Village Health Nurses are authorized to certify the poverty of the Pregnant Women. During the year 2008-09 a sum of Rs.350.00 crores has been sanctioned and 4,95,135 Pregnant women were given the assistance as on 31.03.09. Totally 14,16,061 Pregnant women have been benefited under this scheme.

5.13. Ilam Sirar Irudhaya Padukappu Thittam - Heart surgery programme for School Children:

Hon'ble Minister for Health had announced on the floor of the Assembly during the Health & Family Welfare demand on 24.4.2008, a special programme of screening of school children for Heart Diseases and Free Heart Surgery. This programme was launched on 3/6/2008, on the 85th birthday of Hon'ble Chief Minister as a part of "Hon'ble Chief Minister's Ilam Sirar Irudhaya Padukappu Thittam" by Hon'ble Health Minister at Corporation High School, Chindadripet. Under this scheme, District Committees under the Chairmanship of District Collector with Dean, Joint Director of Health Services, Deputy Director of Health Services, Professor of Cardiology and Professor of Medicine have been formed in all districts to organise the Camp and to monitor the programme. Under regular School Children Health Screening Camp Programme 9986 children had been identified having Heart Diseases. Special diagnostic Camps were conducted during June 2008, with Specialist team consisting of Cardiologist and Cardiothoracic Surgeons. 2396 School Children were recommended for Heart surgery. Physical, mental and Social well being are the essential components for a child for it's life span. Heart diseases will cause premature death. So far 24 Private Hospitals have been approved under this scheme. Funds are released by the State Rural Health Society to the District Health Society. So far Rs.9,03,42,722/- has been released by State Rural Health Society to the District Health Societies.

The three categories of surgeries and the payments to be made to Private Hospitals are as follows:

| | |
|--|--------------|
| Category A (Closed heart Surgery) - | Rs. 30,000 |
| Category B (Simple Open Heart Surgery)- | Rs. 50,000 |
| Category C (Complex Open Heart Surgery) | Rs. 1,00,000 |

5.14. School Health Programme:

The Government's policy is protection of Health of the School children and prevention of illness. Special emphasis is given to Heart diseases, Eye disorders, Nutritional 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. Two teachers from each school are identified. They are given training in identifying common illness of students and report to the Doctors.

Objectives:

- Ambient Environment – Clean School environment, Potable water supply Adequate Toilet facility, Nutrition, Midday meal, Adequately lighted and Ventilated class rooms.
- Periodic Regular Screening of the School Childrens if any illness is detected, it should be treated and corrected.

38,045 Schools and 66,08,696 School students were examined during 2008-09.

5.15. Screening for refractive error and provision of spectacles :

All the School Children of middle schools will be screened for refractive error under 'Manbumigu Tamilzhaga Mudhalvar Dr.Kalaignar Palli Sirar Kannoli Kappom Thittam' (மாண்புமிகு தமிழக முதல்வர் டாக்டர் கலைஞர் பள்ளி சிறார் கண்ணொளி காப்போம் திட்டம்) during this year. An amount of Rs. 5.38 Crores will be spent for this programme. Education Department, Non – Government organization, Blindness control society, Sarva Siksha Abhyan, Local Administration Department will be involved in the programme. Para Medical Ophthalmic Assistant will screen the students after getting the Teachers report and spectacles will be supplied to the students.

5.16. Control of Communicable Diseases :

Control of communicable diseases is major Task of Public Health Department. By strenuous efforts taken by Public Health Department, dreaded diseases like Small Pox, Guinea worm diseases were eradicated. Leprosy, Neonatal Tetanus, Plague were eliminated. Polio is under the verge of eradication. Many communicable diseases like Malaria, Cholera and Typhoid are under control. All the Deputy Directors of Health Services and executive authorities of the local bodies are closely monitoring the epidemic prone diseases like Acute Diaphorreal Disorder and Cholera.

The following are the details of cases and deaths due to A.D.D. / Cholera in 2008-09 in Tamilnadu:-

| Year | A.D.D. | | | CHOLERA | | |
|------------------------------|--------|--------|------|---------|--------|------|
| | Cases | Deaths | CFR* | Cases | Deaths | CFR* |
| 2008 | 60325 | 63 | 0.10 | 994 | 0 | 0.00 |
| 2009 (As on 17.4.2009) | 11632 | 7 | 0.06 | 170 | 0 | 0 |

(*CFR = Case Fatality Rate)

5.17. Establishment of Yellow Fever Vaccination Centre at the Directorate of Public Health and Preventive Medicine Under International Health Regulation 2005.

Yellow fever vaccination must be given at a certified center for the International Travellers traveling to African Countries. Public Health Department is responsible for giving International vaccination certificates to the travellers as per the Guidelines of WHO. International Health Regulations (2005) emphasise the need for the effective vaccination against certain infectious and communicable diseases for the International Travellers. The Director of Public Health and Preventive Medicine is the IHR Focal point and Deputy Directors of Health Services are the District Focal Points. People will get extended facility of yellow fever vaccination at the Directorate of Public Health and Preventive Medicine.

5.18. Water Analysis Laboratories :

Public Health Department have two water Analysis Laboratories, one at Guindy and another at Coimbatore in Tamil Nadu. These two water Analysis Laboratories help this department to investigate the water borne epidemics in co-ordination with Local Bodies. These two laboratories were established many years ago. Now, it is justifiable to establish 2 more Regional water analysis laboratories in Tamil Nadu. Proposal has been submitted to 13th Finance Commission for sanction of funds.

5.19. Tobacco Control :

Ill effects of Tobacco is the most common preventable cause of death in the country. Consumption of Tobacco products in the country is increasing in all the age groups, making it a matter of serious Public Health concern. Tamil Nadu Government has enacted an Act known as Tamil Nadu Prohibition of Smoking and Spiting Act 2002 . Based on the above Act, Tamil Nadu Government has set up State Tobacco Control Cell and District Tobacco Control Cell to implement the above Act. Followed by Tamil Nadu Government, Government of India has also enacted an Anti Tobacco Act titled as "Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 " (COTPA 2003) mainly to discourage People on consumption of tobacco. The State/District Tobacco Control Programme comprises the following components:

- a. Monitoring and implementation of Anti Tobacco Laws
- b. IEC and Awareness generation
- c. School Programme
- d. Training
- e. Tobacco Cessation Clinics, etc.

f. Legal Enforcement

Government of Tamil Nadu has issued orders to implement the rule on “ Prohibition of Smoking in Public Places” from October 2nd, 2008 through enforcement squads at State, District, Block and Village level with authorized officials. Necessary operational guidelines on how to form the squad, mechanism to impose fine, preparation of Challan, and remittance etc., have been issued. Receipt Books have been printed by State Tobacco Control Cell and issued to all districts including Chennai Corporation. Enforcement squads are being formed as per Government order and they enforce the law. The Director of Public Health and Preventive Medicine has issued guidelines to all Deputy Directors of Health Services and Health Officers of the Corporations and Municipalities for the effective enforcement of the Rules on the Prohibition of Smoking in Public Places. Districts including Chennai are submitting the details of fine amount collected on day to day basis and it will be monitored through on line reporting mechanism. Web based reporting mechanism was created to enter the activities on enforcement of COTPA, 2003, <http://wserverl.tn.nic/dphpm/tobacco> has been issued for effective implementation of the Cigarettes and Other Tobacco Products Act (COTPA), 2003 for enforcement squads at Corporations and Municipalities. The effective enforcement was made in all the districts. As on date, 9648 persons were fined and an amount of Rs.11,42,950/- was collected till March 2009 from the violators of the Cigarette and other Tobacco Products Act,2003 The following important programmes will be implemented during the current year:-

- a. ‘Smoke Free Chennai’ Project is proposed with the support of Bloomberg grant funded through International union for Lung TB.
- b Award for “Smoke Free Village” is a motivation policy of the Government in which a Smoke Free Village will get Rs.10,000/- as an award so that many villages will adopt smoke free status.

5.20. Implementation of Prevention of Food Adulteration Act - 1954:

5.20.1. The food is the basic need and requirement for the survival of human race. As it is largely consumed, demand is high and to make extra profit, it is adulterated with cheaper or inferior quality by substitution or by extraction of essential ingredients by unscrupulous Traders. To prevent this unlawful activity and to ensure quality, pure and wholesome food to consumers 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.

5.20.2. In Tamil Nadu, Prevention of Food Adulteration Act-1954 is being implemented in both Rural and Urban areas by the Department of Public Health and Preventive Medicine. The Medical Officers in Primary Health Centres are the Local Health Authorities in the rural areas and Health Officers are the Local Health Authorities for Corporations and Municipalities. 212 Food Inspectors are now available in the State.

5.20.3. There are Seven Food Analysis Laboratories, across the state. The food analysis laboratories at Guindy, Thanjavur and Palayamkottai were upgraded by World bank aided capacity building project at a cost of Rs.833.56 lakhs.

5.20.4. Special and surprise raids are conducted throughout the State every month. During these raids, Common food samples like milk, infant food and chocolates, edible oils, Vanaspathy and icecream have been lifted and analysed. Foods which are unfit for human consumption are seized and destroyed.

5.20.5. Food Safety and Standards Act 2006 has been enacted by Government of India which will be implemented by the State as soon as, it is cleared by Government of India in order to ensure Food Safety and quality. The Government have permitted to construct additional building to Food Analysis Laboratories at Thanjavur and Palayamkottai and provided funds to the tune of Rs.29.25 lakhs to both the laboratories. Works are in progress.

5.20.6. The Policy of Tamilnadu Government is to have one Food Inspector per Block in the rural areas and one food Inspector for 50,000 Population in urban areas.

The Important proposed activities under this scheme are:-

- Orientation Training Course to street vendors / Food Handlers on personal hygiene and food safety practices.
- Equipping Food Analysis Laboratories for melamine, Pesticide and toxic substance, residues test etc.,
- Additional Food Inspector training.
- 18 months Health Inspector cum Food Inspector regular training etc.,

During the year 2008-09, 4473 samples were analysed, out of which 682 samples were found to be adulterated. Adulteration is recorded as 15.25%.

5.21. **State Bureau of Health Intelligence :**

State Bureau of Health Intelligence (SBHI) was established in Tamilnadu on par with CBHI at Government of India. State Bureau of Health Intelligence developed Health Management Information System (HMIS) in the State through which Health Statistics (Data on Patients, Health Services, infrastructure,etc) are collected, compiled, analyzed and reports are prepared for review at district and State levels. SBHI data is being used for many planning activities in the Health Department .

5.22. **E-governance :**

The Department of Public Health and Preventive Medicine has taken steps to computerize the reporting system with the support of National Informatic Center(NIC) from Primary Health Centre level. All the Primary Health Centres are supplied with computer and accessories. Internet connections are also given. All Primary Health Centres have E -mail id for speedy communication. .Government of Tamilnadu have sanctioned a sum of Rs.30,00,000/- during 2004-05 and 3200 Public Health Staff were trained in computer fundamentals and Operating System.

5.23. **Web portal Training :**

During 2009-10, an amount of Rs,75,00,000/- was sanctioned under NRHM to provide training on ONLINE web portal training to Public Health Staff at Primary Health Centre level and the training has commenced from 18.5.09 in all districts through ELCOT training centres to train 6200 Primary Health Centre Staff.

5.24. **Pregnancy Cohort Monitoring (PCM):**

In Tamilnadu, around 12,00,000 women are getting Pregnant every year. Antenatal, Natal and Postnatal services are recorded in the software at Primary Health Centres. This will facilitate to monitor the outcome of the pregnancy and also to monitor the infants survival status. From 1.4.2008 to 31.03.2009 around 8.25 lakhs mothers data have been recorded and analyzed through this system.

5.25. Institutional Services Monitoring Report (ISMR):

Institutional services Monitoring Reports are being collected from all the 1533 Primary Health Centres through OMR sheet every month to monitor institutional Services at the Primary Health Centres. The data are analyzed and reports are sent to the Government and feedback reports to Primary Health Centres and the Deputy Directors of Health Services.

5.26. Development of total HMIS:

Tamilnadu Health System Project supports software for Hospital Management system and Health Management Information System for Director of Public Health and Preventive Medicine. The HMIS software developed by Tata Consultancy Services was launched in Kancheepuram district during December 2008 as Pilot basis. It covers information flow from Primary Health Centre to the district and to State in the field of administration, Financial, health services and training.

5.27. Birth and Death Registration:

Registration of Births and Deaths Act 18 of 1969 is implemented under the revised Tamil Nadu Birth and Death Registration rules 2000 in the State by the Director of Public Health and Preventive Medicine who is the Chief Registrar of Births and Deaths for the State.

5.28. Awards for Tamil Nadu :

Tamil Nadu has achieved 100% Birth registration and 91% death registration during 2007. During the Chief Registrar's Annual Conference 2nd prize was awarded to the Tamil Nadu Chief Registrar of Births and Deaths, on 5th March 2009, at New Delhi.

5.29. Issue of the free Birth Certificates in all the Government Medical Institutions:

The Hon'ble Minister for Health had made an announcement in the Assembly on 23.4.08 to issue Free Birth Certificate to the child at the time of discharge at the Government hospital itself. For the belated issue, the Health Inspector / Village Health Nurse take in charge for the delivery of Birth Certificate at the home. So far 2,19,942 Free Birth Certificates were issued for the Institutional Births.

5.30. Free Birth Certificate issue month in Tamilnadu:

Government have issued order in which Government have declared the April / May Months as "Birth Certificate issuing months" and directed all line departments to issue Birth Certificates by conducting Campaigns every year during April and May months. Parents will be benefited by this Scheme and the Certificates will be more useful during the School Admission of their children.

5.31. **Separate Counters for Registration of Births and Deaths :**

As per the guidelines of the Registrar General of India, separate Registration counters have been opened in the premises of Hospitals like RSRM lying in Hospital, Kasturba Gandhi Hospital, Women and Children Hospital, Egmore, Kilpauk Medical College Hospital in Chennai, all district Head Quarters Hospitals and all Government Medical College Hospitals and they are functioning from 2 P.M to 5 P.M daily.

5.32. **Vital Statistics:**

The Tamilnadu State has the following vital rates (SRS - 2007):

Birth Rate :15.8 per 1000 Population
 Death Rate : 7.2 per 1000 Population
 IMR : 35 per 1000 live births
 Life Expectancy at Birth : Male 68.45
 and Female : 71.54

5.33. **Malaria:**

In Tamil Nadu, the Malaria problem is confined mainly to urban, coastal and reverside areas. In Tamil Nadu, nearly 68.3 % of the cases occur in urban areas and Chennai is the main urban problem area. 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 been reduced from 22,389 cases in 2007 to 21,046 cases in 2008. Special Action Plan (SAP) is proposed to reduce the Malaria Problem in Chennai Corporation.

5.34. **Filaria:**

5.34.1. 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 endemic districts.

5.34.2. During 2007, the Mass Drug Administration programme was conducted in 14 endemic districts, namely, Kancheepuram, Thiruvallur, Cuddalore, Villupuram,

Trichy, Perambalur, Pudukottai, Thiruvannamalai, Thanjavur, Thiruvarur, Ariyalur, Kanniyakumari, Nagapattinam and Vellore. Besides these districts certain villages of Tirunelveli, Thoothukudi, Karur, Krishnagiri, Virudhunagar and Madurai and 64 wards in Chennai Corporation were also covered. 2.64 crores population were covered under the programme. Around 93.3% of the eligible population were administered with DEC+ Albendazole tablets. Public Health, Medical Education, Social Welfare, Education, Rural Development, Municipal Administration and Water Supply and Revenue Departments have cooperated for this programme. Selfcare practices training for the Lymphoedema cases and Hydroceletomy for hydrocele cases are being conducted. So far 365 hydrocelectomy operations have been done under this Programme. Tamil Nadu has already achieved the lymphatic filariasis eliminations status.

5.35. Japanese Encephalitis Control Programme:

5.35.1. 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 Immunisation Programme was carried out in selected villages in Perambalur District with killed Mouse Brain Vaccine.

5.35.2. 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 2008, Japanese Encephalitis programme was conducted in Trichy, Madurai and Thiruvarur Districts. 13.5 lakhs children were covered. During 2009, it is proposed to conduct Japanese Encephalitis programme in Thiruvannamalai, Thanjavur, Thoothukudi and Thirunelveli Districts .

5.35.3. Fogging operation is being carried out in villages where suspected Japanese Encephalitis cases are reported. Serum samples are being sent to Sentinel Surveillance centres located in 5 Government Medical Colleges and Institute of Vector Control and Zoonoses, Hosur for antibody detection and to confirm the Japanese Encephalitis. Mosquito pools are also sent for virus isolation so as to implement prevention and control measures. 243 cases were reported upto March 2009. The Directorate of Public Health and Preventive Medicine coordinates with ICMR units like VCRC, Puduchery and CRME Madurai, for sharing of information on control of Vector Borne Diseases.

5.36. Leptospirosis :

Leptospirosis being one of the reemerging infection requires timely diagnosis, treatment and control measures. For early screening of fever cases, rapid diagnostic kits were procured and supplied to the problem Districts. In Tamilnadu, except Udhamandalam and Thoothukudi districts all the districts are endemic for Leptospirosis. To strengthen the surveillance system and for early diagnosis of Leptospirosis 7 Leptospirosis clinics are functioning in Thiruvallur and Madurai districts. Rapid diagnostic kits were supplied to these clinics and to the 9 Zonal Entomological Teams and Institute of Vector Control and Zoonoses, Hosur. IVCZ Hosur is given the responsibility of outbreak investigation with specialized Team. A

State level reference Laboratory is functioning at State Headquarters since 2008 for confirmation of Leptospirosis. In Tamilnadu two Pilot Project Districts Viz. Villupuram and Tiruchirapalli have been identified as Lepto Pilot Project Districts. Necessary training was already imparted to one Block Medical Officer and one Lab. Technician in each of the Pilot Project Districts on the diagnosis of Leptospirosis.. A sum of Rs.30 lakhs is allotted by Government of India for the control of Leptospirosis. During 2008, 1262 cases (Upto December 2008 Prov.) and one death were reported in Tamilnadu.

5.37. Dengue Control :

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 were issued to all the health unit districts to strengthen the surveillance system and to carry out intensified vector control activities so as to avert outbreaks. 640 cases and 3 deaths were reported as dengue fever in Tamil Nadu during 2008 159 cases were reported as dengue fever in Tamil Nadu during 2009 (Upto March 2009) Sentinel Surveillance Centres were established in 12 Government medical colleges and Institute of Vector Control and Zoonoses, Hosur where Diagnostic facilities are available for Dengue, Japanese Encephalitis and Chikungunya. Guidelines of WHO, were communicated to all the Deputy Directors of Health Services, Joint Directors of Health Services and Deans of the Government Medical Colleges besides Heads of Departments on case management, surveillance, outbreak investigations and Vector Control Measures.

5.38. Chikungunya:

5.38.1. Chikungunya was first reported in Tamilnadu at Chennai Corporation in the year 1964. More than 3 lakhs cases were recorded at that time. In 2006, 29 Districts were affected in Tamilnadu. 64,802 cases have been recorded. The spread of disease in Tamilnadu is prevented by Intensified Vector control measures and by strategies taken with inter sectoral co-ordination, under the banner "War Against Mosquitoes". The State Government have sanctioned Rs.4.91 crores in 2006-07 and Rs.7.09 crores in 2007-08 for chikungunya control. 13 Sentinel Surveillance centres have been established with diagnosis facilities. "Our Health is in our Hands" a special Environment cleanliness Campaign was organized in March 2008. Only 71 cases have been reported during 2008.

5.38.2. The State Government have allotted Rs.3.16 crores for chickungunya control activities during 2008-09. 3850 Mazdoors have been appointed temporarily for 60 days on contract basis for the year 2008-09 for which Rs.196.35 lakhs have been allotted. The Mazdoors were used for source reduction activities mosquito breeding and minor engineering activities.

5.39. Institute of Vector Control and Zoonoses, Hosur:

The Institute of Vector Control and Zoonoses, Hosur is a unique institute in the country established for training, research and service activities against Zoonotic diseases. The Institute of Vector Control and Zoonoses, Hosur is made as Nodal agency for Zoonotic diseases The infrastructure available at this institute is also utilized to conduct various training programmes, workshops and seminars. The institute is conducting 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 /Lab Assistants each year. Laboratory diagnosis for Japanese Encephalitis, Dengue, Leptospirosis and Rickettsial infections are also being carried out in the institute.

5.40. Newer Diseases:

Diseases like Avian Influenza, SARS and H1 N1 Influenza emerge as Pandemic threat diseases. The Directorate of Public Health and Preventive Medicine is in full alert with contingency plan. All efforts and actions were taken and the Official Machinery is geared up to meet any eventuality.

5.41. Integrated Disease Surveillance Project: (IDSP):

5.41.1. 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 Tamilnadu 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 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.

5.41.2. 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.

5.41.3. 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 Offices of the Deputy Directors of Health services in all the 29 Revenue Districts.

5.41.4. The Joint Director of Public Health and Preventive Medicine, (VBDC) is the State Nodal Officer for IDSP. The Deputy Directors 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 23 Districts and Accountants in 19 Districts have been made and in the remaining Districts, the appointment is being processed.

5.41.5. 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. 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. Civil work has been completed in 24 District Surveillance units and 23 District Head Quarters Hospital Labs. The Laboratories at Cuddalore and Ramnathapuram have been identified as priority District Public Health Labs based on the strategic locations of the districts reporting more number of epidemics.

5.41.6. 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.

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

5.41.8. Integrated Disease Surveillance Project has improved the surveillance of communicable diseases and detection of Epidemics to a certain extent. Integrated Disease Surveillance weekly report is being received from all the Districts in time and the same is being analyzed at the State level. Integrated Disease Surveillance has reported 82 epidemics during the year 2008.

5.41.9. District Public Health Laboratories are the essential need for the epidemiologist to diagnose and outbreak early. Proposal is submitted to 13th Finance Commission for sanction.

5.42. National Leprosy Eradication Programme:

The National Leprosy Eradication Programme was launched in 1954-55. Multi Drug Therapy (MDT) was launched in 1983. The prevalence rate of 118/10000 Population in the year 1983 was brought down to 0.8 /10000 Population (upto December 2008) . Tamilnadu has achieved the Elimination status from 2005 ahead of the targeted year. Tamilnadu is the First State which has integrated the vertical programme with Primary Health Centres in Sept – 1997. Now Leprosy is not a major Public Health problem. Now Prevention of Disabilities and Surgical corrections for the Ulcers and for the damaged Nerves are being carried out.

5.43. Varumun kappom Thittam:

5.43.1. This Varumun Kappom Thittam is the pet Programme of Honourable Chief Minister of Tamilnadu. The scheme has been revived to facilitate early detection and treatment of illness. It was planned to conduct 9,000 medical camps by teams of medical experts all over the State. Upto 30.1.2009, 9000 medical camps have been conducted. 90,64,002 Persons have benefited. 2,09,923 persons were referred to higher institutions.

5.43.2. 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 women 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 collected through the Internet /Website are used for monitoring , evaluation and planning purposes.

5.43.3. During 2006-07 Government have sanctioned an amount of Rs.11,13,40,000 for conducting 4500 camps. During the year 2007-2008 an amount of Rs.7,17,05,000/- has been allotted for Varumun Kappom Thittam Camps. Further it is also proposed to conduct 1394 Varumun Kappom Thittam camps during the period from 1.1.09 to 31.3.09. In this connection Government have allotted an amount of Rs.678.85 Lakhs. Accordingly during 1.1.2009 to 15.05.2009 1207 medical camps have been conducted and 10,77,419 persons have been benefited.

5.44. Training and continuing Education Programme :

Multipurpose Health Worker (F) Training Course has been commenced at Health Man power Development Institutes at Salem and Villupuram, Health and Family Welfare Training Centre, Madurai and Kasturba Gandhi Hospital, 30 candidates are admitted in each school for every six months. The candidates are being selected from the Community Nutrition workers of TINP and Anganwadi Workers of ICDS sponsored by Social Welfare Department 120 candidates have been admitted for Multipurpose Health Worker (Female) Training course at the above four training centres.

5.45. Orientation Training Programme For Medical and Para Medical Staff :

Orientation Inservice Training Programmes are being conducted for the Medical and Para-medical staff at the Institute of Public Health, Poonamallee, Health and Family Welfare Training Centres, Egmore, Madurai, Gandhigram, Health Manpower Development Institutes Salem and Villupuram and Regional Training Institute of Public Health, Tiruvarankulam.

5.46. Training Institutes:

There are 6 Regional Training Institutes namely, Institute of Public Health, Poonamallee, Chennai, 3 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 Pudukottai District. In addition to above courses, the condensed Multipurpose Health Worker (Male) Training Course at 3

Medical Colleges has been commenced to 150 Basic Servants of this department for providing promotional avenues.

5.47. New schemes for the year 2009-10:

Purchase of 20 Jeeps to Deputy Directors of Health Services, and Zonal Entomological Teams for supervision and control of Vector borne diseases by District level teams at a cost of Rs.100 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 thereby to stabilize the population growth. Tamil Nadu is the model State in the introduction of "Community Needs Assessment Approach" to all the States in the country. The success of Family Welfare Programme in the State has been attributed to several factors including strong social and political commitments and good administrative back up.

6.2. Demographic Indicators:

As per 2001 census, the population of Tamil Nadu was 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 2009 is estimated as 6.74 crores. The demographic scenario of Tamil Nadu for 2007 (SRS), is furnished below:

| SI. No | Indicators | Current level |
|--------|----------------------------|-------------------------|
| 1 | Crude Birth Rate | 15.8 / 1000 population |
| 2 | Crude Death Rate | 7.2 / 1000 population |
| 3 | Total Fertility Rate | 1.6 |
| 4 | Infant Mortality Rate | 35 / 1000 live births |
| 5 | Maternal Mortality Ratio * | 0.93 / 1000 live births |
| 6 | Natural Growth Rate | 0.86 percent |

* Based on the actual maternal deaths occurred in the State during 2007-08.

6.3. GOALS:

Government have fixed the following demographic goals to be achieved by the end of Eleventh Five Year Plan ie 2012.

| SI. No | Indicators | Goals |
|--------|--------------------------|-------------------------|
| 1 | Infant Mortality Rate | 20 / 1000 live Births |
| 2 | Crude Birth Rate | 15 / 1000 Population |
| 3 | Maternal Mortality Ratio | 45 / 100000 Live Births |
| 4 | Total Fertility Rate | 1.4 |
| 5 | Couple Protection Rate | 65 percent |

| | | |
|---|----------------------------------|------------|
| 6 | Reduction of Higher Order Births | 10 percent |
|---|----------------------------------|------------|

6.4. Family Welfare Centres:

National Family Welfare Programme is implemented in the field by the three Directorates of Health and Family Welfare Department viz. Directorate of Public Health and Preventive Medicine, Directorate of Medical and Rural Health services, Directorate of Medical Education and Local bodies and Non Governmental Organisations. Directorate of Family Welfare is monitoring the entire programme at the State level. Family Welfare Programme in the villages are implemented by the Village Health Nurses of Health Sub centres and Medical Officers of Primary Health Centres. For the past three years 86 Operation Theatres in the Primary Health Centres are made functional and performing Family welfare surgeries. Under the Directorate of Medical and Rural Health Services, Family Welfare programme is implemented through the post partum centres and Urban family welfare centres attached with Government Hospitals. Under the Directorate of Medical Education, post partum centres attached with Medical College Hospitals are implementing the Programme. Urban Health posts and Urban family welfare centres attached with Municipal Corporations and Municipalities are implementing the Family Welfare Programme, for which Maintenance Grants is released by the Directorate of Family Welfare. 27 Non Governmental Organisations and 1764 Approved Nursing Homes in the State are also extending the Family Welfare activities.

6.5. Family Welfare performance:

6.5.1. The Family Welfare Performance for 2008-2009 is as follows:

| Sl. No | Programme | Annual ELD | Achievement |
|--------|------------------|------------|-------------|
| 1. | Sterilization | 4,00,000 | 3,43,971 |
| 2. | I.U.D. Insertion | 4,50,000 | 3,12,447 |
| 3. | Oral Pill Users | 1,75,000 | 1,32,318 |
| 4. | C.C. Users | 3,75,000 | 1,64,954 |
| 5. | M.T.P | 1,50,000 | 59,759 |

6.5.2. The Sterilization Performance by various institutions in the State for 2008-09 is as follows:

| Sl. No | Institution | Achievement |
|--------|---------------------------|-------------|
| 1. | Government Institutions | 59.1% |
| 2. | Voluntary Organizations | 5.7% |
| 3. | Approved Nursing Homes | 28.7% |
| 4. | Local Bodies Institutions | 4.3% |

| | | |
|----|--------------------------|------|
| 5. | Unapproved Nursing Homes | 2.2% |
|----|--------------------------|------|

6.6. MAJOR THRUST AREAS IN THE IMPLEMENTATION OF FAMILY WELFARE PROGRAMME:

- a) Out of 10.47 lakh births occurring in the State 13.6 % (2007) of the births are higher order births ie.1.42 lakhs. To reach the goals fixed for 2012 these higher order births have to be reduced in a phased manner.
- b) The male participation under sterilization programme is only 0.7 %. This percentage will be improved. No Scalpel Vasectomy camps are being organized in all the districts to improve male participation under Sterilisation Programme. The Vasectomy performance has improved compared to previous years. It is proposed to achieve 10 per cent of total sterilisation through male participation. Wide publicity is given through IEC personnel in the entire district to create awareness about the new technique of No Scalpel Vasectomy.
- c) According to Sample Registration System the infant mortality rate is 35 per 1000 live births (2007). Among these infant deaths nearly 75% are neo – natal deaths. If these neo – natal deaths are reduced, then our aim of the IMR of 20 per 1000 live births will be achieved.
- d) As per National Family Health Survey – 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.
- e) The unmet needs of family welfare service have been reduced from 13.0% in 1998-99 (NFHS – II) to 8.9% in 2005-06 (NFHS – III). The unmet needs under spacing method are 4.1 percent and permanent method is 4.8%.

6.7. Strategies to be adopted to achieve the Goals:

The following strategies will be adopted to achieve the goals fixed in the Eleventh Five Year Plan period:-

1. Area specific approach will be adopted to identify village wise eligible mothers with three and above children and motivate them by a block level team to accept Family Welfare Sterilization.
2. At present 300 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 1764 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. The involvement of 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 DGO, M.D (Obstetrics & Gynaecology), M.S. (Surgery) qualified doctors will be trained in Laparoscopic Sterilization. All the untrained MBBS doctors will be trained in tubectomy sterilization and Non 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.

6.8. **Group Insurance Scheme to Sterilization acceptors:**

The Government of India have renewed the family planning insurance scheme in tie up with ICICI Lombard Insurance Company Limited with effect

from 1.1.2009 with the following insurance benefits for the family welfare sterilization acceptors.

| | |
|---|--------------------------------------|
| Death following sterilization in hospital or within 7 days from the date of discharge from the hospital | Rs. 2,00,000 |
| Death following 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. 30,000 |
| 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 per facility but not more than 4 in a year | Up to Rs. 2.00 lakh per claim |

6.9. **Enhanced compensation to sterilization acceptors:**

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

| | |
|---|----------|
| Acceptors of male sterilization in public health facilities | Rs. 1100 |
| Acceptors of female sterilization belonging to Below poverty Line and SC / ST in public health facilities | Rs. 600 |
| Acceptors of female sterilization belonging to Above poverty Line in public health facilities. | Rs. 250 |

6.10. No Scalpel Vasectomy:

In order to reduce the burden on females and also to reduce death due to sterilization, it has been proposed to promote and popularize the NSV to increase the Male participation in the Family Welfare Programme in the State during the year 2009-10.

- (1) As first instance, it has been proposed to conduct NSV Training to the Medical Officers.
- (2) Decided to conduct Special NSV Camps and drives in the Govt. Health Facilities in the State.
- (3) Decided to establish a Centre of Excellence at Kilpauk Medical College Hospital, Chennai to provide NSV training to the Medical Officers by the State Trainer to ensure safe and quality of NSV sterilizations.

A sum of Rs.100.00 lakhs has been released under NRHM to this Department to conduct NSV camps.

6.11. Training on IUCD services:

Considering the health conditions of mothers and children and also to reduce the rate of MMR & IMR in the State by promoting spacing method, it is proposed to promote and popularize the Copper T 380-A, the technically and Medically best IUCD, which acts as mini permanent contraceptive to avoid pregnancies. The main reason for under utilization of Copper-T 380-A in India is that many health service providers and potential clients are lack of accurate, up to date knowledge of IUCD. So as to clear this misconception, to create awareness about this device and revive the basic health right of the eligible mothers, training has been imparted to 233 trainers in the districts from January to May 2009 and in turn the District Trainers will train the other medical personnel in the District during 2009-10. For the above activity, a sum of Rs.52.00 lakhs has been released under NRHM to this Department.

6.12. 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.

6.13. New Schemes for the year 2009-10:

- 1) Modification of existing vacant room as Computer Room for the use of Directorate of Family Welfare, at a cost of Rs.2.00 lakhs.
- 2) Provision for minor repair works both Civil and Electrical in 10 District Family Bureaux at a cost of Rs.16.00 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 and Magic Remedies (Objectionable Advertisement) Act 1954.
- c) Drugs Prices Control Order 1995

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 for sale of Allopathic, 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 at Madurai as its headquarters and a Legal-cum-Intelligence Wing 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 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, Guindy.

7.4. Achievements during 2008-2009:

7.4.1. Action against spurious Drugs & Cosmetics:

The Drugs Inspectors of Director of Drugs Control conducted raids in various parts of Tamilnadu during the period from 02-02-2009 to 28-02-2009 to prevent the sale of drugs without issuing sales bills and to detect contraventions under Drugs and Cosmetics Act 1940. The Inspectors also carried out Inspection at certain dealers in Sowkarpet area in Chennai to detect spurious cosmetics. During inspections, the Directorate has detected totally six cases among which two each in Salem and Madurai and one each in Coimbatore and Chennai. The Directorate has also unearthed a spurious cosmetics NIVEA cream in Chennai. All the above investigations are in progress. On information that Spurious Vicks Action 500 Plus Tablets are moving in the market different teams of Drugs Inspectors carried out raids at Dindugal, Madurai, Theni, Coimbatore & Chennai and seized the drugs from unlicensed dealers. So far eight cases have been launched against the dealers and further investigation is under process against ten dealers.

7.4.2. Action for mis-use of 'Sativol' Alcoholic Homoeopathic Medicine:

The Department received a complaint of misuse of homoeopathic medicine namely "SATIVOL" for its alcoholic content. Based on that the Department conducted raids on the homoeopathic medicine shops which were misusing these drugs to the addicts. Four cases have been launched and one licence has been cancelled in this regard.

7.4.3. **Blood donation camp:**

Thiruchirappalli Bharathidasan University conducted a very big voluntary Blood Donation Camp for the benefit of 21 Districts at 50 centres in 10 Districts in the State of Tamilnadu on 20th February 2009 in coordination with Tamil Nadu State AIDS Control Society and State Blood Transfusion Council with the assistance of Department of Drugs Control.

7.4.4. **Seminar & Training Programmes:**

The Department has conducted a Seminar on "Quality Control in Blood Banking, Current Scenario and future application of Stem Cells and Amendment in Drug & Cosmetics Act, 1940 at 'Ayyan Valluvar Arangam' of Office of the Director of Drugs Control, Chennai-6 on 27.02.2009 and 28.02.2009 with the assistance of Tamil Nadu State AIDS Control Society.

7.4.5. **Details of prosecution launched:**

A total of 222 prosecutions have been sanctioned for the period from 01-04-2008 to 31-03-2009. The following are the major contraventions for which sanction has been accorded:-

- i) Four sanctions for prosecution have been accorded under Drugs and Magic Remedies (Objectionable Advertisement) Act.
- ii) Forty Five sanctions have been accorded to prosecute the manufacturers for having manufactured sub Standard Quality Drugs.
- iii) Six sanctions have been accorded to prosecute the manufacturers for having manufactured Spurious Drugs.
- iv) Nine sanctions have been accorded to prosecute the manufacturers for having manufactured Misbranded Drugs.
- v) One Hundred and Fifty Five sanctions have been accorded for other contraventions under Drugs and Cosmetics Act, 1940.
- vi) Three sanction have been accorded under Drugs Price Control Order.

7.4.6. **Facilities provided:**

- i) Lift facilities has been provided to the Office of the Director of Drugs Control, Chennai-6 at a cost of Rs. 20.00 Lakhs.
- ii) One Direct Telephone line for the augumentation of Net facilities has been provided, and the existing EPABX Board has been changed for the use of Office of the Director of Drugs Control, Chennai-6 at a cost of Rs. 0.81 Lakhs.

- iii) Reference Books were purchased for the use of Zonal Offices and Directorate at a cost of Rs. 2.00 Lakhs.
- iv) The old and outdated instruments / equipments have been replaced with new instruments / equipments for the use of Drugs Testing Laboratory at a cost of Rs.50.00 Lakhs.
- v) Computers have been purchased for the use of Drugs Testing Laboratory at a cost of Rs. 2.00 Lakhs.

7.5. New schemes for 2009-2010:

1. Provision of Photo Copier Machine and Fax Machine to Zonal Offices at a cost of Rs.1.80 Lakhs.
2. Purchase of Reference Books for the use of Zonal Offices and Directorate at a cost of Rs.2.50 Lakhs.
3. Purchase of New Instruments / Equipments to replace the old and outdated Instruments / Equipments for the use of Drugs Testing Laboratory, Chennai -6, at a cost of Rs.25 Lakhs.

7.6. Action plan for 2009-2010:

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 and Hospitals.
3. Training Programme will be conducted 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.
4. More information will be gathered on movement of Drugs liable for misuse and appropriate action will be taken to prevent them.
5. Frequent raids and joint inspections will be conducted to prevent entry of Spurious Drugs in the market.
6. Samples will be drawn in a scientific manner so as to detect and control substandard drugs moving in the market.
7. The various activities of the Zonal Offices of the Department will be computerized to have a reliable Database and for better Management Information System.
8. Drug Inspectors selected by Tamil Nadu Public Service Commission will be appointed in the existing vacancies.

Chapter – 8

INDIAN MEDICINE AND HOMOEOPATHY

8.1. The Government of Tamil Nadu is committed to provide full opportunity for the growth and development of Indian Systems of Medicine (ISM) and utilization of their potentiality, strength and revival of their glory. A multi pronged approach is being adopted for achieving the objects for the development and optimum utilization of Indian Systems of Medicine and Homoeopathy by way of bringing these systems into the mainstream and to gainfully utilize the vast resources which exists in the sector towards enhancing the outreach of health care in an accessible, acceptable, affordable and qualitative manner. The ultimate goal of the State Government is to provide or to make available Siddha, Ayurveda, Unani, Yoga and Naturopathy and Homoeopathy, as an adjunct or better alternative, to allopathy medical treatment, to the public at large so that the people can exercise their choice in accessing the health service.

8.2. The ISM and the modern system of medicine can play a complementary role. The Government of Tamil Nadu is taking all efforts to provide one ISM Practitioner in every PHC in a phased manner. At present ISM practitioners are available in 479 PHCs including the 10 wings sanctioned during the year 2008-2009.

8.3. Education:

8.3.1. For proper development of Indian Systems of Medicine and Homoeopathy the Central Councils have implemented various educational regulations to ensure minimum standards of education. The strategy on education and training facilities in ISM is two pronged. (i.e.) The Government itself has 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 246 and 910 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 intakes offered by these institutions are detailed below:

| Nature of Institution | Siddha | Ayur veda | Unani | Homoeo pathy | Yoga and Naturo pathy | Total |
|----------------------------------|--------|-----------|-------|--------------|-----------------------|-------|
| Under Graduate Government | 150 | NIL | 26 | 50 | 20 | 246 |
| Private | 150 | 160 | NIL | 400 | 200 | 910 |
| PostGraduate Government | 80 | NIL | NIL | NIL | NIL | 80 |
| Private | NIL | NIL | NIL | NIL | NIL | NIL |

8.3.2. In addition, one Government Ayurveda Medical College and Hospital at Nagercoil in Kanyakumari District will start functioning from the academic year 2009-10 onwards. All the I S M & H Medical Colleges are being upgraded as State Model Colleges with the Government of India assistance.

8.4. Medical Research:

Indian Systems of Medicine have been practised over centuries, and some of these treatment, therapies and drugs have unbroken traditions of acceptance and practice. In house 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 in this area.

8.5. Standardisation:

Ensuring quality, for various herbal medicines, which are being prepared from different raw drugs in Indian Systems of Medicine, is a major challenge today. To ensure ISM drugs affordable and efficacious the State Pharmacies were modernized at a cost of Rs. 130.00 lakhs, which was provided by the Government of India. The pharmacy attached to TAMPCOL was also modernized, to ensure the quality. Similarly, the State Drug Testing Laboratory at Chennai was also modernized and equipped well to ensure the quality and standardization of ISM drugs.

8.6. Medical treatment:

At present, there are 889 institutions in the State providing medical treatment under Indian Systems of Medicine and Homoeopathy, with an inpatient capacity of 1011 beds. With a view to, developing and popularizing the Indian Systems of medicine, the State Government is setting up Speciality Clinics in 17 District Head Quarters Hospitals at a cost of Rs.555.00 lakhs and in 151 Taluk Hospitals at a cost of Rs.1510.00 lakhs with the assistance of the Government of India. Further, establishment of speciality clinics in 134 PHCs in the first phase is underway with the central assistance of Rs. 1340.00 lakhs. Proposals were sent to Government of India, for establishing Speciality Clinics in the rest of the District Head Quarters Hospitals and Primary Health Centres also.

8.7. State Drug Licencing Authority for Indian Medicine:

Government have issued orders separating the Licensing functions pertaining to Indian System of Medicine drugs from the Drug Control department and vesting the same under the control of this department by creating a Separate State Drug Licencing Authority (Indian Medicine). The State Drug Licencing Authority (Indian Medicine) has started functioning with effect from **29.11.2007** under the control of this department. The District Siddha Medical Officers of this department were appointed as Drug Inspectors as per the provision of Drugs and Cosmetics Act, 1940. All works connected with the inspection, sampling, and prosecution and licencing of Indian Systems of Medicine drugs are now carried out by State Drug Licensing Authority.

8.8. National Institute of Siddha:

The State Government has played a vital role in setting up of a National Institute of Siddha at Tambaram which is a joint venture of Government of India and Government of TamilNadu. It is established with the objective of imparting Post Graduate education in Siddha system and to provide medical care through Siddha

systems of medicine. This premier Institution is now engaged in promoting and propagating the science and art of Siddha.

8.9. Tamil Nadu Medicinal Plant Farms & Herbal Medicine Corporation Ltd. (TAMPCOL):

The authorized share capital of TAMPCOL is Rs.125.00 lakhs and its present paid up share capital is Rs 100.00 Lakhs including Bonus shares. During 2007-08 the Corporation achieved a record turnover (unaudited) of Rs. 1262.38 lakhs. The Corporation is paying dividend since 1998-99 to the Government. TAMPCOL has paid 100% dividend of Rs.20.75 lakhs to Government for the year 2007-08.

8.10. New schemes for the year 2009-2010:

1. Provision of Fax and Internet for Directorate, ISM Colleges, Arignar Anna Government Hospital of Indian Medicine, Chennai and all District Siddha Medical Offices at a cost of Rs.4.60 lakhs.
2. Purchase of Photocopier machines for Government Siddha Medical College, Chennai, Government Unani Medical College, Chennai, Government Homoeopathy Medical College, Thirumangalam, Madurai District and Arignar Anna Govt.Hospital of Indian Medicine, Chennai at a cost of Rs.4.00 lakhs.
3. Construction of Residential Quarters for Resident Medical Officer, Arignar Anna Government Hospital of Indian Medicine, Chennai at a cost of Rs.22.00 lakhs.
4. Construction of additional building for conduct of Diploma courses in Indian Medicine viz. "Diploma course in Integrated Pharmacy and Diploma course in Nursing therapy" at a cost of Rs.11.00 lakhs.

Chapter - 9

TAMIL NADU HEALTH SYSTEMS PROJECT

9.1. The Tamil Nadu Health Systems Project supported by World Bank is being implemented from January 2005. The Project period is 5 years up to March 2010. The goal of the Project is to improve the health outcomes of the people of Tamil Nadu especially the poor and disadvantaged. The total Project cost at the time of agreement was Rs.597.15 crores. An amount of Rs.90 crores was diverted to Tsunami relief. The Project is strengthening the infrastructure in all secondary care hospitals in Tamil Nadu comprising of 29 District Head Quarters Hospitals and 241 Sub District Hospitals. The following are some of the notable achievements of the project.

9.2. Infrastructure Development:

The Project has constructed new buildings in 32 hospitals in Dharmapuri, Krishnagiri, Theni, Pudukottai and Kanyakumari Districts. New buildings for another 3 hospitals are nearing completion in Pudukottai District. Construction is on in 190 hospitals in other districts. All the buildings are expected to be completed by December 2009. The new buildings provided include out patient blocks, maternity blocks containing labour ward, operation theatres, wards etc., A spacious, modern office building for the Project and Directorate of Medical and Rural Health Services is being constructed in the DMS campus, Teynampet, Chennai. Total cost of all the above civil works is Rs.297.00 crores.

9.3. Provision of Equipments:

The Project has supplied hospital equipments, furniture, linen, vehicles, etc., at the cost of Rs. 130.00 crores to all secondary care hospitals and for specific programmes. The equipments include ultrasonograms (Scan Machine) operation theatre equipments, X-ray machines, Hospital Cots, mattresses and furnitures. The Project has procured 385 modern ambulances and 42 mortuary vans to run the emergency ambulance services and mortuary van services. The Project has also established a viable equipment maintenance system for all Government hospitals and has contracted 10 Bio Medical Engineers for this purpose. Rs.12.50 crores will be spent during the current year for supply of equipments for the 12 Government Hospitals taken up for accreditation. It is proposed to take up Annual Maintenance Contract for the equipments supplied.

9.4. Maternal and Child Health:

9.4.1. The Project has strengthened 24 hours Comprehensive Emergency Obstetric and New Born Care Services functioning in 125 Government Hospitals to prevent maternal and infant death. These hospitals are provided with 508 additional specialist doctors and 562 additional staff nurses to provide round the clock care to pregnant mothers and neonates. New maternity buildings are under construction in these hospitals. The number of caesarean operations have increased in these hospitals and maternal and neonatal deaths have come down. More and more poor and rural people are accessing these hospitals for treatment.

9.4.2. During the year 2008-2009, 1,06,619 deliveries were conducted. Among the total number of deliveries 67346 were normal and 2739 were assisted deliveries and 36537 were caesareans. A total number of 28,188 Blood Transfusions were given and 63332 ultra sound scans were taken for maternity cases. 92689 complicated maternal cases and 23952 neo natal cases were admitted and treated successfully. New equipments and instruments worth of Rs.18.52 crores were purchased and supplied for the benefit of the maternal and child health services alone.

9.5. Prevention of Non communicable Diseases:

9.5.1. The incidence of communicable diseases in Tamil Nadu has come down drastically and there is increase in non communicable diseases like cardio vascular diseases, diabetes and cancers. In order to bring forth effective models to prevent non communicable diseases, the Project is piloting 2 major programmes namely Cervical Cancer Screening and Cardio Vascular Diseases prevention. The cervical cancer screening pilot project is implemented in Theni and Thanjavur Districts and cardio vascular diseases pilot project is implemented in Virudhunagar and Sivagangai Districts.

9.5.2. Cervical Cancer Screening Pilot Project:

Under this programme 3,53,356 people have been screened for Cervical Cancer and 30,487 persons have been identified for further investigation and 842 cases of Cancer Cervix have been identified for treatment in Theni and Thanjavur Districts. This programme will be completed by the end of this year. After evaluating this pilot project, implementing this programme throughout Tamil Nadu will be examined. This programme is being conducted at a cost of Rs.6.98 Crores.

9.5.3. Cardio Vascular Disease prevention Pilot Project:

This programme is being implemented in Virudhunagar and Sivagangai Districts. Under this programme 7,59,046 persons have been screened, out of which 54,528 new cases were found to be suffering from Hypertension. A total of 1,20,929 cases have been enrolled under this pilot project in both districts. This programme will be completed by the end of this year. After evaluating the pilot project, implementing this programme throughout Tamil Nadu will be examined. Two qualified Staff Nurses per Government Hospitals were posted exclusively for the Cardio Vascular Disease clinic in addition to the Cardio Vascular Disease Counselors who provide Life Style Counseling to the patient. An external agency namely National Institute of Epidemiology / ICMR is doing an external evaluation of the pilot project at a cost of Rs.3.76 lakhs. Gandhi gram Institute of Rural Health is implementing the school, work place and community based components worth Rs.66.00 lakhs. The total Budget of this project is Rs. 4.57 crores and the pilot phase has covered more than 50% of the target population during the past one year of the pilot project.

9.6. Health Care Waste Management:

The project has established proper health care waste management system in all the 270 secondary care hospitals, 41 tertiary care hospitals, 130 thirty bedded Primary Health Centres and 8 ESI hospitals at a cost of Rs.11.44 crores. The consumables such as color bags, aprons, gloves etc and equipments such as color

bins, trolley, needle destroyer etc have been supplied through Tamil Nadu Medical Services Corporation to all individual hospitals at an estimated cost of Rs.6.66 crores. Training of approximately 44,000 hospital staff of all Government project hospitals in the entire State is completed at a cost Rs.1.64 crores . About 44,000 training modules on Bio Medical Waste Management were prepared in- house and supplied to all project hospitals. A massive IEC activity with 6 posters and 7 stickers both in English and Tamil was planned and now supplied to all hospitals through Tamil Nadu Medical Services Corporation at a cost of Rs.15.00 lakhs @ Rs.50,000 per district. Final disposal is being done in a scientific manner according to the Bio Medical Waste Management rules. 9 out of 11 Common Treatment Facilities approved by Tamil Nadu Pollution Control Board have been hired through Tamil Nadu Medical Services Corporation for transportation and end disposal of Bio Medical Waste generated in Government Hospitals for each district on per kilogram basis. Cost ranges from Rs.26 to Rs.49 per kilogram for all districts.

9.7. Emergency Ambulance Services:

Emergency Management Services is being implemented by TN EMRI in the entire State of Tamil Nadu from 15.09.2008. Currently 198 ambulances are in operation in 23 districts. This facility will be extended to cover the whole of Tamil Nadu shortly by increasing the number of ambulances to 445 . At the time of any emergency related to Medical, Police and Fire, people can contact the toll free telephone no."108". This is a totally free service provided by Government of Tamil Nadu. During 2008-2009, **Rs.29.29 crores** was sanctioned by the Government to provide the services. During 2008-2009, 35,877 emergency cases were transported to the medical institutions. An average of 2.8 trips were made by each ambulance every day. This performance is expected to increase to 5-7 trips per day per ambulance. During the current financial year Rs. 55 crores will be spent for this purpose.

9.8. Mortuary Van Services:

The Project has established Mortuary Van Services in 42 hospitals which are operated through Non Governmental Organizations. This service is provided to the people at nominal cost. During last year 6,766 bodies were transported out of which 899 were transported free of cost. 1610 beneficiaries belong to Scheduled Caste / Scheduled Tribe.

9.9. Patients Counseling Services :

The Project has established patient counseling services in 185 hospitals in Tamil Nadu. The counseling services are provided round the clock. A total of 555 counselors have been appointed through Non Governmental Organizations to provide this service. During last year 1,42,04,453 patients were benefited.

9.10. Tribal Health Development:

9.10.1. The following activities are being carried out by the Project to improve tribal

health:-

9.10.2. Mobile outreach health services in 12 tribal areas are being operated through Non Governmental Organizations. During last year 2,66,040 out patients were treated and 19,306 patients were referred to higher institutions. Ante natal and post natal services were provided to 9,208 tribals. Bed grants were provided to 2 hospitals for providing free treatment to 1,141 tribals. The Project has contracted 2 NGO hospitals in The Nilgiris District for comprehensive interventions for Sickle cell trait patients and immunization. Out of 5,526 tribals screened, 69 positive cases have been identified for providing treatment.

9.10.3. Tribal Health Counselors from among the tribal community have been posted in 30 Medical institutions in tribal areas to provide counseling services to the tribal people coming for treatment. 1,40,000 tribals were given counseling services during 2008-2009.

9.10.4. Pregnant mothers are brought from their place of residence 3 days prior to delivery for Institutional delivery. Food is given for mothers and one attendant upto 10 days of their stay in the Primary Heath Centres. During 2008-2009, 358 patients were benefited.

9.11. Health Management Information System:

A web based Health Management Information System is being established in all secondary care hospitals. As a pilot project, this system is working well in 5 hospitals namely Government Hospital Tambaram, Sriperumpudur, Sholingur, Padmanabapuram and Colachal. Subsequent to the successful implementation in pilot hospitals, phase I of the Health Management Information System is now being implemented in 36 hospitals in 5 districts Viz Dharmapuri, Krishnagiri, Theni, Pudukottai and Kanyakumari. At present, implementation of Health Management Information System has been completed in all secondary care hospitals in Dharmapuri district and 4 Hospitals in Krishnagiri district. The hardware infrastructure has been set up in all the other phase I hospitals and the training is in progress. TNSWAN connectivity is being established in these hospitals through ELCOT. It is proposed to appoint one IT Coordinator for each of the phase I districts, who will monitor all the Health Management Information System activities in their district and maintain the hardware performance.

9.12. Human Resources Development:

A Major training programme is being implemented by the project to improve the skills of the health care providers in both technical skills and management skills. The training on Interpersonal Communication, Poison Treatment, Maternity and Child Heath and Bio Medical Waste Management have been completed. The training on Hospital Administration for Administrative Medical Officers is being carried out. Further, training programmes to improve the quality of care will be taken up during the current year. The training on snake bite management will also be taken up throughout the State for Health Care providers at all level (DME, DMS, DPH & ESI). Total cost of training is Rs.22,39,500/-. Hospital Day has been celebrated in all secondary care hospitals for the past two financial years at a cost of Rs.8,68,000 per year.

Chapter – 10

STATE HEALTH SOCIETY

10.1. The National Rural Health Mission (NRHM) has been launched in Tamil Nadu with a view to bring about 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 rural areas. The vision of this mission is to provide universal access to equitable, affordable and quality health care services which is accountable at the same time responsive to the needs of the people. The programme will operate over the period 2005-2012.

10.2. Objectives of the Mission:

- Reduction in infant, child and maternal mortality
- Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization, achieving gender and demographic balance.
- Revitalization of local health traditions & mainstreaming of Indian Systems of Medicine (ISM)
- Promotion of healthy life styles.

10.3. State Health Society:

10.3.1. To achieve the objectives of the mission, the State Health Society was constituted and registered under the Tamil Nadu Societies Registration Act 1975, (Registration No. 47/2006), merging all the Centrally funded health related societies for leprosy, tuberculosis, blindness and integrated disease control programmes (except the Tamil Nadu State AIDS Control Society). Similarly, District Health Societies have been registered under the Chairmanship of the District Collector level to coordinate the implementation of the schemes of NRHM at the district level.

10.3.2. The components of NRHM funded through the State Health Society, along with the scheme wise allocation under the Project Implementation Plan (PIP) 2009-10 are given below in the Table:

| Sl. No. | BUDGET HEAD | Amount allotted for the year 2009-10 (Rs. in crores) |
|---------|--|--|
| 1 | RCH II (Including JSY and Family Welfare Compensation) | 177.35 |
| 2 | NRHM Flexible Pool | 235.65 |
| 3 | Immunization including Pulse Polio | 15.23 |
| 4 | RNTCP | 12.25 |
| 5 | NVBDCP | 5.34 |
| 6 | IDSP | 1.70 |
| 7 | NLEP | 2.00 |
| 8 | NPCB | 22.00 |

| | | |
|----|--|---------------|
| 9 | NIDDCP | 0.18 |
| 10 | NPPCD | 4.56 |
| 11 | Infrastructure Maintenance (Treasury route) | 178.75 |
| | TOTAL | 655.01 |

10.3.3. The total allocation for various activities given above includes the State Government share of 15% of the overall cost of the programme. The funds for all the programmes are routed through the State Health Society at the State Level and the District Health Society at the district level. This has contributed to the smooth release of funds to reach the field level. Sub committees have also been formed at the state level to facilitate coordination and policy planning under the various components.

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

10.4. Reproductive and Child Health (RCH II) Project:

10.4.1. One of the thrust areas under NRHM is the reduction of child and maternal mortality. This is sought to be achieved by providing a wide range of quality Reproductive and Child Health Services including institutional delivery, emergency obstetric care, safe abortions, , family planning services and adolescent health services in the rural areas as well as the small urban towns. During this year, Rs.177.35 Crores have been allotted for RCH activities including Janani Suraksha Yojana and family welfare compensation .The major activities taken up under the RCH II are detailed below.

10.4.2. 24 x 7 Hours Delivery Care Services in all 1421 PHCs:

Countries which have a high level of institutional delivery have lower levels of Maternal Mortality Ratio (MMR). Tamil Nadu is committed to decrease the number of maternal deaths on par with the developed nations across the world. In this direction, the PHCs in the state have been strengthened to provide 24x7 hour delivery care services. 3 Staff nurses/PHC have been recruited and placed in all the 1421 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 which will no doubt contribute to increased access and reduced mortality to poor mothers. To sustain this activity, this intervention is being continued and extended to the 116 new PHCs which were set up during 2008-09. A provision of Rs.23.63 crores has been provided for this purpose in this year's PIP.

10.4.3. Provision of Outreach Services through Mobile Medical Units:

Outreach services play a major role in taking health care services to the inaccessible and under served population. Through fixed day outreach visits to the remote villages, the entire range of reproductive health services are made available

at the doorsteps of people. Elderly people, disabled and women with newborns in these villages are the major beneficiaries of this programme. All the 385 blocks have been provided with Mobile Medical Units (MMUs) with a dedicated team of staff (1 Medical officer, 1 Staff nurse, 1 sanitary worker and 1 driver). The remote and under served areas are mapped in each block and the MMU visits these areas every month following a fixed tour programme. The following services are provided in the villages by the MMU team headed by the doctor:-

- Treatment of minor ailments
- Antenatal care
- Post Natal care, Newborn care.
- Family Welfare Services
- 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.
- Immunization of the dropouts.

For the year 2009-10, a financial allocation of Rs.26.06 crores has been made for provision of MMU services.

10.4.4. **Provision of specialist services – Obstetricians, Anaesthetists for Emergency obstetric care:**

One of the major reasons for maternal mortality is the inability to provide Emergency Obstetric Care (EmOC) to the mother in time. This is largely due to the non availability of specialists at the First Referral Unit (FRU) level. To ensure that all the pregnant women receive emergency obstetric care, two major schemes have been taken up under RCH II.

- a) Hiring of Obstetricians and Anaesthetists : Public hospitals are allowed to hire private obstetricians and anaesthetists to carry out caesarian and family welfare surgeries. The specialists are given Rs.1000 per session which has ensured prompt handling of emergency obstetric cases.
- b) Multi skilling of MBBS doctors
 - i. LSAS (Life saving anaesthetic skills for EmOC) – Willing doctors are selected and are given training in life saving anaesthetic skills for EmOC for 6 months in the medical colleges. So far 108 doctors have been trained
 - ii. Emergency Obstetric Care –It is also proposed to train medical officers in obstetric skills for EmOC and to provide the trained doctors in areas where specialists are not available. The first batch of 7 doctors is being trained at Kasturibai Gandhi Hospital, Chennai.

10.4.5. Community Blood Donation Camps:

Provision of safe blood at the level of First Referral Units is a priority area for reducing deaths due to post partum haemorrhage which is a major cause of maternal mortality. Regular blood donation camps are being conducted in all the PHCs under the RCH II programme with the assistance of Government Blood Banks, and Red Cross Societies. The blood requirement of the tertiary hospitals and the secondary hospitals are assessed and the blood is collected in these camps. An area based Blood Donors Directory is prepared for each PHC and it is used in emergencies for getting blood of rare blood types.. To ensure blood safety, all the upgraded PHCs with operation theatres are being provided with Blood storage facilities under the programme.

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

The Infant Mortality Rate (IMR) often serves as a key development indicator, reflecting the combined effects of health interventions and the socio-cultural environment. Considerable progress has been made in Tamil Nadu to reduce infant mortality rates through implementation of various child health programmes. Over the last few years, there has been a stagnation in the reduction of IMR largely due to the lack of decrease in the neonatal mortality rates. In an effort to plug the gaps in service delivery to the newborn and address the felt need, 5 districts (Dharmapuri, Virudhunagar, Trichy, Thanjavur and Perambalur) were chosen in the year 2008-09 to establish Neonatal Intensive Care Units (NICU) i.e., 2 NICUs per district. Each unit will be provided with 9 staff nurses and 3 paediatricians with required equipments. This year, (2009-10) another 10 districts. (Krishnagiri, Vellore, Thiruvannamalai, Villupuram, Cuddalore, Madurai, Dindigul, Pudukottai, Tiruvarur and Nagapattinam) will be provided with similar facilities. This programme which is accompanied by training of health functionaries at various levels will go a long way in reducing the neonatal mortality rate in these districts. A provision of Rs.13.38 crores has been made for implementing this programme in the year 2009-10.

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

Provision has also been made to hire paediatricians on a contract basis to conduct a special clinic once a month on Wednesdays in all 1421 PHCs. They would be paid Rs.1,000 per clinic on par with hired Obstetricians and Anaesthetists. This intervention will ensure that quality skilled care is given to high risk neonates, ultimately resulting in reduction of infant deaths, particularly in the low birth weight category.

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

Janani Suraksha Yojana is one of the flagship programmes under RCH II which aims to reduce the maternal and infant mortality by focusing on increasing institutional deliveries. The scheme has been extended to Urban areas also. An

amount of Rs 700 in rural and Rs 600 in urban areas is paid to "Below Poverty Line" (BPL) on mothers delivering in institutions for the first two deliveries.. An amount of Rs 31.68 Crores has been allotted for the year 2009-10 under this scheme.

10.4.9. Urban Health programme:

It has been identified that small urban towns have the weakest health systems in the State. In order to effectively address the health concerns of such urban poor population, the municipalities with less than 1 lakh population have been brought under the purview of RCH II/ NRHM coverage. Out of 135 such municipalities, 60 Municipalities with over 50,000 population have been identified for introduction of the Urban Health Programme under RCH II for the year 2009-10. Under this scheme, 60 Urban Health Posts will be set up at a cost of Rs.8.61 crores by providing for staff costs (MO, ANM, Lab Technicians, Pharmacist, Health Worker), equipments etc., in the year 2009-2010.

10.4.10. ASHA (Accredited Social Health Activist) in 12 Tribal districts:

Despite a number of interventions by the state government, the vulnerable tribal community is still unable to access basic health care. They continue to face a number of social, cultural, and economic constraints. The constraints are that the health service providers are either not available or are available only for few hours in a day, remoteness of many villages from the nearest PHC/Hospital etc., With an objective to develop integrated and sustainable system for primary health care services delivery in the tribal areas, ASHA's will be appointed for providing tribal out reach services. These workers will serve as a link between the community and the health system and would serve to improve the health status of the population in these remote villages in 12 districts.

10.4.11. Training and Human Resource Development:

Capacity building is one of the major focus areas under the RCHII/ NRHM additionality components of the Health Mission. To bring about the expected outcomes, it is essential to provide all health functionaries with necessary skills and knowledge so that their services are fully utilized. Various training activities being carried out under the Training component of RCH II and NRHM Flexipool are given below:

Reproductive and Child Health

1. IMNCI – Integrated Management of Neonatal and Childhood Illness
2. SBA – Skilled Birth Attendant Training
3. AMTSL – Active Management of Third Stage of Labour Training
4. EmOC – Emergency Obstetric Care
5. LSAS – Life Saving Anaesthetic Skill
6. Obstetric Ultra sonogram Training
7. Laparoscopy Training – Family Welfare
8. IUCD – Intra Uterine Contraceptive Device Insertion Training
9. Contraceptive Update Training
10. CHLV – ASHA (Couple Health Link Volunteer – Accredited Social Health Activist Training)
11. HMIS – Health Management and Information System – Training
12. Refresher Training for Village Health Nurse

The following training programmes are provided under National Rural Health Mission:

1. Managerial skills for National Health Programmes for medical officers
2. Female Health Link Volunteer Training
3. Ayush doctors training on National Programmes
4. Blood storage training
5. MMU training

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

10.5.1. Rogi Kalyan Samitis (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 by providing patient amenities and bridging service gaps which will definitely facilitate achievement of the objectives of the NRHM. An amount of Rs.5 lakhs per District Head Quarters Hospital, Rs.1 lakh per Taluk/Non-Taluk Hospital and Rs.1 lakh per Primary Health Centre is allotted per annum under this scheme. These societies will also be established in the 116 new primary health centres (set up in 2008-09) and 60 Urban Health Posts to be set up during this year. The entire amount to be allotted for 2009-10 would be Rs.19.78 Crores.

10.5.2. 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). The immediate minor requirements are addressed. It has established a rapport between the 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, the Medical Colleges have also been included under this scheme. A grant of Rs.10 lakhs per annum will be given for each Medical College, Rs.5 Lakhs to their institutes and Rs.1 lakh to their peripheral hospitals and the entire amount works out to be Rs.2.35 Crores.

10.5.3. Annual Maintenance Grant to PHCs/HSCs for providing BEmONC services:

An Annual Maintenance Grant of Rs.1 lakh is allotted for each PHC providing BEmONC services to ensure quality services through functional physical infrastructure. Similarly, an 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 which has resulted in the better functioning of the health centres. An Annual Maintenance Grant of Rs.10,000/- is also provided per annum for the maintenance of HSCs with own buildings. The financial allotment towards this grant would be Rs.15.70 Crores.

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

Untied funds are given to all health facilities to meet out unexpected, essential and immediate expenses towards day to day maintenance. Flexibility is also given to the patient welfare societies for spending this money based on actual requirement.

1. An amount of Rs.10000/- is allotted as untied grant for each Health Sub Centre per annum.
2. An amount of Rs.25000/- is allotted to each Primary Health Centre per annum.
3. An amount of Rs.25000/- is allotted to each of the new Urban Health Centres per annum.
4. An amount of Rs.50000/- is allotted to each upgraded Primary Health Centre per annum.
5. This year, taluk and non taluk hospitals, (Rs.50,000 per annum) district head quarter hospitals (Rs.1 Lakh per annum) and 116 new primary health centres will also receive untied funds. The total amount for the above scheme works out to Rs.15.28 Crores.

10.5.5. Village Health and Water Sanitation Committee (VHWSC):

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 have been formed in 12618 village panchayats in Tamil Nadu, with representatives of the Panchayat Raj Institutions, women's groups and other village level officials related to health and determinants of health such as water and sanitation. Similarly 2540 village health and water sanitation committees have been formed in 561 town panchayats for every 3000 population. Every such committee duly constituted and oriented is entitled to an annual untied grant of Rs.10,000/- which may be used for improvement of the Health and Sanitation of the village. The committee members will be given training regarding the village health activities during the current year. The financial allocation for these committees is Rs.15.15 Crores.

10.5.6. Village Health and Nutrition Day (VHN Day):

The VHN day is conducted once a month by each VHWSC in their villages on rotation. The VHN day is held on a fixed day as decided by the VHWSC at any one of the Anganwadi Centres (AWCs) within the panchayat. A clinical session including Ante Natal Care will be conducted in the forenoon by the VHN and IEC activities will be conducted in the afternoon. Routine and timely conduct of VHN Day will go a long way in improving coordination between the health and nutrition functionaries at the field level.

10.5.7. Prevention and treatment of Rheumatic heart disease and congenital heart diseases (Ilam Sirar Idhaya Padukappu Thittam):

Rheumatic heart disease in India affects significant number of children and it continues to be a 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 system. Rheumatic fever can easily be diagnosed based on WHO criteria. Hence, it is proposed to undertake focused IEC on

rheumatic fever prevention, control, diagnosis and management. Similarly, congenital heart diseases like Ventricular Septal Defect, Atrial Septal Defect, etc. can easily be surgically corrected and the children can be given a productive life. Hence, the Ilam Sirar Idhaya Padukappu Thittam has been introduced to undertake early diagnosis at preschool/school age and provide surgical corrections to these children involving the private cardiac care institutions also.

10.5.8. School Health Programme:

Implementing a cohesive School Health Programme effectively integrates health concerns with determinants of health such as sanitation and hygiene, nutrition and safe drinking water, through a School Plan for Health. School mobilisation and demand generation is being ensured through Information Education and Communication (IEC). On a pilot basis, 6 districts have been chosen for implementing the new School Health Programme based on the model prescribed by the GOI in addition to the existing school health programme by Government of Tamil Nadu. The amount allotted for this pilot programme is Rs.4.12 crores.

10.5.9. Infrastructure Upgradation in PHCs :

NRHM in Tamil Nadu has changed the face of health service delivery in the state. The additional inputs received by the PHCs has improved the infrastructure in the PHCs and their amenities e.g. Ice Line Refrigerators, Deep Freezers, Sterilisers, Autoclaves, Semi/Auto analysers, Calorimeters, emergency lights, water filters etc., To cope up with the additional service demand at these institutions, it has been decided to provide additional facilities like Ante Natal wards, Post Natal wards, Labour rooms, Operation theatres, Staff Nurse quarters etc. in the year 2009-10. Rs.18.6 Crores have been allotted for the infrastructure upgradation at the PHC level.

10.5.10. RCH Centre of Excellence:

Under NRHM, it is proposed to improve the infrastructure and patient welfare amenities in the Institute of Obstetric and Gynecology (IOG), Egmore and Government Kasthuribha Gandhi Hospital (KGH) for Women and Children so as to convert them as the RCH Centre of Excellence at a total cost of Rs 100 crores . These medical college hospitals are being provided with latest and advanced medical equipments and buildings to provide high quality maternal and neonatal care services. These centres will serve as premier training institutes for the entire country. A total amount of Rs.39.75 crore has so far been released under the scheme. The construction work will commence shortly.

10.5.11. Correction of Refractive Errors in Middle School Children – "Manbumigu Tamizhaga Mudhalvar Dr. Kalaignar Palli Sirar Kannoli Kappom Thittam":

This year it is proposed to screen all the children studying in middle school classes in government and aided schools across the state and provide them with free spectacles to correct the refractive error. The services of the paramedical

ophthalmic assistants from the government side, NGOs and teachers from the school education department will be availed. A total expenditure of Rs.5.38 crores is planned for the current year under this scheme.

Chapter – 11**TAMIL NADU STATE AIDS CONTROL SOCIETY****11.1. TANSACS – an overview:**

11.1.1. Tamil Nadu has the unique distinction of bringing a consistent decline in the HIV prevalence in the state. This has been made possible due to concerted efforts of all the stake holders in the state. A strong political will and administrative commitment has resulted in the better implementation of the programs in field. The civil society, Non- Governmental Organizations and several partners have strengthened the hands of the Government to ensure that the epidemic is controlled effectively. The integrated model of HIV care continuum spearheaded by TANSACS has resulted in convergence of services at all levels.

11.1.2. A Government trust has been registered on 06.04.2009 to look after the welfare of Children orphaned by HIV/AIDS. This trust will provide Care and Financial assistance for Education and free treatment to those Children who have lost one or both of their parents due to HIV/AIDS through the Social Welfare Organizations or their relatives, who look after these Children.

11.2. The Programme of TANSACS:

TANSACS implements programmes to Prevent Infection, Treatment Services, Care and Support and Surveillance, monitoring and training activities.

11.3. Targeting high risk groups:

These interventions are aimed at reducing infection of STD and HIV among high-risk groups. Such groups are categorized as Female Sex Workers (FSW), Men who have Sex with Men (MSM), Injecting Drug Users (IDU), Truckers and Migrants.

11.4. Condom Promotion:

11.4.1. Condoms are the most effective means of prevention of HIV infection among both high risk and general populations. TANSACS has a plan to provide wide coverage to all groups adopting the best way to reach out to each group. The different strategies include:

- ◆ Distribution of free condoms to people through health care institutions, STD clinics, outreach camps and NGOs;
- ◆ BCC to popularise condom usage and raise awareness about the concept of safe sex;
- ◆ Empowering women through promotion of female condoms with the collaboration of the Hindustan Latex Family Planning Promotion Trust (HLFPPT), and distribution to FSWs through peer educators; Women's Self Help Groups (SHGs) are also being involved in this promotional activity so that women can take control of their lives and meet the need for female controlled prevention methods to avoid unwanted pregnancies and infections.

11.4.2. Result of Sentinel Surveillance conducted recently by APAC:

- 66% of the Female Sex Workers use condoms with their first time customers. Usage of Condoms by the FSWs with their spouses and regular customers has been reduced.
- Condom usage is reduced with the regular customers thinking that HIV will not be injected through them. The FSWs do not consider that usage of condom with their regular customer is necessary.

11.4.3. Male / Female Condom distribution:

- About 7 crores of free condoms have been distributed through Hospitals, STD Clinics, SHG and NGOs during the previous year.
- With a view to increase usage of female condoms, 60,000 female condoms were procured and sold through 6 NGOs. In the first month of the Pilot project, 10,340 female condoms were sold.

11.5. Empowering rural women to fight HIV/AIDS:

Women in India are more vulnerable to HIV infection because of their limited role in decision making and limited opportunity to discuss issues related to sex and sexuality. UNAIDS estimates 50% of new infections occur among women.

- In this context, informing women about sexual health and empowering them to make decisions and negotiate with their partners on condom use becomes essential.
- TANSACS has imparted training on HIV/AIDS prevention awareness to a total of 12,20,000 women who have registered in 94,000 Self Help Groups through the Women Development Programme in 12 districts in Tamil Nadu.

11.6. Objectives of the programme:

- ◆ To decrease women's vulnerability in matters linked to HIV/AIDS;
- ◆ To empower women to take informed decisions about their sexual and reproductive health rights;
- ◆ To improve their knowledge of sexually transmitted infections (STI) and HIV/AIDS;
- ◆ To make them aware of the services provided with regard to testing and treatment;
- ◆ To change the attitude of women towards PLHA.

11.7. Achievements:

- Training imparted to 1064 Panchayat level Peer Educators and 30 Master Trainers through out the State.
- 94,000 animators have been trained in 12 districts.
- 12,20,000 women of 94,000 SHGs have been trained till now.
- The first edition of documentation of the programme implementation has been completed.
- There is a proposal to impart training on HIV/AIDS prevention awareness to 15,000 SHGs in 2 districts during the year 2009-10.

11.8. Police Advocacy Programme in Tamil Nadu:

Sensitisation of key stakeholders is an important component of HIV/AIDS prevention strategy. The police department plays an important role in dealing with issues concerning high-risk groups. TANSACS, therefore, has planned to sensitize the entire police force in Tamil Nadu on HIV/ AIDS issues. About 129 Higher rank Police Officers such as Director General of Police, Deputy Director General of Police, Joint Commissioner of Police, Deputy Commissioner of Police, Police Superintendent, Deputy Superintendent of Police, and 5372 Inspectors and Sub inspectors have been imparted training in HIV/AIDS prevention awareness. TANSACS provides requisite funds for this programme.

11.9. Helping youth towards freedom from HIV/AIDS:

TANSACS approach to sensitizing youth takes the form of three separate initiatives aimed at three different groups - the School AIDS Education Program (SAEP) for school children, the Red Ribbon Clubs for college students and a special program in collaboration with the State Resource Centre (SRC) for youth outside the education system.

11.10. School AIDS Education Programme:

In the year 2005-06, Tamil Nadu has formed a State Centre Group under the Higher education Department to implement SAEP. This programme has been activated in 9870 schools. The module developed by NACO has been translated in Tamil titled 'Pudhiya Vazhviyal.' The District Trainers Group has been formed and professors and lecturers in 420 DIET have been trained as Master Trainers.

11.11. Red Ribbon Club :

11.11.1. The RRCs in Colleges are formed with a view to instigate the youth regarding the danger of infection of HIV/AIDS and its prevention. 986 RRCs have been formed with one lakh volunteers. 15,000 Peer Educators and 300 Peer Student Leaders have been trained by 950 Programme Officers. Blood Donation Calendars have been developed by the RRCs. The RRCs are becoming a powerful medium in reaching the youth. This programme with the support of Collegiate Education Department, APAC and Atlanta, USA and Technical support of TANSACS in creating awareness against activities which lead to HIV/AIDS infection and acts as a centre for multi-sectoral integration.

11.11.2.Objectives:

- ◆ To reduce HIV infection among youth by raising their risk perception through behavior change communication;
- ◆ To introduce innovative easily accessible youth attractive communication strategies.
- ◆ To prepare youth as peer educators and agents of change.

11.11.3 .Strategies:

RRC employs a variety of strategies such as:

- ◆ A 10 hours classroom activity on Life Celebration Book
- ◆ Awareness campaigns;
- ◆ Celebration of life
- ◆ Interactions with positive people, Counselors, Transgenders and Injecting Drug Users.

Since this programme is implemented in a specific manner, it has been proposed to include this programme in the syllabus at the University level. The Bharathidasan University has included the activities of RRC, in the mainstream in line with National

Social Service and National Cadre Corps in their syllabus.

11.12. Awareness Oriented Activities:

The strategies designed to implement awareness propagation by TANSACS reaches successfully to the general public. Hence, we have reached the target. Also, TANSACS plans strategies to create behavioural change among the people. The HIV/AIDS related IEC programmes have helped in reducing the stigma and discrimination. Also, this has ensured protection of human rights of the PLHAs. In accordance with the recent National Health and Family Welfare Statistics-III, it has been reported that 90% of people of different status in Tamil Nadu have HIV/AIDS awareness.

11.13. Tools tailor made to suit specific needs:

11.13.1. TANSACS has empanelled select advertising agencies with credentials in social communication to design and execute its IEC campaigns. Each IEC material is specially designed and produced to suit specific needs and find acceptance among specific target groups. The IEC campaigns are designed to achieve awareness at the individual as well as the community level.

11.13.2. The tools for IEC include printed material - manuals for education and training, flip books with photographs and other illustrations, posters, handbills, pamphlets, banners, stickers and danglers, messages on T-shirts, headbands and caps; electronic material - songs, stories and messages broadcast on radio and TV, cinema slides, audio and video tapes; wall paintings and folk art performances; regional and state level competitions; capacity building and peer education courses.

11.14. Mobile IEC Vans:

The IEC Mobile Vans were introduced to create awareness among the different target population and to take the awareness messages to the remote and tribal areas to ensure better access to the people. The vans are equipped with Audio Visual Aids, IEC Panels, Pamphlets/Posters, Condom vending machine etc. and would attract people and impart information through the above innovative and interactive materials. As a pilot project, these mobile IEC vans are operated - one in Madurai district and the other at Chennai for a period of one year. For the effective operation of the vans, the District Red Cross Society is involved for executing the activity. The Red Cross Society operates the vehicle in the districts under the guidance of District Collectors.

11.15. Mobile Counseling and Testing Vans:

11.15.1. In Tamil Nadu, 783 Integrated Counseling & Testing Centres are run by TANSACS. In order to take the testing and counseling facilities to the remote and tribal areas, TANSACS has introduced 10 Mobile Counseling & Testing Vans to ensure better access to the people. These Mobile ICTCs are operated in the following districts:-

1. The Nilgiris
2. Salem
3. Dindigul
4. Dharmapuri
5. Kancheepuram

6. Krishnagiri
7. Namakkal
8. Thiruvannamalai
9. Coimbatore
10. Chennai

11.15.2. The Mobile ICTCs are equipped with the following:

TV & DVD, Centrifuge, Needle Destroyer, Refrigerator, Color coded bins, Generator. Each Mobile ICTC is manned by one Counselor and one Lab. Technician to provide effective Counseling & Testing Services. The Vans are operated by the respective District Red Cross Societies / PSI under the guidance of the District Collectors. The Red Cross Society liaises with the District Programme Managers for referral and follow-up activities.

11.16. Legal Aid Clinic for PLHA in Tamil Nadu (LACTN):

11.16.1. HIV/AIDS has been posing a huge challenge to the state of Tamil Nadu, which has been categorised as a high prevalence state. Though the prevalence rate has decreased in recent times, the absolute number of people living with HIV/AIDS (PLHA) continues to be high. The Programme was first implemented in 2007, with the combined initiative of UNDP, Tamil Nadu Legal Service Commission and TANSACS in Namakkal and Dindigul districts and latter extended to Madurai, Cuddalore and Tirunelveli district during the year 2008. The UNDP sanctioned Rs.26,77,800/- for one year and TANSACS allocated Rs.4.44,570/- for implementation of this programme. Through this programme, 248 legal petitions and 1090 non-legal petitions have been received, out of which, 101 legal petitions and 339 non-legal petitions have been settled.

11.16.2. Since the Positive Networks are approaching TANSACS to establish more number of Legal Aid Clinics, 11 more free Legal Aid Clinics are being set up. NACO has allocated Rs.18,25,000/- for one year for establishing 6 Legal Aid Clinics and VHS-APAC has volunteered to extend financial support to establish 5 Legal Aid Clinics at the cost of Rs.15,00,000/-.

11.17. Counseling, Treatment & Care:

Tamil Nadu has pioneered the concept of promoting integrated services. HIV counseling and testing, HIV-TB co-infection services, blood safety, STD, ART etc. have all been clubbed together under a single window system. This helps in convergence and client convenience.

11.18. Offering a Single Window System for delivery of services - Integrated Counseling and Testing Centres (ICTC):

11.18.1. The Integrated Counseling and Training Centers (ICTCs) offer counseling and testing services, ensure safe blood availability and storage and also make available, treatment for Sexually Transmitted Infections (STI) and Reproductive Tract Infections (RTI). To make the Prevention of Parent to Child Transmission (PPTCT)

program more widely available to all pregnant women throughout the state, it was decided to integrate the program with related services and make it available through existing clinical facilities. Complete integration of all related services, increases access to all these services through a single window system.

11.18.2. During 2006, No. of ICTCS in the State was up-scaled from 276 to 783 ICTCs. Now the services offered by ICTCs are available even at the Block Primary Health Centres, thus benefiting rural communities. During the year 2008, a total of 9.80 lakhs people have availed the counseling and testing facility in these ICTCs.

11.19. **Protecting Mothers and Infants - Prevention of Parent to Child Transmission (PPTCT):**

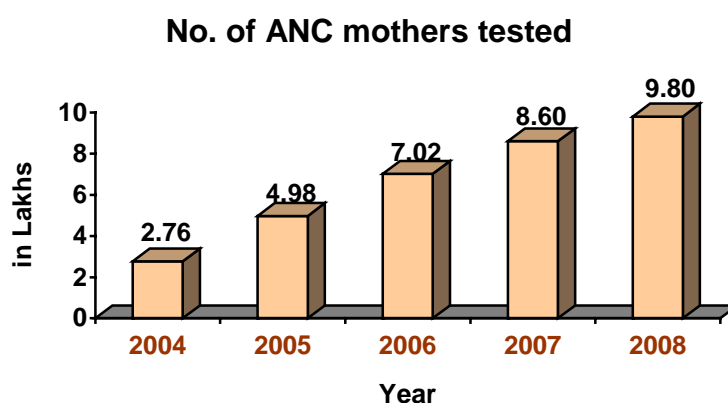
Mother to child transmission is a major means of the spread of HIV infection, its importance emphasized by the fact that the prevalence rate among antenatal mothers is taken to be a reliable indicator of overall prevalence. Under GFATM Round II, Tamil Nadu is implementing Prevention of Parent to Child Transmission (PPTCT) program. The objective of the programme is to scale up prevention and care interventions among women of child-bearing age and their families through a package of primary prevention, family planning, voluntary counseling and confidential testing, anti-retroviral prophylaxis and counseling on infant feeding practices. TANSACS is implementing this program in partnership with NGOs and CBOs.

11.20. **Significant components of the GFATM-assisted project (Round II) include:**

- ◆ Line listing of all HIV+ women in the state;
- ◆ Counselling, to encourage testing, for pregnant women;
- ◆ Identification of Positive antenatal cases (ANC Positives);
- ◆ Administration of Nevirapine to all Positive mothers before delivery and to their children after birth;
- ◆ Provision of ART and counseling about Nevirapine, infant feeding, mother and child nutrition, etc;
- ◆ Care of people living with HIV/AIDS (PLHA).

11.21. **Ensuring safety of infants with Nevirapine:**

Central to the process of preventing parent to child transmission, is the administration of Nevirapine to ANC mothers before delivery and to infants after delivery. Under the program, adequate supplies of the drugs are assured. Overall coverage in the state has increased significantly.



11.22. **Blood Safety**
:

Blood transfu

sion services should provide adequate and safe effective blood and blood products to meet the needs of patients. This is essential to safeguard the health of patients. There are 83 Government, 9 Centre / quasi Government, 2 ESI and 149 licensed Private Blood Banks in the State. There are 8 Blood Separation Centres functioning at Government General Hospital, Stanley Medical College, Kilpauk Medical College & Children Care Hospital, Thanjavur Medical College, Coimbatore Medical College, Tirunelveli Medical College, Madurai Medical College and Tamil Nadu Dr. MGR Medical University. The number of Blood Storage Centres have been increased from 34 to 75. TANSACS attained 83% by collecting a total of 5,89,545 units of blood through Voluntary Blood Donation. A well established network of blood banks and blood storage centers in the state ensures the supply and distribution of blood and blood products. This network includes many different categories of blood banks.

| Status | Total Nos. |
|--|-------------------|
| Licensed government blood banks | 83 |
| Licensed private blood banks | 149 |
| Blood Banks under central/quasi government | 9 |
| Blood banks under ESI | 2 |
| Government component centers | 7 |
| Private components centers | 43 |
| Central Government component center | 1 |
| Dr MGR Medical University component center | 1 |
| Designated private blood banks permitted to conduct donation camps | 55 |
| No. of CEMONC centers functioning in the State | 66 |
| Government blood storage centers | 75 |
| Private blood storage centers | 50 |

11.23. Significant results:

- ◆ Increase in voluntary blood donation from 57.3% in 2002 to 83 % in 2008;
- ◆ Decrease in Sero positivity among blood donors from 0.30 % in 2002 to 0.1% in 2008;
- ◆ Increase in use of components.

From the existing 65 maternity / CEMONC Centers, TANSACS has identified 38 Government blood banks as recipients for -20°C deep freezers for storage of fresh frozen plasma, for use during obstetric emergencies.

- TANSACS has provided computers and printers to 5 Government Medical College Blood Banks for computerized networking and this facility will be extended to 12 more Government Medical Colleges and District Headquarters Hospitals.
- A compendium on blood banks and a Voluntary Blood Donation Calendar has been printed.

11.24. STD Services:

Sexual transmission is a major route cause for the spread of HIV/AIDS. People vulnerable to HIV infection are also vulnerable to other sexually transmitted and reproductive track infections (STI/RTI). The rate of prevalence of HIV among those who suffer from STDs is very high. Presence of any STI accelerates the

transmission of HIV/AIDS by 2-9 times more. To prevent this acceleration, STI clinics are functioning to provide Syndromic Case Management (SCM). Reducing the burden of STI/RTI cases in the community is an important strategy in the fight against HIV/AIDS. Treatment of STD needs to be accompanied by counseling about HIV/AIDS to both promote voluntary testing and reduce high risk behavior. The Action Plan 2007-2008 envisaged strengthening of STD clinic services. Following clinics have been established to provide services.

- 81 clinics in government head quarters hospitals and hospitals at taluk and non taluk levels, under the Directorate of Medical & Rural Health Services (DM&RHS);
- 14 clinics in STD departments of government medical college hospitals under the Directorate of Medical Education (DME);

With the establishment of these clinics, activities related to STD services have been intensified. For Quality Services, TANSACS provides,

1. Drugs (including Opportunistic Infection) to all STD clinics .
2. Computer with accessories and broad band connection to 45 STD Clinics.
3. Infrastructure and equipments.
4. Bio medical waste management facilities.
5. IEC materials regarding the STI disease and availability of treatment to all Sexually Transmitted Diseases (STD) clinics, Voluntary Counseling and Testing Centres, PPTCT, RNTCP and to Blood banks.
6. Training for all MOs in charge of STD clinics and all Para medical workers to update their knowledge in STD management / SCM.
7. Contingency to meet emergency expenditure.

11.25. Anti Retroviral Treatment

ART has effectively increased the life span and improved the quality of life of people with HIV/AIDS. Effective ART regimens inhibit the efficient replication of the HIV virus and reduce viremia to undetectable levels. Reduced frequency of opportunistic infections significantly reduces the cost of management of HIV.

11.26. The free treatment initiative:

11.26.1. The Government of India launched a free ART initiative, on 1st April 2004, in 8 Government Hospitals in six high prevalence states. The Government Hospital of Thoracic Medicine, Tambaram Sanatorium, near Chennai, was one of the centers to implement free ART roll out. Within 4 years, the number of centers has increased to 35. These centers provide ART free of cost to needy PLHA. A direct correlation is evident between the increase in number of ART centres and PLHA registration. Of an estimated 3.5 lakh PLHA in the state, 1,30,000 are currently registered in the 35

centres. Of these, free ART has been initiated for 43086 patients.

11.26.2. During the current year 2009-10, another 2 ART centres will be in operational at Tiruppur and Ariyalur districts at a cost of Rs.37 Lakhs by National AIDS Control Organisation.

11.27. Continuum of care:

The eligible PLHAs and those already initiated on ART medical care are provided counseling and support through community care centres. The PLHAs under ART care are monitored once in a week and are given counseling on the anti-effects of the ART medicines through Outreach Workers. The PLHAs are made to understand the importance of 100% consumption of the prescribed ART medicines and are counseled to visit the ART centre at least once in a month for follow up.

11.28. Objectives:

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

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

11.29. Care and Support:

Support from family, community and fellow PLHA has been found to be both necessary and effective for people living with HIV. TANSACS supports NGOs and Positive networks for the provision of care and support through community care centers and drop-in centers, for PLHA.

11.30. Community Care Centres:

There are 41 Community Care Centres and 4 Community Care Centres for children and 2 more planned at GHTM Sivaganga and Cuddalore. Each CCC has been provided with one part-time doctor, two or three nurses, one counselor, two or three outreach workers, one sanitary worker and one cook. HIV+ patients are treated for opportunistic infections for about 15 days, or up to maximum of one-month, depending on the decision of doctors. PLHA whose condition stabilizes are sent home to live with their families and communities; others, in need of more medical care, are referred to medical institutions.

11.31. Drop - in- Centres:

Initially 5 Drop in Centres started in Tamil Nadu, was increased to 27 in the year 2008-09. In the year 2009-10, another 5 Drop in centres will be started. The drop-in-centers (DIC) provide counseling, specific interaction and picnic to PLHIVs. In addition, the DICs provide training to increase their capacity building. In this programme, Coordinators, Counsellors and Outreach Workers are employed.

11.32. Surveillance, Monitoring and Training Activities:

For effective control of an epidemic, diagnosis, treatment and care of patients need to be reinforced by continuous and accurate checking of prevalence trends and quality checks on service components. TANSACS has put in place a Sentinel Surveillance program for continuous monitoring and an External Quality Assurance Scheme (EQAS) to maintain effective service delivery. Equal importance is given for periodic training at every level to ensure continuum of care.

11.33. Sentinel surveillance:

The HIV sentinel surveillance program is implemented by the Health and Family Welfare Department of the Central Government through the National AIDS Control Organization (NACO). The program monitors trends in HIV infection over time, by group and by place, through testing of blood samples. The surveillance can be either community-based or clinic/health facility-based; the latter, being more convenient, is preferred. The testing is done by the unlinked anonymous method. NACO approves the number of sites for testing. Tamil Nadu has 97 sites approved for sentinel surveillance in 2006.

11.34. Number of Sentinel Sites in 2008:

| Sl. No | Category | No. of Sites |
|--------|----------|--------------|
|--------|----------|--------------|

| | | |
|----|-------------------------------|----|
| 1 | ANC & FRUs | 59 |
| 2 | ANC Pvt Hospitals | 05 |
| 3 | ANC 15-24 Yrs. | 05 |
| 4 | STD Clinics | 11 |
| 5 | Injecting Drug Users (IDU) | 02 |
| 6 | Men having Sex with Men (MSM) | 02 |
| 7 | Female Commercial Sex Workers | 11 |
| 08 | TB | 02 |

11.35. Objectives:

- ◆ To determine the geographical spread of HIV infection;
- ◆ To monitor the trends in the HIV epidemic;
- ◆ To provide information for estimates and future projections of HIV/AIDS in the country; use such data to mobilize national political and social leaders as well as to generate external support for the program;
- ◆ To provide useful data for appropriate planning of health and medical care services;
- ◆ Evaluation.

11.36. HIV prevalence in different groups in the year 2006:

Funds are allocated for procurement of consumables, unexpected expenditures, salary to Medical officers, Microbiologists, Lab. technicians and employees of Laboratories, Surveillance locations and NGOs.

| Site /group | Median of HIV prevalence rate (%) |
|-------------|-----------------------------------|
| ANC | 0.38 |
| STD | 8 |
| FSW | 3.6 |
| IDU | 24.2 |
| MSM | 5.6 |

Surveillance results indicate that the prevalence rate in the IDU group is high, while other categories indicate a downward trend. The surveillance thus helps pinpoint areas in which extra effort is required.

11.37. Decline in HIV prevalence:

With the constant efforts of the Government sustained programme implementation and better management practices there has been a consistent decline in HIV prevalence in the State. The prevalence in the year 2001 was 1.13 which has come down to 0.25 in the year 2007.

Chapter - 12**TAMIL NADU MEDICAL SERVICES CORPORATION****12.1. ORGANISATION:**

The Tamilnadu Medical Services Corporation Limited, incorporated on 01.07.1994 under the Companies Act 1956, has grown in its functional importance and stature over the last 14 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 & medical equipments.

12.2. Activities:**12.2.1. Procurement, Storage and Distribution of Human drugs:**

The Tamil Nadu Medical Services Corporation Limited ensures the ready availability of quality drugs, medicines, surgical and suture materials to the Government Medical Institutions throughout the State.

12.2.2. Procurement, Storage and Distribution of Veterinary Drugs:

The Tamilnadu Medical Services Corporation Limited 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 Heads of Department.

12.2.3. Operation of CT and MRI Centers:

12.2.3.1. The Corporation is maintaining 46 single slice CT Scanners and 2 Multi Slice C,T, Scanners at 41 Centres in Government Hospitals and 8 MRI Scan Centres one each at Government General Hospital, Chennai and Government Rajaji Hospital, Madurai, Government Stanley Hospital, Chennai, Government Hospital, Coimbatore, Thanjavur, Trichy Tirunelveli, Vellore and providing scanning facility to the public at nominal charges. One more MRI at Govt. Head Quarters Hospital at Erode is also under installation.

12.2.3.2. In addition to these, one 64 Slice C.T. Scan at Government General Hospital, Chennai and another at Govt. Rajaji Hospital, Madurai in the current year is under operation.

12.2.3.3. The Corporation is maintaining 2 Lithotripsy machines, one each at Govt. General Hospital, Chennai and Govt. Rajaji Hospital, Madurai. These machines were procured at a total cost of 3.00 crores.

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

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

12.2.5. Liver Transplant Centre:

The Tamilnadu Medical Services Corporation Ltd. provides infrastructure facilities for the establishment of "Liver Transplant Centre" at the Govt. Stanley Medical College, Chennai and it is under progress.

12.2.6. 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 Tamil Nadu Medical Services Corporation Limited, 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.

12.2.7. Maintenance of Special Class Pay Ward in Kasturba Gandhi Hospital for Women and Children, Chennai:

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

12.2.8. Maintenance of Pay ward in Government General Hospital, Chennai:

206 bedded pay ward is functioning with logistics support for maintenance by TNMSC, and nominal administrative charges are collected from the affordable patients. The following initiatives are also proposed to be undertaken in connection with the Pay Ward at Government General Hospital, Chennai.

i. Minor Civil and Electrical Maintenance

- ii. House keeping and sanitation work at the Tower Block I & II and the outside premises of GGH, Chennai.

12.2.9. Master Health Checkup Scheme:

The financial control and implementation of Master Health Checkup Scheme in Government General Hospital, Chennai is brought under the purview of TNMSC from 01.04.2001 onwards and TNMSC is effectively implementing the scheme in Government General Hospital, Chennai. Different packages of Master Health Checkup scheme applicable exclusively for cardiac, Diabetic patients are also being worked out for implementation.

12.2.10. Regional Diagnostic Centres:

Tamilnadu Medical Services Corporation Ltd. is maintaining the Regional Diagnostic Centres at 7 Govt. Headquarters Hospitals at Villupuram, Virudhunagar, Thiruvannamalai, Tiruppur, Ramanathapuram, Namakkal and Pudukottai.

12.2.11. **Maintenance of Equipments at various Government Medical Institutions / Hospitals:**

TNMSC also maintains all the medical equipments in the Government medical institutions to ensure uninterrupted diagnostic services.

12.2.12. **Construction of Warehouses:**

TNMSC has scientifically designed and constructed Drug Warehouses in 25 convenient locations at District Headquarters. 2 more warehouses at Perambalur and Krishnagiri would be taken up for construction during the current year.

12.2.13. **Purchase and Supply of Medical Equipments:**

Specialized and high technology medical equipments required for the Government Hospitals are procured and supplied by TNMSC based on specific Government Orders. TNMSC is also the procurement agency for TamilNadu Health Systems Project, aided by World Bank. The World Bank is actively considering to engage TNMSC as an authorized procurement agency in respect of procurement of Drugs and Medicines and Equipment for their projects in other States.

12.2.14. **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. TNMSC has also been approached by the State of Madhyapradesh for getting its services to finalize tenders for the procurement of Drugs and Medicines for their State during the current year.

12.2.15. **Initiative services:**

12.2.15.1. In respect of Anti Rabies Vaccine, so far we have been following Intra Muscular Route of Administration of Anti Rabies Vaccine which is a single dose vaccine. Now, as suggested by the Drugs Controller of India, we have switched over to Intra Dermal Route of Administration of Anti Rabies Vaccine with effect from September 2008. With the result, the expenditure on account of purchase of Anti Rabies Vaccine has been substantially reduced to Rs.9 Crores during 2008-09 as against the expected expenditure of Rs.20 Crores. In the year 2009-2010 there will be a further savings of Rs.2 Crores.

12.2.15.2. **New Initiatives proposed to be undertaken:**

In the current year, TNMSC has proposed to implement the following new initiatives to improve the service level to the Public Health.

1. On line Inventory Management System for Drugs and Medicines and Linking of Medical College Hospital Central Pharmacy with TNMSC Warehouses and Head Office.
2. Procurement Management Information System (Pro.MIS) with e-tendering.
3. Tele-Radiology System for CT Scan and MRI Scan Centres:

4. Maintenance of Medical Equipment in the Hospitals through an improved e-monitoring system.
5. Establishment of central Data and Information Management System for Public Health.

12.3. Procurement of Drugs:

The Tamil Nadu Medical Services Corporation Limited is procuring 270 Drugs and medicines, 286 new Generation Specialty drugs and 168 Surgical and Suture items from reputed manufacturers, selected on the basis of transparent open tender system. Similarly, the Corporation is procuring 162 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. The quality control measures are being upgraded to meet the new challenges in the field and to improve the quality.

12.5. Distribution:

The Government Medical Institutions are provided with pass books based on the allotment made by the respective Head of Departments and that 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). This Website provides Health chat between 4.00 P.M to 6.00 P.M where public can access the specialists for getting expert opinion.

12.7. Other Activities:

12.7.1. The Government of Tamil Nadu permitted TNMSC to procure and supply the required Medicine Kits for the willing States under National Rural Health Mission and for National AIDS Control Organisation, Government of India. The States of Assam, Meghalaya, Tripura and Mizoram have been supplied with the drugs under NRHM.

12.7.2. The TNMSC has been appointed as procurement agency for equipments for Tamilnadu Health Systems Project aided by World Bank. TNMSC is acting as procurement agency for procurement of testing kits, blood bank consumables etc. for Tamilnadu State AIDS Control Society.

12.7.3. The Corporation is also serving other institutions like TNEB 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

TAMILNADU STATE HEALTH TRANSPORT DEPARTMENT

13.1. 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. The total fleet strength of the vehicles attached to the various Directorates under the control of Health and Family Welfare Department is 2344.

13.2. Activities:

13.2.1. The TamilNadu State Health Transport Department has 7 Regional Workshops, at Chennai, Vellore, Salem, Coimbatore, Tiruchirappalli, Madurai and Tirunelveli. Apart from this, there are 9 District 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 95% (2009). 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.

13.2.4. During the year 2007-08. two Computers with accessories and furniture, one two post hoist and one Xerox Machine were purchased at a cost of Rs.3.30 lakhs.

13.2.5. During the year 2008-09, 2 Computers with accessories and furniture for this Department and 7 Xerox machines for seven Regional Workshops (H) of this Department were purchased at a cost of Rs.5.00 lakhs.

13.3. New Schemes for the year 2009-10.

1. Installation of Paint Spray booth for Tamil Nadu State Health Transport Department at a cost of Rs.10.00 lakhs
2. Purchase of One Tyre Changer for Tamil Nadu State Health Transport Department at a cost of Rs.0.80 lakh
3. Purchase of One Battery load Tester for Tamil Nadu State Health Transport Department at a cost of Rs.0.08 lakh.
4. Purchase of One Battery Tester for Tamil Nadu State Health Transport Department at a cost of Rs.0.30 lakh.

5. Purchase of 10 Computers with accessories and furniture for Tamil Nadu State Health Transport Department at a cost of Rs.4.00 lakhs.

M.R.K.PANNEERSELVAM
Minister for Health