

HEALTH AND FAMILY WELFARE DEPARTMENT

DEMAND NO. 19

POLICY NOTE 2014 - 2015

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POLICY NOTE ON HEALTH AND FAMILY WELFARE DEPARTMENT 2014 – 2015

SI. Page Chapter No. No. Introduction 1 1-14 2 Health Administration 15-24 3 Medical Education 25-37 Medical and Rural Health 4 38-42 Services Public Health and Preventive 5 43-64 Medicine 6 Family Welfare Programme 65-74 Medical and Rural Health 7 Services (Employee's State 75 Insurance Scheme) Indian Medicine and 76-92 8 Homoeopathy Food Safety and Drugs 9 93-102 Administration Tamil Nadu State Health 10 103-109 Transport Department Human Resources and 11 Medical Services Recruitment 110-113 Board State Health Society 12 114-138

CONTENTS

13	Tamil Nadu Health Systems Project	139-152
14	Tamil Nadu Medical Services Corporation Limited	153-159
15	Tamil Nadu State AIDS Control Society	160-172
16	Tamil Nadu State Blindness Control Society	173-174
17	Revised National Tuberculosis Control Programme	175-179
18	National Mental Health Programme	180-184
19	National Vector Borne Disease Control Programme and Epidemic Control Activities	185-198
20	National Programme for Prevention and Control of Cancer, Diabetes and Cardio- Vascular Diseases	199-201
21	Other National Programmes	202-205
22	Geriatric Care	206-209
23	Accident and Trauma Care Centres and '108' Emergency Services	210-221
24	Chief Minister's Comprehensive Health Insurance Scheme	222-230
25	Important Acts	231-235
26	Research and Training	236-240

Chapter - 1

INTRODUCTION

உற்றவன் தீா்ப்பான் மருந்துழைச் செல்வானென்று அப்பால் நாற்கூற்றே மருந்து. *(குறள் 950)*

Medical science consists of four parts, viz., patient, physician, medicine and compounder; and each of these (again) contains four sub-divisions.

1.1 Tamil Nadu has emerged as a model in providing health in India State care It has already achieved the health services. related Millennium Development Goals set by the United Nations. The Vision 2023 of Hon'ble Chief Minister of Tamil Nadu aims to surpass the health care standards which have been attained by the developed Nations. The State is also at the forefront in the prevention, control and treatment of communicable non-communicable and provides diseases. It preventive and curative care to all, through the various Hospitals, Dispensaries and Institutions and has a robust Chief Minister's Comprehensive Health Insurance Scheme, thereby allowing an excellent public private partnership in the health sector. Tamil Nadu is one of the best performing States in implementing the Child Health Reproductive and (RCH) Schemes and also has been in the forefront in achieving the National Health Mission / RCH goals.

Achievements in Health related Human Development Indicators

1.2 Children are the fountains life. of survival Ensuring the and healthy development of every child born is the key for the development of any Nation. Infant Mortality Rate (IMR) is the key sensitive indicator of child health in a Country. The current level of IMR in Tamil Nadu for the vear 2012 is 21 per 1000 live births as per the Sample Registration System (SRS). The State ranks as the second lowest among the major states in the country for this indicator. Government of Tamil Nadu has committed itself to reducing the IMR below 13 (number of infant deaths per year for every 1000 live births) by the end of the 12th Five Year Plan. Likewise, the Maternal Mortality Ratio represents the most sensitive and key indicator of women's health and status in a society. Tamil Nadu ranks third in Maternal Mortality Ratio (MMR) among the major Indian States. Over the last decade there has been a decline in MMR from 134 (SRS 2001-03) to 90 (SRS 2010-12). In 2013-14, Tamil Nadu reported 727 maternal deaths (amounting to an MMR

of 68 per 1,00,000 live births). The Government of Tamil Nadu has committed itself to bringing down the MMR to less than 44 by 2017. The achievements in the health related human development indicators and futuristic plans in the health sector have been mainly possible only **due to the vision and the dynamic leadership of Hon'ble Chief Minister of Tamil Nadu,** which has resulted in the State implementing several land mark initiatives with a view to provide universal health care.

Snapshots of Important Schemes and Programmes

1.3 With the laudable objective to provide quality and timely Universal Health Care to all the people of Tamil Nadu. the Government of Tamil Nadu is implementing Chief Minister's Comprehensive the Health Insurance Scheme from January, 2012 at an annual cost of Rs.750 crore. The scheme covers 1,016 procedures which includes 23 important diagnostic procedures and 113 follow-up procedures. As on now hospitals have been empanelled 769 to includes provide treatment which all Government Medical College Hospitals and District Headquarters Hospitals. The funds generated are utilized for improving the infrastructure facilities of the government hospitals. Upto 31.07.2014, 7,60,300 persons have availed free treatment at a cost of Rs.1,620.17 crore and out of this 2,96,595 persons availed treatment in Government Hospitals to of an amount Rs.573.32 crore. In addition, Government is bearing the entire cost of five specialized surgeries such as Stem cell, Kidney, Liver, transplantations, Bone-marrow Cochlear Implant over and above Rs.1.5 lakh for this purpose, a self sustaining corpus fund of Rs.10 crore has been created. So far 1,455 beneficiaries have benefited from the corpus fund.

1.4 In order to improve the health status of the mother and child, the financial assistance under Dr. Muthulakshmi Reddy Maternity Benefit Scheme enhanced was to Rs.12,000 from 1st June, 2011. The highest amount of maternity benefit is given in Tamil Nadu which is a boon to the poor delivering in the Government mothers Institutions. This scheme, which is linked to the ante-natal and post-natal care as well as immunization, helps to further improve the maternal and child health indicators in the State. So far, 20.07 lakh pregnant women have benefitted under the scheme at a cost of Rs.1,806.81 crore.

1.5 With a view to promote personal hygiene among rural adolescent girls and delivered mothers and to reduce the risk of infection infertility, the and Menstrual Hvaiene 27th Programme was launched on March, 2012 by the Hon'ble Chief Minister. Every year, under the scheme, sanitary napkins are distributed free of cost to 32.79 lakh rural adolescent girls and 7.25 lakh post-natal mothers at an annual expenditure of Rs.55 crore.

1.6 Strengthening of the primary and secondary health care facilities in the State continues to be the focus of this For this, during the last three Government. years, 172 new Primary Health Centres (PHCs) have been established at a cost of Rs.134.40 crore and 122 PHCs have been upgraded as 30 bedded PHCs at a cost of Rs.131.16 crore with specialist doctors and modern equipments like Ultra Sound, X-Ray etc., besides upgrading 42 PHCs as Maternal and Child Health Centres. In Tamil Nadu, all PHCs are providing 24x7 delivery services with three Staff Nurses trained as Skilled Birth Attendants, Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Navjaat Shishu Suraksha Karyakram (NSSK) and Infection Management and Environment Plan (IMEP). Sufficient number of Blood

Bank and Blood Storage Centres are available. They have good co-ordination with the hospitals to ensure smooth blood supply.

1.7 To provide high quality medical care in all the remote villages and hamlets, Hospital on Wheels Programme is being implemented in all the 385 blocks usina vehicles fabricated with diagnostic facilities at a cost of Rs.40 crore. During 2013-14 1.83 lakh camps were conducted and 1.05 crore persons benefitted under this programme.

1.8 Due to the high level of immunization under the Universal coverage Immunization Programme for more than two decades, vaccine preventable diseases like neo-natal and maternal tetanus, diphtheria, whooping couah have disappeared from the State. Polio free status is maintained for the past ten years. There has also been a significant reduction in measles cases.

1.9 Tamil Nadu has also started need based programmes for thalasemia in the tribal pockets of Coimbatore district under Public Private Partnership (PPP) and screening programme for muscular dystrophy, early

anomalies and delayed milestones on a pilot basis in Tiruppur district.

1.10 The Government is committed to providina quality speciality super services in Government Hospitals to the poor people who are largely dependent on public institutions. Tamil Nadu Super Speciality Government Multi Hospital has been established in Omandurar Government Estate, Chennai by converting existing new building, in the order to strengthen tertiary health care in the State by providing better and expert treatment for serious ailments to the economically weaker In this Super Speciality Hospital, sections. nine critical super specialities i.e. Cardiology, Surgery, Cardio Thoracic Hand and Reconstructive Micro Surgery, Medical Oncology, Surgical Oncology, Neurology, Neuro Surgery, Vascular Surgery and Post Operative Care and ICU with 400 beds and sophisticated equipment are available. The hospital was inaugurated by the Hon'ble Chief Minister on 21.02.2014 and is functioning well. A Super Speciality Centre with Trauma Centre at a cost of Rs.100 crore has been established in the Mahatma Gandhi Memorial Government Hospital, Tiruchirappalli to provide services to the poor and below poverty people in and around

Tiruchirappalli area who largely are dependent on this Hospital. The newly constructed building for an amount of Rs.55 crore was inaugurated by the Hon'ble Chief Minister on 21.02.2014 Government Dental College The and Hospital, Chennai, the Burns Ward of the Government Hospital, Sivakasi and the Burns of Kilpauk Medical College department Hospital are being upgraded as Centres' of Excellence. The building constructed in the Government Hospital, Sivakasi for the Centre of Excellence at a cost of Rs.4.50 crore was inaugurated for public use by the Hon'ble Chief Minister on 25.06.2014. Considering the increasing demand for specialist care for cancer, four Regional Cancer Centres are being established in the Hospital, Madurai, Rajaji Government Medical College Hospitals at Government Coimbatore, Thanjavur and Tirunelveli at a cost of Rs.59 crore.

1.11 Provision of health care to the people of Tamil Nadu by qualified medical personnel is one of the priority areas of the Government. Due to concerted efforts taken by this Government during the last two years, permission of Medical Council of India (MCI) was obtained for increase of 410 additional M.B.B.S. seats in seven Government Medical Colleges – 50 seats in Government Kilpauk Medical College, 50 seats in Chengalpattu Government Medical College, 100 seats in Government Stanley Medical College, 85 seats in Madras Medical College, 25 seats in Salem Mohan Kumaramangalam Medical seats Trichv College, 50 in K.A.P. Viswanatham Medical College and 50 seats in Thoothukudi Government Medical College. This Government has started two new Government Medical Colleges with an intake of 100 M.B.B.S. seats one at Sivagangai from the academic year 2012-13 and at Thiruvannamalai another from the academic year 2013-14. With additional 610 seats during the last two years, M.B.B.S. seats have been increased from 1,945 in 2011-12 to 2,555 in 2013-14.

1.12 To give a fillip to the human resources in the medical and public health side, for the in the Country, a **separate** first time Medical Services Recruitment Board has been established in the State health department to make recruitment exclusively for the health department to fill-up the newly created and vacant medical and non-medical posts in the Government Hospitals. The Board has so far recruited 2,998 Doctors including specialist doctors and 1,175 Non-Medical Staff.

1.13 National Urban Health Mission has been launched by the Government of India as a sub-mission under the National Health Mission, to effectively address the health concerns of the urban poor, especially in slums and vulnerable areas. Under this new mission, at an overall cost of Rs.107.95 crore, 20 new Urban PHCs will be established and the existing 100 Urban Health Centres will be strengthened in Chennai Corporation. the other nine Corporations and In 77 Municipalities, 37 new Urban PHCs will be established, besides strengthening the existing 243 Urban PHCs. Already Tamil Nadu has been utilizing the National Rural Health Mission and the various programmes under it to effectively ensure comprehensive health care and its performance has been commended by the Government of India and various review missions.

The State is equally committed to 1.14 giving thrust to improving the Indian Systems of Medicine (ISM) in Tamil Nadu. Tamil Nadu is the only State which has a college for every wing of Indian Medicine. The infrastructure facilities in six Government Colleges and Hospitals ISM are beina upgraded at a cost of Rs.35 crore. An exclusive Research and Laboratory facility has been sanctioned for ISM at a cost of Rs.12 crore. 2D bar code and URL has been introduced for issuing the Medical Registration Certificates for ISM. The traditional medicines of papaya leaf juice, malaivembu juice and nilavembu kudineer popularized based on the direction of Hon'ble Chief Minister in 2012 for treating the dengue fever and other fever was a great success and there has been overwhelming demand and response from the public for these medicines.

Health Care Services in the Government Sector

1.15 Within the country, Tamil Nadu has one of the best Health Care Services in the Government Sector. The current scenario is given in the Table No.1 below:

TableNo.1–MedicalandHealthFacilitiesinTamilNaduintheGovernmentSector

SI. No.	Description	No.
1	Medical Colleges	19
2	Hospitals attached with the Medical Colleges	43

-		
3	Tamil Nadu Government Multi Super Speciality Hospital	1
4	Dental College and Hospital	1
5	District Headquarters Hospitals	30
6	Taluk and Non Taluk Hospitals	240
7	Primary Health Centres (PHCs)	
8	Health Sub Centres (HSCs)	8,706
9	Urban Primary Health Centres (UPHCs)	134
10	ESI Hospitals	8
11	ESI Dispensaries	195
12	Indian System of Medicine Hospitals	4
13	Indian System of Medicine Dispensaries	1,375

to the above facilities Īn addition and institutions, Tamil Nadu has a number of maternity homes, dispensaries and health posts run by municipalities and municipal corporations. With the network of primary, secondary and tertiary hospitals and а plethora of cross cutting programmes such the National Health Mission, Health as Systems Project, AIDS Control Society, Maternal and Child Health initiatives, Indian Medicine and other focused programmes and special initiatives, the department is fully involved in implementing the two pronged strategy of prevention and cure to ensure that the health needs of the citizens in our state are taken care of. The department has a staff strength of over one lakh persons serving over 5 lakh out-patients per day and handling 82,000 in-patients per day. The department also does an average of 15.8 lakh surgeries per annum, in addition to various modes of treatment, thus serving the needy people in a best possible manner.

1.16 The commitment of the Government in the health sector has substantially increased during the past three budgets and in 2014-15 Rs.7,005.02 crore have been provided.

The Directorate wise allocation for 2014-15 under Demand No.19 Health and Family Welfare is as follows:-

(Rupees in crore)

	(Rupees III Clote	
1	Secretariat, Health and Family	9.10
	Welfare Department	
2	Directorate of Medical and Rural	873.96
	Health Services	
3	Directorate of Medical Education	2070.73
4	Directorate of Public Health and	2167.78
	Preventive Medicine	
5	Directorate of Family Welfare	169.87

6	Tamil Nadu Food Safety and Drug Administration	51.30
7	Directorate of Indian Medicine and Homoeopathy	197.12
8	Tamil Nadu State Health Transport Department	25.90
9	Reproductive and Child Health Project	541.01
10	Tamil Nadu Health Systems Project	897.23
11	Allocation under Charged Head of Account	1.02
	Total	7005.02

Note:

- 1. Apart from the above provision, Rs.292.28 crore has been allocated towards Civil Works being undertaken by Public Works Department under Demand No.39.
- 2. Provision towards ESI Scheme Hospitals for Rs.241.17 crore have been made in the Labour and Employment Demand No.32.

1.17 The thrust areas and schemes listed above and the budget are only a tip of the multi-various activities, programmes and schemes under the health sector. These have been elaborated further in detail in the subsequent chapters.

Chapter - 2

HEALTH ADMINISTRATION

2.1 The Health and Family Welfare Department in the Secretariat is administratively responsible for the following Directorates:-

- Directorate of Medical Education
- Directorate of Medical and Rural Health Services
- Directorate of Public Health and Preventive Medicine
- Directorate of Indian Medicine and Homoeopathy
- Directorate of Family Welfare
- Directorate of Food Safety and Drugs Control Administration
- Directorate of State Health Transport Department
- Medical Services Recruitment Board

Apart from these Directorates, the staff for the Directorate of Medical Services (ESI) under the Labour and Employment department are deputed from the Health department.

History

2.2 The State has an illustrious and rich history in Health and Family Welfare. Our ancient Indian system of Medicine "Siddha" and "Ayurveda" are in practice for over thousands of years. Siddha System of Medicine has been recorded to have been practiced by the eighteen Siddhars and that is why it is called "Siddhar Maruthuvam". Susrushta and Charaka were the pioneers of Ayurveda. History tells us that there were well organized hospitals even during the davs of Buddha and Ashoka. Roots of modern medicine are linked to the advent of the Britishers. It is believed that the first British Hospital was established in 1639 to treat the sick soldiers of the East India The origin of the Company. modern Government Hospital has been traced back 1644, when it was started as a small to hospital which has now grown into the prestigious General Hospital attached to the Madras Medical College. The Madras Medical College was inaugurated on 3rd February 1835, next only to the Calcutta Medical College which was started on 28th Januarv

1835. The Eye Hospital, Egmore, attached to the Madras Medical College, is the second eye hospital in the World and it was started in 1819, a year after the first eye hospital was inaugurated in London in 1818. Madras Medical College was also the first Medical College in the World to admit a lady student, Mary Ann Dacomb Scharlieb in 1878. Later, she started the Kasturba Gandhi Hospital (KGH-Gosha Hospital) at Triplicane in 1885. Dr. Muthulakshmi Reddy was the first Indian woman to graduate in 1912 from this college and in 1954 she started the Advar Cancer Institute. The origin of the Department Dental in the Government dates back to 1883 when the Hospital Madras Education Department initiated а clinic in the government hospital for treating patients with dental problems and it was run by a Royal Army Dental Assistant. The Dental Wing of Madras Medical College came into existence on 10th August, 1953. The erstwhile dental wing of the Madras Medical 10th College was inaugurated on August 1953 by the Dean, Madras Medical College, Dr. Lt. Col. C.K. Prasada Rao. 15 candidates were selected in the first batch of BDS Course and this number was increased to 18 in the year 1954 and in 1956 it was

increased to 20 and periodically increased to the present intake of 100 seats.

2.3 With the growth of the Medical Services, the Civil Medical Service was separated and established under the management of a Head of the Department called as "Surgeon General with the Government". That post was subsequently re-designated as Director of Medical Services (DMS) during 1960. Medical Services Department was bifurcated and the Department of Medical Education was formed in the year 1966. Similarly of Indian Department Medicine was established the vear 1976 and in the Department of Drugs control in November 1981. The Family Welfare scheme, which Medical Services was dealt by the Department. was separated and an independent Department of Family Welfare was formed in 1983, to look after the Family Welfare Scheme.

2.4 On the Public Health and Preventive Medicine side, the Directorate of Public Health and Preventive Medicine was formed during 1923 with the main objectives of providing Maternal and Child Health care to the rural and urban population and for the prevention and control of communicable diseases. Lieutenant Colonel A.T.H. Russell

was the first Director of Public Health and Preventive Medicine in the Pre-independent era. Public Health Act, 1939 is the legal instrument enacted before independence of the country which empowers the Health Officers to enforce public health law to safequard the health of the people. This is currently being reviewed and will he amended to reflect the latest felt needs of the Public Health Sector. During 1965, the Primary Health Centres were separated from the Medical Services Department and brought under the Public Health Department. The Public Health and Preventive Medicine Department is functioning with 42 Health Unit Districts with each unit under a Deputy Director of Health Services. The State Health Transport Department, which was with the Public Health Department, was separated and a Directorate of Health Transport was formed on 15.07.1981.

Current Programmes and Initiatives

2.5 The Directorates are supported by a number of other initiatives which are implemented across the Directorates such as:-

 National Health Mission – State Health Society

- a. National Rural Health Mission
- b. National Urban Health Mission
- Tamil Nadu Health Systems Project
- Tamil Nadu State AIDS Control Society
- Tamil Nadu Blindness Control Society
- Tamil Nadu Medical Services
 Corporation
- Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited (TAMPCOL)

Under the State Health Society and through Directorates the several National Programmes such as the Revised National Tuberculosis Programme, National Mental Health Programme, National Vector Borne Diseases Control Programme, Universal Immunization Programme, and School Health Programme among others are implemented. These have been explained in detail in subsequent chapters.

Councils

2.6 The following councils are established through various acts to register the qualified

medical, nursing and paramedical professionals to regulate their practice in Tamil Nadu.

- i. Tamil Nadu Medical Council
- ii. Tamil Nadu Dental Council
- iii. Tamil Nadu Nurses and Midwives Council
- iv. Tamil Nadu Pharmacy Council
- v. Tamil Nadu Siddha Medical Council (Siddha and Traditional practitioners)
- vi. Board of Indian Medicine (Ayurveda, Unani and Yoga and Naturopathy)
- vii. Tamil Nadu Homoeopathy Council

These are all the Statutory Bodies regulated by the Government of India and the Government of Tamil Nadu. Apart from this, there is also a Government order for constituting a Physiotherapists Council in the State.

Classification of Hospitals and Dispensaries

2.7 Government of Tamil Nadu provides preventive and curative care to all, through various hospitals, dispensaries, and institutions. The state has a variety of categories of hospitals. The classification of hospitals and dispensaries in the state are as follows:

- i. State–Public Medical Institutions: All Medical institutions – Allopathy and Indian System of Medicine maintained through State funds and are directly managed by the Government. These form the backbone of the health care. It ranges from the grassroots level-8,706 Health Sub Centres catering to an average population of 5,000 to the 1,751 PHCs including 402 upgraded PHCs catering to an average population of 30,000 at the next level. These are followed by secondary and tertiary care hospitals including one Multi Super Speciality Hosptial, details of which have already been given in the first chapter.
- ii. **State–Special Medical Institutions:** All institutions intended to serve

special sections of public such as Police, State owned corporations / undertakings, Employees State Insurance Medical Institutions etc.

- Medical Institutions under the iii. Local Bodies: These Medical Institutions are under the management Municipal Corporations, of Municipalities and Panchayat Unions. With the state taking over most of these facilities they are now very few in number especially in rural areas. remaining Conversion of the rural medical institutions to Government medical institutions is under the active consideration of the Government.
- iv. **Private Aided Medical Institutions:** Institutions supported / guaranteed by private contribution and receiving Government aid as well.
- v. **Private Non-Aided Medical Institutions:** All hospitals, dispensaries and clinics solely managed by private persons/establishments.

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

Tamil 2.8 The Government of Nadu established this Medical University in the year 1987 by passing the Tamil Nadu Medical University Act, 1987 (Act No.37/1987). The name was later amended as the Tamil Nadu Dr.M.G.R. Medical University and the University is functioning from July, 1988. University is relentlessly working to This fulfill number of objectives including а improving the standards in medical and para education, medical research medical in making an impact on the addition to progress of Health Care.

2.9 Thus, the Health Administration encompasses the entire gamut of services, facilities extended throughout the State and that both preventive, strives to ensure curative, research and development needs of the State are adequately taken care of. The Government has been successful in handling the challenges posed by emerging diseases and existing communicable disease. The need to address the lifestyle diseases has lead special focus on the to а Non-Communicable diseases.

Chapter - 3

MEDICAL EDUCATION

3.1 The Department of Medical Education plays a pivotal role in producing quality Medical and Para Medical personnel to cater to the health needs of the State. The department has a twin role of ensuring effective, accessible tertiary care for treatment of diseases and provision of health services and also creating adequate human resources for this sector. The Directorate of Medical Education was formed in the year 1966 from the Directorate of Medical services and is functioning as an independent Directorate. It is managing the Medical colleges and teaching Hospitals attached to them.

Administrative Structure

3.2 The Director of Medical Education is the head of the Directorate. All the Government Medical Colleges and attached Institutions mentioned below are part of this Directorate. These are manned by the Deans, Directors, Superintendents and Principals respectively.

• Deans, Government Medical Colleges and Hospitals.

- Director, Government Institute of Rehabilitation Medicine, Chennai.
- Director, Institute of Child Health and Hospital for Children, Chennai.
- Director, Institute of Thoracic Medicine, Chetput, Chennai.
- Director, Institute of Mental Health, Chennai.
- Director and Superintendent, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Chennai-8.
- Director and Superintendent, Institute of Social Obstetrics and Government Kasturba Gandhi Hospital for Women and Children, Chennai-5.
- Director, Regional Institute of Ophthalmology and Government Ophthalmic Hospital, Chennai.
- Director, King Institute of Preventive Medicine and Research, Guindy, Chennai.
- Principal, Tamil Nadu Government Dental College and Hospital, Chennai.

- Principal, Government College of Physiotherapy, Tiruchirappalli.
- Superintendent, Government Hospital for Thoracic Medicine, Tambaram, Chennai.
- Superintendent, Government Thirvotteswarar Hospital for Thoracic Medicine, Otteri, Chennai.
- Chief Medical officers of Peripheral Hospitals attached to Teaching Hospitals.
- Medical Officers of Dispensaries attached to Teaching Hospitals.
- Principals of Other Colleges.
- Director, Tamil Nadu Multi Super Speciality Hospital, Omandurar Government Estate, Chennai.

On the Medical and Para Medical 3.3 Education side presently, there 19 are Medical Colleges, Government One Government Dental College, Two Pharmacy Colleges (B.Pham), Two Physiotheraphy Colleges, Four Nursing Colleges (B.Sc. Nursing) and 23 Schools of Nursing offering Diploma in Nursing and 45 Hospitals (including One Dental Hospital and One Multi Super Speciality Hospital at Omandurar Government Estate, Chennai) under the control of Directorate of Medical Education. One more College of Nursing, Periyakulam, Theni District at a cost of Rs.12.30 crore has been established.

3.4 The courses on offer in the Government Institutions in the Health Sector cover the entire range from medicine, dental, nursing to other para medical and specialized courses. Table No.2 shows the intake capacity of the Medical Institutions for Under Graduate and Diploma courses.

Table No.2 - Number of Seats available in each course in Government sector – Undergraduate and Diploma courses.

Name of the Course	Number of Seats
M.B.B.S.	2,555
B.D.S	100
B.Sc Nursing	250
Post Basic (B.Sc Nursing)	90
B.Sc Radio Diagnosis	60
B.Sc. Radiotherapy	20
Bachelor of Physiotherapy	50
Bachelor of Cardio Pulmonary Perfusion Technology	10
B.Pharm	120

Bachelor of Audio and Speech Language Pathology (BASLP)	25
Diploma in Nursing	2,000
Diploma in Pharmacy	240
Para Medical courses (23 courses)	5,690

3.5 Tamil Nadu has been straining to ensure that adequate intake is available for students desirous of pursuing post graduation. The Table No.3 shows the details of the specialties which are available in the college in Tamil Nadu for the students to do their Post-Graduation.

Table No.3 – Number of Specialties and intake capacity under the Post Graduate (P.G) courses.

Courses	Number of Specialties	Total intake capacity
P.G Degree (Medical)	23	757
P.G. Diploma (Medical)	15	403
MDS (Dental)	8	40
Higher specialties	16	191
M.Pharmacy	4	64
M.Sc (Nursing)	5	65
M.Sc (Medical Physics)	1	10
M.Phil (clinical Social work)	1	15
M.Sc (Molecular Virology)	1	21

3.6 The State also has many private self financing institutions affiliated to the Tamil Nadu Dr.M.G.R. Medical University providing Medical and Para Medical Education in the State. The details of the total number of seats available in these Private Institutions may be seen from Table No.4 below.

Table No.4 - Seats surrendered byPrivate Self Financing Colleges forallotment by the Government*

College	No. of Colleges	Number of Seats
Medical College	13	993
Dental College	18	1020
Pharmacy College (B.Pharm)	32	1147
Physiotherapy College (BPT)	22	649
Nursing College (B.Sc)	147	5134
Occupational Therapy College (BOT)	1	33
D.Pharm to B.Pharm (Lateral entry 10%)	32	183
Post Basic B.Sc (Nursing)	61	1292

* These are subject to respective council approvals for annual admission and vary from year to year

Opposition to NEET and Admission Policy in Medicine

3.7 The State was successful along with others who opposed imposition of National Eligiblity Entrance Test (NEET) for under graduate and post graduate admissions. The State has been consistent in its opposition of NEET as it follows the policy of admission to the Professional Courses in Medicine in the State based on the marks obtained in the subjects of relevant the Plus Two examinations. The selection to MBBS / Bachelor of Dental Surgery (BDS) / B.Sc Nursing / Bachelor of Pharmacy (B.Pharm) as well as Diploma Courses in Nursing is done by a Selection Committee under a Single Window System following the rule of reservation in accordance with the Policy of the Government. Admission to Post Graduate Diploma, Post Graduate Degree and Master Surgery (MDS) and of Dental Higher Specialties Courses is done by the Selection Committee through a common entrance examination followed by counseling duly adopting the rule of reservation. Currently the case on NEET is pending review in the Supreme Court and the State is taking all steps to ensure that there is no interference in its policy on Medical and Dental College

admissions, at Under Graduate and Post Graduate levels in respect of State's quota.

Opening of New Government Medical College and Increase of Medical Seats

3.8 Provision of health care to the people of by the gualified Tamil Nadu medical of the priority of the personnel is one Government. At present 19 Government Medical Colleges are functioning in 17 Districts. In the remaining districts, in a phased manner, Government will examine establishment of new Government Medical Colleges. The Government has started two new Government Medical Colleges with 100 M.B.B.S. seats each one at Sivagangai from the academic year 2012-13 and another at Thiruvannamalai from the academic vear During last 2013-14. the two years, permission of the Medical Council of India, Delhi, has been obtained for 410 New M.B.B.S. additional seats in seven Government Medical Colleges viz. 50 seats in Kilpauk Medical Government College, Chennai, 50 seats in Chengalpattu Medical 100 seats in Stanley College, Medical College, Chennai, 85 seats in Madras Medical College. Chennai, 25 seats in Government Mohan Kumaramangalam Medical College, Salem, 50 seats in K.A.P. Viswanatham

College, Thiruchirappalli Medical 50 and seats in Thoothukudi Government Medical College. During the last two years 610 M.B.B.S. seats have been increased from 1,945 in 2011-12 to 2,555 in 2013-14. The additional seats created are subject to yearly by MCI till they finally inspections aet Government recognized. The State is coordinating with MCI and the Government India of that to ensure adequate infrastructure / equipment and personnel are provided as per norms and the deficiencies pointed out during inspection addressed to the satisfaction of MCI to ensure continued permissions.

SUPER SPECIALITY SERVICES IN GOVERNMENT HOSPITALS

Tamil Nadu Government Multi Super Speciality Hospital at Omandurar Government Estate, Chennai.

3.9 Tamil Nadu Government Multi Super Speciality Hospital has been established in Omandurar Government Estate, Chennai by converting the existing new building, in order to strengthen tertiary health care in the providing State by better and expert for serious ailments treatment to the economically weaker section. In this Super Speciality Hospital, nine critical super specialities i.e. Cardiology, Cardio Thoracic Surgery, Hand and Reconstructive Micro Surgery, Medical Oncology, Surgical Neurology, Oncology, Neuro Surgery, Vascular Surgery and Post Operative Care and ICU with the bed strength of 400 beds are located. The Hospital was inaugurated by the Hon'ble Chief Minister on 21.02.2014 and the Hospital functioning is with sophisticated equipments. In the short span till now over 35,911 out-patients and 3,698 in-patients have been treated. 8,154 radiological investigations, 88,577 laboratory investigations, 705 surgeries, 346 cardiac angio among other interventions have been carried out benefiting and poor needy persons.

Trauma Centre at Mahatma Gandhi Memorial Government Hospital, Tiruchirappalli

3.10 A Trauma Centre with Super Speciality block at a cost of Rs.100.00 crore has been established for which a new building at a cost of Rs.55.00 crore was inaugurated by Hon'ble Chief Minister on 21-2-2014 in the Mahatma Gandhi Memorial Government Hospital, Tiruchirappalli to provide Super Speciality services to the poor and below

poverty people in and around Tiruchirappalli area who are largely dependent on this Hospital.

3.11 Super Speciality Hospitals are also being established under the PMSSY Scheme at Madurai, Thanjavur and Tirunelveli at a cost of Rs.150 crore each.

Upgradation of Government Dental College and Hospital, Chennai as Centre of Excellence

3.12 The Government Dental College and Hospital, Chennai, has been upgraded as Centre of Excellence at a cost of Rs.10.00 crore.

Regional Cancer Centres

3.13 The Regional Cancer Centre is being established in the Government Rajaji Hospital, Madurai, Government Medical College Hospitals at Coimbatore, Thanjavur and Tirunelveli at a cost of Rs.15.00 crore each.

Increase of stipend to the Nursing Students

3.14 The Diploma in General Nursing and Midwifery (DGNM) students studying in Government Schools of Nursing were hitherto paid monthly stipend of Rs.400 during first year, Rs.440 during second year during third and Rs.480 year. The Government have since raised this monthly stipend amount to Rs.600 for first year, Rs.700 for second year and Rs.800 for third year, from the year 2013-14. The monthly stipend of Rs.500, now paid to the 645 stipendary students for the six months internship training period has also been enhanced to Rs.800 per month from the year Hitherto, 1355 non-stipendary 2014-15. DGNM students in Government Schools of Nursina were not paid stipend. As announced by Hon'ble Chief Minister in the Assembly, Government have now sanctioned monthly stipend 1355 to these nonstipendary students, on par with stipendary candidates from the year 2014-15.

King Institute of Preventive Medicine and Research, Guindy, Chennai

3.15 King Institute of Preventive Medicine was established on 07.11.1899. Started as a

Depot for small pox vaccine by the British Government, it is named after Lieutenant Colonel W.G. King, FMS, and the then Sanitary Commissioner to the Madras Presidency. It is unique in its activities production of vaccine and sera, academic activities, diagnostic work (bacterial and Viral), certification of Schedule-C drugs. The Institute is under the administrative control of Directorate of Medical Education since 1966. In the past, during epidemics in Tamil Nadu, King Institute of Preventive Medicine, played an important role by way of production and supply of Anti Cholera and Anti Typhoid Vaccines. It was originally designed to serve as a vaccine Lymph Depot of State. This Institute has been developed into a major Public Health Laboratory in the Country, manufacturing human vaccines and sera with allied Teaching and Research in the field of Micorbiology. The Institute has facility for identifying 23 different types of viruses. Measures are also taken to start the production of Anti Snake Venom at the earliest and the buildina is under consideration in a fast pace.

Chapter - 4

MEDICAL AND RURAL HEALTH SERVICES

4.1 At the secondary level, the Directorate of Medical and Rural Health Services is the basic unit to the Public Health Care System evolved in Tamil Nadu and it has a history of more than 92 years. The other Directorates have emerged from this department at various stages in order to cater to the increasing health needs of the public of Tamil Nadu. The department is entrusted with the responsibility of providing secondary level medical care to the public through its following net work of hospitals located throughout the Urban, Semi Urban and Rural landscape of the State.

Total	315
Leprosy Hospitals	7
TB Hospital / Sanatorium	2
Women and Children Hospitals	7
Mobile Medical Units	10
Dispensaries	19
Non-Taluk Hospitals	80
Taluk Hospitals	160
District Headquarters Hospitals	30

These Secondary Care institutions provide variety of Speciality medical care and family welfare services across the State. In the districts, the Joint Director of Health Services in-charge of the implementation are of medical schemes expanded and Medical The Deputy Director (TB) and Services. Deputy Director (Leprosy) in every district are looking after the Revised National TB Control Programme and National Leprosv Eradication programme respectively. The Leprosv Programme has been integrated with the Department of Public Health and Preventive Medicine. 105 hospitals including District Headquarters Hospitals all are Comprehensive Emergency providina and Newborn Care (CEmONC) Obstetrics Stabilization services. Newborn Units (NBSUs) and Sick Neo-natal Care Units (SNCUs) have been established in 114 hospitals and 42 hospitals respectively.

4.2 The Directorate of Medical and Rural Health Services is a critical department ensuring that there is effective linkage between the primary and tertiary levels. In addition to providing quality secondary care the department is also implementing the following services:

39

- 1. Providing extended medical speciality services like Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology, E.N.T, Venerologoy, Orthopaedics, Anaesthesiology, Child Comprehensive Health. Emergency Newborn Obstetrics and Care (CEmONC), Dental, Psychiatry, Services, Ambulance Laboratory Tuberculosis, Services, Leprosy, Diabetology, Cardiology and Non Communicable Disease (N.C.D).
- 2. Accident and Emergency Services.
- 3. Family Welfare and Maternity and Child Health.
- 4. T.B. Control and Blindness Control Programmes.
- 5. Tamil Nadu Illness Assistance Society activities.
- 6. District Mental Health Programme.

The Medical Services Department of the State is also implementing a unique medical monitoring system - Hospital Management Information System and Hospital Management System at the secondary level. **4.3** The Joint Director of Health Services has now been notified as the District Appropriate Authority and the Chief Civil Surgeon / Senior Civil Surgeon Medical Officer of the Taluk Hospitals as the Sub-District Appropriate Authority of the taluk concerned under Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

DIRECTOR OF MEDICAL AND RURAL HEALTH SERVICES District Headquarters Hospitals. Taluk Hospitals. Non Taluk Hospitals, Joint Director of Health Dispensaries Services Mobile Medical Units. TB Hospitals / Clinics. Leprosy Hospitals Deputy Director of Medical and Rural Family Welfare Health Services and Programme in the District Family Welfare Deputy Director of **TB** Control Programme in Medical Services (TB) the District Deputy Director of Leprosy Control Medical Services Programme (Leprosy)

Administrative Structure

Strengthening of District Headquarters Hospitals of Non Medical College Districts

4.4 In the Districts where there is no Government Medical College Hospitals, the poor public who are largely depending on the Government Hospitals, have to depend on the nearby District Medical College Hospitals for tertiary care. Government are upgrading District Headquarters Hospitals in 15 such districts and District Headquarters Hospitals at Pollachi, i.e., a total of 16 District Headquarters Hospitals are being upgraded on Government Medical with College par The establishment of Yoga and Hospital. Naturopathy life style clinics at a cost of Rs.9.60 crore has been ordered in all the District Headquarters Hospitals.

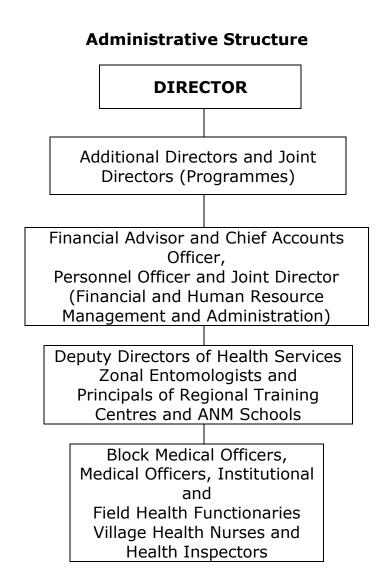
4.5 The Revised National Tuberculosis Programme, District Mental Health Programme, Accident and Truma Care, Tamil Nadu Illness Society and Other Important Acts such as PNDT Act, Human Organ Transplantation Act etc., are explained in the chapter Nos. 17, 18, 23, 24 and 25 respectively.

Chapter - 5

PUBLIC HEALTH AND PREVENTIVE MEDICINE

5.1 The Directorate of Public Health and Preventive Medicine of Tamil Nadu, formed during 1923, is engaged in protecting and promoting the health of people, by immunization, health education, application of hygiene and sanitary measures and monitoring of drinking water guality and environmental hazards, thereby reducing the burden of morbidity, mortality and disability in the State. The main focus areas of public health include provision of community based maternity and child health services including family welfare, prevention and control of communicable and non-communicable diseases and positive behaviour change in both rural and urban areas through universal primary health care.

5.2 The vision of the directorate is to keep improving the quality of life of the people particularly women and children through high quality public health services with responsiveness, concern and transparency with optimum utilisation of Information Technology.



The institutions under this directorate include

- Health Sub-Centres
- Primary Health Centres
- Urban Primary Health Centres
- 30 bedded Community Health Centres and Upgraded Primary Health Centres
- Zonal Entomological Teams
- National Filaria Control Units
- Research cum Action Projects
- Filaria and Malaria Clinics
- Leptospirosis Clinics
- Japanese Encephalitis Control Units
- Water Analysis Laboratories in Guindy King Institute campus, Chennai, Coimbatore, Tiruchirapalli and Thirunelveli
- State and District Public Health Laboratories
- Institute of Public Health, Poonamallee

- Health and Family Welfare Training Centres, Egmore and Madurai
- Health Manpower Development
 Institutes, Salem and Villupuram
- Regional Training Institute of Public Health, Thiruvarankulam
- Institute of Vector Control and Zoonoses, Hosur
- Health Visitor Training School, Triplicane
- ANM Training Schools

5.3 Under this Directorate, 1,751 Primary Health Centres (PHCs) including 402 Upgraded PHCs, 134 Urban Primary Health Centres (UPHCs) and 8,706 Health Sub Centres (HSCs) are functioning besides 388 Hospital on Wheels.

5.4 This Directorate serves as pivot for almost all initiatives in the health sector in view of its presence at the primary level. This Directorate is responsible for civil registration and implementing major health programmes such as Reproductive and Child Health Programme, National Rural Health Mission (NRHM) supported programmes, Dr. Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS), National Immunisation Programme, National Family Welfare Programme, National Diarrhoeal Diseases (NDDCP), Control Programme National Vector Borne Diseases Control Programme (NVBDCP), Integrated Disease Surveillance Non-Communicable Programme (IDSP), (NCDCP). Diseases Control Programme Elimination Leprosy Programme, National School Health Programme, National Iodine Disorders Deficiency Control Programme, National Anaemia Control Programme, National Vitamin-A Deficiency Disorders Control Programme and Tobacco Control Programme. Active support is provided by the PHCs for the implementation of Revised National Tuberculosis Control Programme, National AIDS Prevention / Control Programme, Blindness National Control Programme, Integrated Child Development Scheme, National Mental Health Programme, National Programme for Prevention and Control of Deafness, Rural Water Sanitation Schemes and other Community Development Programmes.

5.5 New initiatives Viz., Hospital on Wheels Programme, Menstrual Hygiene Programme, and '104' Health Helpline Telemedicine Services providing health information, health

and grievance redressal on 24x7 advice Establishment of level-I basis, and TT Child and Health Maternal centres, Congenital deformity survey and corrections, Programme National for Control and Prevention of Fluorosis, Silicosis Prevention and Control Programme and 24x7 Epidemic Control Helpline are also being implemented. The Director of Public Health and Preventive Medicine also responsible the is for implementation of various Public Health Acts such as Tamil Nadu Public Health Act, 1939, Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and distribution) Act, 2003 and Registration and Deaths Act, of Births 1969. The department plays a vital role in achievement of health sector outcomes.

Performance in Health Outcomes

Infant Mortality Rate (IMR)

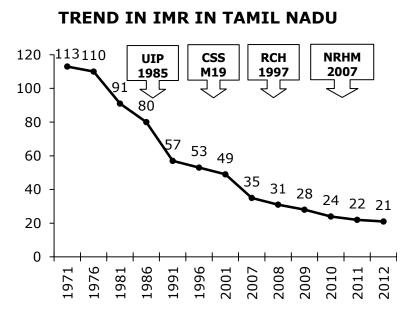
5.6 Infant Mortality Rate is the key sensitive indicator of child health in a country. The current level of IMR in Tamil Nadu for the year 2012 is 21 per 1000 live births as per the Sample Registration System Survey (2012). The State ranks as the second lowest among the major states in the

country. Government of Tamil Nadu is committed to reducing the IMR to below 13 (Number of infant deaths per year for every 1000 live births) by the year 2017 and on par with developed nations by the year 2023.

Year	India	Tamil Nadu
1980	114	93
1990	80	59
2000	68	51
2001	66	49
2002	64	44
2003	60	43
2004	58	41
2005	58	37
2006	57	37
2007	55	35
2008	53	31
2009	50	28
2010	47	24
2011	44	22
2012	42	21

Trend of IMR for India and Tamil Nadu

Source: Sample Registration System (SRS) Bulletins



Source: Sample Registration System (SRS) Bulletins

UIP - Universal Immunisation Programme CSSM - Child Survival and Safe Motherhood Programme RCHP - Reproductive and Child Health Programme

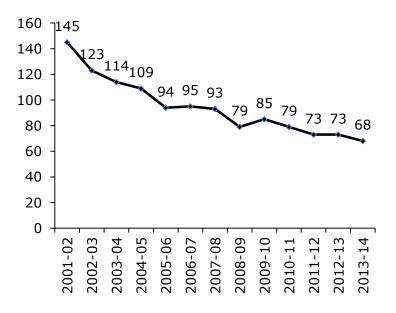
NRHM - National Rural Health Mission

Maternal Mortality Ratio (MMR)

5.7 Maternal Mortality Ratio represents the most sensitive and key indicator of women's health and their status in the society. As already mentioned in the first chapter,

Government of Tamil Nadu aims to bring down MMR to less than 44 by 2017 and on par with developed nations in 2023. The Government of Tamil Nadu desires to ensure that all women go through the pregnancy and its outcome with equity, respect, dignity and social justice through better access to quality maternity and child health services especially during pregnancy, child birth and post-partum period.

Trend in Maternal Mortality Ratio – Tamil Nadu



Tamil Nadu has one of the very low MMR among the major Indian States. In 2013-14, Tamil Nadu reported 727 Maternal deaths amounting to a MMR of 68 per 1,00,00 live births. All efforts are being taken to reduce MMR further by following a multipronged approach.

Initiatives for reduction of IMR and MMR

5.8 Tamil Nadu has been implementing a number of State specific initiatives such as Dr.Muthulakshmi Reddy Maternity Benefit Scheme, Birth Companion Programme, 24x7 Health delivery centres in all Primarv Birth waiting rooms, accessible Centres, blood bank and storage centres, Menstrual Programme, Chief Minister's Hvaiene Comprehensive Health Insurance Scheme etc., in addition to strengthening of Basic Emergency Obstetric and Newborn Care (BEmONC), Comprehensive Emergency Obstetric and Newborn Care (CEmONC), 42 Maternal and Child Health level II centres apart from upgradation of facilities and Health regular initiatives under National Mission sustained focus to ensure on reduction of Infant Mortality Rate (IMR), Mortality Ratio (MMR), Maternal Total Fertility Rate (TFR). Focus in the current vear would be to reduce inter district disparities

and also address intra district challenges by implementing need based localised initiatives.

Primary Health Care

5.9 PHC Infrastructure: A Primary Health Centre in rural area is established for a population of about 30,000 in plain areas and 20,000 in hilly areas. Now, time to care concept is also considered for remote and interior areas. As already mentioned, there are 1,751 Primary Health Centres functioning in Tamil Nadu. While 1,546 PHCs are functionina Government in Buildinas. construction of buildings is under progress in respect of 201 Primary Health Centres, including the 118 new PHCs which have been recently established. 134 Urban PHCs are functioning under the control of the Directorate of Public Health and Preventive Medicine to improve the availability of Primary Health Care services to the urban poor. Under the National Health Mission, as already mentioned in Chapter-1, 20 new Urban PHCs will be established in Chennai while 100 existing Urban Health Centres would be strengthened. Τn other 9 Corporations and 77 Municipalities 37 new Urban PHCs will be established and 243 existing PHCs strengthened.

Health Sub Centres

5.10 A Health Sub centre (HSC) is established for a population of 5,000 in plain areas and 3,000 in hilly areas. Each centre is manned by a Village Health Nurse (VHN). There are 8,706 HSCs in Tamil Nadu. While 6,665 HSCs are functioning in Government Buildings, 2,041 HSCs are functioning in Rented/Rent free Buildings. During 2013-14, funds have been sanctioned for construction of 39 Health Sub Centres by National Rural Health Mission at a total cost of Rs 7.02 crore.

Upgradation of Primary Health Centres

5.11 At present 402 Upgraded Primary Health Centres are functioning in 368 blocks. These facilities will be extended to the remaining 17 blocks. Each Upgraded Primary Health Centre has an operation theatre, modern diagnostic equipments like Ultra Sonogram, ECG, Semi Auto Analyzer, X-ray and an ambulance. Five doctors are posted to the Upgraded PHCs.

Dental Health Care Services in PHCs

5.12 Dental health care services are provided in 266 PHCs to treat dental

ailments. Based on the good response from the public, the Government has planned to provide dental health care services in all the upgraded and block level PHCs in a phased manner.

Services and Programmes under the Directorate

5.13 Since the services and programmes in the PHCs are provided at the grass roots level, most of the cross cutting programmes are embedded in the public health side such as the Universal Immunisation, Vector Borne Diseases Control, and School Health programme.

Reproductive and Child Health

5.14 The HSC and PHC ensure that every women is tracked and provided institutional care and services during ante natal, natal and post natal period. The Village Health Nurses at the HSC level and the Sector Health Nurse at higher level followed by 24x7 nursing provision in the PHCs have ensured that about 2.5 lakh deliveries occurred in the PHCs. The high risk mother identification is also done at this level and pregnant women referred to BEmONC, CEmONC and other higher referral tertiary services.

Universal Immunization Programme

5.15 Under this programme, running since 1985 about 11 lakh children are annually vaccinated against Vaccine Preventable Diseases (VPDs) like diphtheria, pertussis, tetanus, poliomyelitis, tuberculosis and addition, 12 lakh measles. In pregnant mothers are immunized every year with tetanus toxoid injection for prevention of tetanus infection during delivery. Pentavalent vaccine was introduced in Tamil Nadu from 21st December, 2011 onwards. Pentavalent vaccine gives protection against five vaccine preventable diseases namely diphtheria, tetanus, pertusis. hepatitis-B and Haemophilus influenza-B with fewer needle pricks to a child.

Pulse Polio Immunization (PPI)

5.16 The State is polio free since 2004. For the eradication of poliomyelitis, Pulse Polio Immunization campaign was introduced in the year 1995-96, which along with efficient routine immunization coverage has successfully eliminated the dreaded disease from the State. During 2014, two rounds of pulse polio immunization campaigns have conducted 19.01.2014 and heen on 23.02.2014 as part of the Nationwide

Intensified Pulse Polio Immunisation campaign in order to prevent the importation of polio virus and to sustain the zero polio status. Special initiatives are being taken to livina cover the children in temporary migrant population settlements and to the from children Vaccine protect Preventable Diseases and special polio а round was conducted on 14.12.2013.

Japanese Encephalitis Vaccination

5.17 Japanese Encephalitis (JE) vaccination is beina implemented programme in identified endemic districts namelv Virudhunagar, Cuddalore, Villupuram, Madurai, Thiruvarur, Tiruchirapalli, Perambalur, Ariyalur, Thanjavur, Tiruvannamalai, Pudukottai, Karur and Thiruvallur to prevent Japanese Encephalitis especially among children in the age group of 1 to 15 years. Initially 1 to 15 years children covered on campaign are basis and subsequently JE vaccination is merged with routine immunisation programme to cover the newly born children.

Dr. Muthulakhsmi Reddy Maternity Benefit Scheme

5.18 With a view to ensure adequate ante natal, natal and post natal care and encourage institutional delivery, nutritional support and immunisation to the mother and child, the State Government have launched a revised Dr. Muthulakshmi Reddy Maternity Benefit Scheme from 01.06.2011 bv enhancing the maternity benefit to the poor pregnant women mothers from Rs.6,000 to Rs.12,000. The cash assistance is given in three instalments on conditional basis and restricted to two deliveries. From 1st October 2012, benefits under the scheme are disbursed directly to the bank account of the beneficiaries through Electronic Clearing an average, 6 lakh women System. On benefit from the scheme every year. For the financial year 2013-14, Rs.720 crore has been allocated for this programme and Rs.652.16 crore has been disbursed to 6,63,623 mothers under this programme.

Year	Amount Disbursed to beneficiaries (Rs. in crore)	No. of Beneficiaries
2011-12	515.11	6,73,093
2012-13	639.54	6,70,313
2013-14	652.16	6,63,623
TOTAL	1,806.81	20,07,029

Performance under the scheme

Hospital on Wheels Programme

5.19 This programme is being implemented through 388 Mobile Medical Units which were upgraded at a cost of Rs.40 crore with necessary additional manpower, laboratory facilities and other diagnostic equipments to provide high guality medical care covering all the remote villages and hamlets as per the fixed day, fixed time plan specific for each block, 40 camps are conducted in a month by each Mobile Medical Unit. To further improve the efficacy of this programme, 387 Laboratory Technicians will be recruited through Medical Services Recruitment Board programme. The for this entire field service of this programme is monitored in Public Private Partnership mode. During 2013-14 1.83 lakh camps were conducted and 1.05 crore persons benefitted.

Promotion of Menstrual Hygiene

objective of 5.20 With the increasing adolescent among awareness airls on hygiene, build self-esteem menstrual and empower girls for greater socialization, to increase access to and usage of high quality napkins, the Menstrual Hygiene sanitary Programme was launched by the Hon'ble Chief Minister on 27.03.2012. Under this scheme, 18 packs of sanitary napkins (six pads per pack) in a year, at the rate of packs for two months for each three adolescent girl (10-19 years) in rural areas both school going and non-school going girls are provided. In every school in rural areas, the designated teachers are responsible for distributing the sanitary napkins to school students. The Village Health Nurses along with Anganwadi Workers are responsible for distributing the sanitary napkins to the girls who are not covered in the schools. Sanitary Napkins are also given to post natal mothers who deliver in Government institutions at the rate of seven packs each (six pads per pack). Additionally as part of this scheme, Sanitary Napkins are being given to each women prison inmate and to female inpatients in the Institute of Mental Health, Chennai at the rate of 18 packs (six pads per pack) in a vear.

School Health Programme

5.21 This scheme is being implemented for providing comprehensive health care services to all students studying in Government and Government aided schools. All Thursdays are scheduled 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 trained in identifying common illnesses of students for follow up action with the doctors. During the year 2013-14, among the school students, 28,92,374 were treated for one or other health problems and 44,494 referred to medical institutions for hiaher further treatment. With the launch of Rashtriva Bal Swasthya Karyakram which focus on children health from birth onwards the school health programme will be mainstreamed to avoid duplication.

Control of Communicable Diseases

5.22 All types of communicable diseases pose a continuing challenge to public health needing regular monitoring. The Control of Communicable Diseases is one of the important activities of the Department of Public Health which is carried out in close

coordination with the local bodies and other departments and stake holders. They have been described in detail under the relevant programmes.

5.23 To forecast impending communicable diseases, the Directorate of Public Health and Preventive Medicine established dailv surveillance of communicable diseases through the Integrated Disease Surveillance Programme, 24x7 Epidemic Information Cell Sentinel Surveillance Hospitals. and The information is immediately passed on to the districts on 24x7 basis for initiating control measures to prevent epidemics. The services of Water Analysis Laboratory at Guindy, Tiruchirapalli, Coimbatore and Tirunelveli and District Public Health Laboratories are used along with the King Institute for disease surveillance.

`104' Health Helpline

5.24 The Hon'ble Chief Minister inaugurated the '104' health helpline cum Telemedicine service – a 24x7 facility, from 30.12.2013 aimed at providing free access to health information, health guidance and grievance redressal facility.

The following services are provided in `104' health helpline

- Health advice and Health information through paramedics and MBBS doctors.
- Round the clock (24x7) emergency services like prior information to health facilities about mass casualties, transfer of high risk antenatal mothers, linkage with '108' emergency services.
- Redressing Service Improvement Requests (SIRs) by linkage with heads of health facilities, especially deficiencies in health services.
- Addressing citizens' views and suggestions with regard to further improving the service delivery in medical institutions.
- Counselling on health issues like nutrition, family welfare, HIV/AIDS, depression, suicide prevention etc.,
- Specialist advice for Doctors and staff nurses who are serving in remote villages through Telemedicine guidance by a panel of experts in General Medicine, General Surgery, Obstetrics and Gynaecology, and Paediatrics.

• Epidemic intelligence services on 24x7 basis.

Government have provided Closed User Group (CUG) mobile phones to 2,580 officers of Primary Health Centres, Government Medical College Hospitals, District level Joint Directors and Deputy Directors of Health Services, District Collectors etc., to enable the public to get the services on 24x7 basis and to follow up on complaints, if any, on deficiency in health services.

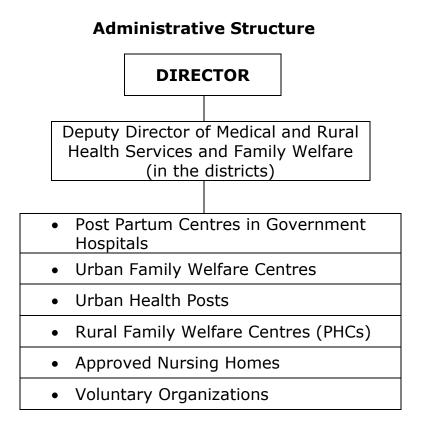
2,76,588 calls have been received in '104' health helpline from public across the State till July 2014.

Chapter - 6

FAMILY WELFARE PROGRAMME

6.1 Tamil Nadu has already reached a Total Fertility Rate (TFR) of 1.7 which is well below the replacement rate. This is a culmination of the successful strategy of the community needs assessment approach adopted in the early nineties instead of the earlier target based approach. Tamil Nadu is considered as a pioneer in the implementation of the Family Welfare Programmes in the Country. The following programmes are available to the eligible couples under this programme.

- Permanent family welfare methods like Vasectomy, Tubectomy and Laparoscopic Sterilisation.
- Temporary family welfare methods like Copper-T insertion, Oral Pill cycles and condoms for spacing between births.
- Medical Termination of Pregnancy services in Government Hospitals and approved private nursing homes.
- Emergency contraception.



Demographic Indicators

6.2 Tamil Nadu is the seventh most populous State in India. As per 2011 census, the population of Tamil Nadu is 7.21 crore with decadal growth rate of 15.6 %. It accounts for 6 % of the country's total population. The demographic scenario of the state for 2012 (SRS) is furnished in Table No.5 below:

Table No.5 – Demographic Scenario of Tamil Nadu 2012

SI. No	Indicators	Current level
1	Crude Birth Rate	15.7 / 1000 population
2	Crude Death Rate	7.4 / 1000 population
3	Total Fertility Rate (2012)	1.7
4	Infant Mortality Rate	21 /1000 live births
5	Maternal Mortality Ratio *	90 /1,00,000 live births
6	Natural Growth Rate	0.83 %

 \ast Based on SRS (2010 -12). As per State HMIS data of 2013-14 it is 68 / lakh live births.

Goals

6.3 The following demographic goals have been fixed to be achieved by 2017.

SI. No	Indicators	Goals
1	Infant Mortality Rate	<13 / 1000 Live Births
2	Crude Birth Rate	14 / 1000 Population
3	Maternal Mortality Ratio	44/1,00,000 Live Births
4	Total Fertility Rate	1.6
5	Couple Protection Rate	65 percent
6	Higher Order Births	<10 percent

While the Civil Registration System register about 11.5 lakh births annually, the reports from the institutions and the directorate record about 10.5 lakh births of them 9.0% (2012) of the births are still Higher Order Births (HOB) i.e. one lakh. It is estimated unmet needs under that the spacing methods are 6.1 percent and permanent 13 The methods are percent. male under sterilization participation the programme has always been a challenge and is less than one percent.

Activities undertaken by the Department

6.4 Post Partum Centres: At present, Post-Partum there 110 are Centres functioning in Government Hospitals in Tamil Nadu to improve the health of mothers and children through Maternal and Child Health, and Family Welfare Programmes. Nearly 35% of the total sterilization operations done in the State are performed in these postpartum centers. These centres will continue to serve as centres for motivating the eligible couple for adoption of family welfare measures.

6.5 Urban Family Welfare Centres: There are 108 Urban Family Welfare Centres functioning in the State to render Family Welfare and out-reach services in the smaller Municipalities.

6.6 Urban Health Posts: As part of this scheme, 193 Health Posts of type 'D' covering 50,000 populations and above are functioning to provide Family Welfare and Maternal and Child Health services in the urban slum areas.

6.7 Rural Family Welfare Centres: There are 382 Rural Family Welfare Centres in the State. 379 Primary Health Centres are

functioning with Operation Theaters to provide Sterilization Services to the Rural People. 25.4% of the total sterilization operations done in the State are performed in Primary Health Centres. The other spacing methods available for eligible couple in the rural areas are made available through 1,751 Primary Health Centres and 8,706 Health Sub Centres.

6.8 Medical Termination of Pregnancy (MTP) Programme: In the State, approximately 60,000 MTPs are performed for providing safe abortion services in the Government and private institutions annually which include 18,700 Manual Vaccum Aspiration technique.

6.9 Participation of Non-Governmental Organizations: 27 Voluntary Organizations and 2040 approved private Nursing Homes in the State are also extending the Family Welfare services and their contribution as a whole is 27.9%.

6.10 Reduction of Higher Order Birth (HOB) in Coastal Areas of Thoothukudi District: During the annual District Collectors and Police Officers conference held in 2013, the Hon'ble Chief Minister has announced a new programme to be implemented to reduce Higher Order Birth in Coastal Areas in Tuticorin District. Accordingly special camps and awareness campaigns on Higher Order Birth are to be conducted during 2014-15 in 8 Coastal Blocks of Tuticorin District. Α sum of Rs.34.32 lakh has been sanctioned for this purpose.

6.11 Female Sterilization Camps to Reduce HOB: In Tamil Nadu, 54 blocks are identified with high percentage of higher order births (i.e. 15% and above) and to reduce the HOB in these 54 blocks, it is proposed to conduct the female sterilization camps during the year 2014-15 and a sum of Rs.32.40 lakh will be incurred for this scheme.

6.12 Intrauterine Contraceptive Device (IUCD) Special Camps in Tribal Areas to Insertion of IUCD: In Tamil Nadu, out of 47 Tribal Areas, 32 Blocks are identified with high percentage of higher order births in the State. To reduce the HOB in these 32 blocks, it is proposed to conduct one Intrauterine Contraceptive Device UCD insertions camp per month in these 32 blocks during the year 2014-15 and a sum of Rs.7.68 lakh will be incurred for this scheme. **6.13 Group Insurance Scheme to Sterilization Acceptors:** The Government of India have renewed the family planning indemnity insurance scheme with effect from 1st April 2013 with the following insurance benefits for the family welfare sterilization acceptors and service providers.

Table No.6 – Group Insurance Schemeto 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/not-leading to child birth	Rs.30,000
Cost of treatment upto 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 cases per Doctor in a year	Up to Rs.2.00 lakh per claim

Compensation to Sterilization Acceptors

6.14 Compensation for loss of wages to the sterilization acceptors is being implemented in the State as detailed below in Table No.7.

Table No.7 – Compensation toSterilization Acceptors

Acceptors of male sterilization in public health facilities	Rs.1,100
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

Scheme of Compensation for loss of wages to the acceptors of sterilisation

6.15 In Tamil Nadu during 2013-14 a total number of 3,23,310 sterilisations have been performed in Government and Private Medical Institutions. A sum of Rs.2,247.68 lakh has been incurred for the above scheme.

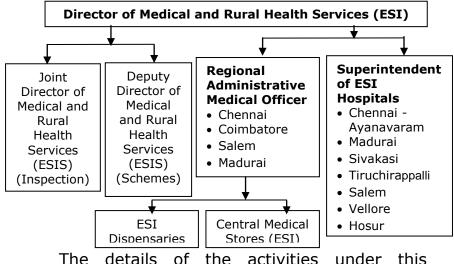
Tamil Nadu will continue to implement the ongoing successful family welfare measures

and also continue laproscopic training and encourage participation of approved private nursing homes in addition to strengthening the existing setup in Government sector to ensure that the success achieved in the family welfare front is sustained.

Chapter - 7

MEDICAL AND RURAL HEALTH SERVICES (Employee's State Insurance Scheme)

7.1 The Employees State Insurance Scheme (ESIS) of Tamil Nadu has seven Hospitals and 202 Dispensaries functioning under the overall control of the Labour and Employment Department except for limited administrative purposes of placing the personnel.



Administrative Structure

The details of the activities under this department form part of the Labour and Employment department policy note.

Chapter - 8

INDIAN MEDICINE AND HOMOEOPATHY

8.1 India has a great legacy of various indigenous systems of medicine. Indigenous or traditional medicine is the sum total of knowledge, skills and practices based on the theories. beliefs and experiences. Indigenous to different cultures, whether explicable or not, this system is used in the maintenance of health as well as in the prevention, with diagnosis, improvement or treatment of physical and mental illness. Indian Systems of Medicine (ISM) is one of the earlier systems of medicine providing cost effective and sustainable relief to all sections of society from various ailments without any serious side effects. Siddha system of medicine is one of the oldest medical systems which is reported to have surfaced more than 10,000 years ago which is an example of the advanced knowledge of the Tamil society.

8.2 Realising the relevance and importance of these systems of medicines, the Government formed the "Department of Indian Medicine and Homoeopathy" in the year 1970. The Department is responsible for teaching as well as for providing health care

in five systems of Indian Medicine viz., Siddha, Ayurveda, Unani, Homoeopathy, Yoga and Naturopathy. This Department functions as the nodal department for the all round development of Indian Systems of Medicine and Homoeopathy in the State.

Administrative Structure

COMMISSIONER / DIRECTOR

•	Principals of Govern	•
	Ayurveda, Unani an	d Yoga and
	Naturopathy, Homo	eopathy Medical
	Colleges	
•	State Licensing Aut	nority (Indian
	Medicine)	
•	Government Analys	t, Drugs Testing
	Laboratory (Indian	Medicine)
•	Superintendent, Ari Hospital of Indian M	gnar Anna Government Iedicine, Chennai
	District Ciddba Madi	Cont Officers
•	District Siddha Medi	cal Unicers

Government Siddha, Ayurveda, Unani, Yoga and Naturopathy, and Homoeopathy Dispensaries attached to Government Hospitals/PHCs and Siddha wards in Government Hospitals

Objectives of the Department

8.3 The Main objectives of the department are:

- To make the Indian Systems of Medicine (ISM) as a complementary system of medicine
- Opening of ISM wings/Hospitals at various levels in all the districts
- Development of educational institutions in Siddha, Ayurveda, Unani, Yoga and Naturopathy and Homoeopathy
- Encouraging the cultivation of Medicinal Plants, processing and manufacturing of ISM drugs and promoting research and development in ISM
- Making improvements to the existing Government Indian System of Medicine and Homoeopathy Medical Colleges and thereby improving the standard of Medical Education in these systems
- Opening of new Medical Colleges in these systems
- Encouraging research and development programmes in these systems of Medicines

- Making arrangements to grow medicinal herbs and manufacturing essential drugs
- Encouraging the growth of Centre of Excellence in the field of Indian medicine
- Improving the standard of Indian systems of Medical Education in Private Sector

Medical Treatment

8.4 There are 1,375 numbers of ISM institutions including the medical colleges in the State providing medical treatment under Indian Systems of Medicine and Homoeopathy, with an inpatient capacity of 1,210 beds. Details of the institutions under Indian Medicine may be seen in Table No.8.

System	Total
Siddha	1,047
Ayurvedha	100
Unani	65
Yoga and Naturopathy	56
Homoeopathy	107
Total	1,375

8.5 The brief details of the various Hospitals/Wings managed by this department are:

- 350 bedded Hospital attached to Government Siddha Medical College, Palayamkottai, Tirunelveli
- 310 bedded Hospital attached to Arignar Anna Government Hospital of Indian Medicine, Chennai
- 50 bedded Hospital attached to Government Homoeopathy Medical College, Tirumangalam, Madurai District
- 25 bedded ward in Government Pentland Hospital, Vellore
- 25 bedded Siddha Wards in District Headquarters Hospitals in the Districts of Erode, Nagapattinam, Dindigul, Kancheepuram and Tiruppur
- 15 bedded Siddha Ward in Medical College Hospital, Thoothukudi
- 16 bedded Siddha Ward in District Headquarters Hospitals in the Districts of Namakkal, Villupuram, Virudhunagar, Tiruvarur, Karur,

Sivagangai, Kumbakonam, Tiruchirappalli, Nagercoil and Mettur, Salem District

- 15 Bedded Siddha Ward at Taluk Hospital, Chidambaram, Cuddalore District
- 15 bedded Siddha Ward at Non-Taluk Hospital, Kadayanallur
- 15 bedded Siddha Ward in District Headquarters Hospitals in the Districts of Ramanathapuram, Dharmapuri and Cuddalore
- 100 bedded Ayurveda Hospital attached to Government Ayurveda Medical College, Nagercoil

Medical Education

8.6 Tamil Nadu is the only State in the Country where Government Medical Colleges have been established in all the five disciplines of Indian systems of Medicine. The total number of Government Medical Colleges of ISM and the number of ISM Private Medical Colleges available in the State for Indian Medicines can be seen from the Table No.9.

Table No.9 - Number of Government andPrivate Medical Colleges of ISM

SI.	Madical System	No. of	colleges
No.	Medical System	Govt.	Private
1	Siddha	2	5
2	Ayurveda	1	3
3	Unani	1	
4	Yoga and Naturopathy	1	4
5	Homoeopathy	1	8
	Total	6	20

The Government Colleges are as follows-

- Government Siddha Medical College, Palayamkottai, Tirunelveli District
- Government Siddha Medical College, Arignar Anna Government of Indian Medicine Campus, Arumbakkam, Chennai
- Government Yoga and Naturopathy Medical College, AAGHIM campus, Arumbakkam, Chennai
- Government Homoeopathy Medical College, Tirumangalam, Madurai District

- Government Unani Medical College, AAGHIM Campus, Arumbakkam, Chennai
- Government Ayurveda Medical College, Kottar, Nagercoil, Kanniyakumari District

Number of seats available in the Government Colleges and the Private Colleges for the admission to the Under Graduate (UG) and Post Graduate (PG) Courses of ISM are given in Table No.10.

Table No.10 - Number of seats available in the Government Colleges and the Private Colleges

		Details of Seats available for admission				
SI. No.	Discipline	Government Private Colleges Colleges				Total
		UG	PG	UG	PG	
1.	Siddha	150	94	210		454
2.	Ayurveda	50		130		180
3.	Unani	26				26
4.	Yoga and Naturopathy	50		200		250
5.	Homoeopathy	50		550	30	630
	Total 326 94 1090 30 1540					1540

UG – Under Graduate ; PG - Post Graduate

The Government have accorded permission on 24.02.2014 to increase the intake capacity of Government Yoga Naturopathy Medical College, Chennai admitting the students in Bachelor of Naturopathy Yoga Science Course from 20 to 50 from the academic year 2014-15.

Paramedical Human Resources

8.7 Indian Medicine and Homoeopathy Department is conducting the following paramedical courses:

- i. Diploma in Nursing Therapy
- ii. Diploma in Integrated Pharmacy

A Diploma course in Integrated Pharmacy is being imparted in pharmacy training and manufacturing practices in all the disciplines Indian Medicine (except Yoga of and Naturopathy). In addition, a diploma course in Nursing Therapy is being conducted for all Indian Medicine disciplines of (except Homoeopathy). These two Diploma Courses aimed at promoting Pharmacists and Nursing Therapists are being conducted at Arignar Government Hospital of Anna Indian Medicine, Chennai and Government Siddha Medical College, Palayamkottai, Tirunelveli.

The number of seats sanctioned for Diploma Course in Integrated Pharmacy and for Nursing Therapy available are furnished in Table No.11.

TableNo.11-NumberofseatssanctionedforDiplomaCourseinIntegratedPharmacyandforNursingTherapy

_		Number o		
SI. No.	Name of the Institution	Diploma in Integrated Pharmacy	Diploma in Nursing Therapy	Total
1.	Arignar Anna Government Hospital of Indian Medicine, Chennai	50	50	100
2.	Government Siddha Medical College, Palayamkottai, Tirunelveli	50	50	100
	Total	100	100	200

Co-Location of Indian System of Medicine and Homoeopathy Wings in Government Medical Institutions

8.8 At present Indian System of Medicine and Homoeopathy facilities are available in

30 District Headquarters Hospitals, 240 Taluk and Non-Taluk Hospitals and 956 Primary Health Centres (includes 475 wings funded under National Rural Health Mission).

State Drug Licensing Authority for Indian Medicine

8.9 Licensing of Indian System of Medicine drugs is now being done by the State Licensing Authority (Indian Medicine) with effect from 29.11.2007 as per Drugs and Cosmetics Act, 1940 and Rules, 1945. The District Siddha Medical Officers are the Drug Inspectors for the purpose of implementation of the provisions pertaining to renewal of license, inspection, sampling, and prosecution in respect of Siddha, Ayurveda and Unani drugs.

National Institute of Siddha

8.10 The National Institute of Siddha at Tambaram, Chennai was inaugurated in the year of 2005 funds from the State and Central Government. The Capital expenditure is shared between Government of India and the Government of Tamil Nadu in the ratio of 60:40 and the Revenue expenditure in the ratio of 75:25 for the project period of 6 years as per the understanding between the

Government of India and the State Government. The Institute is imparting Post Graduate education in Siddha apart from research activities.

Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited (TAMPCOL)

8.11 Tamil Nadu Medicinal Plant Farms and Medicine Corporation Herbal Limited (TAMPCOL) was incorporated in the year 1983. It manufactures Siddha, Ayurveda and Unani medicines and supplies them to the institutions functioning under the control of the Commissionerate of Indian Medicine and Homoeopathy, other State and Central Government institutions and also to the common public. It maintains the legacy of constantly profit making and gives dividend to Government.

Considering the necessity to upscale its infrastructure performance and of the Corporation, the Hon'ble Chief Minister grant of Rs.200 announced a lakh for strengthening infrastructure facilities. upgradation of plant and machinery and for undertaking the modernization of TAMPCOL. By utilizing the financial assistance of the Government, the Corporation has appointed

consultant for preparation of detailed а project report on "Develop, Vision, Strategy and Action Plan and Re-engineer business processes to re-position TAMPCOL brand in the Indian Market". The Corporation has initiated various measures to upgrade the infrastructure of the factory by way of creating additional space to accommodate machineries. the expanding new manufacturing processes, re-engineering of production processes, installation of modern equipment, etc.

As a standardization measure and improve the dispensing system of medicines to the common public, the Corporation has planned to introduce packing of medicines in sachets, i.e., chooranams in 10 grams and thailams in 50 ml and also to introduce Tablets and Capsules in 30 Nos. containers. As a brand measure, building all the packaging methods, designs, labels, etc. have been reexamined and mostly revised to suit the current need and expectation of the common public.

In order to reduce the procurement of medicines from open market for the use in Government Hospitals, the Corporation has obtained 22 new licenses during the current year. As on date, the Corporation possesses

217 licenses for manufacturing of medicines. by the Government, the intended As Corporation proposed to supply has Kariveppilai Podi and Ferrosid, being the Siddha Proprietary medicine for remedying Anemic deficiency in the form of Tablets, Capsules and Syrup. In order to further safe and hygienic working improve the environment in the factory various new measures have been initiated.

The Government has appointed the Corporation as an exclusive Nodal Agency for procurement of medicines, equipments, etc. for ISM institutions functioning in the State. This will enlarge the scope of the functions of the Corporation and can supply quality medicines and equipments uniformly to the institutions functioning under the control of Indian Commissioner of Medicine and Homoeopathy at competitive price by utilizing its existing infrastructure.

The net sales revenue for 2012-13 was Rs.1,806.23 lakh, and it is expected to achieve around Rs.2,200 lakh during 2013-14. The Net Profit for 2012-13 was Rs.58.49 lakh and it is expected to earn around Rs.36 lakh during 2013-14 even after providing discount of Rs.52 lakh to the Government sales at the rate of 15% during last quarter.

The Corporation is maintaining very nominal prices for its products despite steep increase of raw material cost, packing material costs and other overheads, etc. as the supplies are mainly indented to the Government Institutions.

Use of Malai Vembu, Nila Vembu and Papaya leaf juice for prevention and complementary treatment of Dengue

8.12 During the incidences of Dengue in 2012, thanks to Hon'ble Chief Minister's directions. the Government issued instructions to all the Government Hospitals of Modern Medicine in the State to provide the traditional medicines of Pappaya Leaf Juice, Malaivembu Leaf Juice and Nilavembu Kudineer to the in-patients admitted in the Government Hospitals across the State. There has been overwhelming response from the public on these initiatives.

8.13 To give a fillip to the Indian Medicine, the **Hon'ble Chief Minister** had announced various measures as part of her 110 statement in the floor of Assembly on 08.05.2013.

• Infrastructure and Human Resources Improvement in all the Government Indian Systems of Medical Colleges in Tamil Nadu at a cost of Rs.15 crore.

- Establishment of a Research and Development Wing exclusively for the Indian Medicine Colleges to facilitate the faculties and students to conduct the field research at a cost of Rs.12 crore.
- Formation of a Corpus Fund of Rs.2 crore for carrying out the publication activities of printing of text books and to bring out a periodical on the latest development in Indian Systems of Medicine, research articles for the benefits of general public, students and doctors communities.
- Improvement of all infrastructure facilities including human resources at a cost of Rs.10 crore to the Arignar Anna Government Hospital of Indian Medicine at Chennai to get the first accreditation status from National Accreditation Bureau of Hospitals and Health Care Providers (NABH).
- Provision of infrastructure facilities and upgradation of plant and machinery to the TAMPCOL at a cost of Rs.2 crore.

- Yoga and Naturopathy clinic will be established in all the Medical College Hospitals and District Headquarters Hospitals.
- Creation of awareness and the prevention of non-communicable life style diseases using Indian Systems of Medicine.
- To sponsor in-service doctors to undergo post graduate courses in other institutions with full pay and fees.
- Medical Registration Certificates for ISM will be issued with 2D Bar Code and URL will be introduced at a cost of Rs.15 lakh to prevent the circulation of bogus medical registration certificates in ISM.
- Prevention and eradication of anaemia among women and children by providing ISM kit.

These schemes are under various stages of implementation and when completed will go a long way in ensuring that these systems of medicine are able to provide alternative and complementary therapy to the people desirous of benefiting from these systems.

Chapter - 9

FOOD SAFETY AND DRUGS ADMINISTRATION

Food Safety

9.1 In order to ensure safe and wholesome food to the community, the Food Safety and Standards Act, 2006, was enacted by the Government of India by repealing the Prevention of Food Adulteration Act, 1954, which has come into force all over India including Tamil Nadu from 5th August, 2011. Food Nadu Safety Tamil and Drug Administration Department was created in 22-12-2011 under the the State on provisions of this Central Act.

Infrastructure

9.2 The Department is headed by the Commissioner of Food Safety who is assisted the Additional Commissioner, other bv supportive Staff at State Level and 32 Designated Officers at Districts and 584 Food Safety Officers (385 for Blocks and 199 for Urban) to implement the new Act. Six Food Laboratories established at Chennai, Thanjavur, Madurai, Salem, Coimbatore and Palayamkottai have been notified under the Food Safety Act for testing of food samples.

Training

9.3 All Designated Officers and Food Safety Officers have been given Orientation Training on the implementation of the Food Safety and Standards Act and Rules 2011.

License and Registration

9.4 Under the Food Safety and Standards Act, 2006, all the Food Business Operators whose annual turnover is more than Rs.12 lakh have to get License from Designated Officers and Food Business Operators with less than Rs.12 lakh have to get Registration Certificate from Food Safety Officers for their food establishments. All the food business vendors are expected to manufacture, store and sell only safe food as per the Food Safety and Standards Act. Field Officers have the primary responsibility of ensuring safety of Food and Food related items in their area. The Food Safety and Standards Authority of India has been extending the time for taking License and Registration from time to time.

Online facility

9.5 Licensing / Registration is being done online in all districts since June 2013.

Ban on Gutkha/Pan Masala

9.6 The Tamil Nadu Government banned the manufacture, storage, distribution and sale of chewing tobacco, gutkha and panmasala containing tobacco or nicotine in any form or ingredients by whatever name as or description it is available and sold in Tamil necessary notification Nadu and in this been issued. District level has regard Surveillance Committees under the Chairmanship of the Collectors concerned has been constituted in all the Districts for the implementation of the ban order.

Activities

- Facilitating to ensure safe and wholesome food to the community
- Monitoring Hygiene and Sanitation in all food establishments including Hotels / Street Food Vendors
- Lifting suspected samples to find out adulteration through Lab. Analysis
- Inspecting Packaged Drinking Water Units for ensuring necessary requirements under Food Safety Act
- Regular monitoring of vegetables, fruit markets and soft drinks supply chain.

- Strict monitoring of the Ban Order on Gutkha and Pan Masala
- Awareness to Food Vendors / Caterers / Consumers etc on the importance of Quality Food
- Regular checks on supply of critical items like oil, milk, tea, masala powder etc.

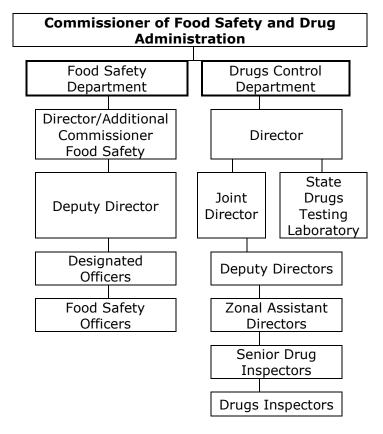
Achievements

- 28,251 Licenses and 1,55,555 Registration Certificates issued till 31st March, 2014
- 1,10,636 shops inspected and 329 tons Gutkha/Pan Masala value of Rs.5.71 crore seized and destroyed upto 31st March, 2014
- Large quantity of mangoes and other fruits ripened through Carbide Stone destroyed

Drugs Control Administration

9.7 The Drugs Control Administration, an indispensible department which looks after Drugs and Cosmetics was functioning as a separate Department with effect from 26.01.1981 with the Director of Drugs Control as Head of Department, is brought under one umbrella organization Tamil Nadu

Food Safety and Drugs Administration (TNFS&DA) Department, under the administrative control of "Commissioner of Food Safety and Drugs Administration".



Administrative Structure

9.8 The Director of Drugs Control Administration is the head of the Directorate

Drugs Control. The Drugs of Control has the prime object of Administration enforcement of the following central enactments for regulating the manufacture, distribution and sale of Drugs and Cosmetics. The Director of Drugs Control is the authority for Grant and Renewal of licences for (for manufacture sale) of Allopathic, Homoeopathic medicines and Cosmetics and also State licensing Authority for blood Banks in Tamil Nadu along with the Central License Approving Authority.

- i. Drugs and Cosmetics Act, 1940 and Rules, 1945
- ii. Drugs Prices Control Order, 1995
- iii. Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954

9.9 There is a Legal-cum-Intelligence Wing in the Directorate functioning under one Deputy Director of Druas Control to investigate complaints. This wing processes matters undertakes legal and special investigations. A Legal Adviser also assists the Deputy Director in legal matters. There is Squad at а Mobile Madurai to attend complaints relating to Spurious Drugs and investigates specific complaints in Southern Region. The State is divided into 14 zones headed by an Assistant Director of Drugs Control for each zone. He is the authority for licenses grant and renewal of sale of Allopathic and Homoeopathic Medicines. fledged Drugs Testing There is full а Laboratory attached to this Department which undertakes testing of samples, drawn by the Drugs Inspectors. The officers of this Department are also empowered to act under Narcotic Druas and Psychotropic Substances Act 1985. To implement and enforce provisions of Drugs and Cosmetics Act, one Joint Director of Drugs Control, three Deputy Directors of Drugs Control are assisting the Director of Drugs Control in the functions. Drugs above said Control Department monitors the quality, safetv, efficacy and rational use drugs of at controlled prices, collection and supply of safe blood and blood components, scrutinizing the misleading advertisements to safeguard the interests of the unwary public. It also draws samples of Drugs and Cosmetics for the purpose of test or analysis to ascertain its quality, purity and safety. It has a well equipped statutory laboratory to undertake the analysis.

Drugs Testing Laboratory

9.10 Drugs Testing Laboratory attached to this Department undertakes testing of samples, drawn by the Drugs Inspectors (other than parenteral preparations) from various Retail, Wholesale Units, Manufacturing Units and Hospitals, Private as well as Government Sector.

Details of the Enforcement Activities of this Directorate

Sales Licenses		Manufacturing Licenses		Banks	orage es
Retail Licences	Wholesale Licences	Drug	Cosmetics	Blood Ba	Blood Storage Centres
32500	12500	600	120	281	403

Number of Licensed Premises

Number of Inspections during 2013-14

Details	No. of Inspections (upto 31.03.2014)
Sales Premises	67,045
Manufacturing Premises	980
Hospitals and Medical Stores	1,988
Blood Bank	612

Details of Samples drawn, tested and reported as Not of Standard Quality Drugs during 2013-14 (upto 31.03.2014)

Total No. of Samples drawn	8,356
No. of Samples Tested	5,618
No. of Samples declared as Not of Standard Quality	314

Prosecutions have been launched for the contraventions noticed and the details are given below for the year 2013-14 (upto 31.03.2014)

S. No	Details	No of Cases
1	For the manufacture of Spurious	5
2	For the manufacture of Not of Standard quality drugs	26
3	For the sale of drugs without supervision of pharmacist	131
4	For the sale of drugs without prescription of Registered Medical Practitioner	82
5	For the stocking/sale of date expired drugs	7
6	Contraventions under Drugs and Cosmetics Act 1940 and Rules 1945	28
7	Contraventions under DMR (OA Act) 1954	23
8	Drugs Price Control Order 2013 (so far)	NIL
	TOTAL	302

Chapter - 10

TAMIL NADU STATE HEALTH TRANSPORT DEPARTMENT

10.1 The State Health Transport Department looks after the effective maintenance of Family Welfare Department Health and vehicles and is functioning successfully catering to all the needs of Health and Family Welfare vehicles. This Department has made significant strides as it passed several through different phases of its development. At present Seven Regional Workshops, Nine District Workshops, Twenty Nine Mobile Workshops, Four Mini Workshops and One Reconditioning Unit are functioning under the Administrative Control of this Directorate.

10.2 Currently, this Department maintains 2,717 vehicles attached to the various Directorates of Health and Family Welfare Department as detailed below and a three-tier structure is followed for the proficient maintenance of vehicles.

Directorate wise Fleet Maintained (as on 31.03.2014)

SI. No.	Name of the Directorate	No. of vehicles maintained
1	Directorate of Public Health and Preventive Medicine	1,693
2	Directorate of Medical and Rural Health Services	276
3	Directorate of Medical Education	197
4	Directorate of Family Welfare	446
5	Directorate of Drugs Control	5
6	Directorate of Indian Medicine and Homoeopathy	8
7	Directorate of State Health Transport	57
8	Directorate of Food Safety and Drugs Administration	33
9	Tamil Nadu Medical Services Recruitment Board	2
	Total	2,717

10.3 Administrative Structure

Directorate	1
Regional Workshops	7
District Workshops	9
Mobile Maintenance Units	29
Reconditioning and Central Body Repairing Unit	1
Mini Workshops	4

10.4 Activities of Regional / District / Mobile Workshops in brief

- The seven Regional Workshops located at Chennai, Salem, Madurai, Comibatore, Tiruchirappalli, Tirunelveli, Vellore maintain a fleet of around 400 vehicles each
- Nine District Workshops at Chengalpattu, Dharmapuri, Virudhunagar, Udhaqamandalam, Erode, Thanjavur, Pudukottai, Nagercoil and Villupuram 29 and Maintenance Units Mobile that are all the State spread over are functionina assist the to Regional Workshops in maintaining all the vehicles in an effective manner
- The Mobile Maintenance Units, based on their Advance Tour Programme visit the hospital premises and render periodical servicing and execute minor repairs, on the spot. If the nature of repairs in a vehicle is beyond the limits and scope of the Mobile Maintenance Units, the required accident and major repairs are executed in the nearby Regional or District Workshop

10.5 Functions and Objectives of the Department

- Maintaining and repairing all the Health and Family Welfare Department vehicles in an effective and economical manner
- Providing complete solutions to all the problems encountered by the Medical Officers in operating the vehicles
- Enlightening the Medical Officers with all the prescribed procedures/norms relating to the upkeep of vehicle Records and guiding them to comply with the Motor Vehicle Acts and Rules
- Identifying and Recommending the right type/model of vehicles to be purchased based on the vehicle using officers' requirement and co-ordinating with them while purchasing vehicles for Health and Family Welfare Department
- Recognizing the aged and obsolete model vehicles that are un-economical for further retention and liaisoning with the vehicle owning officers for its condemnation and disposal.

Training Programmes

10.6 Apprenticeship training is also being imparted in this Department every year to 45-I.T.I. Certificate holders, 29-Diploma holders and 17-B.E. Graduates sponsored by the different Government authorities.

Launch of Vehicle Care SMS Facility

10.7 Vehicle Care SMS Facility for Hospital Wheels vehicles (Mobile on No. **9597291111**) was launched bv this Department on 19.07.2013. This is a 24x7 service facility that could be utilized by the Medical Officers to register the Material and Service requirements for Hospital on Wheels The material requirements would vehicles. include requests for Tyres, Batteries etc., and the service requirements would include requests for periodical servicina, oil replacement etc., All the requests received through this facility are immediately fulfilled by this Department. Launched to ensure that all Hospital on Wheels vehicles are in roadworthy condition, this facility has been appreciated by the concerned Medical Officers.

After the launch of this facility, till 31.03.2014, 89 Off-Road messages have

been received and all the requests have been fulfilled. Consequent to the success of the scheme, the Medical Fraternity has requested to extend this facility to all the vehicles. Based on the request, it has been decided to extend this facility to all the 2,717 vehicles maintained by this Department before the end of this October 2014 after improvina Department's the basic infrastructure facilities.

Modernization of the Workshops

10.8 To keep pace with the technology in order to execute all type of repairs to the new generation vehicles, it is proposed to modernize the Workshops attached to this Department by equipping with special tools and garage equipments for which funds will sought be from National Rural Health Mission. Database Α Inventorv Management Software was designed and developed by this department. Tο implement the Software in the other Regional / District Workshops (Health) of the Department and to centrally monitor the Inventory and Fleet Management at the Directorate level, it is proposed to procure and install a Server exclusively for this Department in this Financial Year.

Improvement in the Performance

10.9 As a result of effective implementation of management theories and principles, performance of the Workshops in terms of fleet utilization, downtime of repairs, inventory control, man-hour utilization and budgetary control has drastically improved. The percentage of fleet in operation which was 72.6% at the beginning of the formation of this Department in the year 1981 has progressively improved to 98% in the year 2013-14.

Chapter - 11

HUMAN RESOURCES AND MEDICAL SERVICES RECRUITMENT BOARD

The Health and 11.1 Family Welfare Department consists of multiple directorates under its control and the appointment to various categories of posts is being made by different modes of recruitment to improve the human resources in the Government Medical Institutions. Earlier appointments in medical and direct recruitment in para medical or non-medical category, was made either through Tamil Nadu Public Service Commission through Employment or Exchange. The staff strength of this Department consists of over lakh one personnel spread over the directorate and under various programmes. The details of staff strength the have been given the performance budget separately in presented along with the policy note. For a very long time, the Government have found it difficult to make appointments in this Department in a speedy manner, which affected the health care delivery to the public especially the poor patients in the Government Hospitals. Further the as medical services are essential services.

keeping the posts vacant for a long time is not desirable in public interest. Therefore it was considered necessary to centralize the mode of direct recruitment by constituting a separate Recruitment Board for the Health and Family Welfare Department on the lines of the TeachQers Recruitment Board.

11.2 Thus, with the objective of making appointments to various categories of posts including medical and para medical staff in the Health and Family Welfare Department to provide health care services to the public in a manner, the speedy Medical Services Recruitment Board has been constituted in Januarv 2012. The Medical Services Recruitment Board, first of its kind in India, functioning with effect started from 06.02.2012. Medical The Services Recruitment Board consists of a Chairman, a Member and a Member Secretary.

11.3 The Medical Services Recruitment Board conducts recruitment by the following methods:

- Recruitment by obtaining seniority list from the Employment Exchange.
- By open advertisement.

11.4 The Medical Services Recruitment Board has so far recruited the following categories of posts till 1.3.2014.

SI. No.	Name of the post	No. of candidates selected
1	Assistant Surgeon	2,726
2	Assistant Surgeon (Speciality)	197
3	Assistant Surgeon (Dental) (General)	56
4	Assistant Surgeon (Dental) (Speciality)	19
5	Physiotherapist Grade-II	48
6	ECG Technician	29
7	Radiographers	197
8	Fitter Grade II	60
9	Pharmacist	633
10	Village Health Nurse	200
11	Therapeutic Assistant	8
TOTAL		4,173

11.5 Based on the orders of the Hon'ble High Court, Government issued orders that all vacant posts of Nurses in all Government Medical Institution shall be filled up from among the trained nurses who studied in

Institutions Government as well as Government approved private institutions by conducting an examination by the Medical The Services Recruitment Board. challenged Government Order was and counter challenged by the students who studied in Government Medical Institutions and the Private Nursing Schools and Private Studied Nurses Associations. The Divisional Bench of the Hon'ble High Court of Madras has upheld the above Government Order. The Medical Services Recruitment Board (MRB) is taking action to fill up the 4,000 Staff Nurse vacancies. In order to ensure quality care to the patients, nurses have appointed through outsourcina been temporarily.

Chapter - 12

STATE HEALTH SOCIETY

12.1 With the aim of providing accessible, affordable and quality health services even to the poorest and people living in the remotest rural regions, the National Rural Health Mission (NRHM) was launched in 2005. Tamil Nadu has established State and District Health Missions. The State Health Society, Tamil Nadu and all the District Health Societies have been registered under Tamil Nadu Societies Registration Act, 1975.

12.2 Integration of the multiple societies of different National Health Programmes at State and District levels which were implemented as vertical programmes until then, as envisaged under the NRHM has also been done.

Vision, Goals, Objectives of National Rural Health Mission

12.3 Vision

'Healthy People – Now and in the Future'

12.4 Goals of the Mission are

• To provide accessible and affordable health care based on people's need

- To deliver high quality of health services
- To improve the long term health status of the population
- To improve the management of health services and make them more accountable to the people

12.5 Objectives of the Mission are

- Reduction in Infant Mortality and Maternal Mortality
- Universal access to public health services - women's health, child health, drinking water, sanitation and hygiene, nutrition and universal immunization
- Prevention and control of communicable and non-communicable diseases
- Population stabilization Gender and demographic factors
- Access to integrated comprehensive primary health care
- Revitalizing local health tradition and mainstreaming Indian System of Medicine (ISM)
- Promotion of healthy life styles

State Health Mission

12.6 As per the National Guidelines of the Mission the State Health Society, Tamil Nadu registered under the Tamil Nadu was Societies Registration Act on 15.3.2006. Similarly all the District Health Societies have registered under the Tamil been Nadu Societies Registration Act, 1975. In the year 2013-14, with the advent of National Urban Health Mission, the Government of India has renamed the National Rural Health Mission National Health Mission. As per the ลร guidelines and implementation frame work of the Mission, separate Programme Implementation Plan (PIP) for Urban Health Mission has been submitted to Government of India and budgetary allocations have been Further, Non Communicable obtained. Diseases (NCDs) budget has been approved by Government of India as a separate flexi pay focus Nonpool to more on Communicable Diseases.

Approvals Obtained from Government of India

12.7 A broad outlay of the approvals obtained from Government of India for the year 2013-14 is given below:

S. No.	Name of the activity	Amount approved (Rs. in crore)
1	National Rural Health Mission (NRHM)	1,338.07
2	National Urban Health Mission (NUHM)	107.95
3	Non-Communicable Diseases (NCD Flexi Pool)	26.47
	TOTAL	1,472.49

The Programme wise budgetary allocations for the year 2013-14 under NRHM

SI. No.	Name of the Programme	Amount Approved (Rs. in crore)
Sche	eme - A	
1	Reproductive and Child Health (RCH) Flexible Pool	419.18
2	Additionalities under NRHM (Mission Flexible Pool) -	534.71
3	Immunisation	22.62
	Total (A)	976.51
Sche	eme - B	
Nati	onal Disease Control	
Prog	ramme	
4	National Vector Born Disease Control Programme	19.86
5	Revised National Tuberculosis Control Programme	33.74

	Over all Total (A)+(B)+(C)	1,338.07
9	Infrastructure Maintenance (Treasury Transfer)(C)	298.14
Sche	eme - C	
	Total (B)	63.42
8	Integrated Disease Surveillance Project	6.80
7	National Iodine Deficiency Disorder Control Programme	0.24
6	National Leprosy Eradication Programme	2.78

From this year onwards, Government of India have issued instructions to prepare perspective plan for three years i.e. PIP for the period 2014-15 to 2016-17. The three year plan would have a results framework broken down by year in terms of key indicators i.e. goals, outcomes, outputs and process. On an annual basis, the PIP is updated by way of providing:

- Progress in the last year, lessons learnt and changes proposed;
- Detailed action plan including activities, agencies/persons responsible and timeline, by quarter;
- Quarterly targets for outcomes and outputs based on the web based HMIS and Detailed quarterly budgets linked to physical outputs.

The perspective plan for 2014-2017 will also have the detailed quarterly targets and budget for the first year, 2014-15.

Year	Total Expenditure (Rs. in crore)
2006-07	367.69
2007-08	382.50
2008-09	668.41
2009-10	697.08
2010-11	817.22
2011-12	828.66
2012-13	941.38
2013-14	1,435.82
Total	6,138.76

The year wise annual expenditure under NRHM is given below:

12.8 A short description of the some important activities taken up under RCH and NRHM flexi pool is given below. The activities carried out under the other components and disease control programmes are discussed in the relevant Department of the Policy Note.

Reproductive and Child Health

12.9 The Mission continues to support the wide range of Reproductive and Child Health Services of the State, 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.

Additionally, Government of India have envisaged focus on universal coverage of Reproductive, Maternal, Newborn, Child Health and Adolescent Health (RMNCH+A) services. The focus has been expanded from child survival to development of all children 0-18 years under the umbrella of Rashtriya Bal Swasthya Karyakram (RBSK). All the adolescent health care services have been brought under the name of Rashtriya Kishori Swasthya Karyakram (RKSK) for provision of Comprehensive adolescent health care services.

Maternal Health

12.10 Operationalisation of 24x7 Delivery Care Services in all PHCs: Introduction of 24x7 hour delivery services in every PHC by posting 3 staff nurses for rendering round the clock duty as part of the mission has ensured increased deliveries of over 2 lakh children in the PHCs during the period April 2013 to March 2014. This intervention has been implemented in all the

PHCs and will be continued in 2014-15 at a total approximate cost of Rs.52.72 crore.

12.11 Janani Suraksha Yojana: Similar to level Dr.Muthulakshmi State the Reddv Maternity Benefit Scheme providina Rs.12,000 for pregnant mothers, this scheme is implemented, as part of the mission in urban and rural areas and an amount of Rs.700 in rural and Rs.600 in urban areas is to `below poverty line' mothers paid delivering in Government Institutions. Τn Tamil Nadu, the amount is given to the women after delivery, in addition to the financial assistance of Rs.12,000 per mother under Dr. Muthulakhsmi Reddy Maternity Benefit Scheme. During the financial year 2013-14, the Government of India have removed the conditionality for age and parity for deliveries since 08.05.2013. An amount of Rs.30.86 crore have been expended and 3,97,351 beneficiaries have been benefitted under the scheme. This scheme has а provision of Rs.49.89 crore for the year 2014-15.

12.12 Janani Sishu Suraksha Karyakram: The scheme of Janani Sishu Suraksha Karyakram (JSSK) entitles every pregnant women and sick neonate for free drugs, diagnostics, and diet for the duration of the stay, free transport facility from home, inter facility transfer and transport facility back to home. The scheme aims at reducing out of pocket expenses for pregnant women neonates. Durina and sick the vear 2013-14, this scheme has been extended to cover all ante-natal and post natal complications and also for the sick infants. scheme, 6,93,292 this Under pregnant women have been benefitted by getting free consumables. drugs, diet and Further, 2,32,925 pregnant women have been transferred from home to health facility and also inter-facility transfer. 1,34,671 delivered have been dropped mothers back from facility to home. An health amount of Rs.119.98 crore has been budgeted for this scheme in the year 2014-15.

Provision of Second 12.13 Medical Officer to the (PHCs) with Single Doctor: 213 Primary Health Centres (PHCs) in the State which were functioning as Panchayat Union Dispensaries subsequently and converted into PHCs had only one Medical Officer. To make them function effectively in line with other PHCs, one additional Medical Officer has been placed in all the 213 PHCs. Medical Recruitment Board have filled up all the vacancies during the year 2013-14 and Rs.10.22 crore has been budgeted for this activity in 2014-15.

12.14 Provision of feeding and dietary charges for Ante-Natal and Post-Natal Mothers: Under this scheme 5,02,439 Ante-Natal mothers and 2,18,229 Delivered mothers have been provided with diet in the State who have come to PHCs for check-up and delivery during 2013-14. This scheme has been budgeted at a cost of Rs.11.76 crore for implementation during the year 2014-15.

12.15 Provision of Specialist Services (Hiring of Private Specialists for MCH Care): Under this the provision Private/Retired personnel are hired for the above services at PHCs and District deliveries Hospitals. Caesarean are also by hiring conducted in PHCs private gynaecologists under RCH. In 2014-15, an amount of Rs.3 crore have been budgeted to implement this scheme. Further the provision of Rs.1 crore is made for hiring of super-specialists for MCH care in identified secondary care hospitals for the vear 2014-15.

12.16 Training of Medical Officers in Life Saving Anesthetic Skills (LSAS) and Emergency Obstetric Care (EmOC): As part of this training, so far, 387 Doctors have been trained in LSAS and 48 Medical Officers are undergoing training. The LSAS trained Medical Officers have performed 32,279 Caesarean Sections and 1,61,517 other surgeries. 81 Doctors have been trained in EmOC and 15 Medical Officers are undergoing training now and these trained doctors have performed 4,322 Caesarean handled 13,079 Obstetric Sections and Emergencies till date. An amount of Rs.86.02 lakh for LSAS training and Rs.45.73 lakh for EmOC training have been budgeted in PIP 2014-15.

12.17 Maternal Anaemia Control Programme: As part of this programme out of the Ante-Natal Mothers screened for anemia, 62,434 pregnant mothers diagnosed with maternal anemia have been given Injection Iron Sucrose during the year 2013-14 till January. This scheme will be continued in the year 2014-15 at a cost of Rs.238.55 lakh.

12.18 Gestational Diabetes Control Programme: A scheme for early detection of gestational diabetes using the Glucose Tolerance Test approach is being implemented in the State and has been extended to all the PHCs. Guidelines have been formulated by an expert committee and disseminated to the districts. Under this programme 7.80 lakhs Ante-Natal mothers were detected with the Gestational Diabetes Mellitus for the year 2013-14 and provided treatment. The scheme will be continued in the year 2014-15 at a total cost of Rs.1.27 crore.

12.19 Establishment of Blood Storage Centres in all Upgraded PHCs: Under NRHM, 268 Community Health Centres (CHCs) have been provided with blood storage facilities in phased manner to enable them to function as First Referral Units. For the year 2014-15, the budget of Rs.11.55 lakh has been budgeted for conducting of blood donation camps.

12.20 Maternal and Child Health Centres: 42 Community Health Centres have been identified at the rate of one centre per Health Unit District (HUD) to function as Level-II MCH centres based on strategic location to offer higher level Maternal and Child Care. 31 health sub centres in remote / difficult areas have been identified to provide Level-I MCH centres with additional facilities. An amount of Rs.1.42 crore have been budgeted for implementing the scheme in the year 2014-15.

12.21 Provision of Medical Officers / **Emergency Obstetric Care** (EmOC) trained Medical Officers for High Risk Mother Observation in the Medical **Colleges:** Maternity wings of the medical colleges, being the tertiary referral centres the for Districts are overloaded with complicated maternity admissions and most of the cases require intensive monitoring in the High Dependency Units / ICUs. Hence to monitor the high risk cases, 20 maternity wings of the 19 Government Medical Colleges have been sanctioned with 6 Medical Officers / EmOC trained Medical Officers. This scheme has been approved in 2013-14 and is being proposed to be continued in the year 2014-15 at a cost of Rs.3.74 crore.

12.22 Establishment of Obstetric ICUs: To facilitate better management of the High Risk Obstetric Cases when they get admitted in the Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centers, exclusive Obstetric ICUs are beina 55 CEmONC established in centres (Secondary Care facilities). These Obstetric ICUs will be provided with 4 Staff Nurses exclusively and 4 Staff Nurses for the Obstetric Operation Theatres. This scheme will be implemented in the year 2014-15 at a budgetary cost of Rs.4.07 crore.

Strengthening of the District 12.23 in Headquarters Hospitals districts without Medical College Hospital: Details about this have been furnished in para 4.4. Such 15 District Headquarters Hospitals and one other District Headquarters Hospital are being additionally provided with 105 Superspecialists, 183 Specialists, 60 Medical Officers, 3 Dentists, 443 Staff Nurses. 14 Laboratory Technicians and 18 Radiographers.

12.24 Essential New Born Care Services at PHCs and New Born Stabilisation Units at First Referral Units and SNCUs: New Born Centre have been established in 1,421 PHCs with necessary inputs from NRHM in terms of equipments and facility based training of health personnel. Provision of equipments to NBCC in 73 new PHCs, 31 identified Level-I MCH centres and 135 new Urban Primary Health centres was completed in the year 2012-13. In 42 level-II MCH FRUs NBSUs centres and 114 _ are established. A recurring cost of Rs.7.7 crore is proposed in the PIP 2014-15. Further, 64,795 children have been admitted and treated in SNCUs from April 2013 to January 2014. An amount of Rs.21.81 crore has been proposed in 2014-15 for funding the recurring expenditure to establish a new 5 NBSUs.

Additionally infant death audit is conducted and focussed programmes implemented for managing children with malnutrition apart from pilot early intervention centres established in two districts of Cuddalore and Thoothukudi.

12.25 Rashtriya Bal Swasthya Karyakram: Government of India has launched a new initiative Rashtriya Bal Swasthya Karyakram (RBSK) a child health screening and early intervention service with the aim to screen all the children from 0-18 years for four diseases - defects at birth, diseases, deficiencies and developmental delays including disabilities.

Many components of the RBSK are already being carried out under various schemes in Tamil Nadu namely Modified School Health Programme, Correction of Refractive Errors (Kannoli Kaapom Thittam), Comprehensive School Children Dental Programme and Congenital Defects Programme. Now as per Guidelines issued by Government of India under RBSK, it is proposed to bring all the programmes functioning in different scheme under one roof as RBSK.

Facility based new born screening at all delivery points, by existing health manpower in the Government and Government-aided based screening will school be done bv dedicated Mobile Health Teams. An early intervention centre will be established at the district hospitals to provide referral support to children detected with health conditions during screening. The children and school students presumptively diagnosed to have a disease / deficiency / disability / defect and who require confirmatory tests or further examination will be referred to the designated tertiary level health facilities through District Early Intervention Centre (DEICs).

The DEIC would promptly respond to and manage all issues related to developmental delays, hearing defects, vision impairment, neuromotor disorders, speech and language delay, autism and cognitive impairment. This center would have the basic facilities to hearing, conduct tests for vision. neurological tests and behavioral This activity assessment. will be implemented in 2014-15. Under this, two teams per block, i.e. a total of 770 Mobile Health Teams, with a doctor, a Staff Nurse and a Pharmacist will be constituted. One Early Intervention Centre per district, in 31 districts, will be located in the Government Medical College Hospitals and District Headquarters Hospitals where there is no Government Medical College Hospital, to provide referral support to children detected with critical health conditions.

12.26 Capacity Building for Health Care Prenatal Screening Providers in to Detect Foetal Anomaly: Under this scheme, Medical Officers of 256 Upgraded PHCs from all districts are provided hands on training and online auditing of prenatal screening to detect foetal abnormalities using ultra sonography. This scheme is partnership being implemented in with reputed private sector organizations who are specialized in ultra sonography, through a designed software for custom prenatal screening of foetal abnormalities in first, second and third trimester. Continuous audit of the images documented by trained Medical and refining their skills for Officers а minimum period of one year from the date of commencement is being done through these reputed organizations. Memorandum of Agreement has been signed and training for all districts and online auditing of images has been completed. This training programme is being extended to another 232 centres (78 CEmONC centres and 154 CHCs) for training two doctors per centre at a cost of Rs.4.26 crore in 2014-15.

ADOLESCENT HEALTH

12.27 Control of Anaemia (WIFS-Weekly Iron Folic acid Supplementation): One of the major focus of the RCH programme is towards adolescent anaemia control. The programme involves distribution of one blue Iron and Folic Acid (IFA) tablet a week to all adolescent girls and boys, both in school and out of school along with biannual deworming. The IFA and deworming tablet would be distributed through the school for school going students and through adolescent link workers for non school going girls and boys. In the current year the scheme has been budgeted at a cost of Rs.917.02 lakh.

12.28 Rashtriya Kishori Swasthya Karyakram (RKSK): The comprehensive health care services to adolescents under a new scheme Rashtriya Kishori Swasthya Karyakram have been launched in January 2014. The components of the

include placement programme of Peer educators at the rate of 4 per 1000 adolescents, observing 'Adolescent Health Day' at Sub Centres, establishment of adolescent - friendly health clinics in Primary Health Centres, Community Health Centres and District Hospitals/Taluk Hospitals, health including, Reproductive screenina Tract Sexually Transmitted Infection Infection screening, familv welfare services (prevention of early adolescent pregnancies), counselling (health, nutrition, premarital, gender based violence, mental health) and referral services. This will be proposed in PIP 2014–15 for 15 districts as a pilot project at a cost of Rs.23.55 crore.

12.29 The ongoing initiatives in tribal sector such as birth waiting rooms for tribal population mobile medical unit in tribal areas, tribal counsellors would be continued.

NATIONAL URBAN HEALTH MISSION (NUHM)

12.30 The Government of India has formulated National Urban Health Mission (NUHM) in May 2013 to effectively address the health concerns of the urban poor especially in slums and vulnerable areas. The sharing pattern of the fund under this project is 75:25 between the Government of India and the State Government.

12.31 The Government of India has approved PIP 2013-14 of the NUHM to an amount of Rs.107.95 crore to Tamil Nadu for this financial year to strengthen the urban primary health care, in Chennai Corporation at a cost of Rs.42.50 crore and at a cost of Rs.65.45 crore in other 9 Corporations and 77 Municipalities with more than 50,000 population. The State's 25% share will be Rs.26.99 crore.

12.32 Utilizing the above funds, 20 new Primary Health Centres Urban will be established existing 100 and the Urban Health Centres will be strenathened in Chennai Corporation and 37 new Urban Primary Health Centres will be established in 9 Corporations 77 the other and Municipalities, besides strengthening the existing 243 Urban Health Centres. This will facilitate the improvement of the Urban Health Care in the State. The scheme wise budget allocation is given below:-

Allocation under Programme Implementation Plan 2013-14.

SI. No.	Budget Head	Amount approved (Rs. in lakh)
1	Planning and Mapping	281.00
2	Programme Management	320.19
3	Training and Capacity Building	489.66
4	Strengthening of Health Services	
	a. Human Resource	857.57
	b. Infrastructure	5,779.90
	c. Untied grants	923.25
	<i>d. Procurement (drugs and consumables)</i>	1,135.00
	e. Other services	757.07
5	Community Processes	51.72
6	Monitoring and Evaluation	200.00
	TOTAL	10,795.36

12.33 To implement NUHM in the State, a separate `State Programme Urban Management Unit' is to be established within the State Health Society headed by the Mission Director, NHM and consist of a Urban State Programme Manager in the rank of District Revenue Officer and seven other staff to implement NUHM plan and in the state. Similarly the District Programme Management Units (DPMUs) in 29 districts where NUHM is to be implemented are being strengthened with two additional staff. The

NUHM is to be implemented in 10 Municipal Corporations through a City Health Society headed by the District Collector and the City Programme Management Units (CPMU) headed by the City Health Officer. In Chennai the City Health Society will be headed by the Corporation Commissioner.

12.34 The funds for all the programmes are routed through the State Health Society at the state level, the District Health Society at the district level and City Health Society for the 10 City Municipal Corporations.

CIVIL WORKS UNDER NRHM

12.35 Establishment of New PHCs: Based on the needs, new PHCs are being established in phased manner under NRHM since 2009-10. Till now 211 new PHCs have been established and approvals have been obtained from the Government of India for establishment of 118 more new PHCs during 2013-14. The civil works for the 118 PHCs have been budgeted at Rs.59 crore.

12.36 Upgradation of PHCs under NRHM:

PHCs are upgraded in a phased manner atleast one per block with 30 bedded facilities for provision of basic emergency obstetric and new born care services within a radius of 8-10 Km. The infrastructure including buildings and equipment is provided under NRHM with the specialist care provided by trained MBBS doctors or by hiring specialists. Till now the infrastructure of 209 PHCs have been upgraded and in the year 2013-14, 60 PHCs have been approved by Government of India for upgradation. Civil works for upgradation have been sanctioned at a cost of Rs.63.00 crore.

12.37 Maternity Blocks in Primary Health Centres: In order to improve the service delivery in Primary Health Centres, especially to provide facilities for additional delivery load and operationalization of 24 hours services, it has been approved to construct Maternity Blocks in PHCs. 214 PHCs will be provided with maternity blocks at a cost of Rs.49.22 crore during the year 2013-14.

12.38 Staff Nurse Quarters in PHCs: In order to improve the service delivery in PHCs, provision of Staff Nurse Quarters have been approved for 378 PHCs. Funds of Rs.63.13 crore have been approved in the year 2013-14.

12.39 Establishment of Multi Purpose Health Worker (Male) Training Centre at Thiruvarankulam and **Provision** of additional Class Rooms in Regional Training Institutes: The Government of India approved the establishment of Multi Purpose Health Worker (Male) training centre at Tiruvarankulam, Pudukottai District at a cost of Rs.3.00 crore. Also additional class rooms for 5 Regional Training Institutes have been approved for a total amount of Rs.1.71 crore.

ADDITIONAL SERVICES UNDER NRHM

12.40 Patient Welfare Society – Untied Grant: The three grants namely, Untied Grant, Patient Welfare Society corpus grant and Annual Maintenance Grant have been merged into a single Untied Grant to provide additional flexibility to the facilities to prioritize need based expenditure on items which were hitherto covered under the three separate grants in addition to upward revision of Untied Grants to Community Health Centre (and equivalent) from Rs.2.5 lakh to Rs.5 lakh and District Headquarters Hospital from Rs.5 lakh to Rs.10 lakh. The funds of Rs.1.75 lakh allotted to Primary Health Centre is unchanged. An annual maintenance grant of Rs.10,000 and an

untied grant of Rs.10,000 are provided to each Health Sub Centre per annum. The total fund proposed for the year 2014-15 is Rs.77.54 crore.

12.41 Village Health Water Sanitation **Committee:** and Nutrition These committees at the village panchavat and town panchayat level, are entitled to an annual untied grant of Rs.10,000, for improvement of the health and sanitation of the village. The committee members have already been given training regarding the activities. The village health financial allocation proposed for these committees during 2014-15 is Rs.15.07 crore.

Chapter - 13

TAMIL NADU HEALTH SYSTEMS PROJECT

13.1 The Tamil Nadu Health Systems Project is one of the flagship projects of the Govt. of Tamil Nadu, implemented with assistance from the World Bank since January 2005. The project has been credited with bringing in the much required health facilities to the Secondary care sector across the State. The Project is being implemented in two Phases. The Phase-I of the Project was implemented January 2005 to September 2010 from at a total Project cost of Rs.597.15 crore. Phase-II of the project is being implemented from October 2010 at a cost of Rs.627 crore for continuing certain key activities such as Maternal and Child Health, improving access and utilization of health services by the poor, remote and tribal population in Tamil Nadu, improvina quality of health care and improving human resource planning and Further the capacity. scheme for the of Non-Communicable diseases treatment has been expanded throughout the State. Health and Hospital Management Information System has been expanded, State wide including tertiary care and expansion of maternal and neo-natal health services to the tertiary level in the second phase.

13.2 Objectives	of the Pro	ject - Phase-II
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Objective	Fund Allotted (Rs. in crore)
Increasing access to and utilization of health services	214.86
Developing effective models to combat NCDs	105.43
Building capacity for oversight and management of health system	162.56
Maximizing efficiency of public sector to deliver essential services	144.86
Total Cost	627.71

Some of the salient activities under implementation in this project are as follows:

Non-communicable Diseases

13.3 Cardio Vascular Diseases (CVD) Prevention and Control Programme: This programme is currently being implemented in the entire State as a multi departmental activity involving Education Department for school based activities, Labour Department based activities. place for work Rural Development Department for community based activities and Municipal Administration Department for involving municipal hospitals and urban population covering 16 phase-I districts from July, 2012 and the remaining 16 districts from April, 2013. Currently the programme is being implemented in all the involving 2,143 Government 32 districts Medical Institutions including Municipal/ Primary/Secondary/ Tertiary care medical institutions.

During July 2012 - May 2014, 1,62,76,085 patients of aged 30 years and above were screened for Hypertension out of whom 16,21,311 were found to be positive. The being monitored during the patients are follow-up for any complications due to hypertension and will be treated appropriately.

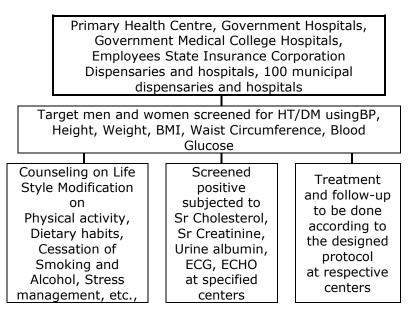
13.4 Prevention and Treatment of Diabetes Mellitus: Under this activity in all the 32 districts, individuals aged 30 years and above attending Out-Patient Department in any of the government health facilities in Tamil Nadu are screened for Diabetes Mellitus. During July 2012 – May 2014, out of 1,19,87,791 patients screened for Diabetes Mellitus, 5,39,348 cases have been identified with the disease and brought under the treatment and followed up.

13.5 Prevention and Treatment of Cancer Cervix: This activity is under implementation in all the districts and during July 2012 – May 2014, 53,13,779 women have been screened for cervical cancer, of whom 2,13,473 were detected positive in the screening test. They have been referred to higher institutions for confirmation and treatment.

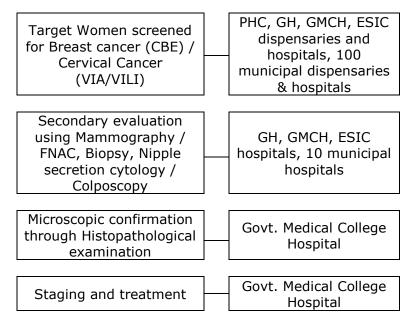
13.6 Prevention and Treatment of Cancer Breast: In this program, the women are taught about Self Breast Examination (SBE) besides undergoing the screening test which is called Clinical Breast Examination (CBE). Those women who are detected with any abnormality or lump in the breast are subjected to further tests and treatment in the nearby tertiary care centers. All women aged 30 years and above attending outpatient wing in any Government facilities can get screened under this programme. During July 2012 – May 2014, 68,84,521 women were screened for Breast Cancer, of whom 85,473 women were found positive and referred to higher institutions for further evaluation and follow-up treatment.

The following flow chart would give the details of the above activities aimed at addressing Non-Communicable diseases.

13.7 CVD (HT) / DM Prevention and Treatment Programme:



Breast / Cervical Cancer Screening and Treatment Programme



Health Management Information System

13.8 Health Management Information System (HMIS) was started as a Pilot project during the year 2008 in five secondary care hospitals. HMIS provides information based support for the implementation of cuttingedge reforms by the Tamil Nadu Health Systems Project. This is a combination of Technology (IT) Information and Management Systems, to deliver improved evidence based health care to the public at

large. The encouraging results caused the project to be extended to Phase-I during the year 2009 for 36 hospitals in five districts and later under Phase-II for 225 hospitals in Now, under revised 2010. Phase-III activities, HMIS is being implemented in 45 Government Hospitals attached to the 19 Medical Colleges and one Dental College under Director of Medical Education (only OP work flow), while Management Information Systems (MIS) is being implemented in 48 Medical Director of Education (DME) institutions including office of the DMF. Further, College Management Systems (CMS), for 19 Government Medical Colleges and one Government Dental College under the DME and an University Management Systems for Tamil Nadu Dr.MGR Medical University is also in progress. The total budget allocated for HMIS is Rs.172 crore.

Accreditation of Government Hospitals

13.9 Hospital Accreditation activity is one of major activities improving the towards quality of care in Government Hospitals. Totally 43 hospitals are being prepared for status, Accreditation as per National Accreditation Board for Hospitals & Health Care Providers (NABH) standards. So far 12 Secondary Care Hospitals have already

applied for NABH certification, out of which 3 hospitals have achieved this prestigious NABH certification. Among the remaining 9 hospitals, the assessors from Quality Council of India (QCI), New Delhi have visited Government Hospitals, Arupukkottai, Manapparai and Tambaram for Final Assessment, and their reports are awaited.

Poison Treatment Centres

13.10 Poison Treatment Centres have been established in 66 Government Hospitals at a cost of Rs.3.86 crore. These centres have so far saved 2,97,295 patients who were brought to the centres due to snake bite and other poisoning.

Tribal Health Development

13.11 Currently 20 mobile outreach care utilized for provision of health services through NGO's in tribal areas. Durina 2013-14, 6,537 trips were made to the tribal areas and 1,82,433 persons were treated. Further, 42 Tribal Counselors have been employed in Government Hospitals and Primary Health Centres in the tribal areas to help the tribal people accessing these institutions for treatment. Durina the current year, 2,98,194 persons have benefitted by this programme.

Mortuary Van Services

13.12 This programme is being implemented in partnership with Indian Red Cross Society, Nadu Branch Public Tamil on Private Partnership mode since 2011. At present 138 vehicles are stationed in all the Government Medical College Hospitals, District Headquarters and some of the Taluk hospitals. So far 1,48,168 number of bodies have been transported to their hometown / cremation ground within the State, free of Government has allotted Rs.8 crore cost. during this financial year.

Equipment Maintenance System in Government Health Institutions

13.13 All the medical equipment supplied to the Government medical Institutions have been categorized into A, B (B1 and B2) and categories based on the value С of indicated equipment as below and an electronic inventory has been created in all the 3 directorates (Directorate of Public Health and Preventive Medicine (DPH&PM), Directorate of Medical and Rural Health Services (DM&RHS) and Directorate of Medical Education (DME)) and the same has been uploaded and being updated as and when new supplies reach the hospitals:

Category	Value				
A	more than Rs.50 lakh (10 items)				
B1	more than Rs.25 lakh and less than Rs.50 lakh (8 items)				
B2	less than Rs.25 lakh (58 items)				
С	less value equipments which can be repaired locally.				

The current status of complete equipment inventory is as follows:

- A. Among the 874 items of equipment available under equipment master data (for DMS & DPH side):
 - i. DPH&PM: A total of 26,427 equipment have been uploaded as on June, 2014.
 - ii. DM&RHS: A total of 45,248 equipment have been uploaded as on June, 2014.

- B. Among 187 items of equipment available under equipment master data (for DME side):
 - i. DME: A total of 26,576 equipment have been uploaded as on June, 2014.

Also, a Central Help desk with numbers 94450 30801, 94450 30802 has been established in Tamil Nadu Health System Project on 22.12.2011 for the maintenance of the major and essential hospital equipment.

Based on the details available in the updated electronic inventory, the Central Help Desk will now facilitate the equipment maintenance across the primary, secondary and tertiary care facilities in the State thereby optimizing the utilization of resources and implementing efficiency.

- a. A and B1 category of equipment are maintained by the TNMSC
- b. For B2 and C category of equipment: AMC / CAMC contract is finalized by TNMSC and maintenance is taken up by the concerned departments /

hospitals from the contractors approved by the TNMSC.

13.14 Tamil Nadu Health System Project (TNHSP) has appointed 24 new Biomedical Engineers in 21 districts, for the Government Hospitals, and Primary Health Centers, and one each for Directorate of Public Health and Preventive Medicine (DPH&PM), Directorate of Medical and Rural Health Services (DMRHS) and TNHSP. They are under the administrative control of Joint Director of Health Services in the districts, and over all control of Project Director, TNHSP.

Outcome of focus on Equipment Maintenance

13.15 The activities enumerated in the previous two paras have resulted in the following outcome:

- a. Database of hospital equipments and its working status in all three directorates have been created.
- b. Quick response to the break down calls has started to flow with sensitization of stake holders.

- c. The bottlenecks in maintenance are easily identified and suitable action is being taken.
- d. The mechanism of devolving the financial authority to the district administration has been initiated.

Outsourcing of certain Hospital Services

13.16 This Government is keen on ensuring the Government Hospitals clean and hygiene this purpose, certain Hospital and for Cleaning, Security Services like and Housekeeping in the Hospitals which are having 200 Beds and above have been in 32 hospitals attached outsourced to Colleges under the of Medical control Director of Medical Education and in Tamil Nadu Government Multi Super Speciality Hospital, Omandurar Government Estate, through Private Agencies. 4,017 Sanitary Workers, 1,151 Security Personnel, 314 Supervisors and 31 Managers are engaged in maintaining the above Hospitals, clean, tidy and also Hygienic round the clock.

13.17 Similarly, Certain Hospital Services like Cleaning, Security and Housekeeping and other essential Hospital Services such as Plumbing, Electrician, Dhobi, Cook,

Carpenter etc. in the Hospitals which are having 200 Beds and above have been outsourced in the 48 Government Hospitals under the control of Director of Medical and Rural Health Services through the Private Agency with effect from January 2014. Sanitary Workers, 1,518 369 Security Personnel, 58 Gardener, 86 Electrician, 83 Plumber, 119 Cook. Dhobi, 52 159 Supervisors, 48 Carpenters and 48 Managers are engaged in maintaining the above Hospitals, very clean, tidy and also Hygienic throughout the day.

Chapter - 14

TAMIL NADU MEDICAL SERVICES CORPORATION LIMITED

14.1 The Government with the endeavor to improve the medical facilities in the State, formed a separate company in the year 1994 under Companies Act 1956. Accordingly, the Tamil Nadu Medical Services Corporation (TNMSC) Limited was incorporated as a Company under Companies Act, 1956, on 01.07.1994. The primary objective of the TNMSC is to procure and supply drugs to various medical institutions in the State. Over a period of time, in addition to drugs and medicines, equipment has also become a vital component. Similarly, TNMSC also plays vital role in providing certain medical а services like maintenance of CT/MRI Scan Centres at various Government Hospitals and payment wards at Government General Hospital, Chennai and IOG, Chennai etc. TNMSC is now an ISO 9001:2008 Certified Organization.

14.2 TNMSC also plays a vital role in procuring and maintaining of high end equipments including CT/MRI Scan Centres at various Government Hospitals and payment wards at Government General

Hospital, Chennai and IOG, Chennai etc. apart from medical facilities in Police, Prisons, Juvenile Homes, Transport Corporations, Veterinary Department and Cooperative Institutions also, TNMSC also established MRI centres in some of the teaching hospitals and CT scan centres in several Government Hospitals. TNMSC is the nodal agency to procure medicines, surgical, equipments and accessories to all the health facilities in the State. The Government Medical Institutions are provided with pass books based on the allotment made by the respective Head of Departments to enable the institutions to draw their requirement of drugs and medicines from the warehouse to which they are attached. The Corporation maintains about four months' physical stock in the warehouses and two months' stock in pipeline for ensuring uninterrupted supply of medicines to hospitals. TNMSC is also procuring drugs and chemicals for the Animal Husbandry Department.

SERVICE ACTIVITIES

14.3 CT/MRI Scanners and Lithotripsy: Corporation is maintaining 61 CT scanners at 51 centres (two 128 slice, two 64 slice and others are 4 slice CT scanners) at Government Medical Institutions / Hospitals under user chargers collection basis. CT scan facilities have been provided in all the districts, except Ariyalur district. The Corporation is collecting nominal user charges at Rs.500 for plain scan and Rs.300 extra for contrast for both in-patients and out-patients. Of the CT scanners, two numbers 64 slices CT scanners and two numbers 128 slice CT scanners are being maintained and operated in the following Government Medical College Hospital under user charges collection basis at Rs.3,000 per scan.

SI. No.	CT Scanner	Place				
1	64 Slices	Government General Hospital, Chennai				
2	64 Slices	Government Rajaji Hospital, Madurai				
3	128 Slices	Government Mohan Kumaramangalam Medical College Hospital, Salem				
4	128 Slices	Tamil Nadu Government Multi Super Speciality Hospital at Omandurar Government Estate, Chennai.				

Three more new multi slice CT scanners are being installed each one at Coonoor, Kothagiri and Gudalur, as announced by the Hon'ble Chief Minister of Tamil Nadu.

MRI Scan Centres

15 MRI scanners at 15 centres are being maintained and operated by TNMSC at the following Government Medical Institutions / Hospitals under user charges collection basis at Rs.2,500 for plain scan and Rs.1,500 extra for contrast.

SI. No.	Place				
1	Government General Hospital, Chennai				
2	Government Stanley Medical College Hospital, Chennai				
3	Government Kilpauk Medical College Hospital, Chennai				
4	Coimbatore Medical College Hospital, Coimbatore				
5	Government District Headquarters Hospital, Erode				
6	Government Rajaji Hospital, Madurai				
7	Government Mohan Kumaramangalam Medical College Hospital, Salem				
8	Thanjavur Medical College Hospital, Thanjavur				

9	Government Mahathma Gandhi Memorial Hospital, Tiruchirappalli
10	Tirunelveli Medical College Hospital, Tirunelveli
11	Vellore Medical College Hospital, Vellore
12	Chengalpattu Medical College Hospital, Chengalpattu
13	Villupuram Medical College Hospital, Villupuram
14	Dharmapuri Medical College Hospital, Dharmapuri
15	Tamil Nadu Government Multi Super Speciality Hospital, Omandurar Estate, Chennai.

One new MRI scanner is being installed at Udhagamandalam, as announced by the **Hon'ble Chief Minister** of Tamil Nadu.

Lithotripsy

Two Lithotripsy equipment centres at Government General Hospital, Chennai and Government Rajaji Hospital, Madurai are being maintained and operated by TNMSC under user charges collection basis at Rs.5,000 for first sitting, Rs.4,500 for second sitting and Rs.4,000 for third sitting.

Providing logistic support to payment wards

14.4 TNMSC is providing logistic support to the pay wards out of revenue collected at the following hospitals and act as Custodian of Funds for these Centres.

- i. The ISO 9001 certified GI Bleed and Hepato Biliary Centre in the Surgical and Gastroentrology Department in Government Stanley Hospital, Chennai now upgraded as Liver Transplant Centre.
- ii. Pay ward (Maternity) in IOG, Egmore, Chennai, established in February 2003.
- Pay ward (Maternity) at Kasturba Gandhi Hospital for Women and Children, Chennai established in May 2004.
- iv. Pay wards at Government General Hospital, Chennai established in January 2008.
- v. Master Health Checkup Centre at Government General Hospital, Chennai.

Warehouses

14.5 Currently TNMSC has 25 Drug Warehouses in various District Headquarters. It is proposed to construct warehouses in the remaining districts of Perambalur, Krishnagiri, Namakkal, Karur, Tiruppur, Nagapattinam and Tiruvallur in a phased manner.

Chapter - 15

TAMIL NADU STATE AIDS CONTROL SOCIETY

15.1. Tamil Nadu has been successful in bringing the HIV/AIDS prevalence rate from 1.13 % in 2001 to 0.25 % in 2012-13, with an effective participation and commitment of all the stake holders. Tamil Nadu State AIDS Control Society (TANSACS) is working to achieve the aim of "Getting to Zero – No new infection, No HIV/AIDS related deaths, No HIV/AIDS related Stigma and Discrimination". The annual budget to Tamil Nadu for the year 2014-15 is proposed at Rs.9,207.56 lakh for the programmes.

15.2 The National AIDS Control Programme Phase-IV (NACP-IV) has come into force with effect from April 2012 and will continue till 2017, jointly funded by Government of India, World Bank and Global fund. The objectives of the NACP-IV are as follows:

- To Reduce New infections by 50% (2007 Baseline of NACP III)
- Comprehensive Care, Support and Treatment to all persons Living with HIV/AIDS.

The basic components of TANSACS activities are as follows:-

- Prevention of New Infections
- Information, Education and Communication
- Care, Support and Treatment
- Strategic Information Management System

Prevention of New Infections

15.3 Tamil Nadu State AIDS Control Society has used multipronged approach to cover all the sections of population to access services and necessary information provided to prevent HIV infection. The following are the schemes implemented to prevent new infections.

Integrated Counseling and Testing Centres (ICTC)

15.4 Counseling and Testing done in Stand Alone Integrated Counseling and Testing Centres (ICTCs), which is the initial point of contact for every one willing to access the services of HIV/AIDS related services. Pretest, Post-test counseling are done in a programmatic way, for the clients. There are unique Stand Alone ICTCs of 753 in Government Medical Colleges / Government Hospitals / Govt. Primary Health Centres and 42 Stand Alone ICTCs in Chennai Corporation AIDS Prevention and Control Society (CAPACS). There are 17 Mobile ICTC Vans to reach the inaccessible areas to disseminate ICTC services. 1.102 Facility Integrated Counseling and Testing Centres (F-ICTC) have been formed in the Additional Primary Health Centres, where ICTC service is extended by training PHC staff. Private hospitals also render ICTC services under Partnership (PPP) and Public-Private 146 Private Hospitals have signed Memorandum of Understanding with TANSACS to deliver the services.

Prevention of Parent to Child Transmission (PPTCT)

15.5 Transmission from Parent-to-Child is one of the major route of HIV transmission. provides prevention, PPTCT care and treatment intervention to all pregnant women with a package of services. In 2012, the PPTCT programme underwent a change from Single dose Nevirapine to multidrug As per the revised regimen. PPTCT guidelines - February 2014, all identified HIV positive pregnant women must be initiated for life-long ART. All the District AIDS Prevention and Control staff with ART Medical Officers have been given orientation training on the same.

Sexually Transmitted Infection (STI) Services

15.6 156 designated STI/RTI clinics ("SUGA VAZHVU MAIYAM") are functioning under Tamil Nadu State AIDS Control Society in Chennai Corporation AIDS Prevention and Society, Control Government Medical Colleges, Government Headquarters Hospitals, Taluk and Non Taluk Hospitals and Corporation Hospitals. All the Medical Officers, Staff Nurses and Laboratory Technician are trained on STI/RTI treatment. They treat the STI cases by Syndromic Case Management approach, using colour coded drug kits. One trained STI Counselor is posted at each of the designated STI Clinic STI/RTI counseling for on and HTVtransmission prevention, partner and treatment and Condom promotion.

All the STI/RTI OP attendees are screened for Syphilis. All Antenatal mothers are screened for Syphilis and HIV along with other basic investigations done for them during their registration. Once in three months, all High Risk Groups are screened for STI and other are tested for Syphilis / HIV, in every six months. During the year 2014-15, a sum Rs.342.90 lakh has been budgeted for this programme.

Targeted Intervention

15.7 The main goal of Targeted Intervention (TI) is to bring behavioural change among high risk groups (HRGs) in the state, who are at risk of contracting HIV infections. This programme is being implemented through the Non-Governmental Organizations (NGOs) / Community Based Organizations (CBOs) among the Female Sex Workers (FSWs), Men having Sex with Men (MSM), Injecting Drug (IDUs), Truckers, Migrants users and (TG). Transgender At present 84 NGOs/CBOs are functioning and reaching out 1,51,963 High Risk Group (HRG) to population (FSW-43901, MSM-31009, TG-647, IDU-314, Migrants-32,950 and Truckers-43,142). During 2014-15, Rs.1,691.02 lakh has been budgeted for these intervention projects.

Link Workers Scheme

15.8 Link Workers Scheme is implemented to create HIV/AIDS awareness among the HRG and bridge population in the rural areas. This programme is implemented in 21 Districts of Tamil Nadu through the Lead Agency APAC –VHS, now brought under the fold of TANSACS. A total of 2100 villages are being covered in the State-100 villages in each district. For 2014-15, Rs.556.87 lakh has been budgeted for this scheme.

Condom Promotion

15.9 Condoms are the most effective means for prevention of HIV infection among high risk and general population. TANSACS provides free condoms to people through STI clinics, ICTC, ART Centres and other outreach programmes implemented by NGOs/CBOs through Targeted Interventions.

Blood Safety

15.10 To provide adequate, safe and quality blood and blood components to the needy patients, 281 blood banks (84 State ESI, nine Government, three Central Government and 185 and Private) 415 Government Blood Storage Centres (Government 335 and Private 80)are functioning in Tamil Nadu.

safe blood, Voluntary Blood To ensure Donation is encouraged. 99% of the blood required in the Government Hospitals are being met from the blood donation in the Blood Banks. In the Government Government Hospitals, 94% of collected blood have come from voluntary donation camps conducted by the Government and Private Hospitals. The patients who are admitted with a need of blood are supplied blood, free of cost in all the Government Hospitals. The use of blood components are being encouraged for optimal utility. There are 99 blood component separation units in the State (15 in Government Sector, one Central Government and 83 in Private Sector). During the year 2013-14, 8.33 lakh units blood were collected in Tamil Nadu.

Information, Education and Communication (IEC)

The Information, Education 15.11 and Communication (IEC) activities are aimed to create awareness among general population and to motivate behavior change among high groups. Active IEC campaign risk has reduction resulted in of stiama and discrimination and to improve access to HIV/AIDS Dissemination services. of messages related to HIV awareness are done through Mass Media and Outdoor activities. Awareness Campaign is carried out in the traditional folk forms of Tamil Nadu, namely Folk Media Awareness Campaign. The mobile IEC vans are used during the campaign for promotion of IEC related services at the among the rural people. districts Under mainstreaming programme, front line workers personnel from and various departments, civil society organizations and corporate sector have been trained on HIV/AIDS.

Greater Involvement for the People Living with HIV/AIDS (GIPA)

Nadu 15.12 Tamil State AIDS Control Society is actively involving the PLHIVs at and the District the State Level in programme planning, implementation and monitoring. PLHIV representatives are part of planning the programmes related to IEC They are also and CST activities. the members in SAC's Governing/Executive and Grievances Redressal Committees. PI HIVs as CBOs are implementing project and programmes at the district level and the same is being monitored by them, to ensure service facilities at the grass root level.

Hello + Helpline 1800 419 1800

15.13 This service operates to enlighten the callers with required information about HIV/AIDS, STI and also to clear the myths, misconception and doubts about HIV/AIDS by routing the callers to the service Centers directly. This also helps to support PLHIV and their Family Members, relieving self stigma of PLHIV by supporting and helping them and their families.

Legal Aid Clinic (LAC)

15.14 The Legal Aid Clinics are established in 16 districts to address the legal and non legal issues of People Living in HIV/AIDS (PLHIV). This programme is being implemented in association with Tamil Nadu State Legal Services Authority (TNSLSA). Through LACs, 1,738 legal and 8,647 nonlegal petitions are settled upto 31.03.2014.

Red Ribbon Club(RRC)

15.15 Red Ribbon Clubs are operated in 2,458 Colleges to create awareness and to raise the risk perception and behavior change among the youths. This programme

covers Arts and Science, Polytechnic, Engineering, Medical, B.Ed colleges and Teacher Training Institutions. 1065 Programme Officers, 860 Peer Educators and 18,000 Volunteers were trained on Red Ribbon Club Programme.

Life Skill Education Program in Schools

15.16 Life skill Education Programme (LSEP) is functional in 10,106 schools and it is being through State Council conducted of Educational Research and Training (SCERT) **HIV/AIDS** provide information on to transmission and prevention in the context of growing up, and for imparting related life skills to 9th and 11th Students of secondary and Higher Secondary schools in Tamil Nadu. More than 11,000 teachers were trained on 16 hours Life Skill Education Module and reached over 6 lakh students.

Intervention among Self Help Group on HIV and AIDS

15.17 The Tamil Nadu State AIDS Control Society (TANSACS) and Tamil Nadu Corporation for Development of Women (TNCDW) are jointly implementing an intervention program for women Self Help Groups in raising their awareness in combating STI/HIV/AIDS. This intervention has reached 1,33,789 SHGs covering 21,40,624 SHG women in 19 districts in Tamil Nadu.

Care, Support and Treatment

Care Support 15.18 and Centres are functioning in 28 districts which are by VIHAAN-Alliance implemented CSC Project. These centres are providing field based services such as registration, treatment adherence, social and legal issues and tracking of lost patients and patients who missed treatment, for follow-up. This project is funded and implemented by Global Fund for AIDS Tuberculosis and Malaria (GFATM).

Anti-Retro Viral Therapy (ART)

15.19 ART inhibits the replication of HIV and thereby prevent Opportunistic Infections. For screening and monitoring the immune status of a HIV infected person, CD4 (Cluster Differentiation Cell Type) tests are provided at 32 ART Centres. Counseling services are before also provided and durina the all eligible treatment and persons are provided ARV drugs free of cost at 52 ART Centres and 138 Link ART Centres at Primary

Health Centres nearest to their home. Currently, there are 80,000 PLHIVs on ART in the State.

Strategic Information and Management System (SIMS)

15.20 Strategic Information and Management System (SIMS) is a web based integrated Monitoring and Evaluation Service. All the units of TANSACS report through this system. The data gathered is used for monitoring and taking corrective steps to streamline the programme.

HIV Sentinel Surveillance

15.21 The National Integrated Behavioral and Biological Surveillance (IBBS) among high-risk groups (HRGs) and HIV Sentinel Surveillance (HSS) among pregnant women will be conducted in Tamil Nadu in this financial year.

Tamil Nadu Special Initiatives

15.22 Apart from NACO supported programmes, there are some unique initiatives in Tamil Nadu for providing Care and Support to PLHIVs. A separate Trust has been established for providing assistance to Orphan and Vulnerable Children (Tamil Nadu

Trust for Children affected by AIDS). This trust provides nutritional, educational support to infected and affected children with a corpus fund of Rs.9.5 Crore.

15.23 A monthly pension amount of Rs.1000 is provided under the Honourable Chief Minister's Uzhavar Pathukappu Thittam, to the farmers who are affected on TB, HIV/AIDS and account of other vulnerable disease. The farmers who are infected by HIV/AIDS taking ART treatment with CD4 count below 350 are eligible under this new scheme. Nearly 4686 PLHIVs, both men and women are benefited under this scheme. This scheme is further extended to the children of infected farmers.

15.24 Tamil Nadu is in the fore front in providing social benefits for the PLHIVs and Minorities. Free bus passes are issued to PLHIVs to go to ART centres and back. Top priority is given to PLHIVs, in Widow and Old Age pension schemes, AAY Scheme, Hon'ble CMs green Housing scheme, SHG and THADCO loans, NREGA, Skill upgradation trainings to WPLHIVs. Transgender Welfare Board is functioning for the welfare of the Transgender community.

Chapter - 16

TAMIL NADU STATE BLINDNESS CONTROL SOCIETY

16.1 Blindness is major problem а throughout India. The programme is а successor of earlier national initiatives. The National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored programme with the goal of achieving a prevalence rate of blindness to 0.3% of population. The pronged strategy of the programme is by strengthening service delivery, developing human resources for eye care, promoting outreach activities and public awareness and developina institutional capacity. bv Subsequently, the implementation of the programme was decentralized in 1994-95 with formation of District Blindness Control Society in each district of the country. On 01.04.1996, the Tamil Nadu State Blindness Control Society was formed as a separate entity, to give thrust to the goal by planning, monitoring at the district execution and level. The Tamil Nadu State Blindness Control Society is functioning under the control of Mission Director, State Health Society, 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.

16.2 Under the State Health Society, the District Blindness Control Society conducts camps with the help of Voluntary eve Organisations and District Mobile Ophthalmic provides financial Units, assistance to Voluntary Organisations for performina Cataract Operations, undertakes propaganda activities under health education programme in the district and monitors the implementation of the Blindness Control Programme in district level. The District Blindness Control Societies function under the Chairmanship of the District Collectors. The State has been a pioneer in tackling blindness, particularly arising from cataract and during the year 2013-14 successfully 5,94,099 underwent cataract persons In 2014-15 it is proposed to do operations. 4.5 lakh cataract operations and fix Intra Ocular Lens (IOL). Screening of school children for refractive error and provide them with free spectacles will be done under RBSK scheme.

Chapter - 17

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

17.1 Revised National Tuberculosis Control Programme (RNTCP) is implemented in Tamil Nadu, from the year 1999. The entire state has been covered under RNTCP since 2002. The RNTCP aims at detecting maximum number of Tuberculosis patients, especially the sputum positive (infectious type) TB patients and curing them through direct short term Directly Observed Treatment, Short-course Centres (DOTS Centres) and also aims early diagnosis of Drug TB resistance TB Cases and treating them.

The Objectives

- To achieve and maintain more than 85% cure rate among the New Sputum Smear- positive TB cases registered.
- To detect at least 70% of the estimated new sputum smear positive cases after achieving the objective at 85% cure rate.
- In next five years aims at universal access of 90% case detection and 90% cure of TB Cases.

17.2 The Programme is implemented in close coordination with the Directorate of Public Health and Preventive Medicine. Directorate of Medical and Rural Health Directorate of Services and Medical Education and funded through National Rural Health Mission (NRHM). In Tamil Nadu, there are 220 TB Units. One TB Unit (TU) is formed for every 5 lakh population. Each TB Unit is manned by one of the PHC Medical Officers in the Unit, who is designated as Medical Officer (TB Control). He is assisted by one (Senior Treatment Supervisor, (STS) and one Senior TB Laboratory Supervisor, (STLS). 802 There Designated are Microscopy Centres the State. in One Designated Microscopy Centre (DMC) has been formed for every 1 lakh population such that there least 5 are at DMCs functioning in each TB Unit. Each Microscopy Centre has one Laboratory Technician and has been provided with а Binocular Microscope. The required Anti - TB drugs are supplied in kind by the Central TB Division, Delhi directly to the Government New Medical Store Depot (GMSD) and from here to the 2 State Drug Stores (SDS) of Tamil Nadu at Chennai and Tiruchirapalli. From these State Drug Stores, the drugs are distributed to the other districts. Web based entry of all TB Patients is now being done online. To ensure effective monitoring, notification regarding number of cases diagnosed, number of cases treated etc., are registered online at all levels. Notification of cases diagnosed/treated by the private sector is also ensured in all Districts of Tamil Nadu.

17.3 Achievements under RNTCP Programme

	Programme Indicators								
Year	% Out Patients examined	Annualized Total Case Detection	Annualized Detection rate / new S+ve per lakh	Ratio of new S+ve : S-ve	Sputum Conversion Rate	Cure Rate	Success Rate		
2008	2.1	128	51	1:0.7	90%	84%	85%		
2009	2.2	123	50	1:0.6	90%	85%	86%		
2010	2.2	124	49	1:0:6	90%	85%	87%		
2011	2.0	111	59	1:0.6	91%	86%	87%		
2012	1.9	107	49	1:0.7	90%	86%	86%		
2013	2.1	107	48	1:0.5	91%	86%	87%		

17.4 Programmatic Management of Drug Resistant TB Laboratory Diagnosis Services and the following facilities are now available for management of Drug Resistant TB

- a) Line Probe Assay (LPA) is available at IRL Chennai, NIRT Chennai, and Coimbatore Medical College Hospital
- b) Gene Expert is available at Madurai and CMC Vellore
- c) Facility for doing critical care follow up culture test is available at Intermittent Reference Laboratory (IRL), Chennai
- d) XDRTB (Extremely Drug Resistant TB) Treatment services are available at Government Hospital for Thoracic Medicine, Tambaram which is a Centre of Excellence for Tamil Nadu State in collaboration with National Institute of Research in Tuberculosis (NIRT).
- e) For providing treatment, currently Drug Resistant TB eight (DRTB) centers are functioning at Government Hospital Tambaram (two), Madurai, Coimbatore, Vellore, Tirunelveli, Thanjavur and Otteri ТΒ Hospital Drug Resistant Chennai treat TB (DRTB) Patients.

The achievement under the multi drug resistant TB regime may be seen from the table No.12 below:

TableNo.12-AchievementsunderRNTCPProgramme-PMDTServices

Year	MDR TB Suspects Tested	MDR TB Diagnosed	MDR TB Put on Treatment
2009	1048	414	55
2010	1372	344	124
2011	1926	267	181
2012	6880	980	692
2013	22489	1569	1285

Similarly the achievements under RNTCP Programme – HIV TB Co-Infection Services may be seen for the following table below:

Year	Total Number of co infection patients Diagnosed	No. given Cotrimoxazole therapy	No. given Anti retroviral Therapy
2012	4568	3034	2531
2013	3655	3144	3100

Chapter - 18

NATIONAL MENTAL HEALTH PROGRAMME

18.1 Mental Health Care is becoming one of the challenging area of health care as there is still an amount of stigma attached to it leading to avoidable suffering among patients. With a view to give sustained attention to the issue the Government of India has sanctioned a one-time grant under Programme National Mental Health for strengthening of Psychiatric Wings to the following Medical Institutions under the control of the Directorate of Medical Education:

- Madras Medical College, Chennai
- Government Kilpauk Medical College, Chennai
- Government Stanley Medical College Hospital, Chennai
- Chengalpattu Medical College, Chengalpattu
- Government Mohan Kumaramangalam Medical College Hospital, Salem

- Thanjavur Medical College Hospital, Thanjavur
- Mahatma Gandhi Memorial Government Hospital, Tiruchirappalli
- Government Thoothukudi Medical College Hospital, Thoothukudi
- Government Coimbatore Medical College Hospital, Coimbatore
- Government Kanyakumari Medical College Hospital, Nagercoil
- Government Theni Medical College, Theni
- Government Rajaji Hospital, Madurai

Already Tamil Nadu has 1,800 bedded Institute of Mental Health at Chennai. A Mental Health Rehabilitation Centre has also been started at Erwadi. Further community based District Mental Health Programme is also under implementation in 22 districts.

Districts Implementing the District Mental Health Programme

SI. No.	Name of the Districts	Year when initiated
1	Tiruchirapalli	1997
2	Madurai and Ramanathapuram	2001
3	Theni, Kanniyakumari, Dharmapuri, Erode and Nagapattinam	2005-06
4	Tiruvallur, Kancheepuram, Chennai, Cuddalore, Tiruvarur, Namakkal, Perambalur, and Virudhunagar	2007-08
5	Coimbatore, Pudukottai, Sivagangai, Thoothukudi, Villupuram and Dindigul	2013-14

Facilities Offering Mental Health Services

18.2 Currently the Institute of Mental Health at Chennai is the major Hospital under the Government sector offering all mental health related services. Further a Department of Psychiatry headed by a senior Psychiatrist is functioning in all the Government run Medical College Hospitals. This department takes care of teaching psychiatry to the medical students and providing treatment to mentally ill patients. Apart from these, psychiatry units are being run in all the

District headquarters hospitals in the State. In so far as Private sector is concerned, there are a number of Private Mental Health Nursing Homes/Hospitals for which license is granted by the Director, Institute of Mental Health.

State Mental Health Authority

18.3 This authority is functioning since 1994 under the supervision, direction and control of the State Government and is mandated with responsibility the of developing, and coordinating regulating Mental Health services in the State. The Secretary to Government, Health and Family Department, is the Chairman. Welfare Seven other officials and three nongovernment experts in the field of Psychiatry are its members. The office of State Mental Health Authority is functioning in the campus of Institute of Mental Health, Chennai from State 01-08-2012 The Mental Health (SMHA) Authority is responsible for supervising the Psychiatric hospitals/Nursing homes and other mental health, advising the State Government on all matters relating to mental health and advocating for integration of mental health in general health care and in all social development sectors.

Considering the lack of awareness and taboo attached to mental health issue there is a tendency to ignore persons suffering from these problems and a tendency of denial by both individuals and care givers the authority has a tremendous responsibility to create greater awareness about the services in this sector and is striving to enhance the role of government in integrating mental health hospitals/units, private organizations and the society at large, thereby taking care of the mentally ill patients.

Chapter - 19

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME AND EPIDEMIC CONTROL ACTIVITIES

19.1 Tamil Nadu is in the forefront in prevention, control and treatment of communicable and non communicable diseases. At the State level the diseases are monitored on a regular basis as part of Integrated Disease Surveillance Programme and State level Epidemic control committee reviews this. At the district level, the District Collectors play a critical role in ensuring effective inter-sectoral coordination which has been pivotal to all the progress that we have achieved in the field of health care, public health and family welfare. The State has established procedures by which any outbreak or potential outbreak is effectively However considering the risks of tackled. emerging diseases and newer strains of existing diseases, the Public Health machinery is always on a state of alert to effectively prevent and control any episodes.

Communicable Diseases

19.2 Of the communicable diseases, the vector borne diseases through mosquitoes

have assumed importance due to availability of sources allowing mosquito breeding which have to be regularly monitored and breeding prevented. Recent international and national experiences in disease occurrences of Dengue, Malaria, Chikungunya, and encephalitis have brought into focus the need for effective cause management and protocol based case management. At present implementing multi-various the State is initiatives in vector control through the Public health department and also the local bodies. The National Vector Borne Disease Control Programme supports these initiatives as part of the National Health Mission. Similarly the constant vigil against State maintains a water borne diseases including diarrhoea and other public health scares such as Swine Flu. other forms of Influenza, Rabies, etc. Some of the disease specific initiatives are listed below.

Dengue

19.3 Dengue Fever (DF), an outbreak prone is transmitted viral disease bv Aedes mosquitoes. DF is characterized by fever, headache, muscle and joint pains, rash, vomiting. Some nausea and infection results in Dengue Haemorrhagic Fever (DHF) - a syndrome that in its severe form can

threaten the patient's life primarily through increased vascular permeability and shock. DF and DHF are caused by the four dengue viruses DEN 1, 2, 3 and 4, which are closely related antigenically. Infection with one serotype provides lifelong immunity to that virus but not to the others.

19.4 Though Tamil Nadu has been able to keep Dengue under control, currently it is reported in more than 100 countries and has been reported from almost all the States in India. In Tamil Nadu, for diagnosis of the disease, the Government of India has identified 30 Sentinel Surveillance Hospitals including Medical College Hospitals, Zonal Entomological Teams, Institute of Vector Control and Zoonoses, Hosur, and District Headquarters Hospitals, Cuddalore and Ramanathapuram and one Apex laboratory at King Institute of Preventive Medicine and Research, Guindy for diagnosis of Dengue and Chikungunya. This facility has been extended to other Head Quarters Hospitals also by the Government and at present we have over 60 Elisa testing centres. The Public Health department in coordination with the local bodies and other departments regularly undertake elimination of vector breeding places, like artificial containers such as broken utensils, discarded tyres, plastic waste cups and broken bottles are critical for the control of Aedes mosquitoes which spread dengue fever.

19.5 The State which had reported more than 13,000 Dengue cases in 2012 was able to reduce it to 6,122 cases in 2013 while in the current year no fatalities have been reported so far. Of the 710 cases reported in the current year all have recovered completely. Daily surveillance is carried out and the disease is now fully under control.

Malaria

19.6 Though in the recent years Dengue has been the main Public Health concern, vet Malaria also continues remain to an important public health issue. While the number of cases has shown a steady decline, still it is reported in few urban and rural Tamil viz., areas in Nadu Chennai, Ramanathapuram, Thoothukudi, Dharmapuri, Krishnagiri, Tiruvannamalai and Kanniyakumari Districts. The total number of positive cases recorded in the State last year was 15,081. Till now in the current year, 3,924 malaria cases have been reported. The vector control initiatives are now taken up by the local bodies in a comprehensive manner and are not limited to Denaue specific mosquito control.

addition to regular 19.7 In ongoing initiatives by the local bodies and the Public health department as part of Health Mission, as a special initiative, the Government have sanctioned Rs.1 lakh each to 5 malaria endemic PHCs in Thoothukudi District for the diagnostic services and improving effective control of malaria in the coastal villages thereby, interrupting the local transmission.

Japanese Encephalitis

19.8 Japanese Encephalitis (JE) is also a mosquito borne zoonotic viral disease. The virus is maintained in animals like pigs and birds which act as the natural hosts. Pigs and wild birds are reservoirs of infection and are called as amplifier hosts in the transmission cycle. This virus does not cause any disease among its natural hosts and transmission through mosquitoes primarily continues belonging to Culex species. Vector mosquito is able to transmit JE virus to a healthy person after biting an infected host with an incubation period ranging from 5 to 14 days.

19.9 Considering the complexity of Japanese Encephalitis (JE)/Acute Encephalitis Syndrome (AES) problem and the urgency of addressing the adverse consequences of the growing incidence of JE/AES through a multi-pronged strategy, a comprehensive National Programme on Prevention and Control of JE/AES with the participation concerned Ministries/Departments of launched. has been The aoal of the Programme is to reduce morbidity, mortality and disability in children due to JE/AES. The major objectives of the Programme are;

- strengthen and expand JE vaccination in affected districts
- strengthen surveillance, vector control, case management and timely referral of serious and complicated cases
- increase access to safe drinking water and proper sanitation facilities to the target population in affected rural and urban areas
- estimate disability burden due to JE/AES, and to provide for adequate facilities for physical, medical, neurological and social rehabilitation
- improve nutritional status of children at risk of JE/AES
- Carry out intensified IEC/BCC activities regarding JE/AES.

19.10 Tamil Nadu is one of the five States where this programme has been started. Encephalitis Control Units Japanese at Cuddalore, Villupuram, and Perambalur with Monitoring Unit in Chennai are carrying out Japanese Encephalitis Vector Control activities. Perambalur, Villupuram, Tiruvannamalai, Virudhunagar, Cuddalore, Tiruchirapalli, Thanjavur, Tiruvarur, Madurai, Pudukottai, Karur and Thiruvallur districts reported JE cases. After completion of JE immunisation in campaign mode in all the above districts for the children 1-15 years of age, JE vaccination has now been brought under routine immunization. First dose of JE vaccine is administered after 9th month and second dose is administered between 16-24 months. JE vector monitoring is being carried out regularly in the endemic districts. Fogging operation is being carried out in villages where suspected JE cases are reported.

Acute Encephalitis Syndrome

19.11 Acute Encephalitis Syndrome (AES) Surveillance is being carried out in District Headquarters Hospitals, Medical College Hospitals and major private hospitals. Serum samples are taken from the AES cases for diagnosis of JE. Lab diagnosis is done in seven Sentinel Surveillance Hospitals which includes King Institute of Preventive Medicine Research and six Medical & College Hospitals, 77 AES cases with eight deaths and 33 JE cases with no death have been reported in 2013. As part of the JE/AES programme, Paediatric Intensive Care Units (PICU) are being strengthened in Medical College Hospitals in Villupuram, Madurai, Thanjavur, Tiruvarur and District Head Quarters Hospital in Karur district. Physical Medicine and Rehabilitation Department (PMRD) is being established at Government Rajaji Medical College Hospital, Madurai. All the paediatricians in these institutions are being given intensive training in managing AES/JE cases. Following are the list of Sentinel Surveillance Hospitals where cases are referred for testing.

- King Institute of Preventive Medicine and Research, Guindy
- KAP Viswanatham Government Medical College, Tiruchirapalli
- Government Villupuram Medical College, Villupuram
- Government Thanjavur Medical College, Thanjavur

- Government Madurai Medical College, Madurai
- Government Tirunelveli Medical College, Tirunelveli
- Government Coimbatore Medical College, Coimbatore

The positive cases requiring tertiary care are referred to Government Medical College Hospitals with Paediatric Intensive Care Unit (PICU) where the cases are treated. Currently, the disease in the State is under control. However vaccination and disease surveillance protocols prescribed for these diseases are being followed carefully.

Filaria

19.12 The Filarial National Control Programme is under implementation in the from 1957 with State current control activities being carried out in 43 urban areas. 25 control Units and 44 Night Clinics are functionina. presently Mass Drua Administration programme with Diethyl Carbamazine Citrate (DEC) tablet started in 1996 in Cuddalore District as a pilot project and is being carried out from 1997-98 in all endemic districts. 33,947 Lymphatic filariasis cases have been recorded in this state. Morbidity management kits are also issued to these patients for foot care. Mass Drug Administration for 2013 was conducted on 14th July 2013 in Vellore, Thiruvannamalai, Perambalur, Ariyalur and a part of Virudhunagar with coverage of 95.3% at a cost of Rupees four crore. Since most of the Filaria endemic districts have reported less than 1% Micro Filaria Rate, transmission assessment survey has been started using Immuno chromotography test as per the WHO guidelines.

Chikungunya

19.13 Chikungunya is caused by a virus transmitted to humans by Aedes mosquitoes. There is a decline in Chikungunya cases due to the control measures taken by the Government. 859 cases were reported during 2013. The prevention and control measures against Chikungunya are carried out in an integrated fashion with the Dengue control measures already listed out in the chapter in the earlier paragraphs.

Leptospirosis

19.14 Leptospirosis is one of the serious zoonotic diseases which require timely diagnosis, treatment and control measures. A State Level Reference Laboratory is

functioning at State Headquarters to provide laboratory confirmation and training, 2,887 cases were recorded during 2013 compared to 3587 cases in 2012. During 2014, 361 cases are reported upto March 2014.

Epidemic Control Activities at the district level

19.15 The District Collectors, being the Chairpersons of the District Coordination Committee to control epidemic diseases, hold timely reviews to ensure the prevention and control of these diseases at the field level in order to reduce the spread of communicable diseases and contain epidemic outbreak. While the present chapter is dealing with the Vector control activities, the same epidemic control committee also oversees the prevention of other communicable diseases, waterborne diseases including diarrhoea, infective diseases such as Swine Flu and other forms of Influenza, rabies etc. All such diseases have prevented been and in of outbreak have occasional cases been localised and treated completely to ensure that people's health is not put at risk.

19.16 Similarly, while incidence of Dengue and other vector borne diseases have been controlled and are substantially lower than

last year, **as directed by Hon'ble Chief Minister**, the following efforts are being sustained to ensure that there are no disease outbreaks:

- i. Sustained Information, Education and Communication (IEC) campaign using approved short films and advertisements to educate the masses of their role in preventing mosquito larval breeding and making people aware on the steps taken bv the Government to counter the communicable diseases
- ii. Ensuring that the facilities for effective treatment of diseases are easily available at the nearest health facilities and providing adequate and easy access to diagnostic and treatment facilities such as Elisa test centres, cell counters, medicines, blood and blood components
- iii. Organizing entomological surveillance, employing adequate manpower both in local bodies and on the public health side for identifying and eradicating sources of breeding by providing adequate equipments and larvicides for vector control

- iv. Sending rapid response teams and medical teams to the sites reporting higher incidence of fever and creation of special fever wards
- v. Providing easy access to traditional medicines and promoting natural healing through the Indian Systems of Medicine

19.17 While the State level epidemic monitoring committee and the Public health disease surveillance look at the overall monitoring and the State level coordination with all departments issues and the stakeholders, at the district level the Collectors are involved in ensuring the prevention of the other public health challenges like outbreak of acute diarrhoeal diseases by taking effective steps such as ensuring that the water tanks are cleaned regularly, testing samples, preventing sewage contamination, ensuring effective management practices solid waste etc. Other localized disease occurrence if any, like Chikungunya, Malaria, Leptospirosis, Typhoid, Influenza, Encephalitis etc., whenever detected are tackled and controlled immediately. Sustained anti larval environmental improving measures, sanitation and public hygiene in districts through effective coordination with the local bodies, health, other line departments and also involving the communities have been the cornerstone in the effective prevention and control strategy adopted by the State against communicable diseases.

Chapter - 20

NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES AND CARDIO-VASCULAR DISEASES

20.1 In order to provide specialized and comprehensive cancer care and to provide training and research pertaining to all types of cancer with focus on oral, cervical and breast cancer, Government have identified the following six institutions:

- i. Government Arignar Anna Memorial Cancer Institute, Kancheepuram
- ii. Mahatma Gandhi Memorial Government Hospital, Tiruchirappalli
- iii. Institute of Non-Communicable Diseases and Government Royapettah Hospital, Chennai
- iv. Government General Hospital, Chennai
- v. Institute of Obstetrics and Government Hospital for Women and Children, Chennai
- vi. Government Thanjavur Medical College Hospital, Thanjavur

20.2 Under National Programme for control Cancer, Diabetes, Cardio-Vascular of Diseases and Stroke, provision has been purchase of made certain modern for equipments for treatment of cancer. The State is also creating more regional cancer centres. Besides, Government Arignar Anna Memorial Cancer Institute, Karapettai, Kancheepuram, a Regional Cancer Centre at Madurai and Coimbatore is being established to improve the treatment facilities to tackle the increasing cancer patients of Southern and Western regions of the State. During 2013-14, Government sanctioned funds to establish two more regional cancer centres at Thanjavur and Tirunelveli Medical College Hospitals at a total cost of Rs.30.06 crore. addition to this, Non Communicable In Diseases (NCD) clinics will be strengthened at 30 District Headquarters Hospitals, 621 Non-Taluk Taluk. Hospitals including Upgraded PHCs at a cost of Rs.21 crore. The Government has also recommended the Adayar cancer institute for grant under the National Programme as a State level Apex cancer institute for which a tripartite MoU would be signed with the Government of India, State Government and the institute. In addition, the recommended State has Madurai to the Government of India for

establishment of a Regional Cancer Centre to cater to the requirements of the people from the South. The Super Speciality Hospital at Omandurar Government Estate also offers specialised surgical and medical treatments for cancer and a separate radiation block is being developed to ensure all modes of treatment at a single place.

20.3 To give a fillip to the focus on Non communicable diseases, the State had also declared 2013-14 as a year of special focus on 'NCD' and dovetailing activities under 16,21,311 hypertension TNHSP. cases. 5,39,348 Diabetes Mellitus cases, 2,13,473 Via vili positive for cancer cervix and 85,473 clinical breast examination positive for cancer breast have been identified through opportunistic screening and cases detected are being followed up with treatment. The details have also been covered in the chapter on the Tamil Nadu Health Systems Project. The lifestyle announcement of clinics providing Yoga and Naturopathy facilities in the Medical College hospitals and the District Headquarters hospitals would also give an opportunity to people to utilise this highly popular form of Indian medicine to address lifestyle challenges making the people susceptible to the NCD.

Chapter - 21

OTHER NATIONAL PROGRAMMES

National Tobacco Control Programme

21.1 The State Government has already banned the manufacture, storage and usage of Pan Masala and Gutka under the Food safety and Standards Act giving a fillip to the activities. The Tobacco control National Tobacco Control Programme is beina implemented in Tamil Nadu since 2003. The Cigarettes and other Tobacco Products Act, comprehensively addresses 2003 the reduce the to demand for measures reduction of Tobacco products and under the rules notified in this Act ban on smoking in Public Places and ban on advertisement, sponsorship and promotion of tobacco products and sale to children below 18 years are all important provisions. At the State level, a Tobacco Control Cell is functioning under the Director of Public Health and Preventive Medicine since 2007 and likewise at the district level the District Tobacco Control Cells are functioning under the supervision of the Deputy Director of Health Services.

21.2 Since the launch of the programme, 55,975 persons in various fields are given training in 1,058 training programmes. Mass Campaigns like Celebration of World No Tobacco Day, Rallies, IEC on Wheels, Human Chain, Signature Campaign, Distribution of Pamphlets organized are under this programme. Due to the awareness programs conducted all over the State resulted in the declaration of 11,566 schools and 1,260 colleges as tobacco free institutions. Five Villages, Police Commissioners' Offices, Police Stations, all public transports, 12,170 Postal Circles, all Government Medical Colleges, Government Health facilities, all Government Buildings, Hotels/Restaurants/ Malls are declared as Smoke Free Areas. Tobacco Cessation Centres are established in Primary Block Health Centres the of Villuppuram and Kancheepuram districts. 280 medical officers, 32 ICTC counselors and 88 staff nurses are trained for this. So far, a total fine of Rs.1.12 crore has been collected from 92,914 persons for violating the provisions of Cigarettes and Other Tobacco Products Act, 2003.

National Iodine Deficiency Disorders Control Programme(NIDDCP)

21.3 This programme is implemented as part of the National Health Mission. The important objectives and components of National Iodine Deficiency Disorders Control Programme (NIDDCP) are as follows-

- i. Surveys to assess the magnitude of the Iodine Deficiency Disorders.
- ii. Supply of iodated salt in place of common salt.
- Resurvey after every 5 years to assess the extent of Iodine Deficiency Disorders and the impact of lodated salt.
- iv. Laboratory monitoring of iodated salt and urinary iodine excretion.
- v. Health education and Publicity.

National Leprosy Eradication Programme

21.4 Leprosy is a bacterial disease caused by 'Mycobacterium Leprae', which affects mainly the peripheral nerves and skin. Of all the communicable diseases, leprosy is most

important for its potential to cause progressive physical permanent and disability. In addition the disease and its visible disabilities in particular, contribute to social discrimination of patients. intense During the year 1954-55 National Leprosy Eradication Programme (NLEP) was launched in Tamil Nadu. The main objective of this scheme is to identify the cases early and cure them completely. In 1983, Multi Drug (MDT) Treatment was launched and geographical complete coverage was achieved in 1991 in phased manner. The prevalence rate of the Leprosy in 1983 was 118 per 10,000 population. In 2005, the prevalence of leprosy declined to less than 1 population 10,000 per and the state achieved leprosy elimination status. As on 31st March 2014, prevalence rate is 0.42 per 10,000 population. Intensive activities are carried out in 36 high endemic blocks where new case detection rate is more than 10 per 1,00,000 population. Re-Constructive Surgery has been done to 92 patients in 2013-14, and special variety of chappals were given to 8,618 patients up to March, 2014.

Chapter – 22

GERIATRIC CARE

22.1 The unprecedented increase in human longevity in 21st century has resulted in the phenomenon of population ageing all over the world. Countries with large population such as India have large number of people now aged 60 years or more. The population over the age of 60 years has tripled in last 50 years and will increase in near future. The proportion of older people which was 7.7% in 2001 is gradually rising towards nine to Along with rising 10%. numbers, the expectancy of life at birth is also consistently increasing indicating that a large number of people are likely to live longer than before.

22.2 According to 2011 census, Tamil Nadu has the population of 7.213 crore which forms 5.9% of the total population of India and ranks seventh among all the states/UTIs of India. The growth rate has increased from 11.7% during 1991-2001 to 15.6% during 2001- 2011. As per the projected population of 8.1% the elderly population of Tamil Nadu is currently around 57 lakh.

22.3 Non-communicable diseases requiring large quantum of health and social care are

extremely common in old age, irrespective of socio-economic status. Disabilities resulting from these non communicable diseases are very frequent which affect functionality, compromising the ability to pursue the activities of daily living. Surveys have shown that:

- i. The burden of morbidity in old age is enormous
- ii. Life style related diseases are extremely common in older people irrespective of socio-economic status
- Disabilities are very frequent which affect the functionality in old age compromising the ability to pursue the activities of daily living

22.4 The immobile and disabled elderly need care close to their homes. Presently, elderly are provided health care by the general health care delivery system in Tamil Nadu which also has a vibrant Public Health care and a highly acclaimed insurance scheme. The Government Hospitals, which are geared up to deal with the maternal and child health, also address other health challenges including geriatric care. Thus a model of care providing comprehensive health

services to elderly, at all levels of health care delivery is made available to meet the growing health need of elderly.

The Department of Geriatric 22.5 Medicine, at Madras Medical College, is the first to be established in the country and been functioning for the past three has decades. Under the "National Programme for the Health Care for the Elderly-NPHCE", department of Geriatrics has the been approved, as one of the Regional centers by the Government of India, for implementing the NPHCE, by developing and providing programme for primary and training secondary care level. The Department has recently upgraded as 'Regional Geriatric Center' under the National Programme for the Health Care of the Elderly (NPHCE) which was inaugurated by Hon'ble Chief Minister on 21st February, 2014. Further, two new Geriatric units have been developed at Chengalpattu College Medical and Mohan Kumaramangalam Government Medical College, Salem by creating one associate professor of geriatrics in each additional has college. An unit been developed at Madras Medical College, under the National Programme.

Development of Human Resources for Geriatric Care

22.6 A Post- Graduate training program, M.D. Geriatrics, has been developed at Madras Medical College, first in the country, from 1996 onwards, with a current intake of three students every year, so far 20 qualified geriatricians have been passed out of the department.

Future Plans

22.7 To provide comprehensive geriatric care along with 200 beds and training of human resources, based on a proposal by the State Government, the Government of India, in this year's budget has announced establishment of a "National Institute Of Ageing" at Madras Medical College.

Chapter - 23

ACCIDENT AND TRAUMA CARE CENTRES AND '108' EMERGENCY SERVICES

23.1 Deaths due to accidents not only cause an untimely demise of the victims but also traumatize the families of the victims who in many instances lose their bread winners. The State has been taking a number of steps along with coordinated other departments such as Police, Transport, Highways, Fire and rescue services and local bodies in mapping the hot spots and also eventuality of an that in the ensurina accident the victims are immediately provided emergency Medical care by shifting them to a nearest hospital and stabilizing them before moving them to the next level referral centres wherever necessary.

23.2 Accident and Trauma care Centres have been established in the following institutions with Government of India assistance-

- Government Vellore Medical College
 Hospital, Vellore
- Government Kilpauk Medical College Hospital, Chennai

- Government Rajaji Hospital, Madurai
- Government Tirunelveli Medical College Hospital, Tirunelveli
- Government Kanniyakumari Medical College Hospital, Nagercoil
- Government Mohan Kumaramangalam Medical College Hospital, Salem

23.3 Additionally, Trauma Care Centres have also been established in the Government District Headquarters Hospitals at Karur, Krishnagiri, Kovilpatti and Dindigul Building work for Trauma Care Centre in Government Headquarters Hospitals at Krishnagiri, Dindigul and Kovilpatti have been completed and these Trauma care centres are now functioning with available man power and equipments.

In addition to these efforts, the 23.4 Government have taken steps to post exclusive casualty medical officers in the Accident and Emergency Ward and also has over 50 Accident and Emergency wards under the control of the Directorate of Medical and Rural Health Services at strategic locations in the State which are equipped to deal with the accident victims. The 19 Government Medical Colleges are

also fully equipped to handle the accident victims. It is anticipated that sustained awareness on safe driving practices, addressing the hot spots by the relevant departments in a coordinated manner and ensuring that victims are reached within the Golden hour and stabilized, only the death toll in accidents would be brought down substantially in a sustained manner.

`108' Emergency Services

23.5 "108" Ambulance Service is operated in Tamil Nadu through a single Toll Free number for any medical emergency. The services are available 24 x 7 and free to the public. This highly successful program is implemented through Public Private а Partnership between Government of Tamil Nadu and GVK EMRI. The MOU has been extended for another five years from May 2013 and the entire funding is done by the Government on actual cost basis while GVK EMRI group operates and manages the fleet and also deploys the personnel. Each ambulance has one fully trained Emergency Medical Technician (EMT) and a Pilot (driver), who provides the pre-hospital care to victim.

Ambulance Deployment

23.6 At present, 684 ambulances are operated in all the districts of Tamil Nadu providing Basic Life Support, Advanced Life Support and Neo-natal (NN) care. The Region wise distribution of these Ambulances is given below:

SI. No	Districts	Count of Ambulances
1	Chennai	28 + 2 NN
2	Cuddalore	25 + 2 NN
3	Kancheepuram	38 + 2 NN
4	Nagapattinam	17 + 1 NN
5	Thiruvallur	34 + 1 NN
6	Thiruvanamalai	28 + 1 NN
7	Vellore	41 + 2 NN
8	Villupuram	36 + 2 NN
	TOTAL	260

Chennai Region - Ambulance Count

Coimbatore Region - Ambulance Count

SI. No	Districts	Count of Ambulances
1	Ariyalur	11 + 1 NN
2	Coimbatore	25 + 1 NN
3	Dharmapuri	17 + 1 NN
4	Erode	24 + 1 NN
5	Karur	13 + 1 NN
6	Krishnagiri	16 + 1 NN

7	Namakkal	15 + 1 NN
8	Perambalur	10 + 1 NN
9	Salem	25 + 1 NN
10	The Nilgiris	19 + 1 NN
11	Tiruchirapalli	20 + 1 NN
12	Tirupur	17 + 1 NN
	TOTAL	224

Madurai Region - Ambulance Count

SI. No	Districts	Count of Ambulances
1	Dindigul	20 + 1 NN
2	Kanyakumari	8 + 1 NN
3	Madurai	20 + 1 NN
4	Pudukottai	15 + 1 NN
5	Ramanathapuram	17 + 1 NN
6	Sivagangai	14 + 1 NN
7	Thanjavur	18 + 1 NN
8	Theni	11 + 1 NN
9	Thiruvarur	14 + 1 NN
10	Thoothukudi	14 + 1 NN
11	Tirunelveli	22 + 1 NN
12	Virudhunagar	15 + 1 NN
	TOTAL	200

Key performance achieved during the year 2013–14

 638 Ambulances operational in Tamil Nadu –currently 684 are in operation (July-2014)

- 58,90,447 calls answered by the Emergency Response Centre
- 8,42,000 Medical Emergency Calls handled
- 7,90,793 Medical Emergency Cases handled
- Average trip rate per Ambulance per day of 3.59 for the Financial Year 2013-14

Categories of medical emergencies handled by 108 system:

Type of Emergencies	Percentage Contribution
Road traffic Accident	22.85
Pregnancy Related	25.75
Cardiac Related	5.34
Acute abdominal pain	7.64
Poisoning	4.96
Assault	4.55
Respiratory	2.97
Epilepsy	2.68
Neonatal	2.88
Suicides	0.55
Others	19.83
Total	100

Highlights

- 65,945 lives in very critical condition, were saved
- 86.51 % of cases handled by the Government Hospitals
- 5.04 % of cases handled by the Private Hospitals on request from victims / attenders
- 16,879 Medical emergencies attended in tribal areas
- 21,670 Neonatal cases handled

New Initiatives

Neonatal Ambulances

23.7 Under this system for the first time in the country, neonatal emergencies were brought under the purview of Public EMS, which was started in June 2011. These ambulances are exclusively available for handling emergencies of Newborns within the age of 28 days from birth. These ambulances have life saving equipments like Transport Incubator and Syringe Pump that are required to handle emergencies for the newborn. In addition, these ambulances

have Emergency Medical Technicians, who are specially trained on Neonatal care through Institute of Child Health (ICH), Egmore. These ambulances are used for babies who need to be transferred from a Primary/Secondary hospital care to а Tertiary care hospital having Neonatal Intensive Care units (NICU). Pre-term, low birth weight, babies born with congenital deformities etc., have benefited out of this Speciality service. Over 5000 babies have benefited out of this Speciality service in this year. Currently 26 ambulances are operational in 18 districts.

Emergency Care Centre (ECC)

23.8 Emergency Care Centre at Tambaram, started on 5th Aug 2013, helps to serve the victim between the emergency site and the tertiary care centre, particularly where the distances to tertiary centres are long. It helps in stabilizing the patient and then transport to tertiary care centre.

ST Elevation Myocardial Infarction (STEMI)

23.9 A Pilot project to integrate the services of 108 Emergency Management Services, CMCHIS and Tertiary Centre was

commissioned in the Coimbatore cluster covering districts of Coimbatore, Tirupur, Karur and Dindigul and in the Chennai Stanley cluster covering Thiruvallur, Kancheepuram, Chennai and Vellore cluster.

A network of Government and private hospitals will address STEMI cases brought in by 108 as per the Protocols developed by STEMI India, a non-profit organization with devices for ECG and Vitals monitoring with online transmission. Since time is critical in handling chest pain complaints, an integrated approach would help reduce morbidity and mortality.

Facilitating Eye Donation

23.10 "108" Call centre accept eye donation requests and route them to nearest eye banks. This would ensure that cornea blind poor patients are supported by equitable and fair distribution of collected corneas. State Blindness Control Society would monitor the end use on a periodic basis.

Four Wheel Drive

23.11 48 Four Wheel Drive ambulances are proposed for Hilly/Difficult terrain where the normal ambulances can't travel or in bad

road conditions where the ambulances take much time to reach the emergency site.

Source of Funding and Expenditure

23.12 The 108 Ambulance Service is funded by the State Government. However, NRHM provides 100% operational cost for pregnant mothers, Neonatal and Tribals. For other medical emergencies, NRHM provides 20% of the operational cost. The expenditure for the year 2013-14 was Rs.8776.20 lakh.

Monitoring

level, the 23.13 At District District Monitoring Committee headed by the District Collector reviews the performance of the 108 Ambulance Service and at the State level, the Project Director, Tamil Nadu Health System Project and the Secretary, Health and Family Welfare review the State level performance. Once in 6 months, State level Advisory Committee headed by the Chief Government reviews Secretary to the this, performance. Apart from the programme officers and field level inspect the ambulances and functionaries provide suggestions for improvements.

Details of Beneficiaries under 108 System

Parameters	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Ambulance Count	183	384	406	436	629	638
Total Beneficiaries	35877	339039	510545	500356	634364	790793
RTA	14039	88146	124907	130226	147290	174248
Pregnant Women	7259	93613	128476	139068	160160	207492
Other Emergency	14579	157280	257162	231062	326914	409053

Ambulances operated by Government Hospitals

23.14 The State Government also operates ambulances in order to provide emergency care for transferring patients for higher level treatment (Inter Facility Transfer), performing diagnostic tests, opinion from specialists from Medical colleges and Centers of Excellence. The number of ambulances available under each HOD is as follows.

Name of the Directorate	No. of Ambulances
Directorate of Medical Education	59
Directorate of Medical and Rural Health Services	111
Directorate of Family Welfare	102
Directorate of Public Health and Preventive Medicine	486
Directorate of Indian Medicine and Homoeopathy	3
Directorate of Drug Control	1
Total	762

Chapter - 24

CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME

24.1 This is a flagship scheme of the Government of Tamil Nadu with the objective of ensuring universal health coverage and providing 'State of art' treatment facilities in the Government and Private sector to the needy. The insurance scheme launched by the Tamil Nadu State Government through the United India Insurance Company Ltd (a Public Sector Insurance company with headquarters at Chennai) to provide free medical and surgical treatment in Government and Private hospitals to the members of any family whose annual family income is less than Rs.72,000 The sum assured is Rs.1 lakh per year per family along with a provision to pay upto Rs.1.5 lakh per year per family for certain specified procedures. upto Rs.4 77 Hence lakh coverage is being provided to each family in The new scheme covers 1,016 4 years. which include 23 procedures important diagnostic procedures and 113 follow up procedures. So far, 1.30 crore smart cards have been distributed. The Scheme provides

coverage for meeting all expenses relating to hospitalization of beneficiary.

24.2 Currently, 769 hospitals have been empanelled to provide treatment, including all the Government Medical College Hospitals. 64 procedures indicated in the Table below are exclusively reserved for the Government Hospitals.

TableNo.13-ListofProceduresReserved for Government Hospitals

SI. No.	PROCEDURES RESERVED FOR GOVERNMENT HOSPITALS	
1	Surgical Correction of Longbone Fracture	
2	Fracture Neck/ Shaft Of Femur	
3	Fracture Shaft of Other Long Bones (Humerus, Both Bones of Forarm, Both Bones of Leg)	
4	Amputation of AK / BK	
5	Amputation of AE / BE	
6	Amputation of Fore-Foot	
7	Sym's Amputation	
8	Amputation of Toes	
9	Amputation of Fingers	
10	Trans Meta-Torsal Amputation	

11	Soft Tissue Injury
12	Bone Grafting as Exclusive Procedure
13	Open Reduction & Internal Fixation of Fingers & Toes
14	Reduction of Compound Fractures & External Fixation
15	Open Reduction of Dislocations - Deep
16	Avascular Necrosis of Femoral Head (Core Decompression)
17	Soft Tissue Reconstruction Procedures for Joints / Osteotomy
18	Grade-I & II (Wound management for compound fractures)
19	Grade-III (Wound management for compound fractures)
20	Surgery for Patella Fracture (To Be Covered along with Other Injuries only and not as Exclusive Procedure)
21	Small Bone Fractures-K-Wiring (To Be Covered along with Other Injuries Only and not as Exclusive Procedure)
22	Mastoidectomy
23	Stapedectomy - Veingraft
24	Tympanoplasty
25	Facial Nerve Decompression

26	Laryngo Fissurectomy
27	Adenoidectomy - Gromet Insertion
28	Excision of Benign Tumour Nose
29	Angiofibroma Nose
30	Endoscopic DCR
31	Endoscopic Sinus Surgery
32	Rupture Uterus with Tubectomy
33	Eclampsia with Complications Requiring Ventilatory Support
34	Vaginal Hysterectomy with Pelvic Floor Repair
35	Cystocele, Rectocele & Perineorraphy
36	Vaginal Hysterectomy for benign conditions
37	Abdominal Hystrectomy for Benign Conditions
38	Diagnostic Hystero- Laproscopy
39	Branchial Cyst Excision
40	Cystic Hygroma Excision-Extensive
41	Removal of Submandibular Salivary Gland
42	Excision of Thyroglossal Cyst Fistula
43	Hemithyroidectomy
44	Isthmectomy
45	Partial Thyroidectomy

Resection Enucleation
Subtotal Thyroidectomy
Total Thyroidectomy
Simple Mastectomy(NM)
Modified Radical Mastectomy
Epigastric Hernia without Mesh
Epigastric Hernia with Mesh
Umbilical Hernia without Mesh
Umbilical Hernia with Mesh
Ventral and Scar Hernia without Mesh
Ventral and Scar Hernia with Mesh
Lap. Appendicectomy
Partial/Subtotal Gastrectomy For Ulcer
Resection & Anastomosis of Small Intestine
Total Colectomy
Colostomy
Colostomy Closure
Bronchoscopy Foreign Body Removal
FB Cricopharynx, Esophag+C1:C66

24.3 Till 31.07.2014, 7.60 lakh persons have been benefited under the scheme with the approved amount being Rs.1,620.17 crore.

Out of this, 2.97 lakh beneficiaries have been treated in Government Hospitals at an insurance coverage of Rs.573.32 crore. Important disease wise authorization issued for various surgeries are given in the table below:

SI. No.	Speciality	Approved	Approved Amount (Rs.in lakh)
1	Cardiology	16,040	4,107.89
2	Cardiothoracic Surgeries	42,863	35,061.55
3	ENT	67,815	7653.32
4	Gastroenterology	4,376	900.31
5	General Medicine	14,811	3,394.16
6	General Surgery	43,467	9,637.80
7	Genitourinary Surgery	51,511	11,597.76
8	Gynaecology & Obstetric Surgery	38,141	7,057.49
9	Hepatology	17,777	1,823.11
10	Medical Oncology	1,09,401	6,578.53
11	Neonatology	34,401	7,601.28
12	Nephrology	91,943	7,929.58
13	Neurology	15,457	2,880.19

Table No.14 - Speciality wiseAuthorizations Issued

14	Neurosurgery	21,606	8,537.32
15	Ophthalmology Surgeries	39,808	4,849.22
16	Orthopedic Trauma	29,080	5,815.55
17	Paediatric Intensive Care	12,752	2,310.07
18	Paediatric Surgeries	3,830	1,125.52
19	Paediatrics	2,737	404.86
20	Plastic Surgery	15,256	4,014.31
21	Radiation Oncology	32,038	7,083.72
22	Replacement	15,807	10,762.65
23	Surgical Gastro Enterology	3,884	1,500.59
24	Surgical Oncology	15,991	4,000.86
25	Transplantation	78	110.00
26	Vascular Surgeries	7,803	2,545.06
27	Chest Surgery	120	46.52
28	Dermatology	980	160.27
29	Endocrinology	174	46.54
30	Follow-up procedures	1,242	25.22
31	Pulmonology	3,259	642.80
32	Rheumatology	1,309	148.73
33	Interventional Radiology	2,370	1,157.97
34	Poly trauma	2,166	505.64

Corpus Fund with **24.4** A an initial contribution of Rs.10 crore from the State Government has been created as per the orders of the Hon'ble Chief Minister, to help the needy and poor people, especially children. who have to undergo costlv surgeries Transplantation, such Liver as Transplantation Renal including post transport procedure for immunosuppressant therapy, Bone transplantation, marrow implantation Cochlear and stem cell transplantation which cost than more Rs.1.50 lakh. For strengthening the Corpus Fund, 15% of claims under CMCHIS in Government Hospitals are remitted to Corpus Fund by the Insurance Company. The extra cost of the surgery exceeding the eligible amount of Rs.1.50 lakh per annum is met from this Corpus Fund. The patient who needs to undergo the specialized surgery need not pay any amount from his / her personal sources. The entire cost of specialized surgery will be borne by the Insurance Company upto Rs.1.50 lakh and the remaining amount will be met from the Corpus Fund. All such cases are cleared by So far, 1.455 Expert Committee. an beneficiaries have been approved for these high end surgeries as per the following details:

SI. No	Nature of Surgical procedure	Number of beneficiaries authorized
1	Liver Transplantation	33
2	Renal Transplantation	412
3	Cochlear Implantation	982
4	Bone Marrow Transplantation	17
5	Stem Cell Transplantation	11
	Total	1,455

24.5 In addition to the insurance scheme, there is also the ongoing 'Tamil Nadu State Society' Illness Assistance which is administered by the Executive Committee under the Chairmanship of the Secretary to Government, Health and Family Welfare Department and the Director of Medical and Rural Health Services as the Member-Under this scheme financial Secretary. is ranging assistance sanctioned from Rs.5,000 to Rs.25,000 according to the nature of surgery to 'Below Poverty Line' people. The Government have now delegated the power of grant of financial assistance to the respective District Collectors in a speedy manner to the eligible patients under this Scheme.

Chapter - 25

IMPORTANT ACTS

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

25.1 Generally the female sex ratio declines mainly due to female foeticide, infanticide and neglect of female child from birth. In order to prevent Sex determination, the Government of India has enacted the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994. To eradicate female foeticide and for maintaining the high level juvenile sex ratio (0-6 years) and male and female ratio.

Transplantation of Human Organ Act, 1994

25.2 The Act has been enacted by the Government of India during the year 1994 to eradicate human organ trade and to promote Cadaver Organ Transplantation programme. The transplantations are being done only in the approved hospitals in Tamil Nadu.

The Hospitals which are applying for registration under the Transplantation of Human Organ Act, 1994 are inspected by a

team of specialists. The Director of Medical and Rural Health Services is the State Appropriate Authority for issuina the Registration Certificate based the on report to the inspection Government Hospitals. Private The Tamil Nadu Government has constituted three Authorization Committee reaion wise at Chennai, Madurai Coimbatore and for scrutiny of each and every non relative case for approval of organ transplantation.

Accordingly, the Registered Hospitals, region submit their application wise for renal transplantations to the respective Authorization Committee. The donors and the recipients have to appear before the Committee. Each and every case of non and verified approved relative is by for carrying Committees out the transplantations. In Tamil Nadu 72 hospitals are registered under this Act for performing renal, heart, liver, lungs and corneal transplantations.

Cadaver Transplant Programme

25.3 Though this scheme is under implementation for many years, in the last three years under the guidance of the **Hon'ble Chief Minister,** the performance under the programme has increased

manifold in comparison to other States with Tamil Nadu emerging as a model State for others. Experts from various States are visiting Tamil Nadu to learn about the implementation of the scheme and adopt the same in their States.

Programme performance in 2013-14

Year 2013-14 saw a total of 141 deceased donors in the State contributing a total of 416 organs and 335 tissues to benefit recipients in need of them. The table below gives the total number of donors from the beginning of the programme in October 2008 (465), total organs donated (1375) and tissues donated (1196).

Table No.15		
Donated	Organs in Tamil Nadu	

	2013-14	Oct 2008 to June 2014
Heart	21	79
Lung	21	39
Liver	130	443
Kidney	243	867
Pancreas	1	1
Heart Valves	134	500
Cornea	200	732
Skin	1	5
Total	751	2,666

The success of this program is due to the close involvement of all stakeholders in structuring this program, the trust it generates due to its transparent functioning and the support it receives from NGOs.

Civil Registration System

25.4 Tamil Nadu has a long tradition of registration of births and deaths. Prior to the introduction of Registration of Births and Deaths Act, 1969 by the Government of India, registration of births and deaths in Tamil Nadu was carried out under the provisions of Madras Panchayats Act 1899 in Areas, Rural the Madras Districts Municipalities Act, 1920 in the Municipalities and selected Town Panchayats and the Madras City Municipal Act 1919 in Chennai Corporation. There are 16,211 Registration Units in 32 Revenue Districts including Chennai Urban District. The Registration of Births and Deaths was made compulsory at the place of occurrence.

25.5 With the introduction and implementation of Tamil Nadu Registration of Birth and Death Rules, 2000 with effect from 1.1.2000 in accordance with the provisions of sec. 30 of The Registration of Births and Deaths Act 18 of 1969. The registration of

Birth and Death should be done within 21 days of its occurrence.

25.6 The Birth and Death Registration system has been computerized in the entire rural and urban areas of Tamil Nadu. In Chennai Corporation, the Birth and Death Certificates are issued online. Tamil Nadu has achieved 99.8% in birth registration and 91% in death registration during 2012.

Issue of Free Birth Certificates at PHCs

25.7 Since the implementation of Birth and Death Registration at Primary Health Centre level from August 2009, 12.06 lakh Free Birth Certificates have been issued up to January 2014 to the beneficiaries in the state.

Medical Certification of Cause of Deaths

25.8 The Medical Certification of Cause of Deaths (MCCD) scheme is a part of Civil Registration System and is the only source which provides cause specific mortality data. The scheme was introduced in seven selected Municipalities and Chennai Corporation during 1969 and later it was extended to all Municipalities and Corporations from 1980. To improve Medical Certification of Cause of Death, regular trainings are given to doctors every year.

Chapter - 26

RESEARCH AND TRAINING

Multi-Disciplinary Research Unit

26.1 Government of India has created as a Department (Department of Health new Research) under the Ministry of Health and Family Welfare to promote health research Government of activities. India has suggested the scheme for "establishment Multi-Disciplinary Research Unit (MRUs)" in the Government Medical Colleges / Research Institutions during the 12th plan period in 80 Government Medical Colleges for promoting medical research in the country and provides one time financial assistance up to Rs.3.25 crore. In the state of Tamil Nadu, Madras Medical College, Chennai was the first to be selected for the establishment of MRU in the vear 2013-14 and have received an initial payment of (first release) Rs.1.25 crore among which Rs.25 lakh for civil works and for **Rs.1** crore the procurement of Further, Tirunelveli Medical equipments. College, Tirunelveli and Coimbatore Medical College, Coimbatore were also selected for the establishment of MRU.

Establishment of Model Rural Health Research Unit at Tirunelveli District, Kallur Primary Health Centre

26.2 Government of India, Ministry of Health and Family Welfare, Department of Health Research has formulated a scheme for establishing Model Rural Health Research (MRHRU) across Units the country to promote Operational Research for effectively addressing the health needs of the people under the initiative of development of infrastructure for health research, during the 12th Plan period. The Government of India and Government of Tamil Nadu iointly entered into a Memorandum of Agreement for the transfer of modern technologies and research to the rural settings for providing better health care to the population.

An amount of Rs.1.50 crore have been released as 1st instalment towards the construction of building and purchase of equipments. The requisite land of approximately 400 square metres have been provided by the State Government for the construction of MRHRU at Kallur Primary Health Centre of Tiruneveli District.

Training and Continuing Health Education Programme

Continuing education, 26.3 in-service training and pre-service training programmes are organized for the Health Officers, Medical Officers, field health functionaries, Nurses and other paramedical staff through six Regional Training Institutes namely Institute of Public Health, Poonamallee, Health and Family Welfare Training Centres at Egmore, Madurai and Gandhigram, Health Manpower Development Institutes at Villupuram and Salem. Regional Institute of Public Health is Thiruvarankulam functioning at in Pudukkottai district.

The Institute of Public Health, Poonamallee is recoanised national collaborative as а training centre with National Institute of Health and Family Welfare, New Delhi for programmes organised training by the Reproductive and Child Health Programme and the National Rural Health Mission. Regional Institute for Control of Zoonoses, specialised training Hosur is а centre dedicated for the control of communicable diseases through field investigations, laboratory support, training and research.

Capacity building trainings in Skilled Birth Attendance (SBA), Emergency Obstetric Care (EmOC), Life Saving Anaesthesia Skills (LSAS), RCH Skill lab programmes, Integrated Management of Neonatal and Illness (IMNCI), Immunization, Childhood Integrated Disease Surveillance and Control Programme (IDSP) and other NRHM/RCH training programmes are organized in these training centres. Ultra Sonogram training is given to Primary Health Centres doctors for detection of congenital deformities during pregnancy in Public Private Partnership mode.

E-Governance in Public Health

26.4 The Directorate of Public Health and Preventive Medicine is actively implementing the e-governance policy of the government. All the PHCs are provided with computers and internet connectivity. All VHNs are provided with laptop and data card. Web portals are developed and used for data management at various levels.

The list of Web Portals include Pregnancy and Infant Cohort Monitoring and Evaluation (PICME), Dr. Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS), National Anti-Malaria Management Information System (NAMMIS), Speciality Medical Camps, Health Management Information System (HMIS), Communicable and Non-Communicable Diseases data, Civil Registration System (CRS), National Rural Health Mission (NRHM-MIS), Integrated Disease Surveillance Project (IDSP) and Central Plan Scheme Monitoring System (CPSMS).

Regular E-Governance training is organized for various levels in the institutions under DME and DMS and DPH. The Health Systems project and the National Rural Health Mission also have allocated funds for training.

26.5 Further, the Tamil Nadu Dr.M.G.R. Medical University and the various Directorates of Health and Family Welfare Department continuously provide training and also undertake research to ensure that the best possible health facilities are extended to the people.

26.6 To realize the vision of **Hon'ble Chief Minister** as envisaged in the **Vision-2023** document, this department is taking sustained endeavours to provide quality health care to the people of the State.

Dr. C.Vijayabaskar Minister for Health