

### 3. INNOVATIONS IN PUBLIC HEALTH CARE SYSTEM

#### 3.1. Dr. Muthulakshmi Reddy Maternity Benefit Scheme

To compensate the wage loss during pregnancy and to get nutritional food to avoid low birth weight babies, Tamilnadu has implemented Dr. Muthulakshmi Reddy maternity Benefit Scheme from 2006 onwards. In addition to Janani Suraksha Yojana, the pregnant mothers belonging to Below Poverty Line (BPL) and all the Srilankan refugee will get Rs. 6,000/- in 2 installments. This scheme is fully funded by the State Government.



During 2008-09, a sum of Rs. 350 crores has been sanctioned and 5,44,919 pregnant women were benefitted. This is 49% of the total deliveries in the State. Detailed report is followed in page no. 168.

#### 3.2. Varumun Kappom Thittam

The Varumun Kappom Thittam was implemented in Tamilnadu during 2006-07 with the objective of providing comprehensive health check-up, treatment and health education to the rural and urban people. These camps were conducted at HSC level. In the camps, all the specialist doctors screen and treat the patients. The lab investigations like blood, urine were done through the modern equipments like Semi Auto Analyser. Ultra Sonogram was used to detect the foetal abnormalities among pregnant mothers.



The camp wise daily report is sent through web portal. The scheme is funded by State Government. Up to 30-01-2009,

9,000 medical camps were conducted and 90,64,002 persons were benefitted on an average of 1,007 persons per camp. Also, it was proposed to conduct 1,394 camps upto 31-03-2009 and 1,174 camps were conducted and 9,96,437 persons were benefitted on an average of 850 per camp. Further, it is planned to conduct 4,500 camps during 2009-10 at a cost of Rs. 6.78 crores.

#### 3.3. Pregnancy Cohort Monitoring:

- ❖ In Tamilnadu, 12.46 lakhs ANCs are registered and various services are rendered to them annually by this Department.
- ❖ So, it becomes essential to monitor the services rendered to them regularly and to follow them up to monitor the survival status of mothers and Infants.
- ❖ Hence, a web portal was started on 01-04-2008 in Tamilnadu to enter the complete details of every ANC and her infant. So far, the details of 8.5 lakhs ANCs have been entered by the staff of the Department.

**Impact:** Quality of MCH services improved. Facilitates easy follow-up of mothers. The status of pregnant mother and the infants are easily found.

### 3.4. Valaikappu Ceremony

Culturally in this State, the pregnant women goes to her mother's place for first delivery after conducting a function called as "Valaikappu" a Bangle wearing Ceremony in which all the close relatives attend the function. Deputy Directors of Health Services organise the Valaikappu functions in the Block Primary Health Centre by mobilizing all the pregnant women in the block area. Around 300 to 400 pregnant women attend the functions in the Primary Health Centre. All these pregnant women undergo scan examination and diabetics screening and participate in the Valaikappu function. The women and relative are given free food. This kind of humanized approach in providing pregnant women friendly services in the Primary Health Centre created lot of confidence in the Primary Health Care System. This function is usually conducted through the contribution from philanthropists.

- ❖ During this function, the antenatal mothers are given new saree and all rituals are performed to them.
- ❖ This reduces the gap between the community and the PHC and it attaches an emotional bond with the mother.



### 3.5. NATIONAL TOBACCO CONTROL PROGRAMME

The National Tobacco Control Programme is implemented in Tamilnadu since 2003. The State Tobacco Control Cell is functioning from 2007. Staff structure includes the state tobacco control officer, the state consultants and all District nodal officers. The Nodal Officer at the State level will be responsible for the overall coordination, monitoring and evaluation of the Programme at the state and district levels.

The pilot districts of Villupuram and Kancheepuram have been selected for implementation of the District Tobacco Control Programme. The District Tobacco Control Programme comprises of the following components: Monitoring of implementation of Tobacco Laws, IEC, School Programme, Training, and Tobacco Cessation Centre.

#### The key strategies under this programme are :

- ❖ Assessing the level of public support and awareness about second hand smoke and the smoke free laws through local surveys
- ❖ Engaging the media in creating awareness and mobilizing public support about the ban of smoking in public places
- ❖ Networking among the state government department, civil society and multi disciplinary stake holders for effective monitoring, reporting of violations and law enforcement.
- ❖ Effective enforcement of ban on visible stocking of tobacco products at point of sale to prevent easy access to minors
- ❖ Creating awareness through IEC materials and media support
- ❖ Additional focus on cessation to encourage quitters

Government of TamilNadu has successfully made the following list of institutions as “Smoke Free”:

1. Smoke Free Villages
2. Smoke Free Embassies
3. Smoke-Free Police Commissioners Office
4. Smoke-Free Chennai Police Stations
5. Smoke-Free Tamilnadu Postal Circle
6. Smoke Free Educational Institutions
7. Smoke Free Prison in Tamilnadu
8. Smoke Free Medical Colleges/ Dental College
9. Smoke Free Government Buildings
10. Smoke Free Government Hospitals/ Primary Health Centers.
11. Smoke Free Hotels/ Restaurants
12. Smoke Free Public Transportation
13. Smoke Free Home Guards department
14. Smoke Free Industries
15. AIRTEL SMS Campaign on tobacco control

Tamilnadu is the First State in effective implementation of the Cigarette and Other Tobacco Products Act, 2003. So far **15,363 persons** were fined and **Rs.17,68,195** has been collected against violation of smoking in public places. Government of India gave certificate of appreciation based on performance of TamilNadu in implementation of national tobacco control programme.

#### WORLD NO TOBACCO DAY 2009



#### SIGNATURE CAMPAIGN FOR CREATION OF TOBACCO FREE ENVIRONMENT



## CULTURAL PROGRAMME IN TRADE FAIR ON TOBACCO CONTROL



## TOBACCO FREE EDUCATIONAL INSTITUTIONS



### 3.6. Additional Birth and Death Registration units in PHCs:

- ❖ Tamilnadu has achieved 100% in registration of births and 91% in registration of deaths during 2007.
- ❖ During the Chief Registrar's Annual Conference, 2<sup>nd</sup> prize has been awarded to Tamilnadu Chief Registrar of Birth and Deaths on 05-03-2009 at NewDelhi.
- ❖ Nowadays, the number of deliveries at PHCs has increased to 23% of State deliveries. Hence, the Government of Tamilnadu have issued G.O Ms. No. 204 dated 15-07-2009 by making all the PHCs in Tamilnadu as Additional Birth and Death Registration Units and appointed Health Inspectors as the Birth and Death Registrars.

### 3.7. Issue of Free Birth Certificates

To avoid hardship in obtaining birth certificate, the Hon'ble Minister for Health and Family Welfare, Tamilnadu has made an announcement in the assembly on 23-04-2008 to issue free birth certificates to the children at the time of discharge at the Government Hospital itself. Parents are benefitted by this scheme and so far, 2,19,942 free birth certificates have been issued for institutional births during 2008-09.



### 3.8. e-Governance

All the Primary Health Centres in this state have been provided with Computers along with internet connectivity to enable easy communication from villages ↔ Health Sub-Centres ↔ Primary Health Centres ↔ Office of the Deputy Director of Health Services ↔ Directorate of Public Health & Preventive Medicine ↔ State / Central Governments. This is funded by NRHM. Any information transmitted now immediately from the Villages to Government in no time. Also, the medical / maternal emergencies can be handled successfully which resulted in reduction of infant mortality / maternal mortality / still births / deaths.

In addition to this, Softwares have been developed for various reports pertaining to this department by NIC as detailed below.

#### ONLINE SOFTWARE DEVELOPED BY NIC

1. Varumun Kappom Thittam
2. Dr. Muthulakshmi Reddy Maternity Benefit Scheme
3. Janani Suraksha Yojana
4. IMNCI - Integrated Management of Neonatal and Childhood Illness.
5. PHC Deliveries
6. PHC outpatient morbidity
7. PHC Performance
8. Mobile Outreach Camps
9. Patient Welfare Society
10. Immunisation Performance, PPI Coverage, AFP & Measles Surveillance and Walk In Cooler Vaccine Stock Monitoring.
11. EDSIS - Effective Diseases Surveillance Information System.
12. Vital Events Survey 2008
13. Pregnancy and Infant Cohort Monitoring
14. Tobacco Control Programme

## ONLINE SOFTWARE DEVELOPED BY GOVERNMENT OF INDIA

1. HMIS NRHM
2. Integrated Disease Surveillance Project
3. Computerisation of Rural Civil Registration System
4. Communicable Diseases & Non Communicable diseases (CBHI)
5. NAMIS

Also, now, the online HMIS Software has been developed by TCS and funded by TNHSP. It has been developed for the use of the Government Hospitals and PHCs and are pilot tested in 5 districts.

The online transmission of data helped the PHCs to use computer systems / Internet effectively and eliminated the manual compilation work. The instant transmission of data from the PHCs ↔ the Directorate is possible now, which enables the District / State level managers to give feed backs as well as to initiate immediate action in time of Medical / Maternal emergencies/ out break of communicable diseases etc., Also preservation/Retrieval of data is possible for any given period for any given institution.

### SCREENSHOTS OF ONLINE SOFTWARES DEVELOPED FOR DPH & PM BY NIC



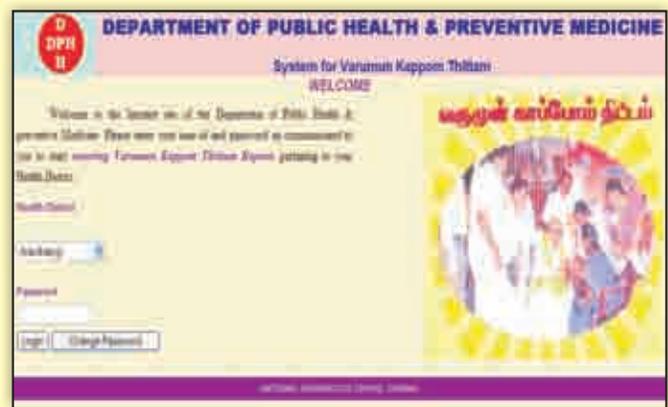
PICM



EDSIS



PHC ACTIVITIES



VARUMUN KAPPOM THITTAM

### 3.9. Appointment of Medical Officers in Tamilnadu

The Primary Health Centres are functioning in the rural areas with an aim of providing adequate Medical facilities to the village public with preventive and curative care.

Generally the PHCs are provided with Doctors with MBBS qualification and the services of DA / DGO qualified Doctors are utilized in the upgraded PHCs, which are provided with additional infrastructure facilities.

To ensure the smooth functioning of PHCs, the vacancies of the Medical Officers are filled up from time to time. Therefore, recruitment of Doctors are made by furnishing the estimate of vacancies to Tamilnadu Public Service Commission, after getting approval of Government. In turn, such vacancies are notified in the Newspapers by the Tamilnadu Public Service Commission to conduct exams on the stipulated date. The successful candidates who qualify in the written / oral exams are selected on merit and are assigned seniority following rotation.

The Director of Public Health and Preventive Medicine is the appointing authority for the post of Assistant Surgeons (Doctors) in Tamilnadu Medical Service from the year 1995. The Doctors so recruited will be posted to PHCs / GHs / Medical Colleges (Teaching Institutions) according to the qualification. The vacancies of the Medical Officers in the 3 Directorates viz. Directorate of Public Health & Preventive Medicine, Director of Medical & Rural Health Services and the Directorate of Medical Education are collectively notified to the Tamilnadu Public Service Commission for the purpose of recruitment. Besides, both the Government Hospitals and Teaching Institutions invariably require the services of PG qualified Specialists possessing Clinical / Non-clinical qualification.

Since the mode of selection by Tamilnadu Public Service Commission would involve a considerable time, Adhoc appointments of Doctors are made. Such Doctors are appointed after getting the consent of Government in relaxation of rule on 10(a)(i) basis.

For selection under 10(a)(i) basis initially the vacancies are notified to the professional Employment Exchange, where MBBS/PG Specialties have registered their names for recruitment.

The seniority is based on their dates of Registration in the Employment Exchange. The Employment Exchange adopts the community wise reservation and will furnish the list of candidates on 1:5 ratio at present.

The list of candidates are obtained from Employment Exchange and processed. The call letters are sent to the candidates and they are requested to attend counseling for appointment to work in rural / urban areas. They are temporarily appointed under 10(a)(i) basis in the time scale of Pay. However, the services shall be regularized after they appear for special qualifying examination or after they qualify in the exams conducted by Tamilnadu Public Service Commission subsequently.

Similarly the contract appointment has also been made earlier and the candidates have been paid consolidated pay during 2004 & 2005 and subsequently, they have been subjected to special qualifying exams.

Besides, appointment of Non-Services PG candidates i.e. those who have undergone PG courses at Government Medical Colleges as Non-Services PG candidates are also made based on Government order since 2007 onwards. The Doctors who have been appointed on Non-service PG basis should serve for a period of 3 years on compulsory basis. After completion of 3 years they can continue in service if they subsequently get selected through Tamilnadu Public Service Commission.

Since a vast number of such Doctors have been appointed on adhoc basis Government orders have been obtained from time to time to conduct special qualifying exams so as to regularize their services.

In addition, Non-clinical specialty appointment of those possessing non clinical qualifications in the field of Anatomy, Physiology, Microbiology is considered and appointed as Non-clinical Tutor in Director of Medical Education also by the Director of Public Health and Preventive Medicine based on Government order.

Ever since the Government has taken over charge during 2006, about 5,794 Doctors have been appointed through Tamilnadu Public Service Commission and on 10(a)(i) basis in 3 directorates through various counseling including the recent 19<sup>th</sup> appointment counseling conducted on 09.11.09 to 10.11.09. Thus, no stone is left unturned in the tireless efforts pursued by the Director of Public Health & Preventive Medicine setting as a role model in the noble objective of providing adequate Medical Care and strengthening the Medical Institution by way of appointment of Doctors. Besides, the functioning of doctors is also thoroughly monitored by making surprise visits by the officers and the machinery of administration is fully geared to cope up to the needs of the public.

Any Assistant Surgeon entering Tamilnadu Medical Service should complete a period of two years of service for undergoing PG course as service candidates. After completion of such specialization in Degree / Diploma in various specialties, such Assistant Surgeon will be considered for release to general side or Specialty side depending upon the speciality course undergone by them. Every year 300 to 400 Assistant Surgeons join PG courses as service candidates.

The details of the present position of doctors in the 3 directorates are as follows.

**Table 3.9.1****STAFF & VACANCY POSITION OF MEDICAL OFFICERS IN ALL THE 3 DIRECTORATES AS ON 12.11.09**

Directorates	Sanctioned Strength	In Position	Vacant	%
DPH (including MMU)	3567	3139	428	11.99
DMS (Asst. Surgeon Regular) / ESI	3011	2946	65	2.1
DME	3231	3037	194	6.0
Grand Total	9797	9108	689	7.03
Asst. Surgeon CEmONC (I,II&III) DGO/DCH/DA – Further list from E.E. awaited	508	446	62	12.2
HSP Phase II	355	341	14	3.94
DPH recently sanctioned post for 110 Additional PHC	232	111	121	52.15
DPH recently sanctioned post for 75 UP Graded PHC	195	67	128	65.64
NICU	21	5	16	0.36

**Table 3.9.2.****RECRUITMENT DETAILS OF MEDICAL OFFICER AFTER FORMATION OF THIS GOVERNMENT  
(FOR ALL THE 3 DIRECTORATES) AS ON 12.11.2009**

TNPSC	1407
10 (a) (i)	2671
Non Service PG	467
Medical Officer appointed on Contract Basis subsequently brought in to time scale of Pay under 10(a)(i)	1249
Grand Total	5794

### 3.10. APPOINTMENTS - 2006 - 2009 ( ENTRY LEVEL ONLY)

S.No.	CATEGORY OF STAFF APPOINTED	No. APPOINTED
1	Medical Officers (inclusive of Municipalities)	49
2	Medical Officers (DPH/DMS/DME/ESI/HSP)	6009
3	Health Inspectors Gr.II	831
4	Village Health Nurses	1262
5	Lab. Technician Gr.III	395
6	Pharmacists	97
7	Ophthalmic Assistants	35
8	Hospital Workers	51
9	Sanitary Workers (PHCs)	34
10	Sweepers (PHCs)	30
11	Watchmen (PHC-1, DPH Office-2)	3
12	Drivers (PHCs-80, DDHS-26)	106
13	Radiographers	98
14	Junior Assistant	185
15	Typist	122
16	Steno Typist	15
17	Office Assistants (DPH-16, DDHS-10)	26
	<b>TOTAL</b>	<b>9348</b>

### 3.11. PROMOTIONS - 2006-07 TO 2008-09

Designation	Total No. approved/ Sanctioned	No. of incumbents promoted during 2006-07 to 2008-09 (Filled in 2007- 08, 2008-09)
	2006-07, 2007-08, 2008-09	2006-07, 2007-08, 2008-09
Director of Public Health and Preventive Medicine	4*	4*
Additional Director of Public Health and Preventive Medicine	8	7
Joint Director of Public Health and Preventive Medicine	12	10
Deputy Director of Public Health and Preventive Medicine	22	20
Joint Director (SBHI)	1	1
Deputy Director (SBHI)	2	2
Chief Entomologist	6	6
Assistant Director (SBHI)	12	11
Senior Entomologist	13	13
Health Educator Training Officer	1	1
Cold Chain Officer	1	1
Chief Water Analyst	1	1
Deputy Chief Water Analyst	1	1
Assistant Water Analyst	4	4
Public Analyst	3	3
Deputy Government Analyst	1	1
Senior Analyst	9	8
Administrative Officer	42	42
Health Inspector Gr-1	1887	858

\*-Inclusive of OSD Posts

Designation	Total No. approved/Sanctioned			No. of incumbents promoted during 2006-07 to 2008-09 (Filled in 2007- 08, 2008-09)		
	2006-07	2007-08	2008-09	2006-07	2007-08	2008-09
Statistical Assistant	18			4	0	1
Entomological Assistant	5			3	2	0
Laboratory Technician Grade-III	33			33	0	0
Computer	1			0	1	0
Data Entry Assistant	1			0	0	1
Field Assistant	61			39	22	0
Machine Supervisor	2			0	2	0
Laboratory Technician Grade-II	3			2	1	0
Electrician Grade-I	4			0	0	2
Superintendent	46	246	30	43	242	25
Assistant	54	105	32	-	-	-
Junior Assistant	-	-	-	-	30	
Typist	-	-	-	-	19	-
Sector Health Nurse	98	259	0	98	259	0
Community Health Nurse	70	125	73	70	125	73
Non Medical Supervisor	25	55	41	25	55	39
Block Health Supervisor	188	58	71	188	58	71

### 3.12. REPORT ON CM CELL PETITIONS, GRIEVANCES REDRESSED - 2008-09

S.No	Details	No.
1	<b>Total no. of CM cell Petitions</b>	
	Received by this department	1017
	Redressed by this department	716
2	<b>Total no. of Grievances</b>	
	Received by this directorate	3290
	Redressed by this directorate	2618
3	No. of Visitors to the Directorate annually	12000
4	<b>No. of Tapals / Currents</b>	
	Received by this directorate	141418
	Disposed by this directorate	113134

### INNOVATIONS IN PUBLIC HEALTH CARE SYSTEM BY NRHM

#### 3.13. Supply of Computers with internet connections to all PHCs:

- ❖ To improve the communication facility between the PHCs and head quarters and to receive/send various communications and reports in time, all the 1421 PHCs were supplied with computers and internet facilities.

**Impact:** The reports are sent / retrieved through online web portal / e-mail for the past 2 years.

#### 3.14. Mobile Phones to VHNs at Health Sub Centres

To improve the communication facility between VHNs and the community, PHCs/ District facilities to arrange for the transportation of emergency cases to Higher Medical Institutions and to inform the outbreak of communicable diseases to the PHCs/Block PHCs/District etc., for initiation of early control measures, all 8706 VHNs were supplied with mobile Phone with BSNL SIM card during 2006-07. This is funded by NRHM. Further recharge amount of Rs.1.044 Crore is sanctioned every year.

**Impact:** Public Health emergencies tackled properly in time.

### 3.15. 24x7 Delivery Care Services in PHCs:

Countries which have a high level of institutional delivery have low MMR. With the objective of reducing MMR, SBR and IMR by making all the deliveries institutional and reduce the delivery load of Secondary and Tertiary Care Institutions, all the PHCs in Tamilnadu have been made 24x7 PHCs and 3 Staff Nurses / PHC have been recruited to provide 24x7 delivery care services in a phased manner as below.



**Table No : 3.15.1. Number of PHCs Made 24X7**

YEAR	No. of PHCs Made 24x7	Cumulative Total
1999-2000	90	90
2001-2002	90	180
2006-2007	600	780
2007-2008	220	1000
2008-2009	421	1421
2009-2010	116	1537
2010-2011	2	1539

Due to the provision of 24x7 delivery care services in PHCs, a shift in deliveries is seen and the distribution of deliveries is as follows.

**Table No : 3.15.2. Increase / Decrease in Deliveries**

Deliveries conducted in	% of Deliveries conducted during		Increase / Decrease (%)
	2006-07	2008-09	
PHCs	7.7	22.9	+15.2
HSCs	5.9	2.3	-3.6
Govt. Hospitals	41.8	39.7	-2.1
Pvt Nursing Homes	41.2	34.6	-6.6
Domiciliary	3.4	0.5	-2.9

Also, 23% of deliveries have been conducted in PHCs alone during 2008-09. More than 700 deliveries are conducted by the Primary Health Centres in Tamilnadu every day.

- ❖ 710 deliveries are conducted every day in PHCs
- ❖ 1020 delivered mothers/ Sterilization cases/ IP cases are given diet every day in PHCs
- ❖ 1285 deliveries have been performed with Caesarian Section during 2008-09 in PHCs

**Impact:** Around 132 crores saved by the poor public and Maternal Mortality reduced

### 3.16. Cesarean Deliveries at PHCs:

- ❖ In Tamilnadu, 11.1 lakh deliveries occur annually and 99.5% of them occur in institutions. 21% of them are cesarean deliveries.
- ❖ Nowadays, cesarean deliveries are conducted in PHCs also by hiring private Gynecologists through NRHM. During 2008-09, 26 PHCs have conducted 1,285 caesarean deliveries in our State.



**Impact:** Around 2.5 crores Rupees saved to the poor people because of caesarean done at PHCs and Maternal Mortality reduced.

### 3.17. Blood Storage Facility at upgraded PHCs:

- ❖ Tamilnadu is the first State in establishing blood storage facility at Primary Health Centres level.
- ❖ This strategy was initiated to cope up with the demand for blood in treating severe anaemic mothers as well as to transfuse blood during cesarean surgeries.
- ❖ So far 131 PHCs have Blood Storage facility. In addition to this, another 101 PHCs will have this facility during 2009-10.
- ❖ 697 blood donation camps were conducted during 2008-09 and 17,200 units of blood were collected through outreach camps.



**Impact:** Increase in Voluntary Blood Donors, Availability of Blood donors at PHC / Block / District level.

### 3.18. Hiring of Private Anaesthetists at PHCs

Due to non availability of specialists at the FRUs as required, provision of Emergency Obstetric Care (EmOC) to the mothers becomes difficult which sometimes result in maternal mortality. To avoid this, hospitals / PHCs are allowed to hire private Obstetricians, Anaesthetists as and when required. This scheme was implemented first by Tamilnadu during 1999. Ceasereans, Family Welfare Surgeries etc., are done at PHCs / Government hospitals utilising the private doctors. An amount of Rs. 2.03 crores have been released during 2008-09 by NRHM to implement this programme.

### 3.19. Training of MBBS Doctors in Multiskilling

MBBS Doctors are given 6 months Life Saving Anaesthetic Skill Training in anaesthetics skill at Medical Colleges. Up to 2008-09, 126 MBBS Doctors were trained and out of which 8 are female doctors. These doctors have performed 34,515 surgeries.

### 3.20. Birth Companionship Programme

First time in the country, Tamilnadu implements Birth Companionship Programme in which one female attendant is being allowed to the labour ward in all Government Hospitals with the expectant mother from August 2004. Subsequently, this programme was extended to PHCs also. Confidence level of the mother seems to be high as a close female relative with consoling and supportive gesture is available by her side. This resulted in good co-operation by the mother during delivery. Emergency cases are attended / transported to higher medical institutions in time, the companion becomes a witness of the activity occurring in the labour ward.



**Impact:** Increases the confidence level of the mother during delivery. Promotion of early initiation and exclusive breast feeding etc. are made possible.

### 3.21. Free Diet for AN mothers and for mothers during delivery:

Due to the introduction of 1421 PHCs as 24x7, the deliveries in PHCs have increased to 23% of total State deliveries.

The pregnant women who attend Antenatal clinic in the Primary Health Centre undergo Diabetic screening and Ultra-sound examination which take around two to three hours. Around 50 to 75 pregnant women attend the A.N. clinic in each Primary Health Centre. Most of the women from the rural areas start from the residence in the morning and after examination in the Primary Health Centre goes back to her village on empty stomach. There are no hotel near by the Primary Health Centre.



Initially as there was no provision of funds to provide food for them, the District Officers were motivated to find out sponsors in the community to provide food for them. There was tremendous response among the community leaders to feed the pregnant women and delivered mothers in the Primary Health Centre. Based on the successful experience in few districts, this kind of sponsorship for provision of foods for pregnant women spread to all the districts. This activity was very much appreciated by the media and elected leaders. Realising the importance of this programme, Government of Tamilnadu decided to give diet to all Antenatal mothers during Antenatal Clinics and Postnatal mothers after delivery at PHCs 3 times daily for 2 days from 15-09-2008.

Number of delivered mothers given diet in PHCs during 2008-09 is 2,19,411. Rs. 1.08 crores has been released last year by NRHM.

- ❖ *An average no. of 154 mothers were given diet in each PHC per annum.*
- ❖ *On an average, 600 PN mothers are given diet daily in Tamilnadu*

### **3.22. GESTATIONAL DIABETES CONTROL PROGRAMME**

The prevalence of the non-communicable diseases like Diabetes and hypertension is on the rise due to the change in the food habit and culture. Gestational Diabetes causes abortion, still birth, big baby, birth defects, respiratory distress, neonatal death and sometime even maternal death. Gestational Diabetes could be easily detected at early pregnancy with the Semi auto analyzers supplied to the PHCs and the treatment could be given at the PHC level and safe delivery could be ensured.

- ❖ *Total no. of AN/PN Mothers tested for Gestational Diabetes were 1,38,108 during 2008-09.*
- ❖ *On the whole, 10.4% of total ANCs in Tamilnadu have been tested for Gestational Diabetes through the PHCs alone.*
- ❖ *Every Block PHC has tested 335 ANCs for Gestational Diabetes annually.*
- ❖ *Among Tested, 1.4% of ANCs found positive for Gestational Diabetes.*
- ❖ *Every PHC has detected and treated 11 ANCs suffering from Gestational Diabetes.*

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

- ❖ IDSP is being implemented in Tamilnadu with the financial assistance of Government of India.
- ❖ For the past 3 years, Tamilnadu stands No. 1 in the implementation of IDSP

**Impact:** *Early detection of disease trends and initiation of control measures*

### **3.24. Dental Health Services:**

- ❖ The pilot Dental Health Check-up Programme was carried out in 16 PHCs of 4 Districts.
- ❖ Now, the scheme is implemented in 148 PHCs.
- ❖ Under this scheme, 1,64,492 rural people and school children were benefited so far.

### 3.25. Mechanised Laundry:

- ❖ In Vellore and Saidapet Health Unit Districts (HUD), mechanised laundries have been provided and the PHCs in these HUDs are successfully utilising the laundries for cleaning their linen.
- ❖ Based on the success in the above 2 HUDs, it has been decided to extend the mechanised laundry facilities to all HUDs in the State and a budget of Rs. 10 crores has been provided during 2009-10 by NRHM.



### 3.26. Public Private Partnership

Through Public Private Partnership, in many Districts, the Deputy Directors of Health Services have ventured innovative ideas such as,

- ❖ Construction of Upgraded PHC in Medavakkam, Saidapet HUD with a budget of 2.5 Crores
- ❖ Construction of Maternity ward in Melakal PHC, Madurai HUD with the budget of 12.5 lakhs.
- ❖ Establishment of Park and Delivery cot in Nandivaram PHC, Saidapet HUD with a budget of 5 lakhs.
- ❖ Times foundation has constructed a 30 bedded PHC with required Equipments at a cost of Rs. 3.00 crores in Semmencheri, Saidapet HUD, Kancheepuram District.
- ❖ Construction of Effluent Treatment Plant for Machanised Laundry in Thenkadappanthangal HSC, Vellore HUD with the budget of 4 lakhs.
- ❖ Establishment of Patient Waiting Shed in Thimiri PHC, Vellore District and in Morappur PHC, Dharmapuri District with the budget of 1.5 lakhs each.
- ❖ Provision of Blood Storage Facility in Lalapet PHC, Vellore HUD with the budget of Rs. 4.5 lakhs.
- ❖ Provision of diet to AN mothers in all PHCs in Thiruvallur HUD with a cost of Rs. 50,000/- per PHC per annum.



It will be appropriate to mention here that FICCI have ranked Tamilnadu as First State and awarded as "State with

Excellence on Best Reforms for the year 2009". This award was given for exemplary work done with respect to PPP in construction of Upgraded PHC at Medavakkam.

❖ Apart from this, following are the various other major activities carried out with PPP:

- o Cataract Surgery
- o Sterilisation
- o Heart Surgery
- o Ambulance Services

### 3.27. Palli Sirar Irudhaya Padhukappu Thittam

This programme was inaugurated by the Hon'ble Minister of Health and Family Welfare, Tamilnadu on 03-06-2008. 2,234 children with Rheumatic Heart cases were identified and referred to higher medical institutions. But, due to the non-availability of manhours of specialists in Government Hospitals as required and due to the heavy case load to the Government Hospitals, the Heart Surgeries to the needy cases are getting delayed. Hence, the students from Below Poverty Line (BPL) family are given financial assistance from State Government and NRHM funds for performing heart surgeries at private hospitals.



During 2008-09, Heart surgeries have been performed to 1,645 students under this scheme with a budget of Rs. 10 crores.

### 3.28. Outreach Blood Donation Camps

Provision of safe blood at the level of First Referral Units is a priority area for reducing deaths due to Post partum haemorrhage which is a major cause of maternal mortality. Blood Donation camps are conducted in the community on a fixed date and fixed venue with the assistance of Govt. Blood Banks and Red Cross Societies in all the PHCs under RCH II Programme. First time in the country, this innovative life saving project was implemented as a pilot project in Theni District in April 2003 for timely availability of blood for emergency obstetric and other cases. This has been expanded to all the Districts with the funding support of NRHM.



Blood Donors Directory at PHC level was prepared, compiled and made available at District level. It is used in emergencies for getting blood of rare blood types. Also, to ensure blood safety, all the upgraded PHCs

with Operation Theatres are being provided with Blood Storage facilities under this Programme. During 2008-09, 0.77 crores have been released by NRHM and 17,200 blood units have been collected through 697 camps.

- ❖ *13 Camps were conducted every week through out the state and an average of 25 Blood Units were collected per camp.*

### **3.29. Provision of Outreach Services through Mobile Medical Units**

Outreach Services play a major role in taking health care services to the inaccessible areas and under served population. With the objective of providing reproductive health services at the door steps of the people and to provide health care to the elderly people, disabled and women with newborns in inaccessible and under served areas, all the 385 Blocks have been provided each with 1 Mobile Medical Unit with a dedicated team of staff including Medical Officer. This unit visits these areas every month following a fixed tour programme. Total no. of camps conducted during 2008-09 were 87,883.

- ❖ *Every team, on an average, conducted 265 camps per annum at the rate of more than 20 camps per month.*
- ❖ *Total no. of persons benefitted during 2008-09 under this Programme were 43,84,647.*
- ❖ *Average of 50 persons were benefitted during each camp by each team at their doorsteps.*
- ❖ *Every team, on an average, treated 11,400 persons per annum.*

### **3.30. JANANI SURAKSHA YOJANA (JSY)**

Janani Suraksha Yojana scheme is implemented by the Government of India and the expenditure are borne by Government of India. The pregnant women below poverty line and all the pregnant women of SC, ST communities are the beneficiaries under this scheme and they are given Rs.700 for institutional deliveries and Rs.500 for Domiciliary deliveries in rural areas. Also, Rs.600 for institutional deliveries and Rs.500 for Domiciliary deliveries are given in urban areas. Detailed report is followed in page no. 170.

