



HEALTH & FAMILY WELFARE DEPARTMENT

POLICY NOTE

ON

HEALTH AND FAMILY WELFARE

2006 - 2007

Demand No.19 : Health & Family Welfare

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POLICY NOTE
ON
HEALTH AND FAMILY WELFARE - 2006-2007

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Chapter - 1

INTRODUCTION

“Let diseases and their causes be found and treatment effected accordingly”.

1.1. The lofty ideals enshrined in the above couplet of Ayyan Thiruvalluvar in his immortal Thirukkural are appropriately followed in running the Health and Family Welfare Department by the Government headed by Dr. Kalaignar. Government of Tamil Nadu is totally committed in building healthy people, not only by making available quality medicare facilities at the door step of every citizen in the remotest corner of the State, but also by providing medical facilities of the highest order, keeping pace with rapid technological developments in the field of medicine. Government of Tamil Nadu provides preventive, curative and promotive care to all classes of the society.

1.2. The following initiatives have been taken to fulfill the promises made to the people in the health sector:-

- At present 14 Government Medical Colleges are functioning in 12 Districts to improve tertiary care in the State. New Government medical colleges will be started in districts that are not having medical colleges in a phased manner. As a first step, a Government medical college will be established at Villupuram.
- With a view to creating employment opportunities for the students in rural areas quickly, this Government will facilitate establishment of Dental Colleges, Nursing Colleges and Colleges of Physiotherapy in rural areas.

- The 'Varumun Kappom Thittam' will be revived soon. Under this scheme, comprehensive health check up, treatment and health education to the rural and urban people will be provided. The medical camps will be conducted at the Health Sub-Centre level, every week covering 5000 population. In addition, camps will be held in the urban areas also. During the camps, the Specialist doctors will screen the beneficiaries for communicable and non-communicable diseases. They will give treatment for minor ailments. All the investigations like blood and urine examination will be done by using modern laboratory equipments like Semi Auto-Analyzer. All expectant mothers will be examined with Ultra Sonogram to detect any abnormalities. It is proposed to conduct 9000 camps during the current year and next year. The referral and follow up camps will also be conducted in the referral institutions. All the morbidity data will be computerized and used for planning purposes.
- The first step to reduce the anaemia among the vulnerable population is the accurate estimation of haemoglobin. Periodically the haemoglobin has to be estimated to monitor the impact of treatment. But the PHCs do not have

laboratory equipments for the accurate estimation of Haemoglobin, early detection of non-communicable diseases like diabetes, jaundice, estimation of blood cholesterol etc., The semi auto-analyser is a modern laboratory equipment which would be very useful to carryout complete blood examination at a cheaper cost. The quality of the laboratory results will be more accurate. The semi auto-analyser, would also be useful for the early detection and monitoring the diabetes which will reduce the OP load in the referral institutions. This will reduce the unnecessary travel by the patients to the hospital. It is proposed to provide semi auto-analyser to the required PHCs at the rate of one per PHC at a cost of Rs.17 crores. This will facilitate the doctors to address the problem of Maternal, Adolescent and Childhood anaemia.

- A special welfare programme will be started soon for expectant women from below poverty line families to compensate the loss of wages, to prevent anaemia for nutritional supplementation, and also to avoid low birth weight babies at a cost of Rs.100.00 crores towards the cash assistance for three months prior and after delivery period. Totally a sum of Rs.6000/- will be given to a expectant

mother under this special scheme. The benefit of scheme will be restricted to two deliveries only.

- A Special Monitoring Vigilance Committee will be constituted soon to monitor and to improve the quality of services in Government Hospitals.
- Steps have been taken to screen for HIV in all Districts, Sub-Districts hospitals and Block Primary Health Centres.
- Action has been initiated to fill up all the vacancies in Government Hospitals on regular time scale of pay. 1393 Doctors and 1800 Nurses have been appointed. 1539 Doctors and 5260 Nurses working on contract and paid consolidated pay till now will be brought under time scales of pay.

1.3. The provision for Health and Family Welfare Department under Demand No.19 for 2006-2007 is Rs.1951.28 crores as detailed below:-

(Rs. in Crores)

Demand	Non Plan	Plan			Total
		State Plan	Centrally Spon sored	Shared between Centre and State	
(1)	(2)	(3)	(4)	(5)	(6)
19. Health & Family Welfare	1252.02	469.82	223.84	5.00	698.66

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Demand	Total Plan and Non Plan	Add Recoveries	Total
(1)	(7)	(8)	(9)
19. Health & Family Welfare Department	1950.68	0.60	1951.28

This includes Rs.1865.42 crores on the Revenue Account and Rs.85.86 crores on the Capital Account. The provision on the Revenue Account, works out to 4.68% of the total provision of the Revenue Account of Rs.39860 crores in the Tamil Nadu State Budget for the year 2006-2007.

1.4. The directorate-wise provision for 2006-2007 made under Demand No.19 Health and Family Welfare Department is as follows:-

(Rs. in Lakhs)

1	Secretariat	387.91
2	Directorate of Medical and Rural Health Services	31824.95
3	Directorate of Medical Education	63583.11
4	Directorate of Public Health and Preventive Medicine	57064.42
5	Directorate of Family Welfare	6625.54
6	Directorate of Drugs Control	516.57
7	Commissionerate of Indian Medicine and Homeopathy	6886.82
8	Tamil Nadu State Health Transport Department	995.55
9	Reproductive and Child Health Project	10004.89
10	Tamil Nadu Health Systems Project	17238.37
	Total	195128.13

Note:

- a. Apart from the above provision, funds towards Civil Works being undertaken by Public Works Department have been provided to the tune of Rs. 136.93 crores under Demand No.39.

- b. Provision towards ESI Hospitals for Rs.93.94 crores has been provided in the Labour and Employment Demand No.32.

1.5. New Schemes for 2006-2007:

It is proposed to implement 35 new schemes (Part-II Schemes) at a total ultimate cost of Rs.1182.42 lakhs. The Directorate-wise details are furnished below:-

(Rs. in lakhs)

Sl. No.	Directorate	No. of Schemes	Ultimate Cost	Cost for 2006-07
1	Directorate of Medical Education	16	809.42	477.29
2	Directorate of Medical and Rural Health Services	2	109.12	109.04
3	Commissionerate of Indian Medicine and Homeopathy	6	122.75	77.00
4	Directorate of Public Health and Preventive Medicine	5	94.38	92.38
5	Directorate of Family Welfare	2	40.00	40.00
6	Directorate of Drugs Control	3	3.25	3.25
7	Tamil Nadu State Health Transport Department	1	3.50	3.50
	Total	35	1182.42	802.46

1.6. Details of the New Schemes proposed and the activities of the Directorates are narrated in the succeeding chapters.

Chapter - 2

MEDICAL EDUCATION

2.1. The Directorate of Medical Education (D.M.E) is functioning from July 1966. The prime responsibilities of the Directorate are:

1. Development of Medical Education.
2. Administration of Medical Colleges and Teaching Hospitals.
3. Effective supervision of Selection Committee for admission to specified Medical and Nursing Courses of Study.

2.2. Medical Institutions:

At present 14 Government Medical Colleges, 1 Government Dental College, 2 Physiotherapy colleges and 2 Nursing Colleges are run by the Government. A total of 44 hospitals attached to various medical colleges are functioning under the control of Director of Medical Education. The total bed strength of these hospitals is 22426. The daily average inpatient and outpatient strength are 20925 and 68908 respectively. Medical Education is provided in both Government and Private institutions in the State. The relevant data is presented in Tables 1 and 2 below:

Table 1 : Number of seats available in each course in Government sector:

(a) Number of seats available in undergraduate / diploma courses:

Name of the Course	No. of seats
M.B.B.S.	1645
B.D.S.	100
B.Sc. (Nursing)	50
B.P.T.	50
B.Pharmacy	106
Diploma in Nursing	1795

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

Courses	No. of Specialties	Total intake capacity
P.G. Degree	23	429
P.G. Diploma	15	460
M.D.S	7	36
Higher Specialties	14	69
M. Pharmacy	4	32
M.Sc., (Nursing)	4	8

Table 2: Number of self-financing Medical and Para Medical Institutions functioning in the Private Sector:

Colleges	Number of Colleges	Number of seats
IRT Medical College, Perundurai (Quasi Government College)	1	60
Medical Colleges- M.B.B.S.	3	350
Dental Colleges	7	520
Bachelor of Pharmacy	32	1735
Bachelor of Physiotherapy	35	1725
Bachelor of Science (Nursing)	39	1905
Bachelor of Occupational Therapy	4	200
D.Pharm to B.Pharmacy (Lateral Entry 10%)	28	152

2.3. Selection Process:

Selection to MBBS/Bachelor of Dental Surgery/ Bachelor of Science (Nursing)/ Bachelor of Physiotherapy/Bachelor of Occupational Therapy/Bachelor of Pharmacy courses is done under single window system by a selection committee under the Chairpersonship of the Director of Medical Education in accordance with the policy of Government announced every year. Admission to

Postgraduate Diploma, Degree, MDS and Higher specialties course is done by the Selection Committee through a common entrance examination followed by counselling, adopting the rule of reservation. Admission to diploma courses in Nursing is also done by the Selection Committee on Merit basis (+2 marks) followed by counselling and adopting the rules of reservation.

2.4. Government Medical College, Theni:

The State Government have obtained the permission of the Central Government to start the Government Medical College, Theni, from the academic year 2006–2007 with an intake of 100 students and admissions have been made in the college.

2.5. New Government Medical Colleges:

The State Government have decided to start new Government Medical Colleges in the Districts where there is no Government Medical College. In the first phase, a new Government Medical College at Villupuram District, will be established and all preliminary works will be taken soon.

2.6. New Dental, Nursing and Physiotherapy Colleges:

For the benefit of rural students to get quick employment opportunities, the Government are taking steps to establish Dental, Nursing and Physiotherapy colleges in the rural areas of the State.

2.7. Starting of Para Medical Courses:

2.7.1. At present there are 10 new Paramedical Certificate Courses of one-year duration and DMLT Course of two-year duration being conducted in 14 Government Medical Colleges in Tamil Nadu. The Government have proposed to increase the existing seats from 2700 to 5000 for the above courses.

2.7.2. The present self-supporting courses in Government Colleges, which will be availed only by the affluent students, be converted into regular courses and the fees fixed accordingly.

2.7.3. At present the fees to the Post Graduate Medical Courses in Government Colleges are high. Efforts will be taken to reduce it.

2.7.4. In pursuance of the 93rd Constitutional Amendment Act, the State Government will bring necessary legislation specifically providing for mandatory reservation for Scheduled Castes, Scheduled Tribes, Backward Classes, Most Backward Classes and other Denotified Communities in unaided non-minority self financing educational institutions.

2.7.5. As per the judgment of Supreme Court of India in P.A.Inamdar's Case, the Self Financing colleges shall not be asked to surrender seats for allotment under Single Window System. As such the self-financing colleges are reluctant to surrender seats to Single Window System (SWS) of admissions voluntarily. Negotiations were held with the Association of Self Financing Medical/Dental/Para medical colleges in the State and they have agreed to surrender seats voluntarily for allotment under SWS as detailed below:

	Government	Management
Non-Minority Colleges	65%	35%
Minority Colleges	50%	50%

2.8. DNB Courses in Government Medical Colleges / District Headquarters Hospitals:

2.8.1. National Board of Examination, New Delhi is conducting DNB Courses, which is recognized as equivalent to Post Graduate courses. The State Government have decided to Start D.N.B. courses in Government Medical Colleges/District Headquarters Hospitals as detailed below:

(i) DNB Courses to be started in 14 Government Medical Colleges as indicated below:

	Number of Courses	Number of Seats
Non-Clinical Specialities	64	128
Clinical Specialities	103	202
Super-Specialities (Medical and Surgical)	41	81
Total	208	411

- (ii) DNB Courses totalling 151 seats are to be started in 29 District Headquarters Hospitals under the control of Director of Medical and Rural Health Services.

2.8.2. Necessary proposals will be sent to National Board of Examinations, New Delhi.

2.9. Increase of Post Graduate seats in Government Medical Colleges:

2.9.1. At present, seats in Post Graduate Degree / Diploma / Higher Speciality / MDS Courses in Government Medical Colleges are not in commensurate with the total doctors available in the State both service and non-service. In order to give due opportunities to the young doctors to get higher education of their choice the Government have sent proposals to the Central Government to start new Post Graduate course / increase of seats in the existing capacity in 10 Government Medical Colleges as detailed below:

1.	New Courses	187
2.	Increase of Seats	32

2.9.2. The State Government have also sanctioned a sum of Rs.1.46 crores in connection with the starting of the above courses.

2.10. 100% Admissions for the Graduate students and Doctors of Tamil Nadu in P.G. degree courses in medical faculty and protecting the rule of reservation policy:

2.10.1. At present 15% of total seats in MBBS / BDS courses and 50% of total seats in Post Graduate courses are offered to Central Government for being allotted under All India quota. The candidates of Tamil Nadu getting selected under All India Quota are meagre compared to the large number of seats surrendered to All India Quota.

2.10.2. To protect the Government policy on Rule of Reservation and for allotting 100% of Post Graduate MBBS / BDS Seats offered in Tamil Nadu Government Medical Colleges to the students belonging to Tamil Nadu, all efforts are being taken by getting legal opinion.

2.11. The Medical Institution, Salem, has to be upgraded on par with All India Institute of Medical Sciences at New Delhi for bringing Tamil Nadu as first in Medical Service:

It is proposed to bring Mohan Kumaramangalam Medical College and Hospital, Salem on par with All India Institute of Medical Sciences under Pradan Manthri Swathaya Suraksha Yojana Programme. Accordingly, Central Committee has inspected the Medical College at Salem.

2.12. Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Chennai:

For the improvement of this Hospitals, the Government have sanctioned a sum of Rs.191.74 lakhs towards the purchase of equipments and Rs.43.20 lakhs for the 100 KVA Generator set, Medical Gas Pipe Line and construction of Ramp at the new building. The Government have further sanctioned a sum of Rs.0.79 lakhs towards recurring expenditure for maintenance of Generator and Bio-Chemistry Equipments.

2.13. Setting of Special Monitoring Vigilance Cell for the improvement of Hospital Administration and the Services of all Government Hospitals:

For improvement of Hospitals and its services, the Government will constitute a special monitoring vigilance cell shortly.

2.14. Cancer Control Programme:

The following Hospitals have been provided with Cobalt Therapy Units to treat the cancer patients:

1. Government Royapettah Hospital, Chennai
2. Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Chennai.
3. Government General Hospital, Chennai
4. Government Stanley Hospital, Chennai
5. Government Thanjavur Medical College Hospital, Thanjavur.
6. Government Tirunelveli Medical College Hospital, Tirunelveli.
7. Government Rajaji Hospital, Madurai

8. Government Coimbatore Medical College Hospital, Coimbatore
9. Government Arignar Anna Memorial Cancer Hospital, Kancheepuram

2.15. Mammography Units:

The following Government Hospitals have been provided with Mammography Units. (a vital Equipment to detect the Breast Cancer at the beginning stage)

1. Coimbatore Medical College Hospital, Coimbatore
2. Thanjavur Medical College Hospital, Thanjavur
3. Tirunelveli Medical College Hospital, Tirunelveli
4. Vellore Medical College Hospital, Vellore.

2.16. Mental Health Care:

The Institute of Mental Health, Chennai has been strengthened and the functional facilities improved. The bed strength of the Institute is 1800. An average of 1151 in-patients and 328 outpatients are taking treatment per day at this Institution. At present, 8 de-addiction centers are functioning in Medical College Hospitals.

2.17. Blood Bank:

There are 22 licensed Blood Banks functioning in Teaching Hospitals under the control of Director of Medical Education.

2.18. King Institute of Preventive Medicine:

The King Institute of Preventive Medicine, Guindy is one of the premier Institutions of this country. This Institute is manufacturing Vaccines and serum. It is also a teaching and research centre. The Virology Department of this Institute is recognized by Government of India and World Health Organisation as the National Polio Laboratory for South East Asia Region of the World Health Organization. The Staff strength of the Institute is 691.

2.19. Institute of Ophthalmology and Government Ophthalmology Hospital, Chennai-8:

The Government have sanctioned an amount of Rs.2.54 Crores for strengthening of the Institute of Ophthalmology and Government Ophthalmic Hospital, Chennai.

2.20. Strengthening of the Bernard Institute of Radiology, Government General Hospital, Chennai:

Equipments at the cost of Rs2.70 Crores will be provided shortly to the Bernard Institute of Radiology, Government General Hospital, Chennai.

2.21. Government General Hospital, Chennai:

Modern 64 Slice C.T.Scanner at a cost of Rs.5.50 Crores will be established at the Government General Hospital, Chennai by the Tamil Nadu Medical Services Corporation.

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

2.22.1. The Tamil Nadu Dr.M.G.R. Medical University was established in July 1988, to promote academic excellence, to provide for research and advancement of knowledge in the field of medical and Paramedical Education.

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

2.23. NEW SCHEMES FOR 2006 – 2007:

1. Construction of building for Faculty Block, Administrative Block, Lecture Theatre and Library at Stanley Medical College, Chennai at a total cost of Rs.500.00 Lakhs.
2. Establishment of Transplantation Tissue Center in the Department of Immunology at Stanley Medical College, Chennai at a total cost of Rs.9.40 Lakhs.
3. Purchase of equipment for the newly constructed Government Peripheral Hospital, Injambakkam, Chennai at a total cost of Rs.20.00 lakhs.
4. Replacement of source in the Cobalt 60 Machine Phoenix C 86 at Government General Hospital, Chennai at a total cost of Rs.40.48 lakhs.

5. Purchase of Equipments for the Department of Endocrinology at Institute of Obstetetrics and Gynaecology and Hospital for Women and Children, Chennai at a total cost of Rs.20.00 lakhs.
6. Improvement of Department of Microbiology at Institute of Child Health and Hospital for Children, Chennai at a total cost of Rs.7.05 Lakhs.
7. Construction of second floor in the existing new building in the Government Institute of Thoracic Medicine, Chetpet, Chennai at a total cost of Rs.18.75 Lakhs.
8. Purchase of equipments for the improvement of Government Institute of Thoracic Medicine, Tambaram at a total cost of Rs.18.00 lakhs.
9. Purchase of Medical and Non Medical Equipments for the improvement of Government Peripheral Hospital, Anna Nagar, Chennai at a total cost of Rs.51.50 lakhs.
10. Construction of Ladies Hostel at Madurai Medical College, Madurai at a total cost of Rs.38.30 Lakhs.
11. Purchase of equipments for the Department of Ophthalmology at Government Royapettah Hospital, Chennai, at a total cost of Rs.10.00 Lakhs.
12. Purchase of equipments for the Department of Dermatology at Government Royapettah Hospital, Chennai, at a total cost of Rs.3.08 Lakhs.
13. Purchase of equipments for upgrading the Department of Paediatrics at Government Royapettah Hospital, Chennai at a total cost of Rs.27.73 Lakhs.
14. Purchase of equipments for the Department of Orthopaedics at Government Royapettah Hospital, Chennai at a total Cost of Rs.19.13 lakhs.
15. Purchase of equipments for the Department of Nephrology at Government Royapettah Hospital, Chennai, at a total cost of Rs.11.00 Lakhs.
16. Purchase of equipments for the Department of Urology at Government Royapettah Hospital, Chennai at a total cost of Rs.15.00 Lakhs.

Chapter - 3

MEDICAL AND RURAL HEALTH SERVICES

3.1. Introduction:

3.1.1. The Director of Medical and Rural Health Services is incharge of Planning and implementation of all Programmes of Medical Services through the grid of 29 District Headquarters Hospital, 155 Taluk Headquarters Hospital, 80 Non-Taluk Hospitals, 12 Dispensaries, 11 Mobile Medical Units, 7 Women and Children Hospitals, 2 TB Hospitals, 2 TB Clinics and 7 Leprosy Hospitals. He also looks after the implementation of various schemes like Human Organ Transplantation Act and Private Clinical Establishment Regulation Act, Pre-natal Diagnostic Techniques Act, Accreditation of Private Hospitals, District Mental Health Programme etc.

3.1.2. 29 of the 30 Revenue Districts in the State with the exception of Chennai City are administered either by Joint Director of Medical and Rural Health Services and Family Welfare or by Deputy Director of Medical and Rural Health Services and Family Welfare.

3.1.3. The Deputy Director of Medical and Rural Health Services (TB) in every District implements the Revised National Tuberculosis Control programme (RNTCP). The Deputy Director of Medical and Rural Health Services (Leprosy) in each District looks after the leprosy eradication programme. This programme has already been integrated with the Directorate of Public Health and Preventive Medicine to involve Leprosy field Staff in Public Health work and the Health Inspectors in Leprosy work.

3.1.4. Improvements to the Hospitals and Dispensaries under the Director of Medical and Rural Health Services control in the form of expanded medical facilities, specialist services such as Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology, ENT, Venereology, Orthopaedic Surgery, Anaesthesiology, Child Health, Dental, Psychiatry, Laboratory Services, Leprosy, TB, Diabetics, Cardiology constitute important development activities.

3.1.5. Specialists in the rank of Senior Civil Surgeons are available in all the District Headquarters Hospitals. Accident and Emergency Services are also available. The Maternal and Child Health and Family Welfare activities are under taken effectively through the Non-Teaching Medical Institutions.

3.1.6. The other programmes such as control of blindness, medical facilities under Hill Area Development programme (HADP), Adi-dravidar and Tribal Welfare programme etc. are being co-ordinated and implemented by the Director of Medical and Rural Health Services.

3.2. Appointment of Staff Nurse on Contract Basis:

The Government have accorded permission to recruit 1800 Staff Nurses on Contract basis, to improve 24 hours Round the clock Maternity and Child Health Care activities under Reproductive and Child Health Project by allotting three staff nurses to each of the 600 Primary Health Centres. 1800 Nurses have since been appointed on contract basis. This Government is taking action to bring all the Contract Nurses numbering 5260 to regular time scale of pay.

3.3. Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994:

To curtail the highly adverse sex ratio and to prevent female foeticide, the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act-1994 is being implemented effectively in this State. State level, District level and sub District level advisory committees have been formed. According to the Act, 2911 Scan centres have so far been registered and constant vigil is being maintained to prevent detection of sex. So far, 95 cases for violation of the Act have been identified and cases have been filed against 70 Scan Centres. Judgement has been delivered in 48 cases. 22 cases are under trial and 25 cases are yet to be filed.

3.4. District Mental Health Programme:

3.4.1. Treating the Mentally ill is an important aspect in our society. For the purpose of treating this kind of people living in villages, a pilot programme called District Mental Health Programme is implemented in Trichy, Ramanathapuram, Madurai, Theni and Kanniyakumari districts. The main aim of this scheme is to identify the mentally ill people and to render proper treatment for the mental illness.

3.4.2. Under this Programme, Mobile Mental Health Team is formed. Psychiatrist and certain non-medical workers will go to the different places in the districts, identify the patients and give them appropriate treatment. Depending upon the severity of mental illness, they are referred to Headquarters hospitals for intensive treatment. Under this programme, Doctors, Nurses and certain para medical workers are trained in mental health care delivery.

3.4.3. Awareness on mental illness and remedies available under this programme is being disseminated among the public through various IEC activities.

3.4.4. Under this programme, 10-bedded psychiatric ward is created in Madurai and Ramanathapuram Government Headquarters Hospitals. Now this programme is broad based and Erode, Dharmapuri and Nagapattinam are brought into the picture of implementation of the programme.

3.4.5. The Director of Medical and Rural Health Services is Controlling and Monitoring Authority and Director, Institute of Mental Health and Deans of Medical Colleges of the programme district are looking after the programme.

3.4.6. This programme is well implemented in the districts.

3.5. **TB Control Programme:**

3.5.1. Every year almost 18 lakhs new T.B. cases occur in the country, of which almost half are infectious. Systematic and sustained effort combined with successful implementation of Directly Observed Treatment Short-course (DOTS) strategies can only effectively control this menace.

3.5.2. There are 8 TB Hospitals in Tamil Nadu - 2 under the control of the Directorate of Medical and Rural Health Services, 4 under the control of Directorate of Medical Education and 2 Private. There are 3091 beds in the State exclusively for in-patient Treatment of acutely ill patients. All the other patients are under the Directly Observed Treatment Short-course (DOTS) in the nearest health facility of the patient. A State level Officer in the rank of Additional Director of Medical and Rural Health Services is acting as State Tuberculosis Officer to coordinate and supervise the Revised National TB Control Programme (RNTCP). At the District level, the Deputy Director of Medical Services is the manager of the Programme.

3.5.3. The Government of India with the World Bank Assistance is providing 100% expenditure for drugs and establishment cost of all District TB Control Societies headed by the District Collectors. The State Government meet the entire expenditure on running all the District TB Centres and Government TB Hospitals.

3.5.4. The Revised National TB Control Programme is implemented in all the Districts through 140 TB Units (one for every 5 lakh population), 776 Microscopic Centres (one for every one lakh population) and about 11, 000 DOT Centres. The RNTCP Programme also has a good partnership with NGOs, Private Hospitals and Private Doctors, Railways, Port Trust and Military Hospitals. The Programme has examined 6.5 lakh persons and diagnosed about 91,720 TB patients during the year 2005-06. Of them 36066 persons are new sputum positive patients. 86% of these patients are cured. It has achieved all the parameters and Targets fixed by Government of India.

Achievements under the RNTCP Programme

Year	Chest Symptomatics for whom sputum examination was done			New Sputum Positive TB Patients diagnosed			Cure rate w.r.t. new sputum positive TB patients diagnosed	
	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement
2000-01	308880	384506	124%	30890	24533	79%	85%	37%
2001-02	310550	380747	123%	31055	23589	76%	85%	81%
2002-03	310550	376037	121%	31055	24346	78%	85%	84%

2003-04	310550	596367	192%	31055	36104	116%	85%	88%
2004-05	486024	632533	130%	48602	39562	81%	85%	89%
2005-06	486024	650123	134%	48602	36066	74%	85%	86%

3.6. **Tamil Nadu State Illness Assistance Society:**

The Government of Tamil Nadu have constituted the Tamil Nadu Illness Assistance Society with a "Revolving Fund" of Rs.15.00 crores. This will be an initial Corpus Fund. The funding pattern will be in the ratio of 2:1 between State Government and Government of India. The affairs of the Tamil Nadu State Illness Assistance Society are administered by the Executive Committee under the Chairmanship of the Secretary to Government, Health and Family Welfare Department. The Director of Medical and Rural Health Services is the Member Secretary. The Society provides financial assistance for life saving surgical treatment in specified categories like Open Heart Surgery, Kidney Transplantation, Skull opening, Hip replacement, Spinal Cord Surgeries etc. in notified Government Hospitals and also accredited private Hospitals through the District Collectors to the patients below poverty line.

3.7. **Upgradation and Strengthening of Accident and Emergency Facilities:-**

3.7.1. Tamil Nadu Government have decided to establish Accident and Emergency facilities to accident victims of every 50 kms. distance in the National High ways of Tamil Nadu.

3.7.2. The Government of India have sanctioned Rs.398 lakhs for upgradation and strengthening of Accident and Emergency facilities in 3 Government Hospitals at Villupuram, Omalur and Perambalur, which are situated in the National Highways.

3.8. **Strengthening of Comprehensive Emergency Obstetric and New born care Centres (CEmONC):**

The Government have sanctioned 200 Specialist Medical Consultant posts in the categories of Obstetrician & Gynaecologists and Anaesthetists on contract basis to 51 CEmONC Centres in the District and Sub-District levels at a total cost of Rs.12 Crores.

3.9. **New Schemes for the Year 2006-2007:-**

1. Provision of telephone facilities to two Government Taluk Headquarters Hospitals at Kariapatti and Manalmelgudi at a total cost of Rs.0.18 lakh.
2. Opening of Dental Clinics in 13 Government Taluk Headquarters Hospitals at Radhapuram, Ottapidaram, Orathanadu, Papanasam, Denkanikottai, Paramathivelur, Keeranur, Kattumannarkoil, Kodavasal, Rameswaram, Thiruvadana, Vedasanthur & Edapadi at a total cost of Rs.108.94 lakhs.
3. Strengthening of Accident and Emergency facilities in 7 Government Hospitals at Tambaram, Walajah, Melur, Padmanabhapuram, Tenkasi, Cuddalore and Namakkal, which are situated in the National Highways at a cost of Rs.10.50 crores.

Chapter - 4
TAMIL NADU STATE
BLINDNESS CONTROL SOCIETY

4.1. Blindness is a major problem throughout India. As early as July, 1972, Dr.Kalaingar had launched the Free Eye Camp Scheme for undertaking surgery for those suffering from cataract induced blindness under which thousands of poor people were operated upon for the removal of cataract and were given free spectacles by organizing camps throughout the State. The National Programme for Control of Blindness launched in 1976 was extended to include the new World Bank Assisted Cataract Blindness Control Project till 30.06.2002. Thereafter the Government of India is funding this programme as a 100% centrally sponsored scheme.

4.2. The main objective of the programme is to reduce the prevalence of blindness to 0.8% by 2007. 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, executing and monitoring at the District level. The Tamil Nadu State Blindness Control Society is functioning under the Chairmanship of Secretary to Government, Health and Family Welfare Department. The Project Director is the Secretary of the society for the implementation of the scheme. Every district in the State has one District Blindness control Society to govern the activities of the National Programme for Control of Blindness. The District Collector is the Chairman of the District Blindness Control Society. The cataract, being the major cause for the avoidable blindness, was given importance and various infrastructure facilities like base eye wards, dark rooms etc., have been built till 2002 and are now in use. Tamil Nadu has been a pioneer in tackling blindness, particularly arising from cataract.

4.3. The following activities were undertaken for the past four years by utilising the assistance provided by the Government of India:-

ACTIVITIES	2002-03	2003-04	2004-05	2005-06
Cataract Operations:				
Target	4,00,000	4,20,000	4,40,000	4,80,000
Achievement	3,71,559	4,33,600	4,85,963	4,94,188
IOL Implantation	3,58,832	4,21,896	4,74,223	4,84,056
School Eye Screening:				
Performance	13,07,716	22,85,098	30,55,985	25,85,663
Refractive error found	50,956	1,39,942	94,233	42,381
Provided with free spectacles	21,220	39,560	43,722	43,130
Eye Donation:				
Eyes collected	---	4,754	4,981	6,920

4.4. It is proposed to carry out the following activities during the current year (2006-2007):

- a) Performing cataract operations with more than 90% being IOL implantation.
- b) Screening of school children for detection of refractive errors and providing free spectacles to poor children.
- c) Collection of eyes for transplantation in persons with corneal blindness.
- d) Provide training to eye surgeons in modern cataract surgery and other specialised procedures.
- e) Enhancing capacities for eye care services in public sector by providing assistance to hospitals at various levels.
- f) Development of eye banks and eye donation centres to facilitate collection and processing of donated eyes. Eye bank has been functioning at Regional Institute of Ophthalmology and Government Ophthalmic Hospital, Chennai in co-ordination with Lions international. It is proposed to start eye banks in Government Medical Colleges, which have postgraduate course in ophthalmology viz, Madurai, Thanjavur and Coimbatore.

4.5. The Government of India have provided financial assistance on the following components during the year 2006-2007:

(Rs. in lakhs)

S. No.	ACTIVITIES	Amount allotted for 2006-07
1	To support salaries of key technical staff (Eye surgeons and Ophthalmic Assistants)	242.00
2	To increase in commodity assistance to various facilities to increase their capacity for treatment of all types of eye ailments including those required for restoration of vision in blind children: a) Commodity assistance for Regional Institute of Ophthalmology (RIO)& Medical Colleges Existing RIOs New RIOs Medical Colleges	30.00 50.00 30.00
	b) For District & Sub-District Hospitals District Hospitals Sub-District Hospitals	12.00 3.00
3	Financial support upto Rs.10 lakhs as Assistance for strengthening/developing eye bank either in Government or Voluntary sector	10.00
4	Recurring Grant-in-aid to NGOs for performing free cataract operations in camps/fixed facilities. Rs.750/- per case will be paid to NGOs. Assistance (Rs.175/- per operated case) to Panchayats for identifying, organizing, motivating and transporting the patient, who needs eye surgery treatment, to Government Hospitals.	977.00
5	In an effort to strengthen/expand the eye care units, non-recurring Grant-in-aid upto Rs.25 lakhs on a 1:1 sharing basis to NGOs is proposed to be given. This grant-in-aid shall be paid by way of ophthalmic equipments, construction of eye ward/OTs, furniture and fixtures of OT and the ward and vehicle for transportation	50.00

4.6. This State Government have already reduced the prevalence of blindness to the level of 0.8% with the assistance provided by the Government of India.

Chapter - 5

PUBLIC HEALTH AND PREVENTIVE MEDICINE

5.1. The Director of Public Health and Preventive Medicine is providing Primary Health care services through a network of 1417 Primary Health Centres and 8683 Health Sub Centres spread over the entire State. All the National Health Programmes are implemented through the Primary Health Centres.

5.2. **Primary Health Care:**

Out of 1417 Primary Health Centres, 385 are Block Primary Health Centres and 1032 are Additional Primary Health Centres. These Primary Health Centres and the 8683 Health Sub Centres provide the preventive, promotive and curative services. Most of the Block Primary Health Centres have emergency services, facilities for sterilization and facilities for detection of cataract cases. Sufficient drugs are supplied to the Primary Health Centres through Tamil Nadu Medical Services Corporation. 628.67 lakhs of outpatients and 3.82 lakhs of inpatients were treated by these Primary Health Centres during 2005-2006.

5.3. **Upgradation of Primary Health Centres:**

The policy of the Government is to provide 30 bedded institution at the rate of one per block where there is no 30 bedded Taluk / Non taluk Hospital or Upgraded Primary Health Centres. These Primary Health Centres would be provided with modern equipments like Ultra Sonogram, portable ECG, X-ray with improved laboratory facilities and ambulance. So far 106 Primary Health Centres have been upgraded as 30 bedded institutions. The Government have accorded sanction for creation of 186 posts of contract Medical Officers and 186 posts of Staff Nurses in 93 Upgraded Primary Health Centres. A proposal for bringing 1539 contract Medical Consultants and Contract Medical Officers to regular time scale of pay is under active consideration of the Government. So far, 1393 Medical Officers posts have been filled up. The remaining 196 vacancies of Medical Officers would be shortly filled from the waiting list from TNPSC.

5.4. **Extension of 24 Hour Delivery Services and Emergency First-aid services in 780 Primary Health Centres:**

Round the clock delivery services with 3 staff nurses model was piloted in 90 Primary Health Centres since 1999 and the scheme extended to 90 more Primary Health Centres in 2005. Now it is being extended to 600 more Primary Health Centres.

5.5. **Buildings of Primary Health Centres**

At present 1371 Primary Health Centres are functioning in Government buildings. Construction of Primary Health Centres is under progress in 9 Primary Health Centres. Buildings have to be constructed for 37 Primary Health Centres. During 1996-97, buildings were constructed for 300 PHCs at a cost of Rs.18 crores and 352 buildings were constructed during 1997-98 at a cost of Rs.33.13 crores. Steps have been initiated to construct buildings for the remaining PHCs under NABARD.

5.6. **Provision of Telephone to Primary Health Centres**

Out of 1417 Primary Health Centres, totally 1389 Primary Health Centres have been provided with telephone facilities. For the remaining 28 Primary Health Centres, telephone facility will be provided during the financial year under Reproductive and Child Health Project.

5.7. **Construction of buildings for Health Sub Centres**

Out of 8683 Health Sub Centres in the State, 6510 are functioning in Government Buildings. Buildings have to be constructed for the remaining 2173 Health Sub-Centres. Out of 2173 Health Sub Centres the Government have already sought NABARD loan for construction of buildings for 234 Health Sub Centres and for the remaining 1939 Health Sub Centres also NABARD loan will be sought for construction of buildings.

5.8. **Immunisation**

After eradication of small pox, Expanded Programme of Immunisation against six childhood diseases namely Diphtheria, Pertusis (Whooping Cough), Tetanus, Measles, Poliomyelitis and Tuberculosis has been launched. Annually around 13 lakhs pregnant women and 12 lakhs infants

have been benefited by Immunisation Programme. Because of effective implementation of Immunisation services, there is a drastic reduction in the incidence of vaccine preventable diseases. The reported cases of Diphtheria, Pertusis (Whooping Cough), Neonatal Tetanus, Poliomyelitis are negligible. Surveillance of Measles cases is strengthened and every year only few Measles cases are reported and containment measures are taken to control the incidence.

5.9. **Pulse Polio Immunisation Campaign**

As a part of polio eradication activities, the State had conducted twelve series of Pulse Polio Immunisation campaign during the period from 1995-96 to 2006-07. Around 65 to 75 lakhs of children under five years of age are covered with additional dose of oral polio vaccine in each campaign involving various departments and voluntary organizations. In the last campaign conducted on 21.05.06, 72 lakhs of below 5 years children were benefited. The State is sustaining 'NIL' polio status since February 2004.

5.10. **Hepatitis B Vaccination**

Hepatitis B Vaccination programme is being implemented in Chennai and in four districts namely Virudhunagar, Ramanathapuram, Madurai and The Nilgiris from 2003 onwards. So far 3.75 lakhs infants were benefited. In a phased manner this programme will be extended to other districts with Government of India support.

5.11. **MMR and Rubella Vaccination**

As a pilot project, MMR and Rubella vaccination programme was launched in 5 blocks namely Anna Gramam (Cuddalore district), Jayakondam (Perambalur district), Andipatti (Theni district), Kilpennathur (Tiruvannamalai district) and Anaicut (Vellore district). 24,919 children of 2 to 5 years of age and 22,390 adolescent girls of 10 to 15 years of age were given MMR and Rubella vaccination. Action is being taken to implement MMR and Rubella Vaccination Programme to all the Districts in Tamil Nadu with Government of India support.

5.12. **Maternal And Child Health Services:**

5.12.1. Maternal and Child Health services are provided through the Primary Health Centres and the Health Sub-Centres. Health Sub-Centre is established at the rate of One per 5,000 population in plain areas and One per 3,000 population in hilly and difficult terrains. The services provided by these Health Sub-Centres are Ante-natal registration, Ante-natal check-up, Vaccination against tetanus, Immunization against Vaccine Preventable Diseases, Delivery care and Post natal care.

5.12.2. Drug, Kit A and Kit B are supplied to both Rural and Urban areas. IFA Tablets (both large and small), ORS packets, Vitamin A Solution and other essential drugs needed for MCH activities for the treatment of minor ailments are supplied through these Kits. To improve institutional deliveries, 1910 numbers of Labour boards in complete stainless steel are supplied to the Health Sub Centers at a cost of Rs.190.00 lakhs. FST (Large) tablets are given weekly once on Thursdays to about 53 lakhs adolescent girls to control adolescent anaemia. The percentage of Institutional deliveries in Tamil Nadu is 95.6% and the deliveries by the skilled attendants is 99.8%.

5.13. **Special Programme For Pregnant Women**

A special welfare programme will be implemented by Government for pregnant woman from below poverty line families to compensate the loss of wages, prevent anemia for nutritional supplementation and for low birth weight babies at a cost of Rs.100.00 crores towards the cash assistance for three months prior and after delivery period. Totally a sum of Rs.6,000/- at the rate of Rs.1000 per month will be given to the pregnant mothers under this special scheme.

5.14. **School Children Health Programme:**

Under the programme, School children studying upto 12th Standard are examined for early detection of the presence of any ailments that may hamper their education as well as health and treated early. Special emphasis is given to Rheumatic Heart problems, Eye disorders, Dental problems, etc. All '**Thursdays**' are declared as School Health Days. Students in need of continuous treatment are referred to higher medical institutions and '**Saturdays**' are Referral days. For the successful implementation of the scheme, two teachers from each school are identified to co-ordinate and they are given training in identifying common ailments and interact with doctors. During 2005 – 06, 54.50 lakhs of students were treated for one or other health problems and 46,528 students were referred to higher medical institutions for further treatment.

5.15. **Control of Communicable Diseases**

The control of communicable diseases is one of the major achievements under Public Health Care services, especially for the diseases occurring in Epidemic forms. Acute Diarrhoeal Diseases and suspected cholera are occupying priority among water borne diseases. 54,225 water sources were chlorinated during 2005-06. Oral Rehydration Salt has been advocated by Government of India as a safe method of controlling dehydration. Popularization of the use of Oral Rehydration Salt is being done intensively through health education and method of preparation of Oral Rehydration Salt solution is also demonstrated by the field staff to the community.

5.16. **Industrial Hygiene and Health**

5.16.1. The water analysis laboratories are established at Chennai and Coimbatore to collect and examine water samples from various protected water sources to control pollution and contamination of drinking water. These laboratories also assist the Tamil Nadu Pollution Control Board in examining samples of Industrial wastes and conduct field surveys to ensure the prevention and control of Environmental and Industrial Pollution.

5.16.2. Air pollution surveys are also carried out around the industries to assess air quality. Efforts are also taken for abatement of nuisances and classify the industrial and residential areas. During 2005, 25490 water samples have been tested.

5.17. **Prevention of Food Adulteration:**

The Prevention of Food Adulteration Act 1954 is implemented in Tamil Nadu and the entire State is notified for Prevention of Food Adulteration Act. During 2005-2006, 3641 samples were analysed of which 421 samples were found adulterated and 33 cases were launched for prosecution. 9 cases were convicted out of which 3 were fined and 6 were fined with imprisonment.

5.18. **Vital Statistics:**

5.18.1. Registration of Births and Deaths is compulsory throughout Tamil Nadu and the Director of Public Health and Preventive Medicine is the Chief Registrar of Births and Deaths. The system has been revamped from 1.1.2000 and implemented in Tamil Nadu as per Tamil Nadu Birth and Death Registration Rules 2000. All the linked Department officials have been trained under revamped system of Birth and Death Registration.

5.18.2. As part of creating awareness on birth registration, a massive campaign was organized to distribute free birth certificates from 14th November 2003 and so far 44.42 lakhs birth certificates were issued at free of cost to children below 10 years:

Vital Rates (2004 SRS)

The Birth Rate is 17.1/1000 population

The Death rate is 7.5/1000 population

Infant Mortality Rate is 41/1000 live births

Maternal Mortality Ratio 0.9/1000 live births

5.19. **Malaria:**

The incidence of Malaria in Tamil Nadu has drastically declined in the last 10 years. However Malaria continues to be a problem in Urban areas especially Chennai. The coastal villages of Ramanathapuram, Paramakudi, Nagapattinam, Tuticorin, and the riverine villages of Dharmapuri, Krishnagiri, Thiruvannamalai and Villupuram are endemic for Malaria. Active surveillance and passive surveillance are taken to control Malaria.

5.20. **Filaria:**

The National Filaria Control Programme is being implemented in Tamil Nadu since 1957. The Filariasis disease control activities are carried out in 43 Urban areas. In these Urban areas 25 control units, 44 Night clinics and 42 Filaria and Malaria Clinics are functioning besides one Filariasis Survey Unit for delimitation of endemic areas after survey district by district. Single dose mass DEC drug administration programme is being implemented in endemic districts to prevent Filaria.

5.21. **Japanese Encephalitis Control Programme**

5.21.1. Japanese Encephalitis control programme has emerged as an important Public Health Programme in the State during the last few years. Health Unit Districts such as Perambalur, Kallakurichi, Villupuram, Cuddalore, Thiruvannamalai and Madurai have report on Japanese Encephalitis Cases. Japanese Encephalitis control Units at Cuddalore, Villupuram, Perambalur with the Monitoring Unit at Head quarters are carrying out Japanese Encephalitis Vector Control activities. Japanese Encephalitis immunization Programme has been carried out in selected villages in Perambalur District. It is to be extended to the other Districts also based on the conducive conditions prevailing for Japanese Encephalitis transmission and case occurrence. Japanese Encephalitis Vector monitoring is being carried out regularly in the endemic districts.

5.21.2. Fogging operation is being carried out in villages where suspected Japanese Encephalitis cases are reported. Serum samples are being sent to Madurai Medical College, Madurai and Institute of Vector Control and Zoonoses, Hosur for anti-body detection and to confirm the Japanese Encephalitis case. Mosquito pools are also sent for virus isolation so as to implement prevention and control measures.

5.22. Institute of Vector Control and Zoonoses, Hosur:

For Plague Surveillance activities, the Institute of Vector Control and Zoonoses, Hosur is made as Nodal agency. The infrastructure available at this institute is also utilized to conduct various training programmes, workshops and seminars. The institute is conducting One year P.G. Diploma course in Public Health Entomology for Entomologists in service every year and pre-service and inservice training courses for Field Assistants /Laboratory Assistants each year.

5.23. Leptospirosis Control Programme:

Leptospirosis being one of the reemerging infection requires timely diagnosis, and control measures. For early screening of fever cases, rapid diagnostic kits have been procured and supplied to the problem Districts. To strengthen the surveillance mechanism for early diagnosis of Leptospirosis cases, 7 Leptospirosis clinics have been established in the districts and Taluk Head quarter hospitals of Madurai and Tiruvallur Districts. During 2006, 587 cases have been reported so far.

5.24. Dengue Control Programme:

Government have issued orders for the establishment of 12 dengue clinics in the taluk and district headquarters hospitals of Nagercoil, Vellore, Dharmapuri and Coimbatore. Special IEC activities are in progress in Chennai city under Malaria free Chennai project to control dengue fever in Chennai city.

5.25. Avian Influenza (Birds Flu):

When Maharashtra State had reported avian influenza, Tamil Nadu Public Health Department was put on alert and all precautionary measures were taken in the Districts where broiler chicken farms are more. Active surveillance mechanism was strengthened and passive surveillance was carried out in all health facilities in Namakkal and Salem districts. Owners of the broiler chicken farms were given advocacy and disposal of the birds' wastes and also disinfections of the farms besides the self-protection of the workers in the farms. No human case was reported in the year 2005-06.

5.26. Chikungunya:

5.26.1. Chikungunya is a viral disease transmitted by Aedes Mosquito, which breeds in artificial water containers like discarded cups, pots, grinding stone, tyres, etc., in peri-domestic areas and water storage places within the house like cistern, tubs, tanks, etc., Chikungunya fever cases were reported in Tamil Nadu since March, 2006 in the bordering villages of Vellore. These cases were brought into the State from the adjoining villages of Andhra Pradesh where Chikungunya were reported. In Tamil Nadu the Chikungunya cases were re-emerged after a period of 40 years. Initially about 200 to 300 cases were reported during the month of April 2006 every day. These cases had gradually spread to the other Districts of Tamil Nadu and about 1000 cases were reported per day during the second week of June 2006. During July 3rd week around 250 fever cases were reported every day. Both sex are affected by Chikungunya fever. Most of the affected persons are adults rather than children. 589 blood samples were taken and sent to National Institute of Virology, Pune for testing, out of which, 85 cases were confirmed for Chikungunya Fever. As on date there is a declining trend in Chikungunya fever cases and the State reports a total of 49,102 cases in 26 Districts, 24 Municipalities and 2 Corporations. No death has been reported due to Chikungunya.

5.26.2. Hon'ble Minister for Local Administration has conducted and chaired the meeting on 26th June 2006 on control of chikungunya in Tamil Nadu. All the local bodies were instructed to intensify the control activities with integrated approach of all departments.

5.26.3. Hon'ble Health Ministers of Southern States met on 30.7.2006 at Bangalore and resolved to share their experiences and information on chikungunya and also resolved to work together for the control of the disease in the State.

5.26.4. The Government of Tamil Nadu have requested Central assistance for prevention and control of transmission of the chikungunya.

(a) Action taken at State Level: -

- A meeting was convened to the Deputy Directors of Health Services and the District Entomologists briefing them about the action to be taken at the Primary Health Centre, Block and District level.
- A press Meet was convened by the Hon'ble Minister for Health and Family Welfare briefing about the present status and containment measures taken by the Department.
- Rs.46.00 lakhs were released from the Government of India funds towards Information Education and Communication activities, co-ordination meetings, training of volunteers at the District level so as to prevent the transmission of the disease.
- Rs.2.85 crores were allotted to all the Districts for procurement of drugs to meet the emergency crisis.
- About Rs.3.00 lakhs have been allotted to the Districts for fogging operation.
- Another Rs.2.85 Crores have been sanctioned by Government for fogging operations, anti-larval operations and to meet the additional fuel expenditure.
- Larvicides and insecticides were distributed to the needed Districts.
- Zonal Officers were nominated from the State Headquarters to co-ordinate with the District Collectors, monitor, supervise and offer technical guidance to Districts to which they were allotted.
- A State control Room is established to receive the current status of the disease from the Districts.

(b) Action taken at District Level: -

- District Collectors have convened Advocacy Meetings involving various Departments to generate co-ordination for source reduction activities. Press Release were also given by the District Collectors to avoid panic among people.
- Training was imparted to the School Teachers, Students, Volunteers, Self Help Group Members to involve them in the anti-larval and source reduction activities.
- Rapid Response Team was established at every District to attend to emergency need.
- Medical Camps were organized at every Primary Health Centre and outreach services were rendered to the people affected with fever.
- Each problem area was divided into six days schedule and anti-larval and fogging operation was carried out on a rotation basis with the Health Staff, Volunteers and Self Help Group Members to reduce Mosquito breeding and thereby prevent transmission.

5.27. Integrated Disease Surveillance Project (IDSP):

5.27.1. Disease surveillance is a systematic collection of data on the incidence and prevalence of various priority diseases for the purpose of taking appropriate action for prevention and control. It is crucial for Planning, Management and Evaluation of disease control programme. Integrated Disease Surveillance Project (IDSP) has been launched in Tamil Nadu with the financial assistance of Government of India. The major objectives of the project include, Integration of existing, vertical and horizontal disease surveillance programmes, Surveillance of both Communicable and Non-Communicable Diseases (NCD) and Collaboration between Governmental and Non-Governmental Agencies.

5.27.2. The project is being implemented at the State, District and peripheral level by strengthening the existing laboratory facilities at the Block PHC level, District Headquarters Hospital Labs and State level referral labs (L1, L2, and L3). Provision of modern communication facilities (Computers / Fax) by Statewide networking for the rapid flow of information, for immediate action and improvement of management and technical skills for the health and laboratory personnel by training.

5.27.3. Joint Director (Epidemics) of the Department of Public Health and Preventive Medicine is the State Surveillance Officer. Deputy Director of Health Services of 29 Revenue Districts are to function as District Surveillance Officers. 99 Trainers were trained in 6 Batches at National Institute of Epidemiology, ICMR, Chennai. District Level Training has already been initiated. Statellite linkage for IDSP has been installed on 29.3.2006. King Institute of Preventive Medicine, Chennai has been identified as State lab.

5.27.4. During the year 2006-07 Rs.72.72 lakhs have been released to TNMSC to procure and supply the Lab. Equipments and Lab. Materials for L1 and L2 Laboratories.

5.27.5. A sum of Rs.386.2 lakhs have been reallocated in June 2006 to all the 29 District Surveillance Units to carry out the various activities under Integrated Disease Surveillance Project. A sum of Rs.19.88 lakhs has been reallocated to State Surveillance Units and L3. labs.

5.28. National Leprosy Eradication Programme:

The National Leprosy Eradication Programme was launched in 1954-55 with the main thrust on detection and sustained regular treatment of all leprosy patients. This programme has been integrated with Public Health Care services in Tamil Nadu. The prevalence rate which was 118 / 10,000 population in 1983 has been brought down to 0.60 per 10,000 population.

5.29. National Iodine Deficiency Disorder Programme

5.29.1. The National Iodine Deficiency Disorder Control Programme is implemented in the State from 1991 and the State Iodine Deficiency Disorder Cell has started functioning from 1.7.94 onwards. The objective of the Programme is to identify the problem districts through Goitre surveys and take control measures through dietary supplementation of Iodised Salt through Information, Education and Communication activities.

5.29.2. A Notification under the prevention of Food Adulteration Act has been issued banning the sale of non-iodised salt for edible purpose. Spot testing of the Salt samples for the retailers and spot testing of the kitchen salt samples are being done to assess the presence of Iodine and know the availability and use of iodised salt.

5.30. Model Dental Health Programme

Model Dental Health Programme is functioning in 24 Primary Health Centres in 6 districts, viz., Salem, Theni, Dharmapuri, Namakkal, Kanyakumari and Dindigul. 25542 persons of all categories were benefited by this scheme. Now the scheme is being extended to 8 Primary Health Centres in 4 districts.

5.31. Varumun Kappom Thittam

The Varumun Kappom Thittam will provide comprehensive health check up, treatment and health education to the rural and urban People. These camps will be conducted at the Health Sub Centre level, every week covering 5000 population. In addition camps will be held in the urban area also. During the Camps all the Specialist doctors will screen the beneficiaries for communicable and non-communicable diseases. In addition the treatment will be given for minor ailments. Every week 3 camps will be conducted in each district. All the investigations like blood, urine examination will be done by using modern lab equipments like Semi Auto Analyzer. All Pregnant mothers will be examined with Ultra Sonogram to deduct any abnormalities. It is proposed to conduct 9000 camps during the current year and next year. Camp timing will be from 8.00 A.M. to 4.00 P.M. The referral and follow up camps will be conducted in the referral institutions. All the morbidity data will be computerized and used for planning purposes.

5.32. Improvement of lab facilities in all the PHCs

The incidences of non-communicable diseases are on the increase both in urban and rural areas. Many diabetic and hypertension cases approach PHC to get treatment. Most of the upgraded Primary Health Centres conduct special clinics for Diabetes and hypertension. Very often these patients are referred to nearest sub district hospitals for undergoing laboratory examination of blood.

The availability of laboratory equipment to test the blood in the Primary Health Centre would reduce the hardships to the patients. Hence, Government have decided to provide a semi-autoanalyser equipment to the required Primary Health Centres for complete examination of blood. This would ensure the availability of quality lab services in the rural areas.

5.33. Training Programme for Medical and Paramedical Staff:

In-service training programmes are being conducted for the Medical and Para-medical staff in the Health and Family Welfare Training Centre, Egmore, Madurai, Gandhigram, Health Manpower Development Institute, Salem, Villupuram and Regional Training Institute of Public Health, Tiruvarankulam.

5.34. Training Institutes:

5.34.1. There are 6 Regional Training Institutes namely, one Institute of Public Health, Poonamallee, Chennai – 600 056, three Health and Family Welfare Training Centres situated at Chennai, Madurai and Gandhigram and two Health Manpower Development Institutes at Villupuram and Salem. The Institutes of Vector Control and Zoonosis at Hosur is categorized as a specialized Training-cum Research for Vector Borne and Zoonotic Diseases Control Institute. The in-service training to the male component of field Health functionaries of Public Health Department is given in the Regional Training Institute of Public Health, Tiruvarankulam at Pudukottai District.

5.34.2. It has been planned to organize the following training programme during 2006-2007:-

1. R C H Training
2. HIV / AIDS Training to Village Health Nurses.
3. Computer skill training.
4. Training for Health Inspector Grade – 1B
5. In service training to all field Health functionaries based on Training need assessment.

5.34.3. The Government of India has come forward to establish a Public Health School near by Chennai at a cost of Rs.100.00 crores.

5.35. New Schemes for 2006-2007:

1. Model Dental Health Programme for 8 Primary Health Centres at a total cost of Rs.27.18 lakhs.
2. Supply of Fog masters to 106 upgraded Primary Health Centres at a total cost of Rs.21.20 lakhs.
3. Purchase of 20 Digital Photocopier machines to 20 Health Unit Districts at a total cost of Rs.12.00 lakhs.
4. Computerisation of planning wing at Directorate of Public Health and Preventive Medicine for National Rural Health Mission activities at a total cost of Rs.4.00 lakhs.
5. Electrification of 500 Health Sub Centres at a total cost of Rs.30.00 lakhs.

Chapter - 6

FAMILY WELFARE PROGRAMME

6.1. Family Welfare Programme is implemented as a people's programme involving the active co-operation of community at large to improve Maternal and Child Health Services and to stabilize the population growth. Tamil Nadu is the model State in the introduction of "Community Needs Assessment Approach" in the country. The success of Family Welfare Programme in the State has been attributed to several factors including strong social and political commitment and good administrative back up.

6.2. Demographic Indicators:

As per 2001 census, the population of Tamil Nadu was 6.24 crores with decadal growth rate of 11.72 percent which is the second lowest in the country next to Kerala. Tamil Nadu is the sixth most populous State in India. It accounts for 6% of the country's total population. The population of Tamil Nadu for 2006 is estimated at 6.5 crores. The demographic scenario of Tamil Nadu for 2004 (SRS), is furnished below:-

Sl. No.	Indicators	Current level
1	Crude Birth Rate	17.1 / 1000 population
2	Crude Death Rate	7.5 / 1000 population
3	Infant Mortality Rate	41 / 1000 live births
4	Maternal Mortality Ratio (2005)*	0.9 / 1000 live births
5	Natural Growth Rate	0.96 percent

* Based on the actual maternal deaths occurred in the State

6.3. Goals:

Government have fixed the following demographic goals to be achieved at the end of Tenth Five Year Plan i.e. 2007:

Sl. No.	Indicators	Goals
1	Infant Mortality Rate	28 / 1000 live Births
2	Crude Birth Rate	15 / 1000 Population
3	Maternal Mortality Ratio	0.6 / 1000 Live Births
4	Total Fertility Rate	1.7
5	Couple Protection Rate	65 percent
6	Reduction of Higher Order Births	10 percent
7	Male participation in Contraception	10 percent

6.4. Family Welfare Centres:

Family Welfare and Maternal and Child Health activities are provided in Tamil Nadu through the following Centres:-

Sl. No.	Institution	Numbers
1.	Health Sub-Centres	8683
2.	Primary Health Centres	1417
3.	Post Partum Centres	114

4.	Urban Family Welfare Centres	104
5.	Urban Health Posts	193
6.	Rural Family Welfare Centres	382
7.	Approved Nursing Homes	1513
8.	Voluntary Organisations	27

6.5. Family Welfare Performance:

6.5.1. The Family Welfare Performance for 2005-2006 is as follows:

Sl. No.	Programme	*ELD (2005-06)	Achievement	% of Achievement
1.	Sterilisation	4,50,000	3,80,028	84
2.	I.U.D. Insertion	4,50,000	3,94,076	88
3.	Oral Pill Users	2,24,000	1,36,776	61
4.	C.C. Users	3,75,000	2,02,097	54
5.	M.T.P	1,50,000	69,333	46

*ELD – Expected Level of Demand

6.5.2. The Sterilization Performance by various institutions in the State for 2005-06 is as follows:

Sl. No.	Institution	% of Achievement
1.	Government Institutions	58.9
2.	Voluntary Organizations	6.1
3.	Approved Nursing Homes	25.6
4.	Local Bodies Institutions	4.2
5.	Unapproved Nursing Homes	5.2

6.6 Major thrust areas in implementation of Family Welfare Programme:

- Out of 11.42 lakh births occurring in the State, 17.8 % (2004) of the births are higher order births ie.2.03 lakhs. To reach the goals fixed for 2007 these higher order births are to be reduced in a phased manner.
- According to Sample Registration System the infant mortality rate is 41 per 1000 live births (2004). Among these infant deaths, nearly 75% are neo – natal deaths. If these neo – natal deaths are reduced, then our aim of reducing the IMR to 28 per 1000 live births will be achieved.
- As per National Family Health Survey – II, 1998-99, in Tamil Nadu, 57% of mothers and 69% of infants are affected by any one form of anaemia. Anaemia is the main indirect cause for the maternal deaths and neo-natal deaths. Further there exists a gap between Total Fertility Rate (1.9) and desired family size (1.7). This gap can be filled up by meeting unmet needs of family welfare services of 13% and by reducing higher order of births of 17.8%. The following strategies will be adopted to fill the gap of actual family size and desired family size:-
 - Identification of village wise eligible mothers with higher order of births and motivate them by a block level team to accept Family Welfare Sterilization.
 - Out of 342 operation theatres in the Primary Health Centres, 214 are functioning. Steps will be taken to make the Operation theatres available in the remaining 128 Primary Health Centres functional in a phased manner.
 - So far, 1513 private nursing homes have been involved besides the Government institutions to provide family welfare services in the State. More number of unapproved

private nursing homes will be approved to render Family Welfare services to the eligible couples.

4. The involvement of voluntary sector, such as Self Help Groups, Magalir Mandram, Elected Representatives and the non-Government sector will be involved along with the Government to provide better Family Welfare services to the eligible couples.

6.7. State Commission on Population:

The Government of Tamil Nadu have constituted "State Commission on Population" under the Chairmanship of Hon'ble Chief Minister of Tamil Nadu. The Commission will review, monitor and give directions in the implementation of family welfare and maternal and child health programmes in this State with a view to meet the set goals.

6.8. New Schemes for 2006-2007:

- i) Purchase and supply of linen, sarees, bed-spread, pillows etc. to the Post Partum Centres and Primary Health Centres at a cost of Rs.30.00 lakhs.
- ii) Purchase and supply of essential equipments such as Boyle's apparatus, Autoclaves, Bins to Post Partum Centres and Primary Health Centres at a cost of Rs.10.00 lakhs.
- iii) Purchase and supply of 66 Double Puncture Laparoscopes at a cost of Rs.1.71 crores to the Medical Institutions.

Chapter - 7

DRUGS CONTROL ADMINISTRATION

7.1. The Drugs Control Administration has the prime object of enforcement of the following enactments for regulating the Manufacture, Distribution and Sale of Drugs and Cosmetics:-

- a) Drugs and Cosmetics Act 1940 and Rules 1945
- b) Drugs Prices Control Order 1995
- c) Drugs and Magic Remedies (Objectionable Advertisement) Act 1954.

The officers of this Department are also empowered to act under Narcotic Drugs and Psychotropic Substances Act, 1985. The Director of Drugs Control is the Controlling and Licensing Authority for Grant and Renewal of licences for manufacture for sale of Allopathic, ayurveda, siddha, Unani Drugs, Homoeopathic Medicines and Cosmetics and also Licensing Authority for Blood Banks in Tamil Nadu along with the Central licence Approving Authority.

7.2. **Functioning of Mobile Squad and Legal- Cum - Intelligence Wing:**

There is a Mobile Squad at Madurai and Legal-cum-Intelligence Wing at Chennai as its headquarters functioning in this Directorate to attend complaints relating to Spurious Drugs and investigates specific complaints in Southern Region and in Chennai respectively. Apart from this work, the Legal-cum-Intelligence Wing at Chennai, processes Legal matters and undertakes special investigations.

7.3. **Drugs Testing Laboratory:**

There is a full fledged Drugs Testing Laboratory attached to this Department which undertakes testing of samples, drawn by the Drugs Inspectors (other than Parenteral Preparations) from various Retail, Wholesale Units, Manufacturing Units and Hospitals, Government as well as Private. The Parenteral Preparations are tested at King Institute of Preventive Medicine at Guindy.

7.4. **Achievements during 2005-2006:**

A Total of **151** Prosecutions have been sanctioned for the period from 01.04.2005 to 31.03.2006. The following are the major contraventions for which sanction has been accorded:-

1. 13 Sanction has been accorded for prosecution against **Eight** manufacturers for having manufactured Spurious Drugs and two sanction accorded to prosecute manufacturer for having manufactured Adulterated Drug.
2. Sanction has been accorded against **Two** manufacturers for having manufactured Misbranded Drugs.
3. 5 sanction for prosecution has been accorded under Drugs and Magic Remedies (Objectionable Advertisement) Act
4. 12 sanction for prosecution has been accorded for having manufactured for sale of Not of Standard Quality Drugs against different manufacturers.
5. 14 cases have been registered for dealing drugs without licence.
6. This department has also detected Nine Spurious Drugs manufactured by Six different manufacturers and action has been initiated against them under Drugs & Cosmetics Act 1940.
7. Training Programmes for the Drugs Inspectors and Senior Drugs Inspectors for equipping them with the latest Technical innovation in the process of Manufacture and Quality Control of Drugs have been conducted in the month of November, 2005 and March, 2006 utilizing the funds provided by WHO.
8. Computers have been installed in all 13 Zonal Offices of Asst. Directors of Drugs Control throughout the State.
9. Construction of New Annexe Building (Ground and First Floor) for the Directorate of Drugs Control.
10. All Mofussil Offices of Asst. Directors of Drugs Control have been provided with Photo Copier Machines.

11. Reference Books have been purchased for the use of Director of Drugs Control.

7.5. ACTION PLAN FOR 2006-2007:

1. Not less than 27,600 Inspections are proposed to be carried out in the Sales Concerns as well as in the Manufacturing Units / Blood Banks / Approved Laboratories and the Government Hospitals.
2. Not less than 4,000 Samples are proposed to be drawn for testing the quality of drugs available in the market as well as in the Manufacturing Units.
3. Training Programme for the Drugs Inspectors and Senior Drugs Inspectors for equipping them with the latest Technical innovation in the process of Manufacture and Quality Control of Drugs will be conducted.
4. Pharma Park will be setup at Nanguneri in Tirunelveli District.

7.6. NEW SCHEMES FOR 2006-2007:

1. Provision of Computers, accessories and furniture for the use of Drugs Control Administration at a cost of Rs. 1.65 Lakhs.
2. Provision of Photo Copier Machines for the use in the Directorate at a cost of Rs. 0.60 Lakh.
3. Purchase of Reference Books for the use of Drugs Control Administration at a cost of Rs.1.00 Lakh.

Chapter - 8

INDIAN MEDICINE AND HOMOEOPATHY

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

8.1.2. The ISM and the modern system of medicine can play a complementary role. The Government of Tamil Nadu is taking all efforts to provide one ISM Practitioner in every PHC in a Phased manner. This year also, the Government have proposed to sanction 25 wings at PHCs. Therefore, ISM practitioners will be available in 451 PHCs including the 25 wings proposed for the year 2006-2007.

8.2. Education:

8.2.1. For proper development of Indian Systems of Medicine and Homoeopathy the Central Councils have implemented various educational regulations to ensure minimum standards of education. The strategy on education and training facilities in ISM is two pronged.(i.e.). The Government itself have started Medical Colleges of ISM. Private colleges are also allowed so long as they conform to the required standards. The annual intake for the Graduate Course in Indian Medicine under the Government colleges and Private colleges is 236 and 790 respectively. The Post Graduate Course is offered only in the System of Siddha in Government Colleges and the annual intake is 80. The Courses and the intakes offered by these institutions are detailed below:

Nature of Institution	Siddha	Ayurveda	Unani	Homoeopathy	a & Naturopat	Total
Under Graduate:						
Government	150	150	26	50	10	236
Private	90			400	150	790
Post Graduate:						
Government	80	-	-	-	-	80
Private	Nil	-	-	-	-	-

8.2.2. In addition, the Government have taken emergent steps to obtain recognition for a Government Ayurveda Medical College and Hospital at Nagercoil in Kanyakumari District to start functioning from the academic year 2007-08. The facilities at the Government Siddha Medical College, Chennai, and Government Homoeopathy Medical College, Thirumangalam are being upgraded as State Model Colleges at a total cost of Rs.300.00 lakhs each with Government of India assistance.

8.3. Research:

Indian Systems of Medicine have been practised over centuries, and some of these treatment, therapies and drugs have unbroken traditions of acceptance and practice. In house research capabilities in the Department are limited. The approach is therefore to forge alliances with other institution. A memorandum of understanding has been signed with Madras University to have collaborative work.

8.4. Standardisation:

Ensuring quality for various herbal medicines, which are being prepared from different raw drugs in Indian Systems of Medicine, is a major challenge. To ensure ISM drugs affordable, safe and efficacious, the State Pharmacies are being modernized at a cost of Rs.130 lakhs provided by the Government of India. The pharmacy attached to TAMPCOL is being modernized. Similarly, the State drug-testing laboratory at Chennai has also been well equipped and will pave the way for standardization of ISM drugs so that quality is ensured.

8.5. Medical Treatment:

At present there are 801 institutions in the State providing medical treatment under Indian Systems of Medicine and Homoeopathy, with an inpatient capacity of 965 beds. With a view to developing and popularizing the Indian Systems of medicine the State Government is implementing Speciality Clinics in 17 District Headquarters Hospitals at a cost of Rs.555.00 lakhs and in 151 Taluk Hospitals at a cost of Rs.1510.00 lakhs with the assistance of the Government of India.

8.6. National Institute of Siddha:

The State Government have played a vital role in setting up of National Institute of Siddha at Tambaram which is a joint venture of Government of India and Government of TamilNadu. It is established with the objective of imparting Post Graduate education in Siddha systems and to provide medical care through Siddha systems of medicine. This premier Institution is now engaged in promoting and propagating the science and art of Siddha.

8.7. TAMPCOL:

The authorized share capital of TAMPCOL is Rs.50.00 lakhs and its present paid up share capital is Rs.20.75 Lakhs. TAMPCOL earned a profit of Rs.93.55 lakhs during 2002-03 and Rs.110.88 lakhs during 2003-04 and Rs.85.02 lakhs during 2004-05. During 2005-06 the Corporation achieved a record turnover (unaudited) of Rs.1053.08 lakhs and anticipates a net profit after tax of Rs.169.79 lakhs. The Corporation has been paying dividend from 1998-99 to the Government. TAMPCOL has maintained a dividend level of 20% amounting to Rs.4.15 lakhs to Government for the year 2004-05 as in the previous year.

8.8. New Schemes for 2006-2007:

1. Provision of Telephone lines to 22 District Siddha Medical Officers at a cost of Rs.0.55 lakh.
2. Provision of hired Vehicles to 5 District Siddha Medical Officers and one for Joint Director of Indian Medicine and Homoeopathy in Chennai city at a cost of Rs.4.20 lakhs.
3. Opening of Indian Medicine and Homoeopathy wings in 25 Primary Health Centres at a cost of Rs.90.00 lakhs.
4. Provision of Computers to the Commissionerate of Indian Medicine and Homoeopathy at a cost of Rs.5.00 lakhs.
5. Clinical Documentation of Arignar Anna Government Hospital of Indian Medicine and Homoeopathy, Chennai at a cost of Rs.3.00 lakhs.
6. Conversion of existing Drug Testing Laboratory into Women's Hostel for Government Unani Medical College and Government Yoga & Naturopathy Medical College at a cost of Rs.20.00 lakhs.

Chapter - 9

TAMIL NADU HEALTH SYSTEMS PROJECT

9.1. The Tamil Nadu Health Systems Project is an externally aided project funded by World Bank. The project aims to improve the effectiveness of the health care system in Tamil Nadu. The total outlay of the project is 482.49 crores. The Project period is 5 years from January 2005 to March 2010. Phase I of the project was implemented from January 2005 to June 2006 and it covered 5 districts namely Dharmapuri, Krishnagiri, Theni, Kanyakumari and Pudukottai. Phase II of the project would be implemented from July 2006 to December 2007 and it would cover all the districts. Project has planned major interventions in the following areas:

9.2. Reduction of maternal mortality and infant mortality:

An analysis of maternal deaths indicates that many women lose their lives due to lack of facilities in institutions. In order to fast track the reduction in maternal and infant mortality, Government of Tamil Nadu has pioneered the concept of CEmONC centers, where 24 hours Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) would be provided. The services of Obstetricians and Gynaecologists, Anaesthetists and Paediatricians would be ensured round the clock. A well equipped labour ward, Neo natal ward, Operation theatre and Blood bank will be available in each of these hospitals. The Government has established Comprehensive Emergency Obstetric and New born Care (CEmONC) Centers in 66 hospitals to provide effective treatment to pregnant mothers and new born children. Tamil Nadu Health Systems Project is supporting these CEmONC centers with additional buildings, equipments and manpower. Recruitment of 200 specialist doctors for these CEmONC hospitals is being undertaken. 200 Staff Nurses have been appointed for these centers. Equipments costing Rs.12.50 crores are being provided to the CEmONC centers. CEmONC performance during the last year indicates the following developments:

- Increase in deliveries conducted in Government Institutions
- Increase in performance of caesarean operations especially during night
- Increase in utilization of Ultrasonogram in many institutions

32 more hospitals will be designated as 24 hours Comprehensive Emergency Obstetric New Born Care centers during the year 2006 – 2007.

9.3. Emergency Ambulance Services:

The maternal death audit reveals that many mothers die during their travel to health institutions due to delay in reaching the facilities on time. The Government of Tamil Nadu has planned to start ambulance services in rural areas to overcome this difficulty. During Phase I of the project 187 ambulances would be operated one in each block in 15 districts. The services would be run in partnership with Non Governmental Organisations to facilitate transport of emergency cases to the hospitals. During phase II, additional 198 ambulances would be provided in the remaining 14 districts. The above two activities will significantly contribute to the reduction of maternal and infant mortality and morbidity.

9.4. Strengthening of hospitals:

During phase I of the project, the civil works have been taken up in the hospitals in the five districts namely, Dharmapuri, Krishnagiri, Kanniyakumari, Theni and Pudukottai. Equipments would be provided to these hospitals on completion of the construction of the buildings. During Phase II, 24 district head quarters hospitals and 211 sub district hospitals in 27 districts would be strengthened. The cost of civil works is estimated at Rs.172 crores and the cost of equipments is estimated at Rs. 70 crores.

9.5. Tribal Health:

The tribal population of the State as per 2001 census is 6.24 lakhs. They form 1.03% of the total population and 88% of them live in rural areas. Majority of them are economically deprived, socially marginalized and lack resources. Their access to health, education and employment is limited. Despite a number of interventions by the state Government, the vulnerable tribal community

finds it difficult to access basic health care. The Tamil Nadu Health Systems Project has planned to provide health services to the tribals in the remote and difficult terrain through mobile outreach health services in 12 Tribal regions. The mobile outreach van will have a Doctor, a Nurse and a Lab Technician who would be visiting the tribal hamlets on fixed days every week.

9.6. Patient counselling centers:

In order to provide counselling support to poor patients, Tamil Nadu Health Systems Project has planned to establish counselling centers in the hospitals to guide them on doctors note, investigation etc., by the trained counsellors appointed and supervised by the NGOs. 167 patient counseling centers are being setup.

9.7. Health Management Information System:

It is planned to establish a web based health management information system covering 29 district head quarters hospitals, 241 sub district hospitals and their controlling offices in the district and State. The proposed HMIS will help the department to access information and enable managers to analyse current situations, identify immediate problems, find solutions and study trends and patterns. It is also proposed to establish electronic medical records for the patients for better health care delivery.

9.8. Bio medical waste management system:

The Government of Tamil Nadu has planned to bring a bio medical waste management system for the entire health care system in Tamilnadu. As per the bio medical waste handling rules, a proper system of segregation, storage, transportation and end disposal has been proposed to be implemented in all institutions. The Tamil Nadu Health Systems Project had piloted the bio medical waste management system in all the hospitals in Dharmapuri and Krishnagiri districts during phase I of the Project. During the year 2006-2007 it would be extended to all secondary care hospitals in the State.

9.9. Human Resource Development:

The quality of services provided by hospitals depends largely on the clinical and managerial skill of the personnel at all the levels. In order to improve the quality and effectiveness of hospital services, it is necessary to establish a system of regular in-service training of personnel to update their clinical and managerial skills. The training would focus on the clinical and practical skills so as to enable the staff to provide good quality of care. Training in hospital administration will be provided to all the Joint Directors of Health Services, Deputy Directors, Superintendents and Chief Medical Officers of all the secondary care hospitals.

9.10. Quality of Care:

The quality of hospital services will be assessed and measured against standards for various dimensions of quality viz., inputs, processes and outcomes of care using selected indicators by Tamil Nadu Health Systems Project. Steps will be taken to improve the quality of care in the hospitals and to introduce quality rating in all the Government Hospitals.

9.11. Piloting of screening for cervical cancer:

The incidence of cervical cancer is high in Tamil Nadu. As most women do not experience any symptom during the pre-cancerous stage of the disease, they seek medical help only at an advanced stage. Early diagnosis of the pre-cancerous stage and prompt treatment can ensure an almost 100% cure rate. Hence it is important to detect the cancer early. Tamil Nadu Health Systems Project has planned to carryout a pilot project for cervical cancer control among women in 30 – 60 years age group in Theni and Thanjavur districts of Tamil Nadu over a period of two years from the time of implementation. The pilot project would help the Government to gain experience in running a large-scale population based programme on Cancer of the Cervix. Based on the experiences, the pilot project would be replicated in the other districts also.

Chapter - 10

REPRODUCTIVE AND CHILD HEALTH PROJECT

10.1. Reproductive and Child Health Programme, Phase-II in Tamil Nadu has been designed with strategic vision of (a) lowering Maternal Mortality Rate (MMR), (b) lowering Infant Mortality Rate (IMR), (c) lowering Total Fertility Rate (TFR), (d) RTI/STI control and (e) addressing adolescent health issues. While the focus has been overall improvement of the health outcomes as measured by these indicators, lowering the regional disparities in respect of these indicators has not been lost sight of. Towards achievement of these health goals, the RCH-II Programme has been launched in Tamil Nadu for implementation from 2005-2006 at a cost of Rs.426 crores for a period of five years. An amount of Rs.74 crores was allocated for the year 2005-2006 by the Government of India (GOI), but an amount of Rs.72.34 crores was only released by GOI. Out of that, an amount of Rs.52.48 crores was incurred during 2005-2006. The Government of India have allocated an amount of Rs.106.56 crores for the year 2006-2007.

10.2. The following interventions are proposed to be implemented under RCH-II during 2006-2007:

10.2.1. Providing emergency care and round the clock health services:

(1) Providing Basic Emergency Obstetrics and New born Care services (BEmONC) round the clock within 7.5 km radius:

The introduction of 24 hour delivery care services in 780 PHCs with 3 staff nurses is increasing the number of deliveries in the PHCs, thereby resulting in the shift of the normal delivery load from the secondary and tertiary institutions to PHCs. This shift and availability of 24 hour delivery and emergency first aid services in the PHCs, simultaneously with providing quality service close to their residence, while enabling the secondary and tertiary care institutions to concentrate on the referral cases and specialized treatments, would improve the access to quality health care in the rural areas. Provision of Basic Emergency Obstetric and New Born Care Services (BEmONC) would enable the service level to be raised in these 24 hour PHCs. This intervention of RCH Phase-I resulted in the decrease of MMR by 36%. The services provided here would cover emergency care in the event of snake bite, scorpion sting as well as obstetric and new born care. To be able to provide these services, the infrastructure facilities in the PHCs will have to be improved. In a phased manner, these services will be made available within a radius of 7.5 km. During 2006-07, 385 PHCs will be made as BEmONC PHCs, at a cost of Rs.54.97 crores.

(2) Hiring of Anaesthetists and Obstetricians for providing emergency Obstetric care services:

Nearly 30% of the maternal deaths are due to non-availability of timely emergency obstetric care services in the hospitals, prior to the year 2001-02. Another 30% of the maternal deaths occurred on the way to hospitals because during delivery, complicated cases were referred from one institution to another for want of anaesthetists/obstetricians. During the Phase-I of RCH Project a scheme was introduced to hire the services of private anaesthetists and obstetricians for providing emergency obstetric care services on payment of honorarium. This has helped in reducing the maternal mortality by 36% in 2005. Also, this has increased the number of caesarians performed in the secondary institutions by 70%. Hence it is proposed to continue this scheme in RCH Project Phase –II.

(3) Providing emergency ambulance services in all blocks in a phased manner:

The Tamil Nadu Health Systems Project (TNHSP) will be providing ambulances with life supporting system and communication equipments. The TNHSP would be providing these ambulance services in 15 districts and 187 blocks during 2006-07. These services are placed at the disposal of the RCH programme to enable greater access for obstetric emergency care, as well as for all other medical emergencies. The ambulances will be placed in strategic locations in the blocks. For the remaining districts and blocks, ambulance services would be provided in Phase-II of the Tamil Nadu Health Systems Project. In these districts, existing ambulances will be utilized till ambulances are provided under TNHSP Phase-II.

(4) Medical cum Referral Control rooms to be set up in all districts:

Medical cum Referral Control rooms are proposed to be established in each district to enable public to access the ambulances. These control rooms would be set up in coordination with TNHSP

as well as the secondary and tertiary care giving taluk, district, medical college and speciality hospitals. People in need of ambulance services can contact the medical control room through the helpline. The control room will immediately arrange for the transportation of the emergency case to the nearest hospital. Simultaneously the control room will also alert the hospital concerned to be in readiness in receiving and attending to the patient. The people will have the option of choosing the institution. The medical control room thus also functions as a referral control room. It would also have information of doctors, specialists and blood donors, which is made available to the public, or for the use of the emergency case. The Medical cum Referral Control room would operate round the clock and be accessible to the public through the telephone system. Efforts are on to get a 4-digit helpline toll free number from the Government of India.

10.2.2. Providing medical services at the door step of the community:

(1) Regular Outreach services for rural areas:

The 'Varumun Kappom Thittam' is further strengthened through the provision of regular outreach services. A dedicated team of medical and paramedical personnel would be formed in 885 PHCs to visit villages as per the fixed day annual plan. The schedule will be informed to the public in advance so that the villagers can utilize the Outreach services along with the laboratory services. Through the fixed day outreach visits to the villages the entire reproductive health services are to be made available at the doorsteps of people. The elderly people, disabled, women with newborns would also benefit a lot by this programme. The following services are to be provided in the villages by the team headed by the doctor:-

- Treatment of minor ailments
- Antenatal care
- Post Natal care, New born care.
- Family Welfare services
- Management of RTI/STI cases
- Diabetes and hypertension clinic
- TB, Leprosy case detection
- Laboratory services
- Nutrition counselling
- Health education
- Identification of issues regarding water, sanitation and hygiene in the area for corrective community action.

(2) Outreach services to cover dental services also:

Dental surgeons from Government sector would also be involved wherever possible so that a long felt need of the people is catered to locally.

10.2.3. Strengthening the services in the Public Health System:

(1) Family Health Clinic:

Family Health Clinics is to be established in 385 BEmONC PHCs. The clinics will be conducted on alternate days that is Monday, Wednesday and Friday. These clinics will provide lab services for diagnosis, treatment of RTI/STI, voluntary counselling and testing services of HIV. These clinics would be established jointly with TANSACS.

(2) Strengthening the laboratory services in the PHCs:

Strengthening the laboratory services in the PHCs would be done by provision of modern lab equipments. It is proposed to provide one semi-auto-analyser along with other lab equipments to the required PHCs.

(3) Ensuring the functioning of operation theatres without interruption:

Operation theatre contingences at the rate of Rs.1000/- per month per Primary Health Centre is being provided to improve the functioning of operation theaters. Totally 217 PHCs are identified which are performing family planning surgeries under RCH Project and are being sanctioned Rs.1000/- per month as operation theatre contingences.

(4) Mainstream ISM in the health systems:

The traditional Indian Systems of Medicine are popular amongst the masses. The use of Indian systems of medicine is being mainstreamed and revitalized. The people will now also have this choice available through the PHC. Furthermore, the female field health functionaries of Health department are being trained in the use of ISM drugs. A drug kit containing 50 ISM drugs is being supplied to HSCs. Use of ISM for dealing with Anaemia and for other aspects of maternal and child health is a focus area. The proposed budget for the year 2006-07 is Rs.24.31 crores.

(5) Providing birth companions:

Providing birth companions would provide comfort and support to women during delivery.

(6) Infrastructure – building and equipments are being systematically upgraded:

A facility survey will be undertaken and systematic steps will be taken to improve the PHCs and sub-centres, and to make all the PHC and sub-centres to have a clean and green environment.

(7) Ensuring availability of blood of all groups in all blood banks throughout the year:

Ready availability of blood of all groups in all the blood banks would save many lives. At present, collection of blood is being done during certain special occasions only. By conducting regular blood donation camps with the assistance of Government blood banks, Red Cross Societies and involving the community, availability of all groups of blood in all blood banks would be ensured. Area based Blood Donor Directory will be prepared and will also be made available on the net, as well as with the Medical cum Referral Control room to enable blood donation to be arranged as and when urgently required. The proposed budget for the year 2006-07 is Rs.13.44 lakhs. 24 hours delivery care services, BEMONC centres, Medical-cum-Referral Control room, ambulance services, hiring anaesthetics and obstetricians and other measures being taken and as mentioned, would strengthen the services being provided through the Public Health system.

10.2.4. Special schemes for vulnerable sections:

Awareness creation or availability of services alone are not adequate to deal with the health needs of women, vulnerable due to poverty. The following schemes will help to improve the health and nutritional status of poor women:

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

Under the Government of India's Janani Suraksha Yojana scheme, an amount of Rs.600/- for institutional delivery and Rs.500/- for home delivery will be paid to all BPL mothers in urban areas. Rs.700/- for institutional delivery and Rs.500/- for home delivery will be paid in rural areas. The proposed budget for the year 2006-07 is Rs.14.50 crores.

(2) Poor pregnant women to get support including for nutrition and health:

To help poor pregnant women get nutritious food and also to compensate wage loss during pregnancy, a financial assistance of Rs.6000/- at the rate of Rs.1000/- per month for a total period of 6 months covering 3 months in antenatal period and 3 months in postnatal period will be given. This is in addition to the amount eligible under Janani Suraksha Yojana. This amount is fully funded by the State Government. An amount of Rs.100.00 Crores has been provided in the Budget for the year 2006-07 to implement this scheme.

10.2.5. Improving Sex Ratio:

Scan Centre Audit:

Scan centre audit is to be taken up through out the State to ensure that female foeticide is stopped. Scan centres will be inspected and suspected centres will be brought under surveillance and action will be taken against the erring centres. Such regular audit is expected to reduce female foeticide substantially. The proposed budget for this year 2006-07 is Rs.59 lakhs.

10.2.6. Improving the quality of health care and services:

(1) Service delivery statement of services available at sub centres, PHCs, BEMONC centres, etc would be made available to the public. This would enable greater demand of the services by the people as well as accountability of the medical and health staff.

(2) Improving the standard and quality of care in the PHCs upto the Indian Public Health Standards.

(3) Developing standard treatment protocols for all the emergency care.

(4) Monitoring and evaluating the performance with the aid of modern telecommunication facilities.

10.2.7. Partnership to address the health needs of rural population especially the vulnerable section of society:

While it is the responsibility of the State to provide health services, that are equitable, affordable, accessible, and of high quality, without the involvement of the people, without their health seeking behaviour, be it water, sanitation, hygiene, nutrition etc, the achieving of better health standards would not be possible. Partnership is essential for good health.

(1) Health seeking behaviour – behavioral change communication:

The involvement of the people concerned, public in general, as well as the village health committee and panchayat in the process of partnership for good health is essential. IEC and training will be taken through in a coordinated manner to enable better health seeking behaviour, behavioral change communication, to take place. This will result in the improved reach of health services to the community. This process would involve the health functionaries as much as it would involve the community, as the two have to work jointly for better health status and achieving the vision of the State in the health sector.

(2) Establishing Village Health Committees in all HSCs:

This Committee will be involved in participatory planning and implementation of all health programmes.

(3) Establishing Rogi Kalyan Samiti (Patient Welfare Society) in PHCs and hospitals:

This committee will have members from the Village Health Committee and would take care of overall welfare of the patients by providing them access to quality health care at the local health units by making available necessary facilities, clean environment, wastage disposal, improving efficiency and effectiveness of the service deliveries.

(3) District Health Society:

District Health Society have been constituted in all the districts. This society is responsible for planning and managing all health and family welfare programmes in the district both in rural as well as in urban areas. This society is also responsible for preparation of a District Health plan, which coordinates work of other departments as well for meeting health goals.

(5) State Health Society

State Health Society is constituted merging all the health related societies except Tamil Nadu AIDS control society. The society will integrate all vertical health and family welfare programmes at State and District Levels, which would help to pool all available resources in implementation of programme activities and enabling better health services to be made accessible to the people.

Chapter - 11

TAMIL NADU STATE AIDS CONTROL SOCIETY

11.1. HIV/AIDS Scenario in Tamil Nadu:

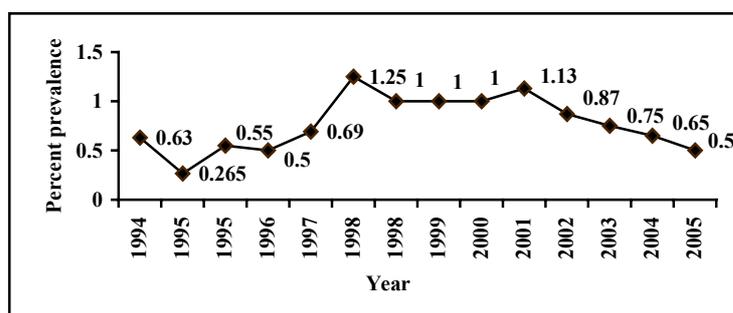
The first case of HIV in India was detected in Tamil Nadu in the year 1986. Government of Tamil Nadu has played an extremely proactive role in handling the HIV/AIDS challenge in the State. It is estimated that 3.4 lakhs people are living with HIV/AIDS. About 62,570 people have been reported as AIDS Patients in the State. Tamil Nadu State AIDS Control Society (TANSACS) has followed a multi-sectoral approach in prevention, Care and support for the people living with HIV/AIDS. Government of Tamil Nadu has taken effective steps to ensure that HIV/AIDS programmes are integrated in the existing health care delivery system.

11.2. Status of the HIV infection:

11.2.1. The status of the HIV infection is assessed by a Sentinel Surveillance conducted every year among Antenatal mothers (ANC), patients with Sexually Transmitted Diseases (STD), Injecting Drug Users (IDU), Men having Sex with Men (MSM), Female Commercial Sex Workers (FCSW) and Tuberculosis patients (TB). This surveillance provides information on the extent and distribution of HIV infection. This information is essential for Planning of TANSACS interventions.

11.2.2. During the year 2005, the sentinel surveillance was conducted in Tamil Nadu between July and September covering 96 sentinel sites spread throughout the State. The following graph shows that prevalence among the ANC mothers peaked in the year 2001 when the prevalence stood at 1.13%, it has started to decline substantially and it stands at 0.5% in the year 2005.

**Prevalence of HIV among
ANC mothers infection in Tamil Nadu (%)**



The Prevalence of HIV among other sentinel groups:

Sl. No.	Category	Prevalence (%)
1.	STD patients	9.20
2.	Injecting Drug Users	18.00
3.	Men having Sex with Men	6.20
4.	Female Commercial Sex Workers	4.80
5.	TB patients	6.29

11.3. Tamil Nadu's response to the challenge of HIV/AIDS:

Government of Tamil Nadu has a very comprehensive programme to deal with the challenge of HIV/AIDS in a systematic manner. The efforts of TANSACS could be categorised as follows:

1. Preventive programmes

2. Treatment services
3. Care and support services
4. Capacity building activities

11.3.1. Preventive programmes:

Prevention is one of the best strategies to control the spread of HIV/AIDS. An effective prevention programme not only protects the vulnerable population from the infection but also paves way in ensuring a reduced burden of disease on the health institutions in the long run. Following activities are being carried out by TANSACS for the prevention of HIV infection:

1. Integrated Counselling and testing services (ICTC)
2. Intervention programmes among high risk population
3. Condom promotion
4. Awareness Programmes
5. Provision of Safe blood
6. Reaching out to the young people
 - a. School AIDS Education programme
 - b. Out of school youth programme
 - c. Red ribbon club programme
7. Programme for Rural women

11.3.1.1. Integrated Counselling and testing services (ICTCs):

ICTCs have been established to provide all the essential services to the people at the same place with regard to counselling, blood testing etc. The functional integration brings the services of Prevention of Parent to Child Transmission (PPTCT), Voluntary Confidential Counselling and Testing Centres (VCTCs), Blood Safety, Sexually transmitted infection (STI), Anti-retro viral therapy (ART), and HIV-TB under one roof. Single window system of testing is followed for Antenatal (ANC) mothers. The general population is also encouraged to utilize the services to know about their HIV status for prevention, care and support. ICTCs are entry points for all the HIV related services, which are provided through continuum of care. 655 Integrated Counselling and Testing Centres have been set up in Government Medical Colleges, Private Medical College Hospitals, District Headquarters Hospitals, Taluk Hospitals, Corporation Health Posts, Community Hospitals etc. including all the 385 Block Primary Health Centres (PHCs) to ensure that the essential services are available to people at the community level itself. During this year, 75 new ICTCs will be established in Municipality Hospitals (41), Private Medical Colleges (6), Private Hospitals (16), Railway Stations (7) & Bus Stands (5). In order to ensure good quality services an External Quality Assurance Scheme (EQAS) is being implemented in Tamil Nadu. From this year EQAS will be conducted twice a year with the help of Madras Medical College (MMC), which is a National Reference Laboratory (NRL). All medical colleges are also involved in the EQAS programme. A sum of Rs.14.97 lakhs has been released for training the health department personnel on EQAS.

11.3.1.2. Intervention Programmes among high-risk population:

The main objective of the targeted intervention is to protect the high risk population from contracting HIV infection and prevention of infection to general population. Tamil Nadu State AIDS Control Society has been partnering with Non Governmental Organisations (NGOs) and Community based Organisations (CBOs) to implement targeted interventions among selected communities that are prone to contract the infection due to their high-risk behaviour. Tamil Nadu State AIDS Control Society is implementing 53 targeted interventions in 22 Districts among core groups which consists of Commercial sex workers, Men having Sex with Men, injecting drug users and bridge population.

Targeted interventions in Tamil Nadu (2005 – 06)

Sl. No.	Type of High risk population	No of interventions
	Core group	

1	Commercial Sex Workers	11
2	Men having Sex with Men	3
3	Injecting drug users	1
	Bridge population	
4	Truckers	10
5	Migrant workers	12
6	Industrial workers	12
7	Prison inmates	2
8	Tribal community	2
	Total	53

11.3.1.3. Condom promotion:

Condoms are being distributed free of cost to the high risk population and bridge population through Government Health Care Institutions, STD Clinics and Non-Governmental Organisations / Community Based Organisations. Social Marketing of condoms is effected through NGOs/CBOs and through 28,000 Fair Price Shops all over the State.

11.3.1.4. Awareness Programmes:

Awareness programmes are essential to empower the communities with necessary information, which they can use to protect themselves from HIV infection. Awareness is the only known social vaccine to control the HIV/AIDS spread. TANSACS has geared up its Information, Education and Communication (IEC) activities to make everyone aware of HIV/AIDS and to bring the required behavioural change among people to create an AIDS Free Tamil Nadu. TANSACS's communication strategies are multi-pronged to address the information needs of all the sections of population such as women groups, high-risk groups, health care providers and the general population. TANSACS communication strategy lays emphasis on youth groups in the higher educational institutions, out of school youth and school going adolescents. TANSACS has shifted its focus from general awareness to specific interpersonal communication initiatives so that the target population receives appropriate information that are aimed at behaviour change, reduction of stigma and discrimination of PLHAs, reducing myths and misconceptions and protect the human rights of People Living with HIV/AIDS (PLWHA). This year, IEC activities will be carried out with an allotment of Rs.4.00 Crores.

11.3.1.5. Provision of safe blood:

About 2% of HIV infection spreads through Blood and Blood products. The only way to reduce the blood related infections is to ensure safe blood availability. Government of Tamil Nadu is committed to provide safe blood to all through the following:

- a) Increasing voluntary blood donation – Steps would be taken to increase voluntary blood donation by mobilising young people and communities to donate blood.
- b) Setting up 24 hours blood bank facilities through out the State - There are 84 Government Blood Banks functioning in Tamil Nadu. This year 20 blood storage centers will be set up in addition to the 32 blood storage centers already functioning.
- c) Ensuring universal work precautions – Funds have been provided to all the health institutions where surgeries take place to ensure that health professionals are protected from the risk of contracting HIV infection. Sensitization and training programmes would be conducted to ensure that all the Government institutions follow the WHO approved Universal Work Precautions.

11.3.1.6. Reaching out to the young people:

According to the estimates of UNAIDS 50% of new infections happen in the age group of 15-24 years. Young people are vulnerable as they often indulge in high risk behaviour due to lack of information and knowledge. TANSACS has designed programmes to target young people to empower them with necessary information to protect themselves. TANSACS is implementing three major programmes targeting youth.

(a) School AIDS Education Programme (SAEP):

School AIDS Education Programme is being implemented in the State since 1997 through the Directorate of Teachers Education, Research and Training to sensitize students studying in classes

9th and 11th of all Government, Government aided and unaided, High and Higher Secondary and Matriculation Schools. The objective of the programme is to increase the knowledge of adolescents on HIV/AIDS/STIs, to develop skills on self-assertiveness and develop positive attitudes towards sexuality and those living with HIV/AIDS. Under the programme from each school 2 teachers and 2 Peer Educators are trained. Last year, all the 9244 Schools were covered and all the DIET Staff (58 key resources persons & 380 Resource Persons) were trained in SAEP. TANSACS would consolidate the learnings from the last year's programmes and implement SAEP to reach out to children. During this year, this programme will be implemented at a cost of Rs.5.00 Crores.

(b) Out of school youth programme:

TANSACS has positioned Out of School Youth Programme as a key intervention for youth who are out of the formal education system. During the year 2005-2006, this programme was implemented in 6 Districts, in collaboration with the State Resource Centre and Continuing Education Workers of Arivoli Iyakkam. It is proposed to extend this programme in 11 Districts (Pudukkottai, Virudhunagar, Sivagangai, Vellore, Kancheepuram, Thiruvallur, Thiruvannamalai, Dindigul, Namakkal, Nilgiris and Ramanathapuram) during this year.

(c) Red Ribbon Club programme:

TANSACS has started Red Ribbon Clubs as a comprehensive Voluntary on - campus intervention programme for students in the higher educational institutions. This programme is implemented in partnership with Higher Education Department, Youth Affairs and Sports Department and Commissionerate of Technical Education and CDC (Centres for Disease Control and Prevention, USA). The programme aims to heighten the HIV risk perception of College youth and create in them an understanding of sex and sexuality. It also aims to meet their psycho-social needs through creative life skills, provides adequate and correct knowledge about HIV/AIDS/STI and trains the youth to become efficient Peer Educators. 681 Red Ribbon Clubs have been formed in Higher Educational Institutions i.e., 461 in Arts and Science Colleges, 70 in Engineering Colleges and 150 in Polytechnics. During this academic year, Red Ribbon Clubs would be formed in all the Law and Agricultural Colleges and in the uncovered Engineering, Arts and Science Colleges to reach a target of 1000 institutions.

11.3.1.7. Programme for rural women:

The Tamil Nadu State AIDS Control Society (TANSACS) has developed a behavioural intervention programme for rural women belonging to self-help groups for increasing their knowledge about HIV/AIDS and STI. This is a unique intervention at the grass root level to empower rural poor women about the issues concerning HIV/AIDS to help them make informed choices to protect themselves from HIV infection. This programme is being implemented in partnership with Tamil Nadu Corporation for Development of Women Limited and CDC (Centres for Disease Control and Prevention, USA)

11.3.2. Treatment services:

Treatment services form an important component in the prevention of HIV and improving the quality of life of infected people. At present the following treatment services are provided by TANSACS.

1. Sexually Transmitted Infection Treatment
2. Treatment for Opportunistic infections
3. Provision of Anti Retroviral drugs
4. HIV-TB treatment

11.3.2.1. Sexually Transmitted Infection Treatment:

The Sexually Transmitted Infection (STI) clinics are located in Government Medical College Hospitals, District Headquarters Hospitals, Taluk Hospitals and select Primary Health Centers. These clinics provide free investigation, treatment and counselling for patients with STI. TANSACS has been supporting these clinics by providing drugs, consumables, equipments, infrastructure, IEC materials and technical inputs Monitoring is being done regularly. For the year 2006 – 2007, TANSACS will focus on strengthening the 100 STI clinics in the Government sector by providing infrastructure, human resources (Doctors and Counsellors) and consumables. TANSACS will also focus on training

the personnel in these 100 STI clinics and about 5000 private practitioners and paramedicals on STI care. This year TANSACS has allocated a sum of Rs.205 lakhs for strengthening the infrastructure of the STI clinics.

11.3.2.2. Treatment of Opportunistic Infections (OI):

Opportunistic infections are very common among the HIV infected people as their immune system gets depressed with the progression of the infection. Right treatment at the right time improves the quality of life of the patient. The treatment for opportunistic infections is available in all Govt. Medical Colleges, district headquarters hospitals and ICTCs in Block PHCs.

11.3.2.3. Anti Retroviral Therapy (ART):

ART drugs are being used not only for prolonging the life span of people living with HIV/AIDS but also for improving the quality of their life. The aim of the Anti-retro viral (ARV) treatment is to decrease the viral load thereby reducing the occurrence of opportunistic infections, this will in turn will reduce the morbidity and mortality among the PLHAs. At present, 15 ART centers are functioning in Tamil Nadu, 11 in Medical College Hospitals, 1 in Government Hospital for Thoracic Medicine in Tambaram, 1 in District Headquarters Hospital, Namakkal and 2 for mothers at Institute of Obstetrics & Gynaecology, Chennai and Raja Mirasudhar Hospital, Thanjavur. In all the ART centers, first line ARV drugs are being provided free of cost to the needy People Living with HIV / AIDS (PLWHAs). Currently more than 10,000 patients are on Anti Retroviral Treatment.

11.3.2.4. HIV-TB Treatment:

Tuberculosis is the most common serious opportunistic infection in HIV patients. It is estimated that in India 60-70% of people living with HIV/AIDS suffer from TB. A good coordination between HIV and TB control Programmes will reduce TB related morbidity and mortality in people living with HIV/AIDS and at the same time prevent further spread of HIV in TB patients. An effective linkage has been established throughout the State between the HIV/AIDS and RNTCP Programme to provide Directly Observed Treatment (DOT) regimen to the HIV infected people suffering from TB. A sum of Rs.2.20 Crores has been sanctioned for strengthening of 60 HIV-TB treatment and diagnostic centers under GFATM Round-III. During the year 2006-07, TANSACS will focus on capacity building of service providers of both the programmes throughout the State to provide easy accessibility to quality HIV-TB diagnostic treatment. Currently more than 2000 patients with HIV-TB co-infection are on DOTs.

11.3.3. Care and Support Services:

TANSACS has several interventions to provide comprehensive care and support services to the people living with HIV/AIDS. The care and support starts from the place where the person is diagnosed as HIV positive i.e. ICTC. The continuum of care is provided through the network of hospitals, NGOs and other service providers.

11.3.3.1. Community Care Centres:

Community care centers provide both inpatient and out patient services and short stay for PLHAs. TANSACS runs 27 centers through NGOs for people living with HIV/AIDS. Two TB Sanatoria have been converted as Community Care Centres and one Leprosy Centre has been converted in to a Community Care Centre. A sum of RS.330.00 lakhs has been allotted by NACO during the year 2006 – 2007.

11.3.3.2. Drop-in-Centers:

Drop in centers have been opened by TANSACS in partnership with positive networks to provide a platform to the HIV positive people for extending psychosocial support. These centers act as resource centers for providing necessary information and guidance to the HIV infected people about their health. 6 drop-in-centers are being run by positive net works. A sum of Rs. 31.50 lakhs, is sanctioned by NACO for the year 2006 – 2007.

11.3.3.3. Greater Involvement of People Living With HIV/AIDS (GIPA):

Government of Tamil Nadu recognizes the important role played by people living with HIV/AIDS in shaping the decisions and policies related to HIV/AIDS. In order to enhance the role played by people living with HIV/AIDS, a massive sensitization programme has been sanctioned by NACO for carrying out Information, Education and Communication (IEC) and Advocacy activities involving PLHAs. A sum of Rs.50.00 lakhs has been allotted by NACO for this activity.

11.3.4. Capacity Building:

Capacity building of the health care providers is a critical component in the service delivery of HIV/AIDS programme. Medical and para medical staff needs to have good skills to treat HIV/AIDS patients professionally. It is important to continue the capacity building programme on a regular basis to ensure better quality of treatment to PLHAs. TANSACS has undertaken a massive training programme for sensitizing the Health Care Providers in the State of Tamil Nadu covering Directorate of Medical Education (DME), Directorate of Medical and Rural Health Services (DM&RHS) and Directorate of Public Health (DPH). While training the health care providers in the Government sector is important, it is equally important to train the doctors in the private sector. This year training programme will be taken up for health care providers both in the Government and private sectors. NACO has approved a sum of Rs.2.00 Crores for these training activities.

11.4. Funding for the year 2006 – 2007:

TANSACS is financially supported by NACO for carrying out HIV / AIDS prevention, Care and support and treatment related activities. A sum of Rs.3,382.43 lakhs has been approved by NACO under World Bank funds. An amount of Rs.20.00 Crores has been sanctioned under GFATM Round – II and Rs.2.20 Crores under GFATM Round – III for carrying out Integrated and Counselling Testing Centres activities. In addition, NACO has agreed to provide an additional grant of Rs.15.00 crores to upscale the HIV / AIDS related activities in the State of Tamil Nadu.

Chapter - 12
TAMIL NADU MEDICAL SERVICES
CORPORATION LIMITED

12.1. Organisation:

The Tamil Nadu Medical Services Corporation Limited, incorporated on 01.07.1994 under the Companies Act 1956, has grown in its functional importance and stature over the last 12 years. It is now an ISO 9001:2000 Certified Organization. The activities of the Corporation have expanded from procurement and supply of drugs to the medical institutions, to providing diagnostic facilities, procurement, storage and supply of drugs to the Veterinary Department, procurement and supply of high value equipments to the various Medical Institutions in the State, and maintenance of Pay Ward & medical equipments.

12.2. Activities:

A) Procurement, Storage and Distribution of Human drugs:

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

B) Procurement, Storage and Distribution of Veterinary Drugs:

The Tamil Nadu Medical Services Corporation Limited is also procuring and distributing the drugs, Chemicals and Liquid Nitrogen to the Government Hospitals under the Director of Veterinary Services, throughout the State by adopting a streamlined procedure for their procurement, storage and distribution. The Drugs and Medicines are distributed to the Government Medical Institutions through the Drug Warehouses in Tamil Nadu by pass book system based on the financial allotment made by the respective Heads of Departments.

C) Operation of CT and MRI Centers:

The Corporation is maintaining 40 CT Scanners at 37 Centres in Government Hospitals and 2 MRI Scan Centres, one each at Government General Hospital, Chennai and Government Rajaji Hospital, Madurai to provide scanning facility to the public on effective, economically viable lowest minimum nominal charges. The Govt. of Tamilnadu has now authorised the TNMSC to procure and install MRI Scanners one each at the Medical College Hospitals at Tirunelveli, Thanjavur, Salem, Tiruchirappalli, Coimbatore and Vellore.

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

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

E) Maintenance of Special Class Maternity Pay Ward in Institute of Obstetrics and Gynaecology and Govt. Hospital for Women and Children (I.O.G.):

The Maintenance of Paying Maternity Ward in IOG, Egmore, Chennai-8 has been entrusted to Tamil Nadu Medical Services Corporation Limited, and this ward has been functioning from 19.02.2003 onwards and TNMSC is effectively maintaining the Ward in the Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Egmore, Chennai.

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

The Government have directed TNMSC to take up the infrastructure facility for establishment of Payment Maternity Ward at Kasturba Gandhi Hospital for Women and Children, Chennai. This ward has been commissioned during May 2004.

G) Master Health Checkup Scheme:

The financial control and implementation of Master Health Checkup Scheme in Government General Hospital, Chennai is brought under the purview of TNMSC from 01.04.2001 onwards and TNMSC is effectively maintaining the scheme in Government General Hospital, Chennai.

H) Maintenance of Equipments at various Government Medical Institutions / Hospitals:

TNMSC maintains the medical equipments for Directorate of Medical Education and Directorate of Medical & Rural Health Services. TNMSC has floated tenders and finalized Annual Maintenance Contract of medical equipments in the various Government Medical Institutions / Hospitals under their control.

I) Construction of Warehouses:

i) TNMSC has scientifically designed and constructed Drug Warehouses in 23 convenient locations at District Headquarters.

ii) TNMSC maintains a Warehouse at Sivaganga at rented premises. TNMSC has commenced construction of a drug warehouse for storage of drug at Sivaganga at a cost of Rs. 105.00 lakhs. The Construction is nearing completion.

iii) TNMSC has also commenced construction of a drug warehouse at the cost of Rs. 104.00 lakhs at Theni District. The Construction in progress will be completed during the year January 2007.

iv) The Government is also examining the proposal for construction of Warehouses in the newly formed Districts viz. Nagapattinam, Krishnagiri, Perambalur, Thiruvallore, Karur and Namakkal.

J) CPC Rate Contract Finalization:

TNMSC has been entrusted with the task of finalisation of Rate Contract (CPC System) through Open tender system for the purchase of Equipments & accessories required for 20 departments in Government Hospitals consisting of about 5700 items for the period from 01.04.2005 to 31.03.2007. The Medical institutions can directly place purchase orders with the approved firms for the supply of required equipments and accessories at the rates finalized by TNMSC, depending upon the budget provision.

K) Purchase and Supply of Medical Equipments:

The hi-tech and hi-value medical equipments required for the Government Hospitals are procured and supplied by TNMSC based on the specific Government Orders. TNMSC is also the procurement agency for Tamil Nadu Health Systems Project, funded by World Bank.

L) Consultancy Services:

TNMSC is a brand name in Drug Logistics and Warehousing for the whole country. Many States in the country are emulating the principles followed by this Corporation. TNMSC has taken up and completed the consultancy works for the Health & Family Welfare Department, Government of Andhra Pradesh and Rajasthan.

12.3. Procurement of Drugs:

The Tamil Nadu Medical Services Corporation Limited is procuring 277 drugs and medicines, 71 Surgical and 103 Suture items from reputed manufacturers, selected on the basis of transparent open tender system. Similarly the Corporation is procuring 129 drugs, Chemical and liquid Nitrogen for the Animal Husbandry Department. The Warehouse-wise requirement of drugs, placing of supply orders and distribution of drugs are monitored through a well knit computer system.

12.4. Quality Assurance:

The Corporation has established a Quality Control Section to ensure quality of drugs procured through the Corporation. The Quality Control Section draws samples from each batch of supply and gets them tested in empanelled analytical laboratories (selected through open tender system) to ensure the quality of drugs. Only the drugs which pass quality tests are issued to Hospitals.

12.5. Distribution:

The Government Medical Institutions are provided with pass books based on the allotment made by the respective Head of Departments and the institutions can draw their requirement of medicines etc. from the warehouse to which they are attached. The Corporation maintains about 3 months ground stock of drugs in the warehouses for ensuring uninterrupted supply to hospitals.

12.6. Website:

TNMSC maintains the Health & Family Welfare Department Website (www.tnhealth.org). This Website provides Health chat between 4.00 P.M and 6.00 P.M where public can access the specialists for getting expert opinion.

12.7. Other Activities:

- a) Government of Tamil Nadu has permitted TNMSC to procure and supply the required Medicine Kits for the willing States under National Rural Health Mission (NRHM) and for National AIDS Control Organisation, Government of India. The States of Assam and Meghalaya have already agreed in principle for the procurement of drugs for the NRHM through TNMSC.
- b) TNMSC has been appointed as procurement agency for equipments for Tamil Nadu Health Systems Project aided by World Bank. TNMSC is acting as procurement agency for procurement of testing kits, blood bank consumables etc. for Tamil Nadu State AIDS Control Society.
- c) The Corporation is also serving other institutions like TNEB dispensaries, Municipal and Corporation dispensaries, Panchayat union dispensaries, Prison and Police Medical Hospitals, Juvenile Homes, Rehabilitation Homes, Co-operative Sugar Factories, Veterinary Institutions, Transport Corporation Dispensaries etc.

Chapter - 13

TAMIL NADU STATE HEALTH TRANSPORT DEPARTMENT

13.1.1. Tamil Nadu State Health Transport Department (TNSHTD) was formed in 1981 as a separate Directorate for the purpose of keeping the Off-road vehicles of Health and Family Welfare Department to the minimum.

13.1.2. The total fleet strength of the vehicles attached to the various Directorates under the control of Health and Family Welfare Department is 2662.

13.2. **Activities:**

13.2.1. The Tamil Nadu State Health Transport Department has under its control 7 Regional Workshops, at Chennai, Vellore, Salem, Coimbatore, Tiruchirappalli, Madurai and Tirunelveli. Apart from this, there are 9 District Headquarters workshops and 27 Mobile Maintenance Units. A Reconditioning and Central Body Repairing Unit is also functioning at Chennai.

13.2.2. This Department has progressively improved the percentage of fleet in operation from 72.6% (1981) to 96% (2005). In addition to the above, this Department is also ensuring rapid procurement of new vehicles sanctioned for various Directorates under the control of Health and Family Welfare Department.

13.2.3. Apprenticeship training is also being imparted by this Department to I.T.I. Certificate holders, B.E. Graduates and Diploma holders sponsored by the Director of Employment and Training, Tamil Nadu and the Director of Apprenticeship Training, Government of India, Taramani. This Department is having capacity for imparting Apprenticeship training for 17 B.E. Graduates, 29 Diploma holders and 45 I.T.I. Apprentices in a year.

13.3. **New Scheme for 2006-07:**

Purchase of 7 Computers with accessories to 7 Regional Workshops viz., Chennai, Vellore, Salem, Trichy, Madurai, Coimbatore and Tirunelveli at a cost of Rs.3.50 lakhs.

K.K.S.S.R. Ramachandran
Minister for Health