



HEALTH AND FAMILY WELFARE DEPARTMENT

POLICY NOTE 2023 - 2024

DEMAND No. 19

Ma. SUBRAMANIAN
Minister for Health and Family Welfare

©
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Sl. No.	CHAPTER	Page No
1	Introduction	1-8
2	Health Administration	9-14
3	Medical Education	15-35
4	Medical and Rural Health Services	36-58
5	Public Health and Preventive Medicine	59-111
6	Family Welfare Programme	112-124
7	Medical and Rural Health Services(ESI)	125-138
8	Indian Medicine and Homoeopathy	139-172
9	Food Safety and Drug Administration	173-197
10	Tamil Nadu State Health Transport	198-203
11	Medical Services Recruitment Board	204-209
12	National Health Mission / State Health Society – Tamil Nadu	210-300
13	Tamil Nadu Urban Health Care Project	301-315
14	Tamil Nadu Health System Reform Program	316-328
15	COVID-19 Management and Vaccination	329-333
16	Makkalai Thedi Maruthuvam	334-338
17	Innuir Kappom – Namai Kaakkum 48 Scheme	339-341
18	Kalaigharin Varumun Kaappom Thittam	342-343

19	Tamil Nadu Medical Services Corporation Limited	344-352
20	Tamil Nadu State Aids Control Society	353-372
21	Tamil Nadu State Blindness Control Society	373-377
22	Comprehensive Emergency Obstetrics and Newborn Care Centres	378-382
23	National Tuberculosis Elimination Programme	383-387
24	National Mental Health Programme	388-400
25	Communicable Diseases Management	401-432
26	Non-communicable Disease Prevention, Control and Treatment Programme	433-439
27	Health Care of Elderly	440-443
28	Other Programmes	444-458
29	Chief Minister's Comprehensive Health Insurance Scheme	459-465
30	Tamil Nadu Accident and Emergency Care Initiative and '108' Emergency Care Services	466-477
31	Universal Health Coverage	478-482
32	Sustainable Development Goal – 3 Strategy of Tamil Nadu	483-496
33	The Tamil Nadu Dr. M.G.R. Medical University	497-502

Chapter – 1

INTRODUCTION

பிணியின்மை செல்வம் விளைவின்பம் ஏமம்
அணியென்ப நாட்டிவ் வைந்து (குறள் 738)

Unfailing health, fertility, joy, protection and wealth
are the five jewels of a kingdom.

1.1 Tamil Nadu ranks among the top three States in various vital indicators of health. Over the years, Tamil Nadu has been able to build robust public health system, impressive public health cadre, skilled human resources, adequate primary, secondary and tertiary care medical institutions across Tamil Nadu. A model drug procurement and distribution system, Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) for the poor, transparent medical services recruitment system, highest number of Government medical college and hospitals, and pioneering schemes and initiatives have been widely appreciated.

1.2 Recent pandemic Covid-19 has tested the nations across the world on preparedness of the global health system. Despite the challenges, the

State has been able to rise up to the challenges and augment the health infrastructure to meet the demand of public in Covid-19.

1.3 Throughout the world due to Covid-19 pandemic focus was shifted to various health emergencies to Covid-19. Realising the need to manage the emerging Non-Communicable Diseases (NCDs), the State Government launched **“Makkalai Thedi Maruthuvam” (MTM)** an innovative pioneering model in Non-Communicable Disease (NCD) management which has crossed one crore beneficiaries. Considering the impressive strides in Makkalai Thedi Maruthuvam (MTM) it is proposed to reach out to 711 factories covering 8.53 lakh workers with health check up camps in the factory premises.

1.4 In view of the extensive road network, Tamil Nadu has been seeing high incidents of road traffic accidents. To bring down mortality, the State Government has launched **“Innuvir Kappom: Nammai Kakkum 48”**, a cashless and free emergency medical treatment scheme for all road traffic accident patient irrespective of the nationality.

1.5 State has achieved impressive reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). The State has already reached the target under the Sustainable Development Goals (SDG) which are due to be achieved by the year 2030 in respect of IMR and MMR. After the pandemic the maternal and child health issues are being given renewed focus with death audit at community, institution, District and State levels so as to reach the standards of developed nations.

1.6 Globally, Mental health is another area which was severely affected during the Covid-19 pandemic. Considering the role of mental health in the wellbeing of individuals, the State Government has launched a new scheme **"MANAM"** aimed at further strengthening mental health system in educational institutions and Tele Counselling to reach out to the needy.

1.7 Tamil Nadu has well spread-out public health medical institutions all over the State. To maintain its lead in the health sector, Tamil Nadu has been investing its resources to make available high end

treatment facilities. 1000 bedded Kalaignar Memorial Multi Super Speciality Hospital is being built in the premises of King Institute of Preventive Medicine and Research Centre, Guindy. Government Medical College Hospitals at Madurai, Coimbatore and Kilpauk are being improved at a total out lay of Rs.1020 crore.

1.8 In order to strengthen Emergency Care, Emergency departments have been established in medical college hospitals Tamil Nadu Accident and Emergency Care Initiative (TAEI) Centres have been established in various secondary and tertiary care institutions along the State and National Highways. 2,099 ICU beds and Hybrid High Dependency Units with Central Monitoring Stations inaugurated by the Hon'ble Chief Minister to augment quality emergency care across Tamil Nadu.

1.9 To reach out health care to the habitations, the Government has launched 389 Hospitals on Wheels vehicle service at a cost of Rs.70 crore so that the people living in remote and tribal areas are able to get medical services at their habitations.

1.10 In order to democratise decision making in the health sector and to empower the Stake holders, the State Government conducted District and State Health Assemblies, pioneering initiative which has been appreciated by all.

1.11 Tamil Nadu is known as the birth place of Siddha system of medicine and the State Government has established wide network co-located Siddha and other Indian System of medicine hospitals across the State. The State has initiated steps to establish a Siddha University. The first Siddha medical college in Palayamkottai is being strengthened with modern facilities.

1.12 In order to ensure available of high-end surgeries in public and private health institutions income limit for Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) has been enhanced to Rs.1.20 lakh per annum for families. This Health Insurance model has been adopted by many other States. During the year (2022-2023), 10,25,550 patients have benefitted with treatment worth of Rs.1,329 crore under CMCHIS.

1.13 The details of Government medical health facilities in Tamil Nadu is given below:

Sl. No	Description	Units
1	Government Medical Colleges	36
2	Hospitals attached with the Medical Colleges	62
3	Tamil Nadu Government Multi Super speciality Hospital	1
4	Tamil Nadu Government Dental College and Hospital	2
5	District Headquarters Hospitals	37
6	Taluk and Non-Taluk Hospitals	256
7	Primary Health Centres (PHCs)	1,830
8	Health Sub Centres (HSCs)	8,713
9	Urban Primary Health Centres (UPHCs) including Chennai Corporation	487
10	Employees' State Insurance (ESI) Hospitals*	10
11	ESI Dispensaries*	235
12	Indian System of Medicine Hospitals and Dispensaries	1,541

(* Labour Welfare and Skill Development Department)

1.14 The Directorate wise allocation for 2023-24 under Demand No.19, Health and Family Welfare is as follows:

Sl. No.	Name of the Office	Amount (Rs. in crore)
1	Health and Family Welfare Department, Secretariat	18.44
2	Directorate of Medical and Rural Health Services	1,807.75
3	Directorate of Medical Education	6,344.76
4	Directorate of Public Health and Preventive Medicine	3,895.48
5	Directorate of Family Welfare	211.07
6	Tamil Nadu Food Safety and Drugs Administration	96.06
7	Directorate of Indian Medicine and Homoeopathy	461.68
8	Tamil Nadu State Health Transport Department	37.17
9	Reproductive and Child Health Project	3,463.84
10	Tamil Nadu Health Systems Project	2,324.44
	Total	18,660.69

- i) Apart from the above provision, Rs.205.84 crore has been allocated towards civil works being undertaken by Public Works Department under Demand No.39.
- ii) Provision towards ESI scheme hospitals for Rs.664.73 crore has been made in the Labour Welfare and Skill Development Department under Demand No.32.

1.15 It is the objective of the Government to strengthen the public health institutions, further improving skills of doctors and health workers, achieve better standards in health education and provide quality care at free of cost to the poor and needy.

Chapter - 2

HEALTH ADMINISTRATION

2.1 Tamil Nadu established a number of institutions which have emerged as a role model for similar institutions across India. Various Directorates, Boards and Corporations functioning under the administrative control of Health and Family Welfare Department are as follows:

- Directorate of Medical Education - responsible for providing medical education and tertiary care.
- Directorate of Medical and Rural Health Services - responsible for providing secondary care and implementing various Acts and Regulation.
- Directorate of Public Health and Preventive Medicine - responsible for providing primary health care and public health.
- Directorate of Indian Medicine and Homoeopathy - responsible for providing AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) medical education and its services.

- Directorate of Family Welfare – implements family planning related initiatives.
- Commissionerate of Food Safety and Drugs Control - focusing on food safety, determination of quality and drugs control administration through two different wings.
- Directorate of State Health Transport - responsible for maintenance and upkeep of the vehicles of the various Directorates under Health and Family Welfare Department.
- Medical Services Recruitment Board (MRB) – responsible for the recruitment of personnel for various cadres in Health and Family Welfare department in a speedy and transparent manner.
- Tamil Nadu Medical Services Corporation (TNMSC) - to streamline the drugs and equipment procurements, supply and maintenance to all the Government Medical Institutions.
- Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited (TAMPCOL) - to

manufacture medicines for use under the Indian Systems of Medicine and distribution to all the Medical Institutions.

Additionally, the Directorate of Medical and Rural Health Services (ESI) under the Labour Welfare and Skill Development Department is provided staff by this department.

2.2 Other Programmes and Initiatives: Across Directorates through the following societies, missions, health specific programmes are implemented:

- National Health Mission - State Health Society,
- Tamil Nadu State AIDS Control Society,
- Tamil Nadu Blindness Control Society,
- Tuberculosis Elimination Programme,
- National Mental Health Programme,
- National Vector Borne Diseases Control Programme,
- Universal Immunization Programme

2.3 Councils: The following councils have been established through various Acts of Government of India and Government of Tamil Nadu to

register the qualified medical, nursing and paramedical professionals to regulate their practice in Tamil Nadu:

- Tamil Nadu Medical Council
- Tamil Nadu Dental Council
- Tamil Nadu Nurses and Midwives Council
- Tamil Nadu Pharmacy Council
- Tamil Nadu Siddha Medical Council (Siddha and Traditional Practitioners)
- Board of Indian Medicine (Ayurveda, Unani and Yoga & Naturopathy)
- Tamil Nadu Homoeopathy Council
- Tamil Nadu State Council for Physiotherapy

2.4 Classification of Hospitals and Dispensaries: A broad classification of hospitals and dispensaries in the State are as follows:

- i. **State–Public Medical Institutions:** All Medical institutions – Allopathy and Indian Systems of Medicine maintained through State funds are directly managed by the Government. These form the backbone of the

health care. While 8,713 Health Sub Centres are catering to an average 5,000 population, 1,830 PHCs are catering to an average population of 30,000 at the next level. Above the primary health care institutions, there are secondary and tertiary care hospitals in the State. In addition, 487 Urban Primary Health Centres across the urban areas in the State including Chennai Corporation and 15 Community Health Centres in Chennai Corporation are also functional. There are 256 Taluk and Non Taluk Hospitals, 37 District Headquarter Hospitals and 62 hospitals attached to 36 Government Medical Colleges.

- ii. **State-Special Medical Institutions:** Institutions intended to serve the public which are including Police Department, State owned Corporations / Undertakings, Employees State Insurance Medical Institutions, etc. which include 10 ESI Hospitals and 235 ESI dispensaries.

- iii. **Medical Institutions under the Local Bodies:** Medical Institutions which are under the management of Corporations and Municipalities are covered under this classification. Urban Primary Health Centres and Urban Community Health Centres have now been established to cater to the primary health care of the urban population.
- iv. **Government Aided Private Medical Institutions:** Institutions supported / guaranteed by private contribution and receiving Government aid.
- v. **Non-Aided Private Medical Institutions:** All hospitals, dispensaries and clinics solely managed by private persons / establishments.

Chapter - 3

MEDICAL EDUCATION

3.1 The Directorate of Medical Education was formed in the year 1966 from the Directorate of Medical and Rural Health Services and is functioning as an independent Directorate. This Directorate is committed to deliver clinical care, innovative teaching, training and research activities in the modern days of medicine field. Admission to under graduation and post graduation programmes in Medicine / Dental / Para medical courses are done by the Selection Committee.

3.2 Administrative Structure: The Director of Medical Education is the Head of the Directorate and is responsible for the administration of the Government Medical Colleges, the Tertiary care hospitals and Super Speciality Hospitals attached to the Directorate. The Government Medical Colleges and Hospitals are under the administrative control of respective Deans. Other allied institutions are headed by Directors / Superintendents.

Government Medical College	36
Government Dental College	2
Government Pharmacy College B-Pharm	2
Government Physiotherapy College	3
Government College of Nursing	6
Government School of Nursing	25
Hospitals and Allied Institutions	46
Government Dental College Hospital	2
Multi Super Speciality Hospital	1
Women and Children (O and G) Hospital	4
Children Hospital	1
Ophthalmic Hospital	1
TB Hospital	5
Institute of Mental Health	1
Institute of Rehabilitation Medicine	1
King Institute of Preventive Medicine and Research Centre	1
Dispensary	13

3.3 Selection Committee: Selection Committee is responsible for preparation of merit list, conduct counselling and admission of candidates to Diploma / Under Graduate / Post Graduate / Super Speciality Medical Courses in the State. The intake capacity of the Government Medical College Institutions for Under Graduate and

Diploma courses during the year 2022-23 are furnished hereunder:

Sl. No.	Name of the Course	No. of Colleges	Number of Seats *
1	M.B.B.S	36	5,050
2	B.D.S	2	200
3	B.Pharm	2	120
4	B.Pharm (Lateral Entry)	2	12
5	B.Sc. Nursing	6	350
6	Post Basic (B.Sc. Nursing)	2	90
7	Bachelor of Audio and Speech Language Pathology	1	25
8	B.Sc. Clinical Nutrition	1	20
9	Bachelor of Physiotherapy (B.P.T)	3	80
10	B.Sc. Radiology and Imaging Technology	15	250
11	B.Sc. Radio Therapy Technology	4	50
12	Bachelor of Cardio Pulmonary Perfusion Technology	5	65
13	Bachelor of Optometry	7	115
14	B.Sc. Cardiac Technology	11	166
15	B.Sc. Critical Care Technology	8	135

16	B.Sc. Dialysis Technology	12	195
17	B.Sc. Operation Theatre and Anaesthesia Technology	14	280
18	B.Sc. Physician Assistant	13	241
19	B.Sc. Respiratory Therapy	8	138
20	B.Sc. Accident and Emergency Care Technology	11	230
21	B.Sc. Medical Laboratory Technology	13	240
22	Bachelor of Occupational Therapy (B.O.T)	2	30
23	B.Sc. Neuro Electro Physiology	3	20
24	Diploma in Pharmacy	3	240
25	Diploma in Nursing	25	2,060
26	Para Medical courses (25 Courses)	30	8,910

(* These are subject to respective Commission / Council approval for annual admission and vary from year to year).

3.4 The details of Post Graduates and Super Speciality Courses available in the Government Medical College Institutions are as follows:

Sl. No.	Courses	Number of Specialities	Total intake capacity**
1	P.G. Degree (Medical Super Specialities) DM/ MCH	27	404
2	P.G. Diploma (Medical)	8	21
3	M.D.S. (Dental)	9	60
4	P.G. Degree (Medical Broad Specialities MD/MS)	25	2,264
5	P.G. Diplomate of National Board (DNB)	5	24
6	MPT	5	10
7	M. Pharm	4	85
8	M.Sc. (Nursing)	5	101
9	M.Phil. (Clinical Social Work)	1	15
10	M.Sc. (Molecular Virology)	1	21
11	M. Phil. (Clinical Psychology)	1	10
12	DrNB Super Speciality	2	4
13	M.Sc. Neuro Surgical care	1	30
14	M.Sc. Radiography and Imaging Techology	1	10

(* * These are subject to respective Commission / Council approval for annual admission and vary from year to year).

3.5 Besides the Government Institutions, the private medical / paramedical self-financing institutions affiliated to Tamil Nadu Dr.M.G.R Medical University have surrendered the following seats for allotment by the Government:

Sl. No	College	No. of Colleges	Number of Seats *
1	Self Financing Medical College	19	3,050
2	ESIC, K.K.Nagar	1	125
3.	Private Universities	2	300
4	Dental College	20	1,950
5	B.Sc. Nursing	216	8,805
6	B.Pharm.	81	4,509
7.	B.Pharm. (Lateral Entry)	82	701
8.	B.P.T	52	2,850
9	B.O.T	9	421
10	Post Basic B.Sc. Nursing	51	1,071

(* The number of seats will vary annually subject to the approval of the respective Council)

3.6 Increase in MBBS seats and Establishment of 11 New Government Medical Colleges:

Till the academic year 2020-2021, 25 Government Medical Colleges were functioning in 21 districts. In the academic year 2021-22, the National Medical Commission permitted admission of 150 MBBS seats each in the 7 New Government Medical Colleges viz., Virudhunagar, The Nilgiris, Dindigul, Nagapattinam, Krishnagiri, Kallakurichi and Ariyalur and 100 MBBS seats each in the 4 New Government Medical Colleges viz., Ramanathapuram, Tiruppur, Namakkal and Thiruvallur. Expediting the creation of infrastructure and man power, this Government have paved the way for additional admission of 1,450 MBBS seats in the academic year 2021-22. The 11 New Government Medical Colleges were inaugurated by the Hon'ble Prime Minister in the presence of the Hon'ble Chief Minister of Tamil Nadu on 12.01.2022 via video conference. In Coimbatore Medical College, MBBS seats have been increased from 150 MBBS seats to 200

MBBS seats from the academic year 2021-22. 146 Post Graduate (MD/MS) seats in 38 Specialties in 15 Government Medical Colleges and 21 Post Graduate (Super Speciality) seats in 11 specialities in 6 Government Medical Colleges were also created in the academic year 2021-22.

3.7 Admission policy in Medicine and opposition to National Eligibility cum Entrance Test (NEET): The Government of Tamil Nadu has been consistently opposing NEET for admission to Medical Courses. Considering the plight of the poor students in getting admission to medical seats, the Hon'ble Chief Minister made an announcement on 05.06.2021 to constitute a High Level Committee under the Chairmanship of Retired High Court Judge, Justice Thiru.A.K.Rajan. The above Committee undertook a detailed study on whether the NEET based admission process has adversely affected the social, economic and federal polity and the students of rural and urban poor, those who studied in Government Schools, those who studied in Tamil Medium or any other section of students in Tamil Nadu and submitted

its recommendations on 14.07.2021. An Official Committee of Secretaries under the Chairmanship of Chief Secretary was constituted to suggest appropriate measures to implement the recommendation of the High Level Committee. The Committee of Secretaries has suggested to promulgate an Act, similar to Tamil Nadu Act No.3/2007, indicating the need for elimination of NEET in Medical Education and get the President's assent for the same. This will ensure social justice and protect all vulnerable student communities from being discriminated in admission to Medical Education Programmes. Based on the above, "A Bill to provide for admission to under graduate courses in Medicine, Dentistry, Indian Medicine and Homoeopathy on the basis of marks obtained in the qualifying examination" was introduced and unanimously passed on the floor of Tamil Nadu Legislative Assembly on 13.09.2021 and sent to the Hon'ble Governor to reserve the Bill for the consideration of the Hon'ble President. Hon'ble Governor returned the Bill for reconsideration of the House. A special session of Tamil Nadu

Legislative Assembly was convened on 08.02.2022 to dispense with NEET-based admission in Tamil Nadu and Resolution was resubmitted to Hon'ble Governor of Tamil Nadu. Hon'ble Governor of Tamil Nadu has sent the same for the assent of Hon'ble President of India. The Ministry of Home Affairs, Government of India has sent the comments of the Ministry of Health and Family Welfare, Ministry of AYUSH and Ministry of Higher Education of Government of India on the bill to the Government of Tamil Nadu. Necessary clarifications have been furnished to the Ministry of Home Affairs, Government of India. Now, the Bill is pending with the Government of India for assent of Hon'ble President of India.

3.8 For Post Graduate MD / MS / Diploma Courses, as per the Government Orders, 50% of seats are allocated to Government of India for All India Quota and the remaining 50% of seats are allocated to the State Government. In State Government Quota, 50% of the seats are being allocated exclusively to the in-service candidates

serving in Government health institutions in the State of Tamil Nadu and the remaining seats are allocated to open category which is open to both service and non-service candidates. The seats in above categories are being filled up based on the marks obtained in the NEET-PG Examination along with eligible incentive marks. The incentive marks are awarded based on the recommendation of the Committee headed by Hon'ble Justice Thiru A.Selvam, High Court Judge (Retd.).

3.9 Regarding Super Speciality seats, 50% seats of the Super Speciality seats (DM / M.Ch.) in Government Medical Colleges are allocated exclusively to in-service candidates of Tamil Nadu and the remaining 50% seats are allocated to the Government of India / Director General of Health Services from the academic year 2021-22. 50% of the in-service Super Speciality seats would be filled up based on the marks obtained in the NEET-SS.

3.10 A Contempt petition was filed by Dravida Munnetra Kazhagam before the Madras High Court against the Union of India for

non-implementation of OBC reservation in All India Quota (AIQ) seats (MBBS, MS/MD). Based on the Supreme Court order, it has been decided by the Government of India to implement 27% OBC reservation (Non-creamy layer) in the 15% AIQ UG seats and the 50% All India Quota seats (MBBS/BDS and MD/MS/MDS) (contributed by the State/UTs). This reservation takes effect from the Academic session 2021-22 onwards.

3.11 Preferential reservation of 7.5% of Government Medical Seats for students studied in Government Schools: As per the recommendations of the Commission, constituted by the State Government under the Chairmanship of Hon'ble Justice P.Kalaiyaran (Retired), "Tamil Nadu Admission to Undergraduate Courses in Medicine, Dentistry, Indian Medicine and Homeopathy on preferential basis to students of Government Schools Act, 2020, (Tamil Nadu Act No.34 of 2020)" making reservation of 7.5% Government seats to enable the students studied in Government Schools who are qualified in NEET to get admission in Medical Courses was notified

in Government Gazette on 30.10.2020 and brought into effect on 31.10.2020. Based on the above Act, during the year 2022-2023, 465 MBBS seats, 119 BDS seats and 81 Siddha, Ayurveda and Homeopathy seats were allotted to the Government school students. Considering the poor economic status of the said students, Revolving Fund has been created with Rs.16 crore to enable payment of all types of essential fees and hostel fees for the students who have got admission under the 7.5% preferential allotment of seats in MBBS / BDS Course.

3.12 New Multi Super Speciality Hospital in South Chennai: Hon'ble Chief Minister of Tamil Nadu announced during the birthday celebration of former Chief Minister of Tamil Nadu – Dr.Kalaignar Mu.Karunanidhi on 03.06.2021 for the establishment of a Multi Super Speciality Hospital in the premises of King Institute of Preventive Medicine, Guindy, Chennai at a total cost of Rs.230 crore. The Government have accorded Administrative and Financial sanction for Rs.230 crore for the construction of Buildings for

Establishment of Multi Super Speciality Hospital in the premises of King Institute of Preventive Medicine and Research Centre, Guindy, Chennai. The above work started on 01.04.2022 by the Public Works Department and is expected to be completed in 18 months and the probable date of completion of work is by 30.09.2023. The Government have issued orders upgrading the Hospital bed strength to 1000 beds instead of 500 beds. The total plinth area of building for three blocks A, B & C is 51,429 Sq.mtr and the building work is in progress. Totally, 19 Departments in various specialities have been proposed to be established in the Multi Super Speciality Hospital.

3.13 National Centre for Ageing - King Institute Of Preventive Medicine, Guindy, Chennai: National Centre for Ageing with 200 beds has been established in the premises of King Institute of Preventive Medicine, Guindy, Chennai, with the financial assistance of Government of India at the total cost of Rs.126.87 crore (Non Recurring Rs.97.75 crore and Recurring cost Rs.29.12 crore). Subsequently, the Government

of India have given approval for revised cost estimate for a sum of Rs.151.17 crore towards the establishment of National Center for Ageing. It is a comprehensive Geriatric Care Centre catering exclusively for the health care of the elderly with full fledged 200 bedded hospital. The National Centre for Ageing is built in 8.64 acres and it consists of the main building for Hospital, Hostel for Ph.Ds, Trainees and Nurses, Director Quarters, RMO and ARMO Quarters, Modern Kitchen and Laundry having a total plinth area of 26,194 Sq.mtr (2,81,847 Sq.ft.) Construction activities have been completed.

3.14 Centre of Excellence for Cancer in the Government Arignar Anna Memorial Cancer Hospital, Karapettai, Kancheepuram: The Centre of Excellence exclusively for cancer diseases is being established in the Government Arignar Anna Memorial Cancer Hospital, Karapettai, Kancheepuram at a total cost of Rs.120 crore. For Construction of buildings, the Government have accorded administrative and financial sanction and the construction works

(G+2) is nearing completion and it will be completed shortly. Further, the Government have issued orders to upgrade the Centre of Excellence to 750 bedded Hospital by up scaling the (G+2) structure with the addition of 3 Floors (i.e) (G+5) to cater services to more patients and bring holistic and comprehensive cancer care facility in Tamil Nadu. In this regard, the Government have accorded administrative and financial sanction for a sum of Rs.100 crore.

3.15 Centre of Excellence at the Institute of Rehabilitation Medicine, Kalaingar Karunanidhi Nagar, Chennai: The Government Institute of Rehabilitation Medicine, K.K.Nagar, Chennai has been upgraded as Centre of Excellence under the World Bank funded Tamil Nadu Health System Reforms Programme. A sum of Rs.27.95 crore has been sanctioned for the construction of (G+3) floors in the above Centre of Excellence. The total plinth area of the building is 8684.25 sq.m. The Hon'ble Chief Minister dedicated the Centre of Excellence for use of general public on 28.01.2023. The

Government have sanctioned a sum of Rs.11.43 crore towards purchase of equipment for this Centre. 3,097 in-patients and 35,241 out-patients have availed medical treatment in the centre as on date.

3.16 Advanced Master Health Checkup and Women Special Master Health Checkup unit in Government Stanley Hospital, Chennai:

The Government have accorded financial sanction for a sum of Rs.1.65 crore under the World Bank scheme for establishment of Advanced Master Health checkup unit at Government Stanley Hospital Chennai and for the procurement of equipment – Digital Mammogram, Digital X-Ray with PACS and Echo Cardiogram.

3.17 Neuro Science Block at Rajiv Gandhi Government General Hospital, Chennai:

The Government have accorded sanction for a sum of Rs.64.94 crore (Rs.60 crore for civil work and Rs.4.94 crore for equipment) towards construction of New Building for Neuro Science Block at Rajiv Gandhi Government General Hospital and for procurement of Medical Gas

Pipeline System and Medical Equipment to the above said Neuro Science Block through Tamil Nadu Medical Services Corporation. Neurological disorder patients will be benefited (Stroke, Head Injury Patients etc.,) from this facility.

3.18 Construction of Additional 100 Beds Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Centre (additional building with equipment) at Government Medical College Hospital, Sivagangai District:

During the visit to Sivagangai District on 08.06.2022, the Hon'ble Chief Minister made an announcement to construct a Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Centre at the Government Medical College Hospital, Sivagangai District at a total cost of Rs.11.74 crore. Based on the above announcement, the Government have accorded sanction for Rs.11.74 crore (Rs.10.50 crore for civil works and Rs.1.24 crore for equipment). On an average, 1,000 pregnant women per month will be benefitted in this Hospital.

3.19 Strengthening of Government Peripheral Hospital, Periyar Nagar, Chennai:

The Government have issued orders sanctioning a sum of Rs.55.07 crore for the construction of a new building at Government Peripheral Hospital, Periyar Nagar, Chennai, through Public Works Department. Sanction is also accorded for Rs.16.74 crore to procure the required equipment through the Tamil Nadu Medical Services Corporation Limited. Hon'ble Chief Minister laid the foundation stone for this building on 08.03.2023.

3.20 Upgraded Spine Surgery Unit in Rajiv Gandhi Government General Hospital, Chennai:

The Government have issued orders for Upgradation of Spine Surgery Unit in Rajiv Gandhi Government General Hospital, Chennai and the same is functioning in Rajiv Gandhi Government General Hospital, Chennai.

3.21 Extension of Day Care Centre for Haemophilia treatment in Government Medical College Hospitals:

The Day Care Centre for treating Haemophilia patients have

been established in the following 14 Government Medical College Hospitals:

1	Government Stanley Hospital, Chennai
2	Government Kilpauk Medical College and Hospital, Chennai
3	Government Medical College and Hospital, B Block, Omandurar Government Estate, Chennai
4	Tamil Nadu Government Multi Super Speciality Hospital, A Block, Omandurar Government Estate, Chennai
5	Government Erode Medical College and Hospital, Erode
6	Coimbatore Medical College and ESI Hospital, Coimbatore
7	Government Thiruvannamalai Medical College and Hospital, Thiruvannamalai
8	Government Thiruvallur Medical College and Hospital, Thiruvallur
9	Government Kallakurichi Medical College and Hospital, Kallakurichi
10	Government Nagapattinam Medical College and Hospital, Nagapattinam
11	Government Ramanathapuram Medical College and Hospital, Ramanathapuram

12	Government Ariyalur Medical College and Hospital, Ariyalur
13	Government Tiruppur Medical College and Hospital, Tiruppur
14	Government Krishnagiri Medical College and Hospital, Krishnagiri

3.22 Extension of Tele-medicine facilities in all Government Medical College Hospitals:

Tele Medicine Facilities have been established in all Government Medical College Hospitals and functioning well with all infrastructure like Audio visual aid with information about the Advance Medical Treatments and other facilities.

Chapter - 4

MEDICAL AND RURAL HEALTH SERVICES

4.1 The Director of Medical and Rural Health Services is incharge of secondary care services in Tamil Nadu. The Directorate renders its services through the grid of 37 District Headquarters Hospitals, 198 Taluk Hospitals, 58 Non - Taluk Hospitals, 7 Women and Children Hospitals, 11 Dispensaries, 2 Tuberculosis Hospitals, 6 Leprosy Hospitals and 1 Rehabilitation Institution cum Hospital. The Taluk and Non-Taluk Hospitals are the First Referral Units and the District Headquarters Hospitals serve as a secondary care referral unit. 93 Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) units, 110 Newborn Stabilization Units (NBSUs) and 38 Neonatal Intensive Care Units (NICU) are providing Maternal and Child Health Services. Further, through 47 Tamil Nadu Accident and Emergency Care Initiative (TAEI) Centres, Emergency Services are provided.

4.2 The Directorate of Medical and Rural Health Services is critical link between the Primary and

Tertiary Care facilities. The following Medical Services are rendered by the District Headquarters Hospitals / Taluk / Non-Taluk Hospitals:

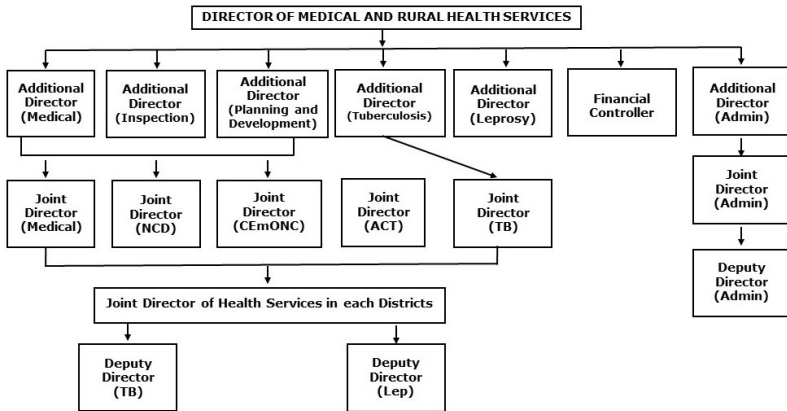
- ❖ Out-Patient and In-Patient Services
- ❖ Antenatal and Postnatal Care
- ❖ Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) with 24 hours Delivery care
- ❖ New born Stabilization Units (NBSUs)
- ❖ Special New born Care Units (SNCUs)
- ❖ Neonatal Intensive Care Unit (NICU)
- ❖ Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology, E.N.T, Venerology, Orthopaedics, Anaesthesiology, Child Health, Dental, Psychiatry, Ambulance Services, Laboratory Services, Leprosy, Tuberculosis, Diabetology and Cardiology
- ❖ Non-Communicable Disease (NCD)
- ❖ Accident and Emergency Services
- ❖ Family Welfare

- ❖ Deafness Control Programme
- ❖ Tamil Nadu Accident and Emergency Care Initiative (TAEI)
- ❖ Poison Treatment Centre
- ❖ De-Addiction Centre
- ❖ Day Care Chemotherapy
- ❖ Pain and Palliative Care Units

Hospital Management Information System (HMIS) is being adopted by the Directorate for assessment and monitoring of quality services.

4.3 This Directorate is implementing many National Programmes such as National Tuberculosis Elimination Programme, Blindness Control Programme, District Mental Health Programme, etc., and other important State and Central Acts like, Tamil Nadu Clinical Establishments (Regulation) Act, 1997, Pre-Conception and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PCPNDT), Transplantation of Human Organs Act, 2011 etc., which are explained in subsequent relevant chapters.

4.4 Administrative Structure:



4.5 The Major Achievements:

- ❖ Office of the Joint Director of Health Services have been formed in the six Districts viz., Ranipet, Tirunelveli, Tiruppathur, Chengalpattu, Kallakurichi and Mayiladuthurai with the sanction of the posts of Joint Director of Health Services.
- ❖ 678 Staff Nurses who were working on contract basis have been absorbed into regular time scale of pay.
- ❖ Under the Pradhan Mantri Garib Kalyan Yojana a total amount of Rs.78.50 crore has

been given to 129 Government frontline workers / 28 Private frontline workers who deceased during the Covid 19 pandemic.

- ❖ During Covid 19 pandemic, under CMPRF a total amount of Rs.10.90 crore has been sanctioned (Government Doctor-4, Driver-1, Health Inspector-4, Hospital Worker-1, Staff Nurse-3, Pharmacist-1, Private Doctor-31 and Private Ward Assistant-1).
- ❖ Construction of new building in Government Hospitals Jayankondam (Ariyalur District), Tambaram (Chengalpattu District), Palani (Dindigul District), Thirukovilur (Kallakurichi District), Karur (Karur District), Hosur (Krishnagiri District), Mayiladuthurai (Mayiladuthurai District), Vedaranyam (Nagapattinam District), Rasipuram (Namakkal District), Aranthangi (Pudukkottai District), Paramakudi (Ramanathapuram District), Gudalur (The Nilgiris District), Valliyur (Tirunelveli District), Tiruttani (Thiruvallur District),

Thirupathur (Thirupathur District), Kangeyam (Tiruppur District), Gudiyatham (Vellore District), Tindivanam (Villupuram District) and Aruppukkottai (Virudhunagar District) for Upgradation as District Headquarters Hospital and also in Government Hospitals Kulithalai (Karur District), Thiruchenkodu (Namakkal District), Ambasamudram (Tirunelveli District), Dharapuram (Tiruppur District), Tenkasi (Tenkasi District) and Rajapalayam (Virudhunagar District) for upgradation on par with District Headquarters Hospitals at a cost of Rs.1,018.85 crore.

- ❖ Construction of Maternal and Child Health (MCH) Building in Government Headquarters Hospitals, Manapparai (Thiruchirappalli District), Pennagaram (Dharmapuri District) and Government Hospitals in Saidapet (Chennai), Lalgudi and Thuraiyur (Thiruchirappalli District), Pattukottai (Thanjavur District), Cumbum

(Theni District) and Avinashi (Tiruppur District) at a cost of Rs.67.30 crore.

- ❖ Establishment of Special Newborn Care Unit (SNCU) in Government Hospitals, Srirangam (Thiruchirappalli District) and Mettupalayam (Coimbatore District) at a cost of Rs.60 lakh.
- ❖ Establishment of Comprehensive Emergency Care in Government Hospitals, Thirupatturtur (Sivagangai District), Sattur (Virudhunagar District), Virudhachalam (Cuddalore District), Chengam (Tiruvanamalai District) and Palacode (Dharmapuri District) at a cost of Rs.11.62 crore.
- ❖ Construction of New Building in Government Taluk Hospital, Uthiramerur, Kanchipuram District at a cost of Rs.10 crore.
- ❖ Establishment of Poison Management Centre in Government Hospital, Kalakadu, Tirunelveli District at a cost of Rs.40 lakh.

- ❖ Establishment of Emergency Care and Recovery Centre (ECRC) in Government Hospital, Vandavasi, Tiruvannamalai District at a cost of Rs.5 crore.
- ❖ Establishment of Blood Storage Unit in Government Hospital, Sengottai, Tenkasi District at a cost of Rs.15 lakh.
- ❖ Establishment of Trauma Registry in Government Headquarters Hospital, Cuddalore, Kanchipuram, Erode and Perambalur at a cost of Rs.20.78 lakh.
- ❖ Construction of Modern Post mortem building along with the provision of equipment in Government Hospital, Yercaud, Salem District at a cost of Rs.1.05 crore.
- ❖ Establishment of Emergency Care and Recovery Centre (ECRC) in Government Hospital, Ulundurpet, Kallakurichi District by constructing new building at a cost of Rs.6.17 crore.

- ❖ Construction of additional building in Government Hospitals, Paramakudi (Ramanathapuram District), Udumalpet (Tiruppur District), Palani (Dindigul District), Hosur (Krishnagiri District), Vedaranyam (Nagapattinam District), Valparai (Coimbatore District), Thiruthurai (Tiruvarur District) and Poonamallee (Thiruvallur District) at a cost of Rs.72 crore.
- ❖ Establishment of 100 bedded Critical Care blocks in Government Headquarters Hospital, Cuddalore at a cost of Rs.40.05 crore and 50 bedded Critical Care blocks in Government Hospitals, Ottanchathiram (Dindigul District), Sirkazhi (Myladuthurai District), Melur (Madurai District) and Uthankarai (Krishnagiri District) at a cost of Rs.95 crore.
- ❖ Establishment of District Integrated Public Health Laboratory (DPHL) in Government Headquarters Hospitals at Valliyur (Tirunelveli District), Mettur Dam (Salem

District), Tambaram (Chengalpattu District), Tiruttani (Thiruvallur District), Thirupathur (Thirupathur District), Palani (Dindigul District), Manapparai (Thiruchirappalli District), Pollachi (Coimbatore District), Usilampatti (Madurai District) and Cheyyar (Thiruvannamalai District) and Government Hospital, Saidapet (Chennai District) at a cost of Rs.12.50 crore.

4.6 Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Centres: Tamil Nadu is one of the high performing States in Maternal Health. To provide definite emergency services for all pregnant women and New born, CEmONC centres were started throughout the length and breadth of Tamil Nadu in three phases and at present, there are 129 centres (36 Medical Colleges and 93 Secondary Care Hospitals). CEmONC interventions include safe blood transfusion, providing oxytocin and antibiotics, performing caesarean sections, manual removal of the placenta, assisted vaginal delivery, abortion and resuscitation of the newborn. The CEmONC

centre provides 24x7 services to the needy population and is equipped with well functioning Labour ward, Blood bank, Operation theatre and New born ward. To improve the quality of services and to provide respectful Maternity Care, LaQshya programme has been implemented in all the CEmONC centres and at present ten District Headquarters Hospitals and six Sub District Hospitals are LaQshya certified. The CEmONC centres are being monitored regularly and steps are being taken to bring down the maternal mortality and morbidity.

**CEmONC PERFORMANCE REPORT
2022 - 2023**

SI. NO	DETAILS	2022-23
1	Total Maternity Admissions	2,55,103
2	Total Complicated Maternity Admissions	1,85,326
3	Total Deliveries	1,43,008
4	Number of Live Birth	1,42,677
5	Total Caesarean Deliveries	74,377
6	Night Caesarean (6pm - 6 am)	56,298

7	Total Number of Neonatal Admission (Both inborn and outborn)	65,763
8	Total Number of Scan done for O & G cases	3,31,714
9	Number of units of Blood Bags collected	98,068
10	Blood transfusion done for Maternity cases	46,033

4.7 District Mental Health Programme

(DMHP): The District Mental Health Programme is a community based programme successfully implemented in the State. The objectives of the District Mental Health Programme are as follows:

- To create awareness regarding mental health in the community
- To integrate and implement mental health services through all the wings of the Health and Family Welfare Department.
- To facilitate the early detection and treatment of the patient within the community itself.

- To reduce the stigma attached towards mental illness through change in attitude and public education.
- To treat the rehabilitated mental patients discharged from mental hospitals within the community.

In Tamil Nadu, the District Mental Health Programme is being implemented in 37 Districts.

4.8 Transplantation of Human Organs (Amendment) Act, 2011: The Human Organs Transplantation Act was enacted by the Government of India in 1994 and subsequently amended in 2011. This Act is adopted and implemented in State of Tamil Nadu. The objective of the Act is eradication of organ trade.

Details of Programme: In Tamil Nadu about 163 hospitals are registered under this Act for performing renal, heart, liver, lungs, pancreas, small bowel, skin, bone, hand and corneal transplantation and for provision of Eye bank.

Cadaver Transplant Programme: The Cadaver Transplant Program, initiated in the year 2008 has

been a great success. Tamil Nadu is among the top performers in the implementation of the Cadaver Transplant Programme. Currently, about 163 Hospitals in Tamil Nadu are involved in this programme. Rajiv Gandhi Government General Hospital and the Stanley Hospital, Chennai are actively involved in this programme. Hospitals providing Transplantation services in the State have been divided into four zones as follows and organ donations from cadaver arising in a zone are allocated within that zone first.

North Zone - Chennai, Chengalpattu,
Kanchipuram, Thiruvallur
and Vellore

South Zone - Trichy, Madurai, Tirunelveli,
Nagercoil, Thanjavur and
Perambalur

West Zone - Coimbatore, Erode, Salem

As on date, from 1,644 donors 9,795 organs were harvested out of which 6,001 were major organs (Heart-766, Lungs-749, Liver-1,511 and Kidneys-2,929, Pancreas-36, Small Bowel-5, Multi Visceral -1, Hand-4, Stomach-1) and 3,974 were

Minor organs (Heart Valve-975, Cornea -2,422, Skin-174, Blood Vessels -2, Bone -192, Spine Bone and Disc Tissue -26, Abdominal Flap -3)

4.9 PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION) ACT, 1994:

Throughout the Country the female sex ratio declines mainly due to female foeticide, infanticide and neglect of female child from birth. In order to prevent Sex determination, the Government of India enacted the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, to eradicate female foeticide and for maintaining the high level juvenile sex ratio (0-6 years) and male and female ratio. State, District and Taluk level Advisory Committee have been formed for effective implementation of the scheme. 8,229 Scan Centres and 195 ART (Assisted Reproductive Technology) Clinics / centres are registered under the purview of PCPNDT Act, 1994 for monitoring and preventing the misuse of Technologies for gender biased sex selection upto March 2023. 155 cases have been

filed against scan centres for the violation of PCPNDT Act, 1994 upto March 2023. Out of 155 cases filed Judgement had already been delivered in 125 cases and 30 cases are under trial. The Government of Tamil Nadu has conducted various IEC activities such as street play, rally, essay competition, debate and short film for creating awareness among the public about the PCPNDT Act 1994 and women empowerment. Capacity building workshops are conducted regularly by the District Appropriate Authorities regarding provisions and implementation of the PCPNDT Act, 1994.

4.10 The Tamil Nadu Private Clinical Establishment (Regulation) Amendment Act, 2018: Tamil Nadu Private Clinical Establishment (Regulation) Act, 1997 was suitably amended by enactment of “The Tamil Nadu Private Clinical Establishments (Regulation) Act, 2018” so as to provide for registration and regulation of all clinical establishments in the State and to prescribe the minimum standards of facilities and services to be provided by them. Tamil Nadu

Clinical Establishments (Regulations) Rules, 2018 have also been framed for the effective implementation of this act. So far, 46,441 medical institutions have been registered under this Act. Further 1,536 number of Private Hospitals were empanelled to treat COVID-19 in Tamil Nadu.

4.11 Surrogacy (Regulation) Act, 2021, Assisted Reproductive Technology (Regulation) Act, 2021 (ART): These Acts have been enacted by Government of India. Following the directions of the above mentioned Act, the Tamil Nadu Government has appointed State Appropriate Authority and the same has also been published in the Government Gazette. District Appropriate Authority has also been appointed. Hospitals / Clinics / Nursing Homes giving surrogacy treatments should be registered under the Surrogacy (Regulation) Act, 2021.

4.12 De-Addiction centers: Considering the steep increase of addiction related social and health issues, De-Addiction Centres have been established in Kancheepuram and Cuddalore under the control of Directorate of Medical and

Rural Health Services. In Tiruppur District, the De-addiction centre is functioning under the control of Directorate of Medical Education.

The main objectives of these centres are:

- i. To provide treatment and rehabilitation services for persons with alcohol and substance abuse problems.
- ii. To create awareness and educate people about the ill-effects of alcoholism and substance abuse on the individual, the family, the workplace and society at large.
- iii. To provide whole range of community based services for the identification, motivation, counselling, after care and rehabilitation for Whole Person Recovery (WPR) with alcohol and substance abuse related problems and to make the person drug free, crime free and employed.
- iv. To alleviate the consequences and burden of drug and alcohol dependence amongst the individual, the family and society at large.

Each centre has been provided with 30 bedded ward with necessary manpower such as Psychiatrist, Psychologist, Social Worker, Staff Nurse, Data Entry Operator, Sanitary Worker, Hospital Worker and Security Staff.

4.13 Emergency Care and Recovery Centre:

Emergency Care and Recovery Centre has been established in Vellore, Theni, Kallakurichi and Tiruvannamalai. The main objective of this programme is to cater the needs of mentally ill patients, by providing treatment and rehabilitation. Emergency Care and Recovery Centre is provided with a 50 bedded ward with Psychiatrist, Psychologist, Social Worker, Pharmacist, Staff Nurse, Data Entry Operator, Multipurpose Health Worker and Security. In addition to this, separate fund is being provided for Diet, Medicine, Furniture and other miscellaneous expenses.

4.14 Diplomat Course of National Board of Examination in Secondary Care Hospital:

DNB Post Graduation course is conducted in Secondary Care Hospital. This helps in strengthening the

Secondary Care Hospitals by providing Human Resources and Infrastructure Facilities and concurrently improve efficiency in management of resources as well as people centered care. DNB courses were started in seven Government Headquarter Hospitals (Cuddalore, Ramanathapuram, Dindigul, Erode, Kovilpatti, Kancheepuram and Virudhunagar) and one Taluk Hospital (Chidambaram). The DNB program was extended to other hospitals including Medical Colleges.

Specialty-wise Accredited seats for DNB courses from 2018 till 2023-24:-

Sl. No.	Specialities	Post MBBS	Post Diploma	2 years Diploma	Total Accredited seats
1	General Medicine	7	-	-	7
2	General Surgery	2	-	-	2
3	O & G	7	6	35	48
4	Paediatrics	6	6	31	43
5	Orthopaedics	2	2	-	4
6	Emergency Medicine	15	-	-	15

7	Ophthalmology	1	1	6	8
8	Family Medicine	-	-	43	43
9	ENT	-	-	2	2
10	Anesthesia	-	-	13	13
11	Radiation Oncology	2	2	-	4
12	Pathology	1	1	-	2
Total		43	18	130	191

Doctorate of National Board (DrNB) eight seats and for fellowship in National Board (FNB) two seats has been accredited.

Year	Phase	Speciality	Seats accredited
2021-22	I	Interventional Radiology DrNB	2
2021-22	II	Neurology DrNB	2
2022-23	III	Cardiology DrNB	2
2022-23	IV	Vascular Surgery DrNB	2
2023-24	V	Pain medicine (FNB)	2
Total			10

At present, totally 201 seats have been accredited and 339 candidates are pursuing their courses as below:-

Details of candidates pursuing DNB courses:

Sl. No	Specialties	Government Hospital / Medical College Hospital	Candidates joined in		
			2020-21	2021-22	2022-23
1	General Medicine	Erode, Cuddalore, Virudhunagar and Ramanathapuram	5	5	6
2	General Surgery	Pollachi, Ramanathapuram	2	2	2
3	O & G	Perambalur, Kovilpatti, Kancheepuram, Cuddalore, Erode, Pollachi, Virudhunagar, Dindigul and Ramanathapuram	6	42	44
4	Paediatrics	Cuddalore, Chidambaram, Erode, Perambalur, Virudhunagar, Namakkal and Ramanathapuram	6	36	37
5	Orthopaedics	Cuddalore	1	1	3
6	Emergency Medicine	Karaikudi, Erode, Kovilpatti, Namakkal, Krishnagiri, Nagapattinam, Omandurar Chennai and Pudukkottai	4	15	15

7	Ophthalmology	Cuddalore, Kanchipuram	1	4	6
8	Family Medicine	Erode, Cuddalore, Kanchipuram, Virudhunagar and Ramanathapuram	0	28	39
9	ENT	Kanchipuram	0	2	2
10	Anaesthesia	Cuddalore, Karaikudi, Erode and Ramanathapuram	0	9	13
11	Radiation Oncology	Tamil Nadu Government Multi Super speciality Hospital, Omandurar Government Estate, Chennai	0	0	3
Total seats			25	144	170

Chapter – 5

PUBLIC HEALTH AND PREVENTIVE MEDICINE

5.1 In 1923, Government formed a separate Directorate exclusively for Public Health and named as The Directorate of Public Health and Preventive Medicine, which makes Tamil Nadu, the first State to have a separate Directorate for Public Health. The Department's objective is to prevent disease, prolong life and promote health through organized measures. The prime functions of Public Health department include health promotion through healthy behaviour, prevention and control of Communicable and Non-Communicable diseases, provision of community based Maternity and Child Health Services including Immunization and Family Welfare Services. It also monitors the health needs, trends at community level through surveillance of diseases and risk factors. Laudable services are rendered during the Pandemic situations within the reach of everyone in the community and considered it as social justice and equity. The first

of its kind Public Health Act, was enacted in 1939 in India. Tamil Nadu is one of a very few States which has an enviable history in respect of initiatives in Public Health. Lt. Colonel King, in whose memory the historic King Institute was established, was the first sanitary Commissioner of the Madras Presidency and had introduced the concept of quarantine. In October 1921 District Health Committee was initially formed in five districts and later expanded to other districts which involved appointment of District Health Officer and also Health Inspector. The Department of Public Health and Preventive Medicine provides the Primary Health Care services in the State through 1,830 Primary Health Centres (PHCs) (including 424 Upgraded Primary Health Centres) in rural areas, 347 Urban Primary Health Centres in urban areas and 140 Urban Primary Health Centres in Greater Chennai Corporation to achieve quality services and Health for All. There are 8,713 Health Sub Centres (HSCs) functioning in the State as first level of service delivery units to provide Primary Health Care in rural areas and 1,643 Urban Health Sectors in urban.

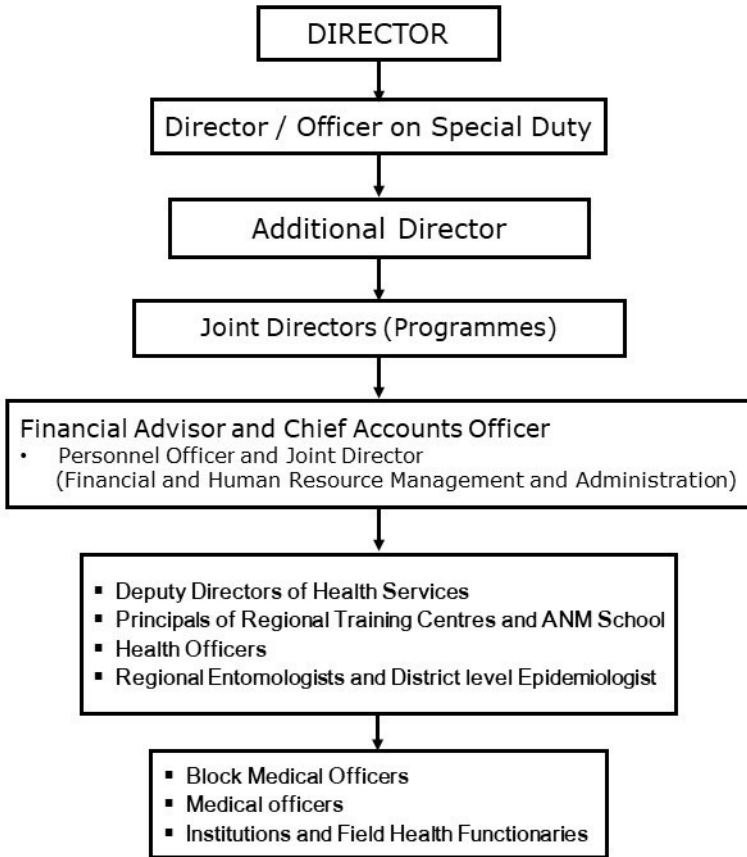
5.2 The Institutions functioning under this Directorate include:

Directorate of Public Health and Preventive Medicine	
Health Sub Centres - Rural	8,713
Primary Health Centres Rural	1,830**
Urban Primary Health Centres	347**+140(GCC)
Block PHCs (CHCs)	388
Urban CHCs	23+ {16+3 EoCs-GCC}
Upgraded PHCs	424
Urban Health Sectors	1,643
Other Supporting Units	
Zonal Entomological Teams	9
State Public Health Lab	1
District Public Health Lab	38*
Filaria Control Units	6
Filaria and Malaria Clinics	42
Japanese Encephalitis Control Units	3
Water Analysis Lab	4
Regional Vaccine Store	10
Regional Training Institutes	8
ANM Training Schools	11

* 6 Public Health Labs under process

** 26 New PHCs in Rural & 24 New Urban PHCs are created in 2022-2023 and its functioning is under process.

5.3 Administrative Structure:



5.4 Improvement in Demographic and Health Indicators: The estimated mid-year population of the State for the year 2023 is 7.69 crore. The State has 45 Health Unit Districts (HUDs)

excluding the Greater Chennai Corporation. The Health Indicators of the State has been significantly improved and it provides the clear picture about the Health Status of our State.

5.5 Infant Mortality Rate (IMR): The Infant Mortality Rate which is defined as infant deaths (age less than 1 year) per 1000 live births in a given time period and for a given region. It is widely accepted as a crude indicator of the overall health scenario of a country or a state. In Tamil Nadu multi-faceted approach has been in vogue towards improving the health indicators which resulted in bringing down the infant mortality rate from 37 per 1000 live births in 2005 to 13 per 1000 live births (Source: Sample Registration System 2020). Tamil Nadu became Second best State among the major States in the country in effectively bringing down the Infant Mortality Rate (IMR) on par with developed nations.

5.6 Maternal Mortality Ratio (MMR): As per Sustainable Development Goal (SDG) for the year 2030, the Maternal Mortality Rate (MMR) should

be brought less than 70 per one lakh live births by the year 2030. Now the MMR is 54 per one lakh live birth as per SRS 2020 compared to 97 for India in 2020 (SRS 2018-20). Several Multi-Pronged approach towards the health and well-being of ante-natal mothers are being taken to avoid maternal mortality. Maternal Mortality audits are conducted in the districts and State level for continuous monitoring. From the start of conception, early registration of Antenatal mother and their health follow-up till delivery and Post natal period is being ensured. Civil Registration System (CRS) has been linked with the Pregnancy Infant cohort Monitoring and Evaluation (PICME) software in Tamil Nadu in 2017 and the State is the pioneer in the country to take this innovative step. This linkage ensures 100% tracking of all pregnant women irrespective of their place of living. Owing to the continuous monitoring of the Government the MMR is reduced significantly.

5.7 Primary Health Care:

A) Rural:

Rural Primary Health Centres: In Tamil Nadu 1830 Primary Health Centres are functioning in 388 Blocks for curative and preventive health care services to the rural people. 24x7 delivery care services are provided in 1,776 Primary Health Centres.

- Extension of 24X7 delivery care services in 28 Primary Health Centres is being pursued with NHM.
- 26 PHCs are newly sanctioned in 2022-23 and functioning is under process.

Rural Primary Health Centre Buildings: At present 1,765 Primary Health Centres are functioning in Government Buildings. 39 Primary Health Centres are functioning in rent / rent free building. Construction work is under progress in nine Primary Health Centres. Construction work is to be commenced in 11 Primary Health Centres. Land transfer / Alternate site selection is under process for construction of 19 Primary Health Centres. Land identification for construction of building to 26 newly created Primary Health Centres is under progress.

Upgradation of Primary Health Centres: The Government as a policy have decided to provide atleast one 30 Bedded Health Institution in each Block in a phased manner where there is no Upgraded Primary Health Centre. The Upgraded Primary Health Centre will have modern equipments like Ultra Sonogram, Portable ECG, Semi Auto Analyzer with improved laboratory facilities. At present 424 Primary Health Centres have been upgraded.

B) Urban:

Urban Primary Health Centres: During 2012-2013 Government had issued orders for the establishment of 135 Urban Primary Health Centres in small urban areas of Tamil Nadu under the administrative control of Director of Public Health and Preventive Medicine, including 60 Urban Primary Health Centres already functioning under the control of the Commissioner of Municipal Administration. During 2013-2014, two new Urban Primary Health Centres were established. Totally 137 Urban PHCs were functioning under the control of Director of Public Health and Preventive Medicine. Among them

Three Urban Primary Health Centres were brought under the control of Greater Chennai Corporation since covered under the extended area of Corporation limit. Out of 134 Urban Primary Health Centers, 40 Urban Primary Health Centres having below 50,000 population are supported by NRHM and 78 Urban Primary Health Centres having above 50,000 population are supported by NUHM. Subsequently in order to strengthen the Urban Health Care Services in urban areas, the Government issued orders for the functioning of 307 Urban Primary Health Centres under National Urban Health Mission including the 283 existing facilities and 24 New Urban Primary Health Centres. At present, 347 Urban Primary Health Centres are functioning in Tamil Nadu excluding the Greater Chennai Corporation as below:-

Sl. No.	Abstract	No. of UPHCs
1	NUHM (Above 50,000 Population)	307
2	NRHM (Below 50,000 Population)	40
	Total	347

Further, 23 existing Urban Primary Health Centres in certain Municipal Corporations are functioning as Urban Community Health Centres and 128 Polyclinics are established in 128 Urban Primary Health Centres including Greater Chennai Corporation for providing speciality services to the urban poor.

Urban Health and Nutrition Day (UHN Day):

UHN days are conducted on second Friday of every month by each Urban Health Nurse. On this day Urban Health Nurse along with ICDS workers provide Maternal child health services to all eligible Mothers and children. They also ensure all pregnant women and children are given vaccines and malnutrition is also taken care of.

Polyclinic: The concept of Polyclinic – Specialist Outpatient Clinic is implemented in 128 UPHCs to provide comprehensive speciality care to the urban poor in a full-fledged manner. It functions as evening OP from 4.30 to 8.30 pm. In these centres, speciality services such as General Medicine, Paediatric Medicine, Dental, Ophthalmology, Obstetrics and Gynaecology, Dermatology, Psychiatry and Physiotherapy are provided on specific days by concerned specialist.

Urban Health and Wellness Centre: During the year 2023-2024, 708 Urban Health and Wellness Centres will be established at slums and middle income group dwelling urban areas with Human Resources of Medical Officer, Staff Nurse, Multi-Purpose Health Worker (Health Inspector Grade-II) and Hospital Worker. These Centres are functioning from 8.00 A.M to 12.00 Noon and from 4.00 P.M to 8.00 P.M to provide the outpatient services.

5.8 Health Sub Centre (HSC): The Health Sub Centre are the first meeting point of the general public with the health personnel. Being the first contact point HSC is established in the Plain rural areas for every 5,000 population and in Hilly areas for every 3,000 population. Each HSC is manned with one Village Health Nurse and three HSCs are manned with one Health Inspector (Grade II). In Tamil Nadu, there are 8,713 HSCs, which caters the need of the public with the geographical area of about 13.49 sq.km. The core function of the HSCs are i) Maternal and Child Health, ii) Family Welfare services, iii) Treating

minor injuries and iv) implementing all the National and State Health Programmes at grass root level.

5.9 The Services provided by a Primary Health Centre:

- Outpatient, inpatient services, antenatal care, delivery care, postnatal care and family welfare services.
- Treatment of infectious diseases like diarrhoea, fever and other infectious diseases.
- Community Based Maternal and Child Health Services.
- Prevention and Control of Communicable Diseases, Screening of Non-Communicable Diseases namely diabetes, hypertension and cancer and follow up.
- School Health Services - early identification and early treatment of 4Ds – Birth Defects, Delay in Development, Deficiencies and Diseases. This early intervention helps to improve the quality of life and longevity of the life of the child.

5.10 Implementation of various programmes at PHC level:

State Programme:

- Makkalai Thedi Maruthuvam (MTM)
- Pregnancy and Infant Cohort Monitoring and Evaluation (PICME)-Reproductive and Child Health (RCH) Registration
- Tamil Nadu Health System Programme (TNHSP)

National Programme:

- Reproductive and Child Health Programme
- Universal Immunization Programme
- National Family Welfare Programme
- National Anaemia Control Programme
- National Iodine Deficiency Disorder Control Programme
- National Water and Sanitation Programme
- National Vector Borne Diseases Control Programme

- National Diarrhoeal Diseases Control Programme
- National Tuberculosis Control Programme
- National Leprosy Eradication Programme
- National AIDS Control Programme
- Integrated Disease Surveillance Programme
- National Blindness Control Programme
- National Programme for Prevention and Control of Fluorosis
- National Programme for Prevention and Control of Deafness
- National Vitamin A Deficiency Disorder Control Programme
- National Tobacco Control Programme
- National Rural and Urban Health Mission Programmes
- Tamil Nadu Health Reforms Programme

Camps and Campaigns:

- Intensified Pulse Polio Immunization camp
- Mission Indradanush Campaign for improving immunization coverage

- Intensified Diarrhoea Control Fortnight
- National Deworming Program
- Vitamin 'A' campaign
- Kalaigharin Varumun Kappom Thittam
- Fever treatment camps
- School Health Camps, Health Education and Awareness campaigns

5.11 Fund allotment for Drugs to the Primary Health Centres: Drugs allotment is made to the Primary Health Centres based on out-patients, in-patients, Deliveries, Lower Segment Caesarean Section (LSCS) and Sterilization. A total amount of Rs.46,82,05,000/- has been allotted for the financial year 2022-23 for the supply of drugs to all the Primary Health Centres. Out of the above amount, Rs.44,98,85,000/- has been disbursed to the Tamil Nadu Medical Service Corporation Limited, Chennai and Rs.1,83,20,000/- has been disbursed to all Deputy Director of Health Services for local purchase of drugs.

5.12 Universal Health Coverage (Comprehensive Primary Health Care Services) (UHC):

Health is a universal right and the national health policies have been emphasizing the importance of providing Comprehensive Primary Health Care at the entry point itself whereby a full spectrum of essential facts of health needs to be covered including quality, health promotion, prevention and treatment, rehabilitation and palliative care. Subsequent to the UN landmark resolution of endorsing UHC in December 2012, the World Bank Group and the World Health Organization (WHO) have identified UHC as a top priority goal for sustainable development. Universal Health Coverage Day is being commemorated on 12th December of every year. UHC aims to bring Comprehensive Primary Health Care services nearer to the doorstep of the people thereby reducing Out-Of-Pocket Expenditure (OOPE) and to address the health care needs of the people in the long-term. The spectrum of essential, quality health services are covered including health promotion, prevention and treatment,

rehabilitation and palliative care. Strengthening of the health facilities down to the level of Health Sub Centres (HSC) is the pillar for the UHC program. In Tamil Nadu, Universal Health Coverage (UHC) project had been piloted successfully in three pilot blocks of selected three Health Unit Districts (HUDs) in 2016-2017. Subsequently in 2017-18, the project was up-scaled as programme to the remaining additional 39 blocks @ one block per Health Unit District. Under UHC, it was mandated by Government of India in the year 2018-2019 to transform the Health Sub-Centres (HSCs) and Primary Health Centres (PHCs) as Health and Wellness Centres (HWCs). Since, in the year 2018-2019 in accordance to the above mandate the Government of Tamil Nadu had provided permission to transform 985 Health Sub-Centres (HSCs), 1,384 Primary Health Centres (PHCs) and 460 Urban Primary Health Centres (PHCs) as Health and Wellness Centres (HWCs) with the support of Government of India through NHM-TN. In addition to the above, 1,463 Health Sub-Centres (HSCs) in 2020-21 and 2,400 Health

Sub-Centres (HSCs) in 2021-22 was transformed as Health and Wellness Centres (HWCs). Action is being taken to transform 2,443 Health Sub-Centres (HSCs) as Health and Wellness Centres (HWCs) for the year 2022-2023. The 12 Comprehensive package of services are Preventive, Promotive, Curative, Rehabilitative and Palliative care related to RMNCH+A, Communicable diseases, Non-communicable diseases, Ophthalmology, ENT, Dental, Mental, Geriatric care, treatment for acute simple medical conditions and emergency and trauma services.

Laboratory Services: Under UHC, laboratory services such as 14 lab tests at HWC HSCs (points of care services) and 64 lab tests at HWC PHCs / UPHCs are also rendered. Five additional tests (inclusive of 64 lab test at additional PHCs) at UG PHCs/ Block PHC, 11 tests at District Public Health Lab (DPHL) and four tests under insurance (CMCHIS) are done under “HUB and Spoke” model. All these are at free of cost for the patients.

Tele-consultation: The tele-consultation is done through the e-sanjeevani OPD and e-sanjeevani HWCs programme. A patient — doctor interface (e-sanjeevani OPD) and a doctor — Subject Expert Clinician (e-sanjeevani HWCs) interface telemedicine system has been deployed. Currently, Tamil Nadu is one of the leading States in providing e-sanjeevani under the telemedicine programme. The roll out of e-sanjeevani programme to all the HWCs as a “HUB and Spoke” model is being completed and mapping of spokes to the respective hubs is being implemented. With increased number of tele-consultation calls per day, Tamil Nadu was ranked as number one and awarded at the National level.

Capacity Building: Capacity Building under UHC is done as a continuous process and mainly focuses on improving the hands-on ability of the MLHPs.

- It includes four months Certificate Course in Community Health Care (CCHC) at 15 Training Centres under Board of Exam - Directorate of Public Health and Preventive Medicine,

Chennai which consists of field training, institutional theory classes, which are strictly monitored by State level experts and mentors at district levels.

- A three day orientation/ training programme was also rolled out for the Medical officers to orient and mentor the service delivery of 12 set CPHC services under UHC programme.
- District level one day training given to all field functionaries.
- Hands on training and digital health record for District and field functionaries are being conducted.

The HWC HSCs strengthening is the pillar for the UHC program. The programme is intended to cater the health needs of every citizen at their doorstep.

5.13 Hospital on Wheels (Mobile Medical Unit): In the year 2007, Mobile Medical Units was launched to provide health care services in remote villages and far flung areas. Initially, 100 Mobile Medical Unit Vehicles were procured for

implementation of this scheme. Further 285 Mobile Medical Units were procured during 2008. The Mobile Medical Camps are being conducted in all the 385 blocks in Tamil Nadu with a Mobile Team comprising of one Medical Officer, one Staff Nurse, one Driver and one Attender cum cleaner. In 2011-12, the existing 385 Mobile Medical Units was upgraded as Hospital on Wheels with additional manpower, Laboratory facilities and other Diagnostic equipment. At Present, 476 Mobile Medical Units are functioning in the State. The Ultimate aim of Hospital on Wheels Programme is to provide high quality medical care with focus on mother and child health services and non-communicable diseases covering all the remote villages and hamlets as per the Fixed Tour Programme specifically for each block. Information boards about the day and time of visit are permanently displayed at the camp site. 40 camps are being conducted per month per block as per FTP. High risk areas like temporary settlements are given high priority. People with diabetes and hypertension are given medicines for one month period. During 2021-22, 389 old MMU

vehicles was replaced with new Mobile Medical Unit Vehicles at the cost of Rs.70.02 crore. The new Mobile Medical Unit vehicles was procured through TNMSC from NHM funds and flagged off in a phased manner by Hon'ble Chief Minister on 08.04.2022 (133 Vehicles) and on 17.05.2022 (256 Vehicles) and sent to concerned districts for conducting Mobile Medical Camps. In 2021-22, 2.41 lakh camps were conducted and 1.84 crore persons benefited. In 2022-23, 2.56 lakh camps were conducted and 1.87 crore persons benefited.

5.14 Kalaignarin Varumun Kappom Thittam:

This preventive Health Programme aimed to bring changes in wellness attitude and health seeking behaviour of the common people was launched way back in 1999 by Hon'ble Chief Minister of Tamil Nadu Muthamizh Arignar Dr.Kalaignar as "Varumun Kappom Thittam". The same Scheme is now revived and revamped as "Kalaignarin Varumun Kappom Thittam". Hon'ble Chief Minister on 29.09.2021 launched the scheme in Vazhapadi, Salem District for conducting 1,250 Medical camps by teams of medical experts all

over the State (1,155 Camps in Rural areas, 80 Camps in Municipal Corporations and 15 camps in Greater Chennai Corporation). Kalaigharin Varumun Kappom Thittam provides comprehensive health check-up, treatment and health education to the rural and urban people. In the Camps, Specialist Medical Experts from various specialization screen the beneficiaries for communicable and non-communicable diseases and treatment given for minor ailments at the camp site itself. All Laboratory investigations like blood, urine examination is being done using modern lab equipment like semi Auto Analyser. All pregnant mothers are examined with Ultra Sonogram to detect any foetal abnormalities. Camps are conducted from 9.00 a.m. to 4.00 p.m. In this camp, treatment is given for diseases like cancer, diabetics, blood pressure, heart diseases and geriatrics to the village people in addition to the general treatment by utilizing the services of Specialists in the concerned field from Government Hospitals. Patients who need surgery are referred to Government Hospitals and also referred under Honourable Chief Minister's

Comprehensive Health Insurance Scheme. During the year 2021-22, 1,260 camps were conducted benefitting 9,06,427 persons. For the year 2022-23, 1,502 camps were conducted and 14,79,732 persons benefitted from Kalaigharin Varumun Kappom Thittam camps.

5.15 Quality:

National Quality Assurance Programme (NQAS): National Quality Assurance Standards have been developed by Government of India keeping in the specific requirements for public health facilities as well global best practices. NQAS are currently available for CHCs, PHCs, Urban PHCs and HWC HSC.

Objectives: Four Principles of Quality Assurance

- Quality Assurance is oriented toward meeting the needs and expectations of the patients.
- Quality assurance focuses on the systems and processes.
- Quality assurance uses data to analyse service delivery processes.

- Quality assurance encourages a team approach to problem solving and quality improvement.

Sustenance:

- Facilitation and recognition of achievement
Financial Incentives
- Recertification after every three years

Quality culture could be built up with consistent efforts and investments. It is not something which is inherent and cannot be changed. One of the key initiatives for building Quality culture is through 'rewards and recognition' and continuing handholding support from the State & district administration. The facilities, which get National Certification for the quality and have retained such status during subsequent assessments, must be incentivised. The proposal for incentives can be re-visited at the time, when large numbers of facilities are accredited.

Incentives: Incentive money can be given to the health facility that succeeds in getting the National Certification. The amount should be proportionate to the size of the facility (No. of

Beds). CHCs/PHCs/UPHCs getting NQAS certification are provided incentives to an amount of Rs.3,00,000/- per year. This money can be used for the following purposes:

- a. 25% of fund could be spent on financial incentives for the staff, who have been active participants of quality assurance programme.
- b. Remaining 75% of such fund could be spent in improving working condition at the health facility. However, such fund would not be spent on those activities for which support from the State's regular budget is available.

Achievements: So far, 298 Primary Health Centres have received NQAS (National Quality Assurance Standards) Certification.

Financial Year	NQAS Certification Facilities			
	CHC	PHC	Urban PHC	Total
2018-2019	4	7	0	11
2019-2020	14	18	0	32
2020-2021	0	0	0	0
2021-2022	23	26	5	54
2022-2023	37	127	37	201
Total	78	178	42	298

Kayakalp Award Scheme: The Prime Minister of India introduced the Swachh Bharat Abhiyan on 2nd October, 2014 to promote cleanliness in public space. Ministry of Health And Family Welfare, Government of India, has launched a national initiative 'Kayakalp' on 15th May, 2015 to promote cleanliness and enhance the quality of public health facilities.

Objectives: The objectives of the award scheme are as follows:

- To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
- To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
- To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.

- To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

Distribution of Awards in the last three years:

Financial Year	CHC	PHC	Urban PHC	HWC HSC	Total
2020-21	331	837	178	353	1,699
2021-22	269	728	159	410	1,566
2022-23	324	1,017	205	818	2,364

Achievements: In Tamil Nadu, Kayakalp award has been given consistently to best performing health facilities. At the State level, only one CHC is announced as Winner and one CHC as Runner. At district level, one PHC is selected and announced as winner. Commendation award is given to those who scored above 70% in external assessment. Due to this initiative, many public health facilities have received rewards and recognition, thereby providing best safe treatment for patients with better quality.

5.16 Maternal and Child Health: Tamil Nadu envisages providing universal access to quality Antenatal and Post natal care to all pregnant women and lactating mothers and quality Child friendly and Child specific care to all children. In a view to achieve the above, several multi-faceted efforts including various National Health Programmes are effectively being implemented.

The following National Health Programmes are being implemented to improve the Maternal and Child Health:

- i. Reproductive Maternal and Child Health, Adolescent health Project
- ii. Anemia Mukht Bharat (AMB)
- iii. Pradan Mantri Surakshit Matritva Abhiyan (PMSMA) camps
- iv. Calcium Supplementation of Pregnant and Lactating Mothers
- v. Antenatal Mother Screening for Gestational Diabetes, Anaemia, Thyroid, Hepatitis
- vi. Skilled Birth Attendant Training
- vii. Home Based New Born Care (HBNC)

- viii. Home Based Young Child Care (HBYC)
- ix. Infant and Young Child Feeding Practices (IYCF)
- x. Janani Sishu Suraksha Karyakram (JSSK)
- xi. Janani Suraksha Yojana (JSY)
- xii. Intensified Diarrhoea Control Fortnight (IDCF)
- xiii. Childhood Pneumonia Program – Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS)
- xiv. Mothers Absolute Affection (MAA) / Baby Friendly Hospital Initiative (BFHI)
- xv. Integrated Management of New born and Childhood Illness (IMNCI)
- xvi. National Deworming Day
- xvii. Surakshit Matritva Aswasthan (SUMAN)
- xviii. Universal Immunization Program / Mission Indradanush
- xix. Rashtriya Bal Swasthya Karyakram (RBSK)
- xx. Rashtriya Kishor Swasthya Karyakram (RKSK)

5.17 Apart from these various National Health Programmes, State has implemented certain land mark initiatives like:

- Dr.Muthulakshmi Reddy Maternity Benefit Scheme
- Menstrual Hygiene Programme
- BEmONC Services
- Two nutrition kits for the pregnant women
- Mahapperu Sanjeevini
- Mother Baby Care Kit

5.18 Dr.Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS): This Scheme was introduced by Muthamizh Arignar Dr.Kalaighnar with a cash assistance of Rs.6,000/- to pregnant women of Below Poverty Line. It is implemented by the Government of Tamil Nadu, from 15.09.2006 onwards with a noble objective of providing assistance to poor pregnant women/mothers to meet expenses on nutritious diet, to compensate the loss of income during pregnancy, to avoid low birth weight of newborn babies and aimed at reducing IMR and MMR.

- The State Government has enhanced the assistance from Rs.6,000/- to Rs.12,000/- from 01.06.2011 and subsequently, Rs.12,000/- was enhanced to Rs.18,000/- per beneficiary. Out of this Rs.18,000/- assistance, Rs.14,000/- is disbursed as cash benefit to the bank account of the beneficiaries along with two Nutrition Kits each worth Rs.2,000/-, comprising iron syrup and nutrition supplements to reduce anaemia among the pregnant women and improve the birth weight of infants.
- Government under the Pradhan Mantri Matru Vandhana Yojana (PMMVY) Rs.5,000/- is given to primi mothers. Out of this Rs.3,000/- is the share of Government of India. As the objective of both the Dr.Muthulakshmi Reddy Maternity Benefit Scheme and PMMVY schemes are somewhat similar, maternity assistance is combined and given out of the overall assistance of Rs.18,000 for primi mothers Rs.15,000/- is paid by State Government which Rs.3,000 is the shares of PMMVY.

In respect of second child, entire expenditure of Rs.18,000/- is currently borne by State Government. The maternity assistance under co-branded Dr.MRMBS-PMMVY is disbursed to the beneficiaries under DBT mode. Rs.8,000/- payable in three instalments (1,2 & 4) for the primi mothers under co-branded MRMBS-PMMVY scheme and remaining instalments (3&5) under Dr.MRMBS. In the Budget Estimates of 2022-23, Rs.815.66 crore has been allocated for this flagship scheme. During the Year 2022-2023, Rs.701.46 crore has been disbursed to 7,69,473 beneficiaries.

5.18 (a) Maternal Nutrition Kit (MNK):

Maternal Malnutrition and Anaemia in pregnancy is associated with high maternal morbidity and mortality. Maternal anaemia is associated with poor intra-uterine growth and birth of low-birth-weight babies. This in turn could result in higher perinatal morbidity, infant mortality, developmental delays and reduction of placental weight, volume and surface area. Anaemia during the second trimester is associated with preterm birth. Preterm delivery is increased fivefold for

iron deficiency anaemia and doubled for other anaemia. To overcome these anaemic problems, 'Maternal Nutrition Kit' is distributed to all eligible pregnant women under Dr.Muthulakshmi Reddy Maternity Benefit Scheme. Two nutrition kit each worth of Rs.2,000/- for a total amount of Rs.4,000/- assistance is used for providing "Maternal Nutrition Kit" comprising of iron syrup and nutrition supplements to reduce anaemia among the pregnant women and improve the birth weight of infants.

Existing content of each 'Maternal Nutrition Kit' :

S. No	Contents	Quantity
1.	Mother's Health Mix	2 x 500 gms
2.	Iron Syrup	3 x 200 ml
3.	Deseeded Date Fruit	2x500 gms
4.	Aavin Ghee	500ml
5.	Albendazole De-worming Tablet	One
6.	Food Grade Plastic cup	One
7.	Cotton Towel	One
8	Plastic Basket with two handles	One

All BPL pregnant women registered under Dr.Muthulakshmi Reddy Maternity Benefit Scheme from 01.04.2018 are being given this benefit.

Distribution of Maternal Nutrition Kit:

Nutrition Kit	Conditionalities	Amount
Maternal Nutrition Kit - 1	<p>For this, the Village Health Nurse / Urban Health Nurse should have registered and entered the ANC in PICME before 12 weeks or the mother should have pre-registered before 12 weeks of her pregnancy.</p> <p>The mother should have obtained Reproductive Child Health ID (RCD ID) from Village Health Nurse / Urban Health Nurse.</p> <p>Pregnancy must be confirmed by the Primary Health Centre / Urban Primary Health Centre Medical officer</p>	1 (One) (For the value of Rs.2,000/-)

	<p>and entered in the Primary Health Centre Antenatal clinic register. BP, height and weight should have been recorded for the mothers registered by the Village Health Nurse /Urban Health Nurse.</p> <p>Mothers of the Higher Order Birth (HOB) and migrant mothers from other States are eligible for the Nutrition Kit subject to satisfaction of the conditions.</p> <p>First nutrition Kit has to be given to the beneficiary on completion of third month (12 weeks) from Last Menstrual Period.</p>	
Maternal Nutrition Kit - 2	The beneficiaries are eligible to receive the second Nutrition kit on the completion of 4 months (16 weeks) from Last Menstrual Period.	1 (One) (For the value of Rs.2,000/-)
Total value of Nutrition Kits		Rs.4,000/-

Budget Allotment: Annually around Rs.240 crore is allotted for the scheme. The maternal nutrition kit is procured through Tamil Nadu Medical Services Corporation (TNMSC).

5.19 Mother Baby Care Kit Scheme: Mother and Baby Care kit scheme is being implemented in all the Government Health sectors from 8th September 2015. Mother and Baby Care Kit contains 16 health care items which is provided to the mothers after delivery in Government Health facilities to improve the hygiene of the postnatal mothers for self and baby care. Under State Budget Rs.50 crore is being allotted every year on quarterly basis. For the current financial year Rs.17.35 crore has been sanctioned additionally. Totally a sum of Rs.67.35 crore has been allotted under this scheme for 2022-2023. The kit is procured through Tamil Nadu Medical Services Corporation Limited. During the year 2022-23, 3,59,971 delivered mothers have been benefited under this scheme.

5.20 Menstrual Hygiene Programme: In our country, Menstruation and menstrual practices are clouded by taboo and Socio-cultural restriction for women as well as adolescent girls. Limited access to products for sanitary hygiene and lack of safe sanitary facilities could prove to be barriers to increase mobility and the likelihood of resorting to unhygienic practices to manage menstruation. The habit of using unhygienic material leads to Pelvic Inflammatory Diseases (PID), Reproductive tract infection (RTI) with long term complication for reproductive health like infertility among poor women. With the Objective of Providing hygienic sanitary napkins and to increase awareness among adolescent girls on menstrual hygiene, the Menstrual Hygiene programme is being implemented in rural areas of Tamil Nadu since 27.3.2012. Under this scheme, Free Sanitary Napkins are being issued to Adolescent girls and post-natal mothers who delivered in Government health institutions, women prisoners, women inmates in Institute of Mental Health under the brand name 'Pudhuyugam'. This Scheme has been extended

to Adolescent Girls in the urban areas and Women inpatients in Government Institutions in the reproductive age group of 15-49 years in the Urban Areas. This scheme has reduced the out of pocket expenditure towards the purchase of sanitary napkins by the family of the adolescent girls and thereby has increased the use of sanitary napkins by the adolescent girls.

Sl. No.	Type of Beneficiary	No. of Pads & Packs	Napkin Type	Expected No. of Beneficiaries every year	Procurement
1.	Adolescent girls (10-19 years) who attained puberty for school going and Non-school going in rural and urban areas.	Total -18 Packs/year (3 packs provided every 2 months. (Each Pack contains 6 pads)	Beltless with wings type	43.34 lakhs	Procurement through Tamil Nadu Medical Services Corporation
2.	Women Inpatients in Government Health Institution in the Reproductive Age Group (15-49 Years)	1 Pack (Each Pack contains 6 pads)	Beltless with wings type	73.51 lakhs	Procurement through Tamil Nadu Medical Services Corporation
3.	Post Natal Mothers delivered in Government institutions (Rural)	7 Packs each (Each Pack contains 6 pads)	Belt type	5.07 lakhs	Procurement through Tamil Nadu Medical Services Corporation

4.	Women Prisoners	Total -18 Packs/year (Each Pack contains 6 pads)	Belt type	3,000	from Tamil Nadu Women Development Corporation which in turn procures from Self-Help Groups.
5.	Institute of Mental Health (IMH) inmates	Total -18 Packs/year (Each Pack contains 6 pads)	Belt type	100	
Total Beneficiaries				1.21 crore	

5.21 BEmONC Services:

- The State provides Basic Emergency Obstetric Care (BEmOC) in all Primary Health Centre (PHC) by ensuring the presence of 24x7 staff nurses who are trained in maternal and child care. All the mothers who deliver at Government Primary Health Centre/Hospitals are advised to stay for 48 hours during their postnatal period. During their 48 hours of stay, the new born are provided with immunization services *viz.*, Zero dose of Polio and Hepatitis B, BCG. The mother is provided with diet for minimum of three days during her stay at Government Primary Health Centre/Hospitals. One kit / one delivery concept is followed in all Primary Health Centres for Natal care to prevent infection and sepsis.

- Maternal mortality among tribal mothers was a concern for the State and with a view to improve the maternal health among them, the State has established 17 Birth Waiting Rooms (BWR) in the PHCs at the foot hills in the Tribal areas of Tamil Nadu.
- To support the delivering mother mentally, the Birth Companion programme is implemented in which any female attender, whom the mother wants, shall accompany the mother during her delivery.
- Blood storage units are being established in Upgraded Primary Health Centers which helps people who require blood transfusion related services in nearby PHCs itself.

5.22 Palli Sirar Kannoli Kappom Thittam (KKT): Kannoli Kappom Thittam is being implemented from the year 2009 onwards to screen all the students studying in 6th standard to 12th standard in Government and Government aided Schools for refractive errors. Some of the students who are wearing spectacles may require new spectacles as the refractive error may change

from time to time every year. Hence, it is proposed to do recheck-ups of the students, who have been given spectacles already in the previous years in all Government and Government aided schools in the State. One or two teachers per school have been trained by the Para Medical Ophthalmic Assistants (PMOAs) and they screen all the students in the School and list out the students with vision impairment and send them for examination by PMOA. The PMOA examines and generates prescriptions and order for spectacles. On the receipt of the spectacle, it is issued to the students by the PMOA in the School. Totally, 38,51,605 School Children were screened and arranged for providing spectacles during the year 2022-23.

5.23 Training and Continuing Education Programme: Continuing education, in-service training and pre-service training programmes are organized for the Health Officers, Medical Officers, Nurses and other Paramedical staff through eight Regional Training Institutes (RTI) namely Institute of Public Health, Poonamallee, Health and Family

Welfare Training Centres (HFWTC) at Egmore, Madurai and Gandhigram, Health Manpower Development Institutes (HMEDI) at Villuppuram and Salem, Institute of Vector Control and Zoonosis, Hosur and Regional Training Institute of Public Health, Thiruvankulam. The Institute of Public Health Poonamallee is recognised as a national collaborative training centre with National Institute of Health and Family Welfare, New Delhi. So far, the following Medical Officers, Nurses, Auxiliary Nurse and Midwives (ANMs) and other paramedical staff have been trained by this department and National Health Mission.

S. No	Category	Name of training	No. of Trained
1	Medical Officer	Managerial Skill training for Medical Officers	6,587
2	Medical Officer	BEmONC	7,279
3	Medical Officer/ Staff Nurse / ANM	MCH Skill Lab Training	15,225
4	Staff nurse	RMNCH+A	3,270

5	Medical Officer/ Staff Nurse	NSSK	7,052
6	Health Care Workers	RBSK	187
7	Health Care Workers	IMNCI	12,761
8	Health care Workers	Quality Training	410
9	Staff Nurse / Medical Officer	LaQshya	464
10	Staff Nurse	MLHP 6 th Batch is ongoing with 154 Trainees.	3,276 (5 batches completed)
11	Medical Officer/ Staff Nurse	NCD Training	1,391 2,111
12	ASHA Worker	ASHA	2,650
13	Medical Officer	Poison Management	4,289
14	Medical Officer	Life Saving Anaesthetic Skills Training	682
15	Medical Officer	EmOC	154

The Training programme organised by the National Health Mission, Capacity building trainings in Skilled Birth Attendance (SBA), Emergency Obstetric Care (EmOC six months

training), Life Saving Anaesthesia Skills (LSAS six months training), Skill lab programmes, Integrated Management of Neonatal and Childhood Illness, Immunization, Integrated Disease Surveillance and Control Programme (IDSP), Computer Training and other NHM training programmes are organized in these training institutes. Ultra sonogram training is given to Primary Health Centres Medical Officers for detection of congenital deformities during pregnancy. Presently there are 11 Auxiliary Nurse and Midwifery (ANM) Training Schools functioning in the State and they have been permitted by the Government to train 60 candidates for each batch, from 2018 onwards. These schools conduct two year ANM course. The Anganwadi workers are selected from ICDS department and candidates from Government Service Homes and Social Defense are being selected for this course. During the year 2021-2023, 660 candidates completed the Training courses in these Institutions and 2022-2024 there are 574 students who are undergoing the training at present. The Government have designated the Director of Public Health and

Preventive Medicine, as Chairman, Board of Examination for ANM Training Courses run by Private Institutions. 65 Private Trusts / Institutions were permitted to start ANM Training Schools from the academic year 2017-18. The Government have permitted the DPH&PM, as Chairman, Board of Examination for Multi-Purpose Health Worker (Male)/H.I./S.I. Training Course run by Private Institutions. 56 Private Trusts / Institutions were permitted to start Multi-Purpose Health Worker (Male) / Health Inspector / Sanitary Inspector Course Training Institutes from the academic year 2017-18. One month in-service training was given to 296 Multi-Purpose Health Worker (Male) working in this Department in a phased manner at the Regional Training Institute at Madurai and Hosur. Further, 40 Laboratory Technicians Grade-III were given Multi-Purpose Health Worker Training at the Regional Training Institute at Hosur. During the year 2022 about 591 MPHWS (M) Trainees were given one month In-Service Training at seven Regional Training Institutes. Besides this, one year Multi-Purpose Health Worker (Male) Training was given to Six

candidates from the National Leprosy Eradication Programme. Apart from this, Ten Sanitary Supervisors from Municipal Administration Department were given one year Sanitary Inspector Training course at Institute of Public Health, Poonamallee. Various trainings given under the National Health Mission are given in the Chapter-12 under National Health Mission.

5.24 Tamil Nadu Public Health Act, 1939:

Tamil Nadu is the first State in India to enact a law for Public Health. The Tamil Nadu Public Health Act, 1939 focuses on healthy environment, infectious disease control, food hygiene, Maternity and child health welfare. Emerging and re-emerging diseases, adolescent (and) old age problems, increasing environmental hazards such as ozone depletion, green house depletion, radiation, biodegradation, social change causing environmental hazards creates situation for amendment of the Act. The Government of Tamil Nadu amended the Act on 13.03.2020 and declared Covid-19 as a notifiable Disease under the Tamil Nadu Public Health Act, 1939 and on

23.03.2020, the Government of Tamil Nadu announced certain regulations to prevent and control the spread of Covid-19 under the Epidemic Diseases Act, 1897. The Government of Tamil Nadu has also declared Mucormycosis as a notifiable disease under the Epidemic Diseases Act, 1897. During the Corona pandemic period, certain offences were made compoundable with spot fine ranging from Rs.500/- to Rs.5,000/-. This enabled creating awareness about communicable diseases and importance of preventive measures.

5.25 Civil Registration System (CRS): The Civil Registration System popularly known as Birth and Death Registration System is recording of vital events i.e., Birth, Death and Still Birth under the Statutory Provisions on a continuous and permanent basis. The Vital Statistics generated from Civil Registration System are valuable for planning, monitoring and evaluating various programmes related to Health, Education etc. For the individuals it provides legal identity. The Registration of Births, Deaths and Still Births is mandatory as per the Registration of Birth and

Death Act, 1969 and it is implemented in the State by the rules framed by State Government and at present the Tamil Nadu Registration of Birth and Death Rules, 2000 is in force. The Director of Public Health and Preventive Medicine is the Chief Registrar of Births and Deaths in Tamil Nadu and is responsible for executing the provisions of the Act and rules in the State of Tamil Nadu. All Births and Deaths have to be reported compulsorily for registration at the place of occurrence within 21 days of their occurrence and beyond the above said time limit the Registration of Births and Deaths can be carried out as per the prescribed procedures in the Tamil Nadu Registration of Birth and Death Rules, 2000. There are about 16,348 Registration Units existing in the State and the registration activity is carried out by Birth and Death Registrars namely Health Inspectors, Village Administrative Officers, Executive Officers, Sanitary Inspectors of various departments viz., Health, Revenue, Municipality, Town Panchayats and Municipal Corporation in 38 Revenue Districts.

CRS Common Software: The Common CRS software has been implemented in all registration units from 01.01.2018 to have uniformity and to enable the public to download the birth and death certificates without any hardship. The Births and Deaths are registered in the online web portal https://crstn.org/birth_death_tn/ throughout the State from 01.01.2018. The citizens can download the Birth and Death Certificates for the events registered from 01.01.2018 at free of cost from the web portal https://crstn.org/birth_death_tn/. A total of 9,30,472 of births and a total of 6,94,206 deaths have been registered in the CRS common software in the year 2022. 1,88,520 births and 1,78,367 deaths are registered from January 2023 to March 2023, in the CRS common software.

Medical Certification of Cause of Death: The scheme of Medical Certification of Cause of Death (MCCD) is an integral part of the Registration of Birth and Death Act, 1969 and it provides cause-specific mortality statistics. As per Section 10(3) of the above said Act, in the event of the

death of any person, if he was attended by a medical practitioner during the illness, the medical practitioner shall, after the death of that person, forthwith, issue a medical certificate of Cause of Death in Form 4 (For institutional deaths) and in Form 4A (For Non-Institutional deaths) without charging any fee. The certificate of cause of death shall be received by the Birth and Death Registrar at the time of reporting. e-Mortality software (e-Mor) application developed by ICMR-NCDIR to capture the Medically Certified Cause of Death as per ICD-10 classification was integrated with existing CRS software of Tamil Nadu.

Uploading of old Birth and Death Records:

For uploading of the Birth and Death record under Civil Registration System from the year 1969 to 2018 in CRS Web portal the Government have sanctioned a sum of Rs.75 lakh. The data entry cost per event is fixed at Rs.2/-. Out of sanctioned amount it is planned to carry out the data entry of registered vital events under CRS pertaining to Village Panchayat, Town Panchayat

and Primary Health Centre, in a phased manner. In the first phase from the year 2013 to 2018 has been planned and the data entry work is in progress and upto March, 2023, 29,06,781 (75%) events have been completed. After completion of data entry and due verification by the concerned authority it will be uploaded in CRS Web portal.

5.26 Cigarettes and Other Tobacco Products Act (COTPA), 2003: In order to discourage tobacco, use and protect the youth and masses from the harmful effects of tobacco usage and Second Hand Smoke (SHS), Government of India enacted "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) in 2003". The Act imposes progressive restriction on all tobacco products to reduce their demand and supply. The law is applicable to all tobacco products and extends to the whole of India. The specific provisions of the COTPA include:

- Section 4 : Prohibition of smoking in public places
- Section 5 : Prohibition of direct and indirect advertisement, promotion and sponsorship of cigarette and other tobacco products.
- Section 6(a) : Prohibition of sale of cigarette and other tobacco products to a person below the age of eighteen years.
- Section 6(b) : Prohibition of sale of tobacco products within a radius of 100 yards of educational institutions.
- Section 7 : Mandatory depiction of specified pictorial health warning on all Tobacco Product packs.

Chapter - 6

FAMILY WELFARE PROGRAMME

6.1 Family Welfare Programme was introduced in 1956 as people programme in our State. Family Welfare services are provided to improve Maternal and Child Health and thereby to stabilize the population in the State. The main objective of the programme is to maintain the Total Fertility Rate to the extent necessary to stabilize the population at a consistent level. Tamil Nadu is considered as a pioneer State in implementing the Family Welfare Programme in the country. In view of commendable progress in reducing the Birth Rate, the focus has been shifted from a Target based approach to Community Needs Assessment Approach. The permanent Family Welfare services like male and female sterilization and temporary Family Welfare services like copper-T insertion, Oral contraceptive pills, Injectable contraceptive, condoms and Emergency Contraceptive Pills are rendered to the eligible couples at free of cost in the Government Health Facilities. The Government of Tamil Nadu stood first among all

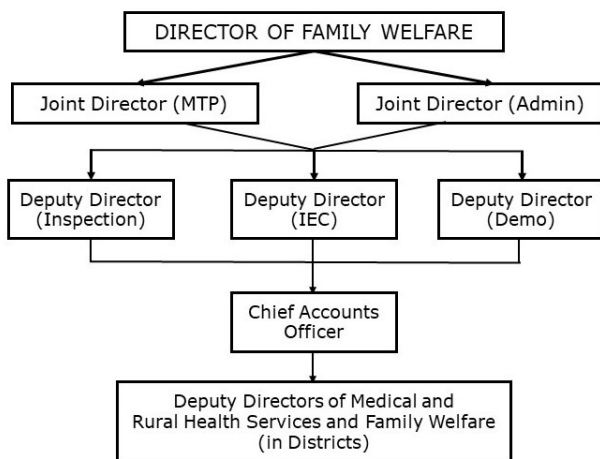
the States in India in Post Partum Intra Uterine Contraceptive Device (PPIUCD) insertion and was awarded the First prize for exemplary Services in National Level by the Ministry of Health and Family Welfare, Government of India in the National Family Planning Summit 2022.

6.2 Demographic Indicators: The demographic scenario of the State is furnished below:

Sl. No	Indicators	Current level
1	Total Fertility Rate (2020 - SRS)	1.4
2	Natural Growth Rate (2020 - SRS)	0.77 % Annually
3	Crude Birth Rate (2020 - SRS)	13.8 /1,000 Population
4	Crude Death Rate (2020 - SRS)	6.1 / 1,000 Population
5	Maternal Mortality Ratio (2018-2020 - SRS)	54 / 1,00,000 Live Births
6	Infant Mortality Rate (2020 - SRS)	13 /1,000 Live Births

(SRS – Sample Registration System)

6.3 Administrative structure:



6.4 Impacts of Family Welfare Programme

6.4.1 Total Fertility Rate (TFR): Total Fertility Rate indicates the average number of children expected to be born to a woman during her reproductive span of 15-49 years. Tamil Nadu is one of the State in the country with low TFR of 1.4 below National level of 2.0.

Year	1996	2001	2006	2011	2016	2020
TFR	2.1	2.0	1.7	1.7	1.6	1.4

6.4.2 Crude Birth Rate (CBR): Crude Birth Rate is number of live births per 1,000 population in a

year. The current level of Crude Birth Rate in Tamil Nadu is 13.8 as per the Sample Registration System (SRS) - 2020.

Year	1996	2001	2006	2011	2016	2020
CBR	19.5	19.1	16.2	15.9	15.0	13.8

6.4.3 Higher Order Births (HOB): Third and above order of births are termed as Higher Order Births in Family Welfare Programme. The State has shown significant decrease in the percentage of Higher Order Births which has been reduced from 24.8 (1996) to 7.0 (2021). Further steps to reduce the HOB rate are under progress so as to reduce the Maternal Death and Infant Death among the HOB mothers.

Year	1996	2001	2006	2011	2016	2021
HOB	24.8	21.6	14.0	9.4	7.5	7.0

6.5 Family Welfare services: The following permanent and temporary Family Welfare services are provided at free of cost to the eligible clients in all the Government health facilities.

- Permanent Family Welfare methods - No Scalpel Vasectomy (NSV), Conventional

Vasectomy (CV), Mini-lap/TAT sterilization, Puerperal sterilization (Tubectomy) and Laparoscopic Sterilization.

- Temporary Family Welfare methods - Copper-T insertion during Post partum period and interval period, Oral Pill cycles (Mala-N and Chhaya), Injectable contraceptive (Antara) and condoms for spacing between births.
- Emergency Contraceptive pills (E-pills)
- Medical Termination of Pregnancy under
 - ✓ Medical Method of Abortion (MMA)
 - ✓ Manual Vacuum Aspiration (MVA)
 - ✓ Electrical Vacuum Aspiration (EVA)
 - ✓ Surgical Method of Abortion

6.6 Facilities Providing Family Welfare Services in the State: All Health Sub Centres, Government Primary Health Centres, Community Health Centres (Block), Urban Primary Health Centres, ESI Hospitals, Government Hospitals, Government Medical College Hospitals and approved Nursing Homes in Private sector provide Family Welfare services in our State.

6.7 Schemes implemented under the Family Welfare Programme:

6.7.1 Male sterilization: It is an ongoing programme implemented in the State. Special awareness campaigns are conducted to motivate males to accept No Scalpel Vasectomy (NSV). A compensation of Rs.1,100/- is given to Vasectomy acceptors. It is proposed to conduct NSV camps in all the 385 Blocks in the State for the year 2023-24 at a cost of Rs.20 lakh. To improve the male participation in NSV Sterilization Programme the "Vasectomy Fortnight" is observed in the State from 21st November to 4th December every year for creating awareness among the public about NSV which is a simple procedure. 1,304 male sterilizations have been performed during the year 2022-23.

6.7.2 Female Sterilization: There are three types of Family Welfare sterilization provided to all the eligible mothers namely (i) Puerperal sterilization (Tubectomy) (ii) Laparoscopic sterilization (iii) Mini-Lap / TAT (Trans Abdominal Tubectomy) sterilization. All the delivered

mothers having two and above living children are counselled to avail Puerperal Sterilization before discharge from the hospitals. Apart from providing sterilization to delivered mothers within the hospitals, the interval sterilization (Mini-Lap / TAT) and Laparoscopic Surgery are also rendered to eligible mothers. The Female Sterilization Acceptors are provided compensation of Rs.600/- for Below Poverty Line (BPL) and Rs.250/- for others. All the Medical College Hospitals and District Headquarters Hospitals are imparting the Puerperal Sterilization and Mini Lap/TAT Training Services to the Medical Officers. Eleven Medical Colleges and two District Headquarters Hospitals are imparting the training on Laparoscopic Sterilization to the Medical Officers in the State. 2,53,827 Female Sterilizations have been performed during the year 2022-23.

6.7.3 Post Partum Intra-Uterine Contraceptive Device (PPIUCD) / Post Abortion Intra-Uterine Contraceptive Device (PAIUCD): Every year four lakhs IUCDs are inserted to the mothers in the State. Doctors and

Staff Nurses were trained to insert IUCD in the post partum period. The PPIUCD and PAIUCD services are increasing the birth spacing to 36 and above months. It ensures the Maternal and Child Health in the State. In the Government Health facilities, the PPIUCD insertion among the delivered mothers and PAIUCD insertion among the MTP done mothers are encouraged by providing the incentive of Rs.300/- for acceptors. 4,25,350 IUCD insertion have been performed during the year 2022-23.

6.7.4 Injectable Contraceptive – Depot Medroxy Progesterone Acetate (DMPA) - Antara: The injectable contraceptive, Depot Medroxy Progesterone Acetate (DMPA) is administered every three months as an injection to eligible clients. These services are available in all Government Health facilities. It can be given by a trained Doctor / Staff Nurse / ANM in the health facilities. It prevents pregnancy over a long period of time and helps in achieving spacing between child births. 67,954 eligible mothers have accepted Antara injection during the year 2022-23.

6.7.5 Centchroman pills (Chhaya):

Centchroman is a non hormonal contraceptive pill which needs to be taken only twice a week for first three months and then once a week. These services are available in all Government health facilities in the name of Chhaya. It is a safe spacing method for women and can be given to breast feeding mothers also. 1,38,245 eligible mothers have accepted Chhaya Pills during the year 2022-23.

6.8 Medical Termination of Pregnancy (MTP)

Programme: MTP programme has been implemented from 1972-73 onwards in the State. Around 80,000 to 90,000 MTPs are performed every year in Government and Approved Private Health facilities. MTP services are to be provided by qualified Registered Medical Practitioner (RMP) as prescribed in the Act under the specified conditions mentioned therein. Comprehensive Abortion Care (CAC) is an integral component of the RMNCHA + N (Reproductive, Maternal, New Born, Child, Adolescent Health and Nutrition) strategy for women in reproductive age group. Comprehensive Abortion Care (CAC) service is a

woman centered approach and includes of safe abortion services with Post Abortion Care and Family Planning. The State is taking adequate steps to strengthen the CAC services in the Public Health Facilities by ensuring availability of adequate equipment, supplies and infrastructure and increasing the number of MTP service providers at peripheral level health facilities. MMA Drug Kit have been supplied to all the Government Health facilities.

6.9 Information, Education and Communication (IEC) Activities: To create awareness among eligible couples to accept permanent and temporary Family Planning methods, the following IEC activities are being conducted all over the State.

- i. In Ten priority Districts, help desk were fixed at District Headquarters Hospitals and Medical College Hospitals so as to assist the public for accepting Family Welfare Methods.
- ii. In three identified Higher Order Birth Districts (The Nilgiris, Ramanathapuram and Thiruvannamalai) Family Welfare Mobile IEC

Van Services are provided to create awareness of Family Planning through Audio, Video systems.

- iii. World Population Day is celebrated every year on 11th July in the State, District and Block levels to sensitize the public about Family Welfare Schemes available and educate about small family norms in order to improve Maternal and Child Health to promote gender equality, spacing methods and to educate about appropriate Age of Marriage.
- iv. In order to increase awareness about importance of Male Sterilization, No Scalpel Vasectomy (NSV) fortnight campaign is being celebrated throughout the State once in a year among General Public and factory employees and also for unorganized labourers.
- v. Priority Districts with high HOB are identified, for strengthening the usage of Family Welfare Contraceptive among the eligible clients. Issuing antenatal Family Planning Card to follow up the mothers who are accepting the Family planning methods.

6.10 Family Planning Indemnity Scheme

(FPIS): The Family Planning Indemnity Scheme was introduced with effect from 1st April 2013 with the following insurance benefits for the Family Welfare sterilization acceptors and service providers:

Death following sterilization in hospital or within Seven days from the date of discharge from the hospital	Rs.2,00,000/-
Death following sterilization within Eight to Thirty days from the date of discharge from the hospital	Rs.50,000/-
Failure of sterilization leading / not-leading to child birth	Rs.30,000/-
Cost of treatment upto Sixty days arising out of complication from the date of discharge	Actual cost not exceeding Rs.25,000/-
Indemnity insurance per Doctor per facility but not more than Four cases per Doctor in a year	Up to Rs.2.00 lakh per case of litigation

6.11 State and District Quality Assurance

Committees: State level and District level Quality Assurance Committees have been constituted to ensure the quality of Family Welfare services provided in the State. These committees will review the deaths, failures and complications arising out of sterilization and recommend for the payment of insurance claims. In Tamil Nadu annually around 2.5 lakh sterilizations are performed in the Government and Private health facilities. The State will encourage participation of approved private nursing homes in addition to strengthening the existing setup in the Government sector. The Family Welfare programme is being implemented successfully to improve the quality of Family Welfare services and also to improve the spacing between births and thereby reduce IMR and MMR.

Chapter - 7

MEDICAL AND RURAL HEALTH SERVICES

(Employees State Insurance Scheme)

7.1 The Employees State Insurance Scheme (ESI) is a comprehensive Social Security Scheme for the Insured Persons and their families working in the organised sectors. The ESI Scheme is administered by a corporate body called the 'Employees State Insurance Corporation' as per the provisions of the ESI Act, 1948. The ESI Scheme was implemented in Tamil Nadu from 23rd January 1955 for the coverage of Insured Persons and their families in the event of sickness, maternity, disablement and death due to employment injury or occupational diseases. At present, the ESI Scheme is catering medical requirements of 35.60 lakh beneficiaries and their dependents who are 1.07 crore in number (i.e. their spouse, children and parents of Labourers) all over Tamil Nadu. The ESI Schemes not only provide full Primary, Secondary and Tertiary medical care to the insured persons and their family members, but also cash compensation

for any loss of wages or earning capacity of an insured person.

7.2 Eligibility Criteria for Enrollment in ESI Scheme:

- The ESI Scheme applies to factories and other establishments where 10 or more persons are employed.
- All Employees drawing monthly salary up to Rs.21,000/- are eligible for enrolment in the ESI scheme.
- The ESI scheme is applicable to Differently abled employees who are drawing monthly salary upto Rs.25,000/-.
- The Employees earning upto Rs.176/- a day are exempted from payment of their share of contribution.

7.3 Scheme Funding: A monthly contribution at a fixed rate of 0.75% and 3.25% of their wages is paid by the employees and employers respectively as their contribution to avail the benefits of the ESI Schemes (w.e.f. 01.07.2019).

7.4 The ESI Corporation and the State Government are sharing the expenditure in the ratio of 7:1. The ESI Corporation reimburses 7/8th

of the total expenditure incurred towards the implementation of the ESI scheme to the State Government.

7.5 Network of ESI Hospitals and Dispensaries: In Tamil Nadu, medical care is provided through a network of 235 ESI Dispensaries and 10 ESI Hospitals.

Sl. No.	Details of ESIS / ESIC Hospitals	Head of the Department
1.	ESI Hospitals Ayanavaram (Chennai), Madurai, Sivakasi, Salem, Hosur, Tiruchirappalli and Vellore.	Directorate of Medical and Rural Health Services (ESI), Government of Tamil Nadu.
2.	Government Medical College and ESI Hospital, Coimbatore	Directorate of Medical Education, Government of Tamil Nadu.
3.	ESI Hospital, K.K.Nagar, Chennai and Tirunelveli	Directly run by the ESI Corporation, New Delhi

Further, Super Specialty Services are also being provided to the insured persons and their family members through tie-up private hospitals.

7.6 Administrative Setup of ESI Scheme in

Tamil Nadu: The Director of Medical and Rural Health Services (ESI) is in-charge of the Administration, Finance, Implementation and Development of the ESI Scheme throughout Tamil Nadu. There are 235 ESI Dispensaries presently functioning throughout the State headed by the seven Regional Administrative Medical Officers (ESI) at Chennai, Coimbatore, Madurai, Salem, Tiruchirappalli, Tirunelveli and Vellore. There are seven ESI Hospitals presently functioning in State headed by the Medical Superintendents under the administrative control of Director of Medical and Rural Health Services (ESI).

7.7 Ayush Units under ESI Scheme:

A combined treatment of Ayurveda, Yoga, Unani, Siddha and Homoeopathy (AYUSH) is also extended to the insured persons, in addition to allopathic treatment facilities.

S. No.	AYUSH Units	ESI Hospitals	ESI Dispensaries
1	Ayurveda	8	13
2	Yoga	8	--

3	Unani	3	3
4	Siddha	8	43
5	Homoeopathy	3	3

7.8 Benefits of ESI Scheme: The contribution paid by the employee and employer under the ESI Scheme helps the insured person from any extra burden on his savings or earnings, during urgent medical and other contingencies. The various social security benefits being provided by the ESI Scheme to the Insured persons and their dependents are as follows:

7.8.1 Medical Benefit: Medical benefits extended by ESIC include (a) Primary Care (Out-patient) & Secondary Care (in – patient) (b) Super Specialty Treatment (SST) for self and family from day one of entering insurable employment through ESI Hospitals and network of private tie-up hospitals.

7.8.2 Maternity Benefit: Maternity Benefit for confinement / pregnancy is payable for Twenty Six (26) weeks, which is extendable by further one month on medical advice at the rate of full wage subject to contribution for 70 days in the preceding Two Contribution Periods.

7.8.3 Dependent's Benefit: The Dependent's Benefit is paid at the rate of 90% of the wage in the form of monthly payment to the dependents of the deceased Insured Person in cases where death occurs due to employment injury or occupational hazards.

7.8.4 Sickness Benefit: The Sickness Benefit is payable in the form of cash compensation at the rate of 70% of wages to insured workers during the periods of certified sickness for a maximum of 91 days in a year. In order to qualify for sickness benefit, the insured worker is required to contribute for 78 days in a contribution period of 6 months.

7.8.5 Extended Sickness Benefit: In the case of Insured Persons suffering from 34 malignant and long-term diseases, sickness benefit is extendable upto two years at an enhanced rate of 80% of wages.

7.8.6 Enhanced Sickness Benefit: Insured persons in the reproductive age group are eligible for enhanced sickness benefit for undergoing sterilization operation viz. Vasectomy / Tubectomy. Enhanced Sickness Benefit equal to full wage is payable to insured persons undergoing sterilization for 7 days / 14 days for male and female workers respectively.

7.8.7 Disablement benefit:

- a) **Temporary Disablement Benefit:** From day one of entering insurable employment and irrespective of having paid any contribution in case of employment injury, the temporary disablement benefit is provided to the insured persons at the rate of 90% of wage every month as long as disability continues.
- b) **Permanent Disablement Benefit:** For permanent disabilities occurring during duty, the permanent disablement benefit is payable for life time of the insured persons, and the workers are eligible from the initial day of entering insurable employment. The benefit is paid at the rate of 90% of wage in the form of monthly payment depending upon the extent of loss of earning capacity as certified by a Medical Board.

7.8.8 Unemployment allowance:

- a) **Rajiv Gandhi Shramik Kalyan Yojana:** Unemployment Allowance is payable in case of involuntary loss of employment due to closure of factory, retrenchment or permanent invalidity due to injury. The Allowance is

payable for a maximum period of two years during life time in which 50% of the average daily wage for the first 12 months and 25% for the next 12 months is paid apart from medical treatment upto 24 months.

- b) **Atal Beemit Vyakti Kalyan Yojana:** The ESI Corporation provides a relief not exceeding 25% of pay in the form of cash compensation upto 90 days once in a lifetime for being rendered unemployment to the Insured Persons who have completed two years of insurable employment and contributed not less than 78 days in each of the four contribution periods. The Scheme was introduced with effect from 01-07-2018.

7.9 Other Benefits under the ESI Scheme:

- **Funeral Benefit:** On the death of an Insured Person, funeral benefit of Rs.15,000/- is payable to the dependents or to the person who performs last rites. This benefit accrues from day one of entering insurable employment.

- **Confinement Expenses:** The Insured woman or the wife of an Insured Person is paid an allowance of Rs.7,500/-, in case of confinement occurring in a place where necessary maternity facilities under ESI Institution are not available.
- **Old Age Medical Care:** Old age medical care is provided for the Insured Person after retirement on attaining the age of superannuation or after availing Voluntary Retirement Scheme (VRS) / Early Retirement Scheme (ERS). The same is extended to the insured persons who have to leave the service due to permanent disability also.
- Free supply of physical aids such as crutches, wheel chairs, dentures, spectacles and hearing aids.
- Preventive health care services such as Immunisation, HIV/AIDS detection and treatment.
- Benefits available under National programmes for family welfare and TB control.

7.10 Hospital Development Committee: The Hospital development funds are provided to the ESI Hospitals and ESI Dispensaries through the Hospital Development Committee for the maintenance and for the purchase and repairs of Medical equipment. The Hospital Development committee meets once in two months and is directly funded by the ESI Corporation.

7.11 Reimbursement of Medical Expenses Incurred In Private Hospitals by the ESI Beneficiaries:

Package deal (Tie-up Hospitals): There are 93 speciality and 124 super speciality private tie-up hospitals for providing cashless treatment under package deal Central Government Health Scheme (CGHS Rate) to the Insured persons and their family members. Based on the referral recommendations made by the Medical Officers of the ESI Dispensaries and the Medical Superintendent of the ESI Hospitals, the insured persons and their family members are admitted in private tie-up hospitals. Cashless treatment is provided to them and the hospital bills are directly settled under the package deal agreement signed

by the concerned hospitals with the Director of Medical and Rural Health Services (ESI), Chennai.

7.12 Opening of New Esi Dispensaries: The following ESI Dispensaries were newly opened in the year 2022 and 2023:

Sl. No.	Name of the ESI Dispensary	Date of functioning
1	Duraisamipuram	01.07.2022
2	Paramakudi	01.09.2022
3	Bargur	01.10.2022
4	Manachanallur	01.10.2022
5	Perambalur	01.10.2022
6	Yercaud	01.11.2022
7	Aravakurichi	01.11.2022
8	Oddanchatram	01.12.2022
9	Athipattu	01.02.2023
10	Uthukkotai	01.02.2023

7.13 Supply of Life Saving Drugs to Insured Persons: Based on the requirements of the ESIS Hospitals and ESIS Dispensaries, all the essential and supplementary drugs are procured and supplied as and when through Central Rate

Contract (CRC). Other than this, all life saving drugs for the patients in Oncology, Hematology and Nephrology are also provided immediately as per the recommended requirements.

7.14 Strengthening of Facilities in ESIS Hospitals: Specialists have been appointed in all the seven ESIS Hospitals based on the requirement. Further, the Undergraduate Doctors have been replaced with Postgraduate Doctors for improving the performance of the ESI Hospitals and for providing better service to the Insured Persons and their family members.

7.15 Purchase of Equipment under Project Implementation Plan (PIP): Based on the sanction order of the ESI Corporation, New Delhi under the PIP 2020–2021, the Government of Tamil Nadu have issued orders for an amount of Rs.23 crore towards the purchase of equipment for the ESI Hospitals and ESI Dispensaries. The equipment are being purchased and supplied to the respective ESIS Hospital and ESI Dispensaries through Tamil Nadu Medical Services Corporation

(TNMSC) and Government e-market Place (GeM Portal).

7.16 Construction of New 100 Bedded ESI Hospitals: The ESI Corporation has proposed to construct new 100 Bedded ESI Hospitals in Tamil Nadu at Tiruppur, Sriperumbudur, Kanniyakumari, Vaniyambadi, Dindigul, Thoothukudi and Ranipet. Work is already progressing in Tiruppur, Sriperumbudur and Thoothukudi.

7.17 Allocation and Expenditure:

Sl. No	Year	Budget Estimate (in Rs.)	Actual Expenditure Incurred (in Rs.)
1.	2019-2020	572,06,81,000	571,96,33,000
2.	2020-2021	606,07,73,000	603,49,67,000
3.	2021-2022	542,56,07,122	542,06,76,340
4.	2022-2023	638,44,07,000	469,41,80,000 (as on 28.02.2023)

7.18 ESIC COVID-19 Relief Scheme: In the event of unfortunate death on an insured worker covered under ESI Act, 1948 due to COVID-19,

90% of the average wages of the deceased worker is to be distributed amongst the eligible dependents every month. The spouse of the deceased worker is also eligible for medical care on nominal contribution of Rs.120/- per year.

Covid Relief Scheme (CRS)			
Year	Number of deceased Insured persons	Number of Beneficiaries	Amount paid for the year (in Rs.)
2021 (June 2021 to December 2021)	335	730	3,47,89,197/- (730 Beneficiaries)
2022 (January 2022 to December 2022)	76	255	5,37,71,724/- (985 Beneficiaries)
2023 (January 2023 to 17.02.2023)	2	5	1,22,93,266/- (990 Beneficiaries)
Total	413	990	10,08,54,187/-

Chapter - 8

INDIAN MEDICINE AND HOMOEOPATHY

8.1 The Directorate of Indian Medicine and Homoeopathy (DIMH) provides health care services in the systems of traditional medicine such as Siddha, Ayurveda, Unani, Yoga & Naturopathy and Homoeopathy. They also run institutions which teach the above systems. The DIMH implements the policies, laws, regulations and programmes formulated by the Government of Tamil Nadu with the aim to improve the delivery of health care through the Indian Systems of Medicine and Homeopathy (ISMH) and development of medical education. The main objectives of DIMH are to provide Siddha and other Indian Systems of Medicine and Homoeopathy medical facility at all levels of health care system viz., Primary, Secondary and Tertiary, improve ISMH medical education in both public and private sector and encourage ISMH research and bring its services under the main stream. The department is also responsible for Research, regulation of drug manufacturing and

quality control of Indian System of Medicine to ensure availability of quality drugs to the public. Tamil Nadu is the only state in the country where Government Medical Colleges have been established for all the disciplines of Indian System of Medicine and Homoeopathy. Siddha, Ayurveda, Yoga and Naturopathy, Unani and Homoeopathy, offer a wide range of holistic treatments covering preventive, promotive, curative, rehabilitative and rejuvenative needs. Now-a-days, the Indian systems of medicine has attracted increasing attention globally due to public acceptance and cost effectiveness. Being used for centuries and with a continuous tradition of acceptance and practice Indian systems of medicine have a wide impact in the state health care. Hence it is an important component of modern health care system-playing a significant and indispensable role.

8.2 Siddha System: Siddha system, a wide spread system prevalent in the State, is one of the ancient traditional systems of medicine documented in the world. It is considered as the

mother medicine of ancient Tamils and is a proud contribution of our Tamil Ancestors to the world. Siddha is widely practiced across the world wherever Tamil speaking people reside. Siddha Thirumoolar in his famous axiom says, “உடம்பை வளர்த்தேன் உயிர் வளர்த்தேனே”, which rightly depicts the significance of preventive and wellness medicine. The Government of Tamil Nadu is committed to provide a platform for the growth and development of Indian Systems of Medicine and utilization of their full potential, strength and revival of their glory. The ultimate aim of the State Government is to provide Siddha, Ayurveda, Unani, Yoga and Naturopathy and Homoeopathy Medical treatments to the public at large.

8.3 Administrative Structure: The department of Indian Systems of Medicine and Homoeopathy was established by the Government of Tamil Nadu in the year 1970. The main objective of this department is to impart quality education for the UG and PG degree courses of Indian Systems of Medicine which includes all the five systems (Siddha, Ayurveda, Unani, Homoeopathy,

Yoga & Naturopathy). The major role of this department is to provide best treatment in the five disciplines of Medicines to the general public through the 1,541 hospitals. The Commissioner / Director is the head of this Department. He is assisted by Joint Director, Financial Advisor and Chief Accounts Officer, Deputy Director (Admin), Assistant Director (Admin), Scrutinizing Medical Officer (Siddha & Unani) and Special Officer (Translation). The Assistant Director is the Drawing and Disbursement Officer in respect of Directorate. The District Siddha Medical Officers are the Drawing and Disbursing Officers in respect of their jurisdiction. The Director (Research and Development), The Principals, District Siddha Medical Officers, Arignar Anna Hospital of Indian System of Medicine Superintendent and Director of Varma are functioning under the Direct Administrative control of the Commissioner / Director. There is one Research and Development Wing in Arumbakkam, Chennai to facilitate the faculties and students of Indian Systems of Medicine Colleges in the field of research and it is headed by Director (Research and Development)

and assisted by Assistant Director (Research and Development). There are seven teaching institutions in Indian Systems of Medicine and Homoeopathy in the State *viz.*, the Government Siddha Medical College, Palayamkottai, the Government Siddha Medical College, Chennai, the Government Homoeopathy Medical College, Thirumangalam, Madurai and Government Unani Medical College, Chennai, Government Yoga and Naturopathy Medical College, Chennai, Government Ayurveda Medical College, Kottar, Nagercoil and International Institute of Yoga and Naturopathy Medical Science, Chengalpattu. There are 22 District Siddha Medical Officers who control over the Siddha, Ayurveda, Unani, Homoeopathy and Yoga and Naturopathy Wings at District Head Quarters Hospitals, Government Medical College and Hospitals, Taluk and Non Taluk Hospitals and Primary Health Centres. There are two pharmaceutical units functioning at Arignar Anna Government Hospital of Indian Systems of Medicine, Chennai and Government Siddha Medical College Hospital, Palayamkottai which manufacture Indian Systems of Medicines for free

supply to patients. State Licensing Authority (ISM) is the drugs enforcement authority exclusively for Indian Medicine.

8.4 The objectives of Indian Medicine and Homoeopathy department are:

- Upgrading the existing Government Indian Systems of Medicine and Homoeopathy (ISM&H) Medical Colleges and to improve the standard of Medical Education in these systems.
- Upgradation of ISM Wings / Hospitals functioning at various levels in all the districts.
- Opening of new Medical Colleges in the Indian systems of Medicine viz., Siddha, Ayurveda, Unani, Yoga and Naturopathy and Homoeopathy.
- Encouraging the cultivation of Medicinal Plants, processing and manufacturing of ISM drugs and promoting research and development in ISM.
- Offering holistic healthcare to public by opening ISM and Homoeopathy wings at various locations in all the districts.

- Ensuring availability of quality drugs to public by monitoring good drug manufacturing practices.
- Upgradation of existing AYUSH wings as AYUSH Wellness Centres duly adding Yoga treatment facility through National AYUSH Mission scheme.
- Promoting research and development activities in ISM and Homoeopathy for encouraging the manufacture of high quality standard ISM and Homoeopathy drugs and therapies.

8.5 Indian Systems of Medicine and Homoeopathy Health Services:

The availability of ISM & Homoeopathy Government Centres are as follows:

System	Siddha	Ayurveda	Unani	Yoga & Naturopathy	Homoeopathy	Total
No. of Medical Centres	1,081	104	67	179	110	1,541

8.6 In-patient facilities in ISM & Homoeopathy Hospitals:

The bed strength in the Indian Systems of Medicine Colleges and various Hospitals managed by this department are as follows:

- A 350 bedded Hospital attached with Government Siddha Medical College, Palayamkottai, Tirunelveli.
- The 310 bedded Arignar Anna Government Hospital of Indian Medicine, Chennai with separate wards for Siddha, Varma, Ayurveda, Unani system of Medicine.
- A 100 bedded Hospital attached with Government Ayurveda Medical College, Kottar, Nagercoil.
- A 50 bedded Hospital attached with Government Homoeopathy Medical College, Thirumangalam, Madurai.
- A 100 bedded and 300 bedded Hospital attached with Government Yoga and Naturopathy Medical College in Chennai and International Institute of Yoga and Naturopathy Medical Science, Chengalpattu, respectively.

- Government Pentland Hospital, Vellore functioning with 25 bedded Siddha ward.
- District Headquarters Hospitals at Dindigul, Erode, Kancheepuram, Nagapattinam and Tiruppur functioning with 25 bedded Siddha ward.
- District Headquarters Hospitals at Mettur, Namakkal, Nagercoil, Karur, Kumbakonam, Tiruvarur, Tiruchirapalli, Sivagangai, Villupuram and Virudhunagar functioning with 16 bedded Siddha ward.
- District Headquarters Hospitals at Cuddalore, Pennagaram, Ramanathapuram and Thoothukudi functioning with 15 bedded Siddha ward.
- Taluk Hospitals in Chidambaram, Cuddalore District, Kadayanallur, Tenkasi District functioning with 15 bedded Siddha Ward.
- 50 bedded (Siddha-25 and Yoga and Naturopathy-25) integrated Hospitals functioning in Theni and Tiruvannamalai districts.

8.7 Indian Systems of Medicine and Homoeopathy Medical Education:

8.7.1 AYUSH Medical Education: Education matters pertaining to AYUSH system of medicine viz., Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy comes under the administrative control of this Department. The following courses are being imparted in AYUSH medicine:

Sl. No.	Course Details	Course Name	Duration of the course
1	Post Graduate Course	M.D. (Yoga and Naturopathy)	3 years
2		M.D. (Siddha)	
3		M.D. (Homoeopathy)	
4		M.D. (Unani)	
5	Under Graduate Course	B.A.M.S.,	5 ½ years
6		B.N.Y.S.,	
7		B.U.M.S.,	
8		B.S.M.S.,	
9		B.H.M.S.,	
10	Diploma Course	Diploma in Integrated Pharmacy (D.I.P.)	2 ½ years
11		Diploma in Nursing Therapy (D.N.T.)	

8.7.2 In Tamil Nadu totally seven Government ISM Colleges and 44 Self-Financing Colleges are functioning. System wise details are given hereunder:

Medical System	Siddha	Ayurveda	Unani	Yoga & Naturopathy	Homoeopathy	Total
No. of Government Colleges	2	1	1	2	1	7
No. of Self-financing Colleges	11	6	0	16	11	44
TOTAL	13	7	1	18	12	51

8.7.3 The details of Government ISM Medical Colleges are as follows:

- I. Government Siddha Medical College and Hospital, Palayamkottai, Tirunelveli District.
- II. Government Siddha Medical College, Arignar Anna Government Hospital of Indian Medicine (AAGHIM) Campus, Arumbakkam, Chennai.
- III. Government Homoeopathy Medical College and Hospital, Tirumangalam, Madurai District.

IV. Government Unani Medical College, AAGHIM Campus, Arumbakkam, Chennai.

V. Government Yoga and Naturopathy Medical College and Hospital, AAGHIM Campus, Arumbakkam, Chennai.

VI. Government Ayurveda Medical College and Hospital, Kottar, Nagercoil, Kanyakumari District.

VII. International Institute of Yoga and Naturopathy Medical Science, Chengalpattu.

8.7.4 The available number of seats intake in Government and Self-financing Colleges are given hereunder:

Sl. No.	Discipline	Details of seats available for admission (2022-23)				Grand Total	
		Government		Private			
		UG	PG	UG	PG	UG	PG
1.	Siddha	160	94	650	-	810	94
2.	Ayurveda	60	-	310	-	370	-
3.	Unani	60	7	-	-	60	7
4.	Yoga & Naturopathy	160	45	1,498	-	1,658	45
5.	Homoeopathy	50	-	860	66	910	66
Total		490	146	3,318	66	3,808	212

8.8 Co-location of Indian Systems of Medicine and Homoeopathy Centres to provide public health Care:

In view of the Co-location policy of the Government, Indian Systems of Medicine and Homoeopathy treatment facilities at present are made available in all Allopathic Medical College Hospitals, Coimbatore Medical College and ESI Hospital, Multi Super Specialty Hospital, Omandurar, Government Estate, Chennai, District Headquarters Hospitals, Taluk and Non-Taluk Hospitals and Primary Health Centres (including 475 Wings funded under National Health Mission and 74 AYUSH Wellness Clinics) as shown below:

	Siddha	Ayurveda	Unani	Homoeopathy	Yoga and Naturopathy	Total
ISM & Homoeopathy Centres run by State Budget						
Colleges	2	1	1	1	2	7
Major Hospital	2	2	1	1	2	8
Medical College Hospital	15	4	2	9	24	54
Coimbatore Medical College and ESI Hospital	1	1	1	1	1	5
Multi Super Speciality Hospital (Omandurar)	0	0	0	0	1	1

District Headquarters Hospital	31	4	3	20	30	88
Taluk Hospital	191	2	0	9	31	233
Non Taluk Hospital	58	2	4	0	0	64
PHC	406	24	14	5	2	451
Regular Dispensary	13	6	0	5	1	25
Tribal Dispensary	7	0	0	0	0	7
Mobile Dispensary	1	0	0	0	0	1
Rural Dispensary	45	3	0	0	0	48
Total	772	49	26	51	94	992
NHM Scheme						
NHM at Taluk Hospital	4	0	1	0	0	5
ISM Wings at PHC	271	52	39	57	20	439
Yoga and Naturopathy Maternity Clinic (GPHC)	0	0	0	0	29	29
Yoga and Naturopathy Maternity Clinic (Taluk Hospital)	0	0	0	0	2	2
Total	275	52	40	57	51	475
AYUSH Scheme						
Hospital under DME	0	0	0	0	2	2
Taluk	4	0	0	1	30	35
Non Taluk	2	0	1	0	0	3
PHC	26	3	0	1	0	30
Tribal (Mobile Unit)	2	0	0	0	0	2
Regular Dispensary	0	0	0	0	2	2
Total	34	3	1	2	34	74
Total	1,081	104	67	110	179	1,541

3,42,20,649 Out-Patients and 2,24,940 In-Patients were treated in the above Indian Systems of Medicine and Homoeopathy centres during the year 2022-2023.

8.9 AYUSH Paramedical Courses: AYUSH Paramedical Courses *viz.*, Diploma in Integrated Pharmacy (D.I.P.) and Diploma in Nursing Therapy (D.N.T.) are conducted by the Directorate under self-supporting scheme at Government School of AYUSH Paramedical Courses at Western Block Arignar Anna Government Hospital of Indian Systems of Medicine Annex Campus, Chennai and Government Siddha Medical College campus, Palayamkottai. The number of seats sanctioned for D.I.P. and D.N.T. are as follows:

Sl. No.	Name of the Institution	Number of seats		Total
		Diploma in Integrated Pharmacy	Diploma in Nursing Therapy	
1.	Government School of AYUSH Paramedical Courses, Arignar Anna Government Hospital of Indian Medicine Campus, Chennai.	50	50	100

2.	Government School of AYUSH Paramedical Courses, Government Siddha Medical College campus, Palayamkottai, Tirunelveli.	50	50	100
Total		100	100	200

8.10 State Drug Licensing Authority for Indian Medicine:

- In Tamil Nadu, office of the State Drug Licensing Authority (IM) has started functioning from 29.11.2007 for granting of a license to manufacture of Siddha, Ayurveda and Unani drugs as per Drugs and Cosmetics Act, 1940 and Rules, 1945.
- The State Drug Licensing Authority grant approval and renewal to the private institutions for carrying out tests on Siddha, Ayurveda and Unani drugs and raw materials on behalf of licensed manufacturers of Siddha, Ayurveda and Unani drugs.
- From 01.11.2019, the Director of Indian Medicine and Homoeopathy is acting as Controlling Authority for Siddha, Ayurveda and Unani drug manufacturers for the purpose of

giving approval / direction / permission to execute regulatory enforcement as per the provisions of the Drugs and Cosmetics Act, 1940 and Rules, 1945.

- In Tamil Nadu, applications for advertising Indian Systems of Medicines (Siddha, Ayurveda and Unani) have been scrutinized and Unique Identification Numbers are allotted by the State Licensing Authority to eligible applications, as per Rule 170 of the Drugs and Cosmetics (11th amendment) Rules, 2018.
- As per the sub-section (1) of Section 8 of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 the District Siddha Medical Officers, shall be the authorized Gazetted Officer with effect from 11.01.2018, for monitoring the advertisements in print, electronic, internet and audio-visual media of Siddha, Ayurveda and Unani drugs for the areas within their respective jurisdiction.

8.10.1 Achievements:

- As per Rule 156(1) of the Drugs (4th Amendment) Rules, 2021 the State Drug

Licensing Authority (IM) has granted 168 perpetual license to manufacture and sale of Siddha, Ayurveda and Unani Drugs from November 2021 to March 2023.

- An exclusive website for office of the State Drug Licensing Authority has been established with address www.tnslaim.com which was designed and launched by Tamil Nadu e-Governance Agency (TNeGA).
- As per Rule 170 of the Drugs and Cosmetics (11th Amendment) Rules, 2018, the State Licensing Authority (IM) has allotted 157 Unique Identification Number for advertisements of Siddha, Ayurveda and Unani Drugs during the period from 21.12.2018 to 31.03.2023.

8.11 State Drugs Testing Laboratory (Indian Medicine): Standardization of Indian Medicine Drugs is a challenging task to scientific community as chemicals in the natural products vary depending on the ecology of the place where they grow. With a view to ensure the quality of various drugs manufactured from medicinal plants

and raw drugs, the State Drugs testing Laboratory (I.M) has started its functioning since 2003 under the control of Directorate of Indian Medicine and Homoeopathy. The primary function of State Drugs Testing laboratory (I.M) is to test the quality of statutory samples lifted and sent by the Drug Inspector (I.M) in discharging of their statutory function under section 33G of Drugs and Cosmetics Act, 1940. The Laboratory has been conferred with the statutory status. State Drugs Testing laboratory (I.M) consists of Chemistry, Pharmacognosy, Microbiology Labs for analysing Siddha, Ayurveda and Unani drugs. This laboratory ensures enforcement of the guidelines laid down in Chapter IV-A of Drugs and Cosmetics Act, 1940 and Rules, 1945 for quality preparation of Siddha, Ayurveda and Unani drugs using various raw materials. State Drugs Testing laboratory (I.M) ensures quality of Siddha, Ayurveda and Unani Drugs in terms of identity, purity and strength as per ASU Pharmacopoeias and other standard books. Advanced and modern equipment such as High Performance Thin Layer Chromatography (HPTLC), High Performance

Liquid Chromatography (HPLC), Gas Chromatography (GC) and Atomic Absorption Spectroscopy (AAS) have been installed in the laboratory for the purpose of Standardization and Quality control of Siddha, Ayurveda and Unani medicines. Pharmacognostical and Microbiological evaluation is mainly done by Trinocular microscope with image processor and Laminar Airflow instrument respectively. The main function of the State Drugs Testing Laboratory (Indian Medicine) is to detect Misbranded, Adulterated, Spurious drugs and Not of Standard quality drugs under Section 33E for Misbranded drugs, Section 33EE for Adulterated drugs, Section 33EEA for Spurious drugs under the Chapter IV-A of Drugs and Cosmetics Act, 1940 and Rules, 1945. All the drugs manufactured by TAMPCOL and drugs procured by nodal agencies from various manufacturers are being tested before supply to Government Indian Medicine Institutions. The Government Analyst, Drug Testing laboratory (I.M) Tamil Nadu has been notified as Government Analyst for Andaman Nicobar (UT) to discharge the statutory duties as per section

33F(2) of Drugs and Cosmetics Act, 1940. The tasks accomplished by Drug Testing Laboratory (IM) are given below:-

- State Drugs Testing Laboratory (Indian Medicine), has tested 3,340 samples for the year 2022-2023, for assessing statutory status and assuring the quality of raw materials for manufacturing of medicines in TAMPCOL factory and for the tender under TAMPCOL, the Nodal Agency.
- The Quality of drugs manufactured by the private Indian Systems of Medicine Firms are tested by the State Drug Testing Laboratory (Indian Medicine) in collaboration with Research and Development wing for ISM.
- The State Drugs Testing Laboratory (Indian Medicine) is imparting training and guidance in the project work of the students in the Government Indian Systems of Medicine College.
- Special training is given to candidates of private Medical colleges (Indian Systems)

and also to inter disciplinary students, duly collecting the prescribed fees.

Year	No. of Samples Received	Total No. of Samples Tested	Standard Quality	Non Standard Quality
2022-23	3,985	3,340	3,285	55

8.12 The Arignar Anna Government Hospital of Indian Medicine (AAGHIM), Chennai:

In 1970 Arignar Anna Government Hospital of Indian Medicine was established in the present campus situated at Arumbakkam, Chennai with 110 beds. At present this Hospital is functioning with 310 beds hospital with an in-patient facility for Siddha, Varma, Ayurveda, Unani, and Yoga & Naturopathy systems of medicine. The special feature of AAGHIM is that, it is the only AYUSH Hospital in India to have Out-patients treatment facilities in all the five AYUSH systems [Siddha (inclusive of varma), Ayurveda, Unani, Homoeopathy and Yoga & Naturopathy] and In-patients facilities in five AYUSH Systems viz., Siddha (including Varma), Ayurveda, Unani, Homoeopathy and Yoga & Naturopathy under one

roof. As such, the Patients have got the freedom to choose the system of medicine in which they wish to take treatment.

8.12.1 SIDDHA: Though on all days General Out-patient treatment facilities are given, Special OP's are also conducted for AIDS, Cancer and many Life Style Diseases like Diabetes mellitus, Hypertension, Infertility, Bronchial Asthma, Spinal and Skin disorders. A Special Siddha Centre was started in High Court campus, during the pandemic period to provide treatment for COVID.

8.12.2 VARMA: This Department is functioning under the control of Director of Varma with sanctioned strength of 35 beds along with Out-patient treatment facilities. All neurological diseases and chronic pains are effectively treated in this system.

8.12.3 AYURVEDA: Ayurveda department is functioning with OPD as well as 55 bedded In-patients (IP) facilities. All major chronic diseases are treated with general and specialized treatments like Panchakarma and Kriyakarma. Abhyangam i.e., Oil Massage treatment is given even at OPD level itself. At IP level treatments

like SnehaPanam (Oleation Therapy), Udwarthanam (Powder Massage), Sirodhara (Pouring oil on forehead), SiroVasthi (Allowing to stay Oil on head), Vamanam (Emesis Therapy), Virechanam (Purgation Therapy), MatraVasthi (Enema with oil), KashayaVasthi (Enema with Decoction), Kati Vasthi (Keeping oil on Hip), JanuVasthi (Keeping Oil on Joints), GreevaVasthi (Keeping oil on Neck), Upanaham (Herbal Bandage), NethraTarpanam (Keeping Ghee on Eyes), ShastikaPindaSvedam (Sudation Therapy with Rice and Balamoolam), Nashyam (Nasal Medication), SiroPichu (Keeping oil on Scalp), Lepamam (Pattu), DhanyaAmlaDhara (Pouring Fermentated water), KashyaDhara (Pouring Herbal Decoction), KshiraDhara (Pouring Herbal Milk), Kaya Sekam (Pouring Herbal Oil on whole body) are given.

8.12.4 UNANI: There is an average of about 400 to 500 cases are treated in out-patients ward every day and there is 100 Beds for In-Patients ward in Unani Department attached with Government Unani Medical College. Special therapies and Regimental therapies i.e., special method treatments like Dalak (Massage), Hamam

(Bathing), Hijama (Cupping), Fasad (venisection), Bukhoor (Nebulaization), irsal alak (Leech) are offered.

8.12.5 Pharmacy: Arignar Anna Government Hospital of Indian Systems of Medicine has a Unique Pharmacy within the campus which manufactures Siddha, Ayurveda, Unani medicines to cater the needs of OP and IP Departments of AAGHIM and 10 wings attached to this hospital. Arignar Anna Government Hospital of Indian Systems of Medicine also has an in-house quality control laboratory functioning to ensure the quality of Siddha, Ayurveda and Unani drugs prepared in the Pharmacy attached to it. The departments of Chemistry, Pharmacognosy and Microbiology are functioning in this lab for doing the Qualitative and Quantitative analysis of drugs manufactured.

8.13 Research and Development Wing for ISM, Chennai: The Directorate of Indian Medicine and Homoeopathy has established an exclusive Research and Development Wing for ISM in Chennai to facilitate the research by the faculties and students of Indian systems of

Medicine such as Siddha, Ayurveda, Unani, Homoeopathy and Yoga & Naturopathy. This wing started functioning from the year 2020 with three major Laboratories viz., Analytical Chemistry, Microbiology, and Pharmacology & Toxicology installed with advanced equipment. Research activities like clinical and observational studies have been carried out by this wing in collaboration with other Centers like Central Council of Research in Siddha, Chennai, National Institute of Epidemiology, Chennai and State Drug Testing Laboratory (Indian Medicine), Chennai. During Covid-19 pandemic period, this wing actively participated in research activities by setting up a War Room to interact with the public and a Siddhar Kayakarpam Unit i.e., Siddha Post Covid care centre in its premises. In order to encourage the students for doing research to uplift the Indian System of Medicine, Workshops were conducted by this wing in collaboration with Central Council for Research in Siddha. A Data Cell was formed during 2021 in this wing for the collection of data on clinical research. The Quality of drugs manufactured by the Private Indian Systems of Medicine Firms will be tested in this

wing in collaboration with State Drug Testing Laboratory (Indian Medicine) at a lower cost.

8.14 Other Activities:

- A Special Scheme “AROKKIYAM” comprising the Indian Systems of Medicine and Homoeopathy was implemented to control / prevent the Covid-19 pandemic.
- Government Siddha Medical College and Hospital, Palayamkottai with bed strength of 350 beds is conducting special clinic for diabetics, hypertension, urolithiasis and infertility.
- Government Siddha Medical College, Chennai, with bed strength of 85 beds is providing unique Siddha treatment like Thokkanam, Varmam, Patru, Otradam etc.
- Government Ayurveda Medical College Hospital, Kottar, Nagercoil with bed strength of 100 beds is providing special treatment for paralysis, skin diseases, arthritis through steam bath, Oil massage and pancha karma therapy.

- The Hospital attached to Government Yoga & Naturopathy Medical College, Chennai is running with 100 bed capacity and it specialized in giving treatment for weight reduction by means of natural foods, natural herbal treatment, fasting, mud bath therapy, Steam bath therapy, plantain leaf bath and Yoga.
- The Government of Tamil Nadu has established the International Institute of Yoga and Naturopathy Medical Sciences in Chengalpattu District. Hon'ble Chief Minister inaugurated the college on 14.04.2022 and 100 students for BNYS Course and 30 students for MD course have been admitted in the college.

8.15 Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited

(TAMPCOL): TAMPCOL was started on 27th September, 1983 with the main objective of manufacturing and supplying of Siddha, Ayurveda and Unani medicines. The Registered office is functioning at Arignar Anna Hospital Campus,

Arumbakkam, Chennai and its production factory is functioning at SIDCO Pharmaceutical Campus, Alathur near Thiruporur, Chengalpattu District. It is involved in manufacturing of 175 medicines. Out of which, 87 are Siddha Medicines [61 Shastric and 26 Proprietary], 43 are Ayurveda medicines [40 Shastric and 3 Proprietary], 21 are Unani medicines [13 Shastric and 8 Proprietary] 11 are Veterinary Medicines (9 Shastric and 2 Proprietary) and 13 are Yoga & Naturopathy medicines. These medicines are supplied to all Institutions functioning under the Directorate of Indian Medicine and Homoeopathy, besides other Government Institutions and TAMPCOL's own sales outlets. TAMPCOL is a Nodal Agency for procuring and supplying medicines, machineries and equipment, etc., to the institutions functioning under the control of Directorate of Indian Medicine and Homoeopathy. TAMPCOL is operating its Sales counter at Chennai, Palayamkottai and Nagercoil. A Free Medical Consultancy Clinic is being operated at the Corporate Office building of the Corporation with doctors from all streams of Indian Systems of

Medicines namely Siddha, Ayurveda, Unani, Yoga and Naturopathy on rotation basis. With the aim of reaching out to a global audience, the Corporation's renowned commercial product like Herbal Hair Tonic and other fast moving medicines have been made available in the e-commerce site viz., www.amazon.com and in its own website www.tampcol.in. The 2nd production unit at Pudukkottai was inaugurated on 25.02.2021 at Government Head Quarters Hospital campus, Pudukkottai and the production of Nilavembu Kudineer and Kabasura Kudineer to combat COVID-19 pandemic was carried out there and the same were supplied to 28 districts. In addition to this, 15 other Siddha and Ayurvedic Medicines are manufactured in this unit. The Authorized and Paid up Share Capital of the Corporation is Rs.300 lakh. During the Financial year 2022-23, the unaudited figure of sales of this Corporation stood at Rs.77.85 Crore. During the year 2022-23, the Corporation has supplied medicines for the following schemes:

Sl. No.	Schemes	Amount in (Rupees in lakh)
1.	Magapperu Sanjeevi	400.00
2.	Baby Care Kit	292.81
3.	Kalaignar Varummun Kaapom scheme	44.10
4.	Tamil Nadu Livestock Development agency	317.18

During the year, the Corporation received an amount of Rs.65,97,540/- from State Ayush Society – Tamil Nadu, towards the supply of Siddha Medicines in two separate kits for Diabetic and High Blood Pressure diseases under the scheme of “Makkalai Thedi Maruthuvam” to supply to 308 Siddha Wings in Government Primary Health Centres. Tampcol’s fast moving medicines like Aadathodai Manappagu, Nilavembu Kudineer, Pain Balm, Chyavanprash Lehiyam, Aswagandha Lehiyam, Kabasura Kudineer etc., receive good response from public and their increased sale speaks on the efficacy of the Indian Systems of Medicine drugs and raised awareness among the public.

8.15.1 Other Activities of TAMPCOL:

- TAMPCOL is now selling its medicines through the shops operated by Tamil Nadu Khadi and Village Industries Board (TNKVIB) and medical shops run by Co-operative institutions across the state.
- The Corporation, with the intention to save the power consumption, has installed and operates 110 KW grid connected Solar Power Panel Rooftop power plant with 50 Nos. of Standalone Solar street lights at Alathur factory.
- A double headed Semi-automatic Capsule filling machine and a double rotary tablet punching machine were installed in Alathur factory to enhance the capsule and tablet production. A 50 H.P Impact Pulverizer machinery has been installed to enhance the chooranam production. Modern cold storage facility was established for storing raw drugs.
- The sale of fair priced new cosmetic products of Tampcol viz., 1.Tampcol Herbal AD hair oil; 2.Tampcol Herbal Shampoo;

3.Tampcol Herbal hair wash powder;
4.Tampcol Herbal face pack; 5.Tampcol Herbal face cream; 6. Tampcol Herbal Soaps (Pasumai & Venmai) to public were launched on 05.04.2023. Further beauty products such as 1. Tampcol Sun Screen lotion; 2. Tampcol Anti fungal cream; 3. Tampcol Pain relieving cream; 4. Tampcol Enriched hair oil & 5. Tampcol Herbal Hair Dye will be launched soon in the market.

8.16 State AYUSH Society: "State AYUSH Society – Tamil Nadu" was formed to implement the schemes sanctioned to the State under the National AYUSH Mission Scheme. The approved schemes are implemented by the State AYUSH Society – Tamil Nadu out of the funds received from the Union and State Governments in the sharing pattern of 60:40 ratio. For the year 2022-23 a sum of Rs.8,095.623 lakh has been approved as resource pool for State Annual Action Plan (SAAP) and so far a sum of Rs.2,450.078 lakh, being the Union and State Government shares, has been released through State Government.

8.17 Tamil Nadu State Medicinal Plants Board (TNSMPB): Tamil Nadu State Medicinal Plants Board was formed and registered with Registration No.286/2009, Dated 26.10.2009. The board is governed by the General body with 11 Members and an Executive Committee with Seven members both under the Chairmanship of Principal Secretary to Government, Health and Family Welfare Department, Government of Tamil Nadu. On behalf of the Tamil Nadu State Herbal Plant Board, District and State Level awareness meetings, seminars and exhibitions are being conducted annually with the financial support of the National Herbal Plant Board (Nucleus Fund) for the farmers and herbal industry stakeholders to convey the importance of medicinal plants. The main objective of this board is to formally submit the project proposals of the government, private and non-governmental organizations (NGO's) registered as members of this board and get the grant from the Central Government, National Medicinal Plants Board.

Chapter - 9

FOOD SAFETY AND DRUG ADMINISTRATION

I. FOOD SAFETY:

9.1 The Food Safety and Standards Act, 2006 is being implemented throughout India with effect from 05.8.2011. It is implemented in the State by Department of Food Safety.

- At State level, this department is headed by Commissioner of Food Safety.
- At District Level, 32 Designated Officers (DO), 391 Food Safety Officers (FSO) are at Block / Municipality / Corporation level.
- In Tamil Nadu, Six Food Analytical Laboratories located at Chennai, Thanjavur, Madurai, Tirunelveli (Palayamkottai), Salem and Coimbatore.
- All six laboratories have been notified as per the Act for testing the food related samples. Legal action is being taken based on the lab reports.

9.2 Licensing and Registration Certificate:

In the year June 2013, Licensing and Registration has been initiated through online in all Districts. As per the Food Safety and Standards Act, 2006 all the Food Business Operators (FBOs) have to register and obtain Licence based on the annual turnover.

- Upto Rs.12 lakh - Registration Certificate.
- Rs.12 lakh to Rs.20 crore - Licence Certificate (State).
- Above Rs.20 crore - importer, exporter, all central Food Establishment Licence Certificate (Central).

Food Safety and Standards Authority of India (FSSAI) maintains an exclusive portal for the same. To ensure the registration and licensing of FBOs, special drives and awareness programme are being done for Food Business Operators. Upto March, 2023, 1,15,205 Licences and 4,64,763 Registration Certificates are active.

9.3 Information, Education and Communication (IEC) & Awareness Creation:

As per the standards of FSSAI, Information, Education and Communication (IEC) activities are

carried out to create awareness to FBOs and common public regarding safe food.

Details	2022-2023
Number of Awareness Meetings Conducted	5,017
Number of Participants attended	12,39,971

9.4 Enforcement Activities: Periodical inspections are being carried out in all the relevant places, such as manufacturing, storage and selling units by the competent authorities like Designated Officers / Food Safety Officers.

Details	2022-2023
Number of Samples analysed	24,190
Unsafe	1,651
Substandard and Misbranded	6,284

9.5 Legal action initiated as per the Act provisions:

9.5.1 Civil Cases: The District Revenue Officers of each Revenue District are designated as Adjudicating Officers under the Food Safety and

Standards Act, 2006 and are vested with powers of judicial court.

Details	2022-2023
Number of Cases filed	4,572
Number of Cases decided	3,751
Penalty imposed	Rs.3,98,53,750

9.5.2 Criminal Cases: Criminal cases are being filed in Judicial Magistrate (JMs) Court for violating Food Safety and Standards Act, 2006.

Details	2022-2023
Number of Cases filed	732
Number of Cases decided	732
Penalty imposed	Rs.2,07,32,000

9.5.3 Compounding Offences for All Categories: In exercise of the powers conferred Under section 30(3) of Food Safety and Standards Act, 2006 Designated Officers are empowered to impose penalty not more than Rs.25,000/- to compound offence committed by the Food Business Operators whose turnover is less than Rs.12 lakh per annum under the above said act with effect from 01.12.2019.

Details	2022-2023
Number of offences identified	7,421
Penalty imposed	Rs.2,94,44,500/-

9.5.4 Action taken on Banned Food Products containing Tobacco/Nicotine: From May 2013, the sale of food product containing tobacco and nicotine is banned in the State of Tamil Nadu.

Details	2022-2023 upto January
Quantity seized	77.045 Tons
Number of Samples analysed	258
Number of Substandard and Misbranded	24
Number of cases filed	24
Number of cases decided	10
Penalty imposed	Rs.2,03,000
Unsafe	228
Number of cases filed	81
Number of cases decided	36
Penalty imposed	Rs.10,88,500

9.5.5 Compounding offences imposed on Banned Food Products containing Tobacco/Nicotine:

Details	2022-2023 upto January
Number of offences identified	4,372
Penalty imposed	Rs.2,35,64,000

Hon'ble High Court of Madras had quashed the ban notification of Commissioner of Food Safety on chewing tobacco products. Hon'ble High Court held that Commissioner has excess his powers u/s 30(2)(a) of Food Safety and Standards Act, 2006 by issuing successive ban notification year by year. Challenging the order of Hon'ble High Court, the State of Tamil Nadu and Designated Officer, Villupuram has filed a Special Leave Petition (SLP) No. No.3933-3955/2023 before Hon'ble Supreme Court of India to quash the order of Hon'ble High Court of Madras. Now the matter is pending before the Hon'ble Supreme Court of India.

9.6 Complaint Redressal Mechanism:

Complaint redressal mechanism through dedicated Whatsapp mobile number (94440 42322) is in force in the State of Tamil Nadu. It is appreciated as a best practice by the FSSAI.

Details	2022-2023
Number of offences identified	8,221

9.7 Food Safety Training and Certification

(FoSTaC): 54,439 Anganwadi Centers have been selected for Training under Food Safety Training and Certification (FoSTaC) and provision of certificates under FoSTaC, at a cost of Rs.32.00 Lakh and along with the training sessions of above mentioned Eat Right Campus for Anganwadi Centers were completed.

Details	2022-2023
1. Number of training programmes conducted	1,093
2. Number of Food Safety Supervisors trained	48,833

9.8 Food Safety Compliance through Regular Inspection and Sampling (FoSCoRIS): It is one of the ongoing programme in FoSCoS. FSSAI instructed to do all inspections in respect of FBOs premises related with Licensing/ Registration and other Complaints. This is a digital and online with GPS connected based inspection.

Details	2022-2023
Inspection conducted	76,635

9.9 Blissful Hygienic Offering to God (BHOG): BHOG is an initiative of FSSAI to encourage places of Worship (PoW) to adopt and maintain food safety and hygiene while preparing Prasad to ensure that safe and wholesome Prasad is received by devotee. Food Safety Department is promoting the project – BHOG to reach the objective of safe food for all in Tamil Nadu and roll out BHOG project to all Places of Worship (PoW) across Tamil Nadu.

Details	2022-2023
Number of certificates issued under Blissful Hygienic Offering to God (BHOG)	153

9.10 Hygiene Rating: As per FSSAI guidelines, The Hotels and Restaurants, Meat Shops / Mithai Shops are certified under “Hygiene Rating” Scheme by conducting Pre-auditing, Training and Post-auditing process.

Details	2022-2023
Certificates issued under Hygiene Rating	1,675

9.11 Clean Street Food Hub: Clean Street Food Hub is one of the programme of Eat Right India activity in Eat Right Challenging. It is covered in Street Food vendor Hygienic and FSSAI provided them Training and Instruction for adopting Private agencies to improve Street Food vendors.

Details	2022-2023
Certificates issued under Clean Street Food Hub	34

9.12 Clean and Fresh Fruit and Vegetable Market: To ensure the consumers for getting the fresh fruits and vegetables, the FSSAI issues a certificate “Clean Fruit and Vegetable Market” to the market having adequate infrastructure and

meet the basic hygiene and safety requirements. It excludes the wholesale markets.

Details	2022-2023
Certificates issued to Clean and Fresh Fruit and Vegetable Markets	51

9.13 Eat Right Campus: To promote safe, healthy and sustainable food in campuses such as schools, colleges, universities, hospitals, workplaces, tea estates etc., FSSAI issues a certificate "Eat Right Campus".

Details	2022-2023
Certificates issued to Eat Right Campus	351

9.14 Re-purpose Used Cooking Oil (RUCO): RUCO Programme is one of the FSSAI initiatives in Eat Right India Programme. This programme is successfully implemented in the State of Tamil Nadu from 2019. The main purpose of the programme is to prevent reuse of used cooking oil as this will increase transfat in the food. In this programme used cooking oil from FBOs are being collected by private agencies those registered

with FSSAI at the rate of Rs.25-45 per litre for bio diesel conversion.

Details	2022-2023
Collected Re-purpose Used Cooking Oil (RUCO)	3,101 Kilolitres

9.15 Save Food and Share Food: Encouraging Volunteer Organizations to collect the untouched excess food during marriages and other functions and distribute to the needy.

Details	2022-2023
Number of Save Food / Share food instances held	43,482

9.16 Food Safety on wheels: Four Food Safety on wheels vehicles have been purchased at the cost of Rs.168 lakh to Coimbatore, Salem, Thanjavur and Tirunelveli and the same was inaugurated by Honourable Minister for Health and Family Welfare on 12.01.2023. These are working on the basis of Advance Tour Programme to the districts to educate general public and find out the adulteration in the Food products.

Details	2022-2023
Number of tests conducted	11,321
Number of samples failed	1,271
Number of awareness programmes conducted	429
Number of training sessions conducted	155

9.17 Awareness against using plastic bags for packing hot food items: Packing of hot food items in plastic bags is an offence. These practice facilitate mixing of the plastic particles with food and changes the quality of food, it causes the risk to increase of cancer. In this regard, awareness is being created to restaurants, tea shops for not to use plastic bags for packing of hot food items and to the public to bring vessels from their home for buying the hot food items. Legal action is being taken on the restaurants those who repeatedly packing hot food items in plastic bags. Action taken against the practice of packing hot food items in plastic bags:

No. of awareness meeting conducted	No. of shops inspected	No. of shops found using Plastic bags for packing food items	Penalty Imposed 2022-23 (Rs.)
1,022	1,42,682	4,064	78.41 Lakh

9.18 Create awareness to the public about label details on the packets of food items:

As per Food Safety and Standards Act, the food items are to be packed properly and on its labelling, the details of the nutrients contained in the food items, details of vegetarian or non-vegetarian, manufacturer address, Manufacturing date, Expiry date and use by date for the benefits of public. In this regard, there is no sufficient awareness among the public. Awareness is being created so that the public can get to know the complete details on label of these food packets.

Action Taken:

No. of awareness meeting conducted	No. of shops inspected	No. of shops found with labelling defects	Penalty Imposed in Rs.
956	1,36,702	3,124	88.87 Lakh

9.19 Food Products are sold as “Organic” with substandard and high price without following proper guidelines: Awareness will be created among manufacturers and sellers about the production methods, testing methods and sales of "Organic" food products. Legal action will be initiated against companies that continue to violate the rules.

Number of awareness meetings conducted	No. of shops Inspected	No. of shops found improper Organic Labelling	Quantity Seized (in Kg)
373	13,368	74	174.55

9.20 Food Fortification: Food fortification is one of the Eat Right Initiatives implemented to combat micronutrient deficiency. Food fortification is done in food products with added vitamins and minerals in daily consuming food products such as Rice, Milk, Edible oil, Wheat flour and Salt. This Department is providing technical support to Integrated Child Development Scheme (ICDS), Noon Meal Program (NMP), Tamil Nadu Civil

Supplies Corporation (TNCSC) and Public Distribution System (PDS). Food Fortification workshop and capacity building such as trainings are conducted with line department and food product manufactures.

Programmes	Number of events	Number of Participants
Inter departmental Co-ordination meetings	5	112
Food Business Operators sensitized / trained regarding Food Fortification	27	1,618
Training to Frontline workers (ICDS, NMC, DOs, FSOs)	15	1,305

9.21 Awards: Tamil Nadu has been awarded First best performing State for the year 2021–2022 for Food Safety Index. FSSAI evaluated the functioning of State Food Safety Department through State Food Safety Index (SFSI). It is evaluated by awarding mark under various categories.

II. DRUGS CONTROL ADMINISTRATION:

9.22 The Director is the head of the Directorate of Drugs Control Administration. It is functioning under the administrative control of Commissioner of Food Safety and Drug Administration. The Director of Drugs Control is the controlling authority and Licensing Authority for grant of licence for manufacturing of allopathic drugs including medical devices (Class A and Class B), homoeopathic medicines and cosmetics. The manufacturing licences for allopathic drugs are being issued by the Director of Drugs Control, after the joint inspection by the Senior Drugs Inspectors / Drugs Inspectors of the State Government and the Central Government. The manufacturing licences for certain special categories of drugs such as vaccines, large volume parenterals, etc., are being issued by the Director of Drugs Control, with the approval of the Central Licence Approving Authority of the Government of India, after joint inspection by the Senior Drugs Inspectors / Drugs Inspectors of the State Government and the Central Government.

9.23 The manufacturing licences for the medical devices (class A and class B) are being issued by the Director of Drugs Control. The grant and renewal of Blood Centre licences are being issued by the Director of Drugs Control, with the approval of the Central Licence Approving Authority of the Government of India, after joint inspection by the Senior Drug Inspectors / Drug Inspectors of the State Government and the Central Government. Licences are being issued for sale and manufacturing of Drugs and Medical Devices through Tamil Nadu Single Window Portal (TNSWP) and Central Drugs Standard Control Organisation (CDSCO) online portals. Totally 24 zones, headed by Assistant Directors of Drugs Control are functioning under this Directorate. They are the Licensing Authorities for grant of sales Licences of Allopathic drugs and Homeopathic Medicines.

9.24 There is an Intelligence Wing in the Director's office at Chennai to attend complaints received from the public and to carry out special raids and investigations in northern region of the

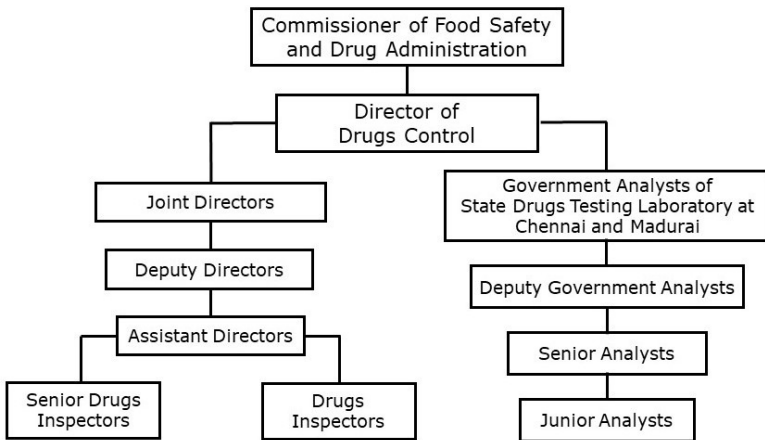
State and a Mobile Squad at Madurai to do the above said work in southern region of the State. The Drugs Testing Laboratory in Chennai, undertakes the testing of samples drawn by the Senior Drug Inspectors / Drug Inspectors of northern districts. A world class Drugs Test Laboratory at a cost of Rs.20 crore has been inaugurated at Madurai by the Hon'ble Chief Minister and is functioning to test samples of drugs drawn from the southern districts by the Senior Drug Inspectors / Drug Inspectors.

9.25 The Drugs Control Administration enforces the following enactments for regulating the Manufacture, Distribution and Sale of Drugs including Medical Devices and Cosmetics.

1. The Drugs and Cosmetics Act, 1940.
2. The Drugs Rules, 1945.
3. The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954.
4. The Drugs and Magic Remedies Rules, 1955.
5. The Narcotic Drugs and Psychotropic Substances Act, 1985 and Rules, 1985.

6. The Drugs (Prices Control) Order, 2013.
7. The Medical Devices Rules, 2017.
8. The New Drugs and Clinical Trial Rules, 2019.
9. The Cosmetics Rules, 2020.

9.26 Organization Structure:



9.27 Monitoring Activities: The Drugs Control Administration monitors the quality, safety, efficacy, rational use of drugs at controlled prices and misleading advertisements of drugs to safeguard the unwary public and also monitors collection and supply of safe blood and blood components.

Details of Manpower: Enforcement wing

Sl. No	Name of the Post	No. of Posts
1	Director of Drugs Control	1
2	Joint Director of Drugs Control	2
3	Deputy Director of Drugs Control	2
4	Assistant Director of Drugs Control	25
5	Assistant Director of Drugs Control (Administration)	1
6	Senior Drug Inspector	15
7	Drug Inspector	146
8	Legal Adviser	1
9	Assistant Accounts Officer	1
10	Office Superintendent	16
11	Assistant	39
12	Steno Typist Grade I	1
13	Steno Typist Grade III	2
14	Junior Assistant	47
15	Typist	15
16	Record Clerk	3
17	Office Assistant	79
18	Driver	4
19	Telephone Operator	1
	TOTAL	401

Drugs Testing Laboratories

Sl. No	Name of the Post	No. of Posts
1	Government Analyst	2
2	Deputy Government Analyst	3
3	Senior Analyst	20
4	Junior Analyst	44
5	Junior Administrative Officer	1
6	Technician Grade – I	6
7	Technician Grade – II	4
8	Electrician Grade – I	1
9	Plumber	1
10	Laboratory Attendant	7
11	Animal Attendant	1
12	Office Superintendent	2
13	Assistant	5
14	Junior Assistant	4
15	Store Keeper	1
16	Typist	2
17	Office Assistant	5
18	Sweeper	1
19	Sweeper-cum-Watchman	1
	TOTAL	111

9.28 Details of the Licences in the State:

I) Total Number of Manufacturing Licences upto March, 2023:

Allopathic Regular Licences	Allopathic Loan Licences	Homeopathic Licences	Cosmetic Licences	Cosmetic Loan Licences
761 (Drugs - 658, Medical Devices - 103)	134	9	226	10

II) Total Number of Blood Centre Licences upto March, 2023:

State Government Blood Centres	96
Central Government Blood Centres including ESI & Military Hospital	10
Private Blood Centres	229
Umbilical Cord Blood Stem Cells Banks	03

III) Total No. of Blood Storage Center approvals upto March, 2023:

Government Blood Storage Centres	381
Private Blood Storage Centres	149

IV) Total Number of Sales Licences upto March, 2023:

Number of Retail Licences	35,511
Number of Retail with Wholesale Licences	3,473
Number of Wholesale Licences	10,213
Number of Restricted Licences	447
Number of Homoeopathic Licences	366

V) Total number of Inspections carried out upto March, 2023:

1.	Number of Inspections of Sales Concerns	77,120
2.	Number of Inspections of Manufacturing Concerns	1,540
3.	Number of Inspections of Hospitals and Medical Stores	3,001
4.	Number of Inspections of Blood Centre / Blood Storage Centers	937
	Total Number of Inspections	82,598

VI) Total number of Licences issued upto March, 2023:

1.	Number of Manufacturing licences issued (Drugs, Homoeopathic Medicines, Cosmetics and Medical Devices)	78
2.	Number of Manufacturing loan licences issued (Drugs and Medical Devices)	8
3.	Number of Sales licences issued	8,860
4.	Number of Blood Centre licences issued	17
5.	Number of approvals to Blood Storage Centres	39
6.	Number of approvals to Recognized Medical Institutions	3
7.	Number of approvals to Approved Analytical Laboratories	1

VII) Details of Samples drawn and tested upto March, 2023:

Number of Samples drawn	13,049
Number of Samples tested	12,420
Number of Samples declared as Not of Standard Quality	226
Number of Spurious Samples Deducted	4

VIII) The details of action taken for the contraventions under Drugs and Cosmetics Act, 1940 and its allied Acts upto March, 2023:

Number of legal actions initiated against sales concerns	516
Number of sales licences cancelled	14
Number of sales licences suspended	56
Number of prosecutions launched against sales concerns	340
Number of prosecutions launched for the manufacture and sale of Not of Standard Quality drugs	109
Number of product endorsements of drugs suspended on account of Not of standard Quality	40
Number of product endorsements of drugs cancelled on account of Not of Standard Quality	5

Chapter - 10

TAMIL NADU STATE HEALTH TRANSPORT

10.1 Tamil Nadu State Health Transport Department was established in 1981 as a separate Directorate for the exclusive maintenance of Health and Family Welfare Department vehicles. This Department plays a pertinent role in the background in the successful implementation of Health Care Programmes by ensuring the uninterrupted mobility of Health Department vehicles.

10.2 Vision and Mission:

10.2.1 Vision: To function as a 'Model Department' in all aspects and to assure all the vehicles in the fleet of Health Department in Tamil Nadu remains Healthy.

10.2.2 Mission: To effectively and economically maintain the vehicles attached to Health and Family Welfare Department while also providing a robust Grievance Redressal Programme. To act as a 'One Stop Solution' to all the issues faced by the vehicle users in repairs, maintenance, operation of vehicles and also in their condemnation and disposal.

10.3 Objectives and principal activities undertaken:

- i) To maintain and execute repairs in a proficient manner with prudent use of resources and to deliver the vehicles within the fixed time frame.
- ii) To provide professional assistance to various Directorates in choosing the right Type / Model of vehicles during purchase of new vehicles and in identifying worn out vehicles that are uneconomical to maintain during replacement.
- iii) To assist and guide the concerned authorities during fabrication of special purpose vehicles.
- iv) To act as a Repository of data related to all the vehicles in the fleet.
- v) To promptly dispose all the condemned vehicles of Health and Family Welfare Department, 108 Ambulances and Free Hearse Service vehicles through e-auction.

10.4 Departmental Workshops: Seven Regional Workshops at Chennai, Salem, Vellore, Tiruchirappalli, Coimbatore, Madurai and

Tirunelveli, Nine District Workshops at Chengalpattu, Dharmapuri, Villupuram, Thanjavur, Pudukkottai, Erode, Udthagamandalam, Virudhunagar and Nagercoil and One Reconditioning Unit at Chennai are functioning under the administrative control of the Directorate. Apart from these workshops, Twenty Nine Mobile Workshops spread over the State conduct camps and render periodical service and execute minor repairs at the doorsteps of vehicle owning officers.

10.5 Time Frame fixed for the services provided:

- i) Renewal of tyre, tube, battery and oil – Immediate.
- ii) Queries received through Department's Grievance Redressal Programme related to upkeep of vehicle records, Motor Vehicles Act, warranty claims, safe vehicle operation, prescribed norms for repairs, purchase of vehicles, data of condemned / disposed vehicles, statistical information with regard to vehicle fleet - Immediate.

- iii) Rendering of periodical service, on-road assistance, tow service, rectification of faults in the breakdown vehicles – Same day.
- iv) Redressal of vehicle maintenance related complaints received through Grievance Redressal Programme by rectifying necessary faults – 5 days.
- v) Maximum detention period of Hospital on Wheel (HOW) vehicles, Vaccine Carriers and other important programme vehicles irrespective of magnitude of repairs – 20 days.

10.6 Computerization of Activities: Apart from e-office being implemented across all workshops, a vehicle Management Data Base Programme designed and developed with in-house resources is implemented in the department through which all the activities carried out in Workshops, Stores and Technical sections of the Directorate have been computerized.

10.7 Feedback and Grievance Redressal Programmes:

- Valuable and constructive feedback are obtained from each and every Driver of the vehicle to which repairs were carried out in the departmental workshops by contacting them, without any omission from the Head office by phone through the Feedback Programme. Any shortcomings pointed out are immediately rectified.
- The Drivers and Vehicle Owning Officers could also get their vehicle related requirements including replacement of Tyres, Battery and Oil fulfilled by contacting the Grievance Redressal Programme's **Help Line No.94896 21111**. Department's Grievance Redressal Programme named HICORP, an acronym for **H**ealth department vehicles **I**nformation and **C**omplaint **R**edressal **P**rogramme is a first of its kind 24x7 facility offered by this department for the benefit of all stake holders.

- These special programmes pave way for continuous improvement in the services offered by the department and in maximum and effective utilization of vehicles.

10.8 Vehicle Audit: To improve the performance and reliability of all the vehicles maintained and to ensure compliance with Government regulations, Vehicle Audit on all the vehicles in the fleet maintained will be conducted by the department. Comprehensive Report of each Vehicle Audit would feature among other things, the condition of important systems, photographs of exterior / interior and performance rating of that particular vehicle.

Chapter - 11

MEDICAL SERVICES RECRUITMENT BOARD

11.1 The Medical Services Recruitment Board was established in the year 2012, for selection of suitable personnel for the Health and Family Welfare Department. The Medical Services Recruitment Board issues notification through its website and leading Newspapers calling for applications from the eligible candidates through online and makes selection through the following methods of recruitment:

- a. Competitive Examination (OMR Method)
- b. Computer Based Test (On-Line Method)
- c. Weightage Method (based on marks scored by the candidates in past academic performance)

Candidates are selected as per the existing service rules and communal roster.

11.2 The Medical Services Recruitment Board has so far recruited 36,648 candidates for various posts including 14,543 Assistant Surgeons,

13,287 Nurses and 8,818 Para Medical staff till 31.03.2023 as stated below:-

Sl. No.	Name of the post	No. of Candidates Selected
1	Assistant Surgeon (General)	10,055
2	Assistant Surgeon (Speciality)	2,042
3	Medical Officers for Tamil Nadu Government Multi Super Speciality Hospital	72
4	Assistant Surgeon (Dental-General)	59
5	Assistant Surgeon (Dental-Speciality)	67
6	Assistant Surgeon (General) (Special Qualifying Examination)	1,939
7	Assistant Medical Officer (Siddha)	213
8	Assistant Medical Officer (Homoeopathy)	17
9	Assistant Medical Officer (Ayurveda)	6
10	Assistant Medical Officer / Lecturer Grade-II (Yoga and Naturopathy)	73

11	Medical Physicist	34
12	Physiotherapist Grade-II	126
13	Nurses	12,752
14	Nurses (Special New-born Care Unit)	508
15	Nurses (Differently Abled Persons only)	27
16	Senior Lecturer (Optometry)	2
17	Pharmacist	1,002
18	Pharmacist (Siddha)	218
19	Pharmacist (Ayurveda)	44
20	Pharmacist (Homoeopathy)	25
21	Pharmacist (Unani)	22
22	Laboratory Technician Grade-II	528
23	Laboratory Technician Grade-III	2,398
24	Radiographer	287
25	Radiotherapy Technician	25
26	Dental Hygienist	1
27	Village Health Nurse	2,560
28	ECG Technician	37
29	Therapeutic Assistant	162

30	Prosthetic Craftsman	62
31	EEG / EMG Technician	12
32	Audiometrician	18
33	Occupational Therapist	18
34	Dark Room Assistant	427
35	Plaster Technician Grade-II	87
36	Heart Lung Hypothermia Machine Technician	7
37	Anaesthesia Technician	77
38	Skilled Assistant Grade-II (Fitter Grade-II)	139
39	Physician Assistant	12
40	Dialysis Technician Grade-II	160
41	Skilled Assistant Grade-II (Welder Grade-II)	3
42	Skilled Assistant Grade-II (Electrician Grade-II)	3
43	Field Assistant	172
44	Lab. Technician Grade-II (Food Safety and Drug Administration Department)	19
45	Food Safety Officer	131
	TOTAL	36,648

11.3 Medical Services Recruitment Board has published Annual Recruitment Planner for the year 2023 for the forthcoming recruitments, so as to alert applicants. Candidates for 4,133 posts in 29 categories are to be recruited in the year 2023, for which due process of selection is on:

Sl. No	Name of the Post	No. of Vacancies
1	Therapeutic Assistant (Female)	31
2	Therapeutic Assistant (Male)	36
3	Physiotherapist Grade-II	35
4	Ophthalmic Assistant	93
5	Theatre Assistant	335
6	ECG Technician	95
7	Grief Counseller	4
8	Lab Technician Grade-III	332
9	Health Inspector Grade-II	1,066
10	Pharmacist (Siddha)	26
11	Pharmacist (Unani)	1
12	Pharmacist (Ayurveda)	1
13	Village Health Nurse	1,594
14	Radiographer	114

15	Technician Grade-I	3
16	Dialysis Technician Grade-II	28
17	Skilled Assistant Grade-II (Welder Grade-II)	1
18	Occupational Therapist	8
19	Audiometrician	14
20	Radiotherapy Technician	20
21	Air Condition Mechanic	6
22	EEG Technician	10
23	Prosthetic Craftsman	36
24	Electrician Grade-II	102
25	Dental Mechanic	40
26	Dental Hygienist	23
27	Refrigeration Mechanic	41
28	Assistant Surgeon (Dental)	20
29	Lab. Technician Grade-III (Backlog Vacancies for ST)	18
	TOTAL	4,133

Over the years, the Medical Services Recruitment Board has taken steps to streamline and strengthen the process of recruitment in a transparent, speedy and user friendly manner.

Chapter -12
NATIONAL HEALTH MISSION /
STATE HEALTH SOCIETY - TAMIL NADU

12.1 Introduction:

The National Health Mission (NHM) was established in 2005 with the objective of enhancing the overall health and healthcare delivery system in the country. The mission prioritizes providing comprehensive and accessible healthcare to all citizens, especially those living in rural and urban areas. Additionally, it aims to strengthen public health management and service delivery by implementing policies and programme that address significant health issues and challenges in the country. It was initially launched as the National Rural Health Mission (NRHM) and later expanded to include urban areas as the National Urban Health Mission (NUHM) in 2013. The funding for the mission is shared by the Union Government and State Governments in a ratio of 60:40. The NHM is an ambitious, ongoing initiative that aims to improve the health and well-being of all citizens in India. In order to streamline and improve the

management of health programme, the State Health Society was formed by merging various health societies, including those focused on leprosy, tuberculosis, blindness control and integrated disease control, with the exception of the Tamil Nadu State AIDS Control Society. All national health programme at the state and district levels were consolidated under this single entity.

12.2 Mission and Vision: The vision is to provide universal access to equitable, affordable and quality health care services which is accountable at the same time responding to the needs of the people.

Objectives:

- Reduction of maternal mortality and infant mortality.
- Universal access to public health services / women's health, child health, drinking water, sanitation and hygiene, nutrition and universal immunization.
- Prevention and control of communicable and non-communicable diseases.

- Population Stabilization-Gender and demographic factors.
- Access to integrated comprehensive primary health care.
- Revitalizing local health traditions and mainstreaming Indian Systems of Medicine.
- Promotion of healthy lifestyles

12.3 Aim of National Health Mission (NHM):

National Health Mission aims to achieve the goals by making the public health delivery system fully functional and accountable to the community. Human resources management, community involvement, decentralization, rigorous monitoring & evaluation against standards, convergence of health and related programme from village level upwards, innovations, flexible financing and other interventions are being done for improving the health indicators.

12.4 Strategies to achieve the Goals of NHM:

- Facilitates increased access and utilization of quality health services by all.

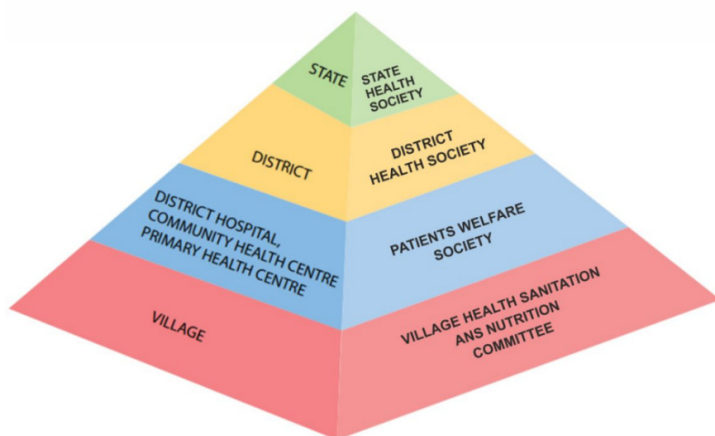
- Act as a tool for the effective partnership between the Central, State and Local Self-Governments.
- Setting up a platform for involving the Panchayat Raj institutions and community for the prevention, promotion and provision of Primary Health Care Services.
- Providing an opportunity for promoting equity and social justice.
- Establishing a mechanism to provide flexibility to the districts and the community to promote local initiatives.
- Developing a framework for promoting inter-sectoral convergence for promotive and preventive health care.

Tamil Nadu is a leader in providing accessible, affordable and high-quality healthcare services to the people of the State. Tamil Nadu has demonstrated exceptional performance in achieving health-related goals and targets. The State has already accomplished the Millennium Development Goals established by the United Nations and has achieved a high ranking in the

Sustainable Development Goals (SDG) India Index Report of 2019 by NITI Aayog, coming in second place. The State is determined to achieve all Sustainable Development Goals ahead of the targeted year of 2030.

National Health Mission – Implementation Framework: At State Level, the Mission operates under the State Health Society (SHS), headed by the Mission Director. It is further supported by State Programme Management Unit.

The State Health Society has the following Implementing Unit structures:



The National Health Mission is managed at the State level by the State Health Society (SHS), which is headed by the Mission Director. The SHS is further assisted by the State Programme Management Unit.

12.5 District Health Society: At the district level, the National Health Mission is managed by the District Health Society (DHS), with the District Collector as the Chairperson. Societies for various National Health Programme have been consolidated under the DHS, which has a Governing Body. The DHS is responsible for planning and managing all NHM programmes in the District and it oversees the implementation of NHM objectives through the District Programme Management Unit (DPMU) and Block Programme Management Unit (BPMU) in each block.

12.6 Patient Welfare Society (PWS): Patient Welfare Society is a simple but an effective management structure in all health facilities and PWS is a registered body.

The objectives of PWS:

- Enhancing people's participation.
- Mobilizing community resources for the health facility.
- Improving the quality of care provided in the institution.

12.7 Untied Funds: The National Health Mission (NHM) aims to grant greater autonomy to field units in the healthcare sector in terms of functional, administrative and financial capabilities. To achieve this, untied funds are provided to 36 District Head Quarters Hospitals, 198 Taluk Hospital, 58 Non-Taluk Hospital, 385 Community Health Centres, 1,422 Additional Primary Health Centres, 8,713 Health Sub Centres and 15,015 Village Health, Water, Sanitation and Nutrition Committee (VHWSNC) under the National Health Mission. These funds are intended to be used for common good such as minor modifications, installation of taps, bulbs, civil works, purchase of consumables and emergency patient referral and transportation.

12.8 Village Health, Water, Sanitation and Nutrition Committee (VHWSNC): Village Health, Water Sanitation and Nutrition Committees (VHWSNC) were constituted under National Health Mission (NHM) in rural areas to plan and implement activities at village level. The primary goal of VHWSNC is to encourage community participation at the local level in order to decentralize planning. The committee is responsible for providing leadership and creating a forum for addressing health service issues, raising community awareness and promoting community involvement. VHWSNC is composed of Village Health Nurse, Local Panchayat President, Anganwadi worker, Local school teacher, Health Inspector, and representative of Self-Help Groups in order to promote community participation, effective communication and disease prevention. Each VHWSNC is entitled to an annual untied grant of Rs.10,000/-.

12.9. MATERNAL HEALTH:

- Maternal Mortality Ratio is one of the important indicator towards quality of

maternal health services in the State. The survival and well-being of mothers are not only important in their own right but also to solve economic, social and developmental challenges. By implementing various initiatives under the National Health Mission (NHM), the State has made a concerted push to increase access to quality maternal health services and reduce the number of preventable maternal deaths.

- **SUMAN- Zero Preventable deaths:** “SUMAN – Surakshit Matritva Aashwasan” a multipronged and coordinated policy approach that subsumes all existing initiatives under one umbrella in order to create a comprehensive initiative which goes beyond entitlements and provides a service guarantee for the entitlements. Simultaneously, it also underlines the commitment for addressing the existing inequities in maternal health care services and move towards zero preventable maternal deaths.

- **Service Guarantee Charter:** All Pregnant mothers /Infants visiting designated public health facilities are entitled to the following free services:
 - Mother and Child Protection (MCP) Card.
 - 4 ANC checkups and 6 home based newborn care visits for newborn.
 - Free transport from home to health institutions, assured referral services with scope of reaching health facility within one hour of any critical case emergency.
 - Drop back from institution to home after due discharge.
 - Providing respectful care with privacy and dignity.
 - Services by trained personnel (including Midwife/SBA).
 - Delayed cord clamping during delivery.
 - Cashless delivery and C-section facility and management of complications.
 - Early initiation and support for breastfeeding

- Prevention of transmission of HIV, HBV and Syphilis from mother to Child.
- Zero / birth dose vaccination (Hep 'B', OPV, BCG).
- Cashless services for sick neonates and infants.
- Registration of Birth and Provision of birth certificate at the institution, where delivery had occurred.
- Cash assistance to Mothers under Maternity Benefit Schemes.
- Post-partum services and counselling including Family planning services.
- Information, Education and Communication along with Counselling for safe motherhood.
- Time bound redressal of maternal grievances through call center / helpline.
- Comprehensive Abortion Care Services in line with the MTP Act.
- **Service Guarantee Packages:** The facilities that provide services are notified

under SUMAN (Surakshit Mathrithva Ashawasan) where in the service packages are towards providing Safe Unique Care for Mother and New born in 6,054 facilities as detailed below:

- Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) packages are provided in 126 CEmONC Centres.
- Basic Emergency Obstetrics and Newborn Care (BEmONC) packages are provided in 629 BEmONC Centres (UG CHC-380, UG PHC-44, SDH-198, WCH-7).
- Basic packages are provided in 5,299 centres (Additional Rural PHC-1383, UPHC-441, UCHC-38, HWC HSC -3,437)

The State has been awarded Second Place for achieving maximum number of SUMAN facilities in the Country. The expected outcome of all the initiative under Maternal Health is "Zero Preventable Maternal and Newborn Deaths and high quality of maternity care delivered with dignity and respect"

12.10 Major initiatives under RMNCH + A:

The National Health Mission continues to support the wide range of Reproductive and Child Health Services of the State, including institutional delivery, emergency obstetric care, safe abortions, family planning services and adolescent health services in the State. In addition to this, focus is given on universal coverage of Reproductive, Maternal, Newborn, Child Health and Adolescent Health (RMNCH+A) services.

a) Janani Suraksha Yojana (JSY): In order to promote institutional delivery, an amount of Rs.700/- in rural and Rs.600/- in urban areas is paid to all the mothers delivering in Government health institutions. 3,25,907 mothers have been benefitted during the year 2022- 2023

b) Janani Sishu Suraksha Karyakram (JSSK): Janani Sishu Suraksha Karyakram (JSSK) entitles every pregnant women and sick neonate for free drugs, diagnostics and diet for the duration of their stay, free transport facility from home, inter facility transfer and transport facility back to home. The scheme aims at reducing out of pocket expenses for pregnant women and sick neonates

during delivery. This scheme has been extended to cover all ante-natal and post-natal complications and also for the sick infants. Under this scheme, during the year 2022-2023, 9,06,280 pregnant women have been benefitted by getting free drugs, diet and consumables. Further 4,86,164 pregnant women have been transferred from home to health facility (including inter facility transfer) and 2,89,947 delivered mothers have been dropped back from health facility to home.

c) Extended Pradhan Mantri Surakshit Matritva Abhiyan (e-PMSMA): This programme ensures quality antenatal care and high risk pregnancy detection in pregnant women on the 9th and 24th of every month, followed up by mentor obstetricians through real-time and virtual mentoring. A total number of 3,16,875 mothers have benefitted through PMSMA during the year 2022- 2023. The State has been awarded "First Place" for implementation of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) towards maximum identification of High Risk Mothers in the State.

d) LaQshya: In order to further accelerate decline in MMR in the coming years, Ministry of Health and Family Welfare (MoHFW) has launched 'LaQshya - Labour room Quality improvement Initiative. LaQshya program is a focused and targeted approach to strengthen key processes related to the labour rooms and maternity operation theatres which aims at improving quality of care around birth and ensuring respectful Maternity Care. So far 49 facilities including 9 Medical College Hospitals, 22 District Headquarters hospitals and 18 Government Hospitals have been certified under LaQshya.

e) Hiring of Specialist: To manage the gaps in availability of specialist services for management of pregnant mothers during emergency care services, specialists are hired with performance based incentives on need basis, to serve in rural areas.

f) Maternal Anaemia Control Programme under Anaemia Mukh Bharat (AMB): All population groups in the State are affected by

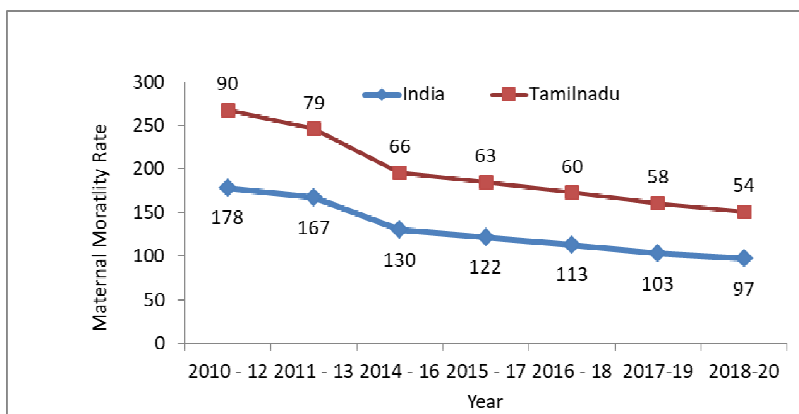
anaemia and hence, intensified efforts are taken to tackle this problem. Under Anaemia Mukth Bharath scheme Iron and Folic acid supplementation is provided to Women in Reproductive age group, Pregnant and lactating mothers. If haemoglobin level is between 7.1 to 8.9 gm/dl (Moderate Anaemia) Injection Iron sucrose infusion is also provided. 1,82,846 mothers have been given Injection Iron sucrose infusion during the year 2022- 2023.

g) Gestational Diabetes Control Programme:

Universal screening of Antenatal mothers for Gestational Diabetes Mellitus (GDM) is being done to improve maternal and offspring prognosis. The current recommendation of Oral Glucose Challenge Test (OGCT) is performed as screening test between 12-16 weeks, repeat test at 24-28 weeks and 32-34 weeks of gestation. During the year 2022-2023, 16,78,757 mothers have been screened for Diabetes Mellitus and 34,577 mothers have been identified with diabetes mellitus and have been managed.

h) Blood and Blood products: Blood storage centres and Blood Banks are an integral part of health care system. In order to have timely access to safe blood the demand for blood components for pre-operative blood management is ensured by conducting Voluntary Blood donation camps. There are 98 Blood Banks in the State wherein 7,17,372 units of blood / blood products has been collected during the year 2022-2023 which includes 4,22,521 blood units collected through 4,191 Voluntary Blood Donation camp. During this period 10,836 blood units have been transfused.

12.11 Maternal Mortality Ratio (MMR): The State has implemented various strategies to improve the continuum of care, by understanding the immediate and underlying causes of maternal deaths and developed evidence-based, context-specific interventions to reduce preventable maternal deaths. As per SRS 2018-2020, the maternal mortality ratio has declined to 54 per 1,00,000 live births.



The top five causes of Maternal Death, which contribute to 61% of Maternal Deaths are being given priority. In the year 2022-2023 as per State HMIS the top five causes are:-

- i. Haemorrhage (19%)
- ii. Hypertensive disorders in pregnancy (20%)
- iii. Heart disease complicating pregnancy (9%)
- iv. Sepsis (9%)
- v. Abortions (5%)

Sl. No	Causes	Key Strategies continued to improve maternal outcome
1	Hypertension Disorders of pregnancy	i. Strengthening of existing CEmONC Centre by provision of equipment, infrastructure (civil), Blood banks etc.,

		<ul style="list-style-type: none"> ii. Strengthening of existing High Dependency Unit, in CEmONC centres for complication readiness. iii. Follow-up of mothers for warning symptoms and monitoring of Blood Pressure by Field workers especially at Anganwadi centre in High Pregnancy Induced Hypertension districts iv. Periodic Mentoring by Block Mentor Obstetrician.
2.	Post-Partum Haemorrhage	<ul style="list-style-type: none"> i. Screening of all mothers in labour for Haemorrhage Risk Assessment, which is available in all Labour case sheets / by Modified Early Obstetric Warning Score (MEOWS) chart ii. Use of Suction Cannulas to manage Atonic Post-Partum Haemorrhage (PPH). iii. Ensuring availability of Blood at all Delivery points, either Blood Bank or Blood Storage Units.
3.	Sepsis	<ul style="list-style-type: none"> i. Standard precautions like Hand Hygiene, Appropriate use of Personal Protective Equipment Blood and Body fluid Management and

		<p>appropriate handling of patient care equipment, soiled linen and waste.</p> <p>ii. Ensuring Bio Medical Waste (BMW) management as per the BMW rules and regulations at institutions.</p> <p>iii. Care bundles i.e., a set of practices to be followed to improve patient welfare and reduce Health Care Associated Infections in each patient.</p>
4.	Heart Disease complicating pregnancy	<p>i. Early identification and corrective surgeries under RBSK programme through Chief Minister's Comprehensive Health Insurance Scheme in hospitals</p> <p>ii. Early identification and referral of mothers with Heart Disease during pregnancy, delivery and postpartum, by a multidisciplinary team including Obstetrician, Radiologist specialized in anomaly scan, Physician, Cardiologist and Neonatologist(Pregnancy Heart Team) in apex tertiary care institutions.</p>

5.	Abortions	<ul style="list-style-type: none"> i. The clients can approach the nearest public health facility where Medical Methods of Abortion (MMA)/ Medical Terminates of Pregancy (MTP) is freely available ii. Over the counter issue of Drugs are being monitored. iii. All scan centres to be monitored for sex selection and second Trimester abortions as per Pre-Conception and Pre-Natal Dignostic Techiques Act, 1994.
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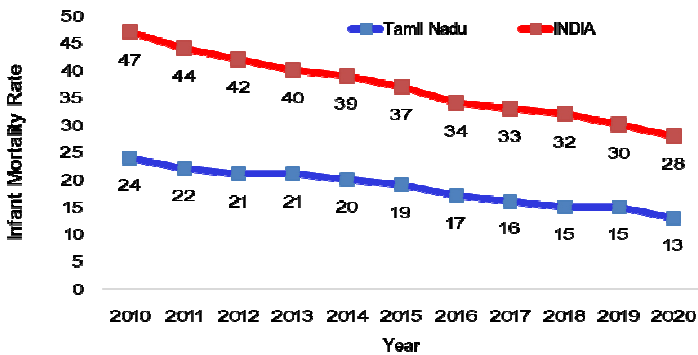
Maternal death audit:

- i. For better monitoring of Maternal Mortality Ratio in all districts, primarily community audit is done through Verbal Autopsy Format, secondarily facility based death audit is done by the institution themselves and finally maternal death audit is being conducted under the Chairmanship of the District Collector every month.

ii. A State level Video Conference by State Health Society is held every month by the Mission Director, NHM to review maternal deaths.

12.12 Child Health: The Child Health program under the National Health Mission (NHM) comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and under-five mortality.

Reduction of Infant Mortality Ratio (IMR):



Source – Sample Registration Survey

A significant reduction in Infant Mortality Rate (IMR) from 24 per 1,000 live births in 2010 to 13 per 1,000 live births as per Sample Registration System (SRS) Data 2020 against the

National IMR of 28 per 1,000 live births is indicative of the commitment of the Government to improve the health profile of children. The State has recorded second lowest IMR among the larger States of the country.

12.13 Facility based Interventions:

- i. Newborn Care Corners (NBCC):** Newborn Care Corners have been established in all labour rooms to provide neonatal resuscitation, essential new born care soon after birth and for early initiation of breast feeding by trained birth attendants. NBCCs are present in all the 2,429 delivery points across the State. 4,98,474 new born have been screened in NBCC during the year 2022–2023.
- ii. New Born Stabilization Units (NBSU):** New Born Stabilization Units play an integral and important role at the sub district level (First Referral Unit (FRU) / Community Health Centre (CHC)) in order to provide facility-based new-born care to babies delivered at the same health facility and to sick and small babies delivered at other health facilities closer to FRUs/CHCs. 146 New born

stabilization units have been established at 109 Taluk/Non-Taluk hospitals and 37 Level-II MCH centers to stabilize new born presenting with emergency signs and to take care of stable preterm and low birth weight babies. 21,987 new born babies have benefitted during the year 2022 – 2023.

iii. Special Newborn Care Units (SNCU):

Special New Born Care Unit is present in all the facilities where more than 3000 deliveries occur per year for providing tertiary new born care to the very sick and small neonates. Quality New born care is provided through the dedicated network of New born care services through 76 Special New Born Care Units at 37 Medical College Hospitals and 39 (District Head Quarters Hospitals / Taluk/Non-Taluk Hospitals). These units are fully equipped with essential new born care equipment and are manned by qualified Neonatologists, Pediatricians and trained Staff nurses. 1,27,859 children got admitted and treated during the year 2022–2023.

- iv. Paediatric Resuscitation and Emergency Management Unit (PREM):** The focus has now shifted to reduction of Under-five mortality rate. In order to achieve this, the PREM units have been established in 38 health facilities including 22 Government Medical college hospitals and 16 Government Headquarters Hospitals and 12 Government Hospitals. Continuous Positive Airway Pressure (CPAP), Ventilator and other required equipment with exclusive pediatric beds have been provided to manage children more than one month of age. These units mainly focus on Paediatric Emergencies like Status Epilepticus, status asthmaticus, Respiratory distress, Septic Shock, Febrile illness, Poisoning, Sting, bites etc. 10,774 children have been admitted in Paediatric Resuscitation and Emergency Management Unit during the year 2022–2023.
- v. Paediatric Intensive Care Unit (PICU):** Paediatric Intensive Care Units have been established in 24 Government Medical College hospitals. This facility serves as a regional center and possess a large catchment

area likely to encompass Tertiary and community-based PICUs. These centers provide comprehensive services to all paediatric critically ill patients, including cardiovascular surgical services and transplantation services. Specialized PICUs such as pediatric cardiovascular and neuro critical intensive care units are included in this level. During the year 2022 – 2023, 61,888 Children have been admitted at Pediatric Intensive Care Units.

vi. Nutrition Rehabilitation Centers (NRC):

Under-nutrition remains a significant cause of morbidity and mortality in children under five years of age. Nutrition Rehabilitation Center (NRC) is a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed at six NRCs established in the Medical College Hospitals / District Hospitals and two more centers are under establishment. In Medical College Hospitals 2,327 malnourished children have been treated at these centers during the year 2022–2023.

vii. Comprehensive Lactation Management Centre (CLMC)/Lactation Management Unit (LMU):

In order to provide safe milk from human source to reduce mortality and morbidity at sick new born care units at secondary care facilities, Human milk banks have been established which helps in feeding of the Low Birth Weight babies and extreme premature babies as they are not able to be fed directly from mother. 27 CLMCs and eight LMUs are functioning at Government Medical Colleges Hospitals and District Hospitals. 8,323 Liters of milk have been collected during the year 2022 –2023 and 52,414 new born babies have benefitted through CLMC. 719 litres of milk have been collected during the year 2022 – 2023 and 6,521 new born babies have been benefitted through LMU.

viii. Community based Child Care Interventions:

The following Community based Child Care Interventions and Outreach activities are being implemented in the State for effective child care services.

a. Home Based New Born Care (HBNC):

Linking home based new born care to facility-based care is important in order to save newborn lives. While home based care provides opportunity for early diagnosis of danger signs, prompt referral to an appropriate health facility with provision for newborn care facility, saves lives. During the year 2022 – 2023 through HBNC- 7,33,654 New born have been provided Home based new born care services by frontline Health care workers.

b. Home Based Young Child Care (HBYC):

In continuation to the Home-Based Newborn Care Program wherein community health workers make 6/7 home visits to newborn in the first 6 weeks, the HBYC envisages additional 5 home visits to families of under two years old children to maintain the continuum of care from birth till 2 years. The scheme is implemented in the Aspirational districts and has been extended to all 38 districts in coordination with ICDS.

The training has been completed in all the Districts. During the year 2022–2023, 2,58,896 Children have been provided Home based young child services in the two pilot districts of Ramanathapuram and Virudhunagar.

ix. Anaemia Mukth Bharat (AMB): Children are particularly vulnerable to iron deficiency anaemia due to their increased iron requirements in the periods of rapid growth, especially in the first 5 years of life.

- **In 6–59 months old children,** continuous dosing with iron–folate syrup in a year, a directly / indirectly supervised bi-weekly supplementation merits consideration. Recent estimates as per NFHS 5 suggest that 57.4% of under 5 children are anaemic. During the year 2022–2023, 45,29,745 under 5 children were provided with bi-weekly Iron and Folic Acid syrup.
- **Children of age group 5-9 years:** Weekly Iron and Folic Acid tablet is provided to the children (School going / non-school going)

in the age group of 5 to 9 years for 50 weeks. Each tablet containing 45 mg. of elemental iron + 400 mcg of folic acid is given as supplementation. 45,63,809 Children of age 5-9 years were provided with Iron and Folic Acid tablets on weekly basis during the year 2022–2023.

x. National Deworming Day Campaign:

Bi-annual campaign for Deworming is conducted during February and August of every year with an objective to Deworm all children (boys and girls) aged 1-19 years (enrolled and non-enrolled) at Anganwadi centres and Schools for improved child health, nutritional status, access to education and quality of life. During the year March 2023, second round, 2.07 Crore children were dewormed with Albendazole tablets.

• **Vitamin-A supplementation Programme:**

Through supplementation of the vitamin A needs of children under five years biannually, mortality and morbidity among **under 5 children** is reduced. Vitamin-A

supplementation was given to 50,68,307 beneficiaries covering 98% of target population during the year 2022-2023.

- **Intensified Diarrhoea Control Fortnight Programme (IDCF):** This Programme is implemented to reduce the diarrhoeal deaths in under five children and it was conducted as two weeks campaign from 16th July 2022 to 31st July 2022 with the goal of Zero under 5 death due to Acute Diarrheal disease. During the IDCF-2022 campaign 58,81,859 children provided with Oral Rehydrats Salts (ORS) sachet and 76,393 children have been provided with Zinc tablets.

- xi. Social Awareness and action to Neutralize Pneumonia (SAANS):** The Objectives of SAANS Campaign is to create awareness in community on interventions for Prevention of Childhood Pneumonia. The awareness programme is conducted by the Health and Nutrition Staff in the Community.

- xii. Mother's Absolute Affection (MAA):** The Goal of the 'MAA' Program is to revitalize efforts towards promotion, protection and support of breast feeding practices and young child feeding practices, through health systems to achieve optimal Infant and Young Child Feeding (IYCF) and child Nutrition. It reinforces Early initiation of breast feeding within an hour of birth, exclusive breast feeding up to six months of age and age-appropriate complementary food for children six months to two years. 7,62,970 New born have been initiated breast feeding within one hour of birth during the year 2022–2023.
- xiii. Immunization:** Immunization is one of the most important and cost-effective strategies for the prevention of childhood sicknesses and disabilities. Annually, around 10.21 lakh Pregnant Women and 9.31 lakh children / Infants are being covered under this Universal Immunization Programme (UIP) and the State consistently achieving Full Immunization coverage of over 99%.

12.14 Child Death Audit: Child Death Audit Review (CDR) is a strategy to understand the geographical variation in causes of child deaths and thereby initiating specific child health interventions. The current system of conduction of Child Death Audit at the Community and at the Districts by District Collectors and periodic review by the Expert Committee at the State through Video Conference has provided valuable learning for reduction of Infant Mortality in the State.

12.15 Rashtriya Bal Swasthya Karyakram (RBSK): RBSK is an ambitious initiative focusing on Child Health Screening and Early Intervention Services. The programme aims at early detection and management of 4 Ds (Defects, Deficiencies, Diseases, Developmental delays) among the children of age group 0-18 years. The following are the components of RBSK programme.

Screening for Children in the age group of 0 to 18 years:

- i. **Facility based newborn screening (upto 48 hours of life):** This included the screening of birth defects in institutional

deliveries at public health facilities, especially at the designated delivery points by the Medical Officers. These effective health interventions have reduced both direct costs and out-of-pocket expenditure for the parents. During the year 2022-2023, 4,98,478 Newborn delivered in the Government Institution have been screened.

- ii. Community based newborn screening (age 0-6 weeks) for birth defects:** The Village Health Nurses / Urban Health Nurses are trained with simple tools for detecting gross birth defects. Further they mobilize the mothers / caregivers of children so as to attend the local Anganwadi Centers for screening by the dedicated Mobile Health Team. In order to ensure improved and enhanced outcome of the screening programme, the Village Health Nurse/ Urban Health Nurse particularly mobilize the children with low birth weight, underweight children from households. The Software of

Poshan Tracker of ICDS has been utilized for tracking of Low Birth Babies and all the new born data (9.2 Lakh) in the PICME portal is being exported to Software of Poshan Tracker of ICDS so as to be followed up by the Anganwadi Worker.

- iii. a. Screening of children in the age groups 6 weeks to 18 years of age Attending-Anganwadi-Centers and School:** The program functions with 805 mobile teams functioning all over the State. 770 mobile teams are functioning in rural areas, 15 Mobile Health Teams in Greater Chennai Corporation and 20 Mobile Health Teams in the rest of the urban areas of Tamil Nadu. The mobile health team screens all pre-school children below 6 years of age at the Anganwadi centre at least twice a year and school children of age 6 to 18 years will be screened at least once a year. The Mobile Health team have screened 11,17,875 children and have referred 1,44,085 children with 4D to DEICs during the year

2022-2023. The Poshan Tracker Software of ICDS has been utilized for tracking under - 5 children enrolled in ICDS. Children with 4 Ds (Defects at Birth, Disease, Deficiency and Disability) are referred to DEIC for Medical and Surgical Management.

- b.** The School Education Department in convergence with the National Health Mission, Department of Public Health and Preventive Medicine and Integrated Child Development Services have developed an EMIS software for comprehensive health screening (primary, secondary and tertiary levels) and assessment of all 49 lakh children in Government schools from Grade 1 to 12. Primary screening by school teachers include 1. Eye screening 2. BMI screening and 3. General health check-up for 30 Disease conditions and the performance is captured in the TN-SED Schools app. Under Phase -I during Jan 2023, 41,62,792 children enrolled from 5th Std to 12th Std at Government Schools have

been screened by school teachers across all 38 districts in the State. The children with certain symptoms identified by the teacher are referred to the second level of screening by the Medical Officer of RBSK Team. Hence so far 11,59,322 children have been referred to the Mobile Health Team (MHT). Out of the 11,59,322 children, 3,84,687 children have been referred to the Paramedical Ophthalmic Assistant (PMOA) and 4,166 children have been referred to DEIC. Tamil Nadu has been awarded the "**Best Converging Mechanism Award**" by Union Ministry of Health and Family Welfare for implementing School Health and Wellness Ambassador Programme under RBSK in coordination with School Health Department during the year 2022-23

- iv. District Early Intervention Centre (DEIC):** DEIC have been established in 34 facilities (3 District Hospitals and 31 Medical College Hospitals) aimed at early detection and early intervention so as to minimize

disabilities among growing children. Medical services through trained professionals in the field of hearing, speech, visual, sensory, neural and behavioural therapy provide the best services required for the children identified with such conditions. DEIC has the required facilities for providing social, educational, vocational and economic rehabilitation services through a 12 member team. Children identified with any disorder by the RBSK teams are being referred to the District Early Intervention centre for further evaluation and management. During the year 2022-2023, 4,01,131 children have been managed in all 34 DEICs in the State. 2,804 Major surgeries have been taken up for the seven major conditions during the year 2022-2023.

All DEICs are enrolled under the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS). Also, as the new districts have been created, the DEICs are being established in the District Head Quarters Hospital in Kanchipuram,

Thirupathur, Tenkasi and Walajapet Districts and Medical College Hospital in Kallakurichi District in addition to the 34 DEICs in the State. Equipment for the same will be provided to these DEICs and Sensory Integration Parks established.

v. Block Early Intervention Centre: In co-ordination with Sarva Shiksha Abhiyan of School Education Department, 42 out of 127 Block Level Early Intervention centres have been strengthened with the funding support from Tamil Nadu Innovation Initiatives (TANII) to help the Differently abled children and their families so that they are closer to their homes. 2,600 children are enrolled in these 127 Block Early Intervention Centres.

12.16 ADOLESCENT HEALTH: Rashtriya Kishore Swasthya Karyakram (RKSK): The RKSK programme is implemented in 24 districts in the State. The main objective of the programme is to improve nutrition, enable sexual and reproductive health, enhance mental health, prevent injuries and violence, prevent substance abuse and address conditions for NCDs in the

adolescent age groups. Under this programme, Adolescent Health (AH) strategy focuses on 10-19 years age group with universal coverage, i.e., males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served. The following are the interventions taken.

Facility based Intervention

- i. **Adolescent Friendly Health Clinics (AFHCs):** Adolescent Friendly Health Clinics (AFHCs) are successfully functioning in 245 Block PHCs on all Fridays, 166 Government Hospitals, 12 District Head Quarters Hospitals and 19 Medical College Hospitals on all days. During the year 2022 - 2023, 11,49,462 Adolescents have been registered, treated and given counselling in the Adolescent Friendly Health Clinics (AFHCs).

Community Based Intervention:

- ii. **Peer Educators:** In the RKSK district, Four Peer Educators (two boys and two girls from among school going / out of school going) are selected from each of the Villages under

the 'Village Health, Water, Sanitation and Nutrition Committee (VHWSNC)'. 39,532 Peer Educators have been selected and trained who in turn act as bridge between the Adolescents and Health care professionals.

- iii. **Adolescent Health Day:** The Adolescent Health Day is observed once in three months, to spread awareness and knowledge on the adolescent health issues at each of the Village and Town Panchayat level comprising of Village Health, Water, Sanitation and Nutrition Committee (VHWSNC) members along with the Peer Educators. During the year 2022 – 2023, 29,017 Adolescent Health Days have been conducted in 9,883 VHWSNCs.
- iv. **Adolescent Health Club meeting:** Adolescent Health Club meeting is conducted once in a month for the adolescents in the village by the VHN along with Peer Educators at Health Sub Centre level to discuss issues of adolescents in the community and get support from ANM/VHN. During the year

2022-2023, 60,071 Adolescent Health Club meetings have been conducted in 5,461 Health Sub Centers.

v. **Weekly Iron and Folic Acid Supplementation (WIFS) to Adolescents:**

Under Anaemia Mukth Bharath to reduce the prevalence rate of Anaemia, one IFA (large) tablet/ week/adolescent are given both in government and government aided school and out of school adolescents under the direct supervision of teachers and Anganwadi workers. Under the National Deworming Day the adolescents are also given T.Albendazole – twice a year in every February and August month. During the year 2022-2023, 55,65,341 adolescents were benefited through this programme.

12.17 Menstrual Hygiene Programme: The Menstrual Hygiene Program, for the adolescent girls who attained menarche in rural area is being successfully implemented in the State. The potential beneficiaries under this scheme are adolescent girls from 10-19 years attaining

puberty in rural area and urban area. 43,34,727 Adolescent Girls who have attained puberty have been benefitted under this scheme in rural and urban areas during the year 2022-2023. Tamil Nadu has been awarded the "**Best Menstrual Hygiene Campaign Award**" by Union Ministry of Health and Family Welfare for implementing Menstrual Hygiene Scheme through Directorate of Public Health and Preventive Medicine during the year 2022-23.

12.18 Ayushman Bharat - School Health and Wellness programme: Out of 24 RKSK implemented districts, so far Ayushman Bharat-School Health and Wellness programme is implemented in eight Districts (Karur, Ramanathapuram, Virudhunagar, Ariyalur, Vellore, Villupuram, Tenkasi and Perambalur). Five day training programme is focused on conducting weekly sessions on Health related topics to the Adolescents in the school. Under Phase I, 15,922 (2 teachers / school) teachers are selected and trained as School Health Ambassadors in 7,961 Government and

Government aided school in Villupuram, Tenkasi, Perambalur districts to inculcate transact health promotion and disease prevention amongst the school children. Under Phase-II the programme have been extended to another eight RKSK districts (Kallakurichi, Kancheepuram, Madurai, Thanjavur, Thoothukudi, Tiruchirappalli, Tirunelveli and Tiruvannamalai) where 24,638 teachers were selected and trained as school health ambassadors in 12,319 Government and Government aided schools.

12.19 Training:

- i. The training program is being conducted are classified under two heads viz., Knowledge based trainings & Skill based trainings. The trainings are also classified based on the thematic areas covered viz., Maternal Health related trainings, Child Health related trainings, Family Welfare related trainings, other trainings like Induction training to newly recruited Medical officers. There are six Regional Training Institutes spread across the

State. The six Regional Training Institutes are as follows:

- Institute of Public Health (IPH), Poonamallee
- Health & Family Welfare Training Centre (HFWTC), Egmore
- Health & Family Welfare Training Centre (HFWTC), Madurai
- Health Manpower Development Institute (HMDI), Salem
- Health Manpower Development Institute (HMDI), Villupuram
- Health & Family Welfare Training Centre (HFWTC), Gandhigram

ii. Managerial Skill Training for Medical Officers: The training is imparted to all the newly recruited Medical Officers for a period of 15 days on all health programmes being implemented and also includes their administrative role in the Primary Health Centres. Since 2011, 6,707 Medical Officers have been trained till date.

- iii. BEmONC Training (Basic Emergency Management of Obstetric & Neonatal care):** The objective is to train the Medical officer on Elements of essential newborn care and along with postpartum infection, pre-eclampsia / eclampsia and postpartum haemorrhage. This training is provided for a period of six days to all the PHC Medical Officers. The training is being conducted at six Regional Training Institutes in association with their corresponding Government Medical Colleges. Since 2012, 7,279 Medical Officer have been trained till date.
- iv. MCH Skill lab Training to Medical Officers/Staff nurse/ANM:** MCH skill lab training is conducted periodically for Medical Officers, Staff nurses, ANM at the skill labs of all six Regional Training Institutes to upgrade the skill and knowledge on reproductive, maternal, new born child and adolescent health for reducing maternal and child morbidity and mortality. Since 2012, 15,241 Health Staff have been trained till date.

- v. RMNCH+ A training:** This training is given for Staff nurses in CEmONC & NICU. This training will be given for 30 days in Regional Training Institutes in 3 spells of 12+12+6 days. It helps to improve the knowledge and skills of health professionals to deliver quality services in essential maternal and newborn healthcare practices. So far 3,450 staff nurses have been trained.
- vi. Navjaat Sishu Suraksha Karyakram (NSSK) Training:** The training was aimed to impart the basic skills required to manage common neonatal problems related to birth asphyxia, infections, hypothermia and breast feeding which is given to Medical officers and staff nurses. So far 7,202 health staff have been trained.
- vii. RBSK training:** This training is conducted to field team and DEIC staff for screening and management of 38 conditions (including childhood TB and Leprosy) among the incidence in the community of each individual condition. So far 187 health staff have been trained in DEIC.

- viii. IMNCI training:** The training aims at improving health care worker skills in prevention and management of common childhood illnesses like pneumonia, diarrhea, malaria, measles and meningitis and malnutrition and to support children for their healthy growth and development. So far 12,761 health care workers have been trained.
- ix. Family Welfare Training:** The training is aimed to impart surgical skills required to conduct Family welfare Methods and services at various levels of Public Health system. Health care workers are trained in conducting Minilap and Laparoscopic sterilization, No Scalpel Vasectomy, IUCD insertion and Methods of MTP.
- x. Quality training:** The objective of the training is to provide quality health service delivery and safety of the service given to the community thereby enhancing the cleanliness, hygiene, waste management and infection control practice in health facilities. The training is given to Medical officers, Staff

nurse and all health care workers in the facility. For the year 2022-23, 410 health care staff have been trained.

xi. LaQshya / Dakshatha / Daksh Training:

This training is given to the Medical officers and staff nurses to improve quality of care and provide respectful maternity care at LaQshya identified centres and enhance satisfaction of beneficiaries and to reduce preventable maternal and newborn morbidity, mortality and still births. For the year 2022-23, 464 health care staff have been trained.

xii. Mid Level Health Care Provider training:

It includes field training, institutional theory classes, ECHO sessions and internship which are strictly monitored by State level experts and mentors at District levels. A three day orientation/ training programme was also rolled out for the Medical officers to orient and mentor the service delivery of 12 set Comprehensive Primary Health Care (CPHC) services under Universal Health Coverage

(UHC) programme with 4 month training under DPH&PM Board of examination.

- xiii. NCD training:** Training is aimed at providing a basic understanding of Non Communicable diseases including Elderly care, Pain and Palliative care and Cancer screening. For the year 2022-23, 1,391 Medical Officers 2,928 staff nurses and 10,594 Women Health Volunteers have been trained.
- xiv. ASHA training:** The Accredited Social Health Activists (ASHAs) are given basic training in antenatal care, postnatal care, home based new born care, communicable and Non Communicable diseases to improve their knowledge and conditions through which they impart awareness to their community where they serve. During the year 2022-2023, 2,650 ASHAs are trained in – NCD, Communicable disease and Mental Neurological and Substance use.
- xv. Poison Management Training:** This training is imparted to medical officers to train them on internal medicine, emergency

medicine, critical care, poison management. Since 2014, 4,409 Medical Officers have been trained till date.

xvi. Life Saving Anesthetic Skills Training (LSAS): To train MBBS doctors with necessary skills and competencies to manage cases requiring life saving emergency obstetric care at First Referral Units as to save the pregnant women from the risk of obstetric complication and reduce mortality. This training programme of 24 weeks is provided to MBBS doctors since 2007. It is being conducted in 11 Government medical college institutions. 683 doctors have been trained till date from the inception of the training.

xvii. Emergency Obstetric Care Training (EmOC): The aim is to train MBBS doctors with necessary skills and competencies to manage Emergency Obstetric cases. This training is implemented to train medical officers for a period of 25 weeks which is being conducted in 5 Government medical

college hospitals since 2009. 154 Doctors have been trained till date.

xviii. National Nodal Centre (NNC): College of Nursing, Madras Medical College acts as a Centre of Excellence for the pre-service education for Nursing-Midwifery cadre in the State and would contribute to the overall strengthening of Nursing-Midwifery cadre. It is a six-weeks training for nursing faculty. So far 161 Nursing Midwifery Tutors have been trained since 2016.

xix. Midwifery Educator as Nurse Practitioner- Post Basic Diploma in Midwifery: "Midwifery Led Care Units' managed by Nurse practitioners in Midwifery at Government Medical Colleges, District Hospitals, First Referral units and Community Health Centres will improve the Quality of Care and ensure respectful care to Pregnant Women and Newborns. Six Staff Nurses as State Midwifery Educators from Medical College Hospital / Mentor Staff nurses from Primary Health Care setting underwent the training for six months at National Midwifery Training

Institute –Fernandez Institute, Telangana. The College of Nursing, Government Madras Medical College Hospital has been designated as the State Midwifery Training Institute (SMTI) to conduct the State Level Training for the identified Nurse Practitioner Midwife (NPM). Further, the State Midwifery Educators will train 30 more Staff Nurses as Nurse Practitioner Midwife (NPM) in Post Basic Diploma in Midwifery for a period of 18 months at identified State Midwifery Training Institute (SMTI) from the current year. Introduction of the Midwifery training will lead to a model of care for normal births in health institutions which will be designated as “Midwifery Led Care units” in the LaQshya certified facilities especially in the CEmONC centre and in the high delivery load PHCs. These “Midwifery Led Care units” serves as the clinical site for Midwifery training and under the process of establishment at Institute of Social Obstetrics and Kasturba Gandhi Hospital (ISO&KGH), Chennai.

xx. Diploma in National Board (DNB) Programme in District Hospitals:

Secondary care institutions serve as a bridge between Medical College & Primary Health Centre. In an attempt to strengthen the Secondary Care Hospitals DNB courses were started by providing stipend, Human Resources and Infrastructure Facilities which is a boost for Non-Teaching Hospitals and concurrently improving efficiency in management of resources as well as people centred care. With the objectives of improving the quality of Specialty care services and closing the gaps between the secondary and tertiary care services DNB was started to strengthen the secondary care hospitals. The courses offered in DNB are (i) Primary (Post MBBS) - 3 years, (ii) Secondary (Post Diploma)- 2 years (iii) Post MBBS -2years Diploma course (iv) Doctorate in DNB (DrNB) (v) Fellowship of National Board (FNB)

Post MBBS / Post Diploma / 2 year Diploma Course	DNB/FNB
General Medicine	Interventional Radiology
General Surgery	Neurology
Orthopaedics	Cardiology
OBG	Vascular Surgery
Emergency Medicine	Pain Medicine
Ophthalmology	-
Paediatrics	-
Anaesthesia	-
Family Medicine	-
ENT	-
Pathology	-
Radiation Oncology	-

As on date 8-District Headquarters Hospitals, one Non-Taluk Government Hospital and nine Medical Colleges have got accreditation to conduct the DNB courses in the State with 201 seats in DNB / DNB / FNB in 17 specialties.

12.20 Tribal Health:

i. Birth Waiting Room in 17 Tribal PHCs:

Tribal Birth Waiting room is the Scheme

where the Tribal Mother with attender stay at Birth Waiting room for 7 days for the purpose of safe delivery. They will be provided free food for 7 days. In Tamil Nadu totally 17 Birth Waiting rooms have been established in the foot hills of tribal areas for safe delivery to occur under institutional care. 1,509 Tribal Antenatal mothers have been benefitted through the tribal birth waiting rooms during the year 2022 – 2023.

- ii. **Referral Services in Tribal Districts:** The State has a well-established emergency referral transport system established through National Ambulance Services. In order to reach those tribal villages which are inaccessible by regular ambulances, four-wheel drive vehicles suitably equipped as ambulances have been provided in 14 identified points in tribal / hilly areas. These vehicles ensure timely referral of tribal people to higher referral centers and prevent adverse outcomes in the tribal community.

- iii. **Tribal Bed Grant Scheme:** Tribal Bed Grant is a Scheme where free Diagnostics, Drugs for In – Patients (IP), Surgeries and diet are being given to the tribal people who are hospitalized in tribal areas. This scheme is being operated through NGOs by an MOU with the Deputy Director of Health Services of the concerned district. This Scheme has increased the health seeking behavior in the tribal community, access to the quality of health care and has reduced the out of pocket expenditure. 1,189 tribal patients have benefited through this scheme during the year 2022-2023.
- iv. **Tribal Counselors:** Tribal Counselors have been placed in 10 Government Hospitals in the tribal districts. They act as ambassadors between the health systems and tribal community. They also function as health activists in the institution where they not only create awareness on health and its determinants but also motivate the community towards healthy living practices.

- v. **Sickle cell anaemia through Non Government Organization's:** Sickle cell anaemia programme is implemented through two tribal NGOS namely NAWA & ASHWINI in two districts of Nilgiris & Coimbatore Districts at the blocks of Kothagiri, Gudalur, Coonoor (Nilgiris District) and in Perinayakanpalyam, Karamadai blocks (Coimbatore District). 2,602 tribal patients have benefited through this scheme during the year 2022-2023.
- vi. **Prevention and Control of Haemoglobinopathies:** Among the South Indian States, Tamil Nadu is the first state to implement Prevention and Control of Haemoglobinopathies program for early detection of Haemoglobinopathies like Sickle Cell Anaemia, Thalassemia among the tribal population. The screening for Haemoglobinopathies (Sickle Cell Anaemia and Thalassemia) in adolescent children studying in 10th and 12th standard and unmarried school dropouts above the age of 14 is implemented in 30 selected tribal blocks

in 14 Districts since November 2017. The programme is being implemented in Dharmapuri, Salem, Krishnagiri, Namakkal, The Nilgiris, Coimbatore, Thiruvannamalai, Kallakurichi, Vellore, Thirupatturthur, Tiruchirapalli, Dindigul, Erode and Kanyakumari districts. On identification of the trait, the children and their parents are provided with genetic counseling at District Early Intervention Centres. Since 2017 totally 26,992 Children have been screened for the disease with a positivity rate of 13%. In addition to the school screening programme, Ante Natal Mothers are also screened for Haemoglobinopathies in 30 tribal blocks since November 2021 and so far 29,890 Ante Natal Mothers have been screened for this disease.

- vii. **Integrated Treatment Centers for Haemophilia & Haemoglobinopathies:** To provide continuum of care and services for children / adults affected with Haemophilia and Haemoglobinopathies, comprehensive Integrated Treatment Centres has been

established at 10 Government Medical Colleges at regional level namely:

- a) Institute of Child Health and Hospital for Children, Chennai-8 (Nodal Centre)
- b) Government Mohan Kumaramangalam Medical College Hospital, Salem
- c) Government Dharmapuri Medical College Hospital, Dharmapuri.
- d) Government Rajaji Hospital, Madurai.
- e) Government Theni Medical College Hospital, Theni.
- f) Government Vellore Medical College Hospital, Vellore.
- g) Annal Mahatma Gandhi Memorial Government Hospital, Tiruchirapalli.
- h) Government Kanyakumari Medical College Hospital, Asaripallam.
- i) Government Coimbatore Medical College Hospital, Coimbatore.
- j) Government Villupuram Medical College Hospital, Villupuram.

These centres are beneficial for the children / adults requiring frequent blood / factor transfusions and providing iron chelation therapy for transfusion dependent haemoglobinopathies. Since 2018 totally 5,230 patients have received Blood transfusion and 7,032 patients have received factor transfusion through these centres.

viii. Tribal Mobile Medical Units: To augment the Mobile Outreach Services in tribal and hard to reach areas, additionally 20 Mobile Medical Units are being operationalized through Non Governmental Organizations in tribal blocks of 14 Districts. These Tribal Mobile Outreach team comprises of one Medical Officer, Staff Nurse, Lab Technician and Driver, conducts minor ailment clinic, Antenatal screening, Non-Communicable Disease screening, lab tests and distributes free drugs. In addition to the above, the team screens the children (in the age group of above 14 years) of 10th & 12th Standard Tribal & Non-Tribal children and drop outs for Haemoglobinopathy traits.

During the year 2022-2023 these 20 MMU teams have visited 11,799 villages and treated 2,80,294 patients in tribal villages.

12.21 Mobile Medical Unit – Hospital on Wheels: The existing 406 Mobile Medical Units are functioning throughout the State as Hospital on wheels to provide quality Medical services to the Rural and Urban areas with laboratory facilities. In rural areas 396 Mobile Medical Units and in Urban areas 10 Mobile Medical Units especially in corporations are providing services. The objective of this Mobile Medical Unit is to provide better health care and provide health care to each Panchayat Union, villages and hamlets as per the prescribed itinerary with special focus on better maternal and child health and non-communicable diseases. The schedule of the visit are informed to the public in advance so that the villagers can utilize the outreach services to the maximum extent possible. Under this scheme, 40 camps are being conducted in each block per month as per Advance Tour Plan. Priority is given to areas with

high-risk temporary hamlets. During the year 2022-23, 387 new Mobile Medical Vehicles were provided so as to replace the existing Mobile Medical vehicles and ensure delivery of uninterrupted services at inaccessible areas. So far, 2,09,256 Camps were conducted by the 406 Mobile Medical Unit and 1,61,52,823 beneficiaries are availed this services.

12.22 ASHA – Accredited Social Health

Activists: 2,650 ASHAs have been placed in tribal / hilly / remote / hard to reach areas/ difficult areas and are engaged in health care activities in the field such as Ante Natal Care, Mobilising and escorting the Antenatal Mother for Institutional Deliveries, Post Natal Care, HBNC, Immunization, Communicable Case detection and mobilising community for Village Health Nutrition Day. The ASHAs are provided with Performance Based Incentives and are equipped with drugs, uniform, bag, umbrella, torch light etc.,

12.23 Quality Certification Programme:

- i. National Quality Assurance Standards (NQAS):** National Quality Assurance Standards Certification Programme is currently available for Government District Head Quarters Hospital, Sub district Hospital, Community Health Centres, Primary Health Centres, Urban Primary Health Centers and Health Sub-Centre level Health and Wellness Centre to assess the quality for improvement through pre – defined standards and to bring up the facilities for Certification. The certification will be for a period of three years, following which there will be re-assessment and re-certification. Certified facilities are financially incentivized with an amount of Rs.10,000 per functional bed for the certified year and the subsequent two years, duly completing the assessment as per guidelines. So far 337 facilities have been Nationally certified since 2018. During the year 2022 -2023, 203 facilities are Nationally certified which includes 3 District Head

Quarters Hospital, 17 Sub district Hospital, 34 Community Health Centres, 114 Primary Health Centres and 35 Urban Primary Health Centers.

- ii. **Kayakalp Award Programme:** Kayakalp Award Programme is being implemented and monitored in all Government District Head Quarters Hospital, Sub district Hospital, Community Health Centres, Primary Health Centres, Urban Primary Health Centers and Health Sub-Centre level, Health and Wellness Centre with a view to improve the cleanliness standards every year as it is essential to keep all facilities clean and to ensure adherence to infection control practices. Facilities qualified in Kayakalp State External Assessment will be appreciated with Kayakalp Award / Certification and recognize the efforts to create a healthy environment in all facilities. Around 2,616 facilities have been awarded under Kayakalp Programme for the year 2022-2023.

- iii. **MusQan:** MusQan Certification Programme helps to enhance the Quality of Care (QoC) as per National Quality Assurance Standards (NQAS) and the quest to end preventable infant and child mortality and morbidity through strengthening clinical protocols, children friendly ambience, provision of respectful care with strengthened referral and follow up services. Under first phase, MusQan standards are being enforced in 40 facilities (17 MCHs, 12DHs, 6SDHs & 5 CHCs) with funds for gap closure activities based on follow up of the State Level Orientation cum Workshop conducted for Medical Officers and Staff Nurses. Now, internal assessments have been conducted in 40 facilities to fill up the gaps and to process for State Assessment in the year 2023-2024.
- iv. **NQAS Certification of facility with basic Surakshit Matritva Aswahan (SUMAN) packages:** SUMAN promotes safe pregnancy, childbirth and immediate postpartum care with respect and dignity by

translating the entitlements into a service guarantee which is more meaningful to the beneficiaries. In first phase, 163 Health Sub Centres – Health and Wellness Centres have been identified to implement the Basic Packages under SUMAN and taken up for National Quality Assurance Standards (NQAS) Certification. At present, internal Assessments have been conducted in 50 HSC-HWC so as to process for State Assessment in the year 2023-24.

- v. **Mera Aspataal – My Hospital:** Mera Aspataal is an initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialing (OBD) mobile application and web portal. The patient submits the feedback in Tamil language on mobile app and web portal for the hospitals visited in last 7 days. All District Hospitals (except Chennai) are ranked under District Hospital ranking system based on Patient

Satisfaction System Score generated in My Hospital. The Patient Satisfaction Score ultimately helps in establishing a patient-driven, responsive and accountable healthcare system. The Government of India is in the process of reconstruction of application related to Mera Aspaatal and the feedback data will be captured from current year.

- vi. **Clean Hospital Campaign:** Tamil Nadu Government has issued orders in January 2023 to form the State, District and Facility level committees to monitor the Clean Hospital Campaign initiative in all Medical College Hospital, Sub District Hospital, Community Health Centre, Primary Health Centre and Urban Primary Health Centre facilities to ensure the overall cleanliness of all the Departments and create awareness for sustained action.

12.24 Community Action for Health (CAH): Community Action for Health (CAH) process which is centered in promoting community participation

and action in order to achieve broader goal of "Health for All". It is envisaged as an important pillar of NHM's Accountability Framework in order to ensure that the services reach those for whom they are meant. Community monitoring is also seen as an important aspect of promoting community led action in the field of health. The provision for Planning and Monitoring Committees has been made at Primary Health Centre, Block, District and State levels. The adoption of a comprehensive framework for community-based monitoring and planning at various levels, places people at the centre of the process of regularly assessing whether the health needs and rights of the community are being fulfilled. The major objectives planned are to set up a mechanism for Community led monitoring through existing Self Help Group network through the Tamil Nadu Corporation for Development of Women (TNCDW) in the State in coordination with all Directorates to strengthen the community supportive structures to handhold the community monitoring process in Tamil Nadu.

- **Jan Arogya Samiti (JAS):** Jan Arogya Samiti (JAS), under AB-HWC has been introduced to enable action for improvement in the availability and quality of facility infrastructure and services, and promote a culture of accountability amongst service providers in the Public Health system. JAS is seen as a mechanism for democratizing health and promoting active public participation in healthcare. The objective of implementing JAS is to institutionalize people's participation in facility management to ensure quality service delivery to all members, plan and address social determinants of health, and resolve their grievances in seeking health care. The JAS will be integrated with the Community Action for Health (CAH) program which is to be implemented in the State.

12.25 Occupational Health Services: As per the Census 2011, 93% of the workforce is employed in the unorganized sector. They are prone to many occupation-induced diseases such as silicosis, asbestosis, deafness, irritant

dermatitis, spondylitis, etc. The best course of action is early screening, prevention, and treatment because the majority of occupational diseases result in permanent injury. The government has issued directives for the provision of occupational health care services for unorganized-sector workers in all blocks through Mobile Medical Units. The Mobile Medical Units travel to areas of the unorganized-sector to provide them with occupational health care every Saturday. Additionally, on Thursday / One working day during the first week of every month, the MMU will visit the unorganized-sector. The government has also launched 50 Mobile Health clinics to offer occupational health services to construction workers with the distribution of Mobile Health Clinic between Directorate of Public Health and Preventive Medicine and Greater Chennai Corporation as 35 and 15 respectively. The activity is being funded by the Department of Labour Welfare and Skill Development implemented through NHM-TN. 3,56,753 un-organized sector workers were screened, of whom 9,406 workers were referred to district

level hospital for further investigations and treatment during the year 2022-23.

12.26 Transgender Clinic: To cater to the specific needs of Transgender community, Government has established Multi-Specialty Transgender Clinics at Rajiv Gandhi Government General Hospital, Chennai Government Rajaji Hospital, Madurai, Government Mohan Kumaramanagalam Medical College Hospital, Salem, Government Tirunelveli Medical College Hospital, Tirunelveli, Government Vellore Medical College Hospital, Vellore and Government Villupuram Medical College Hospital, Villupuram. These Clinics are being conducted every Friday. 2,361 Transgenders have been benefitted through these clinics during the year 2022-2023.

12.27 National Oral Health Programme: Oral Health is an integral part of general Health. With an objective to improve the Oral Health among the population of Tamil Nadu, 477 Dental units have been established in both Primary and Secondary Healthcare Institutions across the State to provide accessible, affordable and quality

Oral Health care services. Dental units supported by NHM are equipped with necessary trained man power and equipment including Dental chairs and consumables for providing uninterrupted Dental Services. 13,46,636 Dental procedures have been carried out to treat various Oral Health Conditions during the year 2022-2023.

12.28 Pradhan Mandhri National Dialysis

Programme: One of the major complications of Hypertension and Diabetes is Chronic Kidney Disease (CKD). Left undiagnosed or untreated, CKD may progress to End-stage Renal Disease (ESRD) a chronic, irreversible condition characterized by progressively diminishing renal function to a stage when Dialysis in conjunction with other medical interventions are needed to survive. For the benefit of ESRD patients, about 1,080 Dialysis machines are at present put into use throughout Tamil Nadu in 128 Centres including 38 Government Medical College Hospitals, 83 Taluk & Non-Taluk Hospitals and 7 centres under the Greater Chennai Corporation. From April 2022 to December 2022, 4,77,722

Haemodialysis sessions were conducted for 11,093 patients in these Health Care facilities. To decrease waiting time of CKD patients, an additional 50 Dialysis machines are being planned to be installed in various District Hospitals across Tamil Nadu. Under 'Makkalai Thedi Maruthuvam', the flagship scheme of Honourable Chief Minister of Tamil Nadu, 220 patients with End Stage Renal Disease on Peritoneal Dialysis in Government Healthcare Institutions are provided with Continues Ambulatory Peritoneal Dialysate (CAPD) at their doorstep as part of Home-based services for NCD patients.

12.29 National Urban Health Mission (NUHM): The National Urban Health Mission is working towards meeting specific and diverse health care needs of the urban population by establishing Urban Primary Health Centre (UPHC) in 77 Municipalities and 21 Corporations for every 50,000 population and Urban Community Health Centre (UCHC) the first referral unit has been established for every 2,50,000 urban population. NUHM has so far established 416 Urban Primary

Health Centres, 39 Urban Community Health Centres and 3 Maternity Homes in the State and all have been designated as Urban –Health wellness centres.

Corporation / Municipalities	No. of Cities	No. of UPHCs	No. of UCHCs	No. of Maternity Centers	Total Facilities
Greater Chennai Corporation (GCC)	1	140	16	3	159
Corporation other than Chennai	20	178	22	0	200
Municipalities	77	98	1	0	99
TOTAL	98	416	39	3	458

- i. In order to strengthen the Primary Health Care System in Urban areas, the following new activities were initiated in the year 2022-23:
 - Constructions of 34 new buildings to the Urban Primary Health Centers (UPHC) have been approved at a cost of Rs.120.00 Lakh/UPHC. Four UPHCs were sanctioned with additional buildings at a cost of

Rs.60.00 Lakh /UPHC, with the progress of the Civil works in various stages being monitored by NUHM.

- In Greater Chennai Corporation and other Corporations, 73 UPHCs have been provided with Ultrasound machines at a cost of Rs.12.00 Lakh/USG for effective antenatal monitoring. In view of strengthening effective diagnostic services at primary care level, 32 ECG machine, CTG 10 machine and 10 Blood bank refrigerator have been supplied to the UPHCs at a total cost of Rs.67.00 Lakhs.
- Community level health care services has been mapped in 21 Urban Local Bodies using GIS Mapping.
- To strengthen laboratory services and reporting under Laboratory Information Management System (LIMS) all 458 facilities have been supported with a desktop, laser printer and barcode reader.
- To implement Telemedicine services in the urban areas, Video Conference materials have been provided to each UPHC/UHC in the State.

ii. Polyclinics with Specialist services:

Polyclinic is an “out patient clinic” established in 128 UPHCs in the State to provide multiple specialist out patient services to reduce out-of-pocket expenditure incurred by the urban population. The services include consultations, lab investigations and issue of drugs provided at fixed timings from 4.30 PM to 8.30 PM as per the schedule given below.

Day	Name of the Specialty
Monday	General Medicine
Tuesday	Obstetrics and Gynaecology
Wednesday	Pediatrics
Thursday	Ophthalmology and Physiotherapy
Friday	Dermatology and Dental
Saturday	Psychiatry

iii. Makkalai Thedi Maruthuvam (MTM) in

urban areas: The flagship scheme of the Government is getting implemented in all 21 Corporations and 103 Municipalities with 2,256 Women Health Volunteers (WHVs) for screening and distribution of NCD drugs at the door step of urban people and 78 Mobile teams have been

formed with Staff Nurse and Physiotherapist for providing Palliative Care, Physiotherapy and Peritoneal Dialysis services. Through the scheme as on 31.03.2023 a total of 1,00,46,429 patients have been recorded to have received the first time services inclusive of Hypertension, Diabetes, Both, Palliative Care Services, Physiotherapy and CAPD Services and 2,76,90,102 patients have benefited repeated services.

iv. Fifteenth (15th) Finance Commission grants for Urban Health Projects: The Government of India has allocated Rs.4,280 Crore for the years from 2021 to 2026 under FC-XV Health Grants for the establishment of Urban Health and Wellness Center and Support for diagnostic infrastructure in urban areas. The Universal Health Coverage (UHC) programme aims to provide quality and affordable essential health services without financial hardship among the general and most vulnerable population as per the Sustainable Development Goal. To improve the Health status of Urban Population especially the urban poor, the

Hon'ble Chief Minister of Tamil Nadu has made an 110-Announcement, for the establishment of 708 Urban-Health and Wellness Centres (U-HWCs) in Urban Local Bodies of Corporations and Municipalities. Each 708 U-HWCs has been constructed at a cost of Rs.25 Lakh at a total cost of Rs.177 Crore by the respective ULBs. In the first Phase-I, 500 Urban Health and Wellness Center will be inagurated, each catering to the population of 20,000 to 25,000 with Medical Officer, Staff Nurse, Health Inspector, Support Staff. This will ensure availability of 12 Comprehensive health services from a locality closer to the doorsteps of defined populations.

12.30 Integrated Essential Laboratory Services (IELS): Integrated Essential Laboratory Services (IELS) is established in all government health care facilities to ensure robust implementation of Laboratory Services throughout the State. IELS programme aids to further strengthen the laboratories by providing Equipment & Reagents to increase the capability of testing samples in all laboratories in the most

appropriate and feasible manner. Laboratory Information Management System (LIMS) facilitates to integrate all labs and helps to monitor Lab performance, to keep track of Equipment functionality, consumption of Reagents and sample transportation. The key component of IELS programme is establishment of Hub and Spoke model of sample transportation which provides timely and affordable services to the beneficiaries upto the last mile. The main aim of this model is to ensure that samples are transported to the next higher institution and results are provided to the patients at the facility where the sample is collected. Quality Assurance System (EQAS) is ensured through Regional Medical Colleges, CMC Vellore, AIIMS and Tata Memorial Hospital, Mumbai which is an integral component of this programme that allows the institutions to monitor, evaluate and improve the performance of their laboratories.

12.31 Integrated Disease Surveillance Programme (IDSP):

- i. Integrated Health Information Platform (IHIP):** IHIP is a daily surveillance platform

which was launched on 1st April 2021 by revamping the Weekly Surveillance programme called IDSP. The vision of IHIP is to have one stop platform for all spectrum of Health events pertaining to communicable disease, From Online generations of lab confirmed case line list to generation of Early Warning Signals (EWS). The health-related data on cases/syndromes are being updated in IHIP on daily basis by both Government and Private Institutions, using S form for suspected case / syndromes, P form for probable / clinical cases and L form for Lab confirmed cases.

ii. DISTRICT PUBLIC HEALTH LABORATORY (DPHL):

District Public Health Laboratories are playing a key role in disease surveillance by rendering appropriate diagnosis in time, thereby decreasing the Morbidity and mortality in the community.

At present 32 DPHL labs are functional and 6 more (Tenkasi, Kallakurichi, Ranipet, Chengalpet, Thirupatturthur, Mayiladuthurai) in the newly formed Revenue Districts are in the process of establishment.

- Acts as a centre for specimen collection, testing and transportation of the specimen to Higher centres
- Helps in Early detection of clustering of cases and sending Early Warning Signals (EWS) to the District Surveillance Unit (DSU).
- Helps in Bio-Medical Waste Management Implementation and Internal and External Quality Assurance Scheme (EQAS).
- Provides training and technical support, supportive supervision to the labs in Primary Health Centres and Government Hospital.
- Disinfection in Operation Theatre (OT) swab analysis, water analysis.

12.32 Telemedicine / National Telemedicine Service: e-Sanjeevani enables virtual meetings between the patients and doctors & specialists from geographically dispersed locations, through video conferencing that occurs in real time. At the end of these remote consultations, e-Sanjeevani generates an electronic prescription which can be

used for buying medicines. e-Sanjeevani AB-HWC, the doctor-to-doctor telemedicine platform is implemented at all the Health and Wellness Centres under Ayushman Bharat. Under e-Sanjeevani AB-HWC, Tamil Nadu has completed over 1,18,46,483 consultations. e-Sanjeevani OPD is a telemedicine variant for public to seek health services remotely. So far, over 17.47 lakh consultations have been recorded on e-Sanjeevani OPD. Overall 1.35 crore e-Sanjeevani tele consultations recorded in all health facilities in Tamil Nadu. e-Sanjeevani 2.0 has been rolled out from April 2023. E Sanjeevani 2.0 will enhance the telemedicine experience further with a plethora of new features both in terms of technology as well as innovations.

12.33 Health Management Information System (HMIS): HMIS is being used in Tamil Nadu for data collection from the health sector. There are four components of HMIS.

- a) **Hospital Management System (HMS):**
Under this HMS, daily real-time data of patients, both outpatients and inpatients are

being reported. This includes the line list of the patients, along with lab investigations and treatment details.

- b) **Management Information System (MIS):** MIS is monthly or weekly reporting. Moreover, patient details are entered as abstract rather than line lists. In addition to patient details, the concerned institutions enter the infrastructure, human resources, funding details, and logistics.
- c) **College Management System (CMS):** This is used by various Medical Colleges and the Tamil Nadu Dr. MGR Medical University for admission, allocation of registration number, hall ticket, mark sheet preparation, publication of results, awards, certificates and allotment of seat in Convocation Hall for all students.
- d) **University Automation System (UAS):** This is used by Tamil Nadu Dr.MGR Medical University for internal activities viz., Human Resource Management, Purchase Management System and Accounts, and File Management System.

12.34 Population Health Registry (PHR):

Population Health Registry (PHR), a Comprehensive Health Information Technology Platform has been established as a health initiative to transform Tamil Nadu into a digitally empowered society that provides affordable and accessible health care to all in a secure and reliable manner. PHR was rolled out in November 2021. The initiative was founded on the concept of providing a Unique Health Identification (UHID) number to all the citizens residing in the State for enabling data-driven decision. Population Health Registry would serve as the 'Single Source of Truth' for all health and related applications to bring in a common denominator for all healthcare services and programmes and to also digitalize health events at various stages. The key principles of data governance of Population Health Registry Systems at all levels are as follows:

- Once-only Data Collection
- Zero Knowledge Proof- Based Predictive Service Delivery PHR applications developed so far.

- Admin Website
- Web admin dashboard
- Mobile application

12.34.1 Pilot roll out: After the development of the PHR application, the Pilot roll out was carried out in Kandamangalam Block in Villupuram District on 7th July 2021 where the State Family Database (SFDB) verification was carried out in the entire Kandamangalam Block. Later the strategy was revised to take up Krishnagiri District under DLI of World Bank supported TNHSRP from 25th April 2022 onwards. In Krishnagiri District, the SFDB verification has been done for the entire District and the PHR application we piloted in Veppanapalli Block in Krishnagiri. So far, 90% of population in Kathiripalli HSC and overall 30 % in Krishnagiri District has been verified and updated in the database. On completion of the same, it is proposed to extend the verification and mapping exercise and door to door house hold screening using PHR application to other districts in Tamil Nadu in a phased manner.

12.34.2 PHR integration with HMIS 2.0 and

ABHA: In the future PHR application will be integrated with HMIS 2.0 application and Ayushman Bharat Health Account (ABHA). This will help to get the full history of a patient's treatments at various hospitals all over India.

12.35 Fifteenth Finance Commission (FC-XV)

Grants for Health: The Fifteenth Finance Commission (FC-XV) has recommended grants for specific components of health sector and these grants are for healthcare strengthening through Local Bodies will be spread over the five-year period from FY 2021-22 to FY 2025-26. For the State of Tamil Nadu Rs.4280 crore has been approved under the FC-XV for the above period of 5 years. Out of the above sanctioned funds for the FY 2021-22, Rs.805.93 crore and for the FY 2022-23, Rs.801.21 crore has been allocated for sector specific components as given in the Table below.

Table 1: Fund allocated to various components during 2021-22 & 2022-23:

FMR	Details of the Grants	2021-22 Amount (Rs in Crore)	2022-23 Amount (Rs in Crore)	Implementing Department
R.3.1	Support to Diagnostic Infrastructure in the Sub-Centres	64.16	64.16	Health & Family Welfare Department
FR.3.3	Support to Diagnostic Infrastructure in the PHCs	69.25	69.25	
FU.1	Support to Diagnostic Infrastructure in the Urban PHCs	18.75	18.88	
FU.2	Urban Health and Wellness Centres (UHWCs)	356.48	356.35	Municipal Administration and Water Supply Department
FR.1	Building-less Sub -Centres, PHCs and CHCs	71.21	71.20	Rural Development and Panchayat Raj Department

FR.2	Block Level Public Health Units	77.47	72.75	Rural Development and Panchayat Raj Department
FR.4	Conversion of Rural PHCs and SCs into Health and Wellness Centre	148.61	148.61	Rural Development and Panchayat Raj Department
	TOTAL	805.93	801.21	

For the year 2023-24, proposal has been submitted to Government of India for Rs.846 Crore towards the sector specific components under Fifteenth Finance Commission (FC-XV) Grants for Health.

12.36 PM Ayushman Bharat Health Infrastructure Mission (PMABHIM): PM Ayushman Bharat Health Infrastructure Mission (PMABHIM) was launched by Union Government in October 2021. It is the largest Pan-India scheme for creation and improvement of long-term Public Healthcare Infrastructure over a period of next five years from Financial year

2021-22 till Financial year 2025-26. The implementation of the programme is carried out through existing Framework and mechanisms of the National Health Mission. It is a Centrally Sponsored Scheme with few Central Sector Components (Rs.983.57 crore) and State Share (Rs.655.72 crore) along with 15th Finance Commission share (1362 crore) totally Rs.3001.29 crore for next Five years. Out of the above sanctioned funds for the Financial year 2021-22, Rs.116.30 crore and for the Financial Year 2022-23, Rs.216.30 crore has been allocated for specific components. All components of the proposed under the Scheme are designed in a manner so as to lead to fulfillment of objectives set out in the National Health Policy, 2017. The Components of the scheme are as follows:

- 1) Ayushman Bharat Health Wellness Centres in Urban Areas
- 2) Integrated District Public Health Laboratory
- 3) Critical Care Hospital Blocks – 100 Bedded and 50 Bedded Units

Table 1: Component-wise approved funds under PMABHIM for FY 2021-22 & 2022-23 with physical deliverable:

Components	2021-22	Amount Approved (Rs. in Crore)	2022-23	Amount Approved (Rs. in Crore)
	Units		Units	
District Integrated Public Health Labs	4	5.00	8	10.00
Critical Care Blocks (100 bedded)	1	40.05	1	40.05
Critical Care Blocks (50 bedded)	1	23.75	3	71.25
Critical Care Blocks (Medical Colleges 50 bedded)	2	47.50	4	95.00
Total	8	116.30	16	216.30

A proposal of Rs.698.90 crore have been submitted to Government of India for the Financial Year 2023-26 under PM Ayushman Bharat Health Infrastructure Mission.

Chapter - 13

TAMIL NADU URBAN HEALTH CARE PROJECT

13.1 The Government of Tamil Nadu is implementing Tamil Nadu Urban Healthcare Project (TNUHCP) with funding support from Japan International Cooperation Agency to provide high quality healthcare services to the poor, by strengthening the health institutions located in the urban areas.

- i. Strengthening the capacity of the key hospitals with up-gradation of the facility and equipment and
- ii. Strengthening the capacity of human resources with the focus on Non Communicable Diseases are involved in the project will be carried out.

13.2 The main focus of the Project is on:

- i. Improving the treatment of Non-Communicable Diseases by providing advanced treatment for Cardio-vascular

diseases, Cancer, Chronic respiratory diseases, Diabetes etc.

- ii. Improving the existing hospital infrastructure by replacing and recasting physically deteriorated and functionally out dated existing buildings with a comprehensively designed model “Central Diagnosis Block”.
- iii. The project intends to introduce advanced Japanese medical technology such as hybrid operation theatre system, interventional Radiology by constructing ‘State of Art’ facilities as well as devising operation and maintenance methodologies.

13.3 Tamil Nadu Urban Health Care Project has an outlay of Rs.1,634 crore for implementation under the Japan International Co-operation Agency (JICA) which includes a JICA loan component of Rs.1,388 crore (85%) and State share of Rs.245.6 crore (15%). The project will be implemented over a period of eight years upto July 2024.

13.4 Project activities:

13.4.1: Upgradation of Government Medical College Hospitals: Strengthening of three tertiary care hospitals with modern buildings and high-tech equipment as given below:-

Sl. No.	Hospitals	Building cost	Equipment cost	Total Cost
		(Rs. crore)		
1.	Government Rajaji Hospital, Madurai.	187.79	125.46	313.25
2.	Kilpauk Medical College Hospital	196.66	162.21	358.87
3.	Coimbatore Medical College Hospital	168.96	122.60	287.56
	Total	549.41	410.27	959.68

13.4.1.1 Civil work:

- i. Government Rajaji Hospital, Madurai will be upgraded with a multi storeyed building consisting of G+6 floors (22580 sq. mts.) at a cost of Rs.187.79 crore consisting of 22 operation theatres + 1 Hybrid Operation Theatre.

- ii. Government Kilpauk Medical College Hospital, Chennai will be upgraded with a multi storeyed building consisting of G+6 floors (24973 sq. mts.) at a cost of Rs.196.66 crore consisting of 12 operation theatres + 1 Hybrid Operation Theatre.
- iii. Government Coimbatore Medical College Hospital, Coimbatore will be upgraded with a multi storeyed building consisting of G+6 floors (20617 sqmts) at a cost of Rs.168.96 crore consisting of 9 operation theatres.

It is proposed to provide Advanced Operation Theatre (OT) facilities containing OT Centre for General, Vascular, Cardiothoracic, Plastic surgery, Urology, ENT, Paediatric Surgery & Hybrid OTs, IVR rooms, Pre-operative Care unit, Sick Intensive Care Unit, Post Anaesthesia Care Unit, Imaging Centre, etc. to Government Medical College Hospitals at Madurai, Kilpauk and Coimbatore.

13.4.1.2 Medical Equipments: It is proposed to provide equipment for Advanced Operation theatre centre containing OT centre with

Anaesthesia work station, C-arm machine, Endoscopes, Hybrid OT equipment, IVR system, Biplane Angiography system, Imaging Centre with MRI, CT scan, Intra Aortic Balloon Pump, Video Endoscopy System, CRRT, Digital X-ray with Fluoroscopy, etc., to Government Rajaji Hospital, Madurai, Kilpauk Medical College Hospital and Coimbatore Medical College Hospital.

13.4.2 Stengthening of Medical College Hospitals and District Head Quarter Hospitals: Strengthening 11 Medical College Hospitals and three District Head Quarter Hospitals with modern high tech equipment.

S. No.	Hospitals	Value in Rs.
1.	Vellore Medical College Hospital, Vellore	23,61,00,000
2.	Tirunelveli Medical College Hospital, Tirunelveli	22,36,00,000
3.	Kanniyakumari Medical College Hospital, Asaripallam, Nagercoil	16,92,00,000
4.	Salem M.K.M Medical College Hospital, Salem	25,92,00,000
5.	Thoothukudi Medical College Hospital, Thoothukudi	14,90,00,000

S. No.	Hospitals	Value in Rs.
6.	Mahatma Gandhi Memorial Hospital attached to Government KAPV Medical College, Tiruchirapalli	26,60,00,000
7.	Thanjavur Medical College Hospital, Thanjavur	31,87,00,000
8.	Pudukottai Medical College Hospital, Pudukottai	10,28,00,000
9.	Dindigul Medical College Hospital, Dindigul	5,04,00,000
10.	Krishnagiri Medical College Hospital, Krishnagiri	4,82,00,000
11.	Tiruppur Medical College Hospital, Tiruppur	4,72,00,000
12.	District Head Quarters Hospital, Erode	5,70,00,000
13.	District Head Quarters Hospital, Periyakulam	2,47,00,000
14.	District Head Quarters Hospital, Cuddalore	5,77,00,000
	Total	200,98,00,000

The equipment supplied to these hospitals include equipment for Radiology in Imaging Department with CT, Mammography etc, and Endoscopy

centre withGastro-fiberscope, Operating Microscope, Ultrasound scan, C-arm machine, X-ray machine, etc in 11 Government Medical College Hospitals at Salem, Vellore, Thanjavur, Tirunelveli, Tiruchirapalli, Pudukkotai, Thoothukudi, Kanyakumari, Dindigul, Krishnagiri and Tiruppur. The equipment supplied to the three District Headquarters Hospitals at Erode, Cuddalore and Periyakulam are CT scan, Digital Fluoroscopy, Endoscopy, Gastro-fiberscope for Imaging department and C-arm, X-ray unit, Anaesthesia work station etc.

13.4.3 Strengthening of District Head Quarter Hospitals: Strengthening of four secondary care hospitals with modern buildings and high-tech equipment. Storey

Sl. No.	Hospitals	Building Cost	Equipment Cost	Total Cost
		(Rs. crore)		
1	Government Hospital, Avadi	37.90	10.12	48.02
2	Government Hospital, Velampalayam	40.83	6.73	47.56

3	Government Peripheral Hospital, Ammapet (Annexed to Salem Medical College Hospital)	38.88	6.13	45.01
4	Government Peripheral Hospital, Kandiyaperi (Annexed to Tirunelveli Medical College Hospital)	39.71	6.79	46.50
Total		157.32	29.77	187.09

13.4.3.1 Civil Works: The multi storey buildings being constructed in the above hospitals include in-patient wards, OT block, Emergency Department, Outpatient department for General Medicine and Surgery, Obstetrics and Gynaecology, Paediatrics, Ear, Nose, Throat (ENT) and Ophthalmology, Comprehensive Emergency Obstetric and Newborn Care centre (CEmONC) and Special Newborn Care Unit(SNCU), Casualty Department, etc.

13.4.3.2 Medical Equipments: The equipment being provided to these hospitals include Beds, Infusion stands in in-patient wards, Operation tables Anaesthesia machine in Operation theatre, dental units in Outpatient department, Cardiotocography, Radiant warmer, ventilator in SNCU and CEmONC, defibrillator in casualty department, digital X-ray machine, Computed Radiography in Imaging Department.

13.4.4 Strengthening of Hospital Management: For Strengthening of hospital management, the following training programs are being conducted by the project:

- i. Hospital Management training for Doctors, Nursing Management training for Staff Nurses and Office procedures training for Ministerial Staff
- ii. Equipment Maintenance training for Doctors, Staff Nurses and Paramedical Technicians
- iii. Training on Non-Communicable Diseases (NCD) program for Doctors, Staff Nurses, Women Health Volunteers and Lab Technicians

iv. Trauma Care training for Doctors and Nurses working in Emergency Department in Medical College Hospitals and Secondary care Hospitals.

The details of training programmes are given below:

Name of the Training	Trainees	Training Institute / Agency	No of trainees proposed	Cost in Rs.
Hospital Management	Doctors, Staff Nurse, Ministerial Staffs	Anna Institute of Management	1620	3,34,98,000
Equipment Maintenance Training	Doctors, Staff Nurse, Pharmacist, Lab Technician, X-ray Technician, OT Assistant	Tamil Nadu Medical Service Corporation.	1870	1,39,50,775
NCD Training	Doctors, Staff Nurse, Pharmacist, Lab Technician	National Health Mission.	10,930	2,92,06,163
Trauma Care Training	Doctors, Staff Nurse	Tamil Nadu Accident and Emergency Initiative Wing of NHM	440	57,20,688

Arthroscopy Training	Doctors	Tamil Nadu Government Multi Super Speciality Hospital, Chennai	Two Ortho Surgeons in each batch for three months (For 7 Batches)	—
Total				8,23,75,626

13.4.5 Upgradation of Public Health Training Institute in Non-Communicable Diseases:

Strengthening Training Centres of Directorate of Public Health and Preventive Medicine in Non Communicable diseases. Equipment are being provided to Institute of Public Health at Poonamallee and Health and Family Welfare Training Centre at Madurai at a cost of Rs.2,98,33,974 to strengthen the training of health care providers on prevention, screening, treatment and follow up of Non Communicable Diseases program.

Training Equipments: The equipment supplied are Anatomical Models, Advanced Nursing Mannequin, Non medical items (Computer and Laptop), Injection Training Arm Model, Vein Access Suction Simulator, Cardio Pulmonary Resuscitation Simulator, Abdominal Palpation Model.

13.5 Project Activities:

- The equipment are procured through Tamil Nadu Medical Services Corporation by following JICA procurement procedures.
- The civil works are being carried out through the Public Works Department.

13.6 Project Benefits: The expected outcome of the project in the project hospitals are as follows:

- i. More number of highly advanced surgeries and procedures could be conducted.
- ii. High end Diagnostic procedures will increase many fold.
- iii. Referral out cases will reduce to almost nil.
- iv. Number of dialysis procedures will increase many fold.
- v. Bed Occupancy Rate (BOR) will increase.
- vi. Patients will get high quality services due to availability of better infrastructure and equipment. Out of pocket expenditure will be reduced.
- vii. More number of health care providers and workers will get trained in high end procedures and in quality of care.

viii. Patients' satisfaction level will be increased and grievances will reduce.

ix. Staff satisfaction level will increase.

13.7 Progress of the Project Activities:

Comp.	Activity	Progress
Civil Works		
1.1.1	Construction of Tower block at Government Rajaji Hospital, Madurai	80%
1.1.2	Construction of Tower block at Kilpauk Medical College Hospital, Chennai	88%
1.1.3	Construction of Tower block at Coimbatore Medical College Hospital, Coimbatore	72%
3.1.1	Construction of Multi Storeyed building at Government Hospital, Avadi	85%
3.1.2	Construction of Multi Storeyed building at Government Hospital, Velampalayam	80%
3.1.3	Construction of Multi Storeyed building at Government Hospital, Ammapet, Salem	65%

3.1.4	Construction of Multi Storeyed building at Government Hospital, Kandiyaperi, Tirunelveli	69%
Medical Equipments		
1	Provision of Hi-tech equipment to three tertiary care hospitals (KMCH, Chennai-1 CMCH, Coimbatore-1 GRH, Madurai-1)	Procurement is under process in TNMSC.
2	Provision of Hi-tech equipment to 11 MCHs and 3 DHQHs. Total-14 Medical College Hospital-11 (Vellore, Tirunelveli, Kanniyakumari, Salem, Thoothukudi, Tiruchirapalli, Thanjavur, Pudukottai, Dindigul, Krishnagiri & Tiruppur) District Headquarters Hospital-3 (Erode, Periyakulam & Cuddalore)	The equipment procurement and supply is completed
3	Provision of Hi tech equipment to 4 secondary care hospitals (Avadi-1, Velampalayam-1, Kandiyaperi-1, Ammapet-1)	Procurement is under process in TNMSC.
4	Strengthening of Public Health Training Centres at two places (Poonamallee-1, Samayanallur-1)	Procurement is under process in TNMSC.

Training		
5	Provision of Training for Health Care Providers.	Training is ongoing.

- The modern high-tech equipment have already been supplied to 14 hospitals under component 2 are being utilized and monitored periodically. Action have being taken to complete the balance civil works.
- On completion of this project, poor people will have access to high quality treatment in these institutions comparable to Corporate Hospitals with free of cost.

Chapter - 14

TAMIL NADU HEALTH SYSTEM REFORM PROGRAM

14.1 Project Profile: This program is supported by World Bank, and it is 'P for R' model programme i.e, Program for Result, by achieving the prefixed targets set by World Bank, they will disburse the amount linked with that DLI (Disbursement Linked Indicator). The total project cost is Rs.2,857.003 crore (USD 410 million). Out of this, Rs.1,999.902 crore (USD 287 million) is funded by World Bank and Government of Tamil Nadu is investing Rs.857.101 crore (USD 123 million). The project period is for 5 years. This program also aims to achieve Sustainable Development Goals – 3 which is to '**Ensure healthy lives and promote wellbeing for all at all ages**'.

The Goal of the Project is to:

- Improve quality of care to public
- To control Non-Communicable Diseases (NCD) and improve trauma care
- Attain equality in reproductive and child health services in Tamil Nadu

14.2 Programme Activities:

- To improve and maintain the Quality of service provided in all health care facilities and increasing the number of Accredited (NQAS/NABH) Government Health Care Facilities.
- To control Non-Communicable Diseases, by increasing the proportion of control of hypertension and diabetes in patients. Increasing the screening of breast cancer and cervical cancer in women. Delivery of NCD drugs directly to the home of the patients and monitoring the patients under 'Makkalai Thedi Maruthuvam' Scheme so as to decrease the number of patients going for complications such as stroke, myocardial infarctions, and chronic kidney failures.
- To address the increased suicidal deaths in the State, a Suicidal Hot line (104) has been established and counselling is provided through 20 psychologists. Training of health care providers for early identification and treatment of mental health illnesses through a Mental Health capacity building plan.

- Establishment of Emergency Department in all Government Medical College Hospitals, training of doctors and health care workers and strengthening of Emergency Ambulance Services system by dynamic allocation method to provide specific care to Road Traffic Accident (RTA) cases within stipulated time.
- Inter district disparity in Reproductive and Child Health Services (RCH) is addressed through strengthening of Ante Natal Checkup (ANC) services, immunization and contraceptive services by Information, Education and Communication (IEC) activities and training of health care providers especially in 9 priority districts of Ariyalur, Dharmapuri, Ramanathapuram, Theni, Thoothukudi, Tirunelveli, The Nilgris, Tiruvannamalai and Virudhunagar, thereby decreasing the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR).
- 'District Health Assemblies' are conducted each year for bringing in transparency and accountability in the system and

participation of the community in decision making by the better informed and empowered communities in the districts. The initiative is under the chairmanship of District Collector involving participation of policy makers of Health and connected Departments such as School Education, Rural Development, Social Welfare, Differently Abled Welfare, Non-Governmental Organisations (NGOs), Civil Society Organisations (CSOs), General Public, Elected Representatives of the communities and Private Sectors, to exchange views through various modes of communication, thereby building trust in the system. Further, specific requirements of Differently Abled, Tribals, Women and Youth are prioritised and resolved. Similarly, State Health Assembly is conducted every year under the chairmanship of Hon'ble Chief Minister of Tamil Nadu. The Health Assembly is thus meant to be a tool to put into practice public participation in policy formulation and implementation in health related issues.

14.3 Achievements (2019 – March, 2023): To achieve the above said activities, lot of interventions are implemented in the field. The following are the important achievements

Sl. No.	Activities	Outcomes	Cost (Rs. in crore)
1	961 Ambulances procured and (185 Ambulances provided by NHM) added to the fleet	To enhance emergency ambulance services.	261.23
2	Construction of a new Tower Block Building and Supply of Equipment in Kilpauk Government Medical College Hospital	For upgrading Super Speciality treatment	125.00
3	The Centre of Excellence exclusively for cancer diseases is being established in the Government Arignar Anna Memorial Cancer Hospital, Karapettai, Kancheepuram at a total cost of Rs.120 crore. For Construction of buildings, the Government have accorded administrative and financial sanction and the construction works (G+2) is nearing completion and it will be completed shortly. Further, the Government have issued orders to upgrade the	To provide definitive treatment for Cancer Patient	100.00

	<p>centre of excellence to 750 bedded Hospital by up scaling the (G+2) structure with the addition of 3 Floors (i.e) (G+5) to render services to more patients and bring holistic and comprehensive cancer care facility in Tamil Nadu. In this regard, the Government have accorded administrative and financial sanction for a sum of Rs.100 crore.</p>		
4	<p>Preparatory work for NQAS / NABH accreditation</p>	<p>301 PHCs, 75 Secondary care Institutions and 4 Medical College Hospitals</p>	90.15
5	<p>Implementation of Makkalai Thedi Maruthuvam Scheme</p>	<p>To deliver the NCD drugs directly to the home of the patients of 388 blocks & 11 Corporations</p>	87.00
6	<p>Construction of additional building with master health checkup facility, Non- Communicable Disease (NCD) unit, Dialysis Unit, Blood Bank Unit, Central Sterile Supply Department (CSSD) and additional equipment in Periyar Nagar Peripheral Hospital Chennai.</p>	<p>To provide comprehensive treatment for the patients at the earliest</p>	71.81

7	Construction of New building with equipment for the Neuroscience block at Rajiv Gandhi Government General Hospital	To provide definitive treatment for the neuro patients at the earliest	65.00
8	Upgradation and Strengthening of Trauma Care Centres as Level I at 13 Medical College Hospitals and Level II at 29 District Hospitals	To reduce the deaths due to trauma.	44.32
9	Strengthening of Govt. Rehabilitation Centre, KK Nagar by providing additional HR, Equipment and Building	To provide definitive Rehabilitative Care	32.70
10	Establishment of Emergency Department - 36 Medical College Hospitals	To provide definitive treatment for the trauma patients at the earliest.	20.23
11	Supply of equipment for screening and treatment of Non-Communicable Disease to 8,713 HSCs, 2,343 PHCs, 73 Secondary care Institutions and 25 Medical College Hospitals	To facilitate the early detection and treatment of NCD	13.89
12	Construction of an additional building with equipment for Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Center at Government Medical College Hospital, Sivagangai.	To protect the mother and child health during pregnancy.	11.74

13	Trauma and Emergency care center will be established in Thirupattur Government Hospital – Sivagangai District, Sattur GH- Virudhunagar district, and Chengam GH – Tiruvannamalai District, GH-Palacode – Dharmapuri District, GH Virudhachalam	To reduce the deaths due to trauma.	11.62
14	Establishment of Health & Wellness Hub in 120 PHCs	To provide the healthy environment to the public.	11.00
15	Non-Communicable Disease (NCD) Drugs for 8,713 HSCs, 2,343 PHCs, 73 Secondary care Institutions and 25 Medical College Hospitals	To ensure continuous control of NCD	38.22
16	Construction of New building and provision of Equipment for GH Uthiramerur, Kancheepuram District	To facilitate better treatment for Out Patients and Casualty services	10.00
17	Non-Communicable Disease Laboratory Reagents for 8,713 HSCs, 2,343 PHCs, 73 Secondary care Institutions and 25 Medical College Hospitals	To facilitate the continuous screening for NCD	38.33
18	Provision of Desktop, UPS, Printer to Health care Institutions in 630 Institutions in 10 priority districts (382 PHCs, 57 UPHCs, 109 CHCs, 73 GHs and 9 MCHs)	To improve the documentation and data entry for RCH services	5.73

19	Construction of New Building with CT-scan and Equipment to Government Hospital, Vandavasi - Tiruvannamalai District	To provide definitive treatment for the patients at the earliest.	5.00
20	23 research proposals were approved in the Operational Research Program	To evaluate the operational outcome of the schemes	5.00
21	Procurement of Digital BP apparatus, Weighing machine Foetal Doppler in 2249 HSC's	To avoid maternal and Foetal complication during pregnancy	2.59
22	Providing CT-Scan and C-arm with compatible fracture table in Sub District Hospital (SDH) Harur, Dharmapuri District	To improve the quality of trauma care treatment	2.30
23	Establishment of Trauma Registry in 48 Government Hospital	To monitor the treatment of all the trauma patients till discharge	1.92
24	Establishment of Trauma Registry in 36 MCH	To monitor the treatment of all the trauma patients till discharge	1.78
25	Conducting Health Assembly in 30 districts	To bring the transparency & accountability of the system and participation of the community	1.70
26	Establishment of Master Health check up and women special Master health check up unit at Government Stanley MCH by providing equipment.	To provide master health checkup for the patients	1.65

27	STEPS Survey for NCD across the state	To detect the actual number of populations having diabetes, hypertension control.	1.64
28	Appointment of Quality Managers in 36 Government Medical Colleges to assist the Dean / Medical superintendent in maintaining quality standards.	To maintain the quality standards in Government Medical College Hospitals	1.54
29	Establishment of Blood storage unit in Karaiyur Community Health Center (CHC) and Pudukottai CHC - Pudukottai District, Poovanthi CHC - Sivagangai District, Thayalpatti Upgraded - Primary Health Center (UGPHC) and ZaminKollanKondan CHC - Virudhunagar District, Managalam UGPHC- Tiruvannamalai District, Pudukottai CHC - Thoothukudi District, Senkottai GH - Tenkasi District	To provide emergency treatment at the earliest	1.20
30	Establishment of Post-Mortem Services in Yercaud Government Hospital (GH) - Salem District by providing Building and Equipment	Long standing demand of the public accomplished	1.05

31	Training of 12,810 Anganwadi Workers (AWW) for Routine Immunization and Sensitization and orientation training for 1,000 Village Health Nurses (VHN) in Pregnancy and Infant Cohort Monitoring and Evaluation (PICME) entry in 14 Health Unit Districts (HUDs) of 10 priority districts	To monitor RCH activities	1.03
32	Modern Laparoscopic instruments will be provided to Tiruvannamalai, Ariyalur Government Medical College Hospitals and Kovilpatti Government Hospital	To improve RCH activities	1.00
33	Upgradation and Strengthening of Trauma Care Center in Government Hospital, Pattukottai by providing Building and Equipment	To reduce the deaths due to trauma	0.98
34	Strengthening of suicidal hotline (104 helpline) by appointing 20 psychologists to give counseling	To reduce the suicidal deaths in the state	0.83
35	Provision of Haemoglobinometer to 245 Health Sub Centres (HSCs)	For early detection of anaemia in the pregnant mothers	0.78

36	Provision of Mobile Blood Collection Van, HPLC Machine & Consumables to Nilgiris Government Medical College Hospital	To provide emergency treatment at the earliest	0.50
37	Hiring of consultancy firm for RCH constraint study in 10 priority districts	To improve the utilization of RCH (ANC, Immunization and Family Planning) services	0.47
38	IEC Activities in 101 Primary Health Centres (PHCs) and 54 Secondary care Institutions	To create awareness among the public	0.46
39	Establishment of trauma and Emergency surveillance centres in 25 Medical College Hospitals	To monitor the quality of trauma care given at hospital	0.44
40	Establishment of Snake Bite Poison Management Centre in Kalakkad Government Hospital (GH) - Tirunelveli District	To provide emergency treatment for the snake bite patients at the earliest	0.40
41	Construction of Nursing Quarters in Rajadhani Primary Health Center - Theni District	To ensure the availability of 24 hours services to the patients	0.30
42	Facility wise help desk with Provision of cubicle for Family Planning counselling in 27 Secondary care and 9 Tertiary Care Centres	To provide the counselling regarding family planning	0.23

43	Strengthening of PICME cell in 10 priority districts by providing HR and IT equipment for call centres	To provide the counselling regarding pregnancy issues	0.22
44	Provision of C-arm with fracture table for Paramakudi Government Hospital, Ramanathapuram District	To improve the quality of trauma care services	0.20
45	Family Planning Counseling Card for Eligible couples in 10 priority districts	To facilitate the couples to choose the best family planning method available	0.12
Total			1,074.57

14.4 Disbursement: The programme has obtained a disbursement of Rs.1303.56 crore from the World Bank since inception till March 2023.

Total Disbursement Achieved: (2019 to 31.03.2023)

Sl. No.	Activities	Amount Claimed (Rs. in crore)
1	RCH	419.36
2	Quality	362.02
3	Cross cutting	258.63
4	NCD	93.80
5	Trauma and Mental Health	123.60
6	HMIS	46.15
Total amount claimed		1303.56

Now the program is working on finalizing the activities of the Year five.

Chapter- 15

COVID-19 MANAGEMENT AND VACCINATION

15.1 The World has been challenged by the unprecedented COVID-19 pandemic. The Tamil Nadu Government have declared COVID-19 as notified disease under the Disaster Management Act, 2005, Epidemic Diseases Act, 1897 and the Tamil Nadu Public Health Act, 1939. The Tamil Nadu COVID-19 Regulations, 2020 has been notified under the Tamil Nadu Public Health Act, 1939 to prevent the spread of COVID-19 outbreak. The State has so far successfully tackled three waves of Covid-19 pandemic. First case of Covid-19 was reported in Kancheepuram district on 7th March 2020. First wave of Covid-19 witnessed 8,15,691 cases with a peak of 6,993 positive cases on 27th July, 2020. First Lockdown was implemented on 24th March, 2020. The Government of Tamil Nadu has established 24x7 State Emergency Operations Control Room (SEOCR) at the office of Director of Public Health and Preventive Medicine on 14th March, 2020. The State has carried out effective contact tracing,

strict containment management, Airport Surveillance and clear-cut strategies from the beginning itself by focusing on aggressive testing, quarantine, effective patient management. When this Government took over the administration on 7th May 2021, the total positive cases in a day was 26,465. The second wave of Covid-19 have witnessed 17,08,055 of cases with a peak of 36,184 cases on 20th May, 2021. As the 2nd wave of the pandemic hit India in April 2021, Tamil Nadu had witnessed shortage of beds and oxygen in both public and private sectors, thereby overburdening the hospitals and the capacity of already strained healthcare workers. Consequently, the State Covid-19 War Room (State CWR) was established at the office of the National Health Mission on 8th May 2021 as a response to the State's need for strong governance and multi-departmental coordination during the critical time. The Government has given thrust to COVID management as its first priority and imposed lockdown when inevitable, increased the health infrastructure, conducted focused reviews followed by field inspection which

helped in reducing the case load. Oxygen management was improved in co-ordination with Government of India. The State has arranged the medical oxygen by procuring Oxygen concentrators and installing 130 containers, PSA (Pressure Swing Adsorption) oxygen generating plants. As of now, 260 PSA plants are available in Government Institutions and Private Hospitals. 24,061 oxygen concentrators are available in Government sector, the present storage capacity of Liquid Medical Oxygen in Tamil Nadu is 2067.63 metric tons.

15.2 Third wave of COVID-19 started in the last week of December 2021. Third wave of Covid-19 witnessed 7,01,328 cases with a peak of 30,744 cases recorded on 22nd January, 2022. The majority of COVID-19 cases reported in 3rd wave were Omicron variant. The most cases presented as mild form and most of them were managed by home isolation and symptomatic treatment. In response to the 3rd wave and rise of the new OMICRON variant, the State COVID War Room and District war rooms were reactivated on

3rd January, 2022 to lead and guide the management. Through the continuous efforts of the Government a declining trend of COVID-19 was achieved by the end of February, 2022.

15.3 The Government have established a whole genomic sequencing testing lab at a cost of Rupees Four Crore at the State Public Health Laboratory, Chennai which was inaugurated by the Honorable Chief Minister of Tamil Nadu on 14.09.2021 for detecting the new variants of Covid-19. Till 31.03.2023, 2965 samples were analyzed for variants of Covid-19 at this lab and the reports of Covid-19 variants found is shared to initiate immediate control measures. An increase in Covid-19 cases reported in India from the end of February 2023. In Tamil Nadu, a slight increase in Covid-19 cases reported from first week of March. In response to increase in fever and Covid-19 cases Honourable Chief Minister of Tamil Nadu instructed to conduct special fever camps from 10.03.2023. 49,341 special fever camps are conducted till 04.04.2023 by Mobile Medical Teams and School Health Teams,

screening 19,89,235 persons and 10,784 persons were identified with fever and treated.

15.4 As per the Instruction of the Honourable Chief Minister of Tamil Nadu, Honourable Minister for Health and Family welfare conducted meeting with the Heads of departments on 21.03.2023 and instructed on preparedness of management of increase in Covid-19 cases. The present increase in Covid-19 cases across India is due to the new Omicron variant XBB.1.16. Though the XBB.1.16 variant produce mild form of disease, all the positive samples in Tamil Nadu are processed for whole genomic sequencing and so far the XBB.1.16 variant is not detected in Tamil Nadu.

Chapter – 16

MAKKALAI THEDI MARUTHUVAM

16.1 Makkalai Thedi Maruthuvam (MTM):

Tamil Nadu Government's flagship programme “**Makkalai Thedi Maruthuvam**”, launched by the Hon’ble Chief Minister of Tamil Nadu, offers holistic and comprehensive set of “**Home Based Health Care Services**” to ensure continuum of care, sustainability of the services and also meet the health needs of beneficiaries in the family as a whole.

16.2 Community focused field functionaries in MTM:

- 10,969 Women Health Volunteers (WHV) are engaged which includes 8,713 WHVs from the Self Help Group (SHG) Network under the Tamil Nadu Corporation for Development of Women (TNCDW) in all Health Sub Centres and 2,256 WHVs from the SHG Network under the Tamil Nadu Urban Livelihood Mission (TNLUM) in urban areas.

- At the Block level, there is a team of Palliative Care Nurse and Physiotherapist offering Home Base Palliative and Physiotherapy services with a total of 463 Palliative Care Nurses and 463 Physiotherapist across the State.
- At the institutional level, 2,892 MTM Staff Nurse have been deployed at the rate of 1 per PHC, 2 per Government Hospitals and 2 per Medical College Hospital for providing comprehensive NCD services at primary, secondary, and tertiary care level.

16.3 Home and Institutional Based Services:

This scheme is conceptualised in such a way that a field level team would provide home based health care services for line-listed beneficiaries such as delivery of Hypertension / Diabetes Mellitus drugs for patients who are 45 years and above and those with restricted mobility, Home based Palliative Care and Physiotherapy services, caring for End Stage Kidney Failure patients, referral for Essential Services, identification of children with congenital problems or any other

health needs in the family which needs to be informed and followed up. The existing NCD (Hypertension / Diabetes Mellitus) services provided at Public Health Facilities in the State are also brought under the umbrella of MTM. At the Institutional level, MTM Staff Nurses placed in all Primary, Secondary and Tertiary care institutions provide NCD screening and follow up services. The Palliative care, Physiotherapy, and Continuous Ambulatory Peritoneal Dialysis (CAPD) services at Institutions are provided under the MTM scheme and the Patients eligible for Home-based MTM services are referred to respective PHC.

16.4 Monitoring of the Programme: The Mission Director, National Health Mission, Tamil Nadu is authorized to implement the “**Makkalai Thedi Maruthuvam**” scheme through the Directorate of Public Health and Preventive Medicine in coordination with the Directorate of Medical and Rural Health Services and the Directorate of Medical Education. With regard to Continuous Ambulatory Peritoneal Dialysis (CAPD)

component of the scheme, the Mission Director – National Health Mission is also authorised to implement the component with the provision for providing Peritoneal Dialysis bags under the Chief Minister’s Comprehensive Health Insurance Scheme (CMCHIS). This programme is being monitored by State and District Level health officials and field visits are carried out frequently. A novel feature of this programme is reaching out to line-listed MTM Beneficiaries for redressal of grievances by Health Advisory Officers through “102 call centre” and monitoring of the feedback received, the data entered is being done under Makkalai Thedi Maruthuvam across the State.

16.5 Budget: Apart from the allocation of funds earmarked by the Government of Tamil Nadu for Non-Communicable Diseases in the Department of Health and Family Welfare during the financial years 2021-2022 and 2022-2023, Rs.681.64 crore had been provided as special fund allocation under Makkalai Thedi Maruthuvam.

16.6 Performance: This flagship scheme “**Makkalai Thedi Maruthuvam**” has reached

and crossed the 100th lakh beneficiary on 29.12.2022 which is considered as one of the milestone achievement in the field of Public Health which was inaugurated on 05.08.2021. As on March 2023, under "Makkalai Thedi Maruthuvam", a total of 1,00,46,429 patients have been recorded to have received the first time services and 2,76,90,102 patients have benefitted repeat services.

Chapter - 17
INNUIYIR KAPPOM -
NAMMAI KAAKKUM 48 SCHEME

17.1 Government of Tamil Nadu launched a pioneering scheme "Innuyir Kappom Thittam : Nammai Kaakkum - 48" (IK : NK-48) by the Hon'ble Chief Minister of Tamil Nadu on 18.12.2021, to address the increasing death rate due to Road Traffic Accidents (RTAs) and to save the life of RTA victims within Tamil Nadu during the crucial first 48 hours of accident which is the golden period for saving lives. This is to ensure reduction of financial burden on the family of Road crash victims in the first 48 hours critical period. This programme aims to further reduce delays due to denial of treatment and multiple Inter facility transfers, thereby reducing mortality and mobility to a great extent.

17.2 Details of the scheme: 683 hospitals (448 private hospitals and 235 Government hospitals) have been empanelled in accident prone stretches based on the 500 accident grid and taking into account the time of transport from accident site to the nearest medical facility. 81 designated treatment modalities / procedures for damage

control measures costing upto Rs.1.00 lakh per individual has been extended on a cashless basis on assurance mode to all victims of accidents occurring within Tamil Nadu, irrespective of nativity or nationality and whether they possess a Chief Minister’s Comprehensive Health Insurance Scheme (CMCHIS) card or not.

17.3 Operational Guidelines:

- i) Accident victim can take the first 48 hour treatment on a cashless basis in the empanelled hospitals in the approved procedures.
- ii) If the victim continues to be unstable after 48 hours, treatment will be continued free of cost in Government Hospital and for a patient admitted in empanelled private hospital will be treated as per the following guidelines.

a)	If the victim is a Chief Minister’s Insurance Scheme beneficiary	The treatment will be continued under CMCHIS as per the existing packages
b)	If the victim is not a Chief Minister’s Insurance Scheme beneficiary	The patient will be stabilized and then transferred to the nearby Government Hospitals

c)	If the victim is not willing to go to Government Hospital and is willing to take treatment in other Private Hospital under payment / private insurance scheme	The patient will be stabilized and treated in the same hospital or transferred to other hospital of the patient's choice. Such Patients will have to pay the hospital fees from their own resources, beyond 48 hours.
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18.12.2021 to 31.03.2023, 1,53,091 persons have been benefited under the scheme with the approved amount of Rs.135.01 crore. Out of this 1,39,011 persons have been admitted in Government hospitals for insurance coverage for Rs.111.63 crore.

No. of road Accident victims treated			Approved amount in Crores		
Government Hospitals	Private Hospitals	Total	Government Hospitals	Private Hospitals	Total
1,39,011	14,080	1,53,091	111.63	23.38	135.01

Thus, loss of precious lives and disability due to grievous injuries due to road accidents have been avoided to a great extent because of this noble scheme.

Chapter-18

KALAIgnARIN VARUMUN KAPPOM THITTAM

18.1 This preventive Health Programme is aimed to bring changes in wellness attitude and health seeking behaviour of the common people. It was launched way back in 1999 by Hon'ble Chief Minister of Tamil Nadu Muthamizh Arignar Dr.Kalaignar as "Varumun Kappom Thittam". The same Scheme has now been revived and revamped as "Kalaignarin Varumun Kappom Thittam" as announced in the Legislative Assembly on 02.09.2021 by Hon'ble Minister for Health and Family Welfare Department. Hon'ble Chief Minister on 29.09.2021 launched the scheme in Vazhapadi, Salem District for conducting 1250 Medical camps by teams of Medical experts all over the State (1155 Camps in Rural areas, 80 Camps in Municipal Corporations and 15 camps in Greater Chennai Corporation). The timing of the camp will be 9 AM to 4 PM.

18.2 The Salient Feature of the Scheme

includes: Multispecialty Medical Camp: People can get consultation and first hand treatment from specialist doctors of following medical speciality viz., Doctors of following medical speciality, Viz., General Medicine, General Surgery, Paediatrics, Obstetrics and Gynaecology, Eye, Ear, Nose and Throat, Orthopaedics, Psychiatry, Neurology, Cardiology, Nephrology, etc.

Investigations: 25 types of blood investigations and 5 clinical examinations / scans will be done.

Treatment: People who require further investigations and treatment are referred to Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) empanelled Government / Private Hospitals along with required particulars.

During the year 2021-22, 1,260 camps were conducted benefitting 9,06,427 persons. During 2022-23, 1,502 camps were conducted and 14,79,732 persons benefitted from Kalaignarin Varumun Kappom Thittam camps.

Chapter – 19

TAMIL NADU MEDICAL SERVICES CORPORATION LIMITED

19.1 The Tamil Nadu Medical Service Corporation Limited (TNMSC) was incorporated as a Government Company fully owned by the Government of Tamil Nadu under the Companies Act on 01.07.1994. The Corporation was set up to reform and restructure the activities related to procuring and supply of drugs and other medical supplies effectively through a centralized system, for the first time in India. Its main mandate was to supply quality medicines to patients accessing public health facilities without any interruption. In the last 28 years, the system adopted by Tamil Nadu Medical Services Corporation has become a proven model in drug logistics and won appreciation worldwide and has become a model for other States in the country to replicate. Subsequently, the Corporation procure and supplies medical equipment to all Government Hospitals / Medical Institutions. It is an ISO 9001 : 2015 certified organization.

19.2 Major activities of Tamil Nadu Medical Services Corporation:

- Procurement, testing, storage and distribution of both generic and speciality drugs and medicines, surgical and suture consumables to all the Government medical institutions and other health facilities including veterinary institutions.
- Procurement of medical equipment and its maintenance at Government health facilities.
- Operation and maintenance of advanced diagnostic equipment like Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and Lithotripsy on user charges collection basis and the high-end therapeutic equipment like Cobalt therapy, Linear Accelerator (Linac) and Brachytherapy out of revenue generated under Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS).
- Extending logistic support in operation and maintenance of pay wards in Government Hospitals.

- Finalization of rate contract and tender for housekeeping and security services, diet supply, disposal of biomedical waste, supply of oxygen and laboratory services for Government health facilities.

19.3 Organisational Structure: The Tamil Nadu Medical Services Corporation Ltd., is headed by the Managing Director with 3 major domains *viz., Drugs, Equipment and Services*. The members of the Board of Directors of TNMSC are Special Secretary, Finance Department, Managing Director of TNMSC, Mission Director- National Health Mission, Director of Medical Education, Director of Medical and Rural Health Services, Director of Public Health and Preventive Medicine, Director of Drugs Control, Chief Engineer, Public Works Department (Buildings) chaired by the Principal Secretary to Government, Health and Family Welfare Department.

19.4 Procurement and Distribution of Drugs and Equipment: The list of essential drugs, speciality drugs, surgical & suture consumables and anti-haemophilic drugs are finalized annually based on the average annual consumption pattern

of the last 3 years derived using the IT mechanism and finalized by a Committee of the Directors of Medical Education, Medical and Rural Health Services, Public Health and Preventive Medicine, Family Welfare, Drugs Control besides Specialists from the Government medical institutions prior to floating of tenders. All categories of drugs, medicines and surgical consumables are finalised through open tenders by following the Tamil Nadu Transparency in Tenders Act and Rules by fixing annual / biannual rate contracts at the most competitive rates. Presently 338 essential drugs, 294 surgical and sutures consumables and 301 speciality drugs are procured by this Corporation for the use of Government medical institutions. The procurement and stocking of drugs and medicines at 32 drug warehouses, one at each district are on dynamic mode, depending on the consumption pattern with a minimum of 3 months stock and distributing the same to the Government medical institutions under the passbook system as per the fund allocation made by the concerned Directorates. The Corporation also procures

202 veterinary drugs annually for the Animal Husbandry Department and distributes them to the Regional Joint Directorates. The procurement of equipment is against specific indents based on Government orders either with State or with NHM funds. TNMSC also procures medical equipment for externally aided projects such as World Bank, JICA as per their procedures.

19.5 Quality Assurance: The Corporation relies on post-shipment testing of every batch of the drug supplies. For every batch of drugs and medicines, samples are taken from the warehouses and a common batch is drawn at random from the samples at head office, the identity is camouflaged, assigned with separate unique codes and sent to the empanelled National Accreditation Board for Testing and Calibration Laboratories (NABL). Only the drugs passed in the quality test are issued to the institutions. Periodic retesting of quality passed drugs both at warehouse end and at institutions are also part of the testing procedure to ensure the quality of drugs.

19.6 Service activities: To ensure advanced diagnostic and treatment facilities to the common public, TNMSC is operating state of the art CT scanners, MRI scanners, Lithotripsy machines in the Government hospitals at a minimal user charge collection basis and on cashless mode for CMCHIS beneficiaries. Cancer Care Treatment in Cobalt therapy machines, Linear Accelerator machines and Brachytherapy machines in the Government hospitals are managed by the Corporation with revenue earned from CMCHIS reimbursement.

19.6.1 Scan Centres: TNMSC operates 118 CT scanners in 90 centres, 33 MRI scanners in 32 centres and 6 more MRI Scanners under PPP mode in 6 centres. To ensure quick reporting of scans taken at remote centres in Government medical institutions, Tele-radiology services are also in operation. Further four Lithotripsy machines in 4 centres are also operated under user charge collection basis. There are 2 Positron Emission Tomography-Computed Tomography (PET-CT) scanners operated through

Public-Private Partnership (PPP) mode. Now works are going on for establishment of 5 PET CT's in 5 centres.

19.6.2 Radiotherapy Centres: The operation and maintenance of 9 Linear Accelerators in 9 centres and 15 new Cobalt Therapy units in 14 centres and 8 Brachy therapy units in 8 centres under CMCHIS revenue are being entrusted to the Corporation.

19.6.3 Medical Equipment Maintenance Services: The annual maintenance services of all the medical equipment in Government Medical Institutions are taken care of by the respective Original Equipment Manufacturers (OEMs) / suppliers and the Biomedical Engineers are coordinating with them. Payments are made to the maintenance agencies by the Corporation as per the work order Equipment Maintenance and Management System (EMMS), a web application software is in use for this purpose.

19.7 Logistics support to pay-wards: TNMSC acts as custodian of funds and extends necessary logistical support to the pay-ward at GI Bleed and

Hepato-biliary Centre in Government Stanley Hospital, Chennai, maternity wards at the Institute of Obstetrics and Gynaecology, Kasturba Gandhi Hospital in Chennai and pay-wards at Rajiv Gandhi Government General Hospital, Chennai for providing the best services to the general public at subsidized rates. In addition to the above, recently three pay-wards in Government Medical College Hospitals at Madurai, Coimbatore and Salem are established by TNMSC.

19.8 Procurement for treatment of COVID-19:

- TNMSC is entrusted with the responsibility to procure drugs, medical equipment and consumables for tackling COVID-19 and the activities were done by TNMSC on war footing basis.
- The Corporation has procured 99 RT-PCR Machines, 110 automated RNA extraction Machines and other lab-related accessories such as deep freezers, lab refrigerators, bio-safety cabinets and strengthened the Lab infrastructure in the State. Minimum one

dedicated Government lab for RT-PCR testing is ensured in each district with a testing capacity of 2,03,500 tests per day in 78 Government Labs. Overall current testing capacity including private labs has reached 3.68 lakh per day.

- In addition, to meet the increased demand for medical oxygen, TNMSC also procured and installed additional Liquid Medical Oxygen tanks in Government hospitals with total capacity of 1387.02 KL.

Chapter - 20

TAMIL NADU STATE AIDS CONTROL SOCIETY

20.1 Tamil Nadu State AIDS Control Society was constituted on 22.04.1994 to implement HIV/AIDS control and prevention activities as per the guidelines of National AIDS Control Programme (NACP) funded by National AIDS Control Organisation (NACO). The district level programme of Tamil Nadu State AIDS Control Society (TANSACS) is implemented and monitored by the respective District AIDS Prevention and Control Unit (DAPCU).

20.2 For prevention and control of Human Immuno-deficiency Virus (HIV) Infection and Acquired Immuno-Deficiency Syndrome (AIDS) in India, the first National AIDS Control Programme (NACP) was launched in 1992. With the evolving trends of the HIV/AIDS epidemic, the focus shifted from raising HIV / AIDS awareness to behavior change, from a national response to a more decentralized response and to increasing involvement of Non Governmental Organisations (NGO) and networks of people living with HIV

(PLHIV), and the subsequent phases of NACP-V were launched and implemented. TANSACS is the nodal agency for the State of Tamil Nadu to implement the prevention to care continuum of the National AIDS Control Programme (NACP). The various services provided by TANSACS facilities across the State are:

- a) HIV Counseling and testing services to general public, ante-natal mothers and people belonging to high risk groups (HRGs- female sex workers, Men who have sex with men, transgender, Injecting drug users).
- b) Counseling, testing and treatment services for sexually transmitted infections for general public, people living with HIV, Ante-natal mothers and High Risk Groups (HRGs).
- c) Elimination of mother to Child transmission of HIV & Syphilis through counseling, testing and treatment follow-up services to ante-natal mothers.

- d) Care, Support and treatment services provided to 1,25,000 people living with HIV / AIDS.
- e) Prevention of STI and HIV among the High risk groups and bridge populations (migrants and truckers) through NGO / CBO involvement.
- f) Referral and linkage of PLHIV, HRGs to the various Government sponsored social welfare and social entitlement schemes.
- g) Information, education and communication about STI and HIV among the general population and the target population.

20.3 Structure and functioning of TANSACS:

TANSACS manages the HIV / AIDS prevention-to-care continuum of services through its wide network of 2,962 Integrated Counseling and Testing Centers (ICTC), 1,867 Facilities Integrated Counseling and Testing Centers (FICTC), 16 Mobile ICTC, 774 Designated STI/RTI Clinics (DSRCs), 67 Anti-Retroviral Therapy (ART) centres and 174 Link ART Centres, 86 Targeted Intervention (TI) Projects and 17 Link Workers

Scheme (LWS). The Government is committed to provide Life-long free Care, Support and Treatment services to HIV Positive People. Around 1,25,000 PLHIVs are taking free treatment through 67 ART Centres. In addition, 174 Link ART Centres act as drug dispensing units closer to their homes. Special focus is being given to bring 'Zero' new infection through parent to child transmission mode in the state through sustained awareness and prevention strategies among the antenatal mothers and the general public.

20.4 Prevention of New Infection:

20.4.1 HIV Counseling and Testing Services:

- Integrated Counseling and Testing Centers (ICTC) have provided testing of 40,87,719 general clients and 13,78,062 Antenatal Mothers (ANC) in the period from 2022-2023.
- HIV counseling and testing services are provided through 2,962 centers located at various healthcare facilities in the State. The details are mentioned below:

- 377 Stand Alone ICTCs (SA-ICTC) and 16 Mobile ICTCs in Medical College Hospitals, District Head Quarters Hospitals and Government Hospitals, with the support of NACO.
- 403 SA-ICTCs, 1,867 Facility Integrated ICTCs and Testing Services are functioning under National Health Mission.
- 188 ICTCs are functioning under the Public Private Partnership (PPP) model of TANSACS. In addition, 104 counseling and testing facilities have been functioning at NGOs and CBOs for Community-Based Screening (CBS).

20.4.2 Elimination of Vertical Transmission of HIV & Syphilis (EVTHS):

- The Government of Tamil Nadu is committed to eliminating HIV and Syphilis amongst newborns through universal screening of pregnant women for HIV and Syphilis as an essential component of the ANC service package.

- Early Infant Diagnosis (EID) program is implemented in the State through ICTC.
- Under the EMTCT regimen (ARV prophylaxis), HIV-exposed babies who are born to HIV-positive mothers are initiated on Nevirapine (or) Zidovudine or Dual ARV Prophylaxis up to 6 or 12 weeks from birth.
- All identified HIV-positive Mothers are being provided with lifelong ART and follow-up counseling services.

20.5 Sexually Transmitted Infection / Reproductive Tract Infection (STI / RTI) Services:

20.5.1 Designated STI / RTI clinics (DSRCs):

- TANSACS supports 774 Designated STI / RTI Clinics in selected Government Medical College Hospitals, Government Headquarters Hospitals, Government Hospitals and Upgraded Primary Health Centres. These clinics are branded as "SUGA VAZHUVU MAIYAM".

- It follows Syndromic Case Management System through colour coded drugs and all outpatient attendees are screened for Syphilis and HIV. Antenatal Mothers are screened for Syphilis to achieve EVTHS.
- Once in three months, all High Risk Groups are screened for STI and they are tested for syphilis.
- After testing the symptoms of STI, if needed colour coded STI drugs are being given by the trained Medical Officers. In addition to that, the services of counseling on STI / RTI and HIV-transmission, Prevention, Partner Treatment, Risk Reduction and Condom Promotion are given by trained STI Counselor.

20.6. Targeted Intervention:

20.6.1 Targeted Intervention for High Risk Groups: The main objective of Targeted Interventions (TI) is to enhance accessibility of high risk groups to key HIV prevention services and improve their health seeking behaviour, thereby reducing their vulnerability and risk to

acquire Sexually Transmitted Infections (STI) and change communication, condom promotion and clean needle and syringe for people who injected drugs, STI care, referrals for HIV and Syphilis testing and linkages with Anti-Retroviral Treatment. Targeted Interventions provide HIV prevention services to migrants at the destination points through outreach and linkages. In order to address the vulnerability among returnee migrants and spouses of migrants, awareness campaigns and health camps are implemented in the source village as well as at the major transit points that account for bulk of migration. Employer – led models and migrant tracking system are also being piloted.

- The Targeted Intervention (TI) is being implemented through the Non-Governmental Organization (NGOs) / Community Based Organization (CBOs), with a view to bring behavioral changes among high risk groups (HRGs) namely Female Sex Workers (FSW), Men who have Sex with Men (MSM), Injecting Drug Users (IDU) Truckers,

Migrants and Transgender (TG) in the State, who are at a risk of contracting HIV infection.

- As on March 2023, 87 NGOs/CBOs/ are functioning and services are provided to 76,446 HRG population (FSW-40,898, MSM-28,759, TG-6,326, IDU-465), and Bridge population 1,53,126 (Migrant-94,189 and Truckers-58,937) are covered through this intervention.

20.6.2 Community Based HIV Screening:

- Community Based Screening (CBS) for HIV is implemented for achieving the global policy of ending HIV / AIDS by 2030. NACO and TANSACS have decided to conduct CBS through TI NGOs / CBOs and LWS NGOs.
- In continuation, as on March 2023, the TI projects are doing Community Based Screening for HIV and 1,45,408 - TI HRGs and bridge population were tested and among them 167 HIV positives were identified and they are linked with ART for Care, Support and treatment.

20.6.3 Link Workers Scheme:

This community-based intervention addresses HIV prevention and care needs of the high risk and vulnerable groups in rural areas by providing information on HIV, condom promotion and distribution and referrals to counseling, testing and STI services through Link workers.

- Link Workers Scheme (LWS) is being implemented in 17 high priority districts to prevent STI / HIV / AIDS and TB. It also aims at providing prevention-to-care continuum of services to rural based High Risk Groups, Vulnerable and Bridge populations (Truckers / Migrants).
- Currently 17 LWS Programmes are functional and each LWS project is working in 100 high prevalence villages in their respective districts. Through the LWS Projects, 6,902 High Risk groups individuals, Female Sex workers - 5,712, Men having sex with men - 1,098, Transgender - 92, Migrants - 1,16,537 and Truckers - 57,093 are covered and provided with HIV / AIDS and TB services.

20.6.4 Condom Promotion:

As condoms are the most effective tool for prevention of HIV and STI infection among high risk and general population, TANSACS provided 1.96 Crore free condoms from April 2022 to March 2023 through STI clinics, ICTC, ART Centres and other outreach programmes implemented by NGOS / CBOs under Targeted Interventions and Link Workers Scheme.

20.7 HIV & TB Intervention in all type of Prisons, Swadhar and Ujjawala homes in Tamil Nadu:

- Tamil Nadu State AIDS Control Society has entered into an MoU on September 2018 with Prison Department and Social Welfare Department for implementing the HIV & TB Intervention in Prisons, Swadhar and Ujjawala homes to provide HIV, TB, STI, Viral hepatitis infection related services (Awareness, IEC, Training, Counseling, Screening, Testing, Care, Treatment, Referral and Linkage).
- Under this programme, 58,425 prison inmates were tested for HIV and among them, 90

identified as HIV positive and 81 of them were linked with ART. 58,244 inmates screened for TB and 25 of them were diagnosed as TB positive and are getting treatment.

20.8 Greater involvement for the People Living with HIV / AIDS-GIPA: TANSACS has involved the People Living with HIV/AIDS (PLHIVs) and Community Based Organizations (CBOs) as one of the partner in implementing the program at the district level and the same is also being monitored by them, as follows:

- Ensuring service delivery at the grass root level
- Implementing the programme related to care and support activities at the district level for PLHIVs.

20.9 Hello + Helpline 1800 419 1800: TANSACS has set up a dedicated Help line to clear the doubts, to provide the required information about the District-wise Service Centres (ICTC, DSRC and ART Centres) in addition to that, to clear the misconceptions pertaining to HIV / AIDS and STI.

20.10 Legal Aid Clinic (LAC):

- In association with Tamil Nadu State Legal Services Authority (TNSLSA), Legal Aid Clinics (LAC) has been established in all Districts.
- Senior ART counsellors attend the legal and non-legal issues of People Living with HIV/AIDS (PLHIV) and High Risk Groups (HRGs).

20.11 Red Ribbon Club (RRC):

- As a pioneer in the nation, TANSACS established Red Ribbon Clubs (RRC) in the year 2005 to create awareness and to bring in behavioural changes among the youth groups.
- There are 2,279 Red Ribbon Clubs functioning in Arts and Science, Polytechnic, Engineering, Medical, B.Ed. Colleges and Teacher Training Institutions in the State.

20.12 Life Skill Education Program in Schools

(LSEP): This programme aims at providing information on Life Skills and Knowledge on

prevention of HIV / AIDS in 9,830 Schools among the 9th and 11th Standard Students in Tamil Nadu. It is implemented through State Council of Educational Research and Training (SCERT).

20.13 Integrating Social Benefits:

- The Government of Tamil Nadu has established Tamil Nadu Trust for Children Affected by AIDS (TNTCAA), in view of the welfare of the Orphan and Vulnerable Children Infected and affected by HIV / AIDS during the financial year 2009-10. Tamil Nadu Government has so far provided funds of Rs.25 Crore as a corpus fund and it is deposited in Tamil Nadu Power Finance Corporation Limited and from the accumulated interest, financial assistances are being paid to the Orphan and Vulnerable Children annually to support for their nutritional and educational needs.
- Free bus tickets are issued to PLHIVs to attend ART centres every month.

- Top priority is given to PLHIVs to access the various schemes of Tamil Nadu Government as furnished below:
 - i. Widow Pension
 - ii. Old Age Pension Scheme
 - iii. Hon'ble Chief Minister's Solar Powered Green House Scheme

20.14 Care, Support and Treatment:

- Life-long free Care, Support and Treatment services to HIV Positive People is provided through ART centers attached to Government Health institutions.
- Routine investigations, CD4 test and Viral load testing are performed at these centres. ARV drugs, opportunistic infection drugs, various counseling services, referral and linkage services are rendered through ART centres. In addition, willing PLHIVs are also linked with yoga and life style modification sessions.
- Approximately, 1,25,000 PLHIV are taking free treatment through 67 ART Centers. In addition, 174 Link ART Centres act as drug dispensing units closer to their homes.

- Apart from this, 31 Care and Support Centres provide services like tracking of treatment defaulters, psycho-social support and linkage to various benefit schemes.

20.15 Monitoring and Evaluation: The Monitoring and Evaluation division of Tamil Nadu State AIDS Control Society, monitors the progress of the programme with evidence based data and related analysis. Integrated Management System (IMS) is monitoring the progress of the Project through online reporting formats. This division also conducts HIV Sentinel Surveillance with the support of the designated research agency of National AIDS Control Organization once in two years to measure the prevalence of HIV among the ante-natal mothers and High Risk Groups (HRGs).

a. HIV Sentinel Surveillance (HSS):

- HIV Sentinel Surveillance is carried out once in two years all over the Country to study the disease prevalence among pregnant women and High Risk Groups.

- 18th round of HIV Sentinel Surveillance ANC 2023 was initiated from 1st January 2023 and now completed. HIV Sentinel Surveillance for Prisoners was initiated from 1st February 2023.
- HSS is being conducted at 82 Ante-Natal Care Sites, Four Prison sites and 46 HRG Sites.
- The Prevalence of HIV among the antenatal mothers was 0.83% in 2003 and it was reduced to 0.17% in 2021 through the services of Tamil Nadu State AIDS Control Society.
- HIV Sentinel Surveillance among prisoners was conducted for the first time in the year 2021. The Prevalence of HIV among inmates was 0.5%.

20.16 District AIDS Prevention and Control Unit (DAPCUs):

- NACO is supporting financial assistance to 27 DAPCUs, and two DAPCUs in Ariyalur and

Tiruppur districts are being supported by State Government funds.

- The DAPCUs are managed by the Deputy Director of Health Services who act as District AIDS Control Officer and work in close coordination with the District Collector who is the District Chair person.

20.17 Blood Transfusion Services (BTS):

Blood Transfusion Services (BTS) is functioning under the control of Directorate General of Health Services, Government of India, Ministry of Health and Family Welfare, New Delhi.

- In order to meet out the requirements of Blood and Blood Components for the needy patients, 332 Blood Centres (98 State Government Blood Centres, 8 Central Government Blood Centres and 226 Private Blood Centres) are functioning in Tamil Nadu. In addition to this, 520 Blood Storage Centres (Government 375 and Private 145) are also functioning to provide adequate, safe and quality blood and blood components. In all the Government Hospital

Blood Centres, total collection of blood is 4,22,751 units through 4,152 Voluntary Blood donation (VBD) camps during 2022-2023. Out of 98 Government Blood Centres, 43 Government Blood Centres are functioning as Blood Component Separation Units (BCSU).

- All collected blood units are tested for five Transfusion Transmitted Infections (TTI) such as HIV, HBV, HCV, Syphilis and Malaria apart from grouping and typing the ELISA (Enzyme Linked Immunosorbent Assay) and the Rapid card method tests are followed for HIV detection in the Government Blood Centres using the kits supplied by NACO.
- The Quality of screening and Lab. Services are ensured in all the blood Centres via three ways namely, External Quality Assurance Scheme (EQAS), Internal Quality Checking (IQC) every month and by Vertical Audit of Blood Centre.
- The stock, the collection and therapeutic utilization of blood and blood components in

the Government Blood Centres is monitored on daily basis with the Supply Chain Management Software (SCM) and e-RaktKosh Portal.

20.18 Drop in Centres: Government has revived the Drop-in-Centre services and TANSACS was permitted to establish 34 Drop in Centers in 32 districts (3 in Chennai). The Drop-in-Centres aims at:

- Providing sustainable counseling and support services
- Organizing support group meetings
- Conducting awareness programs on HIV / AIDS with positive speakers.
- Providing psychosocial support to PLHIVs.
- Linkage with care and support service providers
- Linkage with Government Schemes
- Creating an Enabling Environment in order to improvise the live and livelihoods of PLHIV and their family members.

Chapter - 21

TAMIL NADU STATE BLINDNESS CONTROL SOCIETY

21.1 Tamil Nadu State Blindness Control Society and the 38 District Blindness Control Societies together form a vertical programme under National Health Mission Tamil Nadu, for implementing the activities of National Programme for Control of Blindness and Visual impairment programme in our state towards achieving prevalence of blindness below 0.25 by the year 2025. The Mission Director National Health Mission Tamil Nadu and the District Collector is the Head of the programme at the State and District level respectively.

21.2 The funding for the programme is shared by Central Government and State Government in the ratio of 60:40 respectively. The Project Director, Tamil Nadu State Blindness Control Society and the District Programme Managers of the District Blindness Control Societies monitor the activities.

21.3 As per the Tamil Nadu Rapid Assessment of Avoidable Blindness (RAAB) and Diabetic Retinopathy survey, the common causes of blindness in our state are:

- | | |
|-------------------------|--------|
| 1. Cataract | - 82 % |
| 2. Glaucoma | - 6% |
| 3. Diabetic Retinopathy | - 6% |
| 4. Others | - 6% |

21.4 In our State one Regional Institute of Ophthalmology, 36 Medical College Hospitals, 37 District Head Quarters Hospitals, 32 Tele V Care Centres, 20 Eye Banks and 3 Mobile Ophthalmic Units along with 61 NGO Eye Hospitals provide all eye care services across the State.

21.5 Major activities:

- 1.To screen the population for causes of blindness and visual impairment and provide necessary treatment at primary, secondary and tertiary care hospitals.
- 2.In order to strengthen Regional Institute of Ophthalmology and Government Medical College Hospitals, Taluk and Non-taluk Hospitals, Primary Health Centres, Vision

- centres, Mobile Ophthalmic Units to make advanced eye care services available in all parts of our state.
3. To create a Tele-ophthal network for tele-consultation and provide screening for Diabetic Retinopathy at all Government Hospitals and Block PHCs. Once a year annual retinal examination is done for all diabetic patients across the State.
 4. To create a Tele-Retinopathy of Pre maturity (ROP) Screening network - for screening of all low birth weight preterm babies periodically to prevent blindness among them.
 5. To screen all children for eye problems and provide free spectacles to correct refractive error.
 6. To provide free spectacle for poor old people to correct near vision defects.
 7. To form Memorandum of Understanding with NGO eye hospitals to conduct cataract screening camps and perform cataract surgery with Intra-ocular Lens implantation. For this purpose Rs.2000/- is provided as Grant-in-aid for each surgery done cashless by them.

8. To network all Eye Banks and improve eye donation by sharing cornea to Ophthalmologists for Keratoplasty surgery on patients suffering from corneal opacity. For this purpose Rs.1000/- is provided as Grant-in-aid for each eye collected by Eye Banks.
9. To improve the coverage and performance under Chief Minister's Comprehensive Health Insurance Scheme at Government Hospitals.

21.6 Achievements 2022-2023:

1. 2,83,780 Cataract Surgeries with IOL implantation were performed in all Government and NGO Eye Hospitals in our state and for this Rs.4,800 lakh is provided as Grant-in-aid.
2. 8,428 eye balls were collected as eye donation by 20 eye banks and for this Rs.84.28 lakh is provided as Grant-in-aid.
3. All School Children were screened for refractive errors and 1,20,266 spectacles were provided free to them for correcting refractive errors. For this Rs.170 lakhs was spent through Tamil Nadu Medical Services Corporation.

4. A Centre for Excellence at Regional Institute of Ophthalmology for Rs.64 Crore and a Regional eye care centre at Government Raja Mirasudhar Hospital, Thanjavur for Rs.16.4 Crore was established and dedicated to service.
5. Mobile Ophthalmic unit was established for Salem, Ramanathapuram and Thiruvallur Districts at cost of Rs.90 lakhs.
6. Towards strengthening eye care services necessary ophthalmic equipments for Taluk and Non-taluk Government hospitals at Ariyalur, Gudiyatham, Kancheepuram, Mayiladuthurai, Nilgirs, Cumbam, Erode, Gopichettypalayam, Kulithalai, Vandavasi, Sankarankoil, Tenkasi, Ramanathapuram and Tambaram for Rs.390 Lakhs through Tamil Nadu Medical Services Corporation.
7. IEC activities was undertaken to improve awareness among public about common causes of avoidable blindness and visual impairment for Rs.20 lakh.

Chapter - 22

COMPREHENSIVE EMERGENCY OBSTETRIC AND NEW BORN CARE CENTRES

22.1 Tamil Nadu is the State having 99.9 percent of institutional delivery with nearly 60 percent of institutional deliveries occurring in Government health facilities. In order to provide emergency and quality ante-natal care as well as to provide improved access to skilled obstetric care, prioritized health care facilities have been strengthened as Comprehensive Emergency Obstetric and New Born Care (CEmONC) by providing additional inputs such as human resource, equipment, civil works, training etc., 129 Comprehensive Emergency Obstetric and New Born Care (CEmONC) Centres have been established till date in Medical College Hospitals, District Headquarters Hospitals and Taluk / Non-Taluk Hospitals. Services such as Operation Theatre, Obstetric ICU, Lab and Blood Bank facilities, counselling are being provided 24x7 to the mother and newborn.

22.2 Services at Comprehensive Emergency Obstetric and New Born Care (CEmONC) Centres:

- Management of all obstetric emergencies
- Management of all newborn emergencies
- Blood transfusion facilities with all groups of blood
- Supportive laboratory and imaging services
- Prevention of Parent to Child Transmission (PPTCT) of HIV Services
- Free antenatal and postnatal counselling services
- Free 108 Emergency Ambulance System
- Uninterrupted power supply
- Healthcare waste management facilities
- 24 hrs services by obstetricians and staff nurses
- Display of Emergency treatment protocols in the casualty, labour room and new born care rooms
- Availability of equipment and drugs in the casualty
- Usage of Partograph for Intrapartum monitoring
- Resuscitation of new born

- Initiation of breast feeding immediately after birth

22.3 CEmONC Performance: (2022 - 2023):

Sl. No.	Details	2022-23
1	Maternity Admissions as in-patient	6,73,052
2	Deliveries	3,93,334
3	Lower Segment Caesarean Section (LSCS)	1,95,442
4	Blood Transfusion for Maternity Complication	1,40,133
5	Scan for Antenatal Mothers	8,16,679
6	Neonatal Admissions	1,22,931

22.4 Strengthening of Maternal and Child Health (MCH) Wing: National Health Mission have been strengthening the MCH wing, in Tertiary Care and Secondary care Institutions across the State, in order to provide 'State-of-the-Art' MCH Care Services and to cope with the increased demand for MCH services. Since 2008 onwards, 59 Maternal and Child Health wing and CEmONC Centres have been strengthened through National Health Mission based on the delivery performances. In the year 2022-23, due to increase in delivery load 15 more CEmONC

Centres have been provided with additional buildings to strengthen the Maternal and Child Health Services.

22.5 Lower Segment Caesarean Section

(LSCS) Audit: Though Caesarean Section is a life-saving surgical procedure to reduce Maternal and Perinatal Mortality and Morbidity, there has been an unprecedented rise and is persistently high in both Government and Private sector in the state with parallel concern about its consequences. World Health Organisation (WHO) recommends caesarean section audit as one of the effective non clinical intervention to reduce caesarean births. According to the National Family Health Survey 2020-21, 44.9% of births are by caesarean section deliveries in Tamil Nadu. Hence LSCS audit is carried out using the Modified Robsons Criteria and is applied prospectively in all Obstetric units/ Delivery points. A guideline was prepared for conducting caesarean section audits for all primary caesarean section. Individual facilities audits repeat caesarean sections but the emphasis is mainly on primary caesarean section audit. The audit is being conducted on a daily basis reviewing the caesarean section done on the

previous day by the Head of the Department in Medical College Hospitals and by the Obstetrician in District hospitals. The purpose of the audit is to rationalize the caesarean section rates in all facilities. It is observed that 86% (State – HMIS 2022-2023) of the caesarean section deliveries occurred in 129 CEmONC centres were audited every month. By conduction of caesarean section audit, caesarean section rate has come down as 40% in 2022 –2023 (State HMIS) from 43 % in 2021 – 2022 (State HMIS) in Government Institutions as detailed below:-

Indicators	2021-2022	2022-2023
Total Deliveries	9,10,645	9,06,798
a. Deliveries in Government Hospitals	5,49,794	5,39,973
b. Normal Deliveries	3,13,653	3,21,418
Percentage	57%	60%
c. Caesarean Deliveries in (Government Institutions)	2,36,141	2,18,555
Percentage	43%	40%

Chapter - 23

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

23.1 The National Tuberculosis Elimination Programme (NTEP) delivers TB Care Services with a vision to achieve elimination of TB by the year 2025. The Tamil Nadu Government has launched “TB Free Tamil Nadu - 2025” Strategic document with emphasis on the 4 pillars namely “Detect – Treat – Build - Prevent” (DTBP).

23.2 Objectives of the NTEP:

Objectives	Baseline	Target		
	2015	2020	2023	2025
To reduce estimated TB Incidence rate (per one lakh population)	217	142	77	44
To reduce estimated mortality due to TB (per one lakh population)	32	15	6	3
To achieve zero catastrophic cost for affected families due to TB	35%	0%	0%	0%

23.3 Services under NTEP: Under the programme 1968 Designated Microscopic centers are functioning for TB case detection. 127 Cartridge Based Nucleic Acid Amplification Test (CBNAAT), 147 TruNAAT centres, 2 Culture and Drug Sensitivity Test (CDST) and 2 Intermediate Reference Lab (IRLs) are functioning to provide TB Services, Universal Drug Susceptibility Testing and Drug Resistant Tuberculosis (DRTB) tests to all diagnosed TB patients. 31 District DRTB centres and 7 Nodal DRTB centres are functioning to provide DRTB services in the State. 23,480 TB patients were identified, of which 5,156 TB patients were identified by the private sector in the first quarter of 2023. Fixed Drug Combinations (FDC) as per appropriate weight bands are provided to all the patients. Also in the first quarter of 2023, 431 H mono/poly patients, 192 MDR TB patients and 94 XDR TB patients were identified and started appropriate treatment regimen.

23.4 Nikshay Poshan Yojana (NPY): In order to improve Nutritional status of TB patient, financial incentive of Rs.500/- per month is given to all notified TB patients through Direct Benefit Transfer (DBT) under Nikshay Poshan Yojana Scheme. 10,040 TB patients were provided DBT in the first quarter of the year 2023.

23.5 Strategies Implemented to attain TB Elimination:

- To improve the TB case finding in the community, 28 new Mobile X-ray vans procured for implementation of the activity in all districts and added to the existing fleet of 14 mobile x-ray vans.
- Artificial Intelligence Interface is used in surveillance of TB in CT Chest and Chest X-ray.
- 46 NAAT machines were supplied to improve the capacity building as the programme is aimed to eliminate TB by 2025.
- **Interferon Gamma Release Assay (IGRA) testing** - TB preventive therapy in adolescent and adult contacts of TB patient, Latent TB

Infection Management is implemented in 3 districts viz., Kanyakumari, Tiruvannamalai and Thiruvallur with IGRA test and treat policy.

23.6 TAMIL NADU 'KASANOI ERAPILLA THITTAM' (TN-KET): In order to reduce the TB Mortality, a State specific Intervention of Differentiated TB Care Model, Kasa Noi Erapilla Thittam involves screening of every TB patient for severe illness at the time of diagnosis, followed by comprehensive assessment and appropriate inpatient care.

23.7 Programmatic Management of TB Preventive Therapy (PMTPT): Children less than 6 years are particularly vulnerable for severe disseminated TB disease and TB related mortality. Under NTEP all children who are contacts of people diagnosed with tuberculosis are regularly screened and Isoniazid preventive therapy (IPT) is given. PLHIV patients are screened for TB and provided Isoniazid preventive therapy.

23.8 Awards: Government of India has proposed to certify Districts / States Sub National Certification whose burden of TB disease has reduced compared to the 2015 Incidence estimates given by Central TB Division. A District or a State will be recognized for achieving "TB Free" status and will be certified upon verification of successful achievement of targets outlined (80% reduction in TB incidence from 2015 as per SDG Framework). Under this initiative for 2022, the Nilgiris was declared as 'TB Free'. Tiruchirappalli and Tiruvarur districts got Gold medal and Certificate of appreciation for achieving "TB free status". Thoothukudi, Madurai, Thiruvannamalai, Kanyakumari and Karur have been awarded Silver medal and Krishnagiri has been awarded Bronze medal for reduction in TB incidence in the year 2023.

Chapter-24

NATIONAL MENTAL HEALTH PROGRAMME

24.1 District Mental Health Programme

(DMHP): The District Mental Health Program (DMHP) is a community level program currently implemented in all 38 Districts in Tamil Nadu. This includes implementation of DMHP in the 6 newly created districts during the financial year 2022-23. DMHP has been highly successful in providing mental healthcare to the community, reaching the unreached through the robust health infrastructure in Tamil Nadu. 5,28,395 persons with psychological problems have availed the DMHP services during the year 2022-2023. The services are offered based on the Bio-Pscho-Social Approach taking into consideration the biological, psychological and sociological determinants of Mental health of individuals. The services include creating awareness about Mental Health, workshop for the specific population like Students, Working women, training of school teachers on life skills. Also, OP services are available in all GHs and Block PHCs to provide

counseling and treatment for persons with psychological problems. In addition, screening through RBSK doctors for early identification of students with psychological conditions, follow up of self-harm cases for 18 months and NEET counseling through 104 tele counseling center, and disability certification services are also provided free of cost to the individual under DMHP in all districts.

24.2 MaNaM Thittam – Mana Nala

Nallaatharavu Mandram: MANAM Thittam is an innovative program of Government of Tamil Nadu, implemented by National Health Mission – Tamil Nadu to give impetus to the mental health promotion services to students in Schools and Colleges. As part of MANAM Thittam, Mana Nala Nallaatharavu Mandram (Students Mental Health Support Forum) was inaugurated in all medical colleges across Tamil Nadu and up-scaled to all colleges and schools in Tamil Nadu by The Honourable Chief Minister of Tamil Nadu on 22.12.2022. The primary objective is to promote mental health and wellbeing of students through awareness generation activities and training and

wellbeing programs for the teachers and students on mental health promotion and wellbeing. The members of these mandram act as Peer Support Group and help in the dissemination of scientific information on mental health and offer Psychological First Aid to the students in psychological distress and guide them for further care and support. These services are linked to Natpudan Ungalodu Mananala Sevai Tele-consultation services and DMHP Clinics. A training Module for Teachers on Students Mental Health Promotion and Wellbeing was released as part of MaNaM Thittam to provide training to school Teachers by the Honourable Chief Minister of Tamil Nadu.

24.3 NATPUDAN UNGALODU MANA NALA SEVAI – Tele-mental Health Service:

Natpudan Ungalodu Mana Nala Sevai Telemental Health service was launched on 27.10.2022 with a dedicated Toll free Mental Health counselling helpline number 14416 at a cost of Rs.2,06,80,000/-. It is a 24 X 7 Counselling service provided by a dedicated team of 20 counselors headed by Psychiatrist. In Tamil

Nadu, these counselling services are augmented with psychosocial interventions with the support of other Government Departments through Inter Departmental coordination and are linked to DMHP at district level. Natpudan Ungalodu Mana Nala Sevai awareness video was released by the Honourable Chief Minister of Tamil Nadu on 22.12.2022 to create awareness among the public using social media platforms. On an average, 95 calls are received on a daily basis.

24.4 Tamil Nadu Institute of Mental Health and Neurosciences (TNIMHANS): The Government of Tamil Nadu has sanctioned a State-of-The-Art Institute for Mental Health and Neurosciences, namely, Tamil Nadu Institute of Mental Health and Neuro Sciences (TNIMHANS), a cutting edge initiative by strengthening and upgrading the Institute of Mental Health (IMH), Chennai into a Centre of Excellence (CoE) to provide comprehensive services in the areas of Mental Health, Neurology, Neurosurgery and Neuroscience Research besides serving as a teaching and training institution at a cost of Rs.40 Crore. TNIMHANS envisions a world in

which mental illnesses are prevented and cured and also to transform the understanding and treatment of mental illness through Clinical research paving the way for prevention, recovery, and cure of Mental Health Conditions.

24.5 Prevention of Self Harm: According to the National Crime Records Bureau (NCRB) report for 2019, the National suicide rate is 10.4 i.e., roughly 10 persons per Lakh commit suicide in India whereas the suicide rate for Tamil Nadu stands at 17.8 in 2019. As per TAEI App 49,367 survivors have been given counselling and followed up to 18 months from their last attempt till March, 2023. 1,45,988 students who took up NEET exams and 10+2 Board Examination in the state have been given counselling through 104 counsellors during the year 2022. The follow up was done before and after the NEET results, thereby reaching the students and giving them complete care and concern in preventing any unfortunate event.

24.6 De-Addiction Center: De-addiction Centers have been established in 10 districts with a bed capacity of 30 each in addition to De-addiction wards functioning in the Psychiatric Department of all Government Medical College Hospitals, which offers de-addiction services to persons suffering from substance use disorders. Each of these centres caters to around 1200 to 1700 persons OPD of de-addiction and up to 300 to 500 inpatients per year. In the wake of higher prevalence and rising number of Alcohol Use Disorder, it is being extended to two more de-addiction centers, one is at Thoraipakkam UPHC in Chennai (Zone 15) and the other is at Karaikudi Government Hospital in Sivagangai District. Through De addiction centres from April 2022 to March 2023, 5,882 drug dependent including alcohol use disorder patients have been treated.

24.7 Mana Nala Viyazhan Awareness program: Lack of awareness and stigma about mental health conditions act as an impediment to 'help-seeking' among public. Also Health Care

workers at community level also need to be educated about mental health services on a regular basis. Social media platform serves as an effective tool to reach large number of public. Considering these facts, every Thursday is observed as "Mana Nala Viyazhan", (Mental Health Thursday) a dedicated day for creating awareness about mental health at PHC level and digital posters on Mental Health are released on weekly basis. The digital posters are designed with colourful, dynamic images and scientific information on mental health and are disseminated through Social Media Platforms. It has been found to be useful in delivering content quickly and also encouraging people to seek help for their psychological problems. This is one of the simple and effective community level interventions for mental health awareness implemented under District Mental Health Programme.

24.8 Emergency Care and Recovery Centres (ECRC): Emergency Care and Recovery Centres are established in 10 districts with a bed capacity

of 50 each, to cater to the needs of persons with mental illness who are wandering in the streets or homeless. Comprehensive Medical, Surgical, Psychiatric treatment and care, shelter, rehabilitation, vocational training and reintegration services are provided through these Government Owned ECRCs in 10 districts of Vellore, Villupuram, Theni, Tiruvannamalai, Tiruppur, Pudukkottai, Chennai, Karur, Dharmapuri and Tirunelveli. Also, there are Non-Governmental Organisation supported ECRCs established in 6 districts in Tamil Nadu since January 2021. Through ECRCs, 1768 homeless mentally ill had been admitted in and among them 439 have been reunited back with their families from October 2018 to March 2023.

24.9 State Mental Health Authority: State Mental Health Authority is constituted as per Mental Healthcare Act, 2017 to regulate and coordinate the mental Health services in the State. As mandated under section 74 of the Mental Healthcare Act, 2017, District Mental Health Review Boards have been constituted by

State Mental Health authority at 13 locations encompassing all the districts in the state. The District Mental Health Review Board consist of 6 members with retired district Judge as Chairperson, one Psychiatrist, one Medical Practitioner, One Representative of District Collector and two members, who shall be persons with mental illness or care-givers or persons representing organisations of persons with mental illness or care-givers or non-governmental organisations working in the field of mental health. The decisions of the District Mental Health Review Board shall be by Consensus and the quorum of a meeting of the Board shall be three members.

24.10 Activities for 2023-2024 Opportunities and Challenges: Tamil Nadu has robust public health infrastructure to cater services to the remotest places in the state. This provides an excellent opportunity to deliver Mental Health services to the needy. Our state is also committed towards providing social welfare services to the underprivileged sections of the society. However,

there exists various challenges in delivery of Mental health services which include, the need for a structure and organogram for DMHP, Systems to reduce the Operational Challenges, Development of performance indicators for DMHP services, multi sectoral approach to tackle Stigma related to mental illness, strengthening of inter-departmental coordination to enable the program from being a “stand alone” program into an ‘integrated’ and ‘Comprehensive’ Mental Health service delivery program. The following activities are envisaged to further improve the services:-

- To bring a uniform pattern of services and structure for DMHP across all districts in the state and organogram for DMHP to ensure seamless delivery of Mental Health Services
- Establish Monitoring and evaluation mechanism for DMHP Services.
- To empower Persons Living with Mental Health Problems by acknowledging that the persons with mental illness are valued as ‘Experts by Experience’ and by engaging them directly in key aspects of service planning and decision

making process. To create a system, in the form of Patient Support Groups (PSGs) at PHC level or Village Panchayat level with Patients included members following the principles of Social Justice.

- Programs to attend to the psychological needs of certain vulnerable groups (for example, Sanitary Workers, Working Women, Pregnant and Lactating Mothers, Senior citizens, unorganised Sector Workers, First Generation Graduates) based on the principles of Proportionate Universalism (PU) which means services are universal to but with an intensity and scale that is proportionate to the level of disadvantage or degree of Need of the vulnerable population.
- To frame the State Policy for De-addiction services and also establishment of a dedicated De-addiction Centre in the remaining 28 Districts to provide comprehensive De-addiction and rehabilitation services in coordination with line departments and also

horizontal integration of De-addiction services across Primary, Secondary and Tertiary level.

- Linkage of Tobacco control services with DMHP in all Districts.
- To establish Comprehensive Counselling Centres in all districts under DMHP as a District One Point of Contact and Linkage centre for Psychological Counselling, Tele-consultation, Social Welfare services.
- To establish Mother Baby Mental Health Promotion Units to offer maternal mental health services incorporating the strategies of Mother Baby Unit available in NIMHANS, Bangalore.
- Preparing Training modules and handbook on Mental Health promotion for College students, De-addiction services, Maternal Mental Health Services, District Mental Health Program, Pocket books on Mental Health for Field staff and Students.

- Symptom-based, Structured Training on Mental Health for Field level Health Care workers.
- To create exclusive building infrastructure for Psychiatry ward like DEIC in those Medical College Hospitals where separate building is not available
- To conduct Leadership and Management Skill development Training for District Mental health Programme Officers of all 38 Districts.
- To promote Clinical and Community level research activities on mental health to address the population specific needs and provide valuable inputs for policy decisions on Mental Health Services.
- To organize Annual workshops to strengthen the Mental Health Service Delivery in the state under DMHP.

Chapter - 25

COMMUNICABLE DISEASES MANAGEMENT

25.1 Communicable diseases, also known as infectious diseases or transmissible diseases, caused by in an individual human or other animal host which reservoirs the pathogens. Infections may range in severity from a symptomatic or without symptoms to severe and fatal. Public Health Department carried out the control activities by utilizing the front line workers effectively along with the line departments in all the three waves of Covid-19 pandemic management. Communicable Diseases can be classified into two by vaccine preventable and non-vaccine preventable diseases. Covid-19 vaccine played an important role in controlling the third wave of the Covid-19 in Tamil Nadu. In control and prevention of Communicable and non-communicable diseases Tamil Nadu plays a pioneer role. At the State level the diseases are monitored on a regular basis as a part of Integrated Disease Surveillance Programme. The State level Epidemic Control Committee reviews these activities. At the district level, the District

Collectors play a major role in ensuring effective inter-sectoral co-ordination in the field of health care. Considering the risks of emerging and re-emerging diseases, the Public Health machinery always is on alert to prevent and control any outbreak effectively.

25.2 Immunization Programme:

A. Immunization in Tamil Nadu: Tamil Nadu State is the front runner in implementing Health related activities particularly Vaccine Preventable Disease (VPD) are controlled by effective administration of Routine Immunization. Tamil Nadu has started the Expanded Programme Immunization (EPI) against Six Vaccine Preventable Diseases (VPDs) in 1978 and further strengthened as Universal Immunization Programme (UIP) in 1985. Under the Universal Immunization Programme in Tamil Nadu, 11 Vaccines are being provided to children and pregnant mothers against the 12 Vaccine Preventable Diseases (VPDs) namely Tuberculosis, Diphtheria, Pertussis, Hepatitis B, Hemophilus Influenza, Tetanus, Poliomyelitis, Measles, Rubella, Rota Virus, Pneumococcal and

Japanese Encephalitis (in selected 14 endemic districts). Annually, around 10 lakhs Pregnant Women and 9.15 lakhs Children / Infants are being covered under this UIP programme and the State is consistently achieving Immunization coverage of over 99%. Immunization sessions are being conducted both as 'Institutional' in all days of the week and as 'Outreach sessions' every Wednesday. Institutional Immunization sessions are conducted in all Primary Health Centres, Paediatric Units of Government Medical College Hospitals, District Head Quarters Hospitals, Government Taluk & Non-Taluk Hospitals. Outreach Immunization services are conducted in all villages and towns.

B. Routine Immunization Schedule:

- 1. Routine Immunization of Infants below one year:** Before the age of 1 year, the infants receive totally 20 doses of vaccine including 1 dose of BCG, 1 dose of Hepatitis B (within 24 hours), 4 doses of OPV, 3 doses of Rota Virus Vaccine, 3 doses of fractional Inactivated Polio Vaccine (IPV), 3 doses of Pneumococcal Conjugate Vaccine

(PCV), 3 doses of Pentavalent, 1st dose of Japanese Encephalitis Vaccine and 1st dose of Measles-Rubella Vaccine.

2. Routine Immunization of Children below two years:

During the second year, the child receives totally 4 doses including 2nd dose of Measles-Rubella Vaccine, 2nd dose of Japanese Encephalitis Vaccine, OPV Booster and DPT first booster.

3. Routine Immunization of 5 to 6 years Children:

Children in the age group of 5 to 6 years, are provided with 2nd booster of DPT Vaccine.

4. Routine Immunization of 10 and 16 years Children:

Children at the age of 10 years and 16 years are provided with Td Vaccine.

5. Routine Immunization of Pregnant Mothers:

All Pregnant mothers are administered with TD (Tetanus Diphtheria) vaccine 1st dose at the time of registration and 2nd dose after one month. A booster shot is administered if pregnancy is within three years of previous pregnancy, to prevent Tetanus and diphtheria.

C. Performance of Routine Immunization: The dedicated public health staff with their efforts have contributed to a consistently high Immunization coverage of over 99% in the State. As per National Family Health Survey (NFHS 5) published in 2021, 'Fully Immunized' Coverage of Tamil Nadu is 90.4%. The Immunization Performance of 2021-22 and 2022-23 in comparison with NFHS 4 & 5 is given in the table below:-

**Immunization Performance 2021-2022
and 2022-2023**

(In Percent)

Vaccine details	2021 22 (As per State Portal)	2022-23 (As per State Portal)	NFHS 4 2015-16	NFHS 5 2020-21
BCG	100	99	96.9	97.6
POLIO DROPS	98	101	82.3	91.5
PENTAVALENT	97	101	84.5	94.8
MR 1 st dose	99	102	85.1	95.8
Fully Immunized	96	101	69.7	90.4

D. Special Immunization Programmes

1. Intensified Pulse Polio Immunization:

With eradication of type-II of Wild Polio Virus, in order to eradicate the Polio Virus type-I, Government of India is conducting Intensified Pulse Polio Immunization as National Immunization Day every year. The State had attained a "Polio Free Status" in 2004 and for the past 19 years no case of Polio has been reported in the State. Intensified Pulse Polio Immunization was conducted on 27.02.2022 and 63.72 lakhs children benefitted.

2. Mission Indra Dhanush: The Mission Indra Dhanush programme started in December 2014 as a "Special drive" to vaccinate all unvaccinated and partially vaccinated children below two years and pregnant women. Mission Indra Dhanush programme was conducted in various names MID, Gram Swaraj Abhiyan (IMI - 1), Intensified Mission Indra Dhanush 2.0 (IMI - 2.0) and Intensified Mission Indra Dhanush 3.0 (IMI - 3.0). In Tamil Nadu, till date 8 phases of MID had been conducted.

3. Introduction of Pneumococcal Conjugate

Vaccine (PCV): In India, over 1.2 million children die before their 5th birthday. Nearly 15.9% deaths are due to pneumonia. In order to provide protection against the disease, Pneumococcal Conjugate Vaccine has been included in Routine Immunization for infants at 6th, 14th week and a booster dose at the age of 9 months. 8,85,809 children were benefitted with first dose and 8,83,202 children were benefitted with second dose and 8,37,543 children were benefitted with third dose during the year 2022-2023.

4. Hepatitis-B vaccine to Health Care

Worker: All health care workers are at risk for exposure to infectious materials, including blood, body fluids, contaminated medical supplies and equipment or contaminated environmental surfaces. Hence this vaccine has been administered to 61,114 health care workers with first dose, 41,880 health care workers with second dose and 17,088 health care workers with third dose during the year 2022-2023.

5. COVID Vaccination: Tamil Nadu Government have declared Covid-19 as a notified disease under Tamil Nadu Public Health Act, 1939 on 13.3.2020 and notified certain regulations to prevent the outbreak of COVID-19 under the Epidemic Diseases Act, 1897.

COVID vaccination starting date in the State	16.01.2021
Vaccination started for HCW&FLW	16.01.2021
Vaccination started for 45 to 59 with Co-morbidities and above 60	01.03.2021
Vaccination started in Private Hospitals	01.03.2021
Vaccination for above 45 years	01.04.2021
Vaccines supplied by Government of India through State Government and last date for vaccination in Private Hospitals	30.04.2021
Vaccination for 18-44 years	01.05.2021
Lactating Mothers Vaccination	20.05.2021
Pregnant women (AN Mothers) Vaccination	03.07.2021
15-18 Years Category Starting date in the State	03.01.2022

Precaution doses started for 60 years and above, HCW and all FLW Worker	10.01.2022
Precaution dose for HCW, FLW and above 60 comorbidities camp (Thursday)	20.01.2022
Announcement of Government of India Vaccination of 12-14 Years of age	16.03.2022
Har Ghar Dastak Abhiyan 2.0	01.06.2022
Precaution Dose Vaccination for 18-59 years under CSR Funds	06.07.2022
Precautionary Dose vaccination for above 18 years in all GCVCs at free of cost for 75 days (15-07-2022 to 30-09-2022)	15.07.2022
Precautionary Dose vaccination CorBevax for above 18 years	12.08.2022
Introduction of iNCOVACC in private Hospital for above 18 Years	23.12.2022

Government of Tamil Nadu till date have received 11,93,50,720 doses from Government of India and about 29,18,110 doses has been purchased from TNMSC. Based on Government instructions, 38 Mega COVID Vaccination Camps were being

conducted and 5,51,30,576 vaccine doses have been administered. Till 31.03.2023, the State has vaccinated 11,84,35,477 doses above 12 years, with first dose coverage of 96.62% and second dose coverage of 90.31% and Precaution Dose 90,94,069 (17.05%).

6. Introduction of fIPV 3rd dose in the State:

Because of the effective implementation of Routine Immunization and conducting Pulse Polio Immunization for the past 27 years, there is no wild Polio cases reported for the past 19 years in the State. Considering the better sero conversion with a schedule of two doses of fractional IPV at 14 weeks and 9 months of age and based on the recommendations of India Expert Advisory Group for Polio eradication (IEAG), the National Technical Advisory Group on Immunization (NTAGI) an additional 3rd dose of fIPV under Routine Immunization is scheduled at 9-12 months. Under UIP already two doses of fIPV at 6 weeks and 14 weeks are administered and now as per the revised schedule 3 doses of fIPV administered at

6 weeks, 14 weeks and 9-12 months respectively. The revised schedule is implemented in the State from 4th January, 2023.

7. U-WIN launch

- Already under Routine Immunization, vaccines/logistics are being monitored through e-WIN programme and Covid-19 vaccination is monitored through CoWIN.
- U-WIN is a third pillar built by GoI based on the existing e-WIN and CoWIN platforms for digitalizing the routine immunization services in the country and VPDs will be reduced to a large extent within the community.
- A National training workshop on U-WIN platform for Universal Immunization Programme (UIP) was conducted at New Delhi on 10th January, 2023 and a Software launch of pilot U-WIN platform on 11th January, 2023.
- Two districts Dindigul and Erode were selected for U-WIN. U-WIN is designed as per ABDM for linking Healthcare Professional Registry (HPR),

Healthcare Facility Registry (HFR) and ABHA. U-WIN will be inter-operatable with all existing management information systems.

8. Introduction of HPV vaccination in the State:

- HPV vaccine can prevent most cases of Cervical Cancer if the vaccine is given before girls or women are exposed to the virus.
- Introduction of the HPV vaccine in Tamil Nadu has been recommended by the NTAGI for School going and Non-School going girls in the age group 9-14 years in campaign mode in a phased manner followed by Routine Immunization.
- For Non-School going children in the age group of 9-14 years, vaccination will be done through outreach sessions, Health Facilities and Mobile Teams.
- A multi-age Cohort for all girls aged 9-14 years followed by introduction in UIP in the subsequent year for new cohort of all girls

aged 9 years. Single dose schedule has been proposed for our State.

- The Mid Year Estimated Population of the State for the year 2023 as per RGI Projections 2011- 2036 as follows:

Total Population: 7,69,35,997, 9 to 14 years Population @ 8.23% is 63,31,831, of which 9 to 14 years Female Population is 30,67,772.

- Hence, it is proposed to conduct HPV Vaccination for 30,67,772 girls in the age group 9-14 years mainly through Schools.

E. Vaccine Preventable Diseases: The Surveillance of Vaccine Preventable Disease in the State is being supported by the technical partners like World Health Organization. During the year 2022-23, 60 Measles positive cases and Four Diphtheria positive cases have been reported and the State is ensuring all containment measures and mass immunization activities in all the reported areas.

F. National Vector Borne Diseases Control

Programme: The Vector Borne diseases like Malaria, Filaria, Dengue/ Chikungunya, Japanese Encephalitis etc., are kept in bay due to strenuous efforts of the Department of Public Health and Preventive Medicine along with the local bodies under the guidance of National Health Mission. Similarly the State maintains a constant vigil against water borne diseases including diarrhoea and other public health scares such as Swine-flu, other forms of Influenza, Rabies, etc. In view of taking all control and preventive measures the State is marching towards elimination of Malaria and Filaria and is in the process of Disease free certification. On Daily basis 25,000 field workers (Domestic Breeding Checkers) are deployed for controlling Dengue. In Coordination with other departments the temporary field workers are engaged at the rate of 20 per block, 10 in each town panchayat and one temporary field worker per 250 to 300 households in Municipalities and Corporations. The Domestic Breeding Checkers

reduce the Aedes breeding sources and prevents Aedes breeding. They also treat the large water bodies with temephos to kill Aedes larvae and knock down Adult mosquitoes by fogging activities and prevents transmission of mosquito borne diseases and deaths. As a result Dengue fever the life threatening disease is on the fall and in the declining trend for the last few years. All life savings Drugs, Equipment's such as Blood Components, Blood platelets are stored in adequate quantities in all Government Health Facilities and some of the diseases specific initiatives are listed below:

- 1. Dengue:** Dengue Fever (DF), an outbreak prone viral disease is transmitted by Aedes mosquitoes. Dengue Fever is characterized by fever, headache, muscle and joint pains, rash, nausea and vomiting. Some infection results in Dengue Haemorrhagic Fever (DHF) - a syndrome in its severe form can threaten the patient's life primarily through increased vascular permeability and shock.

- In Tamil Nadu there are 131 centres where ELISA test for Dengue fever are being carried out. In all over India, Tamil Nadu has more number of lab testing facilities for Dengue.
- Adequate stock of test equipment, medicines, blood, blood platelets are being ensured frequently for treatment of Dengue.
- Throughout Tamil Nadu, in each Government Hospital Special fever Clinics were established and are functioning 24 hours (24*7).
- Nilavembu Kudineer is distributed to fever cases and general public including students on regular basis.
- Entomological Assessment and Monitoring including Dengue virus positivity in Aedes mosquitoes is done on regular basis.
- Larval density report is being informed to the District Collectors, Directorate of Public Health and Preventive Medicine, Officials of Rural development, Town Panchayat and Municipal Administration at District level and action is being carried out immediately.

- In addition, RTPCR test detects the presence of the Dengue Virus in Mosquitoes that transmit the disease and preventive measures are taken.
- The Dengue and Fever situation is being monitored 24X7 by the Directorate of Public Health and Preventive Medicine.

Dengue incidence for the last Five years:

Sl. No.	Year	No of Cases	No. of Death
1	2019	8,527	5
2	2020	2,410	0
3	2021	6,039	8
4	2022	6,430	8
5	2023 (Jan–March)	2,019	0

2. Chikungunya: Chikungunya is caused by a virus and transmitted to humans by Aedes mosquitoes. There is a decline in Chikungunya cases due to the control measures taken by the Government. The prevention and control measures against Chikungunya are carried out in an integrated manner with the Dengue control measures.

Chikungunya incidence for the last Five years:

Sl. No.	Year	No. of Cases
1	2019	681
2	2020	224
3	2021	153
4	2022	181
5	2023 (Jan to March)	30

3. Malaria : Malaria is a parasitic disease caused by Plasmodium vivax (P.vivax), Plasmodium falciparum (P.falciparum) and transmitted through female Anopheles mosquitoes. The National Malaria Control Programme (NMCP) is implemented in the State from 1953 and the programme has expanded in the following years and now India is in the process of Malaria Elimination by the year 2030 (2016–2030) and Tamil Nadu is one among the state marching towards elimination. In Tamil Nadu Elimination activities like:

- i. Intensified Passive surveillance for fever cases in Primary Health Centres, Government

Hospitals, Government Medical College Hospitals and Private Hospitals/ Private Medical college hospitals.

- ii. Active surveillance in the field and Mass & contact surveillance for positive cases has been intensified by Health Inspectors.
- iii. Malaria Case detection and timely administration of Radical Treatment have led Tamil Nadu to move forward towards Malaria Elimination which includes
 - Follow up of Positive cases.
 - Indoor Residual Spray in endemic areas during transmission season.
 - Periodical Vector incrimination activity by Regional Entomologist of Zonal Entomological Team.
 - Introduction of Gambusia fishes in Anopheles breeding sources like wells etc.
 - Anti Larval work.
 - Migratory population surveillance.

- Focal spray in case reporting areas have led to malaria elimination.

Due to the concerted efforts, there is marked reduction of cases from 772 in 2021 to 354 in 2022. Out of 38 Districts 31 Districts have attained Malaria free Status and the activities are under progress in the other 7 districts to achieve Malaria Free Status. In view of the efforts taken, the Government of Tamil Nadu has received **National Award** in 2021 for excellence in Malaria elimination from Government of India.

Malaria incidence for the last Five years:

S. No.	Year	No. of Cases
1	2019	2,088
2	2020	891
3	2021	772
4	2022	354
5	2023 (Jan to March)	60

4. Japanese Encephalitis: Japanese Encephalitis (JE) has emerged as one of the major public health problems in India. Japanese Encephalitis

(JE) is a mosquito borne zoonotic viral disease. The virus is maintained in animals, birds, pigs, particularly the birds belonging to family Ardeidae (e.g. Cattle egrets, pond herons, etc.) which act as the natural hosts. Pigs and wild birds are reservoirs of infection and are called as amplifier hosts in the transmission cycle. Ariyalur, Kallakuruchi, Perambalur, Villupuram, Cuddalore, Tiruvannamalai, Virudhunagar, Tiruchirapalli, Thanjavur, Tiruvarur, Madurai, Pudukottai, Karur and Thiruvallur of 14 districts reported JE cases. After completion of JE immunisation in campaign mode in all the above districts for the children 1-15 years of age, JE vaccination has now been brought under routine immunization. First dose of JE vaccine is administered after ninth month and second dose is administered between 16-24 months. In addition, RTPCR test detects the presence of the Japanese Encephalitis Virus in Mosquitoes that transmit the disease and prevention is taken.

Japanese Encephalitis incidence for the last Five years:

Sl. No.	Year	No. of Cases	No. of Death
1	2019	231	1
2	2020	47	1
3	2021	38	2
4	2022	28	0
5	2023 (Jan to March)	4	1

5. Lymphatic Filariasis: Filariasis is a disease of morbidity swelling leg caused by parasitic worm transmitted by the culex mosquitoes. National Filaria Control Units established in 1957 and functioning in Chengalpattu, Kumbakonam, Chidambaram, Vellore and Nagercoil where anti larval and anti parasitic measures have been carried out. Mass Drug Administration programme with Diethyl Carbamazine Citrate (DEC) tablet started in 1996 in Cuddalore District as a pilot project and it was carried out from 1997-98 in all endemic districts. Since

most of the Filaria endemic districts have reported less than 1% Micro Filaria Rate, Transmission Assessment Survey had been conducted using Filaria Test Strip in 26 Districts, as per the WHO guidelines. Post MDA surveillance are being conducted in these districts and certain activities like morbidity Management training with Morbidity Management kit, migratory population screening etc., along with hydrocelotomy are being carried out. Tamil Nadu is in the process of Elimination of Lymphatic Filariasis and is providing financial assistance to the Grade IV Filaria patients at the rate of Rs.1000/- per month. 8,023 patients have been recorded during 2022 and benefitted by this scheme for which Government has allotted Rs.9.62 crore. Tamil Nadu to declare free from filaria by 2030 for which one time microfilaria confirmatory mapping survey in both endemic and non-endemic districts have been carried out.

- 6. Leptospirosis:** Leptospirosis is a zoonotic disease transmitted from animals to human

beings by bacteria and spread through the urine of infected animals. Humans can acquire the infection through direct contact with urine from infected animals or through water/soil contaminated with infected animal urine. Different kinds of wild and domestic animals like cattle, pigs, horses, dogs, rodents and other wild animals carry the bacterium. Infected animals may continue to excrete the bacteria into the environment continuously or once in a while for few months to several years. The bacteria can enter the body through skin or muscles membrane (eyes, nose or mouth) from a cut or scratch. Exposure to contaminated water like flood water increase the risk of infection. Lab testing facilities are available in all the District Public Health Laboratory, State Public Health Laboratory, Institute of Vector Control and Zoonosis, Hosur and Tamil Nadu Veterinary and Animal Sciences University (TANUVAS), Madhavaram, Chennai apart from major Private Hospitals / Private Medical College Hospitals. Treatment with antibiotics like Doxycycline will cure the infection. The

disease can be prevented by avoiding direct / indirect contact with contaminated water/mud by using rubber shoes/boots and gloves before stepping into rain water. Health Education about the disease and its preventive measures carried out conceptualized through intensive awareness campaigns, audio-visual, print media, electronic media etc.,

Leptospirosis incidence for the last Five years:

Sl. No.	Year	No. of affected Cases	No. of Death cases
1	2019	849	0
2	2020	376	0
3	2021	1,046	0
4	2022	2,612	1
5	2023 (Jan to March)	755	0

25.3 State and district level epidemic diseases surveillance and control activities:

The Directorate of Public Health and Preventive Medicine is carrying out surveillance and control activities to prevent the epidemic disease in

coordination with other allied Government departments. 24x7 Emergency Operation Centres are established in the State and districts to coordinate the disease prevention and control measures. Deputy Director of Health Services (DDHS) in synergy with the District Collector carries out the prevention and control measures for the communicable diseases at district level. In order to prevent the spread of diseases the following activities are carried out:

- i. Mosquito control measures (anti-larval and anti-adult control)
- ii. Water analysis and checking chlorination of water supply systems to ensure the distribution of safe drinking water to the public.
- iii. Monitoring solid waste management and sewage treatment

Review meetings are conducted with health and other allied departments at regular intervals under the Chairmanship of District Collector to control the communicable diseases like Malaria, Dengue, Swine flu, Acute Diarrheal Diseases and Rabies etc.

25.4 Integrated Health Information Platform

(IHIP): IHIP is a daily surveillance platform which was launched on 1st April, 2021 by revamping the Weekly Surveillance programme called IDSP (Integrated Disease Surveillance Programme). The aim of IHIP is to have one platform for all spectrum of health events pertaining to communicable diseases. The health-related data on cases/syndromes are being updated in IHIP on daily basis by both Government and Private Institutions, using S form for suspected case / syndromes, P form for probable / clinical cases and L form for Lab confirmed cases.

25.5 District Public Health Laboratory

(DPHL): District Public Health Laboratories are playing a key role in disease surveillance by rendering appropriate diagnostic services, thereby helps in initiation of timely control measures for decreasing the morbidity and mortality in the community. At present 32 DPHL labs are functioning and six more new District Public Health Laboratories will be established in the newly formed districts.

25.6 Water Analysis Laboratory: The Regional Water Analysis Laboratories are established at four places in Chennai, Coimbatore, Tiruchirapalli and Tirunelveli. Water samples are collected from various water sources and examined at these Laboratories to ensure safe drinking water to the public. Health Inspectors of these laboratories, visit the protected water supply systems in Corporations, Municipalities, Town Panchayats, Government Hospitals, Railway Stations, Prisons, Government Institutions, Approved schools etc. and collect samples of water for a detailed examination (physical, chemical, bacteriological and biological quality) from the water sources, water treatment units, service reservoirs and distribution networks. Water samples from rural villages are collected by the Health Inspectors of that area and send samples to these laboratories for analysis.

25.7 Epidemic Information Cell (24x7): The 24x7 Epidemic Information cell, located at the office of the Director of Public Health and Preventive Medicine, Chennai is functioning as a contact point for Public and other Stakeholders to

interact and register any public health related information. Health related information like Disease Outbreaks, Disasters etc., are being collected at this cell from Public, News, Media and other sources and the information is communicated to State/District level officers to take necessary measures in time.

25.8 National Viral Hepatitis Control

Program: The National Viral Hepatitis Control Programme was launched in 2018 as an integrated programme with the aim to combat hepatitis and achieve country wide elimination of Hepatitis C by 2030, achieve significant reduction in the infected population, morbidity and mortality associated with Hepatitis B and C and reduce the risk, morbidity and mortality due to Hepatitis A and E.

25.8.1 Key Objectives:

- Enhance community awareness on hepatitis and lay stress on preventive measures among general population especially high-risk groups and in hotspots.
- Provide early diagnosis and management of viral hepatitis at all levels of healthcare.

- Develop standard diagnostic and treatment protocols for management of viral hepatitis and its complications.
- Strengthen the existing infrastructure facilities, build capacities of existing human resource and raise additional human resources, where required, for providing comprehensive services for management of viral hepatitis and its complications in all districts of the country.
- Develop linkages with the existing National programme towards awareness, prevention, diagnosis and treatment for viral hepatitis.
- Develop a web-based “Viral Hepatitis Information and Management System” to maintain a registry of persons affected with viral hepatitis and its sequelae.

25.8.2 Components:

- Immunization of Hepatitis B (birth dose, high risk groups, Health Care Workers)
- Safety of blood and blood products
- Injection safety, safe socio-cultural practices

- Safe drinking water, hygiene and sanitary toilets
- Diagnosis and Treatment: (i) Screening of pregnant women for HBsAg to be done in areas where institutional deliveries are < 80% to ensure their referral for institutional delivery for birth dose Hepatitis B vaccination. (ii) Free screening, diagnosis and treatment for both hepatitis B and C would be made available at all levels of health care in a phased manner.
- Provision of linkages, including with private sector and not for profit institutions, for diagnosis and treatment.
- Engagement with community/peer support to enhance and ensure adherence to treatment and demand generation.
- Monitoring and Evaluation, Surveillance and Research
- Training and capacity Building: This is continuous process. Stakeholders at the district levels are trained in screening, confirmation, treatment and inter-sectoral coordination.

8,06,111 Mothers have been screened and 1,147 mothers have been found to have Hep-B positive and who have been managed in the CEmONC Centre during the year 2022-2023 and 721 Hep-B patients and 906 Hep-C patients have been detected with Viral Hepatitis and provided vaccination. 1,17,624 people have been provided with Hep-B vaccination during the year 2022-2023.

Chapter-26

NON-COMMUNICABLE DISEASE

PREVENTION, CONTROL AND TREATMENT

26.1 Non-Communicable Diseases (NCD) are becoming the primary cause of morbidity and mortality in the community and are on the rise. Due to shifting lifestyle patterns that are linked to NCD-related risk factors, NCDs provide a problem in both urban and rural settings. The Non-Communicable Diseases Intervention Programme, which covers all districts, is being implemented by the State of Tamil Nadu as a trailblazer. As the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS). The programme is carried out under the auspices of the National Health Mission (NHM). The Program includes 2,610 public healthcare facilities at the primary, secondary, tertiary, and municipal levels. Under the programme, all people 30 years of age and older receive screening, treatment, and follow-up services for hypertension, diabetes mellitus, cervical cancer, and breast cancer. People

between the ages of 18 and 29 who visit any government health facility in the State also receive risk scoring. Both facility-based NCD screening and population-based NCD screening are used for NCD screening. The creation of a Patient Support Group (PSG) and improving NCD care in the Universal Health Coverage (UHC) programme are the other innovations. In addition to the aforementioned, counseling services for people who want to "modify their lifestyle" are also offered.

26.2 Performance under facility-based or opportunistic screening for NCDs: The State-level performance of all healthcare facilities participating in the NPCDCS programme for NCD screening from April 2021 to March 2023 is described below:-

26.2.1 Cardio Vascular Diseases (CVD) Prevention and Control Programme: Out of 2,21,58,482 people who were tested for hypertension, 7,31,609 were found to be positive. Individuals with hypertension are treated and followed up on.

26.2.2 Prevention and Treatment of Diabetes

Mellitus: 5,02,017 patients have been diagnosed with diabetes mellitus out of 1,65,26,017 people who underwent screening. Patients who have been diagnosed with diabetes are treated and monitored.

26.2.3 Prevention and Treatment of Cervical

Cancer: 31,62,017 women underwent VIA screening test for cervical cancer, and 59,705 of them were tested positive. The test positive women were subjected to colposcopy and further management under secondary and tertiary care facilities.

26.2.4 Prevention and Treatment of Breast

Cancer: Clinical breast examinations (CBEs) being the screening method for Breast Cancer is done at all health facilities in NCD clinic and 47,95,899 women were screened for Breast cancer. 38,951 of the women who were screened were detected with breast abnormalities or lumps. According to protocol, the screened positive patients are referred to higher institutions for additional assessment and follow-up.

26.3 Strengthening of Cancer Care at State and District Level: Government Arignar Anna Memorial Cancer Institute in Karapettai, Kancheepuram is being upgraded as State-of-the-Art "Centre of Excellence" for cancer treatment, training, and research with 750 beds at a total budget of Rs.220 Crore. All elements of cancer control, from Surveillance to Palliative care, will be delivered under one roof. Presently, Government Arignar Anna Memorial Cancer Hospital, Karapettai is the only hospital under the Tamil Nadu Government catering exclusively to treat cancer patients. Hence to serve poor cancer patients with state of art cancer treatment this Hospital is being upgraded with 5 Floor structure with all the "State of Art" facilities. The key highlight features of the facility will be organ based OPD services involving all the main Oncological departments, Radiological services, Radiotherapy services, Modular Operation Theaters, Neuro and Ortho Oncology services designed to accommodate stereotactic Neuro surgery and Robotic surgery, Exclusive Bone Marrow Transplant unit, Paediatric Oncology units and advanced cancer related Genomic research facility.

26.4 District Level Day Care Chemotherapy

Centres: Day care chemotherapy centres are functional in 17 District Head Quarters Hospitals at Pollachi, Cuddalore, Pennagaram, Erode, Kancheepuram, Padmanabhapuram, Usilampatty, Perambalur, Mettur Dam, Karaikudi, Kumbakonam, Periyakulam, Kovilpatti, Manapparai, Tenkasi, Mannargudi and Walajah and 14 Medical College Hospitals at Ariyalur, Namakkal, Ramanathapuram, Nagapattinam, Thiruvallur, Dindigul, Virudhunagar, The Nilgiris, Kallakurchi, Tiruppur, Krishnagiri, Tiruvannamalai, Karur and Pudukottai. The Tumour Board at the Tertiary Care Hospital will make the final treatment decision for patients who have been diagnosed with cancer, and the first chemotherapy cycle will also be administered there. Then, at the district hospital, the additional cycles of follow-up or maintenance chemotherapy will be administered under the supervision of a doctor and a staff nurse who has received daycare chemotherapy training. Cancer patients who find it most inconvenient to report to the same Tertiary care facility for the maintenance of

chemotherapy and who also incur significant out-of-pocket expenses (OOPE) or fail to follow up in the absence of such a program will greatly benefit from this.

26.5 National Program for Palliative Care

(NPPC): The main goals of palliative care are to alleviate suffering and enhance the quality of life for both adults and children who are dealing with serious and terminal illnesses. This entail including their loved ones in the caregiving process. About 7% of the population of Tamil Nadu requires palliative care. From 2016-2023, District level Palliative care units have been established at 34 Medical College Hospitals, 15 District Head Quarters Hospitals, and 385 Block PHCs. The beneficiaries of the programme include patients suffering from Cancer, Cardiac Failure, COPD, Chronic Kidney Disease, mental retardation, hemiplegia, paraplegia, congenital mental and physical disabilities, Alzheimer, Parkinson's, chronic disability in the elderly, etc. For children, the major disease categories which require palliative care are cancer, HIV,

progressive non-malignant conditions, congenital anomalies, etc. Additionally, community-based palliative care services are being implemented at the block level to offer nursing services for patients receiving palliative care at home. For those who are bedridden, trained staff nurses with the title "Community Palliative Care Nurse" provide home-based palliative care nursing services at a rate of one per block. As of right now, all 385 blocks across all districts have community-based palliative care services in place, and 385 staff nurses have received palliative care training. Home-based palliative Staff Nurses have visited approximately 6,38,910 beneficiaries between the program's launch in April 2021 upto March 2023.

Chapter-27

NATIONAL PROGRAMME FOR HEALTH CARE OF ELDERLY PROGRAM

27.1 As per Census 2011, 13.6% of Tamil Nadu population is above 60 years of age against the National average of 8.6%, thus becoming the Second State in India with highest share of elderly which stresses the importance of geriatric care in the State. The elderly suffer from various degenerative disorders that render them dependent and vulnerable. To cater to the health care needs of Geriatric Population, Government of Tamil Nadu through National Health Mission, Tamil Nadu has already taken initiatives by establishing elderly-friendly healthcare facilities at various levels of care under National Program for Health Care of Elderly (NPHCE).

27.2 NPHCE Services:

(i) National Centre for Ageing, Chennai: It has been established with a funding from Government of India and Government of Tamil Nadu. This 200 bedded institute is

established providing service to the elderly, is of national importance and is located at the campus of King Institute of Preventive Medicine, Guindy, Chennai. The Department of Geriatric Medicine at Rajiv Gandhi Government General Hospital, Chennai is serving as the Regional Geriatric Centre and provides tertiary level of care, training of health professionals and research.

(ii) Treatment for elderly in Medical College / District Hospitals: Government of Tamil Nadu has established Geriatric units in 28 Government Medical College Hospitals of Coimbatore, Salem, Tiruchirappalli, Madurai, Tirunelveli, Thanjavur, Vellore, Villupuram, Dharmapuri, Kancheepuram (Chengalpattu), Kanniyakumari, Karur, Pudukkottai, Sivagangai, Theni, Thiruvarur, Thoothukudi, Thiruvannamalai, Ariyalur, Dindigul, Krishnagiri, Namakkal, Nagapattinam, Ramanathapuram, Thiruvallur, Tiruppur, Virudhunagar and The Nilgiris and three Government District Head Quarter Hospitals

of Cuddalore, Erode, Perambalur with required man power.

(iii) The following facilities are available in each district level hospital under NPHCE:

1. Exclusive 'Geriatric OP' for elderly patients on all days of the week.
2. Separate queue for elderly at OP Ticket issue counter, Pharmacy, Laboratory and Radiology.
3. Twenty bedded elderly-friendly ward with anti-skid floor, side-rails and western toilets with adjacent grab bars.
4. Physiotherapy unit for elderly patients.
5. Intensive-Care facilities- Four ICU cots and One Ventilator reserved for elderly.

(iv) Performances : The details of elderly patients those who have availed services during the year 2022–2023 is given below:

1. Number of Elderly persons availed Geriatric OPD services - 6,07,336

2. Number of Elderly persons admitted in Geriatric wards - 33,514
3. Number of Elderly persons given Rehabilitation services - 1,56,584
4. Number of Laboratory tests performed for the elderly - 15,23,364

(v) Services at Block level: The Government has sanctioned 385 posts of Physiotherapists for 385 Block PHCs at the rate of One Physiotherapist per Block PHC to avail Geriatric care services at block and community level. Government has issued order to conduct Geriatric OPD for elderly person twice a week (Thursdays and Saturdays). Now this Geriatric OPD is branded as "Long Term Clinic" providing primary level Geriatric care, Palliative care, Mental health services and Specialty services like Ophthalmology, ENT at block PHC's.

Chapter - 28

OTHER PROGRAMMES

28.1 National Programme for Prevention and Control of Deafness: The objectives of National Programme for Prevention and Control of Deafness (NPPCD) is to prevent avoidable hearing loss, promote early diagnosis and treatment of ear problems responsible for hearing loss and to develop institutional capacity to provide ear care services. Under the programme Government Headquarters hospitals have been equipped with Audiology Labs and High-End ENT surgical Equipment necessary for early diagnosis and treatment of hearing loss. In order to diagnose Hearing loss in neonates, Sound proof rooms with OAE/BERA equipment are planned to be established in 25 CEMONC centres with high number of deliveries. In addition, Training has been given to field level workers on identifying Hearing loss in children with simple tests. 89,417 Audiograms have been done, 14,603 Hearing Aids have been distributed and 5,725 Ear surgeries have been done under the programme during the year 2022-2023.

28.2 National Leprosy Eradication Programme

(NLEP): National Leprosy Eradication Programme is a Centrally Sponsored Scheme of the Central Ministry of Health and Family Welfare. NLEP strategies and plans are formulated centrally; the programme is implemented by the State Government since 1955. The programme is also supported by partners like World Health Organization, International Federation of Anti Leprosy Associations (ILEP) and certain Non-Governmental Organizations.

About Leprosy:

- Leprosy is a chronic infectious disease caused by Mycobacterium Leprae. It usually affects the skin and peripheral nerves.
- The disease is characterized by long incubation period, generally 2 to 5 years and is classified as pauci bacillary and multi bacillary, depending on the bacillary load.
- Leprosy is one of the reasons for permanent physical disability.
- Early diagnosis and treatment of cases before nerve damage is the most effective way of preventing disability due to leprosy.

a) The Aim of the programme:

- To achieve interruption of transmission and zero new leprosy cases in the community.
- To achieve Grade 2 Deformity Cases in the community less than one per million population.
- Zero Child Deformity Cases.
- Zero Leprosy discrimination.

Treatment of Leprosy: National Leprosy Eradication Programme was started in 1983. Initially, "Dapsone" was given as Monotherapy. Multi Drug Therapy (MDT) was introduced in 1983 which consists of Rifampicin, Clofazimine and Dapsone as per recommendations of World Health Organization to cure Leprosy in a shorter time and prevent Leprosy transmission in the community. By the year 1991, all the districts in our State were fully covered by Multi Drug Therapy (MDT). The only effective method to reduce the burden of Leprosy in the community is to reduce the source of infection through "Multi Drug Therapy" (MDT). Infected and cured leprosy patients began to be

accepted by the Community as a result of intensive health education and successful results of MDT.

State Profile	2021-22	2022-23
Cases under Treatment	2017	2310
Prevalence rate / 10000 population	0.24	0.30
New Case detected	2,434	3,090
ANCDR/100000 population	2.92	3.98
Total Cured cases (RFT)	1,846	2,646
New Child Cases detected	228	364
Child case proportion	9.37	11.78
New Female cases detected	1,020	1,206
Female case Proportion	41.32	39.03
New Grade II Deformity cases	97	105
Deformity rate (Grade-II) / Million population	1.16	1.35
Deformity case Proportion (Grade-II)	3.99	3.40

b) Newer Initiatives:

1. Leprosy Case Detection Campaign

(LCDC): was carried out in 35 districts and 388 new cases were detected. 10 new Grade II Deformity cases also reported during this activity.

2. Sparsh Leprosy Awareness Campaign

(SLAC): (Anti Leprosy Day) has been conducted every year on 30th January, since 2017 on the occasion of death anniversary of Mahatma Gandhi. During this year, Anti Leprosy Fortnight was conducted from 30th Jan to 13th Feb, 2023 and 214 new cases were detected by various mode of case detection and all newly detected cases were put on Multi Drug Therapy (MDT).

3. Post Exposure Prophylaxis-

A single dose Rifampicin is given to all contacts (Family and Neighbours) of newly detected Leprosy patients – 29,030 contacts were benefited by this activity during 2022-203.

4. Contact survey:-

Year	Examined Contacts	New cases detected
2021 - 2022	9,52,864	86
2022 - 2023	12,67,770	110

5. Disability Prevention and Medical Rehabilitation (DPMR) for Leprosy infected persons :

DPMR Activities	2021-22	2022-23
Total No. of Reconstructive Surgeries performed	90	93
Total No. of Self - care kits distributed	20,664	17,782
Total No. of MCR foot wear given	10,627	11,315
No. of patients treated for Reaction and Neuritis	365	520
No. of persons receiving Rs.2000/- per month under Disability maintenance grant from Differently Abled Welfare Department	9,439	9,764
No. of persons receiving Rs. 1000/- per month under Social Security Scheme	2,285	2,197

c) Plan of Activities for 2023-2024:

- Leprosy Case Detection Campaign in Districts as per the guidelines issued by Government of India.
- Hard to reach areas survey will be carried out in 43 areas from 11 Districts.
- Training for all Medical Officers and Health personnel who are untrained.
- Reconstructive Surgeries for all eligible leprosy cases.
- Strengthening of Information, Education and Communication (IEC) Activities for voluntary reporting of early Leprosy cases and to increase Leprosy awareness in the community.
- Post Exposure Prophylaxis (PEP) to all eligible contacts to prevent Leprosy.
- Focused Leprosy Campaign (FLC) in Villages/Urban where Grade 2 Deformity cases have been reported.
- Under DPMR all eligible deformity patients will be provided with MCR Chappals and Self Care kits for Ulcer patients and also management of Leprosy complications.

- Arrangements will be made for all Grade 2 Deformity cases who have more than 40% disability to get Leprosy Cured Maintenance Grant (LCMG).

28.3 National Tobacco Control Program (NTCP):

- i. The National Tobacco Control Programme is implemented in Tamil Nadu and the State Tobacco Control Cell is functioning under the Directorate of Public Health and Preventive Medicine since 2007. All the Districts in the State are implementing Tobacco Control Activities as per Cigarettes and Other Tobacco Products Act (COTPA), 2003 (under Section 4, 5, 6 & 7). Under National Tobacco Control Programme (NTCP), District Tobacco Control Cells have been established in a phased manner covering two Pilot Districts in 2008 namely Kancheepuram and Villupuram and upscaled to three more districts in 2015-2016 viz., Madurai, Coimbatore and Tiruchirapalli, five more districts in 2017-18 viz., Pudukkottai, Cuddalore, Nagapattinam, Tiruppur and Tirunelveli. In 2021-22, District

Tobacco Control Cell is established in ten more districts viz., Ariyalur, Perambalur, Salem, Erode, Namakkal, Tuticorin, Kanyakumari, Thiruvallur, Vellore and Dharmapuri. State and District level monitoring Committee was constituted to monitor the violations under section 5 of COTPA 2003.

ii. Key Performance: The significant activities of the State and District Tobacco Control Cell Programmes are presented below:

1. Enforcement activities: Enforcement squad has been formed at State, District, Block, Village, Corporation and Municipality level to monitor the Tobacco Control law violations in the public places. So far, a fine amount of Rs.5,68,06,587/- was collected from the 3,16,278 violators under COTPA, 2003.

2. Training: Various awareness training programmes were conducted about the ill effects of Tobacco use and Tobacco control laws and so far 1,336 training programmes

were conducted and 81,251 persons participated in these training programmes.

3. School Programme: In view of awareness programmes and meetings conducted in schools and colleges throughout the State 13,080 schools and 1,344 colleges, which are following the COTPA, 2003 have been declared as 'Tobacco Free Educational Institutions' in Tamil Nadu and also as per the revised guidelines of Tobacco Free Educational Institutions (ToFEI) issued by Government of India 9,098 Schools and 691 Colleges are declared as ToFEI from May 2022 to March 2023.

4. Tobacco Cessation: Tobacco cessation centers have been established in Medical College Hospital / District Headquarters Hospitals in 20 NTCP Districts. 684 doctors, 53 integrated rehabilitation and screening center consultants, 148 epidemiologists and 78 volunteers were trained on tobacco cessation and tobacco dependence.

- i. The total number of people consulted in smoking cessation centers was 45,139.
- ii. 1093 people who received pharmacological treatment to get rid of tobacco habit.
- iii. Total number of people freed from tobacco habit is 297.

5. Information, Education and Communication (IEC): To create awareness about the ill effects of Tobacco products and discourage the consumption of Tobacco products through various IEC programmes like Mass Campaign, Celebration of World No Tobacco Day, Rally, IEC on Wheels, Human Chain, Signature Campaign, Pledge taken against Tobacco usage, Distribution of Pamphlets, Broadcasting IEC messages through mass media.

iii. Declaration of Tobacco Free Places: By conducting awareness and training programmes throughout Tamil Nadu, various places are declared as Tobacco-Free Zones –

like Five Tobacco-Free Villages, Tobacco-Free Embassies in Chennai, Tobacco-Free Police Commissioner's Office and 144 Police Stations in Chennai, Tobacco-Free Prisons, Tobacco-Free Transport, Tobacco-Free Postal Circle, Tobacco -Free Educational Institutions, Medical Colleges / Dental College / Government Hospitals / PHCs, Tobacco-Free Government Buildings, Tobacco-Free Hotels / Restaurants / Malls, Tobacco-Free Industries, Tobacco-Free Slums in Chennai City, Tobacco Free Cinema Theatres.

- iv. Banning of E-Cigarettes:** One of the developments in Tobacco Control is banning of E- cigarettes in the State. As per the orders of the Government, the manufacture, sale (including online sale), distribution, trade, display, marketing, advertisement, use, import and possession of Electronic Nicotine Delivery systems (ENDS) in any form, is banned in Tamil Nadu and the same is being implemented effectively.

28.4. National Iodine Deficiency Disorder Control Programme (NIDDCP): Iodine is an essential micronutrient. It is required at 100-150 micrograms daily for normal human growth and development. It is essential for the synthesis of the thyroid hormones, Thyroxine (T4), Triiodothyronine (T3)

Objectives:

- Surveys to assess the magnitude of Iodine Deficiency Disorders in the Districts.
- Supply of Iodized salt in place of common salt.
- Re-surveys to assess iodine deficiency disorders and the impact of Iodized salt after every 5 years.
- Laboratory monitoring of Iodized salt and urinary iodine excretion.
- Health Education and Publicity.

Implementation of NIDDCP in Tamil Nadu:

The State Iodine Deficiency Disorder Control Programme Cell and Lab were established in the year 2017, for efficient functioning of this

programme at Directorate of Public Health and Preventive Medicine. Testing of Iodine content in salt, in Titration method is being done regularly on samples from all districts. Urinary Iodine Excretion (UIE) survey is being done in 5 districts every year. The State and District Level Technical and Co-ordination Committee have been constituted under the chairmanship of the Secretary, Health and Family Welfare Department, at State Level and the District Collector at District Level. The above Committee Meeting will be conducted twice in a year.

Achievements of TN IDD Cell: "Global Iodine Deficiency Disorder Prevention Day" is observed every year on 21st October to create awareness on the need of using Iodized salt and IEC messages are also disseminated through Radio and Newspaper advertisements well ahead of Global Iodine Deficiency Disorder Prevention Day. Awareness on the use of Iodized salt in households is being raised through ASHAs with a view to reduce the Iodine deficiency disorder in Tamil Nadu. The salt that are used in Anganwadi

Centers and Kitchen of all Schools are being tested and monitored for the presence of Iodine.

Over all Salt Sample Analysis in 2022–2023:

Salt samples are being lifted from shops and households by Health Inspectors for testing at the State IDD Laboratory for Iodine content, thus the Sale and use of Iodine Salt is being monitored. Salt samples are lifted from Manufacturer / Distributor / Retailer / Consumer level, by Food Safety Department, all over the State and sent to laboratory for testing.

SALT SAMPLES ANALYSIS

Salt Samples Analysis	Total No. of Salt Samples	> 15PPM		< 15PPM		0 PPM	
		No. of Salt Samples	%	No. of Salt Samples	%	No. of Salt Samples	%
2022 -23	7298	6206	85	1040	14	52	1

Chapter - 29

CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME

29.1 The Government of Tamil Nadu launched the Chief Minister Kalaingar's Insurance scheme for life saving treatments on 23.07.2009 to ensure that poor and low income group families who cannot afford costly treatment, are able to get cashless treatment in Government as well as private hospitals for serious ailments. Under this scheme, each beneficiary family was insured for availing free treatment upto Rs.1 lakh, and the Government paid the entire premium for this purpose. 1.34 crore beneficiary families in the State were covered initially under this revolutionary scheme. In view of the successful implementation of the scheme benefitting the public, the scheme was continued from 11.01.2012 to till date covering 1.40 crore beneficiaries families at the premium of Rs.849/- per family per year which is paid by the Government. In the Budget allotment for the year 2022-2023 Rs.1505.86 crore has been allotted for

this scheme. The annual family income ceiling limit to enroll as a beneficiary under the scheme has been increased to Rs.1,20,000/- from 16.12.2021.

29.2 Government of India's Health insurance scheme Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY) has been integrated with Chief Minister's Comprehensive Health Insurance Scheme from 23.09.2018 extending benefits to 86.70 lakh families from Socio-Economic Caste Census (SECC) data, 60% of premium paid for this by Union Government.

29.3 The salient features of integrated CMCHIS PMJAY are as follows:-

- At present, 1,760 hospitals (810 Government Hospitals and 950 Private Hospitals) are empanelled under the scheme.
- Sum insured – All the beneficiary families get health coverage upto Rs.5 lakh per year / per family.
- Procedures - Under the integrated scheme a total of 1,513 treatment procedures (including

11 follow up procedures, 52 standalone diagnostic and 8 high end procedures) are covered.

- Majority of socially and economically under privileged population are being covered under the scheme including special categories like Migrant labourers, Tribals, Slum Dwellers etc.
- Special enrolment for 1,320 children who lost their parents (father/mother & both parents) due to Covid-19 from 2021 is done under the scheme.
- The families of 1,414 accredited journalists and periodical journalists will be enrolled as beneficiaries under the Chief Minister's Comprehensive Health Insurance scheme without any income ceiling.
- 520 inmates of Institute of Mental Health, Kilpauk, Chennai have been permitted for enrollment as CMCHIS beneficiary without mandatory ration card and income certificate.
- NABH entry – level accreditation / NQAS certification has been mandated for all

empanelled hospitals including Government Hospitals.

- Minimal Electronic Health Record are available for beneficiaries which can be downloaded from website.

29.4 Grievance Redressal: A well-established grievance redressal mechanism exists through State and District grievance redressal unit. Online tracking and SMS acknowledgement facilities are available to redress the grievances. Availability of a Call center 24x7 with toll free No.1800 425 3993 and 104 at Chennai to record complaints from the beneficiaries and obtain details on the scheme like queries on enrolment, empanelled hospitals, treatment facilities available etc. Petitions received through the 'Muthalvarin Mugavari' website are processed and action is taken immediately to resolve the problems.

29.5 Performance: Under the Scheme since 23.07.2009 to 31.03.2023 a total of 1,26,85,664 beneficiaries have availed treatment worth of Rs.11,576 crore. Of these 34,79,087 beneficiaries

were treated in Government hospitals at a cost of Rs.4,048 crore. During the year 2022-2023, 10,25,550 patients have been benefitted with a treatment worth of Rs.1329 crore. Of these, 6,40,646 beneficiaries have been treated in Government Hospitals at a cost of Rs.679 crore (48%).

Speciality packages: Details of authorization for Speciality wise treatment from 11.01.2012 to 31.03.2023 are given below:

Sl. No.	Speciality / Package	Approved Nos.	Approved Amount (Rs. in Crores)
1	Kidney Disease – Dialysis	13,16,345	1,077.99
2	Cardiac Stent For Heart Attack	1,21,585	816.70
3	Cardiac By Pass Surgeries	52,904	511.57
4	Cardiac Valve Replacement Surgeries	1,56,784	422.21
5	Cancer – Radiotherapy	46,838	382.04
6	Knee Replacement	50,782	332.76
7	Fractures	2,04,722	358.46
8	Cancer – Chemotherapy	6,77,652	398.82
9	Congenital Cardiac Disease	39,947	312.54
10	Kidney Stone Surgery	1,49,497	286.99
11	New Born Diseases	2,14,722	247.87

12	Heart Attack Medical Management	95,839	224.22
13	Spinal Surgery	64,220	227.13
14	Cancer Treatment	52,837	162.55
15	GIT – Surgery	1,13,202	230.96
16	Eye Surgery Like Retinal Surgery	1,02,146	147.21
17	Hip Replacement	19,211	140.74
18	Vascular Surgery	59,270	144.86
19	Hysterectomy	79,199	127.45
20	Hearing Aid	1,52,969	123.27
21	Plastic Surgery	61,339	114.68
22	Others	11,75,949	1,992.89
Total		50,07,959	8,783.96

29.6 Corpus Fund: A corpus fund was created by Government with Rs.35 crore to meet out high cost procedures like Liver Transplantation, Renal Transplantation, Heart and Lung transplantation including post transplantation Immunosuppressant Therapy, Bone Marrow Transplantation, Cochlear Implantation, Auditory Brain Stem Implantation and Stem Cell Transplantation. 27% of claims earned by the Government Hospitals is also deposited in the corpus fund. All the beneficiaries for such high-end procedures are approved by an Expert Committee. From 11.01.2012 to

31.03.2023, 13,257 beneficiaries have availed treatment worth of Rs.1085.43 crore for these high end surgeries from the Corpus Fund as per the following details:

Sl. No.	Nature of Surgical procedure	Number of beneficiaries authorized	Amount (Rs. in crores)
1	Liver Transplantation	1,376	298.03
2	Renal Transplantation	4,583	180.06
3	Cochlear Implantation	5,178	367.58
4	Bone Marrow Transplantation and Stem Cell Transplantation	1,868	191.37
5	Heart transplantation	163	29.18
6	Heart and Lung transplantation	28	6.99
7	Lung transplantation	27	6.02
8	Auditory Brain Stem Implantation	34	6.20
Total		13,257	1085.43

Chapter - 30

TAMIL NADU ACCIDENT AND EMERGENCY CARE INITIATIVE AND '108' EMERGENCY CARE SERVICES

30.1 Tamil Nadu Accident and Emergency Care Initiative (TAEI) has revolutionized the concept of Emergency Medical Care in Tamil Nadu and the state has become the role model for the rest of the country. Apart from bringing in 'State of the Art' protocols to practice, TAEI has ensured total face lift of the Government Health Care delivery system, making Tamil Nadu a model for other States. Tamil Nadu has converted the erstwhile casualty wing into Emergency Department with requisite manpower and infrastructure so as to become eligible by NMC standards to commence new postgraduate course in MD – Emergency Medicine, which is the first of its kind in India. NMC has since made Emergency Department mandatory for starting of new Medical Colleges in the country. 84 MD Emergency Medicine (EM) PG students have joined in 22 Medical Colleges across the State, during the academic year 2022-2023.

30.2 Key Concepts of TAEI: TAEI has introduced a few key concepts paving the path for paradigm shifts in patient care in Tamil Nadu Emergency Care System. The Patient Care has been demarcated into various clearly defined stages and steps with time norms fixed for each, easy to implement protocols and guidelines, check lists and standardization of Registers.

30.3 Emergency Department (ED): Emergency Department is being created in all Hospitals by reorganising the existing casualty with Emergency Room (ER), Hybrid High Dependency Unit (HHDU), Emergency OT, CT scan / MRI, mobile X-ray facility and counselling & rehabilitation room in the ED premises. The TAEI Emergency Room model incorporates key features like concept of triage, pre-arrival intimation, hospital call out protocols, Pain Management Protocols, Trauma Nurse co-ordinator in all shift, Resuscitation bay, Red, yellow and green zones, Protocol based treatment, Extended Focussed Assessment Sonography in Trauma (e-FAST), Point of care testing (POCT), Uniform for all health care work force and Medico Legal Case (e-MLC).

30.4 Activities during the year 2022-23:

TAEI has been brought to the full-fledged functionality to meet the emergency care needs of the general public. In the year 2022-23, eight hospitals have been newly identified for strengthening of emergency care services at Government Taluk Hospital, Chengam, Government Taluk Hospital, Virudhachalam, Government Taluk Hospital, Thirupathur (Sivaganga), Government Taluk Hospital Sattur, Government Taluk Hospital, Vandavasi, Government Taluk Hospital, Thirumayam and Government Taluk Hospital, Uttamapalayam. At present there are 94 TAEI centres in 39 Medical College Hospitals and attached DME Institutions, 20 District Headquarters Hospitals and 35 Taluk / Non-Taluk Hospitals located in strategic places along the highways.

- All Doctors, Nurses and Support Staff in the Emergency Department are continuously trained to do primary resuscitation and basic care and only then refer to higher centers.

- The National Health Mission has started conducting State Level Death Audits for each Pillars since November 2022 with the main aim of improving standard of care, ensuring unnecessary “Inter Facility Transfer (IFT)” are avoided and accountability is improved.

(I) Trauma: Trauma Death Audits have been conducted since November 2022. Reiterating the core concept of TAEI of ensuring right patient is taken to right hospital within right time. Ready reckoners for treating critically ill patient in Emergency Department has been prepared and communicated to all hospitals. TAEI Skill Grading (TSG) trainings are conducted in 13 Medical College training centers. This year a total of 894 Doctors and 1,518 Staff Nurses have been trained in 98 batches for three days.

(II) Under STEMI Program: 18 Hubs with Cath Lab and 188 Spokes are Geographically Mapped and the Cath Labs have been brought to optimal functioning in the year 2022-2023 due to which life saving emergency cardiac care services has been provided to patients under CMCHIS scheme.

3,948 Cath Labs emergency procedures have been performed within 24 hours during the year 2022-2023. This has ensured, patients with heart attack to avail angiogram, angioplasty within 24 hours of symptoms onset. Also Power Injectors for 15 Government Medical College Hospitals at a cost of Rs.300 lakh, Mid-Range ECHO for 13 Government Medical College Hospitals at a cost of Rs.520 lakh and Cath Labs for four Government Medical College Hospitals at a cost of Rs.1,600 lakh is being provided through TNMSC in the year 2022-23.

(III) Poison Management: Considering the burden of Rodenticide poisons in the State, Since Feb 2022, Rodenticide Poison Management and Plasma Exchange training sessions have been conducted for doctors from Emergency Department, Medicine, Toxicology, Paediatrics, Hepatology / Gastroenterology, Transfusion Medicine, Nephrology and Biochemistry Departments from TAEI centers. Plasmapheresis - PLEX teams were formed and activated in all Medical College Hospitals. Hon'ble Minister (Health

and Family Welfare) has announced ban on Rat killer Paste Poison and Procurement of centrifugal PLEX machines to six high care load centers. State Rodenticide Poison Management guidelines and IEC materials was drafted and officially released by Hon'ble Minister (Health and Family Welfare). At present PLEX is being done by the 16 Medical College Hospitals in the state. 7339 patients have been admitted with rodenticide poisoning of which 850 patients underwent PLEX therapy, due to which 64% deaths have been averted during the year 2022-23.

(IV) Paediatric Resuscitation and Emergency Management (PREM): There are 89 PREM centers in the State with ICH, Egmore as the Apex PREM training center. Trainings have commenced for the doctors and nurses at ICH Egmore in batches completing 55 batches for 699 Doctors and 640 Nurses. All TAEI centers are being constantly instructed and monitored for organising a PREM corner in the ED itself with facilities to resuscitate critically ill children.

(V) TAEI Registry: Data pertaining to Trauma, Burns, Poisoning, Self-Harm, MI, Stroke, and

Paediatric Resuscitation and Emergency Management (PREM) are being collected on daily basis in TAEI Registry. The State of Tamil Nadu is the first State in the country to establish a robust emergency care system with a giant leap of creation of IT based Trauma Registry. IT based TAEI Trauma registry has sharpened the monitoring and evaluation framework of emergency care service delivery in the State at all TAEI centers.

The key features of the Registry are:

- a) Triangulation of Pre Hospital, in hospital and Rehabilitation modules.
- b) Real time tracking of patients.
- c) Pre Hospital notification
- d) Automated Injury scoring system based on vital signs.
- e) Patient Display system
- f) Scope for Electronic Medico Legal Case (EMLC).

(VI) Innuyir Kappom Thittam:

- Under, Innuyir Kappom : Nammai Kakkum-48 (IKT : NK-48), Emergency surgery within 6 hours is being done. From December 2021 to March 2023 a total of 1,53,091 road traffic accident victims availed treatment under the scheme amounting to Rs.135.01 crore.
- Through the successful implementation of TAEI scheme there has been 1.35% reduction in death due to road traffic accidents in the year 2022 when comparing to the year 2019.

30.5 '108' EMERGENCY CARE SERVICES:

Hon'ble Chief Minister Dr.Kalaingar M.Karunanidhi has launched Free Emergency Ambulance Service in the year 15.09.2008 in Tamil Nadu. Each ambulance has one fully trained Emergency Medical Technician (EMT) who provides the pre-hospital care to victim and a Pilot (Driver).

30.6 The "108" ambulances are deployed in all 38 districts across the State. At present 1,353 ambulances are under operation providing Basic Life Support (BLS), Advanced Life Support (ALS), Neonatal Care and 4 VVIP ambulances. In

addition 41 First Respondent Bike Ambulances also form part of '108' service.

30.7 Details of Ambulance Fleet Strength:

SI. No	Ambulance Type	Numbers
1.	Basic Life Support (BLS)/Tribal/Maruti	1,079
2.	Advance Life Support (ALS)	205
3.	Neonatal Life Support (NLS)	65
4.	VVIP Convoy	4
	Total Ambulances	1,353
5.	First Responder Bike	41

30.8 Details of Beneficiaries under this Service:

SI. No.	Parameters	2018-19	2019-20	2020-21	2021-22	2022-23
1	Pregnant Mothers	3,14,932	3,02,036	3,14,913	4,93,841	5,30,008
2	RTA	2,45,049	2,13,953	1,78,935	2,44,684	3,13,851
3	Other Emergency	7,31,565	7,19,799	8,38,974	12,06,792	9,46,999
4	Total Beneficiaries	12,91,546	12,35,788	13,32,822	19,45,317	17,90,858
5	Tribal related	62,562	64,604	67,026	92,250	98,307

30.9 Neonatal Ambulances: They are handling emergencies of Newborn babies under 28 days age who need to be transferred from a Primary / Secondary care hospital to a Tertiary care hospital having Neonatal Intensive Care Units (NICU). Currently 65 ambulances are in operation in all the districts. 24,463 persons were benefitted during 2022-2023 under this service.

30.10 Bike Ambulance (First Responder Bike) and Portable Medical Kit: First Responder Bikes are provided with a comprehensive, portable medical kit which is easy to handle at the scene of accident. 33,009 persons were benefitted during 2022-2023 under this service.

30.11 104 Health Help Line Services: This is a 24x7 service through which people can get health related advice, medical counseling and information about various Government Health Schemes.

Services provided are as follows:

- Doctors and Health Professionals provide medical advice and information related to health problems.
- Counselling for NEET aspirants & suicide prevention helpline, 1,45,988 Students were counselled in the year 2022-2023
- Pregnant women are provided information about the medical facilities available in the hospitals nearby.
- Information and feedback regarding Government schemes such as (CMCHIS) Chief Minister Comprehensive Health Insurance Scheme, Dr. Muthulakshmi Reddy Maternity Benefit Scheme are channeled through this service.
- Nutritional advice and periodic counseling for patients with suicidal tendency are also being provided.
- Public can also make complaints / suggestions about functioning of any Government Health facility in the State.

- During the year 2022-2023 total number of 4,68,557 beneficiaries are benefitted.

30.12 102-Free drop back service (JSSK): 2,52,563 numbers of cases have been transported through these services during the year 2022-2023. Totally, 99 vehicles are functioning under this service. 102 free drop back service Scheme funded by NHM provides 100% free drop back service to delivered mothers and treated sick infants from Government Hospitals to their home.

30.13 155377-Free Hearse Service: To transport the deceased from Government Medical Institution to their house or cremation ground. This service can be utilized by calling centralized call center No.155377. During the year 2022-23, 1,48,495 number of cases have been transported. At present 194 vehicles are in service.

Chapter-31
ANAIVARUKKUM
NALAVAZHVU THITTAM (UHC)

31.1 The Universal Health Coverage (UHC) program aims that “All individuals should have access to comprehensive and essential quality health services including prevention, promotion, treatment, rehabilitation, and palliation, without incurring financial hardship. As a pioneer in public health across the nation, Tamil Nadu is committed to providing Universal Healthcare for all by 2030, which is also fundamental for achieving other Sustainable Development Goals. The Tamil Nadu Government implemented the UHC program in 2017 and was integrated with the State’s flagship scheme named “Makkalai Thedi Maruthuvam” (MTM). Till date, the State has transformed its 4,848 Health Sub-Centers (HSC) into Health and Wellness Centres (HWC) and recruited 4,848 Mid-Level Health Providers (MLHPs) and 2,448 Health Inspectors (HI) Gr-II for the HWC-HSCs. These professionals were

selected after being evaluated using a weightage scoring system, with a larger weightage given to the "residential criteria" in order to promote hiring of staff from the same area and lower the attrition rate. All the MLHPs who were hired, have finished the four-month bridge course training after completing the first induction training. The hiring and placement of these human resources is a crucial step in the State's journey towards UHC because the HWC-HSCs are now staffed by an appropriately trained Primary Health Care team to deliver 12 comprehensive healthcare services closer to the community, thereby lowering out-of-pocket expenditure. Further, the roles and responsibilities of the newly recruited staff have been formulated with the objectives of ensuring close coordination with field functionaries to improve access and coverage in remote, under-served areas where no HWCs are there so as to ensure no individual is left out or denied care.

31.2 The Tamil Nadu-Universal Health Coverage Strategy, Towards an Equity-based Service Delivery system:

Tamil Nadu is now attempting to reinvent and reinforce its health policy and strategy in order to achieve UHC. With the placement of trained professionals at existing facilities, there are plans to increase the number of HWC-HSCs throughout the State, based on the experiences of nations from the Organization for Economic Co-operation and Development (OECD). Consequently, developing a sustainable and equitable care delivery model that concentrates and re-focuses resources on patients with the highest out-of-pocket expenditures will be a critical aspect of Tamil Nadu's strategy towards UHC. It envisions both rights as inclusive and holistic that encompasses not just the provision of timely and adequate healthcare but also as policies that address underlying socioeconomic determinants and to ensure compliance with the SDG objectives and framework. The ultimate objective will be to uphold the right to health, which will broadly be achieved by ensuring the following aspects:

- i. Adequate physical infrastructure at various levels

- ii. Adequate skilled human power in all health care facilities
- iii. Availability of the complete range of specific services appropriate to the level
- iv. Availability of all basic medications and supplies

There are more than 17 Crore footfalls in the 6,692 HWCs as of March 2023. Totally 571.01 lakh and 438 lakh people have received screening for Diabetes and Hypertension through the UHC programme, as well as 199.8 lakh for Oral cancer, 119.3 lakh for Breast cancer, and 86 lakh for Cervical cancer. Additionally, the State has held over 47 lakh wellness programmes with over 230 lakh attendees. Campaigns like Eat Right, School Health Ambassador, Wellness Sessions, and significant health days are celebrated by communities to improve health awareness and wellbeing of the individual and community. In order to effectively treat and holistically address the illness load, lower OOPes, increase the use of public health facilities, and assure continuum of care, the State's UHC programme must be effectively implemented. It is obvious that Tamil

Nadu is getting closer to its goal of UHC for everyone, thanks to the improved human resources and innovative initiatives.

31.3 Mid-Level Health Care Provider training- (MLHP training): The objective of this training is to improve the on-field skills of MLHPs. It involves a four month programme that consists of field training, institutional level physical and online sessions at the Regional Training Institutes (RTIs). A separate additional training on Expanded package of services in Oral, Eye, ENT and Emergency Services (OEEE) as part of the 12 packages of Comprehensive Primary Health Care (CPHC) services was provided under the Universal Health Coverage (UHC) programme. The Task Force Committee of the Indian government has approved the idea of a 4-month training programme under the Directorate of Public Health and Preventive Medicine Board of Examination. Based on the approval of GOI, the 4-month training programme for Mid-Level Health Care Providers (MLHP's) are being carried out.

Chapter - 32

SUSTAINABLE DEVELOPMENT GOAL: 3

32.1 By 2030, the Nation shall ensure universal access to high quality, effective and affordable healthcare to all, minimizing incidence and mortality from communicable, non-communicable and lifestyle diseases. NITI Aayog is the nodal agency for the implementation of SDGs in India. The achievement of the SDG (Goal-3) targets for India is translated into an Indicator Framework consisting of National and State Indicators. As per the Sustainable Development Goals India Index 2020-21-Report prepared by the NITI Aayog, Tamil Nadu has been ranked second with a score of 74 and obtained the third position with a score of 81 in the Goal 3.

32.2 SDG Goal 3 Implementation: In Tamil Nadu, the monitoring of the SDG-3 is done by High-Power Committee which is headed by the Chief Secretary with Principal Secretary of Health and Family welfare Department as member. As per the directives in force the Planning and Development Department is the focal point for monitoring Sustainable Development Goals the State Planning Commission is responsible for

policy level discussions, planning and programming and the Department of Economics and Statistics serves as the data nodal agency. Health and Family welfare Department has set up Institutional mechanism for achieving Sustainable Development Goals. Working Group 2 to focus on Goal 3 and Goal 6 have been formed with Principal Secretary of Health and Family welfare Department to plan, implement, monitor and submit report on the achievements of SDG Goal 3 and 6 to the High-Power Committee. The Working Group 2 has met several times for taking action under SDGs as per its comprehensive Terms of Reference. The working group is concerned with the mapping of the goals and targets, framing indicators, monitoring the progress and aligning them with schemes for improvement of the State under SDG-3. Tamil Nadu has finalized its monitoring framework for the SDG-3 at the State level and at the sub-State levels – at the district and block levels. The process of finalization of indicators is itself consultative process that allows for departments to decide the achievable targets. With a view to monitor the progress, a dedicated dashboard is in place to capture data for indicators from the respective Departments.

32.3 SDG 3 Major Indicators: Targets and Achievements:

Category	Indicators	SDG Target	Present Status	Source
MCH	Maternal Mortality Ratio (MMR)	70	54	SRS 2018-20
	Infant Mortality Rate (IMR)	25	13	SRS 2020
	Neonatal Mortality Rate	12	9	SRS 2020
Communicable Diseases	End the epidemics of AIDS, TB, Malaria, NTD etc.,	0	1.2 % of total DALYs	GBD 2018
	TB (2022) notification	1,20,000	93,296 (78%)	NIKSHAY 2022
	Incident rate per 1 lakh	44	77	NIKSHAY 2022
	Malaria (2022)			
	API < 1		API < 1	State Report Received from District
	ABER > 10%		ABER > 10.6	
	Death		No Death	
	AIDS(2022) notification	1.62	1.54	NACO

Non Communicable Diseases	Reduce premature mortality by 1/3 rd	1,40,000	98,859	CRS - MCCD 2021
Trauma/ Injuries	Reduce RTA by 50% by 2030	8,125	17,473	SCRB 2022

32.4 SDG 3 and Major Implementation Strategies adopted by the State:

Sl. No.	SDG Goals	Implementation strategies in Tamil Nadu
3.1	By 2030, reduce the Global MMR to less than 70 per 1,00,000 live births	<ul style="list-style-type: none"> ▪ Provision of 24x7 delivery care services ▪ Under Suman, CEmONC services at 126 CEmONC centre, BEmONC services at 629 facilities and Basic services at 3,437 facilities are provided. ▪ Promotion of Institutional deliveries ▪ Birth Attendance by skilled health professionals ▪ All 400 Block / Zones Mentoring on Virtual and Real Time basis by the Obstetrician including Chennai ▪ EDD mothers / High Risk Mother tracking through PICME

		<ul style="list-style-type: none"> ▪ Dr.Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) ▪ Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Services ▪ High Risk Mother Observation ▪ Ensuring Maternal & Child Health(MCH) Protocols ▪ Janani Suraksha Yojana (JSY) ▪ Janani Sishu Suraksha Karyakram (JSSK) ▪ Drugs/Diagnostics/Diet/Drop back) ▪ Emergency Transport Services ▪ Maternal Anemia Intervention (Blood Bank, Iron Sucrose) ▪ Girl Child Protection Scheme (Social Welfare Department) ▪ Maternal Death Audit (State & District Level) ▪ Strengthening of District Hospitals by commencement of DNB programme
3.2	By 2030, put an end to the preventable deaths of Newborns and children under five years of age, with all countries aiming to reduce Neonatal mortality to at	<ul style="list-style-type: none"> ▪ Provision of Resuscitation & Essential Newborn care services ▪ Facility based Newborn care ▪ Home based Newborn care ▪ Integrated Management of Neonatal and Childhood Illness (IMNCI) services ▪ Neonatal Ambulances / Special Newborn Care Unit (SNCU) / Newborn Stabilization Unit (NBSU) / Newborn Care Corner (NBCC) / Kangaroo Mother Care (KMC)

	<p>least as low as 12 per 1000 live births and Under-five mortality to at least as low as 25 per 1000 live births.</p>	<ul style="list-style-type: none"> ▪ Provision of Immunization services ▪ Screening of Children under Rashtriya Bal Swasthya Karyakram (RBSK) Scheme for Birth Defects, Diseases, Deficiencies and Developmental delays ▪ Nutrition Rehabilitation Centers ▪ Growth Monitoring & supplementary nutrition through Integrated Child Development Scheme (ICDS)
3.3	<p>End the epidemics of AIDS, Tuberculosis, Malaria and Neglected tropical diseases and combat Hepatitis, Water-borne diseases and other communicable diseases by 2030</p>	<ul style="list-style-type: none"> ▪ Effective implementation of National AIDS Control Programme through Tamil Nadu State AIDS Control Society (TANSACS) ▪ Testing in all AN Mothers for HIV ▪ Implementation of Revised National Tuberculosis Control Programme (RNTCP), Multi Drug Resistant (MDR) and Extensively Drug Resistant TB (XDR-TB) Management ▪ State TB Prevalence Survey for identifying hotspots and community based specific interventions ▪ Implementation of National Vector Borne Disease Control Programme (NVBDCP) in co-ordination with DPH&PM and Local Bodies / Provision of Domestic Breeding Checkers (DBC's)

		<ul style="list-style-type: none"> ▪ Fever surveillance in all Govt., & Pvt., health facilities are being strengthened to rule out malaria. ▪ Sustaining Annual Blood Examination Rate (ABER) = >10%. ▪ Indoor residual spray in the high risk areas ▪ IEC through ASHAs in the high risk areas ▪ Implementation of Integrated Disease Surveillance Programme (IDSP) ▪ Establishment of District Public Health Laboratories through Lab Information systems DPHL functional in 32 Districts ▪ Strengthening of existing Laboratory services to meet IPHS standards
3.4	By 2030, reduce by one third premature mortality from Non-communicable diseases through prevention and treatment and promote mental health and well-being.	<p>Makkalai Thedi Maruthuvam :</p> <ul style="list-style-type: none"> ▪ Comprehensive set of Home Based Health Care Services ▪ Establishment of NCD Clinics in all health facilities ▪ Coverage of NCD Complications under CMCHIS ▪ Implementation of National Mental Health Programme ▪ Home based Palliative Care and Physiotherapy services ▪ Caring for End Stage Kidney Failure patients: Continuous Ambulatory Peritoneal Dialysis (CAPD) services

3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.	<ul style="list-style-type: none"> ▪ Establishment of De-addiction Centers across all Government Medical College Hospital ▪ Targeted Intervention activities carried out by District Mental Health Team across all schools, colleges, workplaces, prisons and awareness is created about substance abuse, its harmful effects and the available treatment services for adolescents and establishment of exclusive 24/7 Tele-Mental Health Helpline services 14416 where counselling services are provided for substance abuse and alcohol addictions
3.6	By 2030, halve the number of Global deaths and injuries from Road Traffic Accidents	<ul style="list-style-type: none"> ▪ TAEI has been brought to the full-fledged functionality to meet the emergency care needs of the general public. A total of 94 hospitals have been designated as Level 1, 2 and 3 TAEI centers along the highways. ▪ IT based TAEI Trauma registry has sharpened the monitoring and evaluation framework of emergency care service delivery in the state at all TAEI centers where there is provisions to capture State wide real time data on Postmortems done as well from 222 postmortem centers across the State which helps to reconcile Road traffic accidents deaths registered in

		<p>hospitals and police records to arrive at the correct count of RTA deaths in the State as it is important to achieve SDG Goal 3.6 before 2030.</p> <ul style="list-style-type: none"> ▪ Under, Innuyir kappom, Nammai kakkum (IKT NK-48), Emergency surgery within 6 hours is being done. From December 2021 – March 2023, a total of 1,53,091 road traffic accident victims availed treatment under the scheme amounting to Rs.135.01 Crores. This has enabled the road traffic accident victims irrespective of their locality and nationality, to get cashless treatment in the first 48 hours ensuring absolute budgetary certainty for the patients. There are 682 hospitals empanelled along highways including 235 Government Hospitals, 447 private hospitals in the State. ▪ 108 Emergency ambulance services fleet strength has been enhanced with 75 new advance life support ambulance at a cost of Rs.25.50 crore which has been strategically located along the top accident-prone stretches. ▪ Through the successful implementation of TAEI scheme there has been 3% reduction in death due to road traffic
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		accidents despite a 1.4% increase in road accidents in the year 2022 when comparing to the year 2019.
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for Family Planning, Information and Education and the integration of reproductive health into national strategies and programmes.	<ul style="list-style-type: none"> ▪ Implementation of Rashtriya Kishor Swasthya Karyakram (RKSK) ▪ Establishment of Adolescent Friendly Health Clinics ▪ Establishment of Modern Adolescent Friendly health clinic which act as a Resource Centre ▪ School Health and wellness Ambassador Training in 16 RKSK Districts ▪ Provision of ICTC Counsellors ▪ Weekly Iron Folic Acid (WIFS) supplementation ▪ Provision of Free Sanitary Napkins under Menstrual Hygiene Scheme ▪ Establishment of 104 Centralized call center
3.8	Achieve Universal Health Coverage, including financial risk protection, access to quality essential health-care services and	<ul style="list-style-type: none"> ▪ Makkalai Thedi Maruthuvam ▪ Population Health Registry for fixing the denominator ▪ Right to Health ▪ Health & Wellness Centers strengthening ▪ Provision of 12 Comprehensive services at HSC level. ▪ Community action towards health through community platforms like VHSNC

	access to safe, effective, quality and affordable essential medicines and vaccines for all	
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals, air/water/soil pollution and contamination	<ul style="list-style-type: none"> ▪ Climate Change Cell at State Level ▪ Implementation of Bio-Medical Waste Management Rules 2016 ▪ Implementation of Food Safety and Standards Act (FSSA)
3.10	Strengthen implementation of framework convention on Tobacco control.	<ul style="list-style-type: none"> ▪ Implementation of National Tobacco Control Programme (NTCP) ▪ Establishment of State & District Tobacco Control Cell ▪ Enactment COPTA ▪ Tobacco free zone at School and College level
3.11	Provide access to medicines and vaccines for all; support Research and Development of vaccines and medicines for all.	<ul style="list-style-type: none"> ▪ Providing free drugs, vaccines and diagnostics in all Government Health facilities ▪ Providing financial support to King Institute of Preventive Medicine

3.12	Increase health financing and health workforce in developing countries	<ul style="list-style-type: none"> ▪ Provision of substantial increase in health budget over years by 10% ▪ Recruitment of health manpower through exclusive Medical Services Recruitment Board (MRB) 																				
3.13	Strengthen capacity for early warning, risk reduction and management of health risks.	<ul style="list-style-type: none"> • Implementation of Integrated Disease Surveillance Programme (IDSP) • Number of out breaks reported and completed on IDSP-IHIP since the launch <table border="1" data-bbox="520 568 941 1102" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Year</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Total Outbreaks Reported</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Total EWS generated</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Health Condition Alert</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>48</td> <td>1,036</td> <td>0</td> </tr> <tr> <td>2022</td> <td>94</td> <td>1,149</td> <td>248</td> </tr> <tr> <td>2023</td> <td>5</td> <td>27</td> <td>0</td> </tr> <tr> <td>Total</td> <td>147</td> <td>2,212</td> <td>248</td> </tr> </tbody> </table> <ul style="list-style-type: none"> ▪ Provision of capacity building of health functionaries 	Year	Total Outbreaks Reported	Total EWS generated	Health Condition Alert	2021	48	1,036	0	2022	94	1,149	248	2023	5	27	0	Total	147	2,212	248
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The State has achieved significant progress in maternal and child health in the last few decades.

Tamil Nadu has 99.99 percent institutional deliveries (HMIS, 2021) and an MMR of 54 deaths per one lakh population (SRS 2018-2020), clearly surpassing the SDG 2030 goal. Further, the Under-5 mortality rate has declined from 20 per 1,000 live births in 2015 to 13 as per recent SRS, 2020, which is also much lower than the National U-5MR of 32. Tamil Nadu has registered a reduction in Infant-Mortality Rate (IMR) from 19 per 1000 live births in 2015 to 13 per live births in 2020 which is lower than the National IMR of 28 per 1000 live births. Also, the immunization coverage is about 99 percent (State HMIS, 2022-2023) nearing the target of reaching full immunization coverage.

32.5 The State is facing the twin challenges of sustaining and augmenting its achievements while combating emerging health issues. Significant achievements in vital health indicators such as low fertility rate, low mortality rate, increase in average life expectancy combined with change in dietary pattern, food habits, environmental & social determinants has led to an epidemiological

transition and demographic transition in the State, resulting in a rise of NCD related illnesses. The current major challenges faced by the State include:

- Sustaining the achievements made in vital health indicators.
- Addressing emerging issues related to the rise in mortality and morbidity due to NCDs, ageing, mental health, climate change etc.
- Addressing the unmet needs for affordable, accessible and equitable healthcare.
- Community empowerment and participatory governance.

Chapter - 33

THE TAMIL NADU

Dr.M.G.R. MEDICAL UNIVERSITY

33.1 This Medical University was established in the year 1987 by the enactment of the Tamil Nadu Dr.M.G.R. Medical University Chennai Act, 1987 (Tamil Nadu Act 37/1987). This University is functioning from July 1988 and is one of the largest Medical & Health Sciences' Universities of India. The University currently has about 2,00,000 students spread across its Affiliated Institutions under various streams of Medical and Allied Health Education. With 710 institution of Medical, Dental AYUSH, Pharmacy, Nursing, Physiotherapy, Occupational Therapy and various other Allied Health streams under its fold, the Tamil Nadu Dr.M.G.R. Medical University has set itself the twin objectives of Quality Education and Applicative Research in Medical, Dental Para-medical and AYUSH Specialities. This is the only Medical Science' University in Tamil Nadu,

permitted to grant affiliation to new institution under Government of Self-financing establishments in Medical, Dental, AYUSH, Pharmacy, Nursing, Physiotherapy, Occupational therapy and various Allied Health Sciences' Educational Streams, and in due course, awarding the degrees concerned.

33.2 The University has the following departments:

- a) Department of Transfusion Medicine Course offered: MD in Immuno Hematology and Blood Transfusion
- b) Department of Epidemiology Courses offered: M.Sc., in Epidemiology, M.Sc., in Public Health Journalism, M.Sc., in Public Health
- c) Department of Experimental Medicine
- d) Department of Medical Genetics
- e) Department of Immunology

- f) Department of Siddha
- g) Department of Curriculum Development and Medical Education

33.3 Activities of Coordination – Memorandum of Understanding: With the objective of developing international cooperation, the Tamil Nadu Dr.M.G.R. Medical University (TNMGRMU) extended the partnership with:

- The Royal College of Surgeons, Edinburgh for 2021. The First International Conference of the Society outside the united Kingdom was held in Tamil Nadu with the coordination from this University.
- Signed a Memorandum of Understanding with the Indian Council of Medical Research in 2021 for research projects.
- Signed a Memorandum of Understanding with Anna University in 2022 for undertaking joint research projects.

33.4 Examination Monitoring – Answers

script Evaluation: The University is committed to transparency and accountability in the Conduct of Examinations and in the Examination of Answer Script. In 2020, the university introduced the Online Live Monitoring /Real-time Surveillance of Examinations. All the examination centres are linked to the Central Monitoring Centre at the University. Online monitoring is done to prevent examination malpractices. TNMGRMU has implemented the system of on-screen evaluation to avoid any mishandling or tampering of answer scripts. The system ensures a quick and efficient evaluation process. The system has been further refined and fine-tuned during the pandemic lockdown. The evaluators access answer scripts through the Virtual Desktop Interface (VDI) from their places of residence or dwelling. The technical know-how for the virtual evaluation and VDI has been provided by the Madras chamber of commerce.

33.5 Affiliation:

Number of Institutions in Various Courses.

Courses	Total No. of Institutions
M.B.B.S	57
Dental	22
AYUSH	54
Pharmacy	84
Nursing	227
Physiotherapy	53
Occupational Therapy	12
Post Doctoral Fellowship	43
Allied Health Science Courses	174

33.6 Academic Section: All the services have been made Online. Fees have been greatly reduced as per the requests of the Students and the Government.

33.7 Grants – Other Activities: Research Grants are annually provided to each in Medical, Dental, AYUSH and Allied Health Proposals, Sports grants are annually given to 6 institutions (in turns) for the conduct of sports events. Grants are

given for the conduct of Continuing Educational Programmes. The University is positively contributing to the growth of Medical & Health Science' Education, while upholding the highest ethical and professional standards.

Thiru.Ma.Subramanian

Minister for Health and
Family Welfare

