



HEALTH AND FAMILY WELFARE DEPARTMENT

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Chapter - 1

INTRODUCTION

நோய்நாடி நோய்முதல் நாடி அதுதணிக்கும்
வாய்நாடி வாய்ப்ப செயல்

(குறள் - 948)

Diagnose the illness, trace its cause, seek the proper remedy and apply it with skill

1.1 Tamil Nadu has a robust public health infrastructure as well as skilled human resources, which have contributed significantly to the State's high rankings in all vital health indicators. The State's pioneering health schemes and initiatives have garnered appreciation not only within the State but also at the national level, serving as a model for other states to emulate. These efforts underscore the Government's dedication to ensure the health and well-being of its people and serve as an inspiration for advancing healthcare systems across the country

1.2 The State's model drug procurement and distribution system, coupled with its extensive network of primary, secondary, and tertiary care health institutions, reflects its commitment in providing comprehensive healthcare services to its citizens.

1.3 Implementation of special initiatives such as the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS), Innuyir Kappom-Nammai Kakkum 48 and Makkalai Thedi Maruthuvam (MTM) for the low income group have not only improved access to healthcare but also ensured its affordability and quality. Unique medical services recruitment system in the State has ensured transparency in Health Manpower recruitment.

1.4 Tamil Nadu's response to the COVID-19 pandemic reflects the importance of strong leadership, proactive governance, and community

participation in tackling public health emergencies. Moreover, State's effective communication strategies, public awareness campaigns, and community engagement played a crucial role in disseminating accurate information about COVID-19 prevention and control measures, fostering cooperation among citizens, and reducing misinformation and panic.

1.5 The Makkalai Thedi Maruthuvam (MTM) initiative launched by the State Government is indeed a commendable effort to address the emerging challenge of Non-Communicable Diseases (NCDs), especially amidst the backdrop of the COVID-19 pandemic. With a focus on preventive healthcare and early intervention, MTM has already reached an impressive milestone of one crore seventy two lakh beneficiaries.

1.6 Expanding the scope of MTM to include the screening of chronic diseases such as Tuberculosis

and Leprosy demonstrate the continuous commitment of this Government in promoting health and well-being in the State.

1.7 The launch of Innuyir Kappom - Nammai Kakkum 48 by the State Government is a significant step towards addressing the mortality due to road traffic accidents in the State. The scheme's provision of cashless and free emergency medical treatment for all road traffic accident victims, regardless of nationality, not only reflects the noble action for prioritizing human life and ensuring access to timely healthcare services during emergencies but also the Government's dedication in upholding the principles of equality and social justice in healthcare delivery. By providing immediate medical assistance to accident victims without the burden of financial constraints, the scheme aims to save precious lives and minimize the

catastrophic impact of road traffic accidents on individuals and their families.

1.8 Tamil Nadu's achievements in reducing Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) are significantly notable, especially in surpassing the targets set under the Sustainable Development Goals (SDGs) well ahead of the deadline. The State's commitment to maternal and child health is further underscored by its efforts to conduct death audits at various levels, including the community, institution, district, and State levels. These death audits play a crucial role in identifying the root causes of maternal and child mortality, thereby informing evidence-based interventions and strategies to reach the state of zero maternal death.

1.9 Mental health issues have emerged as a significant concern globally during the pandemic and launch of initiatives like MANAM play a crucial

role in providing psychological support and resources to individuals in need.

1.10 Tamil Nadu's investment in healthcare infrastructure, particularly in the establishment and enhancement of high-end treatment facilities, is a significant step towards maintaining its leadership in the health sector. The construction of the 1,000-bedded Government Kalaignar Centenary Super Speciality Hospital in the premises of the King Institute of Preventive Medicine and Research Centre in Guindy and National Centre of Ageing in Guindy provides a testament to the State Government's commitment to provide advanced healthcare services to its citizens.

1.11 By investing in state-of-the-art medical facilities and infrastructure upgrades, Tamil Nadu not only strengthens its ability to deliver high-quality healthcare services but also positions itself

as a hub for advanced medical treatment and research maintaining its leadership position in the healthcare sector.

1.12 The establishment of Emergency Departments in medical college hospitals and the implementation of the Tamil Nadu Accident and Emergency Care Initiative (TAEI) are significant steps towards strengthening emergency care services in the state. By setting up dedicated emergency facilities, Tamil Nadu aims to ensure timely and efficient response to medical emergencies, thereby reducing morbidity and mortality rates associated with critical conditions and accidents.

1.13 The establishment of TAEI centres along State and National Highways is particularly crucial for providing emergency medical care to accident victims and individuals in remote or underserved areas. These centres serve as lifelines for those in

need of immediate medical attention, bridging the gap between accident sites and tertiary care hospitals.

1.14 By deploying mobile healthcare units equipped with essential medical equipment and staffed by trained healthcare professionals, Tamil Nadu aims to bring medical services directly to the doorsteps of communities in need especially those living in remote and tribal areas. These 'Hospital on Wheels' vehicles serve as vital lifelines for individuals who may otherwise face significant barriers to accessing healthcare, such as limited transportation options or long distances to healthcare facilities.

1.15 Tamil Nadu's rich heritage in traditional medicine, particularly the Siddha system, is indeed noteworthy, and the State Government's efforts to preserve and promote this ancient healing tradition are commendable. The

establishment of a wide network of Siddha and other Indian System of Medicine and Homeopathy (IM&H) hospitals across the State reflects the integration of traditional healing practices with modern healthcare systems. By co-locating Siddha and ISM hospitals, Tamil Nadu ensures that residents have access to a diverse range of healthcare options, including traditional and allopathic treatment.

1.16 By upgrading infrastructure and incorporating modern amenities, Tamil Nadu ensures that future generations of AYUSH practitioners receive high-quality education and practical training, equipping them with the skills and knowledge to meet the evolving healthcare needs of society.

1.17 The CMCHIS serves as a crucial safety net for individuals and families, covering a wide range

of medical treatments, including high-end surgeries, which may otherwise be financially burdensome. The scheme's adoption of a health insurance model ensures that beneficiaries have access to quality healthcare services in both public and private health institutions, thereby promoting choice and improving healthcare outcomes.

The substantial number of beneficiaries and the significant treatment value provided under CMCHIS in last three years reflects the scheme's effectiveness in reducing the Out-of-pocket expenditure. By leveraging public-private partnerships and leveraging the strengths of both sectors, CMCHIS has emerged as a model for healthcare financing and delivery, not only in Tamil Nadu but also in other States that have adopted similar schemes.

By continuing to innovate and expand the scope of the scheme, Tamil Nadu reaffirms its commitment to ensuring universal healthcare coverage.

1.18 The Drug Budget is a critical component of healthcare financing with far-reaching implications for public health, fiscal management, equity, and healthcare delivery. The details of the drug budget in 2023-24 are as follows:-

Table 1.1: Drug Budget in 2023-24

Sl. No.	Source of Fund	Amount (Rs. in Crores)
1	State Budget	571.37
2	National Health Mission	301.99
3	National AYUSH Mission	27.91
4	ESI and Family Welfare	26.32
Total		927.59

1.19 The budget towards procurement of equipment is significant for ensuring operational efficiency, maintaining quality standards, ensuring safety and compliance. The details of the equipment budget in 2023-24 are as follows:

Table 1.2: Equipment budget in 2023-24

Sl. No.	Source of Fund	Amount (Rs. in Crores)
1	State Budget	143.92
2	National Health Mission	69.42
3	15 th Finance Commission	69.59
4	Pradhan Mantri – Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	32.30
5	Tamil Nadu Urban Health Project (TNUHP) funded by Japanese International Coordination Agency (JICA)	105.30
6	Tamil Nadu Health System Reforms Project (TNHSRP)	266.78
Total		687.31

1.20 The allocation of Rs.1,915 crore in 2023-24 towards civil works reflects the State Government's efforts to infrastructure development in healthcare sector which aims to enhance the capacity, efficiency, and quality of its healthcare delivery system, ultimately improving health outcomes and ensuring the well-being of its citizens.

Table 1.3: Civil Infrastructure Budget:

Sl. No.	Source of Fund	Amount (Rs. in Crores)
1	State Budget	202.30
2	National Health Mission	50.44
3	15 th Finance Commission	475.45
4	PM – ABHIM	184.00
5	TNUHP funded by JICA	584.00
6	Tamil Nadu Health System Reforms Project (TNHSRP)	392.13
7	National AYUSH Mission (NAM)	26.80
Total		1,915.12

Chapter - 2

HEALTH ADMINISTRATION

2.1 This Department oversees a diverse range of institutions dedicated for providing comprehensive healthcare services, ensuring public health, and regulating healthcare practices.

The overview of the various directorates, boards, and corporations functioning under the department are as follows:

- i) **Directorate of Medical Education and Research** - Responsible for medical education, research and tertiary care services.
- ii) **Directorate of Medical and Rural Health Services** - Responsible for providing secondary healthcare services and implementing various healthcare-related acts and regulations.

- iii) **Directorate of Public Health and Preventive Medicine** - Responsible for providing primary healthcare services, disease prevention, and public health initiatives to safeguard community health.
- iv) **Commissionerate of Indian Medicine and Homoeopathy** - Responsible for promoting AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy) medical education and healthcare services.
- v) **Directorate of Family Welfare** - Implements family planning and reproductive health-related initiatives to promote maternal and child health.
- vi) **Commissionerate of Food Safety and Drugs Control** - Focuses on ensuring food safety, quality determination, and administration of drug control regulations.

- vii) **Directorate of State Health Transport** - Responsible for the maintenance and management of vehicles used by various healthcare institutions under the Health and Family Welfare Department.
- viii) **Medical Services Recruitment Board (MRB)** - Responsible for transparent and efficient recruitment of personnel for various healthcare cadres within the department.
- ix) **Tamil Nadu Medical Services Corporation (TNMSC)** - Streamlines procurement, supply, and maintenance of drugs and medical equipment for Government health institutions.
- x) **Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited (TAMPCOL)** - Manufactures medicines based on traditional Indian systems of medicine and distributes them to healthcare institutions.

Additionally, the Directorate of Medical and Rural Health Services (ESI) under the Labour Welfare and Skill Development Department is provided staff by the Health and Family Welfare Department, further illustrating the collaborative efforts towards ensuring comprehensive healthcare coverage and services across the State.

2.2 The State's health initiatives extend beyond the various directorates to include societies, missions, and programs aimed at addressing specific health challenges and promoting overall well-being.

Key initiatives implemented across different sectors:

- i) **National Health Mission** - State Health Society - National Health Mission (NHM) aims to provide accessible, affordable, and

quality healthcare services to all citizens, with a focus on maternal and child health, immunization, and communicable disease control.

- ii) **Tamil Nadu State AIDS Control Society** - Dedicated to preventing and controlling the spread of HIV/AIDS in the State, the Tamil Nadu State AIDS Control Society (TANSACS) implements prevention, care, support, and treatment programs for People Living with HIV/AIDS.

- iii) **Tamil Nadu Blindness Control Society (TNBCS)** - Focused on reducing the prevalence of preventable blindness and visual impairment, the Tamil Nadu Blindness Control Society (TNBCS) implements programs for eye health promotion, prevention, and treatment of eye diseases,

and rehabilitation services for the visually impaired.

- iv) National Tuberculosis Elimination Programme (NTEP) - NTEP works towards achieving the goal of eliminating TB in Tamil Nadu through early detection, treatment, and prevention strategies, including TB diagnosis and management, contact tracing, and TB awareness campaigns.
- v) National Mental Health Programme - Aimed at promoting mental health, preventing mental illnesses and providing care and support for individuals with mental health conditions. The National Mental Health Programme (NMHP) in Tamil Nadu focuses on mental health awareness, training of healthcare professionals, and access to mental health services.

- vi) National Vector Borne Diseases Control Programme - Targeting diseases transmitted by vectors such as mosquitoes, the National Vector Borne Diseases Control Programme (NVBDCP) aims to prevent and control vector-borne diseases like malaria, dengue, and chikungunya through vector control measures, disease surveillance, and health education.
- vii) Universal Immunization Programme - The Universal Immunization Programme (UIP) aims to protect children and adults against vaccine-preventable diseases by providing free vaccinations. Tamil Nadu's UIP focuses on achieving high vaccination coverage rates to prevent diseases like polio, measles, rubella, and tetanus.

These programs and initiatives reflect Tamil Nadu's comprehensive approach to healthcare,

addressing various health challenges and promoting the well-being of its population through targeted interventions, partnerships, and community engagement.

2.3 The classification of hospitals and dispensaries in the State reflects the assorted range of healthcare institutions catering to the needs of the population as given below:-

i) **Government Health Institutions** - These institutions are directly managed by the Government and includes:

1. **Health Sub Centres (HSCs)** - Catering to an average population of 5,000 in plain areas and 3,000 in hilly areas, providing primary healthcare services.

2. **Primary Health Centres (PHCs)** - Serving an average population of 30,000, in plain areas and 20,000 in hilly areas

offering primary healthcare services and acting as referral points for secondary and tertiary care.

3. **Urban Primary Health Centres (UPHCs)**

- Located in urban areas, including Chennai Corporation, providing primary healthcare services.

4. District Headquarter Hospitals, Taluk and Non-Taluk Hospitals - Provides secondary healthcare services.

5. Hospitals attached to Government Medical Colleges - Provides tertiary and specialized healthcare services.

ii) **State-Special Medical Institutions** - These institutions serve specific populations, including:

1. Police Department hospitals.

2. State-owned corporations/undertakings hospitals.
3. Employees State Insurance Medical Institutions: Including ESI hospitals and dispensaries.

iii) **Medical Institutions under the Local Bodies** - Managed by corporations and municipalities, providing healthcare services primarily to urban populations. It includes Urban Primary Health Centres and Urban Community Health Centres.

The details of Government Medical Health facilities in Tamil Nadu are as follows

Table 2.1: Government Health facilities in Tamil Nadu

Sl. No	Description	Units
1	Government Medical College Hospitals	36

2	Hospitals attached with the Medical Colleges	62
3	Tamil Nadu Government Multi Super Speciality Hospital	1
4	Kalaingar Centenary Super Speciality Hospital	1
5	Tamil Nadu Government Dental College and Hospitals	3
6	District Headquarters Hospitals	37
7	Taluk and Non-Taluk Hospitals	256
8	Primary Health Centres (PHCs)	1,832
9	Health Sub Centres (HSCs)	8,713
10	Urban Primary Health Centres (UPHCs) including Greater Chennai Corporation	487
11	Employees' State Insurance (ESI) Hospitals	10
12	ESI Dispensaries	235
13	Indian System of Medicine Hospitals and Dispensaries	1,541

The district wise details of Government Medical Health facilities in the State are as follows:

Table 2.2: District wise Health facilities

Sl. No.	District	No. of Health Institutions				
		HSCs	PHCs	Govt. Hospitals	Medical & Dental College Hospitals	Indian Medicine Hospitals & Dispensaries *
1	Ariyalur	117	40	3	1	2
2	Chennai	-	159	16	5	5
3	Chengalpattu	221	50	12	1	1
4	Coimbatore	328	90	15	2	4
5	Cuddalore	319	73	12	2	1
6	Dharmapuri	218	52	6	1	1
7	Dindigul	311	75	13	1	-
8	Erode	311	78	10	1	2
9	Kallakurichi	212	46	7	1	-
10	Kancheepuram	142	29	4	-	1
11	Kanniyakumari	267	48	10	1	2
12	Karur	168	38	7	1	1
13	Krishnagiri	239	63	6	1	-
14	Madurai	314	90	12	1	2
15	Mayiladudurai	147	32	6	-	-
16	Nagapattinam	111	28	6	1	2
17	Namakkal	240	64	8	1	-
18	The Nilgiris	194	39	9	1	2
19	Perambalur	90	30	4	-	-
20	Pudukkottai	242	77	16	2	1

21	Ramanathapuram	244	60	11	1	4
22	Ranipet	163	37	6	-	-
23	Salem	398	108	15	1	5
24	Sivagangai	275	54	20	1	4
25	Thanjavur	309	78	16	1	1
26	Theni	162	42	7	1	2
27	Tenkasi	177	53	11	-	-
28	Tiruchirapalli	307	86	14	1	1
29	Tirunelveli	202	54	9	1	6
30	Thirupathur	134	39	4	-	-
31	Tiruppur	242	68	10	1	-
32	Thiruvallur	303	69	12	1	-
33	Tiruvannamalai	410	100	11	1	1
34	Thiruvarur	195	51	9	1	-
35	Thoothukudi	253	61	10	1	-
36	Vellore	157	48	6	1	1
37	Villupuram	345	67	8	1	-
38	Virudhunagar	245	60	11	1	3
Total		8,713	2,336	372	39	55

** 1,493 Indian System of Medicine Wings are functioning in various PHCs, Government Hospitals and Medical College Hospitals.*

The details of High-End Equipment in Government Health facilities in the State are as follows:

Table 2.3: Specific High-end Equipment in the Districts

Sl. No.	District	MRI Scan	CT Scan	Dialysis Machine
1	Ariyalur	1	1	11
2	Chennai	8	23	233

3	Chengalpattu	1	4	24
4	Coimbatore	1	5	40
5	Cuddalore	2	3	39
6	Dharmapuri	1	4	20
7	Dindigul	1	3	15
8	Erode	1	4	14
9	Kallakurichi	1	2	9
10	Kancheepuram	1	1	15
11	Kanniyakumari	1	2	28
12	Karur	1	2	14
13	Krishnagiri	1	2	15
14	Madurai	2	7	65
15	Mayiladudurai	1	2	18
16	Nagapattinam	1	1	7
17	Namakkal	1	2	19
18	The Nilgiris	1	4	16
19	Perambalur	1	1	15
20	Pudukkottai	1	3	33
21	Ramanathapuram	1	2	16
22	Ranipet	-	1	9
23	Salem	1	6	41
24	Sivagangai	1	4	21
25	Thanjavur	1	5	35
26	Theni	1	2	24
27	Tenkasi	1	2	17

28	Tiruchirapalli	1	4	39
29	Tirunelveli	1	4	29
30	Thirupathur	1	2	16
31	Tiruppur	1	2	6
32	Thiruvallur	1	4	46
33	Tiruvannamalai	1	4	38
34	Thiruvarur	1	2	41
35	Thoothukudi	1	3	27
36	Vellore	1	2	32
37	Villupuram	1	3	34
38	Virudhunagar	1	4	17
Total		46	132	1,138

2.4 The establishment of various councils through Acts of the Government of India and the Government of Tamil Nadu indicates the importance of regulating the practice of medical, nursing, and paramedical professionals in Tamil Nadu. These councils play a crucial role in ensuring the quality and standards of healthcare services by registering qualified professionals and

regulating their practice. The councils established in the State are:

- i) **Tamil Nadu Medical Council** - Regulates the practice of allopathic medicine and registers qualified medical practitioners in the state.
- ii) **Tamil Nadu Dental Council** - Regulates the practice of dentistry and registers qualified dental practitioners in Tamil Nadu.
- iii) **Tamil Nadu Nurses and Midwives Council** - Registers qualified nurses and midwives and regulates their practice to ensure standards of nursing care in the State.

- iv) **Tamil Nadu Pharmacy Council** -
Regulates the practice of pharmacy and registers qualified pharmacists in Tamil Nadu.

- v) **Tamil Nadu Siddha Medical Council** -
Registers and regulates the practice of Siddha medicine and traditional practitioners in the state.

- vi) **Board of Indian Medicine** - Regulates the practice of Ayurveda, Unani, and Yoga & Naturopathy in Tamil Nadu, ensuring the standards and ethics of these traditional Indian systems of medicine.

- vii) **Tamil Nadu Homoeopathy Council** -
Regulates the practice of homoeopathy and registers qualified homoeopathic practitioners in the state.

viii) **Tamil Nadu State Allied and Health Care Professionals Council** – Registers and regulates the practice of Allied Health Care professionals like Physiotherapists, Occupational Therapists, Medical Laboratory and Life Sciences etc., in the State.

By establishing regulatory bodies for various healthcare professions, the Government aims to safeguard public health and promote professionalism within the healthcare sector.

Chapter - 3

NATIONAL HEALTH MISSION / STATE HEALTH SOCIETY – TAMIL NADU

3.1 Introduction: National Health Mission – Tamil Nadu (NHM-TN) envisages achievement of universal access to equitable, affordable and quality healthcare services that are accountable and responsive to peoples’ needs. It plays a crucial role in the State's Healthcare system by serving as a technical and funding body for the Department of Health and Family Welfare, Government of Tamil Nadu and its associated Health Directorates with the overall aim to improve the health outcomes of people.

Though NHM-TN primarily focuses on strengthening Primary Healthcare to ensure universal access to health services, it plays a substantial role in supporting - secondary and tertiary care institutions in terms of development

of robust infrastructure as per Indian Public Health Standards (IPHS) through mapping the needs and judicious allocation of resources.

NHM-TN implements various disease-specific programs targeting various sectors with the objective to achieve and excel both national and global health parameters. The main programmatic components include Health System Strengthening, Reproductive-Maternal-Neonatal-Child and Adolescent Health **(RMNCH+A)**, Communicable and Non- Communicable Diseases.

i) Mission and Vision: National Health Mission envisages providing universal access to equitable, affordable and quality healthcare services that are accountable at the same time responding to the needs of the people.

ii) Objectives:

- Reduction of Maternal Mortality and Infant Mortality.
- Universal access to Public Health services / Women's health, child health, sanitation and hygiene, nutrition, and universal immunization.
- Prevention and control of communicable and non-communicable diseases.
- Population Stabilization
- Access to integrated comprehensive primary health care.
- Revitalizing local health traditions and mainstreaming Indian Systems of Medicine.
- Promotion of healthy lifestyles.

iii) Aim of National Health Mission (NHM):

The National Health Mission strives to attain its objectives by ensuring a fully operational Health care delivery system that remains accountable to the community.

Human resources management, community involvement, decentralization, rigorous monitoring and evaluation against standards, the convergence of Health and related programs from village level upwards, innovations, flexible financing, and other interventions are being done to improve the health indicators.

iv) National Health Mission–Implementation

Framework: The implementation framework of NHM encompasses a comprehensive strategy spanning various levels of governance with a focus on efficient resource utilization, community participation and program effectiveness.

Initially launched as the National Rural Health Mission (NRHM) in 2005, the initiative was later expanded to encompass urban areas under the National Urban Health Mission (NUHM) in 2013. Subsequently both the initiatives have been

brought under the aegis of National Health Mission.

At the National level, the NHM is overseen by the Ministry of Health and Family Welfare which sets the overarching policies and guidelines for its implementation across the States.

At the State level, it operates through the State Health Society (SHS), overseen by the Mission Director of NHM. Supporting the SHS is the State Programme Management Unit, which aids in facilitating and coordinating all the Mission's activities for optimal efficiency and impact.

To enhance the management of health programs, the formation of the State Health Society was initiated. This involved the amalgamation of various health societies, such as those addressing Leprosy, Tuberculosis, Blindness

control, and integrated disease control with the exception of the Tamil Nadu State AIDS Control Society. This consolidation brought together all National Health programs at the State and District levels under a unified entity, streamlining operations and improving efficiency.

v) District Health Society: At the district level, the National Health Mission administers its functions through the District Health Society (DHS), chaired by the District Collector. Bringing together various societies dedicated to National Health Programs, the DHS operates under a Governing Body which holds the responsibility of planning and managing all NHM programs within the district by overseeing their implementation through the District Programme Management Unit (DPMU) and Block Programme Management Unit (BPMU) located in each block.

vi) Facility level Committee: The Patient Welfare Society (PWS), a registered body, functions as a streamlined management structure at the Block PHCs and higher health institutions ensuring effective operations and community-driven management to enhance the quality of care. It mobilizes community resources and encourages people's participation.

vii) Community level Committee - Makkal Nalavazhvu Kuzhu (MNK): In 2023, Makkal Nalavazhvu Kuzhu (MNK) was formed in Tamil Nadu to improve social accountability, community participation, and feedback processes for providing quality health care services. MNK is established at the level of Urban Health and Wellness Centres (UHWC), Health Sub Centre (HSC)–Health Wellness Centres (HWC) and non-HWC-HSCs. At the same time, the existing Patient Welfare Societies function additionally as MNK at

Primary Health Centre (PHC) and Urban PHC levels. MNK engages Village Health Sanitation and Nutrition Committee (VHSNC) / Mahila Arogya Samiti (MAS) in community-level interventions, acts as a grievance redressal platform, and facilitates activities about social accountability. MNK meets once a month to discuss and take action on community needs, facilitates village/ward wise community hearings every month and Arogya Sabha twice a year.

viii) Village Health, Sanitation and Nutrition Committee (VHSNC): The Village Health, Sanitation and Nutrition Committee (VHSNC) established in rural areas, aims to decentralize planning and foster organised social mobilization for improving health, sanitation, hygiene and nutrition. It serves as a community platform for facilitating health planning, monitoring services, promoting awareness and addressing grievances.

The VHSNC, chaired by the Panchayat President with the Village Health Nurse as the Member Secretary, operates as a sub-committee of the Gram Panchayat. Its diverse membership includes stakeholders such as Anganwadi workers, local school teachers, Health Inspectors, ASHA workers and representatives from Self-Help Groups.

ix) National Urban Health Mission (NUHM):

To meet the diverse healthcare needs of urban populations, the National Urban Health Mission has supported in establishing one Urban Primary Health Centre (UPHC) for every 50,000 and one Urban Community Health Centre (UCHC) for every 2,50,000 Urban Population.

In Tamil Nadu, currently 441 UPHCs, 39 UCHCs and 3 Maternity Homes spread across 21 Corporations and 132 Municipalities are

functioning in the State as given in the table below.

Table 3.1: Health facilities under NUHM

Corporation/ Municipality	No. of Corporations/ Municipalities	No. of UPHCs	No. of UCHCs	No. of Maternity Centres	Total Facilities
Greater Chennai Corporation (GCC)	1	140	16	3	159
Corporations other than GCC	20	180	22	0	202
Municipalities	132	121	1	0	122
Total	153	441	39	3	483

All UPHCs have been recognized as Health and Wellness Centers. In 2023-24, ECG machines were provided to 50 UPHCs and cell counters to 100 UPHCs to make the diagnostic services effective.

x) Overview of Financial allocation: The funding for this mission is shared between the Union Government and State Governments in a ratio of 60:40, highlighting a collaborative effort to improve the healthcare services. The Record of Proceedings for the financial years 2024-25 was obtained for a sum of Rs. 2,460.36 Crores.

Table 3.2: Sanctioned budget for the year 2024-25

Sl. No	Particulars	Amount (Rs. in Cr)
1	GOI Support – Flexible Pool Allocation	623.51
2	GOI Support for incentive pool based on last year's Performance)	146.71
3	GOI Support (Infrastructure Maintenance)	556.55
4	GOI Support (Immunization Grants)	149.45
5	Total GOI Support	1,476.21
6	State Share	984.14
Total		2,460.36

3.2 Comprehensive Primary Health care strategy:

i) Universal Health Coverage “Anaivarukkum Nalavazhvu Thittam”: Universal Health Coverage (UHC) is a concept that denotes all people have access to the full range of quality health services as and when they need them, without any financial hardships. It covers and ensures the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

UHC is directly linked to Sustainable Development Goal (SDG) Target 3.8 of Goal 3, which seeks to achieve UHC, which can be achieved by providing essential health services (SDG 3.8.1) by system strengthening and financial protection to meet the catastrophic health expenditure (SDG 3.8.2)

Tamil Nadu is the pioneer in initiating the concept of UHC in India by taking up a pilot for the UHC Project / Anaivarukkum Nalavazhvu Thittam. Currently, the State has HWCs functioning in 4,848 HSCs, 1,384 PHCs in rural areas and 460 UPHCs in urban areas to improve health coverage through system strengthening and thereby reducing Out-Of- Pocket -Expenditure (OOPE).

The State has established, a unique model of 500 U-HWCs in the Urban area, staffed with Medical Officer and Staff Nurse, with the concept of providing morning and evening OP services to reduce OOPE among urban population. Among the larger States, Tamil Nadu has become the first State to transform all PHCs and U-PHCs into HWCs. It is remarkable that the State has achieved a large scale expansion of HSC-HWCs &

U-HWCs when comparing 2018–20 with 2021–23 as shown in the table below:

Table 3.3: Expansion of Health facilities

Components	2018-20	2021–24
No of HSC HWC	985	4,848
No of UHWCs	-	500

a) Primary Health Care approach in Tamil

Nadu: After the COVID-19 pandemic, the World Health Organisation (WHO) has recommended the primary health care approach to achieve UHC, as 90% of essential UHC interventions can be delivered through it. However, Tamil Nadu had already shifted its focus to strengthen PHC and has invested in a patient-centred health care approach by transforming the HSCs, PHCs, UPHCs, and UHWCs into Health and Wellness centres (HWCs) to strengthen the primary care level facilities with respect to infrastructure,

Human Resources (HR), capacity building, drugs, and range of service provision.

HSC-HWCs are strengthened by engaging a new cadre of staff called Mid-Level Health Care Providers (MLHPs), who perform crucial clinical, managerial, and community health functions in coordination with the field functionaries. These MLHPs are skill-trained in community health care. In addition, the MLHPs are often capacitated in service-focused skills to enhance service delivery at the HWC level.

b) Health and Wellness Centres in achieving UHC: Health and Wellness Centers (HWCs) offer a 12-comprehensive range of services closer to the community, improving access and coverage. HWCs enable a continuum of care, offer a better referral pathway within the health system while ensuring accessible and affordable quality

healthcare services and helps to lower out-of-pocket expenses

c) Urban Health and Wellness Centers (UHWCs): Urban Health and Wellness Centers plays a vital role in achieving Universal Health Coverage particularly for the urban poor and marginalized populations.

On June 6, 2023, as Phase-I, 500 UHWC have been inaugurated, each staffed with Medical Officer, Staff Nurse, Health Inspector and Support Staff. In Phase II, 208 Urban Health and Wellness Centers will be operationalized soon. The UHWCs operate from 8 A.M to 12 noon and from 4 P.M to 8 P.M in the evening, this marks the first of its kind in the country.

The UHWCs serve as satellite centers for UPHCs with an objective to promote health and well-being through easily available healthcare

services, screening, lifestyle counseling, health education, immunization and drugs. UHWCs play a significant role in the early detection of diseases, thereby alleviating the burden on overcrowded secondary and tertiary healthcare facilities.

ii) Polyclinics with Specialist services: Polyclinics with Specialist services operates from 4:30 P.M to 8:30 P.M on a fixed schedule. This initiative is the first of its kind in the country, and it specifically cater to the needs of the urban working population during evening hours.

Polyclinics with Specialist services have been established in 128 Urban Primary Health Centers (UPHCs) across Tamil Nadu to reduce the Out-of-Pocket Expenditure for urban Population.

These polyclinics offer eight specialized OPD services, viz., General Medicine, Pediatrics, Obstetrics and Gynecology, Ophthalmology,

Physiotherapy, Dentistry, Dermatology, and Psychiatry.

From April 2023 to March 2024, a total of 4.58 lakh individuals have benefited from these services, which also encompass consultations, drug delivery and laboratory investigations.

3.3 Maternal Health: Tamil Nadu is one among the few states in India in having already achieved the Sustainable Development Goal 3 (70 / lakh live births) in Maternal Mortality Ratio reduction.

Maternal Mortality Ratio (MMR) in Tamil Nadu is 54 at present per lakh live births as per SRS bulletin 2018-20 which has now further remarkably reduced to 45.6 / lakh live births as per State HMIS report.

The trend analysis of over last two decades shows that the MMR in the State has steadily reduced by 2 to 4 points every year. However,

during the year 2023 -24, there has been a significant reduction of MMR by 7 points from 52.27 to 45.6 as per state HMIS report 2023-24

The targeted interventions by the Government with an objective of addressing all aspects of maternal care has contributed to a drastic decline in MMR during 2023-24.

Tamil Nadu has recorded impressive achievements in the Key deliverables such as higher rates of (98%) early first trimester registration of pregnancies, 96 % of mothers with at least four or more Antenatal visits, 99.9 % of institutional deliveries, 98% of Antenatal Mothers provided with Iron and Folic acid tablets, detection of 25% of high-risk pregnancies and their 100% follow up, 100% audit of maternal deaths have all contributed to substantial improvement in reducing the maternal mortality in the State.

i) Key Maternal Health Strategies

a) Institutional Deliveries: Janani Suraksha Yojana (JSY) is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery with the financial assistance of Rs.700 and Rs.600 in Rural and Urban areas respectively. During April 2023 to March 2024, 3.07 lakh women have benefitted and the services are being continued for the year 2024-25 also.

b) Janani Sishu Suraksha Karyakram (JSSK) aims to reduce the OOPE by provision of free drugs, diet, diagnostics and transportation from home to facilities, between facilities in case of a referral & drop back services for mothers and sick infants. During April 2023 to March 2024, 5.04 lakh pregnant women have benefitted by availing free drugs, consumables and diet. Further, 4.64 lakh pregnant women have been transported from home to health facility including

inter-facility transfers and 2.78 Lakh delivered mothers have been dropped back from health facility to their homes.

c) Maternal and Child Health (MCH) Wing:

The Government healthcare facilities across the State are strengthened to provide maternal health services including antenatal, intrapartum, postpartum and family welfare services to the women reporting at the facilities. So far, 59 dedicated Maternal and Child Health Wings (MCH Wings) have been sanctioned under NHM. During April 2023 to March 2024, 6.78 Lakh Maternity admissions were made in 129 CEmONC Centres across the State.

d) Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services:

For the year 2023-24, Tamil Nadu had 99.9 percent institutional deliveries with 59% (5.04 Lakh) percent in Government health facilities. Out of 5.04 Lakh deliveries in the Government

Institutions, 80 % (3.87 Lakh) of the deliveries were conducted in the 129 CEmONC Centres established in the State. CEmONC facilities perform Caesarean Section (CS) and blood transfusion services in addition to the seven basic CEmONC functions namely administering antibiotics, parenteral uterotonic and anti convulsants, manual removal of placenta, and removal of retained products of conception, performing assisted vaginal delivery and basic new-born resuscitation.

Table 3.4: CEmONC Centres distribution and Performance the State (April 2023 – March 2024)

S. No	District	No of CEmONC Facilities	No.of Deliveries - GHs	No.of Deliveries - MCHs	Total
1	Ariyalur	2	2,435	2,879	5,314
2	Chengalpattu	3	2,935	10,837	13,772
3	Chennai	4	0	38,048	38,048
4	Coimbatore	5	4,110	7,301	11,411
5	Cuddalore	8	13,199	2,826	16,025

6	Dharmapuri	3	2,790	8,534	11,324
7	Dindigul	4	2,467	9,260	11,727
8	Erode	4	4,874	1,311	6,185
9	Kallakurichi	2	1,444	8,366	9,810
10	Kancheepuram	1	5,408	-	5,408
11	Kanniyakumari	4	3,171	1,873	5,044
12	Karur	2	1,581	3,648	5,229
13	Krishnagiri	3	5,424	6,344	11,768
14	Madurai	4	4,507	13,931	18,438
15	Mayiladuthurai	2	5,776	-	5,776
16	Nagapattinam	2	384	3,585	3,969
17	Namakkal	4	3,213	2,779	5,992
18	Perambalur	1	4,576	-	4,576
19	Pudukkottai	3	2,579	7,481	10,060
20	Ramanathapuram	4	1,763	4,535	6,298
21	Ranipet	3	3,605	-	3,605
22	Salem	4	5,440	10,750	16,190
23	Sivagangai	4	2,872	4,913	7,785
24	Tenkasi	2	4,234	-	4,234
25	Thanjavur	4	7,489	10,338	17,827
26	The Nilgiris	4	780	2,213	2,993
27	Theni	4	4,814	6,553	11,367
28	Thirupathur	2	7,469	-	7,469
29	Thoothukudi	4	4,653	5,596	10,249
30	Tiruchirapalli	5	4,720	9,529	14,249

31	Tirunelveli	3	2,096	5,796	7,892
32	Tirupur	3	2,683	6,723	9,406
33	Thiruvallur	3	2,094	8,055	10,149
34	Tiruvannamalai	5	3,437	11,919	15,356
35	Thiruvarur	4	3,315	3,574	6,889
36	Vellore	2	3,061	9,922	12,983
37	Villupuram	2	2,312	6,065	8,377
38	Virudhunagar	6	9,407	4,527	13,934
Total		129	1,47,117	2,40,011	3,87,128

Table 3.5: Abstract of CEmONC Performance from April 2023 to March 2024

Details	Total in Lakhs
Total Maternal Admissions	6.78
Complicated Maternity Admissions	4.01
Deliveries	3.87
LSCS	1.94
Blood Trans-fusions for Maternity Complications	1.49
Scans for Antenatal Mothers	9.49
Neonatal Admissions	1.22

e) High Dependency Unit in Tertiary Care Institutions: All Government Medical College Hospitals are provided with separate Special care unit manned by dedicated and competent team with appropriate equipment to manage high risk mothers with complications.

f) SUMAN- Zero Preventable deaths: “SUMAN – Surakshit Matritva Aashwasan” is a multipronged and coordinated policy approach which subsumes all existing initiatives under one umbrella for maternal health care services.

Service Guarantee Packages: The facilities that provide maternal health services are notified under SUMAN wherein guaranteed service packages are implemented in the State towards providing safe unique care for mother and new born in 7,468 facilities as detailed below:

- Comprehensive Emergency Obstetrics and New-born Care (CEmONC) packages are provided in 129 CEmONC Centres.
- Basic Emergency Obstetrics and New-born Care (BEmONC) packages are provided in 629 BEmONC Centres (UG CHC-380, UG PHC-44, SDH-198, WCH-7).
- Basic MCH packages are provided in 6,710 centres (Additional Rural PHC-1,379, UPHC-444, UCHC-39, HWC HSC-4,848)
- Tamil Nadu has implemented Service Guarantee Charter and Packages under SUMAN ensuring safe deliveries. The Ministry of Health and Family Welfare, Government of India has awarded Tamil Nadu with a second place for having achieved maximum number of SUMAN facilities in the country.

In the year 2024-26, 3,865 HSCs will be SUMAN notified.

g) High Risk Mother Observation: Extended Pradhan Mantri Surakshit Matritva Abhiyan (e-PMSMA) ensures quality Antenatal care and High-risk pregnancy detection among pregnant women on the 9th and 24th of every month. A total number of 3.27 Lakh mothers have benefitted through PMSMA during the period April 2023 to March 2024.

Tamil Nadu has been awarded “First Place” for implementation of PMSMA towards maximum identification of High-Risk Mothers in the State by the Ministry of Health and Family Welfare.

h) Provision of Specialist Services on hiring basis for MCH Care: In order to bridge the gap in paucity of human resources, willing Specialists in the private sector (Obstetricians, Paediatricians

and Anaesthetist) are being engaged on hiring basis to provide MCH services in the primary and secondary care institutions.

i) Gestational Diabetes Mellitus Programme:

Screening all pregnant women for Gestational Diabetes is the first step in the Primordial / Primary prevention of Diabetes Mellitus. Around 6.99 lakh Glucose Challenge tests were performed for antenatal mothers from April 2023 to March 2024 and 16,115 Antenatal mothers diagnosed as positive for Gestational Diabetes Mellitus, who been provided with treatment to avert maternal and new born complications.

j) Anaemia Mukth Bharath-Anaemia Control Programme for:

1) Pregnant and Lactating Mothers: Iron and Folic acid tablet is given daily starting from the second trimester and continued throughout the pregnancy and 6 months during postnatal period.

From April 2023 to March 2024, 9.54 lakh Antenatal mothers and 5.04 lakh lactating mothers have been given Iron and Folic acid tablets supplementation, 7.9 lakh mild anaemic mothers have been provided with therapeutic dose of Iron tablet supplementation, 1.8 Lakh moderate anaemic mothers have been treated with injection Iron Sucrose and 13,431 severe anaemic mothers have been treated with blood transfusion.

2) Women in the Reproductive Age group: (non-pregnant/non-lactating) aged 20-49 years are provided with weekly once Iron and Folic tablet 54.46 Lakh women in reproductive age group have benefitted during April 2023 – March 2024.

k) Blood Banks and Blood Storages Centers: 377 Upgraded PHCs, 48 Taluk / Non-Taluk Hospitals and 2 District Head Quarters Hospitals have been provided with blood storage facilities.

From April 2023 to March 2024, 4.57 lakh units of blood from 98 Blood Banks and 13,431 units of blood from 279 Blood Storage Centres have been used for transfusion.

l) Diet for Pregnant Mothers: The antenatal mothers who come for antenatal check-up are provided with nutritious food while attending the Antenatal clinics at the PHCs and also during postnatal period. During the year April 2023 to March 2024, 5.58 lakh antenatal mothers and 69,489 delivered mothers have been provided with diet in the State.

m) Mother and Child Tracking System (MCTS): Pregnancy and Infant Cohort Monitoring and Evaluation (PICME) an online portal developed by National Informatics Centre (NIC), Chennai and captures data of 11 lakhs Antenatal Mother annually. PICME captures the details of pregnant women starting from Ante Natal registration and that of the new-born child till 18 years of age.

- Existing PICME portal software has been redesigned and revamped as PICME 3.0 to create a modern, user-friendly portal with easy navigation facilities.
- New tools such as Edinburgh Depression Scale during Antenatal and Post Natal period for screening and identification of Mental Health issues among mothers, Head to Foot examination at Delivery points for New born Screening, Home Based Young Care services through Village Health Nurse / Urban Health Nurse for continuum of care from 3 -15 months young child have been included.

n) Caesarean Section (CS) Audit: Caesarean Section audit is carried out using the Modified Robson's Criteria in all 129 CEmONC Centres and 82% of the Caesarean Section Deliveries occurred in 129 CEmONC Centres from April 2023 – March 2024 have been audited.

ii) Interventions to reduce maternal deaths:

- a) High Risk Mother identification has improved to 25%, in the field by monitoring all Government Medical College Hospitals, District Hospital and 900 Private Hospital on Antenatal Service delivery and entries of child birth in the PICME 3.0 portal.
- b) Provision of equipment to address Postpartum Haemorrhage:
 - Crash carts were provided to 553 institutions (129 CEmONC Centre, 385 Block Primary Health Centre, 39 Urban Community Health Centre) for emergency management of Postpartum Haemorrhage.
 - Postpartum kits - 6,405 Uterine tamponade and 42,700 Blood Collection drape have been provided to 427 Block PHC and Upgraded PHCs. NASG - Non Pneumatic Anti-Shock Garment is

utilized for transport of mothers with postpartum haemorrhage.

c) Steps taken to address maternal deaths due to Sepsis:

- Regular disinfection of Labour wards and Maternal Operation Theatre by fogging, swabs and culture plates.
- Standard precautions for infection prevention like effective hand hygiene practices, safe disposal of biomedical waste and ensuring round-the-clock availability of autoclaved instruments and linen.
- Maintenance of Standard Operating Procedures (SOP) for Antibiotic policy for appropriate usage to treat infection
- Maintenance of Swab registers in Labour room and OT.

d) Prevention of Maternal Deaths due to abortion:

- Promotion of Post-Partum Intra Uterine Contraceptive Device (PPIUCD) up to PHC level and provision of Manual Vacuum Aspiration (MVA) services up to CHC level involving PHC doctors
- Provision of Medical Method of Abortion (MMA) drugs and Injectable contraceptives up to CHC level
- Provision of Antara Injectable contraceptive and New Oral Contraceptive pill named Chhaya.
- Strong legal action against untrained quacks.
- Strict monitoring of PC&PNDT Act and supervision in the field by Joint Director of Medical and Rural Health Services.

- Over-the-Counter Sale of abortifacient through private pharmacies in co-ordination with Directorate of Drug Control
- e) Prevention of maternal deaths due to Pregnancy Induced Hypertension:
- Antenatal follow up registers have been provided to all PHC / UPHC Medical Officers to individually follow up with the Antenatal Mothers using a colour coded graph to plot the blood pressure and monitor it.
 - Monthly mentor meetings are being conducted in all 388 Blocks by deputation of Obstetrician from Medical College and District Hospitals.
 - Provision of Calcium Carbonate tablets with Vitamin D3 to both Antenatal and Postnatal Mothers.

iii) Maternal and Child Mortality audit: For identifying the reasons behind maternal and child deaths, the State was the first in the country to start a compulsory audit of all maternal and child deaths with the objective 'that all maternal deaths should be audited both at the community and at the institutional level to learn lessons on the remediable factors and empower local authorities to understand and take steps to improve Maternal/Child health'.

3.4 Child Health: The Child Health program under the NHM integrates interventions to improve child survival and reduce infant and under-five mortality.

Table 3.6: Child Health Indicators

Child Death Rate	Tamil Nadu		India
Source *	SRS- 2017	SRS -2020	SRS - 2020
Published during	2020	2022	2022
Infant Mortality Rate per 1,000 live births	16	13	28

Neo-natal Mortality Rate per 1,000 live births	11	9	20
Under Five Mortality Rate per 1,000 live births	19	13	32

(* Sample Registration Survey)

i) Newborn and Child Health Interventions:

a) Facility Based Newborn Care (FBNC):

Programme aims to improve newborn health by ensuring essential care from birth and during the first 48 hours. Sick, preterm, or low birth weight newborns are referred to specialized care for further management and follow-up.

1) **New Born Care Corners (NBCCs):** New Born Care Corners are operationalized within the labour rooms in all the 2,465 Public Health facilities designated as delivery points. During April 2023 – March 2024, 5.25 Lakh newborns have been screened.

2) **New Born Stabilization Units (NBSU):** NBSU is a 4-bed unit for basic level of newborn care at Community Health

Centers/First Referral Units, improving the survival rates and decongesting higher-level facilities. A total of 144 NBSUs have been established, distributed among 103 Sub-District hospitals and 37 Level-II MCH centers and 4 urban community health centre. 17,650 newborns have benefited at these NBSU during the period from April 2023 to March 2024.

3) **Special Newborn Care Units (SNCU):**

SNCUs are established with 12-15 beds to provide Level-II sick newborn care services. During the 2019-20 to 2023-24, establishment of SNCUs has increased from 73 units to 87 units. These 87 SNCUs have been established across 41 Medical College Hospitals, 45 District/Sub-District Hospitals, and one Community Health Centre. 1.31 Lakh children were treated at SNCUs from April 2023 to March 2024.

4) **Paediatric Intensive Care Unit (PICU):**

The 53 Pediatric Intensive Care Unit in

hospitals provide critical care for infants and children aged 0–12 years. Paediatric Intensive Care was revamped in the state by establishment of additional 28 Paediatric Intensive Care Units (PICU) to treat critical paediatric cases during the year 2021-23. From April 2023 to March 2024, 46,327 children were treated in 53 PICUs across the State.

Table 3.7: District wise distribution of Facility Based Paediatric service units.

No.	District	NBCC	NBSU	SNCU	PICU	TOTAL
1	Ariyalur	41	1	2	1	45
2	Chengalpattu	56	3	2	1	62
3	Chennai	153	4	6	5	168
4	Coimbatore	100	2	3	2	107
5	Cuddalore	81	5	4	1	91
6	Dharmapuri	58	3	2	2	65
7	Dindigul	84	6	3	1	94
8	Erode	79	4	3	2	88
9	Kallakurichi	52	3	1	1	57
10	Kancheepuram	33	1	1	1	36

11	Kanyakumari	50	5	2	2	59
12	Karur	42	3	1	1	47
13	Krishnagiri	64	3	2	1	70
14	Madurai	94	4	3	1	102
15	Mayiladuthurai	30	1	1	1	33
16	Nagapattinam	31	2	1	1	35
17	Namakkal	67	4	2	1	74
18	Perambalur	33	0	1	1	35
19	Pudukkottai	85	8	2	1	96
20	Ramanathapuram	63	6	2	1	72
21	Ranipet	37	4	1	1	43
22	Salem	114	4	3	2	123
23	Sivagangai	60	7	2	2	71
24	Tenkasi	51	4	1	1	57
25	Thanjavur	83	3	4	2	92
26	The Nilgiris	43	3	2	1	49
27	Theni	43	5	3	2	53
28	Thirupathur	38	3	2	1	44
29	Thiruvallur	86	3	2	1	92
30	Thiruvarur	55	3	2	2	62
31	Thoothukudi	59	9	2	2	72
32	Tirunelveli	56	3	3	1	63
33	Tiruppur	66	5	3	1	75
34	Tiruvannamalai	99	6	2	1	108
35	Tiruchirapalli	94	5	3	2	104

36	Vellore	53	0	2	1	56
37	Villupuram	70	2	3	1	76
38	Virudhunagar	62	7	3	1	73
Grand Total		2,465	144	87	53	2,749

NBCC: New Born Care Corner, NBSU: New born stabilization unit, SNCU: Special New-born care units, PICU: Paediatric Intensive Care Unit.

5) Extramural Special New Born Care Unit:

Increased high-risk deliveries has led to a surge in demand for sick out born in Medical College Hospitals and hence exclusive extramural Units have been established in Government Medical College Hospitals of Madurai, Thanjavur and Tirunelveli and in process at Government Medical Colleges of Villupuram and Vellore. From April 2023 – March 2024, 2,555 sick newborns were admitted into the extramural units in Madurai, Thanjavur and Tirunelveli.

6) Nutrition Rehabilitation Centers (NRC):

Nutritional Rehabilitation Centers (NRCs)

treat severely malnourished children with complications by providing 24x7 care for two weeks and also provide nutritional support to mothers. After discharge, a follow-up chart is prepared for child, which has to make four follow-up visits till the child's weight for height reaches normal. Currently, there are 8 NRCs in the State which includes Tiruvannamalai MCH, Tirunelveli MCH, ICH Egmore, Dharmapuri MCH, Madurai MCH, Vellore MCH, The Nilgiris MCH, Perambalur GH. From April 2023 – March 2024, Nutrition Rehabilitation Centres have treated 2,989 children with Severe Acute Malnutrition.

- 7) **Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU):** These units, have been established in 40 institutions which collect,

process, and distribute safe donor human milk for sick newborns.

The number of CLMC and LMU has risen from 24 units in 2019-20 to 40 units in 2023-24 showing a sustained effort of the state to strengthen the sick new born care.

At present, the CLMC is operational in 19 institutions (18 Government Medical College Hospitals and 1 District Hospital) and LMU in 21 institutions (12 Government Medical College Hospitals and 9 High-load Government Hospitals).

The Ministry of Health and Family Welfare have awarded First Prize for Tamil Nadu for "Ensuring breast milk for every baby" and also for "Maximum number of sick new born beneficiaries in the country".

From April 2023 – March 2024, 7,264 litres of human milk has been collected through CLMCs, benefiting 46,528 newborn babies. Similarly, during the same period, 2,867 litres of milk were collected through LMUs benefiting 30,388 newborn babies.

- 8) **Mother and New Born Care Unit:** Mother and newborn care unit is a facility where sick and small newborns are cared with their mothers who is also an active caregiver. On pilot basis, Institute of Obstetrics and Gynecology, Egmore, Chennai has been provided with Mother and New Born Care Unit where 1,078 new born with their mothers have been admitted from April 2023 – March 2024. Further, in the year 2023-24, four more Mother and New Born Care Units have been established in the Government Medical College Hospital of Dharmapuri,

Tiruvannamalai, Coimbatore and Tiruchirapalli.

- 9) **District Early Intervention Centre (DEIC):** Children identified with health conditions under 4Ds (Defect, Developmental Delay, Deficiency, and Disease) during health screening by Rashtriya Bal Swasthya Karyakram (RBSK) Mobile Health Teams, are being referred to DEIC for confirmation of diagnosis and further management. The management includes Medical therapy, Physiotherapy, Psychological therapy, Vision and Hearing therapy, Dental therapy, Nutritional therapy, Sensory-neural and behavioural therapy under one roof through a specialized team of 12 members.
- The Education Management Information System (EMIS) software has been extended to all DEIC for capturing the

details of children referred by RBSK team.

- There are 35 DEICs established across the state covering 31 Government Medical College Hospital and 4 District Head Quarters Hospital. Four more DEIC at New Districts (Kancheepuram, Tenkasi, Kallakurichi and Ranipet) are being established.
- From April 2023 to March 2024, 4.19 lakh children have been managed in all 35 DEICs in the State. 6,659 major surgeries have been taken up for the seven major conditions.

Table 3.8: DEIC wise Performance 2023-24

Sl. No	Name of the District	No. of DEICs	Total no. of Children referred and Managed
1	Ariyalur	1	5,461
2	Chengalpattu	1	14,011
3	Chennai	3	28,380

4	Coimbatore	1	12,431
5	Cuddalore	1	10,701
6	Dharmapuri	1	14,505
7	Dindigul	1	15,354
8	Erode	1	8,404
9	Kanniyakumari	1	12,546
10	Karur	1	9,859
11	Krishnagiri	1	21,445
12	Madurai	1	7,193
13	Nagapattinam	1	11,510
14	Namakkal	1	6,132
15	Perambalur	1	7,065
16	Pudukkottai	1	14,199
17	Ramanathapuram	1	7,218
18	Salem	1	11,693
19	Sivagangai	1	3,902
20	Thanjavur	1	15,736
21	The Nilgiris	1	7,346
22	Theni	1	12,262
23	Thoothukudi	1	11,015
24	Tirunelveli	1	13,303
25	Tiruppur	1	18,966
26	Thiruvallur	1	17,042
27	Tiruvannamalai	1	16,774

28	Thiruvarur	1	13,209
29	Tiruchirapalli	1	17,598
30	Vellore	1	20,388
31	Villupuram	1	15,315
32	Virudhunagar	1	8,603
33	Tirupathur	1	10,158
TOTAL		35	4,19,724

10) **Sensory integration park in DEIC:**

Establishment of sensory integration park in DEIC helps the children to develop their complex learning and behaviour through the sensory stimulation by touch, feel and seeing experiences. There are 26 sensory integration park established across the State.

b) Community based Child Care Interventions:

- 1) **Mother's Absolute Affection (MAA) programme for appropriate Infant and**

Young Child Feeding (IYCF) practices:

This program promotes Infant and Young Child Feeding (IYCF) practices during the first 1,000 days of life starting from conception. The program has disseminated IYCF practices through 65.32 Lakh Village Health and Nutrition Health day sessions conducted from April 2023 to March 2024. 7.9 Lakh new born were breastfed within one hour of birth during April 2023–March 2024.

2) Micronutrient Supplementation and Deworming:

- **Anemia Mukth Bharat Programme** - Iron and Folic Acid (IFA) supplementation (from 6 months to 59 months and 5-9 years): During the period April 2023 to March 2024, a total of 37.13 Lakh Under-5 children have received biweekly

Iron and Folic Acid syrup supplementation. The Ministry of Health and Family Welfare have recognized Tamil Nadu as 'Warriors in providing Iron and Folic acid supplements to Under-five children', earning 'National Award' in implementing Anemia Mukth Bharath Strategy.

- Children aged 5-9 years are provided with Weekly Iron and Folic Acid (WIFS) tablets Supplementation designated as Junior – WIFS Programme. The Junior WIFS supplementation has been provided to 5.11 Lakh children aged 5-9 years during April 2023 to March 2024.
- **Vitamin A prophylaxis programme:** (9 months to 59 months): Universal Vitamin A supplementation for under-five children is provided biannually in collaboration with Integrated Child

Development Services. 50.60 Lakh children were benefited.

- **Deworming in children and adolescents:** National Deworming Day, held biannually in February and August, targets deworming all children and adolescents aged 1-19 at Anganwadi centers and schools. During the September 2023 round, 203.06 Lakh children and adolescents in the age group of 1 to 19 years were dewormed with Albendazole tablets. During February 2024, 204.4 Lakh children and adolescents in the age group of 1 to 19 years were benefitted.

3) **Home Based Care Programme:**

- To reduce neonatal mortality and morbidity, **Home Based Care for Newborn (HBNC)** is being implemented through Village Health Nurses, Urban

Health Nurses and ASHAs. They conduct 6-7 scheduled home visits to new-borns within the first 42 days. From April 2023 to March 2024, HBNC programme has provided home-based new-born care services to 6.43 lakh new-borns through frontline health care workers.

- **Home-Based Care for Young Child (HBYC):-** To promote health and nutrition among young children, Anganwadi Workers conduct 5 scheduled visits to 3-15 month-old children discharged from Special New-born Care Units (SNCU) and New-born with low birth weight. During the visits, they counsel on breastfeeding, complementary feeding, immunization and screen for growth and development milestones. HBYC software has been developed initiated in coordination with Integrated Child Development Services. Anganwadi worker will be incentivised with Rs.250

per child for five visits up to 15 months of age.

- **Intensified Diarrhoea Control Fortnight Programme (IDCF):-** This programme is observed annually during monsoon season to raise awareness about ORS and zinc usage during diarrhoea, aiming for zero child deaths. Health workers visit households with under-five children, conduct awareness activities, and distribute ORS packets and zinc tablets. The IDCF-2023 campaign ran for two weeks from June 12th to June 25th 2023, providing ORS sachets and zinc tablets to 51.99 lakh children.
- **Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS):-** This initiative employs a three-tiered strategy by managing childhood

pneumonia, training service providers for standardized pneumonia management and a comprehensive communication campaign to raise awareness among families. From April 2023 to January 2024, 2.96 Lakh children were detected with respiratory diseases, and 8,331 children were admitted with pneumonia.

ii) New Initiatives

- **Centre of Excellence for Genetics:** The State has established three Genetic Departments as Centres of Excellence at key medical institutions in Chennai, Coimbatore and Madurai to address the genetic disorders. These centres focus on diagnosing genetic disorders such as Hemoglobinopathy, chromosomal aberrations, Muscular Dystrophy, Perinatal and New Born genetic screening. From January to March 2024, 524 patients were tested for genetic disorders. The project will

reduce genetic testing costs by 80-90%, reducing financial burdens and improving access to healthcare. The expenses for newborn screening diseases will also be covered through Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS), saving out-of-pocket-expenditure of Rs.8,000-10,000/patient.

- **Bone Marrow Transplant:** Bone marrow transplant is the only curative therapy for Haemoglobinopathies, malignancies, and metabolic storage disorders. A Bone Marrow Transplant Unit is being established at the Institute of Child Health Egmore at a cost of Rs.5.5 Crore. This unit will provide high-end treatment and significantly reduce out-of-pocket expenses by Rs.15-20 lakhs for the needy patients

3.5 Training: The State of Tamil Nadu has six Regional Public Health Training Institutes (RTI) which provide knowledge and Skill based training

to Primary, Secondary & Tertiary Health Care Staff. The districts assigned to the Regional training institutes are as follows:

Table 3.9: List of Training Institutes Tamil Nadu

S. No	Training Institute	District
1	Institute of Public Health, Poonamallee, Chennai	Thiruvallur, Vellore, Ranipet, Thirupathur and Thiruvannamalai
2	Health and Family Welfare Training Centre, Egmore, Chennai	Kancheepuram, Chengalpattu, Trichy, Perambalur, Ariyalur, Pudukkottai and Chennai
3	Health and Family Welfare Training Centre, Madurai	Madurai, Tirunelveli, Tenkasi, Thoothukudi, Kanniyakumari, and Virudhunagar
4	Health and Family Welfare Training Centre, Gandhigram	Dindigul, Theni, Karur, Sivagangai and Ramanathapuram
5	Health Manpower Development Institute, Villupuram	Villupuram, Cuddalore, Kallakurichi, , Thiruvarur, Thanjavur Nagapattinam and Mayiladuthurai

6	Health Manpower Development Institute, Salem	Salem, Dharmapuri, Krishnagiri, The Nilgiris, Coimbatore, Namakkal, Erode and Tiruppur
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The trainings are also classified based on the thematic areas covered viz., Maternal Health, Child Health, Family Welfare including induction training to newly recruited Medical Officers, as detailed below;

i) Comprehensive Training to Health Officials at the District, Block and the Field functionaries in Primary Health Care: The trainee universe includes Medical Officers and Specialists, Staff Nurses, Paramedics like including Mid-Level Health care Providers, Pharmacists, Lab Technicians, Health Inspectors etc.,

The trainings are continued for the year 2024-25 and the number trained is presented in the table given below:

Table 3.10: Training performance during April 2023 – March 2024

Sl. No.	Trainings conducted at Regional Training Institutes / Medical colleges	HR Trained
1	Comprehensive Primary Health Care (CPHC) Training to Medical Officers.	1,223
2	Comprehensive Primary Health Care (CPHC) Training to Staff Nurses of PHC /UPHC /RBSK	1,935
3	Comprehensive Primary Health Care (CPHC) Training to CHN/SHN / ANM / VHN / UHN	1,209
4	Integrated Refresher Training to Pharmacists	1,581
5	Training for Mid-Level Health Care Providers	3,805

a) Family Welfare Clinical Training is provided to Medical Officers and Staff Nurses which covers the essential topics such as medical method of

abortion, contraceptives, safe and high quality abortion care services, reproductive rights, legal considerations, counselling skills, clinical assessment, infection prevention and also to provide skills in IUCD services.

Table 3.11: Training performance during April 2023 – March 2024

S. No	Trainings conducted at Regional Training Institutes / Medical colleges	HR Trained
1	Training of Medical Officers in Medical Method of Abortion	378
2	Training of Medical Officers and Staff Nurses in Injectable Contraceptive	625
3	Training on Comprehensive Abortion Care / Medical Termination of Pregnancy	334
4	Quality training to Medical Officer and Staff Nurses	431
5.	LaQshya / Dakshatha / Daksh Training is given to the Medical Officers and Staff Nurses	130

b) Midwifery Training at State Midwifery Training Institute (SMTI), Chennai for Staff Nurses identified for The Midwifery Led Care Units (MLCU): In order to improve the quality of maternal health care services and ensure respectful care to pregnant women and new-born, the concept of Midwifery Led Care Units (MLCU) managed by Nurse Practitioner in Midwifery (NPM) has been introduced and the same has been established at Institute of Social Obstetrics and Kasturba Gandhi Hospital for Women and Children, Triplicane.

- Six Staff Nurses Selected from Medical College Hospital or from among the Mentor Staff nurses from Primary Health Centre underwent 6 months trainings as State Midwifery Educators at National Midwifery Training Institute – Fernandez Institute, Telangana.

- At State Midwifery Training Institute (SMTI) established at College of Nursing, Madras Medical College, Chennai, the 6 State Midwifery Educators are providing 18 months training to selected 16 Staff Nurses from across the state who will be designated as the Nurse Practitioner in Midwifery (NPM).
- 18 months course commenced since 1.12.2023 at State Midwifery Training Institute (SMTI), College of Nursing, Madras Medical College, Chennai.

ii) Inter State agreement for skill enhancement of Medical Officers from the State of Meghalaya: As per the Memorandum of understanding (MoU) signed on 19th September, 2022 between Government of Tamil Nadu and Government of Meghalaya for strengthening and Capacity building of Medical officers from Government of Meghalaya in the area of Mother

and Childcare services, Tamil Nadu continues to provide the following three trainings at Kilpauk Medical College, Madras Medical College, Institute of Obstetrics and Gynaecology, Egmore and ISO & KGH, Triplicane as detailed below:

- a) 24 Weeks Comprehensive Emergency Obstetric Care Training.
- b) 24 Weeks Life Saving Anesthetic Skills training.
- c) 24 Weeks Ultrasonography (USG) training.

During the year 2023-24, 52 Medical Officers from Meghalaya have undergone training.

3.6 Tribal Health: In Tamil Nadu, there are 7.94 lakhs Tribal people including six Particularly Vulnerable Tribal Groups (PVTG) distributed across the State.

i) Prevention and Control of Haemoglobinopathies: Haemoglobinopathies are

inherited blood disorders commonly prevalent among the Tribal populations. This program aims at prevention of the same by early detection and management of the most common Haemoglobin disorders such as Sickle Cell Anaemia and Thalassemia.

- School screening is being performed in 30 tribal blocks distributed across 14 districts in the State. So far, a total of 1.16 lakh children have been screened for Haemoglobinopathies with an average positivity rate of 9%. Prior to 2021, 22,972 school children were screened for Haemoglobinopathies.
- The program has been expanded to include Universal screening for Haemoglobinopathies of all Antenatal Mothers in the 30 tribal blocks which stands as a unique role model in the entire country.

- A total of 66,741 Antenatal Mothers have been screened for Haemoglobinopathies till March 2024. If the couple is positive for Haemoglobinopathies trait / disease, the choice of Amniocentesis is put forth for consent and further action. The Genetic testing is done for the couple and foetus after Genetic Counselling. If the foetus is affected, Medical Termination of Pregnancy (MTP) is given as an option. So far, the births of 33 Thalassemia Children and 7 Sickle Cell Anaemia children have been averted.
- The prevention and control of Haemoglobinopathies is now scaled-up to community level screening for Haemoglobinopathies to cover 0–40 years of tribal population. Point of Care Testing (POCT) which was pilot tested earlier, will be used to screen children less than 6 years of

age. All the data screened are being entered in the Sickle cell application of Government of India.

ii) Sickle Cell Anaemia Program through Non-Government Organizations (NGOs): The initiative focuses on providing comprehensive support and care to individuals affected by Sickle Cell Anaemia within Tribal communities, and is being implemented with the support of two tribal NGOs, namely NAWA and ASHWINI.

The program targets specific blocks namely Kothagiri, Gudalur, Coonor in The Nilgiris district, and Perinayakanpalyam, Karamadai blocks of Coimbatore district. From April 2023 to March 2024, a total of 2,696 tribal patients have benefited under this program.

iii) Integrated Centres for Haemophilia and & Haemoglobinopathies (ICHH): In Tamil Nadu,

Haemophilia A and B patients are treated absolutely free of cost with Factor VIII & IX and patients with Inhibitors are treated Factor VII & FEIBA the therapy is provided on demand as and when need arises in all the Government Medical College Hospitals and District Hospitals.

ICHH Centres are established in 10 MCH at regional level acting as referral centres. Till March 2024, a total of 450 Haemoglobinopathy patients have received repeated blood transfusions, while 2,401 patients have benefited through repeated factor transfusions in these centres. Haemophilia prophylaxis therapy for 250 children was started in these 10 ICHH centres since 2022.

Bone Marrow Transplant (BMT) is a curative therapy for Haemoglobinopathies. So far, two patients of Thalassemia and two other patients of Sickle Cell Disease have undergone Bone Marrow

Transplantation at Rajiv Gandhi Government General Hospital (RGGGH), Chennai.

iv) Birth Waiting Room in Tribal PHCs: Birth Waiting Room initiative is to ensure safe delivery for Tribal mothers by providing them with a conducive environment for childbirth and access to medical care in hilly regions. During the stay, Antenatal mothers are provided with nutritious food. A total of 17 Birth Waiting Rooms have been established in the PHCs in the Tribal areas. From April 2023 to March 2024, a total of 2,836 tribal Antenatal mothers have benefited from this scheme.

v) Referral Services in Tribal Districts: This initiative focuses on ensuring timely and efficient emergency medical transport for tribal communities residing in remote and inaccessible areas. The existing vehicles are strategically stationed at 100 identified points in Tribal/hilly

areas. From April 2023 to March 2024, 1.09 lakh individuals have used this service.

vi) Tribal Bed Grant Scheme: The Tribal Bed Grant Scheme ensures that tribal patients receive necessary medical attention without financial constraints. It is being implemented in collaboration with NGOs where a wide array of medical services are provided like free diagnostics, in-patient medications, surgeries, and dietary provisions during hospitalization. From April 2023 to March 2024, 1,714 Tribal patients have benefited under this scheme.

vii) Tribal Counsellors: Tribal Counsellors serve as a bridge between the healthcare systems and tribal communities. The Tribal Counsellors are providing services in 10 Government Hospitals located in tribal districts. From April 2023 to March 2024, a total of 58,805 tribals have benefitted from this scheme.

viii) Tribal Mobile Medical Units: Apart from regular Mobile Medical Units, an additional 20 exclusive Tribal Mobile Medical Units have been deployed in 14 districts having high concentration of Tribal population.

Apart from the routine services offered, the teams also conduct screening for Haemoglobinopathies among children aged 14 years and above. From April 2023 to March 2024, the Tribal MMU teams have conducted 12,190 camps and provided medical treatment to 4.79 lakh patients residing in Tribal areas.

Table 3.12: Performance of Tribal Health programs

S. No	Tribal Health Programme	2020-21	2023-24
1.	Tribal Birth Waiting Rooms	1,888	2,836
2.	Tribal MMU	20	20
	Total number of Camps	10,984	12,190
	Total number of Beneficiaries	2,89,385	4,79,701

3.	Bed Grant schemes	704	1,714
4.	NGO Sickle cell Anemia program Beneficiaries	2,853	2,696
5.	Cumulative School Screening for Haemoglobinopathies	22,972*	93,028#
6.	Cumulative AN Screening for Haemoglobinopathies	-	66,741#

*2017-21; # 2021-24

ix) ASHA – Accredited Social Health

Activists: ASHAs are engaged in remote and underserved areas, particularly in tribal and hard-to-reach regions creating a pivotal link between the community and the healthcare delivery system. In Tamil Nadu, 2,650 ASHA workers are engaged across 30 Districts. They are given Performance Based Incentives upto Rs.5,100/- per month as per their field activities. In addition, ASHAs are also enrolled in three Social Security Schemes viz. Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana (PMSBY), and a monthly premium for

Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) which is borne by the Government.

3.7 Mobile Medical Unit – Hospital on Wheels:

Tamil Nadu has 405 Mobile Medical Units which is highest in the country providing healthcare at the local residential area of people.

- The services include conducting clinics for minor ailments, Antenatal check-ups, Non-Communicable Disease screening, lab tests and distributing free medication including laboratory facilities.
- Out of 405 units, 395 cater to Rural areas, while 10 are specifically designated for Urban areas, particularly within Corporations.
- From April 2023 to March 2024, the Mobile Medical Units have conducted 2.2 lakh camps, benefiting a total of 1.87 crores people.
- Additionally, now the MMUs (Regular and Tribal) are being redeployed to cover the all

Particularly Vulnerable Tribal Groups (PVTG) habitations present in 21 Districts in the State.

3.8 Labour MMUs - Occupational Health Services:

- To enhance the scope of Occupational health services, the Government has put in place 50 Mobile Health Clinics, with 35 Labour Mobile Health clinics under the control of Directorate of Public Health and Preventive Medicine and 15 Labour Mobile Health clinics under the control of Greater Chennai Corporation.
- This comprehensive initiative is financially supported by The Tamil Nadu Construction Workers Welfare Board of Department of Labour Welfare and Skill Development and its implementation is facilitated by National Health Mission through the Directorate of Public Health and Preventive Medicine.

- In addition, Government has also issued directives to provide Occupational Health care services specifically tailored for unorganized-sector workers at all block level through Mobile Medical Units (MMUs) which visit areas populated by unorganized-sector on all Saturdays.
- A dedicated web based online portal has been developed to monitor the performance.
- From April 2023 to March 2024, a total of 6.03 lakh labourers have been screened and treated and 19,881 labourers have been referred to higher centres.

3.9 Multi-speciality Clinics for Transgenders:

Transgender Multi-Speciality clinics have been started in eight Government Medical College Hospitals in Chennai (RGGGH), Madurai, Salem, Coimbatore, Tirunelveli, Tiruchirapalli, Vellore and Villupuram. These clinics are dedicated to provide

Multi-speciality services to the transgender community without any form of discrimination. The Multi-specialty Transgender Outpatient Department (OPD) operates once a week, offering a range of services to address diverse healthcare needs. Services provided include gender-affirmative hormone treatment, sex reassignment surgeries, dermatological treatments, and urological treatments besides providing Mental Health support and care for common ailments. From April 2023 to March 2024, 2,744 transgenders have benefited through these clinics.

3.10 NON-COMMUNICABLE DISEASES: Non-communicable diseases (NCDs) which are rapidly rising in the community are chronic conditions that often prevail over an individual's lifetime posing a significant threat due to its long term complications and socio-economic burden besides the strain on health systems and vital resources.

NCDs predominantly encompass common conditions like cardiovascular diseases which is primarily Hypertension, Diabetes Mellitus, Cancers, Chronic Respiratory Diseases, Stroke etc., NCDs result from a complex interplay of genetic, physiological, environmental, and behavioral factors the prevalence of which is further heightened by aging populations, rapid urbanization, and globalization as witnessed currently in Tamil Nadu. Modifiable risk factors such as Alcohol, Tobacco, stress, sedentary life-style and unhealthy food habits play a very vital and contributory role in the causation and perpetuation of common NCDs like Hypertension, Diabetes etc.,

NCDs are becoming the primary cause of morbidity and mortality in the community with a striking upsurge in the prevalence outnumbering Communicable, Maternal, and Neonatal diseases

with significant contribution to Disability Adjusted Life Years (DALYs) resulting in substantial direct and indirect economic burdens on health systems, households, and society. The top 10 causes of DALYs lost due to NCDs at Global, National and Tamil Nadu as per the Global Burden of Diseases report for 2020 highlights how the common NCDs of Public Health importance like Cardio Vascular Diseases (CVDs), Diabetes Mellitus (DM), Chronic Kidney Disease (CKD) and Mental health disorders have occupied the top of the list warranting continued interventions and strategic revisions that are required for improving coverage and also achieve control.

Table 3.13: Top 10 causes of Disability-Adjusted Life Years (DALYs) lost due to NCDs

Sl. No	Global	India	Tamil Nadu
1	Neonatal conditions	Neonatal conditions	Cardiovascular Diseases

2	Ischaemic heart Diseases	Lower Respiratory infections	Respiratory Infection & TB
3	Stroke	Diarrhoeal diseases	Diabetes & CKD
4	Lower Respiratory infections	Measles	Mental Disorders
5	Diarrhoeal diseases	Tetanus	Musculoskeletal Disorders
6	Road injury	Collective violence with legal implications	Neoplasms
7	Chronic Obstructive Pulmonary Disease	Ischaemic heart Diseases	Unintentional Injuries
8	Diabetes mellitus	Tuberculosis	Other Communicable
9	Tuberculosis	Maternal conditions	Self-harm & Violence
10	Congenital anomalies	Meningitis	Chronic Respiratory Diseases

(Source: Global Burden of Diseases report - 2020)

The increasing burden of Non-communicable diseases (NCDs) along with their associated morbidities and mortalities, highlights NCDs as prioritized health agenda as evidenced in the table given below:

Table 3.14: Prevalence of Hypertension & Diabetes- India vs. Tamil Nadu

Disease	Prevalence in %		
	India		Tamil Nadu ³ (STEPS I)
	NNMS ¹	INDIAB ²	
Hypertension	28.5	35.5	23.9*
Diabetes	9.3	11.4	7.2*

(* **Note:** The prevalence of HTN and DM for Tamil Nadu as per the ICMR - NIE's STEPS-I survey including "Both HTN & DM Category," is **33.9%** for HTN and **17.2%** for DM)

(**Source:** National NCD Monitoring Survey 2017-18¹, ICMR- INDIAB-17 National Cross-sectional Study published in July 2023², GO-TN initiated ICMR-NIE STEPS Survey Round I- 2019-2020³)

Non-Communicable Diseases are a major contributor to premature deaths worldwide with a

disproportionate impact on low- and middle-income countries. The increasing prevalence of Non-Communicable Diseases (NCDs) has significantly contributed to mortality especially pre-mature deaths among young individuals. However, in Tamil Nadu, the introduction of a holistic NCD management program has effectively contributed to curb this alarming trend.

i) NCD interventions

a) Facility based services: Tamil Nadu is the pioneering State in the entire country to have taken the foremost and strategic shift from treating Symptomatic individuals in health facilities to making available opportunistic or Facility based NCD screening for self-reporting individuals at all the PHCs, GH, and Medical College hospitals way back in 2012-13 which was preceded by an concurrently evaluated Pilot interventions during 2007-10. The hall mark of

Facility based NCD approach was measures taken to strengthen Health System through setting up well equipped NCD clinics in 2,618 health facilities cutting across Primary, Secondary and Tertiary care institutions and placing a Staff Nurse at the rate of one per PHC, 2 per GH and Medical College Hospitals.

b) Introduction of Home based NCD services under MTM with bi-directional linkages with Facility based care:

The facility based approach of NCD services took a set-back due to the adverse impact brought by the Covid-19 Pandemic on the Health System due to disruption in the treatment services and continuum of care for NCDs particularly escalating mortality and morbidity among Covid patients with co-morbidities like Hypertension & Diabetes. It was against this backdrop that the “Makkalai Thedi Maruthuvam (MTM)”, an innovative, iconic

flagship scheme of the Government of Tamil Nadu was launched under the aegis of National Health Mission by taking an additional component of complementary Institution based NCD approach to holistic and Home based delivery of NCD care and services centered on

- Home based Universal/Preliminary screening for Hypertension and Diabetes and referral to PHCs for confirmation by Women Health Volunteers (WHV) of Self Help Group network (SHG).
- Home based Drug delivery and follow-up services for Hypertension and Diabetes by Women Health Volunteers (WHV).
- Home based Physiotherapy and Palliative Care services by a team of Physiotherapist and Palliative care staff nurse.

- Home based provision of Continuous Ambulatory Peritoneal Dialysis (CAPD) bags to patients with Chronic Kidney Diseases.
- Bi-directional referral and follow-up services between community and health facilities.

Introduction of MTM has thus, brought in the most needed community and institution-level linkages for the detection, treatment and follow up of NCDs. The State has enhanced its coverage of the population through both institutional and Home-based approaches achieving 95% of the target population in the State having been screened for Hypertension and Diabetes.

c) Other special initiatives: NHM-TN strives to improve and bring enhancements in the structured assessment and monitoring of vital NCD complications such as Chronic Kidney Disease, Retinopathy and Diabetic Peripheral Neuropathy including Diabetic Foot. The other

initiative taken up is institution of State wide **Type I Diabetes Registry** which is a collection of secondary data related to Type I Diabetes patients pertaining to their individual diagnosis treatment and outcome.

NHM-TN also has set the trend by establishing Diabetic Foot Clinics on a pilot basis which is first of its kind in the entire country in an organized manner from community level to secondary and tertiary care institutions which is briefly updated below.

Diabetic Foot Clinic - ensuring continuum of care: The Government of Tamil Nadu has placed itself in the forefront of identifying and charting out State sponsored exclusive 'Foot Clinic Programme' to address this medico-social issue through NHM by harping on the benefits of its flagship program of 'Makalai Thedi Maruthuvam'.

Foot Clinic model as a hub was inaugurated on 03.10.2022 at Thanjavur MCH to provide clinical services for self-reporting diabetic foot patients and those referred from the community. 900 MTM field staff were given focused training on Diabetic Foot screening through simple questionnaire for identification and referral of those affected.

For those with non-healing ulcers of the foot, Surgical Offloading procedures, designed to alleviate pressure on specific areas of the foot, contribute to healing and managing diabetic foot ulcers effectively. Lifesaving procedures such as Angioplasty/Stenting or Bypass Surgeries for Vascular blocks which often lead to limb gangrene as a Diabetic complication has wonderfully saved many limbs. So far, 127 surgical offloading surgeries and 124 Revascularization procedures have been done at Thanjavur Medical College Hospital during September 2023 - May 2024

saving 244 limbs. The ultimate aim is to replicate the model in all MCHs and provide the gateway for integrated Diabetic Foot Surgery services in Public Health care delivery system.

‘Makkalai Thedi Maruthuvam’ is a crucial pillar in Tamil Nadu's stride towards achieving Universal Health coverage especially among the under privileged as reflected in the following quote from the State Planning Commission Report, 2021;

‘MTM has been a pro-poor service reaching out to the most vulnerable groups such as women, rural areas and the SC/ST category. MTM services are essentially a successful strategy for achieving Universal Health Care’.

ii) Cancer Programme:

a) Cancer burden – Tamil Nadu scenario: The incidence of cancer in Tamil Nadu is increasing gradually, with stomach cancer being the most

common among men and breast cancer among women.

Table 3.15: Cancer Burden as per TNCRP* 2018 report

New Cases Reported	Male	Female	Total
New cases in 2018	34,716	42,422	77,138
Projected New cases for 2022	41,077	47,673	88,750

* Tamil Nadu Cancer Registry Project

Table 3.16: Crude Incidence and Lifetime Risk as per TNCRP 2018

Parameter	Male	Female
Crude Incidence Rate (CIR)	86.6 per 1 lakh population	105.5 per 1 lakh population
Lifetime cumulative risk of getting cancer	one in 11	one in 10

b) Strengthening of Institutional Cancer Care at State and District Level:

The Government Arignar Anna Memorial Cancer Hospital, Karapettai in Kancheepuram is the State Apex

level Institute for Cancer care, which will serve as the Centre of Excellence providing all advanced treatment modalities for cancer.

As part of strengthening health system for Cancer Care, Tamil Nadu currently has Multispecialty Oncology units in 12 institutions, LINAC in 10 institutions, Cobalt 60 teletherapy machine in 14 institutions and Brachytherapy in 9 institutions.

In Tamil Nadu, currently 12 Medical College provide Medical Oncology, 12 institutions provide Surgical Oncology and 39 Institutions provide Radiological Services.

At District level, all Medical College hospitals are equipped with necessary diagnostic units like Mammogram, Colposcopy, Digital X-Ray, Histo-pathology services etc., for disease confirmation in a cancer suspect.

c) Ongoing Institutional Cancer Screening for Cervical and Breast Cancer: Under the ongoing cancer screening programme for cervical and breast cancer in all the PHCs, GHs and MCHs, around 35.5 lakh women have undergone VIA screening for Cervical cancer and 48.6 lakh women underwent screening for breast cancer from April 2023 to March 2024. Out of which 91,095 (2.5%) have been tested positive for Cervical Cancer and 57,599 (1.1%) for Breast abnormalities or lumps.

According to protocol, patients with positive screening results are referred to higher institutions for additional assessment and follow-up.

d) District Level Day Care Chemotherapy Centers (DCCC): Day Care Chemotherapy Centers are in operation in 17 District Head

Quarter Hospitals and 15 Medical College Hospitals.

Cancer patients who find it inconvenient to report to the same Tertiary care facility for the maintenance Chemotherapy sessions and who also incur significant out-of-pocket expenses (OOPE) or fail to follow up greatly benefit from DCCCs which provide follow-up or maintenance chemotherapy under the supervision.

e) Organized Cancer Screening: The Organized Cancer Screening (OCS) initiative was launched as a Pilot program on November 22nd, 2023 in four districts: Ranipet, Tirupathur, Erode and Kanyakumari. It aims to enhance access to cancer screening for Oral, Cervical, and Breast cancers by providing services directly at Health and Wellness Centers – Sub Centers (HWC- HSCs). As of May 2024, over 6,66,000 individuals have been

screened, out of whom 36 positive cases have been identified.

iii) MANAGING END-STAGE RENAL DISEASE - DIALYSIS PROGRAMME:

Chronic Kidney Disease (CKD) has emerged as a significant public health challenge, requiring continuous monitoring and management to prevent its progression to End-Stage Renal Disease (ESRD). ESRD, a chronic and irreversible condition, necessitates ongoing dialysis and other medical interventions to sustain life. CKD patients on haemodialysis often face multiple challenges, including access to treatment centres, balancing employment or education, and the financial burden of continuous OoPE.

In response to these challenges, Tamil Nadu has prioritized the universal accessibility and affordability of haemodialysis services, extending

these services even to Sub-district Hospitals. The state is one of the top-performing states with the highest number of haemodialysis machines in India, significantly improving access for patients across urban and rural areas.

Tamil Nadu has implemented various measures under the National Health Mission through the Prime Minister National Dialysis Programme (PMNDP) scheme to enhance the existing infrastructure and bridge existing gaps in CKD management. As of March 2024, the state operates 1,194 haemodialysis machines through an in-house model across 138 centres, including Government Medical College Hospitals, Taluk and Non-Taluk Hospitals, District Headquarters (DHQ), and through a PPP model in centres under the Greater Chennai Corporation.

The States commitment to break the access barrier and make available more number of

Dialysis services closer to the community over the years is presented below:

Table 3.17: Comparison of total number of Dialysis Machine between 2020-21 & 21-24

Dialysis Machine Available	2020-21	2021-24	% of increase
	808	1,194	48

Table 3.18: Comparison of total number of Dialysis sessions from March 2021 to March 2024

No. of Sessions Conducted	As of March 2021	As of March 2024	% of increase
	4.72 lakh	7.51 lakh	59

In FY 2023-24, Tamil Nadu performed 7.51 lakh haemodialysis sessions for 16,945 patients, surpassing the target of 5 lakh sessions set by the Government of India.

In addition to facility-based haemodialysis services, Tamil Nadu is the only state implementing a pioneering initiative of a community-based Continuous Ambulatory Peritoneal Dialysis (CAPD) scheme, integrated with the Makkalai Thedi Maruthuvam program, where CAPD bags are directly delivered to patients' homes, facilitating home-based care for CKD patients. As on March 2024, 249 patients received CAPD bags delivered to their homes, further easing the treatment process and improving the quality of life for those with limited mobility or other constraints. This initiative has greatly enhanced patient convenience and compliance, reducing the need for frequent hospital visits. The CAPD bags are also covered under the CMCHIS insurance scheme, thus reducing the OOPE burden on patients.

Beyond managing existing cases of CKD, Tamil Nadu has launched a proactive program for early detection to reduce CKD prevalence. Utilizing urine dipstick testing, this initiative targets high-risk patients, particularly those over 30 years old with hypertension or diabetes. Since its inception on July 10, 2023, the program has screened a combined total of 43.24 lakh patients at Primary Health Care (PHC) Institutions and Health Sub-Centres (HSC), with 17,102 referred for further diagnosis.

iv) National Oral Health Program (NOHP):

Under the National Oral Health Program, enhancing oral health is prioritized as an integral facet of overall well-being. The state has established 522 dental units within primary and secondary healthcare facilities to ensure convenient, affordable, and high-quality oral healthcare services for its populace. These units,

supported by the National Health Mission (NHM), are staffed with trained professionals and equipped with essential resources like dental chairs and supplies, ensuring seamless service delivery. In the year 2023-2024, these units performed 18.46 lakh dental procedures to address various oral health issues. Additionally, initiatives targeting children's oral health, such as the Pit and Fissure Sealant Project and the School Oral Health Program (SOHP) dubbed "Punnagai - Palligalil Pal Paadhu kaappu Thittam," have been launched.

v) National Programme for Prevention and Control of Deafness: The National Programme for Prevention and Control of Deafness (NPPCD) aims to tackle avoidable hearing loss through early diagnosis and treatment, as well as enhancing institutional capacity for ear care services.

In India, Tamil Nadu is the second State after Kerala to introduce a Universal Neonatal Deafness Screening Program to provide Universal care for deafness management. To address neonatal hearing loss, plans are underway to establish soundproof rooms equipped with OAE/BERA equipment in 64 CEMONC centers with a high volume of deliveries. The state is in the process of establishing a state-of-the-art facility for temporal bone dissection training at the State Apex Centre for NPPCD in Rajiv Gandhi Government General Hospital. From April 2023 to March 2024, the program has achieved significant milestones: 89,388 Audiograms conducted, 15,480 Hearing aids distributed, and 6,928 Ear surgeries performed.

3.11 MENTAL HEALTH PROGRAMME

Tamil Nadu distinguishes itself for its strong commitment in ensuring Mental Health services

across all tiers of health care. The State has taken into account the priority needs especially in the areas of Substance Abuse, Wandering Mentally Ill, Maternal Mental Health and Mental Health needs of Adolescent and youth.

i) State Mental Health Authority: The State Mental Health Authority, as per the Mental Healthcare Act, 2017 has the roles to oversee and coordinate Mental Health services in the State through its District Mental Health Review Boards for ensuring effective governance and decision-making at the district level. So far 651 Mental Health establishments have been registered under the SMHA.

ii) Mental Health Services at State and District Level: The Institute of Mental Health (IMH) in Kilpauk, Chennai, is the State apex Institute for Mental Health offering holistic Mental Health care and Rehabilitation services. The

Mental Health services at the district level are facilitated through District Mental Health Programme (DMHP), 18 Emergency Care and Recovery Centres (ECRC), 3 De-addiction Centres (DAC) and Department of Psychiatry in all 36 Government Medical Colleges spread across the State.

iii) District Mental Health Program: The District Mental Health Programme (DMHP) functional in all 38 districts is the district level implementing unit with institutional and community level components. The team comprises of a Psychiatrist, Satellite Psychiatrist and other support staff. The DMHP provides OP & IP services at the District Headquarters Hospitals and through a Fixed Tour Programme (FTP) provides outreach services in Sub District Hospitals (SDH) and Block Primary Health Centres (B-PHCs), Targeted Intervention at Schools and

Colleges. During 2023-24, 6.64 lakh patients have received Mental Health services through DMHPs.

iv) Emergency Care and Recovery Centres

(ECRC): The Emergency Care and Recovery Centres are institutions for the wandering and mentally ill patients. Through 10 Government and 8 NGO run ECRCs, comprehensive services covering Medical, Surgical and Psychiatric treatment, rehabilitation, vocational training and re-integration are provided in a residential setting to the Homeless Mentally Ill patients. From the time of inception, 3,760 homeless mentally ill persons have availed services of whom 2,400 have been reunited back with their families.

v) De-Addiction Services: The De-addiction services are being provided through Institute of Mental Health, Chennai, Department of Psychiatry in all the 36 Government Medical College Hospitals, three exclusive district level De-

Addiction Centres and through District Mental Health Programme (DMHP) units. During 2023-24, 1.84 lakh patients have availed De-Addiction services in the State. As cases of Substance Abuse and related mental health concerns surge, the State has initiated steps for expanding De-Addiction services through establishing 25 De-Addiction Centers (DACs) in Government Hospitals across the State.

vi) Targeted Interventions for Promoting Mental Health: NHM-TN has steered the following Targeted Interventions addressing specific Mental Health needs in the community:

- a) **MaNaM Thittam - Mana Nala Nallaatharavu Mandram:** DMHP team provides sensitization training on Mental Health and well-being to student volunteers known as Peer educators (or) MaNaM

Ambassadors and members of the faculties known as Faculty facilitators.

- b) **Community based residential De-Addiction Treatment Centre at Kannagi Nagar:** In collaboration with a reputed NGO, TTK, 2 phases of De-Addiction Camp was organized in which 8,536 residents of Kannagi Nagar were given awareness of whom 33 were treated as in-patients.
- c) **Tele-Counseling services through 14,416 Natpudan Ungalodu Mananala Sevai:** Two TeleMANAS Cells are established in the State, which provide services beyond mere tele-counseling, including referrals to DMHP teams or MCH and periodic outbound calls to ensure appropriate care and follow-up. From inception, 57,147 calls were received through the 14,416 Tele-MANAS helpline number.

- d) **Psychological counseling and follow-up services for unsuccessful 10th, 12th students and all NEET aspirants:** In 2023, 1.74 lakh students have availed stress management counseling services through this initiative.
- e) **TNIMHANS:** A comprehensive center for Mental Health and Neurosciences known as the Tamil Nadu Institute of Mental Health and Neurosciences (TNIMHANS) at a cost of Rs.40 Crores is under construction at the IMH Campus.

3.12 COMMUNICABLE DISEASES MANAGEMENT

i) National Viral Hepatitis Control Program (NVHCP)

- National Viral Hepatitis Control Programme represents a comprehensive and integrated effort to minimize morbidity, mortality and mitigate the risks and health impacts related to Hepatitis A, B, C and E disease.
- The program is designed to significantly

reduce the prevalence of Hepatitis B and C among general population and High-Risk Groups (HRG) including recipients of multiple blood/blood products transfusion, haemodialysis patients, People Who Inject Drugs, MSM, FSW, prisoners, truckers, migrants and partners of infected people.

- Under the National Viral Hepatitis Control Programme, 42 Treatment centres have been established in Tamil Nadu.

a) Components:

- Ensuring safety of Blood and Blood products.
- Ensuring Safe drinking water, Hygiene and Sanitation.
- Hepatitis-B vaccination to Health Care Workers.
- Engagement with Community/Peer support to enhance and ensure adherence to treatment and demand generation.
- Stakeholders at the district levels are

trained in screening, confirmation, treatment and inter-sectoral coordination.

- Monitoring and Evaluation, Surveillance and Research.

b) Performance of the programme:

Table 3.19: Performance from April 2023 to March 2024

Sl. No	Activity	Performance
1	Hepatitis B screening using HbsAg Rapid Card test for Antenatal mothers at all levels of Healthcare facilities.	<ul style="list-style-type: none"> • 9.51 lakh AN mothers were screened. • 1,130 AN mothers tested positive. •
2	Hepatitis-B Immunoglobulin (HBIG) to new-borns of Hepatitis-B positive mothers.	<ul style="list-style-type: none"> • 688 new-borns were given HBIG.

3	Screening of Hepatitis-B and Hepatitis-C in HRG and General Population, using HbsAg and Anti-HCV Rapid Card tests.	<ul style="list-style-type: none"> • 9.48 lakhs individuals were screened for Hepatitis-B • 8.54 lakhs individuals were screened for Hepatitis-C.
4	HBV DNA (Hepatitis-B) and HCV RNA (Hepatitis-C) Viral Load testing using RT-PCR, for all individuals who tested positive.	<ul style="list-style-type: none"> • 6,394 positive individuals were tested for HBV DNA. • 2,747 positive individuals were tested for HCV RNA.
5.	Initiation of Treatment for eligible individuals in all 42 Treatment centres.	<ul style="list-style-type: none"> • 3,000 eligible persons were treated for Hepatitis-B • 1,920 persons were treated for Hepatitis-C

3.13 HEALTH SYSTEM STRENGTHENING

i) Human Resources for Health (HRH): The NHM - Tamil Nadu has specifically achieved several milestones including the availability of

qualified and skilled Human Resources for Health (HRH) who are vital for service delivery and the adequate management of the State's Health System.

At present, 44,124 contract and 9,311 regular staff; totally 53,435 staff supported under NHM – TN are placed across 38 districts of the State. The overall management of personnel is done by the Programme Management Unit (PMU) at the State and District level.

In Tamil Nadu, Category - wise posts supported under NHM are listed below:

Table 3.20: Category wise HR supported under NHM

NHM-TN - Supported Post		
S.No	Category Wise	Sanctioned post
1	Obstetrics and Gynaecology	394
2	Anesthetists	154
3	Pediatrician	189
4	Pathologist	12

5	Psychiatrist	109
6	Radiologist	18
7	Microbiologist	45
8	Surgeon	195
9	Medical Officer	3,900
10	Staff Nurse	15,442
11	Sector Health Nurse	340
12	Auxiliary Nurse Midwife (ANM)	2,315
13	Dental Surgeon	564
14	Pharmacist	2,161
15	Lab Technician	2,490
16	Medical Officer- AYUSH	475
17	Counsellor	665
18	Physiotherapist	489
19	Psychologist	114
20	Social Worker	142
21	Audiologist	70
22	Mid-level Health Provider (MLHP) UHC	7,291
23	Health Inspector (HWC)	4,848
24	Audiometric Assistant	31

25	Dental Assistant	506
26	Early intervention cum special educator	39
27	Speech Therapist	31
28	TB - Health Visitor	428
29	Dental Technician	39
30	Radiographer	315
31	Optometrist	44
32	Operation Theatre Assistant	91
33	Public Health Manager	23
34	Driver	449
35	Data entry operator	199
36	Lab Attendant	444
37	Multi-purpose Hospital Worker (MPHW)	4,773
38	Administration Staff	3,601
Total		53,435

ii) Fifteenth Finance Commission Grants for Health: The Fifteenth Finance Commission Grants

for Health (15th FC) has recommended grants for specific components such as Civil Works and others in the health sector for Tamil Nadu, amounting to Rs. 4,236 Crores for the stipulated period of five years, from 2021-22 to 2025-26. Approval has been obtained for five years as per the table given below:

Table 3.21: Budget Approved under 15th FC

Financial Year	Amount Approved (Rs. in Crores)
2021-22	806
2022-23	801
2023-24	839
2024-25	871
2025-26	919
Total	4,236

The funds approved are primarily utilized towards the construction of buildings in primary

and secondary care institutions that are dilapidated or rent-free. The funds are also utilized towards strengthening diagnostics, infrastructure and services and Operationalization of Health and Wellness Centres (HWCs) established across the State.

As per the directions of the State Level Committee, the building constructions are carried out by Rural and Urban Local Bodies using prescribed designs and in collaboration with District Health Authorities. The number of civil works sanctioned under 15th FC from FY 2021-22 to FY 2024-25 are detailed in the table below.

Table 3.22: Number of Civil works sanctioned under 15th FC

Financial Year	21-22	22-23	23-24	24-25	Total
Health Sub Centres (HSCs)	186	130	136	144	596
Additional Buildings to PHCs	26			30	56

New Buildings to Primary Health Centres (PHCs)		22	76	22	120
Block Public Health Units	96	82	50	74	302
Urban Health and Wellness Centres	593	115			708
City Public Health Laboratories	26	9			35
Additional Buildings to Urban PHCs			40	50	90
New Buildings to Urban PHCs			51	20	71
New Buildings to Urban HSCs			200	20	220
Government Hospitals / CHC Buildings			28	25	53
Total	927	358	581	385	2,251

The State Level Committee has also specified that the procurement of equipment, reagents and consumables shall be centralized through Tamil Nadu Medical Services Corporation (TNMSC) Ltd, Chennai and the operational expenses for the HWCs are made through the established

framework under National Health Mission – Tamil Nadu.

iii) Pradhan Mantri - Ayushman Bharath Health Infrastructure Mission (PM-ABHIM):

PM-ABHIM is a pivotal endeavor aimed at fortifying healthcare infrastructure across Tamil Nadu. For Tamil Nadu, the total budget allocation is Rs.3,001.29 Crores over a span of five years from 2021-22 to 2025-26.

The scheme is being implemented through the existing framework and mechanisms of the National Health Mission. It encompasses various critical components, including the operationalization of Urban Health and Wellness Centres, the establishment of District Integrated Public Health Laboratories (DIPHL) and the establishment of Critical Care Hospital Blocks (CCB) in each district across the State.

Table 3.23: Works sanctioned under PM-ABHIM from FY 2021-22 to FY 2025-26

Name of the work	Total No. of units sanctioned	Amount Sanctioned (Rs. in Crores)
DIPHL	38	47.50
100 Bedded CCB	4	160.20
50 Bedded CCB	32	760.00
Total	74	967.70

Furthermore, a Third-party Program Management Consultancy (PMC) has been engaged to oversee PM-ABHIM projects, ensuring adherence to timelines, quality standards, and efficient resource utilization.

iv) Integrated Essential Laboratory Services (IELS) under Hub and Spoke Model

Integrated Essential Laboratory Services (IELS) primarily aim to provide quality laboratory services free of cost at Government institutions through five major components:

- ❖ Hub and Spoke sample transportation
- ❖ Provision of essential laboratory reagents
- ❖ Provision of laboratory equipment
- ❖ Laboratory Information Management System (LIMS)
- ❖ External Quality Assurance system (EQAS)

Integrated Essential Lab Services (IELS) - Hub and Spoke Sample Transportation was Launched State-wide by the Honourable Minister Health and Family Welfare on 05.02.2024. The main objective of this programme is to transport laboratory samples for testing to the nearest Hub.

This ensures that samples are swiftly transported from spoke labs to higher institutions for testing and results delivered to patients at the point of collection itself, thus eliminating the need for multiple visits and travel and reducing the OOPE to a great extent. The program has

significantly increased the number of basic laboratory tests conducted from 29 to 63 in PHCs, 35 to 97 in Block PHCs, 53 to 111 in Sub-District Hospitals, and 65 to 134 in District Head Quarters Hospitals.

Table 3.24: Major Highlights of IELS

Total number of spoke facilities under IELS	2,127
Total number of Hub facilities under IELS	752
Total number of Clusters identified in Hub and Spoke model	1,000
Total number of sample transporters engaged for sample transportation	1,888
Total number of samples referred (Feb 5 th to April 30 th 2024)	1.29 lakh

This model covers a range of tests, from basic tests like complete blood counts to advanced tests like blood and urine cultures, hormonal assays, and biopsies. The cost of these tests ranges from Rs.150 to Rs.3,000.

Though Tamil Nadu has implemented the Hub and spoke transportation system taking cues from the Telangana model of T - Diagnostics, the Tamil Nadu model has its uniqueness due to the enhancements and has features brought in such as the availability of web dashboard for monitoring sample transportation and calculating daily transportation distances, easing the payment process for transporters.

Under this programme, essential laboratory equipment, reagents and consumables have been provided to enhance the testing capacity of laboratories, facilitating prompt sample testing and analysis. Currently, 111 laboratory reagents and cell counter reagents are under Rate Contract (RC) with TNMSC and procured at standard rates for all Government institutions. Laboratory services budget in NHM has increased to 106 crores to fulfill all the basic diagnostic needs in all

health care institutions level. Additionally, a pass-book system for laboratory reagents, similar to the drug delivery system is in process to facilitate efficient supply chain management. For this purpose, 118 Walk-in Coolers have been provided to districts and medical college hospitals for storage of reagents.

A LIMS which has been implemented integrates laboratory operations, facilitating performance monitoring, equipment maintenance tracking, reagent consumption management, and sample transportation oversight.

EQAS is implemented through collaboration with Regional Medical Colleges, CMC Vellore, AIIMS, and Tata Memorial Hospital, Mumbai. This component allows institutions to continuously assess, evaluate and enhance their laboratory performance.

v) IT Interventions:

a) Health Management Information System

(TN HMIS): Tamil Nadu is a pioneer in the state-wide implementation of Health Management Information Systems (HMIS). The HMIS streamlines healthcare delivery through digital integration and centralized data management, consolidating patient records from Public Health Facilities. It enhances efficiency by enabling real-time data access and analysis, supporting better decision-making and resource allocation.

TN HMIS comprises of the following four essential components:

1) Hospital Management System (HMS):

The Hospital Management System streamlines healthcare delivery by integrating patient data across all facility levels by capturing the real-time data of both outpatient and inpatient data. HMS has various modules viz.,

Registration, OPD, IPD, Pharmacy, Laboratory, Radiology, MRD, Blood Bank, etc., The State is currently transitioning from HMIS 2.0 to the advanced HMIS 3.0 developed by Centre for Development of Advanced Computing (C-DAC) which is being piloted in 17 selected institutions following a Memorandum of Agreement signed between NHM and C-DAC on 18.01.2024.

2) Management Information System

(MIS): MIS is a periodical reporting system. Patient details are entered as a consolidated abstract rather than line-lists. In addition, the concerned institutions also enter the details pertaining to infrastructure, human resources, funding and logistics.

3) College Management System (CMS):

Various Medical Colleges and the Tamil Nadu Dr. MGR Medical University use CMS for

admissions, registration numbers, issue of hall tickets and mark sheets, publication of results, awards, certificates, and convocation seating arrangements. The current version of College Management System 2.0 is complete, except for the Library and Hostel modules. The completed modules are now on live for use by the Directorate of Medical Education institutions and the Tamil Nadu Dr. M.G.R Medical University.

4) University Automation System (UAS):

This is used by Tamil Nadu Dr. M.G.R Medical University for its internal activities such as Human Resource Management, Purchase Management System and Accounting and File Management System.

Outcome: Implementing HMIS across all healthcare facilities has improved patient enrollment, data collection, health documentation and referral processes reducing wait times.

Integrating lab equipment with HMIS has enhanced diagnostic accuracy. These advancements have improved care coordination, reduced medical errors and improved health outcomes and patient satisfaction. The unique aspect of HMIS is its integration with the Population Health Registry (PHR), a pioneering state-driven strategy to provide every citizen with a Unique Health ID (UHID).

b) Population Health Registry (PHR): The PHR was launched in November 2021 to digitize healthcare services in Tamil Nadu. Through the platform a Unique Health Identification number (UHID) is assigned to each citizen, serving as a key identifier to facilitate data-driven decision-making for healthcare services. PHR offers a comprehensive solution for collecting, storing, analyzing and sharing socio-demographic and

health-related information of each family by digitizing the Family Register.

PHR has been integrated with various IT systems including HMIS, Makkalai Thedi Maruthuvam (MTM), ABDM and Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) portals to consolidate all patient health data under a single unique identifier. Doctors at medical institutions can access patients' previous medical records, enabling them to provide better treatment to the patients. The PHR Patient App envisages patients to access their own medical records, including lab reports.

The PHR enables analysis of comprehensive health data thus guiding policy makers to understand the overall health scenario of the state, assess public health needs and allocate resources efficiently.

3.14 TAMIL NADU ACCIDENT AND EMERGENCY CARE INITIATIVE (TAEI):

The Government of Tamil Nadu having recognized the alarming rise in morbidity and mortality due to emergency medical conditions has implemented the Tamil Nadu Accident and Emergency Care Initiative (TAEI). The scheme has revolutionized the concept of Emergency Medical Care in the State and proved role model to other States by converting the erstwhile casualty into Emergency Department / Centres with state-of-the-art infrastructure, equipment and manpower in 94 centres (38 Medical College Hospitals, 30 District Head Quarters Hospitals and 26 Sub-district hospitals) established across the State in strategic locations along the highways.

TAEI encompasses 6 pillars namely:

1. ST- Elevation Myocardial Infarction (STEMI)
2. Burns
3. Poison, Bites and Stings

4. Paediatric Resuscitation Emergency Management (PREM)
5. Trauma
6. Stroke Care by Rapid Intervention with Plasminogen Activator and Thrombectomy (SCRIPT)
7. 37 lakh patients were treated for major emergencies under TAEI during the year 2023 -24 as given below:

Table 3.25: Performance of TAEI Centres during 2023-24

S. No	Emergency	Number Treated
1	MI	24,421
2	Burns	7,468
3	Bites & Stings	1,03,253
4	PREM	65,516
5	Trauma	6,17,110
6	Stroke	20,960
7	Other Emergencies	28,62,357
Total		37,01,085

i) CATH Lab Performance: Improvement of CATH Labs performance in the State is given below:

Table 3.26: Comparison of CATH Lab Performance between 2018-21 Vs 2021-24

CATH Lab Emergency Procedures within 24 Hours	April 2018- March 2021	April 2021- March 2024	%
	3,046	22,299	632%

As evidenced from the table above, over twenty-two thousand families have benefitted from this high-end procedure preventing them from being pushed into sudden OOPE and resultant poverty.

Two more Cath labs have been recently installed at Kalaingar Centenary Super Speciality Hospital, Guindy and Government Medical College Hospital, Thiruvavarur during the year 2023-24.

ii) Poison Management: With the introduction of innovative and first – its – kind PLEX therapy

for Rodenticide poisoning in January 2022, 1,423 patients have undergone PLEX therapy out of 11,368 victims of Rodenticide poisoning admitted in 17 Medical College Hospitals averting 64.2 % deaths.

Tamil Nadu Government has won International recognition of a Medical journal, The Lancet which has lauded the administrative initiatives of Government of Tamil Nadu under the title 'The "Hub and Spoke" model: a pathway for urgent plasma exchange to treat patients with rodenticide ingestion induced acute liver failure in Tamil Nadu'.

iii) Bites and Sting Management: The Government of Tamil Nadu has prioritized the treatment and prevention methods for Snake, Scorpion, Dog and other animal bites in all Government Hospitals and Primary Health Centre by ensuring availability of anti-snake venom,

Immunoglobulin and ARV (Anti Rabies Vaccine) for dog bites 24x7 in order to move towards zero mortality due to snake bites and other animal bites. 1.03 lakh patients with bites and stings were treated during the year 2023-24.

iv) Burns Management: Government Kilpauk Medical College Hospital has been designated as Apex Training Center for Burns management in the State. The Standard Operating Protocols for Burns Management was released and training provided in 11 batches covering 368 health care personnel including Doctors, Microbiologists, Nurses, Physiotherapists, OT Assistants and Multipurpose Health Workers. A total of 7,468 Burns patients have been treated during the year 2023-24 of whom 6,755 (90%) patients have been saved.

v) Pediatric Resuscitation and Emergency Medicine (PREM): At present the 97 PREM

centers, across the State as part of the TAEI/Emergency department have treated 65,516 pediatric emergencies with a mortality rate of 0.4%. At ICH Egmore, State-of- art-Apex Training Center is functioning where Doctors and Nurses from various secondary care institutions are trained. 310 Doctors, Nurses from across the State have been trained during this year.

The PREM initiative was awarded the SKOCH award for excellence in 2023.

vi) Stroke Management: At present, there are 91 Stroke ready centers established across the State as part of the TAEI/Emergency department and 20,960 stroke patients have been admitted of whom 335 have received thrombolysis.

3.15 QUALITY ASSURANCE CERTIFICATION PROGRAMME:

Tamil Nadu is making great strides in improving the quality of its Government Healthcare facilities. Under Quality Assurance Certification Programme, the major programme being implemented in all Government Health facilities across the State are given below:

- a. National Quality Assurance Standards (NQAS) in all departments
- b. Quality Assurance Standards in Labour Room and Maternity Operation Theatre (LaQshya)
- c. Quality Assurance Standards in Paediatric Care unit and Child Health Services (MusQan)
- d. Kayakalp – Cleanliness standards in Government Health facilities

i) National Quality Assurance Standards

(NQAS): The National Quality Assurance Standards (NQAS) are aligned with international benchmarks set by the World Health Organization (WHO) and accredited by the International Society for Quality in Healthcare (ISQua). Tamil Nadu achieved the most certifications for quality standards of Government health facilities and is ranked second in the country compared to other states according to the June 2023 edition of the Quality Darpan report by the Ministry of Health and Family Welfare (MoHFW). During the FY 2023-24, a significant number of 312 Government Health facilities has achieved National certification. So far, an impressive number of 667 Government Health facilities in Tamil Nadu have achieved NQAS certification.

Table 3.27: Year wise number of NQAS Certified facilities

FY	2018-19	2019-20	2021-22	2022-23	2023-24	Total
No. of facilities	22	47	71	215	312	667

ii) LaQshya: Improving Quality in Labour Room and Maternity Operation Theatre under RMNCHN + A:

LaQshya focuses on improving the quality of care in Labour rooms and Maternity Operation Theatres, aiming to reduce preventable maternal and new-born deaths, the cumulative target being 188 (33 Medical College Hospitals, 35 District Headquarters Hospitals, 58 Sub-District Hospitals and 62 Community Health Centres).

Currently 91 hospitals- 29 Medical College Hospitals, 28 District Headquarters Hospitals, 33 Sub-district Hospitals and 1 Community Health Centre have been Nationally certified for LaQshya.

By prioritizing quality care and implementing targeted initiatives like LaQshya, Tamil Nadu continues to lead the way towards safer and healthier childbirth experiences for women and new-borns.

Table 3.28: Year wise number of LaQshya certified facilities

FY	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	Total
No. of facilities	2	21	6	4	19	39	91

Table 3.29: District wise number of certified facilities under NQAS and LaQshya

S.No.	District	NQAS	LaQshya
1	Salem	47	4
2	Erode	33	3
3	Tiruvannamalai	32	5
4	Pudukkottai	30	2
5	Krishnagiri	29	2

6	Tuticorin	29	2
7	Cuddalore	26	1
8	Virudhunagar	23	6
9	Coimbatore	22	4
10	Madurai	22	5
11	Villupuram	20	2
12	Kanyakumari	19	4
13	Dharmapuri	18	2
14	Karur	18	2
15	Sivagangai	16	2
16	Tiruvallur	16	3
17	Vellore	16	1
18	Kancheepuram	15	1
19	The Nilgiris	15	1
20	Tiruchirapalli	15	5
21	Tirunelveli	15	1
22	Chennai	14	4
23	Kallakurichi	14	0
24	Namakkal	14	3
25	Ramanathapuram	14	2
26	Chengalpet	13	3
27	Tirupattur	13	2
28	Tiruppur	13	3
29	Ranipet	12	2

30	Thanjavur	12	2
31	Theni	12	3
32	Ariyalur	11	1
33	Perambalur	11	1
34	Tiruvarur	10	1
35	Dindugal	9	2
36	Tenkasi	8	2
37	Nagapattinam	7	1
38	Mayiladuthurai	4	1
Total		667	91

iii) MusQan: Improving Quality Paediatric Care unit and Child Health Services: MusQan is a Quality Assurance Certification Programme aimed at ensuring the provision of quality, child-friendly services across all Government Medical College & District Headquarters Hospitals, as well as selected Sub-District Hospitals & Community Health Centres. It focuses on the Paediatric Out-Patient Department, Paediatric Ward, Special Newborn Care Unit (SNCU), Newborn Stabilization Unit (NBSU), and Nutritional Rehabilitation Centres

(NRC).The programme is being implemented with an objective to reduce preventable newborn and child morbidity and mortality. So far, three District Head Quarter Hospitals have been nationally certified under MusQan.

iv) Kayakalp Award Programme (Cleanliness Standards): The Government is committed towards improving cleanliness, uplifting the safety standards, dignity and health of the sanitation workers through Clean Hospital Campaign and Kayakalp Award Programme in Government Health facilities.

The programme aims to improve and promote the cleanliness, hygiene, waste management and infection control practices in all Government District Head Quarters Hospital, Sub-district Hospital, Community Health Centres, PHCs, UPHCs and HSC level Health and Wellness Centre. Steps have been taken to provide staff amenities such as room for taking rest, space for dining, drinking water and toilet facilities for

sanitation workers. During the year 2023-24, 4,758 facilities have been awarded under Kayakalp programme for adhering to cleanliness standards.

Table 3.30: Year wise number of Kayakalp Awarded Facilities

FY	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
No. of Facilities	113	377	564	1,171	1,926	1,767	2,616	4,758

3.16 National Tuberculosis Elimination Programme (NTEP):

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 – Prevent -Build**”.

Table 3.31: Objectives of the NTEP

Objectives	Baseline	Target		
	2015	2020	2023	2025
To reduce TB Incidence rate (per 1 lakh population)	217	142	77	44
To reduce mortality due to TB (per 1 lakh population)	32	15	6	3
To achieve zero catastrophic cost for affected families due to TB	35%	0%	0%	0%

Services under NTEP:

i) DETECTION

Diagnostic Infrastructures available are given below:-

a) Laboratories and Infrastructure

Table 3.32: Details of available infrastructure

Designated Microscopy Centres (DMCs)	1,968
Intermediate Reference Laboratory (IRL)	2 - (Chennai, Madurai)
Culture and Drug Sensitivity (C&DST) Labs	5- (Tiruchirapalli, Coimbatore, Chennai, Madurai and GHTM Tambaram-Chennai)
Cartridge Based Nucleic Acid Amplification Testing (CBNAAT) Labs	127
Number of TrueNat Labs	339
Nodal Drug Resistant TB Centre (NDRTBC)	7
District Drug Resistant TB Centre (DDRTBC)	24

Expansion of Labs and Molecular Diagnostics for TB during 2022- 24:

In the area of TB Diagnostics, the State has empowered the system during 2022–24 through establishment of two culture and drug sensitivity labs at Coimbatore and Tiruchirapalli besides providing 46 CBNAAT

machines at the cost of Rs.11.67 Crores and 192 Truenat machines under Corporate Social Responsibility by Indian Oil Corporation Limited.

Table 3.33: Diagnostic Services - Performance (Smear Microscopy, Molecular diagnostics)

Year	Presumptive TB	Smear Microscopy	NAAT (CBNAAT & Truenat)	Diagnosed TB cases
2021	7.91 lakh	6.53 lakh	1.38 lakh	83,154
2022	15.12 lakh	12.75 lakh	2.37 lakh	93,591
2023	23.24 lakh	20.03 lakh	3.21 lakh	95,858
Jan'24 – April'24	9.16 lakh	8.12 lakh	1.03 lakh	32,230

b) Mobile Diagnostic Unit (MDU Vans)

- To improve the TB case finding in the community, MDU's are operated for the active case finding in all districts

- 48 Mobile X-ray vans which includes 23 vans were launched by Hon'ble Chief Minister of Tamil Nadu on 1st July 2022
- Total number of beneficiaries offered Chest X-ray in 2023 is 3.46 lakhs of which 1,776 was diagnosed with TB.

ii) TREAT Strategy

Under NTEP, through 2 TB State Drug stores, Fixed Drug Combinations (FDC) are provided to all Drug sensitive TB patients for six months. Also in 2023, 3,891 Drug resistance TB patients were identified and started on appropriate treatment regimen (Shorter oral-9 months and longer oral-18 months – Bedaquiline and Delamanid) and the success rate among the treated patient is 85%.

iii) PREVENTION

Tuberculosis Preventive Therapy (TPT):

Under NTEP, all contacts of patients diagnosed

with Tuberculosis are regularly screened for TB and provided 3HP (Isoniazid + Rifapentine) TB preventive therapy (TPT). PLHIV patients are screened for TB and provided Isoniazid preventive therapy (6H).

On 19th May 2023, TB Preventive Therapy was launched by Hon'ble Minister for Health and Family Welfare. Tamil Nadu was the first State in the country to procure 3 HP fixed dose combination tablets. 37,814 patient courses has been procured through TNMSC as per Government of India guidelines.

iv) BUILD

a) Kasa-Noi Erapilla Thittam (TN-KET), the differentiated TB Care Model to prevent TB death: 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.

Table 3.34: TN-KET 2023

Notified Patients Screened in 2023	Severely ill patients	Admitted in the hospital
57,122	6,102	5,923

b) Nikshay Poshan Yojana (NPY): Financial incentive of Rs.500/- per month is given to all notified TB patients through Direct Benefit Transfer (DBT) under Nikshay Poshan Yojana Scheme to improve Nutritional status of TB patient. In 2023, 73,253 TB patients were provided incentives.

c) NIKSHAY MITRA: This initiative provides additional support to TB patients undergoing treatment, offering diagnostic, nutritional, and vocational assistance in selected health facilities, blocks, urban wards, districts, and states. It encourages elected representatives, corporates, and NGOs to contribute, aiding patients on their

path to recovery. 15,461 TB patients have benefitted through this initiative. Nikshay Mitras were honoured with appreciation certificate by Hon'ble Chief Minister of Tamil Nadu on 1st July 2022.

v) Awards

Sub National Certification: Government of India under Sub National Certification of States/Districts awards those States and Districts that have reduced the burden of TB disease as compared to the 2015 Incidence estimates.

Table 3.35: Year wise District Awards

Year	Tb Free Status	Gold Category	Silver Category	Bronze Category
2020-21	-	-	-	Tiruvannamalai
2021-22	-	-	The Nilgiris	Kanniyakumari, Namkkal, Karur, Sivagangai, Nagapattinam, Villupuram

2022-23	The Nilgiris	Tiruchirapalli Tiruvarur	Thoothukudi, Madurai, Tiruvannamalai, Kanniyakumari & Karur	Krishnagiri
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PERFORMANCE AWARD

- Tamil Nadu was awarded by the Central TB division, in scoring 3rd highest disbursement of incentives to private providers in 2023
- Tamil Nadu was awarded by Joint Efforts for Elimination of Tuberculosis (JEET) Global, NGO for overall consistent performance for the sustained efforts in spreading health awareness in communities in 2023.

3.17 TAMIL NADU STATE BLINDNESS CONTROL SOCIETY (TNSBCS)

Tamil Nadu State Blindness Control Society and the 38 District Blindness Control Societies (DBCS) 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 in our State towards achieving the goals of VISION 2025; prevalence of blindness below 0.25% by the year 2025. The Mission Director, National Health Mission Tamil Nadu and the District Collector/Chairman DBCS is the Head of the programme at the State and District level respectively. 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.

Table 3.36: Prevalence of blindness in Tamil Nadu and India, as per the recent RAAB survey by AIIMS in 2019 and TN RAAB DR Survey

Parameter	Tamil Nadu	India
Prevalence of blindness in all ages	0.33%	0.38%
Prevalence of blindness in persons above 50 years of age	1.38%	1.99%
Prevalence of Diabetic Retinopathy among Diabetic patients	10.3%	11.8%

In Tamil Nadu, every year on an average 7 lakh Cataract Surgeries are done and 9,000 eye balls are collected as eye donation.

The major interventions in order to eliminate avoidable blindness are:

1. Screen all new born babies for congenital anomalies including congenital cataract, vitamin A deficiency, etc.

2. Tele ROP screening to identify and treat Retinopathy of Prematurity in all pre-term, low birth weight babies.
3. Provide free spectacle to all children to correct refractive errors, treat Amblyopia, Squint, Ptosis etc.
4. To screen all old people for cataract, Diabetic Retinopathy, Glaucoma, Corneal opacity, and provide necessary surgery or laser treatment.
5. Strengthening of Government eye hospitals by providing equipment, eye OT, Mobile units and training for Ophthalmologists.
6. Create Cataract Blindness Backlog Free Blocks/Districts.

In Tamil Nadu, 1 Regional Institute of Ophthalmology, 36 Medical College Hospitals, 38 District Head Quarters Hospitals, 26 Sub - district Hospitals, 38 Tele V Care Centres, 28 Eye Banks and 11 new Mobile Ophthalmic Units along with

92 NGO eye hospitals provide all eye care services across the State. Increasing the Tele V Care centres and Mobile ophthalmic units is necessary to improve the quality and outcome of outreach camps. Based on the district wise data estimated out of "Tamil Nadu Rapid Assessment of avoidable Blindness Diabetic Retinopathy Survey 2022", necessary District specific action plan is implemented to achieve 0.25% prevalence of blindness.

The common causes of blindness in our State are:

- | | | |
|-------------------------|---|------|
| 1. Cataract | - | 82 % |
| 2. Glaucoma | - | 6 % |
| 3. Diabetic Retinopathy | - | 6 % |
| 4. Others | - | 6 % |

i) Cataract Surgeries: Cataract surgeries are performed cashless for patients at 92 Government Hospitals and in camps at 93 NGO eye Hospitals in our State. Financial assistance is provided under National Health Mission, Tamil Nadu to NGO

eye hospitals at the rate of Rs.2,000 per surgery and to Government Hospitals at the rate of Rs.1,000 per surgery. Every year Rs.50 crore is spent for this activity.

Table 3.37: Cataract Surgery performance under NHM-TN

Cataract surgeries done	2021-22	2022-23	2023-24
Government Hospitals	45,641	86,787	99,650
NGO eye Hospitals	1.07 lakh	1.95 lakh	1.98 lakh

The number of cataract surgeries for every 10 lakh population done every year in our state is about 7,300 which more than the national average of 5,000.

ii) Eye Ball Collection: Tamil Nadu alone contributes to 25% of the total number of eye balls collected in our country. Grant in aid of Rs.1,000 per eye ball collected is provided by National Health Mission Tamil Nadu to eye banks.

This year new eye banks are established at Government Hospital Tambaram and Sriperumbudur.

Table 3.38: Eye ball collection performance

Eye balls collected	2021-22	2022-23	2023-24
Eye banks under DBCS	5,542	8,274	9,400

iii) Tele-Ophthalmology Network: The Tele-ophthalmology network connecting the Tele V Care centres help to operationalize the vision centres. The portable fundus cameras, indirect ophthalmoscopes at all Government hospitals help in Diabetic Retinopathy and Retinopathy of Prematurity (RoP) screening in all districts.

iv) Strengthening Of Government Eye Hospitals: Necessary ophthalmic equipment are provided to Taluk hospitals Tiruthani, Mannargudi and Non Taluk hospitals Sirkali, Paramakudi,

Pattukottai, Palacode, Attur, Rajapalayam for Rs.2.4 Crore. 6 new Tele V Care centers are established the rate of one per newly formed district during 2023 - 24. Three new Mobile Ophthalmic units are established at Madurai, Kanniyakumari and The Nilgiris. Four new eye OT are formed at Melur, Sivakasi, Vaitheeswarankoil and Gudalur. Advanced ophthalmic equipment was provided to Regional Institute of ophthalmology and other medical colleges under JICA project.

3.18 NATIONAL LEPROSY ERADICATION PROGRAMME

Leprosy is one of the reasons for permanent physical disability. Early diagnosis and treatment before nerve damage is the most effective way of preventing disability due to leprosy.

National Leprosy Control Programme (NLCP) was started in 1955. The programme strategies and

plans are formulated centrally and implemented by the State Government. After induction of Multi Drug Therapy (MDT) the programme was renamed as National Leprosy Eradication Programme (NLEP) in 1983.

Aim:

- To achieve interruption of disease transmission and zero new leprosy cases.
- To achieve Grade 2 Deformity Cases in the community less than 1 per million population.
- Zero Child Deformity Cases.
- Zero Stigma and discrimination.

Table 3.39: Performance under NLEP

State Profile	2022-23	2023-24
Screened Population	74.87 lakh	76.06 lakh
New Case detected	3,090	3,093
New Child Cases detected	364	179

New Grade II Deformity cases	105	73
Prevalence Rate / 10000 Pop. (*Achieved the target of PR <1/10,000 pop.)	0.30	*0.30
Deformity Rate / million pop. (*Target of < 1 / million pop. is achieved)	1.35	*0.93

Special Activities for High Priority Districts.

- Leprosy Case Detection Campaign (LCDC) was carried out in 21 districts during 2023-24 and 320 new cases were detected. 1 new Grade 2 Deformity case was also reported during this activity.
- Sparsh Leprosy Awareness Campaign (SLAC) is being conducted since 2017 every year from 30th January to 13th February. During this year Sparsh Leprosy Awareness Campaign (SLAC) was conducted in all

PHCs. Totally 138 new Leprosy cases were detected by various modes of case detection activities and all newly detected cases were put on Multi Drug Therapy (MDT).

- Post Exposure Prophylaxis (PEP)- A Single Dose Rifampicin (SDR) is given to all contacts (Family, Neighborhood and social contacts) of newly detected Leprosy Patients – 42,045 contacts were administered SDR during 2023-24.

Disability Prevention and Medical Rehabilitation (DPMR): All the treated cases are followed to prevent development of deformity in future and to provide rehabilitative services according to their needs.

Table 3.40: Services provided to Leprosy patients

Sl. No.	Particulars of Services	2022-23	2023-24
1	Total No. of Self - care kits distributed	17,782	21,955
2	Total No. of MCR foot wear given	11,315	11,647
3	Total No. of Reconstructive Surgeries performed	93	148
4	No. of patients treated for Lepra Reaction and Neuritis	520	507
5	No. of persons receiving Rs.2,000/- per month under Disability maintenance grant from Differently Abled Welfare Dept.	9,764	11,195

Chapter - 4

MEDICAL EDUCATION AND RESEARCH

4.1 INTRODUCTION

i) Creation of the Directorate: The Directorate of Medical Education was created as an independent Directorate on June, 1st of 1966 based on the recommendations of the 'High Power Committee on Economy and Administrative Reorganization', which was a historical milestone in the success story of the health system of the state of Tamil Nadu. This strategy paved way for many remarkable reforms and developments in medical education, thus surpassing various national health indicators like the population to bed ratio, establishing critical care and tertiary care beds in rural districts, inclusive growth of broad and super specialty services, safe maternal and child health care, family planning, infectious

disease control and surveillance and more importantly, achieving a high health-care professional to population ratio.

ii) Upgradation of the Directorate: In the past year, this Government has made a significant decision to rename the “Directorate of Medical Education” as “Directorate of Medical Education and Research” to indicate a paradigm shift in our focus from producing the required numbers of health-care professional - doctors, nurses and paramedics, to a new era of internationally visible medical system grounded on evidence based clinical services backed by research activities.

4.2 ABOUT THE DIRECTORATE

i) Largest Medical Education System in the Country: Tamil Nadu has the largest medical education system in the country with an annual admission capacity of 11,500 MBBS seats (5,050

seats in Government Medical Colleges), 4,453 Postgraduate (MD/MS/Diploma) seats, (2,292 seats in Government Medical Colleges), 676 Super-speciality post graduate (DM/MCh) seats (412 seats in Government Medical Colleges), 3,100 BDS seats (250 seats in Government Dental Colleges), 378 post graduate dental (MDS) seats (60 seats in Government Medical Colleges).

Similarly, there are 7,075 seats in Diploma in General Nursing and Midwifery (2,080 seats in Government Nursing Schools), 176 Post Basic Diploma in Nursing seats (176 seats in Government Nursing Colleges), 16,990 BSc Nursing seats (350 seats in Government Nursing Colleges), 1,715 Post Basic BSc Nursing seats (90 seats in Government Nursing Colleges) and 1,795 MSc Nursing seats (101 seats in Government Nursing Colleges), Additionally, there are 7,420 D.Pharm seats (240 seats in Government

Pharmacy Colleges), 9,330 B.Pharm seats (120 seats in Government Pharmacy Colleges), and 1,435 M.Pharm seats (85 seats in Government Pharmacy Colleges) and 13,153 seats in allied health professional seats (8,123 seats in Government Medical Colleges).

ii) Largest Government Tertiary Care Medical

System: Tamil Nadu also has the largest Government tertiary health care system in the country, with 36 medical college hospitals, 28 tertiary care specialty and multispecialty hospitals with a total bed strength of 65,046. These hospitals daily cater to an average of 1.09 lakhs outpatients and 8,648 hospital admissions per day.

iii) Robust Research Network: This Directorate has developed a strong network of 8 Multidisciplinary Research Units, 9 Virology Research and Diagnostic Laboratories and 1 model

rural health research unit in the state, which are state of the art high technology research units. This has enabled us to support 3,999 ongoing faculty research projects, and 69 undergraduate studies. The Government Medical Colleges have received Rs.18.6 Crore as research grants during the year 2023-24. The Medical Colleges had 497 publications in indexed journals in the last academic year.

iv) Administrative Structure of the Directorate: The Directorate is headed by the Director of Medical Education and Research, assisted by a team comprising of 2 Additional Directors in the rank of Dean, 1 Additional Director in the rank of District Revenue Officer, 2 Joint Directors for Nursing and Pharmacy, 9 Deputy Directors, 1 Academic Officer, 1 Finance Officer and 274 other staff in various categories.

v) Administrative Structure of the Institutions: The 36 Medical Colleges and attached Hospitals are administered by the Deans assisted by the Medical Superintendents for the Hospitals and Vice Principals for the Colleges. The Institutes are headed by the Directors and stand-alone hospitals are headed by the Superintendents.

Table 4.1: Human Resources in Institutions

No	Designation	No of Posts
1	Deans (36 MC + KCSSH*)	37
2	Directors of Institutes including Director KCSSH	48
3	Project Director	1
4	Principals (Dental)	3
5	Joint Director King Institute	1
6	Vice Principal	36
7	Medical Superintendents	36
8	Professors	1,271

9	Principal (6 Nursing & 2 Pharmacy)	8
10	Deputy Directors (King Institute)	10
11	Associate Professors	1,565
12	Assistant Professors	3,873
13	Resident Medical Officer	51
14	Other Medical Officers	4,253
15	Nursing Staff	13,594
16	Paramedical Staff	8,658
17	Ministerial Staff	4,355
18	Basic Servants	17,136
19	Other Categories	2,293
Total		57,227

* **KCSSH** - Kalaingar Centenary Super Speciality Hospital

Table 4.2: Speciality wise sanctioned cadre strength

No.	Department Name	Total
1	Anaesthesia	845
2	Anatomy	251
3	Bio-Chemistry	294
4	Blood Transfusion	97

5	Cardio Thoracic Surgery	87
6	Cardiology	146
7	Community Medicine	425
8	Dental Surgery	310
9	Dermato, Venereo & Leprosy	225
10	Diabetology	33
11	Emergency Medicine	144
12	Endocrine Surgery	6
13	Oto Rhino and Laryngology	224
14	Forensic Medicine	234
15	General Medicine	846
16	General Surgery	834
17	Geriatric Medicine	61
18	Haematology	5
19	Hepatology	10
20	Interventional Radiology	4
21	Medical Endocrinology	5
22	Medical Gastroenterology	68
23	Medical Oncology	46
24	Microbiology	327
25	Neonatology	22
26	Nephrology	85
27	Neuro Surgery	135

28	Neurology	118
29	Obstetrics & Gynecology	912
30	Ophthalmology	241
31	Ortho	464
32	Paediatric Medicine	660
33	Paediatric Surgery	67
34	Pathology	498
35	Pharmacology	229
36	Physical Medicine	47
37	Physiology	247
38	Plastic Surgery	96
39	Psychiatric Medicine	229
40	Radio Diagnosis	329
41	Radiotherapy	104
42	Regenerative Medicine	5
43	Rheumatology	19
44	Surgical Gastroenterology	71
45	Surgical Oncology	47
46	TB and Respiratory Diseases	182
47	Urology	103
48	Vascular Surgery	50
49	Others	711
Grand Total		11,210

4.3 MEDICAL EDUCATION

i) Leading Medical Education System in the

Country: The Directorate of Medical Education and Research is the largest Government Medical Education system in the country with 36 Medical Colleges established by the Government of Tamil Nadu. A comparison among 8 front running states proves the strength of our policy.

Table 4.3: MBBS Seats in Government sector in 8 states

No.	Name of the State	No of Government Medical Colleges	No of MBBS Seats
1.	Tamil Nadu	36	5,050
2.	Maharashtra	30	4,850
3.	Gujarat	22	4,200
4.	Rajasthan	25	3,830
5.	Telangana	27	3,790
6.	Karnataka	22	3,450
7.	Andhra Pradesh	17	3,110
8	Kerala	12	1,755

(Source: <https://www.nmc.org.in/information-desk/college-and-course-search>)

ii) Of these 36 Medical colleges, 4 colleges admit 250 students each, 1 college admits 200 students, 15 colleges admit 150 students each and 16 colleges admit 100 students each per year. (Total of 5,050 seats). In the private sector, there are 21 self-financing private medical colleges offering 3,400 seats, 3 State private universities offering 450 seats and 11 Deemed to be Universities offering 2,450 seats, making a total of 6,450 seats. The Government Medical Colleges offer 2,273 MD/MS seats in 25 specialties across 24 institutions and 412 DM/MCh seats in 25 specialties across 13 institutions.

iii) The World Health Organization (WHO) recommends a doctor-population ratio of at least 10 doctor per 10,000 people. The doctor-population ratio for 10,000 people in certain nations are as follows: Australia (41.2), Brazil (21.6), China (19.8), Canada (26.1), France (32.7), Japan (24.1), India (8.6), Spain (45.7),

Switzerland (43.0), UK (31.71), USA (26.1). The doctor-population ratio for 10,000 people in some states in India shows that Tamil Nadu is one of the best in the country proving the Government policy that we need to be the best in terms of health services in the country with internationally comparable standards.

Table 4.4: Doctor Population ratio in 8 states

No	Name of States	Doctors Density per 10,000 people
1	Kerala	20.37
2	Andhra Pradesh	19.88
3	Karnataka	19.46
4	Tamil Nadu	19.27
5	Maharashtra	14.88
6	Gujarat	10.08
7	Rajasthan	5.93
8	Uttar Pradesh	3.74

(Source: WHO, GHO (2023-01-12). "Medical doctors (per 10,000 population)". World Health Organization. Retrieved 2023-10-11.)

Table 4.5: Government Medical Colleges in Tamil Nadu

1. *Year of Commencement of the Medical College*
2. *No of MBBS Seats*
3. *No of Broad Specialty Courses (MD/MS) Seats*
4. *No of Super Specialty Courses (DM/MCh) Seats*

(The numbers given in the table below are subject to the approvals / renewals of the National Medical Commission and can vary from year to year)

No	Medical College	1	2	3	4
1	Madras Medical College, Chennai	1835	250	479	133
2	Stanley Medical College, Chennai	1938	250	216	54
3	Government Medical College, Madurai	1954	250	214	47
4	Government Medical College, Thanjavur	1959	150	120	20
5	Kilpauk Medical College, Chennai	1960	150	144	46
6	Government Medical College, Tirunelveli	1965	250	144	30
7	Government Medical College, Chengalpattu	1965	100	94	22
8	Government Medical College, Coimbatore	1966	200	121	24
9	Government Medical College, Cuddalore	1985	150	114	-

10	Government Mohan Kumaramangalam Medical College, Salem	1986	100	95	20
11	Government. Medical College Erode, Perundurai.	1992	100	9	-
12	KAP Viswanathan Government. Medical College, Trichy	1998	150	104	6
13	Government. Thoothukudi Medical College,	2000	150	52	3
14	Government Medical College, Kanyakumari Asaripallam	2004	150	48	5
15	Government Medical College, Vellore	2005	100	50	2
16	Government Medical College, Theni	2006	100	46	-
17	Government Medical College, Dharmapuri	2008	100	44	-
18	Government Medical College, Villupuram	2010	100	48	-
19	Government Medical College, Thiruvarur	2010	100	34	-
20	Government Medical College, Sivagangai	2012	100	26	-
21	Government Medical College, Thiruvannamalai	2013	100	30	-
22	Government Medical College, Omandurar Government Estate, Chennai	2015	100	31	-
23	Government. ESIC Medical	2016	100	5	-

	College, Coimbatore				
24	Government Medical College, Pudukkottai	2017	150	-	-
25	Government. Medical College, Karur	2019	150	-	-
26	Government Medical College,Ramanathapuram	2021	100	-	-
27	Government Medical College, Tiruppur	2021	100	-	-
28	Government Medical College, Thiruvallur	2021	100	-	-
29	Government Medical College, Namakkal	2021	100	-	-
30	Government Medical College, Virudhunagar	2021	150	-	-
31	Government Medical College, The Nilgiris	2021	150	-	-
32	Government Medical College, Kallakurichi	2021	150	-	-
33	Government Medical College, Dindigul	2021	150	-	-
34	Government Medical College, Nagapattinam	2021	150	-	-
35	Government Medical College, Ariyalur	2021	150	-	-
36	Government Medical College, Krishnagiri	2021	150	-	-
Total			5,050	2,273	412

iv) Policy to rescind National Eligibility cum Entrance test (NEET): The Government of Tamil Nadu is consistently opposing NEET for admission to all Medical Courses. Considering the plight of the poor students in the state of Tamil Nadu, in getting admission to Medical seats, the Hon'ble Chief Minister had 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 committee undertook a detailed study and submitted its recommendations on 14.07.2021. 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 the 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 of India. The Hon'ble Governor had 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. The Hon'ble Governor of Tamil Nadu had then reserved the same for the assent of Hon'ble President of India, which was sent to the Ministry of Home Affairs, and then to the Ministry of Health and Family Welfare, Ministry of AYUSH and Ministry of Higher Education of the Government of India. Necessary clarifications were furnished to the Ministry of Home Affairs, Government of India by these ministries. Presently, the Bill is pending with the Government of India for the assent of Hon'ble President of India.

v) Reservation of Postgraduate (MD/MS) Seats for In-Service Candidates: For Post Graduate MD/MS/Diploma Courses, as per the Ministry of Health, GOI, of the total seats available, 50% are being allocated to the All-India Quota and the remaining 50% of seats allocated to the state Government quota. Of these seats allocated to the state, 50% are being allocated exclusively to in-service candidates serving in Government of Tamil Nadu Health Institutions. The remaining 50% of State quota seats are open for allotment for both service and non-service candidates.

vi) Reservation of Super Specialty Postgraduate (DM/MCh) Seats for In-Service Candidates Regarding super speciality medical seats, 50% of the total available seats for the course in Government Medical Colleges are being allocated to in-service candidates of the state of Tamil Nadu and the remaining 50% seats

allocated to the Medical Counselling Committee of the Government of India. The 50% of the seats apportioned for in-service candidates are being filled up based on the marks obtained in the NEET-SS examination.

vii) Preferential Reservation for Students from Government Schools: Students who studied in Government Schools and have qualified in the NEET-UG examination were awarded a 7.5% preferential reservation as per the recommendations of the commission constituted under the chairmanship of Hon'ble Justice P. Kalaiyarasan (Retired). During the year 2023-2024, 489 MBBS seats and 136 BDS seats were allotted to the Government school students.

viii) Financial Assistance to Students admitted under 7.5% Quota: Considering the poor economic status of the students admitted under the 7.5% quota, the students were

provided with fees, books, and hostel expenses under the health budget. During the last 3 years, 700 boys and 1,492 girls (Total 2,192 students) have benefitted by the policy of this Government.

Table 4.6: 7.5% Government School Quota Beneficiaries

No	Budget Year	No of Students Admitted			Budgetary Financial Assistance
		Boys	Girls	Total	
1	2021-22	117	316	433	16.03 cr.
2	2022-23	161	393	554	33.96 cr.
3	2023-24	191	389	580	54.16 cr.
4	2024-25	231	394	625	70.00 cr.
Total		700	1,492	2,192	174.15 Cr

The Government is consistently providing financial support for these students. The budgetary allocation has increased by 111.85% (2021-22 to 2022-23), 59.48% (2022-23 to 2023-24) and 29.24% (2023-24 to 2024-25) and this financial assistance will be continued in the coming years.

ix) Establishing New Medical Colleges: In consonance with the dream of Muthamizh Arignar Kalaignar, and the policy directives of the Hon'ble Chief Minister of Tamil Nadu, it is our avowed policy to have one Government Medical College and attached tertiary care hospital with all modern facilities and specialties in each district of this state. The Government will take steps to start new Medical Colleges in the remaining six districts. This will add 900 new seats to our existing 5,050 MBBS seats.

x) Rationalizing Postgraduate Seats in the State: The Directorate is preparing a major policy for rationalizing the number of seats in each discipline of MD/MS to create an inclusive and equitable distribution of postgraduate seats in all districts and regions of the state, which will become a unique model for the entire country. The PG seats will increase in the coming years.

Table 4.7: MD/MS Seats in 8 States

No	Name of State	No of Government Institutes offering MD/MS Courses	No of MD/MS Seats
1	Maharashtra	33	3,258
2	Tamil Nadu	24	2,273
3	Gujarat	13	2,043
4	Rajasthan	15	2,007
5	Andhra Pradesh	14	1,725
6	Karnataka	27	1,654
7	Telangana	11	1,320
8	Kerala	11	893

xi) Reforms to Improve Quality in Medical

Education: In order to improve the quality of medical education in the State, the Government as established working group of experts. They have suggested a 32-point strategy. The Policy Framework envisions uniform, high quality training for all students in the Government Medical Colleges in the state to provide an international acceptance for all our students. A

digital framework for learning management is being developed this year for the benefit of the Government Medical College students and faculty. The Government Medical Colleges have implemented the Competency Based Medical Education and standards and protocols are being developed to improve the implementation.

xii) Modernization of Learning in Medical Colleges: The Government as a part of its policy of providing high standards of learning and improving the quality of education, has proposed modernization of classrooms in old medical colleges, and establishing skills labs in all medical colleges shall be achieved in phases.

xiii) Compulsory Rotating Medical Internship for Foreign Medical Graduates: The students who were undergoing medical undergraduate courses in various countries including Ukraine were destabilized due to COVID-19 and the war in

the region. These students were provided with curricular support for completion of the course. The Government in its effort to support these students had provided CRMI positions in 29 medical colleges in the state. During the calendar year 2023, 684 students were provided with CRMI positions.

xiv) District Residency Program: The District Residency Program as a part of the Postgraduate curriculum was standardized and implemented in all Medical colleges in the State including Government and Private. In the coming year, all the secondary care hospitals with the necessary beds will be covered under this program and there will be more medical manpower in all district and taluk hospitals to provide better patient care. During the current year 2023-24, 2,230 students in the Government Medical Colleges and 1,562 students in the private medical colleges have

received postings in 143 district and sub District hospitals in 38 districts of the State.

xv) Family Adoption and Community

Mentoring Program: The Government will be launching an improved format of the family adoption program for undergraduate medical students, wherein the students will be helping families which the medical colleges will adopt in the community as a part of the training program and will mentor these families on improving the health and wellbeing and advise them in times of medical emergencies. These are part of our policy to reach out to everyone in the state and keep them safe and healthy.

xvi) “MaNaM” (Mananala Nallaadharavu

Mandram): The Government of Tamil Nadu has come up with a unique initiative of creating “Mind Health Support Forum” named as “MaNaM” in all Government Medical, Dental, Nursing and

Paramedical Colleges in the State. This program ensures psychological support to students through regular consistent awareness generation and training on mental health. The students shall be empowered to identify cues and symptoms related to psychological problems and offer immediate support to their peers. The Government aspires to have healthy and mentally strong health-care professionals including doctors and nurses.

4.4 DENTAL EDUCATION

i) The Tamil Nadu Government Dental College and Hospital, Chennai was started in the year 1953 and is the third oldest dental college in India and the first in South India.

ii) The state offers 3,100 BDS seats of which 250 seats are in 3 Government Dental Colleges and 1,850 seats are in 20 self-financing private dental

colleges and 1,000 seats in 9 Deemed to be University dental colleges.

iii) There also a total of 378 postgraduate seats in Dental sciences of which 60 MDS seats are offered in 2 Government Dental Colleges and 318 seats in 17 private colleges.

Table 4.8: Seats in Government Dental Colleges

No	Dental College	BDS seats	MDS seats
1	Tamil Nadu Government Dental College & Hospital	100	40
2	Government Dental College, Pudukkottai	50	0
3	Government Dental College, Cuddalore	100	20
Total		250	60

iv) Government School Students in 7.5% Quota: The Dental colleges in the state have admitted a total of 42 students under the 7.5% quota.

Table 4.9: 7.5% Quota Seats in Government Dental Colleges

Year	Boys	Girls	Total
2021-22	2	12	14
2022-23	7	5	12
2023-24	7	9	16
Total	16	26	42

v) Government Dental College, Pudukkottai was inaugurated by the Hon'ble Chief Minister of Tamil Nadu on 15th November 2023 and has commenced services with an annual admission of 50 BDS students. As the hospital is providing tertiary dental care to the population in the surrounding districts, the monthly hospital beneficiaries has increased from 740 to 4,058.

vi) Increase of BDS seats: The state has 3,100 BDS seats currently in Government, self-financing and deemed universities institutions and hence in alignment to the policy of the Dental Council of

India, no new dental colleges are proposed in the state. The optimal Dentist to Population ratio recommended by the WHO is 1:7, 500 and the same for the state of Tamil Nadu is 1:2, 635 (2023).

vii) Equipment: The Government has sanctioned the establishment of a state-of-the-art ceramic lab and cast chrome cobalt lab at Tamil Nadu Government Dental College Hospital and Government Dental College Pudukkottai and 4 Specialty Dental Centres in Madurai, Salem, Coimbatore and Tirunelveli Medical College Hospitals (Rs.4.49crore) for quality service on par with the private sector. An amount of Rs. 23 lakhs have been sanctioned to Tamil Nadu Government Dental College for procurement of new panoramic and cephalometric radiograph machine. The Government Dental College, Pudukkottai has been sanctioned Rs.5.08 crore for procurement of dental chairs and other equipment. It is the

consistent policy of this Government to provide for high end treatment to the populations nearer to home. As a part of this policy the Government shall be establishing Specialty Dental Centres in all Government Medical College Hospitals in a phased manner.

viii) Improvement in Dental Education

Institutions: The Government has sanctioned the construction of Additional floors in TN Government Dental College and Hospital, Chennai at a cost of Rs.62.43 Crore with 4 floors above the existing building with additional Rs.4.55 Crore for purchase of equipment. This will improve the dental hospital services and number of patients benefitted by the hospital. Also the Government has sanctioned Rs 64.90 Crore for construction of 13 floored Ladies hostel building at TNGDC&H and additional Rs.2 Crore for purchase of dental chairs and equipment for Cuddalore Dental College.

ix) Performance of Dental College Hospital:

The Tamil Nadu Government Dental College and Hospital serves as a Center of Excellence in Dentistry. The OP census has substantially increased since 2021 with a daily average of 1,400 outpatients.

Table 4.10: Department wise yearly OP Performance of TNGDC&H

No	Department	2021	2022	2023
1	Prosthodontics Crown & Bridge	24,717	37,479	39,392
2	Periodontology	18,302	28,298	29,975
3	Oral & Maxillofacial Surgery	52,503	49,659	48,955
4	Conservative Dentistry & Endodontics	45,867	72,438	79,410
5	Orthodontics & Dentofacial Orthopedics	16,283	21,542	22,526
6	Oral Pathology	7,752	18,061	20,419
7	Public Health Dentistry	1,524	45,290	51,608

8	Pedodontic and Preventive Dentistry	11,845	16,525	20,509
9	Oral Medicine and Radiology	1,23,282	1,52,460	1,53,494
OP Census		3,02,075	4,41,752	4,65,402

The Out-patient census has increased by 54.36% during 2023 in comparison to 2021, which is a direct reflection of the policy of the Government in improving facilities of the hospital.

4.5 NURSING EDUCATION

The State has 350 BSc Nursing seats in 6 Government Nursing Colleges and 15,290 seats in 238 private institutions. The Board of Nursing and Nursing Education offers a total of 2,080 Diploma in General Nursing and Midwifery through the 25 Schools of Nursing in 23 Medical Colleges and 2 Government Head Quarters Hospitals at Kanchipuram and Cuddalore. The institutions also

provide MSc and Post Basic Courses in 5 specialties.

Table 4.11: Nursing Courses in Tamil Nadu

No	Nursing Courses	No of Seats
1	Diploma in General Nursing & Midwifery	2,080
2	M.Sc (Nursing)	101
3	B.Sc (Nursing)	350
4	Post Basic B.Sc (Nursing)	90
5	Post Basic Diploma Critical Care Nursing	100
6	PB Dip. Neonatal Nursing	40
7	PB Dip. Nurse Educator	6
8	PB Dip. Practitioner in Midwifery	30
9	PB Dip. Mental Health Nursing	10
Total		2,807

i) New Courses started during 2023-24: Post Basic Diploma in Neonatal Nursing (40 seats) in College of Nursing, Madras Medical College, Chennai and College of Nursing, Chengalpattu

Medical College, Chengalpattu were started with an annual intake of 20 seats each. Post Basic Diploma in Critical Care Nursing (100 seats) in Government Colleges of Nursing at Madras Medical College, Chennai, Chengalpattu Medical College, Madurai Medical College, Theni Medical College, and Government Mohan Kumaramangalam Medical College, Salem with an annual intake of 20 seats each, Nurse Educator Course (6 seats) and Nurse Practitioner in Midwifery Course (30 seats) at the National Midwifery Training Institute (NMTI) in the College of Nursing, Madras Medical College, Chennai.

ii) Policy on Nursing Education:

a) Establishing New Nursing Colleges: Tamil Nadu has registered nurses and mid-wives density of 48.1 per 10,000 population, which is the 2nd highest among states after Kerala (89.9) (Source: Ministry of Health and Family Welfare, Government of India - July 2, 2019).

The Government aims at establishing nursing colleges in the new medical colleges in phases.

b) Increase of Nursing Seats: This Government aims to increase the number of graduate (B.Sc) nursing seats in existing Government Nursing Colleges.

c) Reforms in Nursing Education: As a part of the Government's efforts to improve the quality of education in Government nursing schools and colleges, the Directorate has established a working group of experts who are working on strategies. A policy framework that envisions uniform, high quality training for all nursing students in the Government nursing schools and colleges in the state will be put in place during this year.

4.6. PHARMACY EDUCATION

The State has 9,610 B.Pharm seats in 109 Pharmacy Colleges of which 2 are Government

institutions and 107 are private institutions. The Board of Pharmacy offers a total of 240 Diploma in Pharmacy seats through 3 Colleges of Pharmacy attached to 3 Medical Colleges. Two of these colleges of pharmacy also offer 85 M.Pharm seats per year.

Table 4.12: Pharmacy Courses in Tamil Nadu

No	Name of College of Pharmacy	Course & Total Seats		
		D.Pharm	B.Pharm	M.Pharm
1	College of Pharmacy, Madras Medical College, Chennai	0	60	40
2	College of Pharmacy, Madurai Medical College, Madurai	120	60	45
3	Coimbatore Medical College, Coimbatore	60	0	0
4	Thanjavur Medical College, Thanjavur	60	0	0
Total		240	120	85

4.7 ALLIED HEALTH SCIENCES EDUCATION

Allied Health Care Professionals form the backbone of the health care system and provide quality health care to the poor and marginalized sections of society who come to the Government Hospitals for treatment. The Paramedical health care students render service in various diagnostic and therapeutic health care areas of like, Physiotherapy, Operation Theatre, Lab test, Radiography, Cardiology, Dialysis, Critical Care, Respiratory Therapy, Audiology etc., These professionals assist the treatment of patients who are critically ill or those who need rehabilitative services like physiotherapy and home-based care. The Government will be preparing a policy document on equitable and inclusive distribution of seats and increasing the number of specialties in the Allied Health Science courses in consonance with the present-day requirements.

Table 4.13: Allied Health Science Bachelors Courses

No	Name of the Bachelor's Course	Seats
1	Bachelor of Physiotherapy (BPT)	80
2	Bachelor of Occupational Therapy	30
3	B.Sc Medical Laboratory Technology	240
4	B.Sc Radiography and Imaging Technology	310
5	B.Sc Physician Assistant	241
6	B.Sc. OT & Anaesthesia Technology	320
7	B.Sc Accident and Emergency Care Technology	230
8	B.Sc Cardiac Technology	172
9	B.Sc Dialysis Technology	205
10	B.Sc Optometry	125
11	B.Sc Critical Care Technology	135
12	B.Sc Respiratory Technology	158
13	B.Sc Cardiopulmonary Perfusion Care Technology	45
14	B.Sc Clinical Nutrition	20
15	B.Sc Neuro Electro Physiology	20
16	B.Sc Radiotherapy Technology	55
17	Bachelor of Audiology and Speech Language Pathology	25
Total		2,411

The State currently has 9,930 seats in 26 Diploma and Certificate Courses and 9,025 seats in the Government Medical Colleges and 905 seats in Diploma Course available at the 49 private institutions.

Table 4.14: Allied Health Science Diploma Courses

No	Name of the Course	Seats
1	Diploma in Medical Lab Technology	2,300
2	Diploma in Radiodiagnosis Technology	305
3	Diploma in Radiotherapy Technology	40
4	Dental Mechanic (Male)	16
5	Dental Hygienist (Female)	16
6	Diploma in optometry	165
7	Diploma in Ophthalmic Nursing Assistant	20
8	Diploma in Medical Record Science	45
Total		2,907

Table 4.15: Allied Health Science Certificate Courses

No	Name of the Course	Seats
1	Cardiac Sonography Technician	175
2	ECG/Treadmill Technician	520
3	Pump Technician	47
4	Cardiac Catheterization Lab Technician	95
5	Emergency Care Technician	465
6	Respiratory Therapy Technician	320
7	Dialysis Technician	387
8	Anesthesia Technician	783
9	Theatre Technician	780
10	Orthopedic Technician (All Male)	662
11	Audiometry	92
12	Hearing Language and Speech	70
13	Clinical, Therapeutic, Nutrition & Food Service Management	100
14	Home Health Care Diploma Course	30
15	Multipurpose Hospital Worker (MPHW)	1,335
16	EEG/EMG	155
17	Medical Record Technician (MRT)	52
18	Psychiatric Support Worker	50
Total		6,118

The State currently has 76 seats in 5 Masters' Courses (MPhil / MSc) in the Government medical colleges annually.

Table 4.16: Allied Health Science Masters Courses

No	Name of the Master's Courses	Seats
1	Master of Physiotherapy (MPT)	10
2	M.Phil. (Clinical Social Work)	15
3	M.Sc. Radiography and Imaging Technology	20
4	M.Sc. Molecular Virology	21
5	M.Phil Clinical Psychology	10
Total		76

The state currently has 2,411 seats in 17 BSc Courses in the Government Medical Colleges and 4,970 seats in BSc Courses in the private institutions.

4.8. STUDENT ADMISSIONS

The Selection Committee at the Directorate of Medical Education and Research is responsible for preparation of the prospectus, receiving applications through a dedicated online portal, preparing the merit list, conduct of counselling, release of the allotment list, issue of allotment orders, and supervision of the admission of the candidates to Under-Graduate / Diploma / Post-Graduate broad and Super Specialty Medical and Dental Courses, Undergraduate and Postgraduate Paramedical Courses in the State.

Table 4.17: Seat capacity of Government Institutions for under-graduate and diploma courses (2024-25)*

No	Name of the Course	No. of Colleges	No of Seats*
1	M.B.B.S	36	5,050
2	B.D.S	3	250
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	Post Basic Diploma in Nursing	5	140
8	Bachelor of Audio & Speech Language Pathology	1	25
9	B.Sc. Clinical Nutrition	1	20
10	Bachelor of Physiotherapy (B.P.T)	3	80
11	B.Sc. Radiology and Imaging Technology	20	310
12	B.Sc., Radio Therapy Technology	5	55
13	Bachelor of Cardiopulmonary Perfusion Technology	5	45
14	Bachelor of Optometry	8	125
15	B.Sc. Cardiac Technology	12	172
16	B.Sc. Critical Care Technology	8	135
17	B.Sc. Dialysis Technology	13	205
18	B.Sc. OT & Anaesthesia Technology	17	320
19	B.Sc. Physician Assistant	13	241
20	B.Sc. Respiratory Therapy	10	158

21	B.Sc. Accident & Emergency Care Technology	12	230
22	B.Sc. Medical Laboratory Technology	14	240
23	Bachelor of Occupational Therapy	2	30
24	B.Sc. Neuro Electro Physiology	3	20
25	Diploma in Pharmacy	3	240
26	Diploma in Nursing	25	2,060
27	Para Medical Diploma and Certificate Courses (26 Courses)	33	9,025
Total			19,748

Table 4.18: Seat capacity of Government Institutions for Post-graduate Degree and Diploma courses (2024-25)

No	Courses	Number of Specialities	Total intake**
1	P.G. (Super Specialities)	DM:15, MCH: 10	412
2	DrNB /Super Speciality	4	8
3	P.G. Diploma (Medical)	8	21
4	M.D.S. (Dental)	9	60

5	P.G Broad Specialities MD/MS)	25	2,273
6	Diplomate of National Board (DNB)	15	63
7	M. Physiotherapy (MPT)	5	10
8	M.Pharm	4	85
9	M.Sc. (Nursing)	5	101
10	M.Phil. (Clinical Social Work)	1	15
11	M.Sc. (Molecular Virology)	1	21
12	M.Phil. (Clinical Psychology)	1	10
13	M.Sc. Neuro Surgical care	1	30
14	M.Sc. Radiography and Imaging Technology	1	20
Total			3,129

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

Table 4.19: Seat capacity of Government Seats in Private Institutions for Under-Graduate & Postgraduate Courses (2024-25)

No	College	No. of Colleges	No. of Seats*
1	Self-Financing Private (UG-MBBS))	20	3,400
2	Self-Financing Private (PG-MD/MS))	17	849

3	ESIC, K.K.Nagar (UG-MBBS)	1	150
4	ESIC, K.K.Nagar (PG-MD/MS)	1	27
5	Private Universities(2)	3	450
6	Deemed to be University	11	2,450
7	Private Dental College(UG)	20	1,950
8	Private Dental College (PG)	17	318
9	B.Sc. Nursing	225	14,470
10	M.Sc. Nursing	71	1,480
11	Post Basic B.Sc. Nursing	52	1,091
12	B.Pharm	92	8,010
13	B.Pharm. (Lateral Entry)	81	689
14	M.Pharm	45	1,099
15	B.P.T	51	3,058
16	M.P.T	19	229
17	B.O.T	9	575
Total			40,295

(*Affiliated to the TN Dr MGR Medical University
 ** The number of seats will vary annually subject to the approval of the respective Council).

4.9 MEDICAL RESEARCH

The Government Medical Colleges have all laboratory and radiological facilities to undertake evidence based clinical studies which will improve the effectiveness of clinical care and improve educational outcomes.

Table 4.20: Research Activities in 2023-24

No	Parameters	Data for 2023-2024
1	Total Research Funds Received	18.69 crore
2	Total No of Research Projects – Ongoing	3,999
3	Total No of Research Articles Published	1,232
4	Total No of Publications Indexed with Pubmed / NLM/PMC/Scopus	497
5	Total No of Undergraduate STS-ICMR Projects	69

4.10 TERTIARY AND QUATERNARY MEDICAL CARE

The Directorate of Medical Education and Research runs a state wide network of 70 tertiary medical care centers, including very large hospitals like the Rajiv Gandhi Government General Hospital in Chennai with 3,794 beds and Government Rajaji Hospital in Madurai with 3,995 beds. The Directorate also manages 13 small dispensaries.

Tables 4.21: Hospitals in the Directorate of Medical Education and Research

Bed Strength - 2023-24		Month
Sl. No.	Institution Name	Sanctioned Beds
1	Madras Medical College and Hospital	
1.a	Rajiv Gandhi Government General Hospital, Chennai	3,794
1.b	Institute of Obstetrics and Gynecology and Government Hospital for Women and Children, Chennai	1,075

1.c	Institute of Child Health and Hospital for Children, Chennai	837
1.d	Regional Institute of Ophthalmology and Government Ophthalmic Hospital, Chennai	478
1.e	Institute of Mental Health, Chennai	1,200
1.f	Institute of Social Obstetrics and Government Kasturba Gandhi Hospital for women and Children and General Hospital, Chennai	695
1.g	Government Peripheral Hospital, Periyar Nagar, Chennai	270
1.h	Government Institute of Rehabilitation Medicine, K.K.Nagar, Chennai.	130
		8,479
2	Stanley Medical College and Hospital	
2.a	Government Stanley Hospital, Chennai	3,682
2.b	Government R.S.R.M lying -in- Hospital, Chennai	510
2.c	Government Hospital for Thoracic Medicine, Tambaram, Chennai.	776
2.d	Government Peripheral Hospital, Tondiarpet, Chennai	150
		5,118

3	Kilpauk Medical College and Hospital	
3.a	Government Kilpauk Medical College Hospital, Chennai	1,301
3.b	Kalaigñar Centenary Super Speciality Hospital	1,000
3.c	Institute of Non Communicable Diseases and Government Royapettah Hospital, Chennai	1,080
3.d	Government Thiruvotteeswar Hospital for Thoracic Medicine, Otteri, Chennai	222
3.e	Government Peripheral Hospital, Anna Nagar, Chennai	113
3.f	Government Peripheral Hospital, K.K.Nagar, Chennai	100
		3,816
4	Chengalpattu Medical College and Hospital.	
4.a	Government Medical College Hospital, Chengalpattu	1,726
4.b	Government Arignar Anna Memorial Cancer Hospital, Karapettai, Kancheepuram	290
		2,016
5	Thanjavur Medical College and Hospital	
5.a	Government Medical College Hospital, Thanjavur	1,576

5.b	Government Raja Mirasdar Hospital, Thanjavur	1,100
		2,676
6	Madurai Medical College and Hospital	
6.a	Government Rajaji Hospital, Madurai	3,995
6.b	Government Hospital, Balarangapuram	100
6.c	Government Hospital of Thoracic Medicine, Thoppur, Madurai	227
6.d	Government Infectious Diseases Hospital, Thoppur, Madurai	50
6.e	Government Cholera Collection Centre, Thoppur, Madurai	48
		4,420
7	Government Medical College Hospital, Coimbatore	2,577
8	Government Medical College and Hospital, Tirunelveli	
8.a	Government Medical College Hospital, Tirunelveli	2,047
8.b	P A Ramasamy Memorial Government Hospital, Kandiyaperi, Tirunelveli	125
		2,172
9	Government Mohan Kumaramangalam Medical College Hospital, Salem	2,436

10	K.A.P.V. Government Medical College and Hospital	
10.a	Mahatma Gandhi Memorial Government Hospital, Tiruchirapalli	1,832
10.b	Government Rajaji T.B. Hospital, Tiruchirapalli	100
		1,932
11	Government Thoothukudi Government Medical College Hospital, Thoothukudi	1,300
12	Government Vellore Medical College Hospital, Vellore	1,500
13	Kanyakumari Government Medical College, Kanyakumari	1,206
14	Government Theni Medical College Hospital, Theni	1,126
15	Government Dharmapuri Medical College Hospital, Dharmapuri	1,230
16	Government Villupuram Medical College Hospital, Villupuram	1,274
17	Government Thiruvarur Medical College Hospital, Thiruvarur.	1,298
18	Government Sivagangai Medical College Hospital, Sivagangai	1,363
19	Government Thiruvannamalai Medical College Hospital, Thiruvannamalai	1,200

20	Tamilnadu Government Multi Super Speciality Hospital, Omandhurur Government Estate, Chennai	550
21	Government Medical College Hospital, Karur	1,200
22	Government Medical College Hospital, Pudukkottai	1,635
23	Government Medical College & ESI Hospital, Coimbatore	1,056
24	Government Medical College Hospital, Omandurar Government Estate B Block, Chennai	750
25	Government Erode Medical College & Hospital, Erode	900
26	Government Nilgiris Medical College Hospital, The Nilgiris	534
27	Government Tiruppur Medical College Hospital, Tiruppur	1,170
28	Government Dindigul Medical College Hospital, Dindigul	1,301
29	Government Namakal Medical College Hospital, Namakal	468
30	Government Ramanathapuram Medical College Hospital, Ramanathapuram	850
31	Government Virudhunagar Medical College Hospital, Virudhunagar	997

32	Government Nagapattinam Medical College Hospital, Nagapattinam	545
33	Government Krishnagiri Medical College Hospital, Krishnagiri	1,125
34	Government Tiruvallur Medical College Hospital, Tiruvallur	1,120
35	Government Ariyalur Medical College Hospital, Ariyalur	1,132
36	Government Kallakurichi Medical College Hospital, Kallakurichi	1,084
37	Government Medical College Hospital, Cuddalore	1,260
38	Tamil Nadu Government Dental College & Hospital, Chennai	30
39	National Centre For Ageing, Guindy	200
Grand Total		65,046

i) These hospitals are equipped with state-of-the-art equipment to treat the critical and needy patients in all regions of the state. The policy of this Government is not only limited to the establishment of medical colleges in all districts, but also, of establishing hospital care with 15

clinical specialties, an emergency department with dedicated red, yellow and green zones; state of the art intensive care units for adults, children and new-born; modern operating rooms and post-operative care units.

ii) One of the first activities of this Government in 2021 was the implementation of the ECRP program to modernize the existing ICUs' in old hospitals, introduction of the NK48 scheme for emergency care of patients, sanctioning of emergency department and starting MD program in Emergency Medicine with 85 seats in 22 medical colleges. This has given the hospitals under the Directorate of Medical Education and Research more capacity and ability to cater to more critically ill and seriously ill patients.

iii) An analysis of the patient statistics of the previous two years, shows that Government with its speedy and focused management the tertiary

care hospitals under the Directorate of Medical Education and Research are showing a continuous increase in patient footfalls.

Table 4.22: Clinical Services in Tertiary Care Hospitals

Sl. No.	Parameter	2021-22	2023-24	Increase as %
1	No. of Beds	47,451	64,572	36.08%
2	OP Strength	77,325	1,09,168	41.18%
3	IP Strength	35,660	39,549	10.91%
4	Cath-Lab Procedures	17,806	35,446	99.07%
5	Major Surgeries	3,56,678	5,23,362	46.73%
6	Dialysis Cycles	3,19,081	4,69,371	47.1%
7	Neurosurgeries	7,484	11,381	52.07%
8	Orthopedic Surgeries	66,873	1,62,245	142.62%
9	Eye Surgeries	63,892	1,30,169	103.73%
10	ENT Surgeries	46,223	99,458	115.17%
11	Urological Surgeries	15,933	31,601	98.34%
12	Laboratory Tests	8.52Cr	11.09 Cr	31.91%
13	MRI Scans performed	1,49,823	2,04,018	36.17%

14	CT Scans performed	13,03,931	14,78,724	13.42%
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(Source: DMER-MIS Reports)

iv) The Directorate run tertiary care hospitals, working hand in hand with the CMCHIS program shall enable substantial reduction in per capita out of pocket expenses and the Government will be providing a major policy direction for reducing the per capita out of pocket expenditure in the coming years.

v) Organ Transplantation and Role of 'TRANSTAN': Tamil Nadu has been in the forefront of organ transplantation. The Medical College Hospitals provide transplantation services consistently with good results.

a) Tamil Nadu has performed ten times higher than the average of other states and at the national level. Tamil Nadu has received the National Award for Best State in Organ

Donation Scheme in 2023 for its excellent implementation of this service.

- b) A consultative meeting on 31st July, 2022 was chaired by the Hon'ble Health Minister of the State and 27 Government hospitals were granted NTORC licenses
- c) The Hon'ble Chief Minister of Tamil Nadu has announced that all brain-dead persons who have donated organs shall receive Government honour. This has caused a revolution and resulted in a surge of cadaver harvesting and organ donations.
- d) Tamil Nadu currently has 13 Government Hospitals which are Transplant Organ Retrieval Centres (TORC) and licensed transplant hospitals, and 27 Government hospitals are Non-Transplant Organ Retrieval Centres (NTORC).

- e) A record 127 donors have donated organs from January 2024 till date.
- f) **'VIDIYAL' Mobile Application:** Tamil Nadu has launched a website and Mobile Application 'Vidiyal' for the registration and allocation of organs for the first time in India. The Government has been enabling organ allocation to patients on a transparent platform since the last one and a half years.

Liver Transplant is performed in Government Sector at Government Stanley Hospital and Rajiv Gandhi Government General Hospital has started since last year. Tirunelveli, Madurai and Coimbatore Medical College Hospitals are in the process of being licensed.

Table 4.23: Transplant in Tertiary Care Hospitals

Year	Kidney	Liver	Heart	Lung	Skin	Bone	Corneas	Total
2013	29	5	-	-	-	-	28	62

2014	42	5	-	-	-	-	24	71
2015	30	3	-	-	-	-	22	55
2016	52	10	1	-	5	-	46	114
2017	54	9	6	-	13	-	62	144
2018	52	10	1	-	5	-	46	114
2019	33	6	4	4	14	8	42	111
2020	8	2	1	-	1	4	8	24
2021	11	-	-	-	-	-	2	13
2022	66	10	4	-	5	8	58	151
2023	108	14	3	-	10	20	98	253
2024 (Till Date)	76	2	2	-	4	55	88	227
Total	561	76	22	4	57	95	524	1,339

vi) Drugs Budget (2023-24)

a) Post Second Wave of Covid-19, in 2021 more patients have preferred Government Hospitals. This was followed by the systematic opening of the new hospitals attached to the eleven new medical colleges. This has improved the number of OP and In-

Patients in the hospitals. This has increased the off take of drugs and medicines in all the Medical College Hospitals.

- b) The Government as part of its long-term policy of providing free service to the population has allocated additional funds to procure the medicines through M/s. TNMSC Limited. During the year 2023-24 the Directorate provided 338 Essential Drugs, 347 Specialty Drugs, 6 types of Haemophilia drugs, 54 cancer drugs and 190 types of surgical consumables, 91 surgical items through the TNMSC warehouses situated in the districts.

Table 4.24: Comparison of Drug Budget in Previous 3 years

No	Category	Amount Sanctioned in BE (Rs. In Cores)		
		2021-22	2022-23	2023-24
1	Essential Drugs	280.2	306.42	317.1
2	Speciality Drugs			

3	Surgical items			
4	Drugs and Chemicals			
5	Veterinary drugs			
6	TCV			
7	Immune Suppressive	1.7	2.06	2.2
8.	Haemophilia			40.00
Total		281.8	308.48	359.2

vii) High End Equipment in Tertiary Care Hospitals

- a) The Government has in accordance with the changing demands of disease burden and patient requirements, has been modernizing the tertiary care hospitals in the State under this Directorate.
- b) **Cath Labs:** The State has 28 Cath Lab units in 20 Medical College Hospitals, and 35,446 cardiac procedures were done during

2023-24 for the needy patients free of cost under the CMCHIS. The Government will be as a part of its policy providing Cath Labs in all medical colleges in a phased manner, to reach a situation where-in patients need not have to travel more than 30 minutes for undergoing a Cath Lab procedure.

- c) **Dialysis:** Dialysis is now a very essential treatment for survival of the patients with chronic kidney disease. Dialysis is an expensive treatment as patients need to have at least 3-4 sittings in a month for many years continuously. Government hospitals under this Directorate have established 745 dialysis units and are providing this service free of cost. It is reported that 62,237 chronic kidney disease patients have been benefitted from dialysis during the year 2023-24. The Government

will be as a part of its policy providing adequate Dialysis machines in all medical college hospitals.

- d) **PET Scans:** Positron Emission Tomography (PET) scan is an imaging test that can help reveal the metabolic or biochemical function of tissues and organs. This will help in early diagnosis of cancer, degenerating neurological diseases etc. This also helps in avoiding radical surgeries and certain invasive treatment. This machine has been provided in 7 medical college hospitals of which 5 were established after 2021. During 2023-24, 10,494 patients under went PET scan procedures every month. The Government will be as a part of its policy providing PET Scan centres in few more regions of the state in a phased manner, to reach a situation where-in patients need not

have to travel to the distant cities for undergoing this procedure.

- e) **Mammograms:** This Directorate has 45 Mammograms deployed in its hospitals which helps in early detection of breast cancer, leading to effective treatment and improved survival rates. The service is offered free of cost, making preventive care more accessible and approximately 31,666 patients have benefitted during the last year.
- f) **High-end Neuro Microscopes:** This Directorate has provided 16 Neuro Microscopes in Government hospitals enhancing the diagnostic accuracy and surgical precision for neurosurgeries. During 2023-24 3,205 neurosurgical procedures were performed using the high-end microscope in 10 Government Medical College hospitals.

g) **Linear Accelerators:** Linear Accelerator is high end therapeutic equipment which plays a crucial role in cancer care by delivering precise doses of radiation to tumours, effectively targeting cancer cells while minimizing damage to surrounding healthy tissue. The Government has 10 LINACs one each in RGGGH, Chennai, Royapettah Hospital, Chennai, Government Omandurar MSSH, Chennai, Arignar Anna Memorial Cancer Hospital, Kanchipuram, GMCH, Thanjavur, GRH, Madurai, GMCH, Coimbatore, GMCH, Tirunelveli, GMKMCH, Salem and GMCH, Thoothukudi. During 2023-24 3.3 lakh patients have been benefitted.

h) **Robotic Surgery:** Robotic surgery was inaugurated on March 2022 at the Tamil Nadu Government Multi Super Speciality Hospital at a cost of Rs.34.6 Crore and is

the first of its kind in a Government hospital. This equipment is an advanced form of minimally invasive surgery system which enables the surgeons to perform complex major surgeries with ease by using the robotic instruments. So far, 222 patients have benefitted from Robotic Surgery.

viii) E-Governance

- a) The Government in furtherance of its policy of establishing e-Governance and Digitalization in all limbs of the Government, the Directorate also has made continuous effort on that direction.
- b) E-Office has been implemented in this Directorate It is being extended to all the 36 medical colleges and 70 hospitals through continuous training and mapping.

c) Health Management Information System (HMIS Version 3.0) has been initiated under the National Health Mission, developed by C-DAC, Noida, is being piloted and tested currently in Government Kilpauk Medical College Hospital and Government Tirunelveli Medical College Hospital concurrently for customization of the Electronic Medical Records of both outpatients and in-patients, interfacing of high-end lab and radiology equipment, TNMSC Drug Distribution System, Online Bed Management System, CSSD and Laundry Inventory Management, Mortuary Status Maintenance, Diet and Kitchen Services and Medical Records Management. Once this is completed, the HMIS will be implemented in all Government medical college hospitals across the state.

- d) This Directorate has initiated the digitization of medical legal process pertaining to post-mortem reports, which will greatly ease the current official procedures around issue of post-mortem certificates to the police and the courts.
- e) In this year, as a part of Government policy the medical education system will be covered by e-governance with the implementation of the UMIS portal for students and the digitization of Medical education learning management.

ix) Quality of Care: National Accreditation Board for Hospitals (NABH): In accordance with the Government policy of improving the quality of Government hospitals, NABH accreditation was proceeded in 3 Government Medical College hospitals at Tiruvannamalai, Theni and

Kanyakumari and the hospitals have already received the entry level certification in 2023-24.

During this current year the Government has provisioned for 2 more Medical College Hospitals at Thiruvallur and Omandurar Estate to undertake the NABH accreditation.

4.11 HUMAN RESOURCES

i) A total of 1,316 posts were created during 2023-24 (457 regular posts and 859 contract posts) for the Kalaignar Centenary Super Specialty Hospital, Guindy, Chennai, National Centre of Ageing, Guindy, Chennai, Government Peripheral Hospital, Periyar Nagar, Chennai, Government Dental College and Hospital, Pudukkottai and for the establishment of Emergency Departments in 11 New Medical College Hospitals.

Table 4.25: Details of Newly created Human Resources

No	Name of the post	Total
1	Medical Officers	307
2	Staff Nurse	453
3	Paramedical	253
4	Ministerial Staff	21
5	Other Staff	282
Total		1,316

ii) The improvement of cleanliness and improved patient foot falls in our hospitals are related to each other. The Government policy of outsourcing housekeeping and security services in the institutions under this Directorate through the Tamil Nadu Medical Services Corporation has borne fruitful results. When compared to the year 2020, the number of hospitals, number of buildings in the existing hospitals and number of beds have increased. The Government has

permitted the increase of the number of workers proportionate to the increase of beds strength.

Table 4.26: Outsourcing of Housekeeping and Security Services

Details	2019 - 20	2023 - 24	% Change
Housekeeping staff	12,067	17,034	41.16%
Security staff	2,990	3,874	29.57%
Budget Utilization	184.08Cr	270.21Cr	46.79%

The Government has provided 46.79% more budget for keeping the hospital clean and secure.

4.12 NEW INITIATIVES

i) The Kalaignar Centenary Super Specialty Hospital: The KCSSH was inaugurated by the Hon'ble Chief Minister of Tamil Nadu on 15.06.2023 and it started functioning with 1,000 beds and 15 Operation Theatres with state of art facilities at a cost of Rs.240 Crore. It is presently functioning with twelve super specialty

departments and the department of radiation oncology will be added in 2024-25.

Table 4.27: Super Specialty Department Available in KCSSH

No	Departments	No	Departments
1	Nephrology	7	Interventional Radiology
2	Urology	8	Vascular Surgery
3	Cardiology	9	Neurology
4	Cardio Thoracic Surgery	10	Neuro Surgery
5	Medical Oncology	11	Medical Gastro-enterology
6	Surgical Oncology	12	Surgical Gastro-enterology

The performance of the hospital so far is given below:

Table 4.28: Performance of KCSSH

No	Category	Statistics
1	Out-Patients	2,22,074
2	Inpatient Admissions	17,416
3	Major Surgeries	1,782
4	MRI Scan	2,706
5	CT-Scan	8,021
6	X rays	19,272
7	No of Dialysis	7,269
8	USG	10,287

ii) National Centre for Ageing: The National Centre for Ageing, Guindy, Chennai-32 is a 200 bedded hospital established with grants of the Government of India at a cost of Rs.151.17 crore. It is a comprehensive geriatric care centre catering exclusively for the health care of the elderly. This hospital was inaugurated on 25th February 2024 by the Hon'ble Prime Minister of India. It is second such centre in the country for geriatric population after AIIMS, New Delhi. The performance of the hospital so far is given below:

Table 4.29: Performance of NCA

No	Category	Statistics
1	Out-Patients	41,124
2	Inpatient Admissions	1,220
3	Major Surgeries	58
4	CT-Scan	1,054
5	X rays	2,076
6	USG	1,420

iii) Government Dental College, Pudukkottai:

The new Government Dental College and Hospital, at Pudukkottai, was constructed at a cost of Rs.67.83 Crores with an annual intake of 50 BDS students and this Dental College was inaugurated by the Hon'ble Chief Minister of Tamil Nadu on 15th November 2023 and has been put to public use. Further, a sum of Rs.5.08 Crores has been sanctioned for procurement of equipment. The hospital has so far received 20,891 out-patients, performed 102 major surgeries, 1,500 minor surgeries.

iv) Integrated Essential Laboratory Services

(IELS): Integrated Essential Laboratory services initiative of Government of Tamil Nadu established a Hub and Spoke Model of sample Transportation in laboratory settings. The IELS programme was started on 05.02.2024. The performance of IELS under this directorate is as follows:

Table 4.30: Performance of IELS

Month	Total IELS Samples from PHCs, GH	Sample Received in DMER Institutions and Tested
February 2024	34,607	11,215
March 2024	49,874	21,297
April 2024	55,106	26,704
Total	1,39,587	59,216

v) Upgrading Tertiary Care Hospitals under JICA Project

- a) The Government Rajaji Hospital Madurai has a new tower block (G+6) built under JICA project at a cost of Rs.313.25 crore has so far served 21,579 out patients and 1,421 Inpatients.

- b) Government Medical College Hospital, Coimbatore, has a New Tower Block (G+6) constructed at a cost of Rs.287.56 Crore has so far served 7,730 out patients and 110 Inpatients.

- c) The Government Hospital Ammapet attached to Salem Medical College with G+2 floors has served 4,752 out patients and 2,179 Inpatients.
- d) Government Hospital Kandiaperi attached to Tirunelveli Medical College with G+2 floors has served 22,702 out patients and 243 Inpatients.
- e) Government Kilpauk Medical College Hospital has a New Tower Block of G+6 floors and is presently ready for inauguration.

This Directorate is a dynamic mix of high technology complex medical treatments, medical education, evidence-based clinical activities, community integration, enabled by a highly motivated human resource who provide preventive, promotive, curative, palliative and holistic healthcare with compassion, who are

committed to excellence, responsive and accountable to patients, community and profession.

4.13 TO CONCLUDE

There is a significant improvement in performance of Government Medical College Hospitals from 2021-22 as given below:-

Cath Lab procedures have increased by 99.07%, major surgeries by 46.73%, Dialysis Cycles by 47.1%, Neurosurgeries by 52.07%, Orthopaedic surgeries by 142.62%, Eye surgeries by 103.73%, ENT surgeries by 115.17%, Urological surgeries by 98.34%, Laboratory tests by 31.91%, MRI Scans by 36.17% and CT Scans by 13.42%.

Chapter - 5

MEDICAL AND RURAL HEALTH SERVICES

5.1 ABOUT THE DIRECTORATE

The Directorate of Medical and Rural Health Services is in-charge of secondary care services in the State. This directorate renders its services in the State through 37 District Headquarters Hospitals, 197 Taluk Hospitals, 58 Non-Taluk Hospitals, 7 Women and Children Hospitals, 11 Dispensaries, 2 Tuberculosis Hospitals, 7 Leprosy Hospitals and 1 Rehabilitation Institution cum Mental Hospital.

The directorate is responsible for the planning and implementation of various schemes for the development of the secondary level Hospitals. The Directorate of Medical and Rural Health Services acts as a critical link between the primary and tertiary care facilities due to the fact that it acts

as a First Referral Unit for the patients who are being referred from the primary care facilities. It is also a vital cog in reducing the workload of tertiary care facilities. The facilities in the secondary care hospitals are being continuously upgraded such that the secondary care facilities are on course in attaining the par status with Medical Colleges and Hospitals.

The Joint Directors of Medical and Rural Health Services at the district level coordinate and implement various health programmes in coordination with the district administration. National programmes are implemented in all secondary care hospitals including Blindness Control, Tuberculosis Elimination programme (TB) and District Mental Health Programme etc., The Director of Medical and Rural Health Services is the State Appropriate Authority for the implementation of Transplantation of Human

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

5.2 ADMINISTRATIVE STRUCTURE

i) State Level Administrative Structure: The Directorate of Medical and Rural Health Services is headed by the Director Of Medical And Rural Health Services and assisted by 6 Additional Directors (Medical, Inspection, Planning and Development, Leprosy, Tuberculosis and Administration), 1 Financial Controller, 5 Joint Directors (Medical, Non-Communicable Disease, CEmONC, Act and Administration), 1 Deputy Director (Administration), 1 Chief Accounts Officer, 1 Accounts Officer, 4 Administrative Officers and 2 Junior Administrative Officers.

ii) District Level Administrative Structure: Each district is headed by a Joint Director of

Medical and Rural Health Services, 2 Deputy Directors (Tuberculosis and Leprosy). Each District Headquarters Hospital (DHQH) is headed by a Hospital Superintendent and each hospital by a Chief Medical Officer assisted by Administrative/ Junior Administrative Officers.

5.3 DETAILS OF GOVERNMENT HOSPITALS AND SERVICES PROVIDED

i) Details of Doctors’ Posts Sanctioned: The district wise doctors posts sanctioned is mentioned below:

Table 5.1: District wise Doctors’ Post sanctioned in Government Hospitals

S. No	District	Bed Strength	Number of Institutions	Number of Doctors Posts Sanctioned
1	Ariyalur	278	3	31
2	Chengalpattu	541	11	102
3	Chennai		1	2
4	Coimbatore	1,211	15	127

5	Cuddalore	1,821	12	240
6	Dharmapuri	401	6	62
7	Dindigul	694	13	102
8	Erode	1,345	10	190
9	Kallakurichi	386	7	60
10	Kancheepuram	910	4	105
11	Kanyakumari	565	10	99
12	Karur	453	7	51
13	Krishnagiri	678	6	67
14	Madurai	673	8	115
15	Mayiladuthurai	1,054	6	79
16	Nagapattinam	189	6	30
17	Namakkal	749	8	99
18	Perambalur	609	4	87
19	Pudukkottai	948	16	113
20	Ramanatha- puram	587	11	91
21	Ranipet	752	6	86
22	Salem	1,232	15	157
23	Sivaganga	809	20	118
24	Tenkasi	1,194	11	123
25	Thanjavur	1,463	15	144
26	The Nilgiris	448	9	69
27	Theni	742	7	108

28	Thoothukudi	1,108	10	109
29	Tirunelveli	1,011	8	67
30	Tirupathur	902	4	86
31	Tiruppur	550	10	101
32	Tiruvallur	747	12	90
33	Tiruvannamalai	752	11	128
34	Tiruvarur	775	9	108
35	Tiruchirapalli	732	13	142
36	Vellore	405	6	62
37	Villupuram	593	8	86
38	Virudhunagar	1,245	11	150
Total		29,552	349	3,786

ii) Services Provided In Government

Hospitals: 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 New-born Care (CEmONC) with 24 hours delivery care
- ❖ New-born Stabilization Units (NBSUs)

- ❖ Special New Born Care Units (SNCUs)
- ❖ New Born Intensive Care Unit (NICU)
- ❖ Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology, E.N.T, Venerology, Orthopaedics, Anaesthesiology, Child Health, Dental, Psychiatry, Laboratory Services, Leprosy, Tuberculosis, Diabetology, Cardiology
- ❖ Non-Communicable Disease(NCD), MTM
- ❖ Dialysis
- ❖ Accident and Emergency Services
- ❖ Intensive Care Unit (ICU)
- ❖ Cath Lab Services (Kancheepuram DHQH)
- ❖ Family Welfare
- ❖ Poison Treatment Centre
- ❖ De-Addiction Centre
- ❖ Day Care Chemotherapy
- ❖ Pain and Palliative Care Unit
- ❖ Geriatric Care
- ❖ Emergency Care and Recovery Centre
- ❖ Radiology

5.4 GOVERNMENT HEADQUARTERS HOSPITAL

As on 2021, 18 District Headquarters Hospitals were functioning under the control of this directorate.

During Budget Session 2021-22, the Hon'ble Minister for Health and Family Welfare announced 19 Taluk Hospitals will be designated as Government District Headquarters Hospital in 19 districts which includes 6 newly formed districts and 13 districts, where the existing District Headquarters Hospitals were upgraded as Medical College Hospitals.

Following the designation of Government Taluk Hospitals as Government District Headquarters Hospital, the Government sanctioned an amount of Rs.1,018.85 Crores for strengthening 19 Government Headquarters Hospitals and also another 6 hospitals on par with Government Headquarters Hospitals.

Table 5.2: List of newly designated 19 District Head Quarters Hospitals and 6 hospitals on par with Government Headquarters Hospitals

S. No	District	Institution	Amount sanctioned (Rs. in Crores)
19 District Headquarters Hospital			
1	Ariyalur	Jayamkondam	25.00
2	Chengalpattu	Tambaram	110.00
3	Dindigul	Palani	70.00
4	Kallakurichi	Tirukovilur	54.00
5	Karur	Karur	10.00
6	Krishnagiri	Hosur	100.00
7	Mayiladuthurai	Mayiladuthurai	45.50
8	Nagapattinam	Vedaranyam	20.00
9	Namakkal	Rasipuram	23.50
10	Pudukkottai	Aranthangi	46.00
11	Ramanathapuram	Paramakudi	48.50
12	The Nilgiris	Gudalur	31.00
13	Tirunelveli	Valliyur	30.00
14	Tiruvallur	Tiruthani	45.00
15	Tirupathur	Tirupathur	56.00

16	Tiruppur	Kangeyam	12.00
17	Vellore	Gudiyatham	40.00
18	Villupuram	Tindivanam	60.00
19	Virudhunagar	Aruppukottai	30.35
6 on par with District Headquarters Hospital			
1	Namakkal	Tiruchengode	23.00
2	Tirunelveli	Ambasamudram	15.00
3	Tiruppur	Dharapuram	24.00
4	Virudhunagar	Rajapalayam	40.00
5	Karur	Kulithalai*	40.00
6	Tenkasi	Tenkasi**	20.00
Total			1,018.85

* As per G.O.(Ms) No. 365, Health and Family Welfare Department, dated 14.11.2023 Headquarters Hospitals was re-designated to Kulithalai from Karur.

** As per G.O. (Ms) No. 37, Backward Classes, Most Backward Classes and Minorities Welfare Department, dated 23.05.2022 an amount of Rs.22.00 crores was sanctioned GHQH Tenkasi for construction of Maternity Centre and Paediatric Block. Therefore this amount was re-allocated to Rasipuram GHQH, Namakkal district.

5.5 DNB COURSES IN SECONDARY CARE HOSPITAL

In an attempt to strengthen the Secondary Care Hospitals by providing Human Resources and infrastructure facilities, DNB Post Graduation courses are a boost in management of resources as well as people centred care.

DNB courses were initially started in 7 Specialties in 7 Government Headquarters Hospitals and 1 Taluk Hospital in 2017 with 48 seats and now increased to 201 seats.

Table 5.3: Specialty wise accredited seats for DNB courses

SI. No	Specialties	Post MBBS	Post Diploma	Diploma	Total Accredited seats
1	General Medicine	7	-	-	7
2	General Surgery	2	-	-	2

3	Obstetrics and Gynaecology	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	Anaesthesia	-	-	13	13
11	Radiation Oncology	2	2	-	4
12	Pathology	1	1	0	2
13	Interventional Radiology DrNB	-	-	-	2
14	Neurology DrNB	-	-	-	2
15	Cardiology DrNB	-	-	-	2
16	Vascular Surgery DrNB	-	-	-	2
17	Pain medicine (FNB)	-	-	-	2
Total		43	18	130	201

At present, 423 candidates are pursuing their courses as given in below table.

Table 5.4: Details of candidates pursuing DNB courses

Sl.No	Specialties	Hospital	Candidates joined in 2021-22	Candidates joined in 2022-23	Candidates joined in 2023-24
1	General Medicine	Cuddalore, Virudhunagar, Erode, Ramanathapuram	5	6	11
2	General Surgery	Ramanathapuram and Pollachi	2	2	2
3	Obstetrics and Gynaecology	Kovilpatti, Kancheepuram, Cuddalore, Erode, Virudhunagar, Pollachi, Perambalur, Dindigul and Ramanathapuram	42	44	40
4	Paediatrics	Cuddalore, Chidambaram, Virudhunagar, Erode, Namakkal, Perambalur and Ramanathapuram	36	37	35
5	Orthopaedics	Cuddalore	1	3	3
6	Emergency Medicine	Erode, Kovilpatti, Namakkal, Krishnagiri, Karaikudi, Nagapattinam, Omandhurur and Puthukottai Medical Colleges	15	15	0
7	Ophthalmology	Cuddalore and Kanchipuram	4	6	0
8	Family Medicine	Cuddalore, Virudhunagar, Erode, Ramanathapuram and Kanchipuram	28	39	0

9	ENT	Kanchipuram	2	2	0
10	Anaesthesia	Cuddalore, Karaikudi, Erode and Ramanathapuram	9	13	13
11	Radiation Oncology	Tamil Nadu Government Multi Super Speciality Hospital, Omandhurur	0	3	2
12	Radio Diagnosis	Cuddalore	-	-	2
13	Pathology	Tamil Nadu Government Multi Super Speciality Hospital, Omandhurur	-	-	1
Total			144	170	109

5.6 Acts Implemented by this Directorate

1. Pre-Conception and Pre-Natal Diagnostic (Prevention of Misuse) Act, 1994(57 of 1994)
2. The Transplantation of Human Organs and Tissues Act, 1994 (42 of 1994)
3. Tamil Nadu Clinical Establishment Act ,1997
4. The Assisted Reproductive Technology (Regulation) Act, 2021(42 of 2021)
5. The Surrogacy (Regulation) Act, 2021 (47 of 2021)

i) Pre-Conception and Pre-Natal Diagnostic (Prevention of Misuse) Act 1994, (Central Act, 57)

a) Act description: An Act to provide for the prohibition of sex selection, before or after conception and for regulation of pre-natal diagnostic techniques for the purposes of detecting genetic abnormalities or metabolic disorders of chromosomal abnormalities or certain congenital malformations or sex linked disorders and for the prevention of their misuse for sex determination leading to female foeticide and for matters connected therewith or incidental thereto and male and female ratio.

b) Performance (Registration): As on 31.05.2024, 8,729 scan centres are registered under PC & PNDT Act, 1994 for monitoring and preventing the misuse of technologies for gender biased sex selection.

c) Enforcement (Prosecution)

Table 5.5: Details of cases under PC & PNDT Act

Year	No. of cases filed	Judgment delivered	No. of cases under trial	No. of cases under process
2008 – May 2024	163	129	26	8
2018 – 2021	30	15	11	4
2021 – May 2024	11	0	7	4

d) Child Sex Ratio (No. of female children per 1,000 male children) -Tamil Nadu

2022	2023
936	939

e) Initiatives

- i. This department has done 13 successful decoy operations duly prosecuting the violators under the Act.

- ii. This department got three landmark judgements from Hon'ble Judicial Magistrate Court, Neyveli, Sivagangai, Mettur duly convicting the violators with three years of imprisonment/fine.
- iii. Recently, 12 prosecutions were filed against the violators for revealing sex of foetus through field visit by district officials. Constant vigilance is being carried out against the violators to monitor their activities and thereby preventing female foeticide.

f) IEC Activities: Awareness of this Act has been made through Trade Fair, Street Play, Rally, Essay Competition, Debate, Short film, News Paper Advertisement.

ii) The Transplantation of Human Organs and Tissues Act, 1994 (42 of 1994)

a) Act description: This Act was enacted by the Government of India in 1994 with the objective of eradication of organ trade.

b)Details of Programme: In Tamil Nadu, about 163 hospitals (both Government and private) were registered under this Act for performing renal, heart, liver, lungs, pancreas, small bowel, skin, bone, hand and corneal transplantation etc.,

c) Cadaver Transplant Programme: The Cadaver Transplant Programme, initiated in October 2008 has been a great success. Tamil Nadu ranks No.1 in the implementation of the Cadaver Transplant Programme.

Transplant hospitals in the State have been divided into four zones and organ donations from cadaver arising in a zone are allocated first within that zone.

d) Performance

S. No	Particulars	2008 - May 2024	2018 - 2021	2021 - May 2024
1	Donors	1,900	322	483
2	Organs retrieved	11,288	2,193	2,865

iii) Tamil Nadu Clinical Establishment Act, 1997: The Government of Tamil Nadu has enacted Tamil Nadu Private Clinical Establishment (Regulation) Act, 1997 to register, regulate and control clinical establishments. Based on the recommendations of the committee constituted to examine the Clinical Establishment (Registration and Regulation) Act, 2010 of Government of India, Tamil Nadu Private Clinical Establishment (Regulation) Act, 1997 has been suitably amended in the year 2018. So far 36,750 certificates have been issued in this State under the Act.

iv) The Assisted Reproductive Technology (Regulation) Act, 2021 (Central Act 42 of 2021)

a) Act description: An Act for the regulation and supervision of the assisted reproductive technology clinics and the assisted reproductive technology banks, prevention of misuse, safe and ethical practice of assisted reproductive technology services for addressing the issues of reproductive health where assisted reproductive technology is required for becoming a parent or for freezing gametes, embryos, embryonic tissues for further use due to infertility, disease or social or medical concerns and for regulation and supervision of research and development and for matters connected therewith or incidental thereto.

b) Performance: Number of Registered centres under Assisted Reproductive Technology as follows:

LEVEL - I	LEVEL - II	BANK	TOTAL
252	331	86	669

**v) The Surrogacy (Regulation) Act, 2021
(Central Act 47 of 2021)**

a) Act description: The Surrogacy (Regulation) Act, 2021 (Central Act 47 of 2021) has been enacted by Government of India to regulate surrogacy services in the country, to prohibit the potential exploitation of surrogate mothers and to protect the rights of children born through surrogacy.

Following the directions of the above mentioned Act, the Tamil Nadu Government has appointed district appropriate authority and the same has also been published in the Government Gazette.

Hospitals/Clinics/Nursing Homes giving surrogacy treatments should be registered under the Surrogacy Act, 2021.

b) Performance

No of District Medical Board formed	Number of Couples granted Eligibility / Essentiality Certificate to undergo surrogacy procedure
38	42

5.7 PERFORMANCE OF GOVERNMENT HOSPITALS

This directorate strives to give the hospital campus a suitable and people friendly environment by constructing new buildings and also by carrying out regular maintenance and repair works which in turn leads to increase in number of patients visiting the hospitals over the years as indicated by the table below:-

Table 5.6: Outpatients (OP) in Government Hospitals in Districts

S. No	Name of the District	Average Outpatients treated per day	
		2020-21	2023-24
1	Ariyalur	2,151	2,278

2	Chengalpattu	4,767	5,693
3	Coimbatore	3,698	7,257
4	Cuddalore	6,722	10,634
5	Dharmapuri	1,534	3,436
6	Dindigul	4,676	6,756
7	Erode	3,461	5,420
8	Kallakurichi	2,801	3,930
9	Kancheepuram	2,900	4,458
10	Kanyakumari	1,980	3,886
11	Karur	1,657	2,796
12	Krishnagiri	4,937	5,681
13	Madurai	3,953	6,482
14	Mayiladuthurai	3,682	5,131
15	Nagapattinam	4,828	2,831
16	Namakkal	3,714	3,531
17	Perambalur	1,462	2,586
18	Pudukkottai	3,791	8,354
19	Ramanathapuram	2,517	3,425
20	Ranipet	4,840	9,198
21	Salem	3,881	6,722
22	Sivagangai	4,434	5,533
23	Tenkasi	3,069	6,164

24	Thanjavur	6,095	9,218
25	The Nilgiris	1,239	1,483
26	Theni	3,216	5,035
27	Thirupathur	2,649	6,904
28	Thoothukudi	2,817	3,800
29	Tiruchirapalli	2,860	5,469
30	Tirunelveli	2,843	3,123
31	Tirupur	4,613	4,982
32	Tiruvallur	5,758	7,274
33	Tiruvannamalai	6,138	10,168
34	Tiruvarur	3,038	4,892
35	Vellore	2,327	6,399
36	Villupuram	3,315	6,799
37	Virudhunagar	4,229	7,313
Total		1,32,590	2,05,042

Table 5.7: Inpatients (IP) Details in Government Hospitals

S. No	Name of the District	Average Inpatients treated per day	
		2020-21	2023-24
1	Ariyalur	298	215

2	Chengalpattu	192	276
3	Coimbatore	342	752
4	Cuddalore	1,096	1,503
5	Dharmapuri	131	345
6	Dindigul	846	519
7	Erode	670	909
8	Kallakurichi	420	195
9	Kancheepuram	414	664
10	Kanyakumari	240	470
11	Karur	170	326
12	Krishnagiri	838	666
13	Madurai	306	502
14	Mayiladuthurai	486	610
15	Nagapattinam	441	188
16	Namakkal	512	459
17	Perambalur	354	509
18	Pudukkottai	364	649
19	Ramanathapuram	476	392
20	Ranipet	343	533
21	Salem	498	848

22	Sivagangai	418	574
23	Tenkasi	481	728
24	Thanjavur	672	1,238
25	The Nilgiris	288	154
26	Theni	393	581
27	Thirupathur	394	622
28	Thoothukudi	365	583
29	Tiruchirapalli	260	634
30	Tirunelveli	341	267
31	Tirupur	765	462
32	Tiruvallur	568	501
33	Tiruvannamalai	414	700
34	Tiruvarur	406	597
35	Vellore	166	318
36	Villupuram	305	334
37	Virudhunagar	859	906
TOTAL		16,528	20,730

Table 5.8: Major Surgeries Performance

S. No	Name of the District	No. of Major Surgeries Performed	
		2020-21	2023-24
1	Ariyalur	4,339	3,636
2	Chengalpattu	3,136	4,967
3	Coimbatore	4,341	8,187
4	Cuddalore	13,220	17,652
5	Dharmapuri	1,962	5,365
6	Dindigul	10,321	5,979
7	Erode	7,236	13,179
8	Kallakurichi	5,884	4,662
9	Kancheepuram	5,083	8,613
10	Kanyakumari	4,707	6,416
11	Karur	1,957	6,850
12	Krishnagiri	10,758	8,475
13	Madurai	5,117	7,116
14	Mayiladuthurai	6,167	9,961

15	Nagapattinam	4,123	778
16	Namakkal	6181	9,873
17	Perambalur	3,345	7,835
18	Pudukkottai	3,503	5,448
19	Ramanathapuram	4,354	3,382
20	Ranipet	3,509	8,153
21	Salem	5,151	9,682
22	Sivagangai	5,805	5,116
23	Tenkasi	5,650	9,599
24	Thanjavur	5,710	14,903
25	The Nilgiris	2,923	1,662
26	Theni	3,766	6139
27	Thirupathur	5,243	10,650
28	Thoothukudi	5,605	7,191
29	Tiruchirapalli	3,509	9,314
30	Tirunelveli	5,794	3,130
31	Tirupur	8,489	6,573
32	Tiruvallur	7,756	6,677

33	Tiruvannamalai	5,408	5,375
34	Tiruvarur	6,081	7,377
35	Vellore	2,336	5,365
36	Villupuram	5,773	7,962
37	Virudhunagar	11,535	15,416
Total		2,05,777	2,78,658

Table 5.9: Dialysis Performance

S. No	Name of the District	Number of Dialysis Performed	
		2020 - 21	2023 - 24
1	Ariyalur	4,432	-
2	Chengalpattu	-	7,517
3	Coimbatore	4,464	7,955
4	Cuddalore	19,344	24,811
5	Dharmapuri	7,057	8,938
6	Dindigul	3,620	2,670
7	Erode	12,315	17,152
8	Kallakurichi	-	-
9	Kancheepuram	7,353	11,578

10	Kanyakumari	3,464	4,323
11	Karur	804	2,026
12	Krishnagiri	5,217	6,213
13	Madurai	4,192	6,502
14	Mayiladuthurai		9,620
15	Nagapattinam	6,670	2,083
16	Namakkal	4,789	6,945
17	Perambalur	6,505	7,112
18	Pudukkottai	2,087	3,437
19	Ramanathapuram	5,976	2,156
20	Ranipet	-	5,518
21	Salem	7,009	11,657
22	Sivagangai	1,787	2,348
23	Tenkasi	-	6,530
24	Thanjavur	3,078	3,903
25	The Nilgiris	4,985	3,908
26	Theni	4,283	3,802
27	Thirupathur	-	12,003
28	Thoothukudi	3,435	5,185
29	Tiruchirapalli	3,186	4,212

30	Tirunelveli	6,808	1,128
31	Tirupur	3,798	1,193
32	Tiruvallur	20,217	21,870
33	Tiruvannamalai	6,276	6,260
34	Tiruvarur	7,020	9,238
35	Vellore	13,379	2,014
36	Villupuram	5,922	4,865
37	Virudhunagar	4,766	5,882
Total		1,94,238	2,42,554

Regular training is being given to Health care professionals about new techniques and changing dynamics of the health care which equips the professionals to be more skilled.

5.8 HEALTH MANAGEMENT INFORMATION SYSTEM

The Directorate of Medical and Rural Health Services has implemented a monitoring system namely Health Management Information System (HMIS) both in the directorate as well as at

district level. HMIS 3.0 is being implemented as a pilot project in Government Hospital Avadi and Poonamallee in Thiruvallur District. By implementing this, the real time data is captured and used in monitoring and decision making.

5.9 DRUG BUDGET FOR THE YEAR 2023-24

This directorate takes measures to procure quality drugs through Tamil Nadu Medical Services Corporation and provides it free of cost to all patients.

Table 5.10: Drug Allotment (Rs. in Crores)

2020-21	2021-22	2022-23	2023-24
110.79	110.33	121.27	132.89

5.10 NEW INITIATIVES DURING THE YEAR 2023-24

i) Recruitment Policy regarding Staff Nurse post: This directorate is the appointing authority for the post of Staff Nurse and also act as unit office for all Head of Departments functioning under this department

Table 5.11: Cadre strength of Staff Nurses

S. No	Name of post	Sanctioned
1	Regular Staff Nurse	17,040
2	Contract basis Nurses	13,162
Total		30,202

Absorption of Regular Staff Nurse: Initially Staff Nurses are recruited through Medical Services Recruitment Board and they are brought into regular time scale after completion of two years based on available vacancies. Accordingly, the details of Staff Nurse brought into regular time scale is furnished below:

Table 5.12: Details of Staff Nurses brought into regular time scale

S.No	Year	Number of staff nurses
1	2019-21	1,447
2	2021 - 24	3,124

Table 5.13: Details of Contract Basis Nurses Recruitment

S.No	Year	Number of nurses
1	2021-22	839
2	2023-24	1,412*

** Absorption COVID adhoc basis Nurses into Contract Nurses*

5.11. OTHER SCHEMES

i) District Mental Health Programme

(DMHP): DMHP 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 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, DMHP is being implemented in 38 Districts. Details of patients treated under DMHP is furnished below:

Table 5.14: Patients treated under Mental Health Programme in Government Hospitals

S. No	District	2019-21	2021-24
1	Ariyalur	16,393	36,801
2	Chennai	11,757	38,873
3	Coimbatore	13,416	45,632
4	Cuddalore	42,491	1,01,078
5	Dharmapuri	14,184	40,976
6	Dindigul	33,112	67,549
7	Erode	42,083	79,521

8	Kancheepuram	55,488	1,18,808
9	Kanyakumari	12,924	37,644
10	Karur	30,533	32,786
11	Krishnagiri	9,544	54,583
12	Madurai	40,350	94,683
13	Nagapattinam	14,415	41,426
14	Namakkal	25,122	38,990
15	Perambalur	16,879	62,046
16	Pudukkottai	47,057	73,083
17	Ramanathapuram	39,414	57,019
18	Salem	6,805	31,292
19	Sivagangai	3,606	18,646
20	Thanjavur	23,019	68,555
21	The Nilgiris	2,039	4,198
22	Theni	32,265	65,995
23	Thiruvallur	16,665	23,457
24	Thoothukudi	15,529	29,189
25	Tirunelveli	25,302	27,797
26	Tiruppur	23,238	64,659
27	Tiruvannamalai	27,950	66,736
28	Tiruvarur	21,372	47,587

29	Tiruchirapalli	29,157	59,574
30	Vellore	8,693	25,355
31	Villupuram	22,991	33,200
32	Virudhunagar	17,280	54,942
33	Tirupattur	-	21,604
34	Tenkasi	-	25,281
35	Ranipet	-	17,431
36	Mayiladuthurai	-	1,557
37	Kallakurichi	-	16,984
38	Chengalpattu	-	10,952
Total		7,63,177	17,36,489

ii) 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.

The main objectives of these centres are

1. To provide treatment and rehabilitation services for persons with alcohol and substance abuse problems.
2. 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.
3. 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.
4. 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.

Table 5.15: No. of beneficiaries in De-Addiction centres

S. No	Name of the District	2019-21	2021-24
1	Cuddalore	2,891	8,686
2	Kancheepuram	4,683	10,052
3	Tiruppur	3,244	2,462
Total		10,818	21,200

iii) Emergency Care and Recovery Centre (ECRC): Emergency Care and Recovery Centre has been implemented in Theni, Pudukkottai, Ranipet, and Chennai. 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, beneficiaries are provided with Diet, Medicine and Mental Health support.

Table 5.16: Details of beneficiaries under ECRC

S. No	Name of the District	2019-21	2021-24
1	Theni	273	428
2	Pudukkottai	42	201
3	Ranipet	243	452
4	Chennai	105	435
Total		663	1,516

MEDICAL AND RURAL HEALTH SERVICES

(Employees State Insurance Scheme)

5.12 INTRODUCTION

The Employees State Insurance Scheme is a comprehensive Social Security Scheme for the Insured Persons and their families working in the organised sectors. The ESI Scheme was implemented in Tamil Nadu from 23rd January 1955. The ESI Scheme is administered by a duly constituted corporate body called the 'Employees State Insurance Corporation' as per the provisions of the ESI Act 1948 enacted by the Parliament under the Ministry of Labour and Employment Department of India. The promulgation of Employees' State Insurance Act, 1948 (ESI Act) by the Parliament was the first major legislation on social security for workers in independent India. At present the ESI Scheme is catering medical care to 40.21 Lakh Labour population and 1.21

crore dependents (i.e. their spouse, children and parents of Labourers) all over Tamil Nadu. The ESI Schemes provides full Primary, Secondary and Tertiary medical to the Insured Persons and their Family members. The ESI Corporation also provides compensation for any loss of wages or earning capacity of an Insured Person.

5.13 ELIGIBILITY CRITERIA FOR ENROLMENT IN ESI SCHEME

- i) The ESI Scheme applies to all non-seasonal factories and other establishments wherein 10 or more persons are employed.
- ii) The Employees drawing monthly salary upto Rs.21,000/- are eligible for enrollment in the ESI Scheme.
- iii) The ESI Scheme is applicable to the employees who are differently abled due to

autism, cerebral palsy, mental retardation and multiple disabilities and drawing monthly salary upto Rs.25,000.

- iv) The Employees earning upto Rs.176/- a day are exempted from payment of their share of contribution.

5.14 SCHEME FUNDING

The Employees State Insurance Scheme is financed by contributions from employees and employers at a fixed percentage of a sum equivalent to 0.75% and 3.25% of wages respectively. The ESI Corporation and the State Government are sharing the expenditure in the ratio of 7:1. The ESI Corporation reimburses 7/8th share of the total expenditure incurred towards the implementation of the ESI scheme to the State Government.

5.15 NETWORK OF ESI HOSPITALS

In Tamil Nadu, medical care is catered to the Insured Persons and their family members through a network of 11 ESI Hospitals.

Table 5.17: ESI Hospital details

S. No	Details of ESIS / ESIC Hospitals	Head of the Department
1	ESI Hospitals Ayanavaram (at Chennai), Madurai, Sivakasi, Salem, Hosur, Trichy and Vellore.	Directorate of Medical and Rural Health Services (ESIS) under the Labour Welfare and Skill Development Department, Government of Tamil Nadu.
2	Government Medical College and ESI Hospital Coimbatore	Directorate of Medical Education and Research under the Health and Family Welfare Department, Government of Tamil Nadu.
3	ESI Hospital K.K.Nagar, Tirunelveli and Tiruppur	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.

5.16 NETWORK OF ESI DISPENSARIES

There are 241 ESI Dispensaries functioning all over Tamil Nadu providing medical care to the Insured Persons and their dependents.

Table 5.18: Region wise ESI Dispensaries detail

Sl. No.	Name of the Region	Total Districts	Total Dispensaries
1	Chennai	3	38
2	Madurai	6	43
3	Coimbatore	3	48
4	Salem	3	25
5	Trichy	10	30
6	Tirunelveli	9	26
7	Vellore	4	31
Total		38	241

5.17 ADMINISTRATIVE SETUP OF ESI SCHEME IN TAMIL NADU

The ESI scheme in Tamil Nadu is headed by the Director of Medical and Rural Health Services (ESI). The Director (ESIS) is the in-charge of all Administration, Finance, Implementation and Development of the ESI Scheme throughout the Tamil Nadu. The Health and Family Welfare Department provides Human Resource for functioning of the ESI Scheme through ESI Institutions. There are 241 ESI Dispensaries functioning throughout the State headed by the seven Regional Administrative Medical Officers (ESI) at Chennai, Coimbatore, Madurai, Salem, Trichy, Tirunelveli and Vellore. There are seven ESI Hospitals functioning in State headed by the Medical Superintendents under the Directorate of Medical and Rural Health Services (ESI) and one Government Medical College and ESI Hospital functioning at Coimbatore headed by the Dean under the Directorate of Medical Education and Research.

Chapter - 6

PUBLIC HEALTH AND PREVENTIVE MEDICINE

6.1 INTRODUCTION

In 1922, Government of Tamil Nadu established a separate directorate, 'Directorate of Public Health and Preventive Medicine' (DPH&PM), exclusively for public health services. Tamil Nadu is the first State to have a separate Directorate for Public Health in the country. DPH&PM celebrated 100 years completion in 2022. The objective of this directorate is to promote health, prolong life and prevent disease through organized control measures, quality primary health care services to the community. The prime functions of this directorate include health promotion through healthy behavior, prevention and control of Communicable and Non-Communicable diseases, provision of institutional and community-based maternity and child health

services including immunization and family welfare services. The services of the DPH&PM are being provided from womb to tomb i.e., in all life stages. The Directorate implements various National and State Health Programme, aimed at reducing the burden of morbidity, mortality and disability. The other activities undertaken by the DPH&PM are Tuberculosis control, elimination of leprosy, Iodine deficiency disorder control programme, health check-up of school and anganwadi children, health education of the community etc., Further, collection of vital statistics and civil registration system is implemented.

6.2 ADMINISTRATIVE STRUCTURE

i) Head Quarters and Districts: The directorate is headed by Director of Public Health and Preventive Medicine and assisted by Additional Directors, Joint Directors (Programme), Financial

Advisor and Chief Accounts Officer, Personnel Officer, Joint Director(Admin) etc., At the Health Unit District level, District Health Officer is the head, assisted by City Health Officers / Municipal Health Officers, Assistant Director, Maternal and Child Health Officer, Entomologist, Block Medical Officers, Medical Officers and other field health functionaries. The training centres are headed by Principals of Regional Training Centres and ANM Schools. The public health programmes are implemented through 45 Health Unit Districts (HUD) by DPH&PM and in Chennai by Greater Chennai Corporation (GCC). The HUD is headed by the District Health Officer (DHO) who is the technical and administrative authority in the district. In the districts, services are provided through Primary Health Centres (PHCs), Health Sub Centres (HSCs) and Urban Health and Wellness Centres (UHWCs).

Table 6.1: Details of the DHOs in the State

S. No.	Health District	Address
1	Aranthangi	O/o District Health Officer, Aliyanilai post Aranthangi – 614 616.
2	Ariyalur	O/o District Health Officer, Multi Department Campus, Jayankondam road, Ariyalur-621 704.
3	Authur	O/o District Health Officer, Thennangudipalayam, Attur – 636 108.
4	Chengalpattu	O/o District Health Officer, No.3, GST Rd, Filaria complex, Chengalpattu – 603 001.
5	Cheygar	O/o District Health Officer, Giritharan pettai, Bharathipuram, Tiruvannamalai District, Cheyyar – 604 407.
6	Coimbatore	O/o District Health Officer, 219, Race Course Rd, Coimbatore-641 018
7	Cuddalore	O/o District Health Officer, No.5, Beach Road, Cuddalore- 607 001.
8	Dharmapuri	O/o District Health Officer, Collectorate Campus, Dharmapuri -636 701.

9	Dindigul	O/o District Health Officer, 1/127A, Meenatchinaickenpatti Post, Dindigul-624 002
10	Erode	O/o District Health Officer, Lakshmi Nagar, Thindal, Erode - 638 012.
11	Kallakurichi	O/o District Health Officer, Thandalai main road, Near RTO Office, Kallakurichi Taluk, Kallakurichi - 606 213.
12	Kancheepuram	O/o Deputy Director of Health Services, No.42 A, Railway Road, Kancheepuram - 631 502.
13	Karur	O/o District Health Officer, Collectorate annexure building, Karur - 639 007.
14	Koilpatti	O/o District Health Officer, Kadalaiyur Road, Shanmuga Nagar, Koilpatti - 628 501
15	Krishnagiri	O/o District Health Officer, Collectorate Backside, Near RTO office, Ramapuram Post, Krishnagiri - 635 115.
16	Madurai	O/o District Health Officer, Vishwanathapuram, Madurai-625 014.
17	Mayiladuthurai	O/o District Health Officer, 17/35, 5th No. Pudhu street, Opposite to SS Mahal, Mayiladuthurai - 609 001.

18	Nagapattinam	O/o District Health Officer, Collector Office Campus Public Office Road, South Palpanaicherry, Nagapattinam – 611 003.
19	Nagercoil	O/o District Health Officer, Krishnan Kovil Street, Vadacherry, Nagercoil -629 001
20	Namakkal	O/o District Health Officer, Collector Office Campus, Namakkal-637 003.
21	Palani	O/o District Health Officer, Old Municipality Campus, Market Road, Palani -624 601.
22	Paramakudi	O/o District Health Officer, Madurai Rameswaram main Road, Paramakudi-623 707
23	Perambalur	O/o District Health Officer, Old Eye Hospital, Near TNMSC Complex, Thuraimangalam Road, Perambalur – 621 220.
24	Poonamallee	O/o District Health Officer, Institute of Public Health, Near to CRPF Campus, Amman Koil Street, Karaiyanchavadi, Poonamallee- 600 056.
25	Pudukkottai	O/o District Health Officer, Madurai Road, Opp. Court Building, Pudukkottai-622001.

26	Ramanathapuram	O/o District Health Officer, Sikil Raja Veethi, Vivekanatha Road, Keenikarai, Ramanathapuram - 623 501.
27	Ranipet	O/o District Health Officer, 3rd Floor, B' Block Collector Office Campus, Ranipet - 632403
28	Salem	O/o District Health Officer, No.16, Omalur Main Road, I Agraharam, Salem-636 001
29	Sivagangai	O/o District Health Officer, Collectorate Complex, Sivaganga - 630561
30	Sivakasi	O/o District Health Officer, ESI Hospital Backside, Aanaiyur Road, Sivakasi West, Sivakasi - 626124
31	Tenkasi	O/o District Health Officer, Collectorate Campus, Railnagar, Tenkasi - 627811
32	Thanjavur	O/o District Health Officer, Gandhiji Road, Thanjavur - 613 001.
33	Theni	O/o District Health Officer, Master Plan Campus, Block -1, Collector Office Back side, Employment Office Near, Theni - 625531.

34	Tiruchirapalli	O/o District Health Officer, TVS Toll Gate, Kajamalai Colony, Race Course Road, Tiruchirappalli, 620020.
35	Thirupattur	O/o District Health Officer, Chairman Lakshmanan Street, Near Municipal Office, Tirupathur - 635601
36	Thiruvallur	O/o District Health Officer, NO.54/5, Asoori street, Thiruvallur-602001.
37	Thiruvannamalai	O/o District Health Officer, Chengam Road, Ramanaashiramam Post, Thiruvannamalai - 606603.
38	Thiruvarur	O/o District Health Officer, Nettivelaikara theru, OLD GH Campus, Tiruvarur - 610001.
39	Thoothukudi	O/o District Health Officer, Mappillaiurani PHC Campus, Thoothukudi-628002.
40	Tirunelveli	O/o District Health Officer, No.16, Old Police Station Road, Samathanapuram, Tirunelveli. 627002.
41	Tiruppur	O/o District Health Officer, 147, Pooluvapatti Extension, Nerruperichal road, Tiruppur-641602

42	The Nilgris	O/o District Health Officer, No.38, Jail Hill road, Near CT scan centre, Udhagamandalam, Nilgiris - 643001.
43	Vellore	O/o District Health Officer, 'B' BLOCK, 2nd Floor, Collectorate, Sathuvachari, Vellore - 632009.
44	Villupuram	O/o District Health Officer, Trichy trunk road, Behind West Police Station, Villupuram -605 602.
45	Virudhunagar	O/o District Health Officer, Annexure Building, Collectorate Campus, Virudhunagar - 626 002.

ii) Primary Health Centres and Health Sub Centres

a) Primary Health Centres (PHCs): The norms for establishing PHCs are one per 30,000 rural population in plain areas and one per 20,000 rural population in hilly areas and one per 50,000 population in

urban areas. There are **1,832 PHCs functioning in 388 Rural Blocks** of Tamil Nadu. Among these, **424 PHCs are functioning as Upgraded PHC with 30 bedded wards**. In urban areas, there are **504 Urban PHCs** including GCC. The PHCs are functioning with medical officers supported by institutional and field health staff.

b) Health Sub Centres (HSCs): The norms for establishing HSCs are one per 5,000 rural population in plain areas and one per 3,000 rural population in hilly areas and one per 10,000 population in urban areas. There are 4 to 5 HSCs under one PHC. There are **8,713 HSCs in rural areas**, which are functioning with one Village Health Nurse (VHN) per HSC and 1 Health Inspector for three HSCs. In urban areas, there are 2,368

Sectors including GCC, which are functioning with one Urban Health Nurse (UHN).

Table 6.2: DPH&PM Institutions Type Wise

Sl. No.	Type	Upgraded PHCs	Additional PHCs	Total
1	Rural PHC	424	1,408	1,832
2	Urban PHC RoTN	23	322	345
3	Urban PHC GCC	16 + 3 (EOC)	140	159
4	Rural HSC			8,713
5	Urban HSC (1,643)			2,368
6	GCC Sector (725)			
7	Urban HWCs			708
Total				14,125

In addition to the above institutions, to carry out public health activities in inaccessible and hilly areas and to serve the old age people, 476 Hospital on Wheels (HoW) are functioning in

388 blocks. Out of 1,832 PHCs, 1,815 PHCs are functioning in own building and 17 PHCs are functioning in rent free building. In 504 Urban PHCs, 465 Urban PHCs are functioning in own building and 39 Urban PHCs are functioning in rent free building. Among 8,713 Rural HSCs, 6,087 Rural HSCs are functioning in own building, 1,089 Rural HSCs are functioning in rent free building and 1,537 Rural HSCs functioning in rental building. Out of 8,713 HSCs, 4,269 HSCs are being proposed in the upcoming years in the phased manner. Out of 2,368 Urban Sectors (HSC), 168 Urban Sectors are functioning in own building and remaining 2,200 Urban Sectors are being proposed in the upcoming years in the phased manner. Out of 708 Urban HWCs, 500 are functioning in own buildings and for the remaining 208, construction is going on.

Table 6.3: Health Workforce

Sl. No.	Type	Manpower Sanctioned per Institution	
1	Upgraded PHC (Including block PHC) – 424	Medical Officer (MO)	5
		Staff Nurse (RCH)	3
		Staff Nurse (NCD)	1
		Lab Technician Grade 3	1
		Pharmacist	1
		Health Inspector (Gr 1)	1
		Auxiliary Nurse Midwife	1
		Sector Health Nurse	1
		Block Health Supervisor	1
		Non-Medical Supervisor	1
		Community Health Nurse	1
		Ophthalmic Assistant	1
		Radiographer	1
		Driver	2
		Multi-Purpose Health Worker	2
		ICTC Lab Technician	1
		ICTC Counsellor	1
Dental Surgeon	1		
Dental Assistant	1		
Physiotherapist	1		

2	PHC - 1,408 (30,000 - Plain 20,000 - Hilly)	Medical Officer (MO)	2
		Staff Nurse (RCH)	3
		Staff Nurse (NCD)	1
		Lab Technician Grade 3	1
		Pharmacist	1
		Health Inspector (Gr 1)	1
		Auxiliary Nurse Midwife	1
		Sector Health Nurse	1
		Driver	1
		Multi-Purpose Health Worker	2
3	Rural HSC - 8,713 (5,000 - Plain and 3,000 - Hilly)	Village Health Nurse	1
		Health Inspector (Gr 2) @ 1 for 3 HSCs	1
4	Upgraded Urban PHC - 42 (23 NUHM + 19 GCC) (Population Above 2.5 lakhs)	Medical Officer (MO)	1
		Staff Nurse (Regular)	3
		Staff Nurse (RCH)	1
		Pharmacist	1
		Support Staff	2
5	Urban PHC - 345 (305 NUHM + 40 NRHM)	Medical Officer (MO)	1
		Staff Nurse (Regular)	3
		Staff Nurse (RCH)	1
		Pharmacist	1
		Support Staff	2

6	Urban Sector 2,368 (1,483 NUHM + 160 NRHM)	Urban Health Nurse	1
7	GCC Urban PHC - 159	Medical Officer	1
		Staff Nurse (RCH)	3
		Staff Nurse (NCD)	1
		Pharmacist	1
		Support Staff	2
		Urban Health Nurse / Sector	1

iii) General Services

a) PHC Performance

Table 6.4: Institutional Service Monitoring Report (ISMR) - PHC Performance

Year	Outpatient (in Crore)	OP/ PHC/ Day	Inpatient (in Lakh)	IP/ PHC/ Month
2020-21	10.07	122	20.25	74
2021-22	11.34	137	4.66	17
2022-23	14.06	169	33.86	123
2023-24	16.12	193	42.37	154

b) Urban Health - Special Focus: Urban health has emerged as one of the most significant health themes of the decade owing to increased urbanization in the State. As urban population and migration to cities is increasing, upgradation of Urban public health facilities is being taken up.

c) Dental Health Care Services: Dental Health Services was started in 4 districts on Pilot basis during the year 2003-04 at 16 PHCs for the benefit of rural people and school students. Currently, 395 dental units have been established with the sanction of one dental surgeon and one dental assistant along with high end equipped infrastructure and essential drugs.

Table 6.5: Co-located Dental Unit details in PHCs

Sl. No	No. of Dental Units	Manpower Sanction (Contract Basis)		Allotment for Dental drugs and Dental consumables per year	Total Beneficiaries (For the Month of April 2023 – March 2024)
		Dental Surgeons	Dental Assistants		
1	395	395	395	85.17 lakh	28.87 lakh

d) Special Initiative: A dedicated Software Application was developed through TNeGA to monitor the progress of all Civil Works undertaken by this directorate. At present 2,542 Civil works are being monitored through dashboard in real time. The different stages of works from basement work to inauguration are monitored continuously.

6.3. NON-COMMUNICABLE DISEASES (NCDs)

i) Makkalai Thedi Maruthuvam (MTM) :

COVID-19 pandemic has brought several alterations and challenges to the delivery of health care services and highlighted the frailties of our public health system. The adverse impact of the pandemic was particularly felt in the area of NCDs as the pandemic resulted in the disruption of treatment, increased mortality, and morbidity in patients with co-morbid conditions like Hypertension and Diabetes. The situation called for putting systems in place to reach medicines for Hypertension and Diabetes patients at their doorsteps and paved the way for envisaging 'Comprehensive Home-based Health Care Services' as a sustainable model for future initiatives. Based on that, the Government of Tamil Nadu has introduced an innovative scheme called 'Makkalai Thedi Maruthuvam' to provide

home-based healthcare services through a team of field functionaries. The scheme was inaugurated by the Hon'ble Chief Minister of Tamil Nadu on August 5th, 2021 in Krishnagiri district and expanded throughout the State.

ii) Home and Institutional Based Services:

NCD care is provided at PHC level through NCD Staff Nurses, at HSC level through Mid-Level Health Providers (MLHP) and at village level through Women Health Volunteers (WHV).

iii) Field functionaries in MTM: Approximately for every 5,000 population, one WHV is posted with an incentive of Rs.5,500/- per month. The field activities under the MTM scheme includes screening for common NCDs- Hypertension, Diabetes Mellitus, Cancer Cervix, Cancer Breast, Oral cancer, Chronic Kidney Diseases, Tuberculosis and Leprosy and homebased drug distribution for Hypertension/Diabetes. **10,969**

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-Centers and 2,256 WHVs from the SHG Network under the Tamil Nadu Urban Livelihood Mission (TNULM) in urban areas. In our State, there are **463 teams consisting of Palliative Care Nurse and Physiotherapist** offering Home Based Palliative and Physiotherapy services. At the institutional level, 2,892 MTM staff nurses have been deployed at the rate of one per PHC, two per Government Hospital and two per Medical College Hospital for providing comprehensive NCD services at Primary, Secondary and Tertiary care level.

Table 6.6: Performance of MTM

S.No.	Particulars	Primary Care (Rs. in lakhs)	Secondary Care (Rs. in lakhs)	Tertiary Care (Rs. in lakhs)	Total (Rs. in lakhs)
1	Hypertension	78.32	2.59	1.66	82.58
2	Diabetes	40.38	1.26	0.74	42.39
3	Both DM & HT	35.92	0.90	0.51	37.33
4	Physiotherapy Services	5.91			5.91
5	Palliative Care Services	4.29			4.29
6	Cancer	0.49	0.02	0.09	0.60

As of 31.05.2024, 1.72 Crore beneficiaries are benefitted under this scheme as per MTM line list portal.

iv) Budget: Totally Rs.632.60 Crores expenditure has been made since inception on MTM. Also, an allocation of Rs.242.93 Crores is envisaged in the

upcoming financial year 2024-25 with focus on certain key activities such as strengthening and upscaling of Community-based Organized Cancer Screening programme, upscaling the screening of individuals at workplaces through work based NCD intervention and enhancing the Mental Health services at the community level.

v) Effect of MTM Scheme: The effect of MTM Scheme is clearly indicated as per the STEPS Survey, where in control is increased from 2019-20 to 2023-24.

Table: 6.7: Comparison of STEPS Survey

NCD	Parameter	STEPS I (2019-20)	STEPS II (2023-24)
Hypertension	Control	7.3%	17.0%
Diabetes	Control	10.8%	16.7%

Source: TN STEPS Survey I and II

Makkalai Thedi Maruthuvam Scheme will be continued in 2024-25 with additional activities.

vi) Idhayam Kaapom Thittam: The Government of Tamil Nadu has announced the launch of the 'Idhayam Kaapom Thittam' program to prevent deaths caused by sudden cardiac arrest. The program was launched on June 27, 2023 at the Malumichampatty HSC in the Madukkarai block, Coimbatore by the Health and Family Welfare Department as per Announcement No.15 for 2023-24. As per the scheme, cardiac loading doses will be provided in PHCs and HSCs to those patients reporting with symptoms of cardiac illness on consultation with the district nodal cardiologist, drugs containing Aspirin-2, Clopidogrel-4, and Atorvastatin-8, a total of 14 tablets will be provided and referred for further management. As of 31.05.2024, a total of 8,043 persons in PHCs and 519 persons in HSCs have benefitted under this scheme. Idhayam Kaapom Thittam will be continued in the year 2024-25.

vii) Urine Dipstick Testing for early detection of Chronic Kidney Disease: Government of Tamil Nadu has announced the launch of 'Urine Dipstick Testing for Early Detection of Chronic Kidney Disease' considering the complications that may arise in chronic NCD patients. The scheme was launched on 10.07.2023 in Government Upgraded PHC, Kadayampatty, Salem district. As per this program, all the NCD patients of age 30 years and above and those with risk factors for non-communicable diseases will be subjected to urine dipstick testing at the HSCs and PHCs level. Those who are found to be positive will be referred to higher centres for further assessment and management. As of 31.5.2024, 39.79 lakhs persons in the PHCs and 9.63 lakhs persons in HSCs were screened using urine dipstick testing. Of which, 14,914 persons in PHCs and 3,214 persons in HSCs found positive and were referred to higher institutions for further management and

follow up. This programme will be continued in the year 2024-25.

viii) Workplace based NCD Intervention: In 'Makkalai Thedi Maruthuvam' the field health beneficiaries make house visits and screen for common NCDs, wherein some of the individuals leave for work and hence gets missed out during those visits. With special concern for the welfare of the workers who are the foundation of the state's economic development, the Government launched the 'Workplace based NCD intervention program' on 09.01.2024 at Thiruvallur district for NCD screening of the workers involved in factories and unorganized sectors. In the first phase of this program, 8.35 lakh employees working in 711 industries will be covered and NCD screening for hypertension and diabetes will be done in coordination with the Directorate of Medical and Rural Health Services (ESI) and Directorate of Industry Safety and Health. The migrant workers

will also benefit from this program. As of 31.05.2024, 2.87 lakh employees working in 457 industries were screened for common NCDs of which 10,433 are already known to have hypertension or diabetes and 2.24 lakh are found to be normal. 12,948 were newly suspected to have hypertension, diabetes, or both and referred for confirmation and further follow-up. Workplace Based NCD intervention program will be continued in the year 2024-25.

ix) Focus to encourage 8 km Health Walk – ‘Nadappom Nalam Peruvom’: World Health Organization (WHO) recommends that moderate-intensity aerobic physical activity, such as brisk walking contributes to a 27% reduction in complications associated with hypertension and diabetes and a 30% reduction in complications associated with heart disease. Regular physical activity, such as brisk walking, confer benefits such as the maintenance of optimal body weight,

the management of chronic diseases, such as hypertension and diabetes, and the attenuation of mental stress. Considering the above facts, 8 km Health Path Way is identified in 38 revenue districts in collaboration with urban local bodies and Government of Tamil Nadu launched 'Nadappom Nalam Peruvom (Health Walk) to promote a healthy lifestyle among people on November 4, 2023. This initiative seeks to encourage the public to prioritize physical activity and make walking a part of their daily routine to reduce the risk of chronic illnesses. NCD screening camp is conducted on the first Sunday of every month and awareness of various Non-communicable Diseases is also provided. As of May 2024, out of a total of 26,110 walkers who have been screened for NCDs, 17,113 are found to be normal with no hypertension or diabetes, 6,987 are found to be have hypertension or diabetes or both already and 2,010 have been newly detected to have hypertension or diabetes.

Various steps are being taken to encourage people to walk. 'Nadappom Nalam Peruvom' (Health Walk) will be continued in the year 2024-25.

x) Community-Based Organized Cancer Screening in 4 districts – Erode, Ranipet, Tirupathur and Kanniyakumari: Government of Tamil Nadu launched Community-Based Organized Cancer Screening in 4 districts – Erode, Ranipet, Tirupathur and Kanyakumari as a pilot on 22.11.2023 as per the announcement 34 of Health and Family Welfare Department 2023-24. As per this scheme, the Women Health Volunteers and the field health functionaries will provide invitation letters at HSC level to the target beneficiaries for screening of common cancers – Breast Cancer, Cervical Cancer, and Oral Cancer thereby creating awareness of the need for early screening and detection of these common

cancers. All women above 30 years will be screened for breast and cervical cancer screening once in 3 years and all men and women aged above 18 years will be screened for oral cancer once a year. Those found to be positive in the screening tests will be further referred for confirmation tests and further management in the secondary and tertiary care hospitals.

Table 6.8: Performance Report from 22.11.23 to 31.05.2024

S. No	District	Target Population (>=18 years male & female)	Number of beneficiaries screened (In lakhs)		
			Oral cancer	Breast cancer	Cervical cancer
1	Erode	18.22	1.06	0.43	0.32
2	Kanyakumari	15.63	0.66	0.30	0.24

3	Ranipet	9.48	0.46	0.19	0.14
4	Tirupathur	9.69	0.80	0.26	0.21
	Total	53.02	3.00	1.19	0.92

As of 31.05.2024, invitations have been provided to 6.92 lakh beneficiaries for oral cancer screening and 3.24 lakh beneficiaries for breast and cervical cancer screening. Among those, 2.93 lakh were screened for oral cancer, 1.17 lakh for breast cancer and 90,106 for cervical cancer and 39 patients were confirmed to have cancer (2 Oral cancer, 14 breast cancer, 23 cervical cancer) and are on follow-up and treatment. Community-Based Organized Cancer Screening will be continued in 2024-25.

xi) Future Plans under NCD MTM:

- a) Early detection of Chronic Kidney Diseases (CKD) by estimating eGFR at the Primary Health Care Level for NCD patients.

- b) Mission for Vision / Save your Sight - Early Detection of Diabetic Retinopathy to prevent loss of vision among NCD patients.
- c) Early Detection of Diabetic Peripheral Neuropathy to prevent foot ulceration in NCD patients.
- d) Expanding Organized Cancer Screening (OCS) to all districts.

6.4. MATERNAL AND CHILD HEALTH

i) Dr. Muthulakshmi Reddy Maternity Benefit

Scheme: Dr.Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) is implemented since on 15.09.2006 with a noble objective of providing assistance to pregnant women/mothers (1) to meet expenses on nutritious diet, (2) to compensate the loss of income during motherhood, (3) to ensure normal birth weight of newborn (4) to reduce anemia during pregnancy.

The State Government has enhanced the assistance of Rs.6,000/- (2006) to Rs.12,000/-, with effect from 01.06.2011. Further the maternity assistance was enhanced to Rs.18,000/- since 2018 by including two maternal nutrition kits each worth of Rs.2,000/- and Co-branded with Government of India Pradhan Mantri Mathru Vandhan Yojana (PMMVY 1.0). Under Co-branding of Dr.MRMBS and PMMVY (2018 to 2024), 13.74 lakh Antenatal mothers have received the benefits and remaining beneficiaries are under process for payment based on approval by Government of India. In order to synergize the process in March 2024, the Government in its order (G.O. (Ms) No 94, Health and Family Welfare Department, Dated 16-03-2024) issued for revising the number of instalments and fixing up new eligibility criteria for co-branding of Dr. MRMBS and PMMVY 2.0.

Table 6.9: Revised Schedule and Conditionalities of Dr. MRMBs - PMMVY 2.0 Co-branding

Nutrition Kit-2	1 st Instalment	Nutrition Kit-1	Instalment	Terms of Instalment		Total Amount (in Rs.)		First Pregnancy (For both Male and Female Child)	2 nd Female Child	2 nd Male Child	HOB (more than 2 live children) mothers & Migrant mothers from other state
				6 th month of pregnancy	4 th month of pregnancy	3 rd month of pregnancy	Instalment				
				2,000	6,000	2,000	2,000				
				2,000	3,000	2,000	2,000				
				0	3,000	0	0				
				2,000	6,000	2,000	2,000				
				0	0	0	0				
				2,000	6,000	2,000	2,000				
				2,000	0	2,000	2,000				

2nd Instalment	After 4th month of delivery	6,000	4,000	2,000	0	6,000	6,000	4,000
3rd Instalment	After 9th month of delivery	2,000	2,000	0	2,000	0	2,000	0
Total		18,000	13,000	5,000	12,000	6,000	18,000	8,000
Total benefits given to beneficiaries Co-branding of Dr.MRMBS & PMMVY (in Rs.)			18,000		18,000		18,000	8,000

The general eligibility criteria for co-branding of Dr.MRMBS and PMMVY 2.0 newly added includes

- 1.Women belonging to Scheduled Castes
- 2.Women belonging to Scheduled Tribes
- 3.Women who are partially (40%) or fully disabled (Divyang Jan)
- 4.Women Holders of BPL ration Card
- 5.Women Beneficiaries under Pradhan Mantri Jan Aarogya Yojana (PMJAY) under Ayushman Bharat
- 6.Women holding E-shram card

7. Women farmers who are beneficiaries under Kisan Samman Nidhi
8. Women holding MGNREGA Job Card
9. Women whose net family income is less than Rs. 8 lakh per annum
10. Pregnant and Lactating AWWs /AWHs/ ASHAs
11. Women Holders of ration Card under NFSA 2013
12. Beneficiaries of Tamil Nadu Magalir Urimai Thittam
13. Any other category of socially deprived mother as may be prescribed by the Central Government or State Government.

Total Dr. MRMBS Beneficiaries 2006-2024	1.20 Crore Beneficiaries	Rs.10,841.14 Crore Amount Distributed
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ii) Maternal Nutrition Kit (MNK) distributed under Dr. MRMBS: To overcome the anemia

problems in pregnancy, 'Two Maternal Nutrition Kits' are distributed to eligible pregnant women under Dr. MRMBS Scheme. Maternal Nutrition kits has been procured through TNMSC and distributed through Primary Health Centers.

Contents of 'Maternal Nutrition Kit'

(1) Mother's Health Mix (2 x 500 gms), (2) Iron Syrup (3 x 200 ml), (3) Dry Dates (2x500 gms), (4) Food Grade Plastic cup (1 No), (5) Plastic Basket with two handles (1 No), (6) Cotton Towel (1 No), (7) Cotton Towel (1 No), 8) Aavin Ghee (500ml)

Table 6.10: Distribution status of Nutrition kits

Year	MNK Annual Target (in lakhs)	Total Amount Released to TNMSC (Rs. Crores)	2 Maternal Nutrition Kits Distributed / Pregnant Women (in lakhs)
2022-23	10.53	238.71	5.26
2023-24	15.23	340.25	7.61

iii) Menstrual Hygiene Programme (MHP): In order to reduce Pelvic inflammatory diseases, reproductive tract infections and to reduce Out-of-Pocket Expenditure, the Menstrual Hygiene programme started in Tamil Nadu in 2012. Under this scheme 'Free Sanitary Napkins - Pudhuyugam' are being distributed.

Table 6.11: Beneficiaries under MHP

Napkin Type	Type of Beneficiary	No. of Packs (6 Pads/ pack)	Beneficiaries
Beltless with wings type (TNMSC) @17	Adolescent girls in the age group of 10-19 years who attained puberty	18 Packs/ Adolescent	43.34 Lakhs
	Women Inpatients in Government Health Institution in the Reproductive Age Group (15-49 Years)	1 Pack / women inpatients	73.31 Lakhs

Belt type (SHG-TNWDC)- Through TNMSC @21	Post Natal Mothers who delivered in Government institutions.	7 Packs/ delivered mother	5.07 lakhs
	Women Prisoners	18 Packs/ Women prisoner	3,000
	Institute of Mental Health (IMH) inmates, Kilpauk, Chennai	18 Packs (each Mental Health Inmates)	100

Total Beneficiaries 2012-2024	1.23 Crores Beneficiaries	7.5 Crores Sanitary Packs worth Rs. 115 Crores
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iv) Mother Baby Care Kit Scheme: Mother and Baby Care kit scheme is being implemented in the State from 2015 onwards. This kit contains 16 health care items (baby towel, baby dress, baby bed, baby protective net, baby napkins, baby oil, baby shampoo, baby soap, baby soap box, baby nail clipper, baby rattle, baby toy, liquid hand wash, bathing soap, Sowbagya Sundi Lehiyam, kit

bag) which is provided to the mothers after delivery in Government Health facilities to improve the hygiene of the postnatal mothers and for better health of new baby care. Annually, a sum of Rs.67.35 crore has been allotted for this scheme and 5 lakhs beneficiaries are benefited in this scheme. The kit is procured through TNMSC.

6.5. IMMUNISATION

i) Introduction: 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 the State, 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 9.16 lakhs children / infants are being covered under this UIP programme and the State consistently achieving Immunization coverage of over 98%. Immunization sessions are being conducted both as Institutional in all days a week and on every Wednesday as Outreach sessions. Institutional immunization sessions are being conducted in all PHCs, paediatric units of Government Medical College Hospitals, District Head Quarters Hospitals, Government Taluk and Non-Taluk Hospitals. Outreach immunization services are being conducted in all villages and towns.

ii) Routine Immunization (RI): The details of vaccine doses and route of administration under Universal Immunization Programme (UIP) are given below:

Table 6.12: Details of Vaccine doses under UIP

Age	Vaccines	Dose	Route of administration
At Birth	BCG	0.1 ml	Intra dermal
	OPV Zero dose	2 drops	Oral
	Hep B birth dose	0.5 ml	Intra Muscular
6 th week	OPV-1	2 drops	Oral
	Rota-1	5 drops	Oral
	fIPV-1	0.1 ml	Intra dermal
	PCV-1	0.5 ml	Intra Muscular
	Penta-1	0.5 ml	Intra Muscular
10 th week	OPV-2	2 drops	Oral
	Rota-2	5 drops	Oral
	Penta-2	0.5 ml	Intra Muscular
14 th week	OPV-3	2 drops	Oral
	Rota-3	5 drops	Oral
	fIPV-2	0.1 ml	Intra dermal
	PCV-2	0.5 ml	Intra Muscular
	Penta-3	0.5 ml	Intra Muscular
9 months (After 270 days)	MR 1st dose	0.5 ml	Subcutaneous
	PCV booster	0.5 ml	Intra Muscular
	fIPV-3	0.1 ml	Intra dermal
	JE/JEEV 1 (in selected districts)	0.5 ml	Subcutaneous

16-24 months	OPV booster	2 drops	Oral
	MR 2nd dose	0.5 ml	Subcutaneous
	JE/JEEV 2 (in selected districts)	0.5 ml	Subcutaneous
	DPT 1st booster	0.5 ml	Intra Muscular
5-6 Years	DPT 2nd booster	0.5 ml	Intra Muscular
10 th Year	Td single dose	0.5 ml	Intra Muscular
16 th Year	Td single dose	0.5 ml	Intra Muscular
Pregnant Mothers	Td1: Early in pregnancy	0.5 ml	Intra Muscular
	Td2: Four weeks after Td1	0.5 ml	Intra Muscular
	Td Booster: If received 2 Td doses in a pregnancy within the last 3 years	0.5 ml	Intra Muscular

(BCG-Bacillus calmette-guerin vaccine ,OPV-Oral polio vaccine , IPV-inactivated polio vaccine, ROTA-rotavirus vaccine, Hep-B-Hepatitis B,DPT-Diphtheria pertussis & tetanus, Td-diphtheria & tetanus, MR- Measles & Rubella, JE-Japanese encephalitis, PCV-pneumococcal conjugated vaccine)

iii) Performance of Routine Immunization

(RI): The dedicated public health staff with their efforts have contributed to a consistent immunization coverage of over 98% in the State

with an average coverage of 1.4 Crores vaccine doses per year. The recent National Family Health Survey (NFHS), Round 5 published in 2021, has validated our coverage.

iv) Special Immunization Programmes:

a) Intensified Pulse Polio Immunization (IPPI): With eradication of two types of Wild Polio Virus, in order to eradicate the Polio Virus type 1, 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 cases of polio has been reported in the State. In the year 2024, IPPI was conducted on 03-03-2024 and 59.20 lakhs aged 0-5 years children were benefitted.

b) Mission Indra Dhanush (MID): The Ministry of Health and Family Welfare (MoHFW) GoI,

launched 'Mission Indradhanush' in December 2014 as a special drive to vaccinate all unvaccinated and partially vaccinated pregnant women and children below 2 years of age under Universal Immunization Programme. So far, nine phases of MID has been conducted since 2015 to 2023 and 2.58 lakh pregnant women and 9.27 lakh children were identified and vaccinated.

c) Hepatitis-B Vaccine to Health Care Workers (HCW): All Health Care Workers (HCW) are at risk for exposure to infectious materials, including blood or body fluids, contaminated medical supplies and equipment or contaminated environmental surfaces. Since 2022, 1.47 lakh doses have been administered till date. All efforts are being taken to emphasize Hepatitis B Vaccination to all the HCWs through National Viral Hepatitis Control Program.

Table 6.13: Hepatitis-B Vaccine coverage from 2022 to till date

Doses	Coverage in doses
First dose	72,801
Second dose	50,575
Third dose	24,418
Total	1.47 lakh

d) COVID Vaccination: Tamil Nadu declared COVID-19 as notified disease under Tamil Nadu Public Health Act (TNPHA), 1939 on 13.3.2020 and notified certain regulations to prevent the outbreak of COVID-19 under the Epidemic Diseases Act, 1897.

Table 6.14: Milestones in COVID Vaccination

COVID vaccination starting date in the State	16.01.21
Vaccination started for HCW&FLW	16.01.21
Vaccination started for 45 to 59 years with Co-morbidities and above 60 years	01.03.21
Vaccination started in Private Hospitals	01.03.21

Vaccination for above 45 years	01.04.21
Vaccines supplied by Government of India through State Government and last date for vaccination in Private Hospitals	30.04.21
Vaccination for 18-44 years	01.05.21
Lactating Mothers Vaccination	20.05.21
Pregnant women (AN Mothers) Vaccination	03.07.21
15-18 years Category Starting date in the State	03.01.22
Precaution doses started for 60 years and above, HCW and all FLW Worker	10.01.22
Precaution dose for HCW, FLW and above 60 years comorbidities camp (Thursday)	20.01.22
Government of India Announcement of Vaccination 12-14 Years of age	16.03.22
Har Ghar Dastak Abhiyan 2.0	01.06.22
Precaution Dose Vaccination for 18-59 years under CSR Funds	06.07.22
Precaution Dose vaccination for above 18 years in all GCVCs at free of cost for 75 days (15.07.22 to 30.09.22)	15.07.22
Precaution Dose vaccination CorBevax for above 18 years	12.08.22
Introduction of iNCOVACC in private Hospital for above 18 years	23.12.22

Government of Tamil Nadu till date has received 11.93 Crore doses from Government of India. Based on Government instructions, 38 mega Covid-19 vaccination camps were conducted and 5.51 crore vaccine doses have been provided through these camps. Till 31.05.2024, the State has administered 12.75 Crore doses to above 12 years with first dose coverage of 96.62%, second dose coverage of 90.32% and 16.99% of precaution dose.

v) U-WIN: U-WIN is a dedicated portal developed in continuation to the implementation of existing eVin and CoWIN platforms for digitizing the Routine Immunization services in the country. After piloting the UWIN portal in 2 districts (Dindigul and Erode), the same has been upscaled to all over the State and 4.89 lakh vaccination certificates generated and issued. The certificate

serves an evidence tool for tracking and as proof of vaccination wherever required.

Table 6.15: U-WIN Vaccination Certificates

Category	Vaccinated (in lakhs)
Pregnant mother	0.47
Children (0-1 year)	3.97
Children (above 1 year)	0.45
Total	4.89

vi) Other Immunization activities:

a) Vaccine Preventable Diseases (VPDs)

Surveillance: Surveillance of Vaccine Preventable Diseases (VPDs) in the State is being supported by WHO, the technical partner. Poliomyelitis, Measles, Rubella, Diphtheria, Pertussis and Neonatal Tetanus are the six VPDs which are being monitored under VPD Surveillance. Although the State is achieving the desired immunization coverage, VPDs tend to occur due to various other factors such as beneficiaries’ immunosuppressive conditions, antigen drift and shifts, and varying range of vaccine efficacies. For the year 2023, out

of 6,587 suspected measles reported, 1,127 cases turned to be positive and out of 101 suspected Diphtheria cases, 1 case turned to be positive. For the year 2024, out of 1,999 suspected measles reported, 441 cases turned to be positive and out of 25 suspected Diphtheria cases, no cases turned to be positive. Poliomyelitis, Pertussis and Neonatal Tetanus have not been reported in 2024.

b) Adverse Event Following Immunization (AEFI) Surveillance: Monitoring of Adverse Events Following Immunization (AEFI) is done through Government of India developed electronic web-based portal called SAFE-VAC (*Surveillance and Action for Events following Vaccination*), where all serious and severe AEFIs are reported from DHO login. The State conducts AEFI committee meetings for Causality Assessment Report (CAR) as per AEFI Surveillance and Response Operational Guidelines, 2024, by

Government of India. The State had reported (till date) 2,091 severe and serious AEFIs which includes 1,969 Routine Immunization AEFI cases since 2015 and 122 COVID-19 AEFI cases.

6.6. NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

Under National Tobacco Control Programme (NTCP), all the districts in the State are implementing Tobacco Control Activities as per COTPA, 2003 covering section 4 – Prohibition of smoking in public places, section 6 – Prohibition of sale of cigarettes and other tobacco products to a person below the age of 18 years and in an around the 100 yards of the educational institutions. Since, 2nd October 2008 to 31st March 2024 fined 3.89 lakh violators and fine amount collected of Rs.6.83 Crore and remitted to Government account. As per the revised guidelines of Government of India, 39,080

schools and 1,885 colleges were declared as Tobacco Free Educational Institutions and with effort taken by the directorate, 696 villages were declared as Tobacco Free Villages.

6.7. SPECIAL INITIATIVES AND NATIONAL PROGRAMS

i) Rashtriya Bal Swasthya Karyakram (RBSK):
RBSK is a Government of India initiative, under which children aged 0-18 years are screened for the following 4Ds:

1. Defects at birth
2. Developmental delays including disabilities
3. Deficiencies
4. Diseases

Early intervention services are provided to children who are identified with any of those conditions categorized under 4Ds. RBSK Mobile Health Team consists of a Medical Officer, a Staff Nurse, a pharmacist, and a driver

Table 6.16: RBSK Teams

S. No.	Category	No. of RBSK Teams
1	Rural	770
2	Urban	35
	Total	805

The annual plan for visits by each team will be drawn up, and the ATP (Annual Tour Programme) for visiting schools and Anganwadi centres has been uploaded on the TNDPHPM website and is shared to all the stakeholders. The teams visit schools at least once in a year with a target of 66.52 lakhs and twice to the anganwadi centres with a target of 39.43 lakh per year which is monitored through the EMIS portal. The children identified with birth defects, Deficiencies, Disabilities and Diseases etc., will be referred to District Early Intervention Centre (DEIC) which has been established in all the districts of Tamil Nadu in medical colleges / Government hospitals.

Table 6.17: Performance of 7 major surgeries under RBSK programme (April 2023- March 2024)

S.No	Disease condition	Children Confirmed	Children Medically Managed	Children Identified for Surgery	No. of Surgery Done
1	CHD*	6,586	4,821	1,765	1,630
2	RHD**	549	509	40	35
3	Club foot	1,085	862	223	215
4	Cleft lip & palate	820	126	694	552
5	Cong. Cataract	188	44	144	138
6	Cong. Deafness	521	331	190	164
7	NTD***	182	84	98	93
Total		9,931	6,777	3,154	2,827#

*CHD - Congenital Heart Diseases, ** RHD -Rheumatic heart diseases, *** NTD - Neural Tube Defects

For balance the surgeries will be conducted based on the fitness of the child

The program will be continued during 2024-25 and the current year focus is on Delivery Point Screening and RBSK team will give suitable health

education to school children on the ill effects of tobacco / drugs.

ii) Rashtriya Kishor Swasthya Karyakram

(RKSK): This program aims to provide comprehensive health services for adolescents aged 10 to 19 years. This program targets adolescents of all genders, residing in both urban and rural areas, whether in school or out of school, and includes both married and unmarried individuals, as well as those considered vulnerable or under-served. The main objectives of the program are to enhance nutrition, promote sexual and reproductive health, improve mental health, prevent injuries and violence, mitigate substance misuse, and address conditions related to non-communicable diseases. Under this program, 442 Adolescent Friendly Health Clinics (AFHCs) have been established across state. In the year (2023-24), 3.47 lakhs adolescents were benefited with

clinical services and 3.34 lakhs adolescents received counselling services.

iii) Adolescent Health and Awareness Camp:

The Hon'ble Minister for Health and Family Welfare announced the launch of 25,000 Health and Awareness camps specifically for adolescent boys and girls aged 10 to 19 years. In the year 2023-24, 18.4 Lakhs adolescents were screened in the camps. Anaemic children were identified during these screening and are provided with follow-up care until their haemoglobin levels returned to normal.

iv) National Iodine Deficiency Disorder Control Programme (NIDDCP):

State IDD Cell and Laboratory were established in 2017 to ensure the efficient functioning of this program and regular testing of iodine content in salt using

the titration method. Additionally, a Urinary Iodine Excretion (UIE) survey is conducted annually in five districts. In 2023-24, 8,545 salt samples were tested, 97% were found to be having iodine content greater than 15 PPM.

v) National Quality Assurance Programme

(NQAS): National Quality Assurance Standards (NQAS) launched with aim of recognizing the good performing facilities as well as improving credibility of public health facilities in community. The areas of concern in this certification are mainly service provision, patients' rights, support services, clinical care and infection control and quality management to ensure quality services to the public at highest level. So far, 558 PHCs have received NQAS Certification. It is planned for another 1,000 facilities to get NQAS certification in the year 2024-25.

Table 6.17 NQAS Certified facilities

S. No.	Financial Year	NQAS Certified facilities				
		CHC	PHC	Urban PHC	HWC-HSC	Total
1	2018-19	5	8	0	0	13
2	2019-20	16	18	0	0	34
3	2020-21	2	2	3	0	7
4	2021-22	16	19	0	0	35
5	2022-23	29	123	38	0	190
6	2023-24	52	199	26	2	279
Total		120	369	67	2	558

vi) Kayakalp Award Scheme: Kayakalp award scheme was initiated since 2016 with the objective of Cleanliness, Hygiene and Infection control practices at public health care facilities. It not only prevents the spread of infection but also provides the patients and the visitors a positive experience.

The number of facilities awarded Kayakalp is given below:

Table 6.18: Distribution of Kayakalp Awards

S. No	Financial Year	CHC	PHC	U- PHC	HWC HSC	U- HWC	Total
1	2020-21	331	837	178	353	0	1,699
2	2021-22	269	728	159	410	0	1,556
3	2022-23	324	1,017	205	818	0	2,364
4	2023-24	406	1,251	259	2,210	349	4,475

Similarly in this Year 2024-25, it has been planned to achieve a target of 5,000 facilities to receive Kayakalp Award.

6.8. UNIVERSAL HEALTH COVERAGE (UHC) – COMPREHENSIVE PRIMARY HEALTH CARE (CPHC) SERVICES

i) UHC Implementation in Tamil Nadu : In the year 2016, the programme was piloted in Tamil Nadu and further upscaled to 4,848 HSCs, 1,384 Addl. PHCs, 460 UPHCs and 500 Urban HWCs

which were transformed as HWCs with MLHP) and MPH-W-M/Gr-II HI appointed on contractual basis. The 12 CPHC services are provided through HWC-HSCs through Out-patient services.

Table 6.19: Performance of Health and Wellness Centers

Year	Beneficiaries (in Crores)
2021-22	1.31
2022-23	3.91
2023-24	6.16

ii) Drugs and Lab Services: As per GoI guidelines essential drugs are provided and lab tests are being done at HSC- HWCs and PHC-HWCs as detailed below:

Table 6.20: Essential Drugs at HWCs

Facility	Number of Essential drugs
HSC-HWC	106
PHC-HWC	172

Table 6.21: Diagnostic Services at HWCs

Facility	Total Number of Tests- (Assured tests)	In-House tests	Referral Tests (through Sample Transportation under IELS)
HSC-HWC	14	7	7
PHC-HWC	63	29	34

Further sample transportation is carried out under Integrated Essential Laboratory Services (IELS).

iii) Tele-consultation (e-Sanjeevani):

e-Sanjeevani serves as a platform for providing these 12 sets of CPHC services in rural and remote areas where access to healthcare services are limited. It was launched during the year 2020 to connect patients with doctors, allowing to consult them online in all the HWCs. MLHP in HWCs facilitate the teleconsultation for the patient

by connecting to the doctors. The State has been awarded the best performance in teleconsultation during the year 2022. 2.16 crores teleconsultations have been made in the year 2023-24.

iv) Health Camps: Health Camps were conducted every Saturday from 17th Sept 2023 to till 31st March 2024 as per GOI norms with the following components:

- a. Health camps at CHCs and HSC-HWCs
- b. PMJAY card registration & distribution
- c. ABHA-ID generation
- d. Screening for NCD and TB
- e. Blood donation camps
- f. Motivation for Organ donation
- g. Grama Sabha

Table 6.22: Beneficiaries under CHC and HSC-HWC Health Camps (Sept 2023-Mar 2024):

Facility	No. of Camps	Footfalls (Beneficiaries in crores)
CHC	12,198	14.74
HSC-HWC	2,19,191	3.88

Further, as per communication from GOI, it is proposed to conduct Health Camps once in a month from April 2024 on 3rd Saturday every month for the year 2024-25.

v) Jan Arogya Samiti (JAS) / Makkal Nalavazhu Kuzhu (MNK): Jan Arogya Samiti (Makkal Nalavazhu Kuzhu) serves as a platform for community participation in the management and governance of health facilities like HWC-HSC. Jan Arogya Samiti (Makkal Nalavazhu Kuzhu) have been formed in all 8,713 HSCs. It also strengthens community intervention and participation for health promotion activities and action on social determinants at community level.

The committee for implementing JAS/MNK is mentioned below:

Table 6.23: Committee for implementing JAS/MNK

Designation	HSC-HWC
Chairperson	Gram Panchayat President of the corresponding HSC area
Co-Chair/Member Secretary	The PHC Medical Officer of the concerned HSC
Members	<ul style="list-style-type: none"> • Panchayat President of other areas if available • Chairperson of Panchayat's Health Sub-Committee (VHSNCs) • VHN of the corresponding HSC • MLHP of the corresponding HSC (if available) • Multi-Purpose Health Worker/ Health Inspector-gr-II/other HIs • Anganwadi Worker (AWW) of ICDS of the area • ASHA/WHV if available

For the year 2023-24, Rs.5,000 per HSC has been released by NHM-TN amounting to

Rs.4.60 crore and 100% expenditure has been done by the facilities towards JAS/MNK.

vi) Urban Health and Wellness Centres (UHCs): The Hon'ble Chief Minister of Tamil Nadu made an Announcement on the floor of the Assembly on 07.05.22 under Assembly rules 110, for the establishment of 708 U-HWCs in Urban Local Bodies of Corporations and Municipalities and as the first phase of implementation, 500 U-HWCs in GCC and ROTN are inaugurated on 06.06.2023 to improve the healthcare of urban residents. The remaining 208 Urban HWC will be inaugurated in 2024-25.

The manpower of UHWC includes MO-1, SN-1, MPHW/Gr-II HI-1, and Hospital Worker-1. All the staff are appointed on contractual basis. The timings are from 8 a.m. to 12 noon and from 4 p.m. to 8 p.m. The performance of UHWCs is being entered in Government of India

Ayushman Bharat web portal and in the State HMIS 2.0 portal. Upgradation to HMIS 3.0 is under process.

Table 6.24: UHWC OP Performance from June 2023- March 2024

Out Patient Services	Number of Beneficiaries (in lakhs)
Morning OP	66.26
Evening OP	42.42

vii) Polyclinic : Polyclinic – Specialist Outpatient Clinic’ is implemented in 128 Urban PHCs including GCC to provide comprehensive specialty services to the urban poor, on fixed day and fixed specialty services in 6 days a week. It functions as evening OP from 4:30 p.m. to 8:30 p.m. The performances are monitored by a web-based application. Funds approved for hiring specialists for Polyclinic services in FY 2023-24 is Rs.16.9 Crores.

Table 6.25: Performance of 128 Polyclinics

Day	Name of the Speciality	Beneficiaries FY 2023-24
Monday	General Medicine	2.42 lakhs
Tuesday	Obstetrics &Gynaecology	31,766
Wednesday	Paediatrics	35,052
Thursday	Ophthalmology	22,586
	Physiotherapy	30,223
Friday	Dermatology	37,107
	Dental	27,874
Saturday	Psychiatry	25,150
	Lab Tests (6 days a week)	2.42 lakhs
Total		4.52 lakhs

viii) Drug allotment to the PHCs: provision of essential medicines is a major component of comprehensive health care. Essential drugs and consumables are distributed to all PHCs, HWC and

HSC under 'Free Drug Service Initiative'. Drug passbooks are being provided for different schemes such as Maternal and Child Health, Communicable Diseases, Non-Communicable diseases (NCD), Snake bite (Anti snake venom) and Dog bite (Anti Rabies vaccine and Immunoglobulin) and other health services etc., Drugs and consumables are procured through Tamil Nadu Medical Service Corporation Limited (TNMSC). In the year 2023-24, 132 Crores were allotted under various schemes for the procurement and supply of essential drugs including Anti Rabies Vaccine and Anti Snake Venom. Utilization of the distributed drugs are monitored through Drug Distribution and Monitoring System (DDMS) Portal which ensures the stock availability and this facilitates, uninterrupted drug supply of the essential drugs.

6.9. OTHER SPECIAL INITIATIVES

i) Kalaigharin Varumun Kappom Thittam (KVKT): The flagship programme 'Kalaigharin Varumun Kappom Thittam' (KVKT) was launched by Hon'ble Chief Minister of Tamil Nadu Muthamizh Arignar Dr.Kalaigharin in 1999 and health seeking behaviour of the people. The scheme was implemented in the banner of Specialty Medical Camps during 2001-06 and 2011-21. Hon'ble Minister for Health and Family Welfare announced in the Legislative Assembly on 02.09.21 that the scheme will be revived and revamped as Kalaigharin Varumun Kappom Thittam. The scheme was inaugurated by Hon'ble Chief Minister on 29.09.21 in Vazhapadi, Salem District around 1,250 Medical camps are conducted by teams of medical experts all over the State (1,155 Camps in 388 Blocks, 80 Camps in 20 Corporations 4 camps in each Corporation and 15 camps in Greater Chennai

Corporation). These camps provide comprehensive health checkup, treatment and health education to the rural and urban people. General screening to all age groups and Screening for communicable and non-communicable diseases (NCD) are done for targeted groups. Semi Auto Analyzer and Cell Counter equipment are brought to the camp sites and blood and urine laboratory investigations are also carried out. In addition, ante natal care and Ultra Sonogram (USG) services to assure pregnancy status and to detect any fetal abnormalities are also provided. Camps are conducted from 9 am to 4 pm. The referred patients are followed up in the referral institutions. In this KVKT camp, with more than 17 specialists like General Medicine, General Surgeon, Obstetrician and Paediatrician Ophthalmologist, Oncologist, ENT, Orthopaedics, Dentist, Dermatologist, Psychiatrist and AYUSH etc., are providing treatment for the various diseases like cancer, diabetics, hypertension,

heart diseases and geriatrics diseases etc. Patients who need surgery will be referred to higher centres and also facilitate to take treatment under Chief Minister's Comprehensive Health Insurance Scheme.

ii) Palli Sirar Kannoli Kappom Thittam: The purpose of a vision screening is to identify vision problems in a correctable stage and provide suitable refraction glasses. The Government of Tamil Nadu launched Kannoli Kappom Thittam from in the year 2009 onwards, under this program all the students studying in 6th standard to 12th standard in Government and Government Aided Schools are screened for Refractive errors. One or two teachers per school have been trained for identifying suspected refractive error among school children. The Para Medical Ophthalmic Assistants (PMOAs) check the suspected children for refractive error, those with refractive error are provided with free spectacles.

Table 6.26: Performance of Palli Sirar Kannoli Kappom Thittam

Year	Total No.of Children	Total No.of Children Screened	PMOA Confirmed & Spectacles Order placed for Refractive Error
2023-24	42.76 lakhs	42.56 lakhs	2.70 lakhs

Palli Sirar Kannoli Kappom Thittam will be continued in the year 2024-25.

iii) Hospital on Wheel (Mobile Medical Unit) :

The aim of HoW Programme is to provide medical care to people living in far reaching, remote, hilly and difficult to access area with focus on mother and child health services communicable and non-communicable diseases covering all the remote villages and hamlets as per the Fixed Tour Programme (FTP) specifically for each block. There are 476 Mobile Medical Units including 396 Rural MMU, 10 Urban MMU, 20 Tribal MMU and 50 Labor MMU. Mobile Medical Team comprise of one Medical Officer, one Staff Nurse, one Lab

Technician, one Driver and one Attender cum cleaner. MMU team visits 40 difficult areas in the block per month as per fixed tour programme. MMU team conducts medical camps, screen for chronic diseases, identify high risk pregnancies, do surveillance on communicable disease and conduct patient support group and create health awareness. As per the announcement of Hon'ble Health Minister during 2021-22, 389 old MMU vehicles was replaced with new Mobile Medical Unit Vehicles at the cost of Rs.70.02 Crores for conducting Mobile Medical Camps.

Table 6.27: Performance of MMUs

Year	No. of Camps conducted (in Lakhs)	No. of Beneficiaries (in Crores)
2021-2022	2.41	1.84
2022-2023	2.57	1.87
2023-2024	2.44	1.96

6.10. COMMUNICABLE DISEASES

i) Communicable Disease Control: DPH&PM is implementing and monitoring disease surveillance activities to prevent the occurrence of communicable diseases in coordination with other allied Government departments in the State. 24x7 Emergency Operation Control Rooms are established in the State and district levels to coordinate the disease prevention and control measures. At the district level, DHOs act as District Surveillance Officers. In order to prevent the spread of infection or diseases the following measures are being carried out.

a) Water Analysis through Water Labs: Water Samples are collected from various sources, water treatment units, service reservoirs and distribution networks and examined for physical, chemical, bacteriological and biological quality by

the concerned Chief Water Analysts (CWA) in Chennai, Coimbatore, Tiruchirappalli and Tirunelveli. The list of water samples which were found unfit for drinking are communicated to the concerned local authorities for rectification.

Table 6.28: Samples Tested

Year	Total Number of Samples Tested
2021	20,969
2022	51,326
2023	1.41 lakh

The activities coordinated through Local bodies are

1. Ensuring the distribution of pure and safe drinking water
2. Prevention of water/sewage stagnation
3. Monitoring anti-larval and anti-adult mosquito measures.
4. Monitoring solid waste management and sewage treatment activities.

b) COVID-19 pandemic: The details of COVID-19 pandemic in Tamil Nadu are as follows:

Table 6.29: Details of COVID-19 (2020-22) in Tamil Nadu

COVID-19 wave	Important Dates	Daily cases	Active cases (in lakhs)	Samples tested (in lakhs)
1st wave	31-05-20	1,149 (Above 1,000)	0.09	0.12
	27-07-20	6,993 (Peak)	0.54	0.63
	20-02-21	438 (Lowest)	0.04	0.51
2nd wave	19-03-21	1,087 (Above 1,000)	0.06	0.73
	21-05-21	36,184 (Peak)	2.47	1.74
	24-12-21	597 (Lowest)	0.06	1.02
3rd wave	31-12-21	1,155 (Above 1,000)	0.07	1.04
	22-01-22	30,744 (Peak)	1.94	1.55
	04-04-22	21 (Lowest)	0.002	0.20

COVID-19 pandemic was successfully managed by this directorate with support from all the departments. Now the cases have completely declined. Around, 35 lakhs individuals had recovered from COVID-19.

c) Disaster Management: During disaster and any other natural calamities, Mobile Medical Units (MMU) are deployed by this directorate for medical camps, disease control and providing chemoprophylaxis etc., to manage the Disaster situation.

Michaung Cyclone and Southern District Flood Control Activities

Cyclone 'Michaung' brought extreme heavy rainfall in Chennai, Tiruvallur, Chengalpattu and Kancheepuram districts from 03.12.2023 and 04.12.2023. The southern districts experienced

extreme heavy rainfall in Thoothukudi, Tirunelveli, Kanniyakumari and Tenkasi from 17.12.2023 to 19.12.2023 causing inundation and flooding in many areas throwing normal life out of gear. 300 medical teams and 190 medical teams were deployed respectively to the flood affected areas in Chennai region and southern districts. In addition, 28 Water Analyst teams, 490 chlorination teams, 33 Entomological teams were deputed to monitor water quality, coordination and spread of Vector Borne Diseases. 11 Nodal officers at the cadre of state officials from this directorate and 30 Monitoring Officers were deputed to the flood affected areas to supervise the above said activities. Since infectious diseases, especially like Leptospirosis is common in flood affected areas, as a preventive measure, Chemoprophylactic drugs such as Capsule Doxycycline and Tablet Azithromycin were given. Pregnant women within 15 days of Expected Date of Delivery (EDD) were mobilized and admitted in

Hospitals for safe confinement. Special Measles Rubella (MR) Vaccination campaign was conducted in the flood affected areas and children between 9 months to 15 years were vaccinated with MR Vaccine.

Table 6.30: Michaung Cyclone activities

Performance from 06.12.2023 to 23.12.2023			
Sl. No	Health Unit District	Total No. of camps	Total No. of beneficiaries (in lakhs)
1	Chennai	7,834	4.85
2	Chengalpattu	2,953	1.68
3	Thiruvallur	1,854	0.96
4	Poonamallee	454	0.26
5	Kancheepuram	1,270	0.69
Grand Total		14,365	8.45

Table 6.31: Southern District Flood relief activities

Performance from 17.12.2023 to 12.01.2024			
Sl. No	Health Unit District	Total No. of camps	Total No. of beneficiaries (in lakhs)
1	Tirunelveli	2,229	0.83

2	Thoothukudi	4,313	2.91
3	Tenkasi	2,223	0.60
4	Kanniyakumari	1,689	0.51
Grand Total		10,454	4.87

Table 6.32: Chlorine tablets distribution details

21.12.2023 to 12.01.2024		
District	Total no. of blocks/ Corporation	Total no. of Chlorine tablets issued to households till date 12.01.2024 (in lakhs)
Tirunelveli	10	3.46
Thoothukudi	8	31.28
Total	18	34.74

d) Integrated Health Information Platform (IHIP) / Integrated Disease Surveillance Project (IDSP): IHIP-IDSP is a real-time online surveillance platform which was launched on 1st April 2021 by revamping the Weekly Surveillance programme called IDSP. To implement the IHIP-

IDSP related activities, 38 District Public Health Laboratories (DPHL) and 1 State Public Health laboratory (SPHL) are functioning in the State. The vision of IHIP-IDSP is to have one-stop platform for all spectrum of Health events pertaining to communicable diseases, from online generation of lab confirmed case line lists to generation of Early Warning Signals (EWS). The health-related data on cases/syndromes are being updated in IHIP-IDSP on a daily basis by both Government and Private Institutions, using S form for Suspected / Syndromic case, P form for Presumptive / Clinical cases and L form for Lab confirmed cases.

Table 6.33: Reporting Units

Tamil Nadu - IHIP – Reporting Units (01.04.2023 to 31.03.2024)		
Type of FORM	Total No. of Reporting Units	Active Reporting Units
S	10,871	10,069

P	5,667	5,614
L	4,758	4,663

In addition, such occurrences can be reported by the community by filling and submitting the form, along with their contact details in the following link <https://ihip.mohfw.gov.in/cbs/#!/>. They can also add necessary evidences in the form of documents in the same link. This community reporting disease surveillance serves as an active process of community participation in reporting outbreak prone communicable diseases.

e) State Public Health Laboratory (SPHL):

SPHL equipped with a well-established Serology Lab with CLIA facility had conducted 4 rounds of COVID-19 serosurvey. SPHL have ICMR and Government of India approved RT-PCR laboratory for COVID-19 testing and handled more than 29

lakhs tests as on March 2024. It is the first Government RT-PCR lab in the State to obtain NABL Certification. It has also introduced the innovative approach of forecasting Early Warning Signals (EWS) of impending Arboviral diseases like Dengue, Japanese Encephalitis (JE) and ZIKA viruses from vector mosquitoes using RT-PCR Method. Hon'ble Chief Minister of Tamil Nadu inaugurated Whole Genome Sequencing (WGS) Laboratory in SPHL on 14.09.21 to identify the emergence, evolution and significant mutations of SARS CoV-2 variants in the community. The WGS Lab is also approved by INSACOG, Government of India and so far, sequenced 3,111 COVID-19 samples in Tamil Nadu. SPHL has also taken a lead to obtain NABL Certificates for the 1,622 laboratories in PHCs under the Medical Entry Level Testing Program in 2023. The State Public Health Laboratory (SPHL) coordinates with all 38 District Public Health Laboratories.

f) District Public Health Laboratory (DPHL):

District Public Health Laboratories are established in each of the 38 districts of Tamil Nadu, playing a key role in surveillance of communicable disease by rendering appropriate diagnostic services in time, through community and institutional samples, thereby decreasing morbidity and mortality in the community. Since, DPHL is effectively involving surveillance of communicable diseases and detection of epidemic prone diseases, action is being taken to change the nomenclature of DPHL as District Disease Surveillance Laboratory (DDSL).

g) Heat Wave preparedness: To declare a heat wave, following criteria should be met for at least two stations in Meteorological sub-division, for at least two consecutive days as per the definition of World Meteorological Organization (WMO). Heat wave will be declared on the second day.

1. Based on deviation from normal temperature: Heatwave is deviation from normal temperature by 4.5°C to 6.4°C and severe heatwave is deviation from normal temperature by > 6.4°C.
2. Based on actual maximum temperature: Heat wave is when actual maximum temperature is $\geq 45^{\circ}\text{C}$ and severe heat wave is when actual maximum temperature is $\geq 47^{\circ}\text{C}$.

Health facility preparedness for prevention and management of Heat Related Illness (HRI)

- a. IHIP-NPCCHH Portal is used for monitoring Heat Related Illness in real time.
- b. Procurement and supply of adequate quantities of Oral Rehydration Solution (ORS) packs, essential medicines, IV fluids,

- ice-packs, for management of volume depletion and electrolyte imbalance etc.
- c. By ensuring allocation of 2 to 10 beds for management of HRI in the health facilities.
 - d. Ensure availability of sufficient drinking water, cooling appliances and their functioning.
 - e. Equipping ambulance with ice packs and cold water for early management of HRI cases.
 - f. Cases with suspected heat stroke should be rapidly assessed using standard treatment protocols.

To manage the Heat Related Illness, 1,000 Rehydration points with ORS corners were established in public places like bus stands, markets, railway stations and places of public gatherings in coordination with the Local Bodies.

ii) Vector Borne Diseases: Vector-borne and other zoonotic diseases are a group of

communicable diseases like Malaria, Filariasis, Dengue, Japanese Encephalitis, Leptospirosis and Rabies etc., which are transmitted by mosquitoes and other similar vectors. To prevent and control vector borne diseases, the main activities under the integrated vector control are sanitation, source reduction, anti-larval work, anti-adult work, fogging, community participation and Information Education and Communication. For management of vector borne diseases, treatment facilities are made available by ensuring availability of life-saving drugs and consumables including blood components, blood platelets etc., and are stored in adequate quantities in all Government health facilities.

a) Dengue: Dengue fever is an outbreak prone viral disease transmitted by Aedes mosquitoes.

Table 6.34: Incidence of Dengue 2015-2024 (up to 31.5.2024)

S.No.	Year	Cases
1	2015	4,535
2	2016	2,531

3	2017	23,294
4	2018	4,486
5	2019	8,527
6	2020	2,410
7	2021	6,039
8	2022	6,430
9	2023	9,121
10	2024	4,384

b) Chikungunya: Chikungunya is a viral disease, transmitted to humans by *Aedes* mosquitoes. There is decline in Chikungunya cases due to effective control measures taken by the Government.

c) Malaria: Malaria is a parasitic disease caused by *Plasmodium vivax* (*P.vivax*) *Plasmodium falciparum* (*P.falciparum*) in India. Malaria is transmitted through infected female *Anopheles* mosquito. There is marked reduction of cases over the year. Out of 38 districts, 32 districts have attained malaria-free status.

Table 6.35: Incidence of Malaria – 2015 - 2024 (up to 31.05.2024)

S.No.	Year	No. of Cases
1	2015	5,587
2	2016	4,341
3	2017	5,444
4	2018	3,758
5	2019	2,088
6	2020	891
7	2021	772
8	2022	354
9	2023	364
10	2024	45

d) Japanese Encephalitis: Japanese Encephalitis (JE) is a mosquito borne zoonotic viral disease. Japanese Encephalitis control programme, including JE Immunization, is implemented in Ariyalur, Kallakuruchi, Perambalur, Villupuram, Cuddalore, Tiruvannamalai, Virudhunagar, Tiruchirapalli, Thanjavur, Tiruvarur, Madurai, Pudukkottai, Karur and Thiruvallur districts.

Table 6.36: Incidence of Japanese Encephalitis from the year 2015 up to 31.05.2024

S.No.	Year	Cases
1	2015	53
2	2016	51
3	2017	127
4	2018	147
5	2019	231
6	2020	47
7	2021	38
8	2022	28
9	2023	19
10	2024	3

e) Lymphatic Filariasis: Filariasis is a parasitic disease transmitted by the culex mosquitoes, which can cause abnormal swelling of leg. To eliminate Lymphatic Filariasis, a pilot project of Mass Drug Administration programme was started in 1996 in Cuddalore district. Diethyl Carbamazine Citrate (DEC) tablets was distributed to the population and then carried out in all endemic districts from 1997-98. As most of the Filaria endemic districts have reported less than 1% Micro Filaria Rate, as per the WHO guidelines

Transmission Assessment Survey has been conducted, using Filaria Test Strip in 26 Districts. Other activities like Morbidity Management training, Distribution of Morbidity Management Kit, screening for migratory population and hydrocelectomy for the needy persons are carried out. Tamil Nadu is in the process of Eliminating Lymphatic Filariasis. Government is providing financial assistance of Rs.1,000/- per month to Grade IV Lymphatic Filaria patients. 8,023 patients have been benefitted during 2023-24 for which Government has allotted Rs.9.62 Crores.

f) Leptospirosis: Leptospirosis is a zoonotic disease caused by a bacterium and transmitted from animals to human beings. Humans can acquire the infection through direct contact with urine of infected animals or through water/soil contamination with infected animal urine.

Table 6.37: Incidence of Leptospirosis 2015-2024 (up to 31.05.2024)

S.No.	Year	Cases
1	2015	1,284
2	2016	1,216
3	2017	1,080
4	2018	693
5	2019	849
6	2020	376
7	2021	1,046
8	2022	2,612
9	2023	3,002
10	2024	1,125

g) Rabies (Zoonotic disease): Rabies Virus is transmitted through dog and animal bites. Rabies is a 100% fatal disease and causes extremely painful death in humans. Fortunately, the disease is preventable by timely intervention through appropriate post-exposure prophylaxis which includes wound washing and vaccination. Anti-Rabies Vaccine (ARV) is available in all Primary

Health Centres, Government Hospitals and Medical College Hospitals. A budget of Rs.14 crores was allotted and spent for the year 2023-24 for procurement of ARV through TNMSC.

h) Epidemic Information Cell (24x7):

Epidemic Information Cell, a contact point for the public and other stakeholders, is functioning in the office of Directorate of Public Health and Preventive Medicine. Public can register any public health related issues by contacting Epidemic Information Cell. The contact details are Phone No.9444340496, 8754448477. They can also register through 104 Health Help Line. Health related information like Disease Outbreaks, Natural Disasters etc., are being registered at this cell by information from Public, News, Media and other sources and the same is communicated to State/District level officers to take preventive and control measures in time.

6.11. COMPREHENSIVE TRAINING

i) Board of Examinations for ANM/HI Training Course:

The Director of Public Health and Preventive Medicine is the Chairman of Board of Examinations for Auxiliary Midwives and Nurses Training Course, MPHW (M) / Health Inspector / Sanitary Inspector Training Courses. There are 11 Auxiliary Nurse and Midwifery (ANM) Training Schools functioning under this directorate and they have been permitted to train 60 candidates each from 2018 onwards. These training schools conduct two-year ANM Training course. The Anganwadi workers from ICDS department and candidates from Government Service Homes and Children Homes are being selected for this training.

List of 11 Government ANM Training Schools are as follows: -

1. ANM Training School,
Health and Family Welfare Training Centre,
Egmore, Chennai.
2. ANM Training School at Government
Multipurpose Health Supervisor (Female)
Training School, Triplicane, Chennai
3. ANM Training School,
Institute of Public Health, Poonamallee.
4. ANM Training School,
Samayanallur, Madurai.
5. ANM Training School,
Regional Training Institute of Public Health,
Thiruvarankulam.
6. ANM Training school, CHC Campus,
Marandahalli, Dharmapuri.
7. ANM Training School, Poovanthi, Sivagangai.
8. ANM Training School, Community Health
Centre, Veerapandi, Theni.

9. ANM Training School, Tirunelveli Medical College Hospital, Tirunelveli.
10. ANM Training School, Manickampalayam, Namakkal.
11. ANM Training School, Kasturba Hospital, Gandhigram, Dindigul

DPH&PM is also the Chairman of Board of Examinations for ANM / HI Training Course run by Private Institutions. 67 Private ANM training schools run by Trusts / Institutions are functioning in the State. Also, there are 56 private Multi-Purpose Health Worker (Male) / HI / SI training institutions functioning in the State.

The DPH&PM also provides permission to M.B.B.S./M.D, B.Sc. Nursing, M.Sc. Nursing, DGNM, ANM and MPH (M) / Health Inspector/ Sanitary Inspector students for field training by a tie-up with Primary Health Centres.

Table 6.38: Number of tie up institutions

S.No	Name of the Course	No. of Schools/Colleges for tie-up
1.	ANM Training Course	67
2.	Health Inspector Training Course	56
3.	M.B.B.S./M.D, B.Sc.,(N) M.Sc.,(N) P.B.B.Sc.,(N) DGNM	591

The DPH & PM, provides training for all categories of Officers and Staffs working under Health and Family Welfare Department on various schemes and programmes through the following Regional Training Institutes:

1. Institute of Public Health Poonamallee, Chennai – 56
2. Health and Family Welfare Training Centre, Egmore.

3. Health and Family Welfare Training Centre,
Madurai.
4. Health and Manpower Development Institute,
Villupuram
5. Health and Manpower Development Institute,
Salem
6. Institute of Vector Control and Zoonoses, Hosur
7. Regional Institute of Public Health,
Thiruvaramkulam, Pudukkottai District.

6.12. CIVIL REGISTRATION SYSTEM (CRS)

i) Registration of Births and Deaths Act 1969, (Amended) in 2023: The Civil Registration System, is the continuous and permanent recording of Births and Deaths under the statutory Central Act the Registration of Births and Deaths Act, 1969. The unified Act has been amended and enacted by Parliament as per the Registration of Births and Deaths (Amendment) Act, 2023 (20 of 2023) on

11.08.2023 with effect from 01.10.2023. The DPH&PM is the Chief Registrar of Births and Deaths for the state of Tamil Nadu. District Revenue Officer is the District Registrar and District Health Officer is Additional District Registrar of Births and Deaths.

ii) Major highlights of the RBD (Amendment) Act, 2023 are

1. Birth certificate is now the only document to prove the date and place of birth of a person born on or after 1st October, 2023 for various purposes.
2. In case of delayed information of any birth or death to the Registrar after one year of its occurrence, the ordering authority has been changed from 'Magistrate of first class or Presidency Magistrate' to 'District Magistrate or Sub-Divisional Magistrate or an Executive Magistrate authorized by the District Magistrate. In addition, self-attested document

is now required to be submitted in place of an affidavit made before a Notary Public;

3. Following the completion of registration, Registrar is required to provide the certificate of registration of births or deaths, electronically or otherwise, to the informant, within seven days;
4. It is mandatory for all medical institutions, irrespective of ownership, to provide a certificate as to the cause of death to the Registrar and a copy of the same to the nearest relative;
5. Registrar General of India and Chief Registrar of State shall maintain the database of registered births and deaths of National and State level respectively, which may be made available, on request, to the authorities dealing with other databases at the National and the State level with the prior approval of the

Central Government and the State Government, as the case may be.

6. Provision for appointment of Special 'Sub-Registrars' in the event of disaster or epidemic for speedy registration of deaths and issuance of certificates.
7. Enabling legal provisions to facilitate registration process of adopted, orphan, abandoned, surrogate child and child to a single parent or unwed mother.
8. Grievance redressal mechanism for general public aggrieved by any action or order of the Registrar or District Registrar; enhancement of penalties etc.

9. iii) Model Registration of Births and Deaths (Amendment) Rules 2024: RBD Act is administered by the Office of Registrar General of India (ORGI) at Centre and implemented in the State / UT Governments throughout the country in accordance with State rules under the powers conferred under

section 30 of the RBD (Amendment) Act, 2023. The State Government with the approval of the Central Government by a notification in the official Gazette shall make rules to carry out the purposes of this Act. The preparation of RBD Amendment Rules 2024, for the State of Tamil Nadu is under process.

Table 6.39: Details of Births and Deaths in Tamil Nadu.

Year	Births (in lakhs)	Deaths (in lakhs)
2020	9.39	6.91
2021	9.12	8.74
2022	9.36	6.96
2023	9.02	6.93
2024 (As on 31.05.2024)	2.77	2.63

iv) MCCD and E-Mortality Software: Medical Certification of Cause of Death (MCCD) is captured under sec 10(2) and 10(3) of Registration of Births and Deaths Act, 1969, in

Form 4 for Institutional deaths and in form 4A for non-institutional deaths. It is the only source which provides cause specific mortality data which is of immense use for making policy decision and health planning. In order to capture the qualitative cause of death as an innovative measure, a Web based Module "e-Mor" has been implemented.

Chapter - 7

FAMILY WELFARE PROGRAMME

7.1 INTRODUCTION

India is the first country in the world that launched a National Family Planning programme in 1952. Family Planning Programme was established in Tamil Nadu since 1956. Family Welfare Programme got evolved from clinical approach to target free community need assessment approach and now being with Reproductive Maternal Newborn Child Adolescent Health + Nutrition (RMNCAH+N), the global platform. Family Welfare programme emphasizes fertility regulation for reducing birth rates to the extent necessary to stabilize the population at a level constant with the Socio-Economic development and environmental protection.

- Family Planning was changed as Family Welfare Programme in the year 1977.

- Family Welfare Programme is a centrally sponsored National Programme.
- Tamil Nadu is considered as a pioneer State in implementing the Family Welfare Programme in the country.

7.2 OBJECTIVE

To reduce the growth rate and stabilize the population by allowing the Eligible Couples (EC) to anticipate and attain their desired number of children by proper spacing and timing of births by use of contraceptives.

7.3 HIGHER ORDER BIRTHS (HOB)

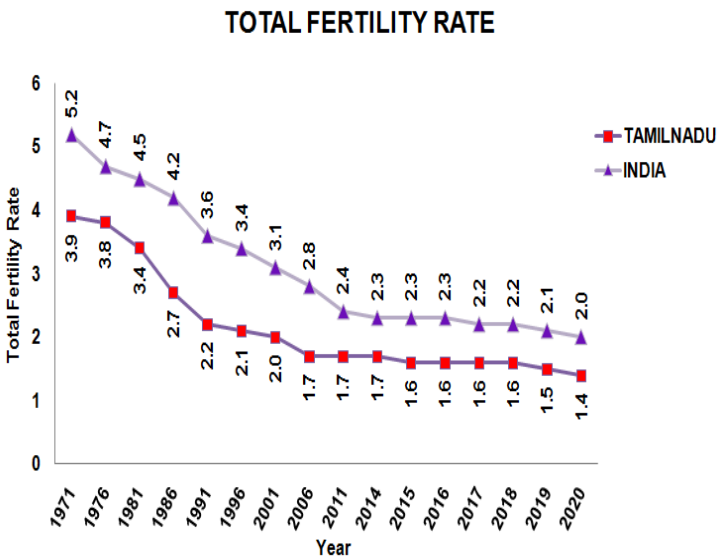
The State has shown significant decrease in the percentage of higher order births. Further steps to reduce the HOB rate are under progress so as to reduce the Maternal Death and Infant Death among the HOB Mothers.

- ❖ HOB Rate has significantly reduced from 24.2% in the year 2000 to 6.7% in the year 2022 in the State.

7.4 TOTAL FERTILITY RATE (TFR)

TFR is the average number of children expected to be born to a woman during her reproductive span of 15-49 age group. Tamil Nadu is one of the lowest TFR State in the Nation.

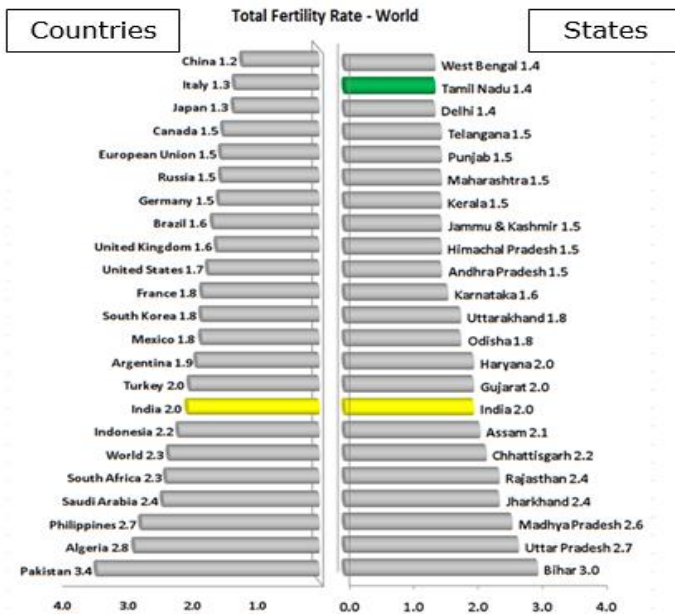
i) TFR – Trend comparison Tamil Nadu and India



- ❖ TFR of Tamil Nadu - 3.9 and India – 5.2 in 1971.

- ❖ Tamil Nadu has reached the replacement level of TFR 2.1 in 2000 well ahead of our Nation which reached the replacement level only in 2019.

ii) Comparison of TFR with other States of India and Countries



- ❖ Till 2001 Tamil Nadu had been in Population Control Phase: Stage -I

- ❖ From 2001-2035, the State is in Population Momentum Phase: Stage - II
- ❖ From 2035 onwards, our State will be in Population Stabilization Phase: Stage – III

7.5 IMPACT OF FAMILY WELFARE PROGRAMME

Table 7.1: Indicators of Family Welfare Programme

No.	Indicators	India	Tamil Nadu
1	Crude Birth Rate -2020 (SRS)	19.5	13.8
2	Crude Death Rate -2020 (SRS)	6.0	6.1
3	Natural Growth Rate 2020 (SRS)	13.5	7.7
4	Teenage marriages (%) (2019-21-NFHS-V)	23.3	12.8
5	Teenage pregnancy (%) (2019-21-NFHS-V)	6.8	6.3
6	Births by Birth Interval (%) - (SRS 2020)		
	< 24 Months	21.1	21.3
	between 24 - 36 Months	26.5	27.4
	> 36 + Months	52.3	51.3
7	Unmet Need (%) (2019-21-NFHS-V)	9.4	7.5

8	modern Contraceptive Prevalence Rate (mCPR%) (2019-21-NFHS-V)	56.5	65.5
9	Total Fertility Rate -2020 (SRS)	2.0	1.4

SRS – Sample Registration System; NFHS – National Family Health Survey

- ❖ mCPR has increased from 45.2% (1992-93) to 65.5% (2019-21) as a result of effective Family Welfare Services.
- ❖ Unmet Need has significantly reduced from 14.6% (1992-93) to 7.5% (2019-21) as a result of Family Welfare IEC activities and service provisions.

7.6 Goals of Family Welfare Programme:

i) As suggested in National Health Policy 2017

- Camp approach has been shifted to Fixed Day Static Approach to
 - ❖ Reduce Higher Order Births (HOB)
 - ❖ Reduce Maternal and Infant Deaths
- Transformation from Female centred Sterilisation to Male Sterilisation.

- ❖ Increasing the Male participation in FW programme through Behavioural Change Communication (BCC)
- ❖ Attaining Male participation atleast 30% – National Health Policy 2017.

ii) Ensure Safe Abortion Services, thereby reducing the Maternal and Infant Deaths

iii) Attaining the modern Contraceptive Prevalence Rate (mCPR) 70% as envisaged in SDG 2030

iv) Reducing Unmet Need “Nil” as envisaged in SDG 2030

7.7 FAMILY WELFARE – ADMINISTRATIVE STRUCTURE

i) Directorate of Family Welfare – Chennai:

The Directorate of Family Welfare is headed by the Director of Family Welfare, assisted by Joint Director (MTP), Joint Director (Admin), Deputy

Director (Inspection), Deputy Director (Demography), Deputy Director (IEC), Chief Accounts Officer, other Technical and Ministerial Staffs.

ii) District Family Welfare Bureau (25 Districts): The District Family Welfare Bureau is headed by the Deputy Director of Family Welfare, Mass Education and Information Officer, Junior Administrative Officer, Maternal and Child Health Officer, Statistical Assistant, District Extension Educator, other Technical and Ministerial Staffs

7.8 HUMAN RESOURCES

Table 7.2: Human Resources in Family Welfare Directorate

Sl. No.	Name of the Servicing Units	Total Sanctioned
1	State Family Welfare Bureau (SFWB)	136
2	District Family Welfare Bureau (DFWB)	450
3	Urban Family Welfare Centres (UFWC)	170

4	Post Partum Centres (PPC)	1,163
5	Rural Family Welfare Centres (RFWC)	696
6	Health and Family Welfare Training Centre	6
Total Staff		2,621

7.9 FUNCTIONS OF DIRECTORATE OF FAMILY WELFARE

Directorate of Family Welfare is the nodal Directorate in the State to evaluate and monitor the Family Welfare Programme in coordination with DME&R, DM&RHS, DPH&PM, ESI, Local Bodies, NGO and Private Sector in,

- Ensuring the quality of service in FW Programme in all aspects as directed in the 'Action Points on Hon'ble Supreme Court Directives'
- FW commodity Management through Family Planning–Logistics Management Information System (FP-LMIS)

- FW Service Provider Trainings and Medical Termination of Pregnancy (MTP) services
- Sensitization of available FW services and newer contraceptives to the stakeholders
- IEC awareness through Mass Media, Mid media for Behavioral Change Communication (BCC)
- Ensuring the FW quality through various committees as per the guidelines of Government of India
- Updating of FW reports in the National and State level Integrated Health Information Platform (IHIP)/HMIS web portals.
- Monitoring and evaluating through survey/studies for demographic policy decision.
- Ensuring Home Delivery of Contraceptives (HDC) in the Districts.
- Promotion of newer contraceptives.
- POCSO related health activities

7.10 FACILITIES PROVIDING FAMILY WELFARE SERVICES

The facilities providing Family Welfare services are all Health Sub Centres, Primary Health Centres, Block Primary Health Centres, Urban Primary Health Centres, Urban Community Health Centres, Government Hospitals and ESIs, Medical College Hospitals and approved Nursing Homes in Private sector.

7.11 FAMILY WELFARE AND MTP METHODS

The following permanent and temporary methods of family welfare services are provided at free of cost to the eligible couples in all the Government health facilities.

Table 7.3: Permanent Family Planning Methods

Male	Conventional Vasectomy and No Scalpel Vasectomy (NSV)
Female	Puerperal Sterilization (Tubectomy), Mini-Lap and Laparoscopic Sterilization.

Table 7.4: Temporary spacing methods

Intra Uterine Contraceptive Device (IUCD)	Copper 'T' 380A (10 years) and 375 (5 years)
Oral Contraceptive Pills (OCP)	Mala N and Chhaya (Centchroman Pills)
Injectable contraceptive	Antara
Contraceptive Condoms	Nirodh
Emergency Contraception	E.C. Pills

Medical Termination of Pregnancy Methods:

1. Medical Method of Abortion (MMA)
2. Manual Vacuum Aspiration (MVA)
3. Electrical Vacuum Aspiration (EVA)
4. Surgical method of abortion.

7.12 SCHEMES UNDER THE FAMILY WELFARE PROGRAMME

i) Male sterilization: It is an ongoing programme implemented in the State. 1,357 Vasectomies have been performed for the year 2023–24. It is proposed to conduct NSV camps

in all the 388 Blocks in the State for the year 2024-25 at a cost of Rs.20.00 Lakhs. A compensation of Rs. 1,100/- is given to vasectomy acceptors as wage loss in the Government health facilities.

ii) Female Sterilization: All the delivered mothers having two and above living children are counselled for Puerperal sterilization before discharge from the hospitals. The interval Mini-Lap / Trans Abdominal Tubectomy and Laparoscopic surgery are also rendered to eligible mothers. The female sterilization acceptors are provided compensation of Rs. 600/- for Below Poverty Line and SC/ST and Rs. 250/- for Above Poverty Line acceptors at Government health facilities. Around 2.55 lakh female sterilization have been performed during 2023-2024.

iii) Post Partum Intrauterine Contraceptive Device (PPIUCD) / Post Abortion Intrauterine Contraceptive Device (PAIUCD):

The PPIUCD and PAIUCD services will increase the birth spacing to 36 and above months. Every year four Lakh IUCDs are inserted to the mothers in the State. In all Government Health facilities the PPIUCD insertion among the delivered mothers and PAIUCD insertion among the MTP done mothers are encouraged by providing an incentive of Rs.300/- for acceptors. Around 4.11 lakh IUCD insertion have been performed during 2023-24.

iv) Injectable contraceptive – Antara: The injectable contraceptive is administered to mother once in three months free of cost in all Government health facilities which will help in achieving spacing between child births. 64,854 Antara doses have been injected during 2023-24.

v) Centchroman pills (Chhaya): Centchroman is a non-hormonal contraceptive pill issued to mothers at free of cost in all Government health facilities which needs to be taken only twice a week for first three months and then once a week. It is a safe spacing method for women and can be given to breast feeding mothers also. Around 1.07 lakh Chhaya pills have been issued during 2023-24.

vi) Medical Termination of Pregnancy (MTP) Programme: MTP Act ensures safe and legal abortion for women. As per the recent MTP (Amendment) Act 2021, termination of pregnancy is extended up to 24 weeks and MTP beyond 24 weeks for substantial foetal abnormalities on approval by Medical Board. MTP services are to be provided by qualified Registered Medical Practitioner (RMP) as prescribed under the specified conditions mentioned under the Act.

Comprehensive Abortion Care (CAC) services is a women centered approach which includes 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.

7.13 INFORMATION, EDUCATION AND COMMUNICATION 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) World Population Day (WPD): 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 age of marriage.

ii) Vasectomy Fortnight: In order to improve the Male Participation in Family Welfare Programme, vasectomy fortnight is conducted every year from 21st November to 4th December.

iii) Sensitizing Age at Marriage and Reduction of Teenage pregnancies: To increase the Age at Marriage (Age 21) and to reduce the teenage pregnancies, IEC activities were conducted for adolescents in 421 schools and 127 colleges in the year 2023-24.

iv) Family Welfare Help Desk: Installation of 52 Family Welfare Help Desk approved in 28 Districts during the year 2024-25 at 23 Medical College Hospitals, 14 District Head Quarters Hospitals and 15 Sub District Hospitals will be carried out.

v) Other Activities:

- Trade Fair Exhibitions
- FW stalls in all health camps and health functions
- FW street dramas

7.14 FAMILY PLANNING INDEMNITY SCHEME (FPIS)

The Government of India introduced the Family Planning Indemnity Scheme with effect from 1st April, 2013 with the following insurance benefits for the family welfare sterilization acceptors and service providers:

Table 7.5: Insurance benefits under this Scheme

Death following sterilization in hospital or within Seven days from the date of discharge from the hospital	Rs.2.00 lakh
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	Upto Rs.2.00 lakh per case of litigation

7.15 COMMITTEES AND BOARD

The following Committees have been constituted to ensure the quality of Family Welfare and MTP services provided in the State:-

1. State Level Quality Assurance Committee
2. State Family Planning Indemnity Subcommittee

3. District Level Quality Assurance Committee
4. District Family Planning Indemnity Subcommittee
5. District Level Committee
6. Permanent Medical Board.

7.16 ROLE OF FAMILY WELFARE DIRECTORATE IN POCSO RELATED ACTIVITIES

The Director of Family Welfare is the nodal officer for Protection of Children from Sexual Offences (POCSO) for Health and Family Welfare Department related activities. Guidelines and protocols have been formulated to train Doctors and Staff nurses in the aspect of approach and management of POCSO cases.

7.17 FAMILY WELFARE-NEWER CONTRACEPTIVES

1. Subdermal Single Rod Contraceptive (Implant) in two Districts (Chennai and Dharmapuri)

2. Subcutaneous Injectable Contraceptive (Antara) in two Districts (Erode and Ramanathapuram)

In the 1st phase the newer contraceptives established in four districts and the service provider, orientation trainings is under process in all the four Districts. Based on the recommendations of the special study team, the newer contraceptive will be expanded to other Districts.

Chapter - 8

INDIAN MEDICINE AND HOMOEOPATHY

A school for Indian Medical System was set up in 24.11.1924 to impart courses covering Ayurveda, Unani and Siddha Science. This is considered as the first formal institution of Indian Medicine in the State. In 1964, Government Siddha Medical College was set up in Palayamkottai, Tirunelveli District. The department of Indian Medicine was set up in the year 1970 to develop the Indian Systems of Medicine in an integrated style. Arignar Anna Government Hospital of Indian Medicine, with 110 beds, was setup in the same year to provide integrated medical services.

Indian System of Medicine has developed to be an inevitable component of the health care system playing a vital role in promoting health

through natural lifestyle practices to the public in the State. The department has seven Government Medical Colleges under its direct control and 46 private colleges covering all the five streams of Indian System of Medicine and Homeopathy. Tamil Nadu is the only State which has established Government Medical Colleges in all disciplines of Indian System of Medicine and Homeopathy. Research activities for development of medical education and clinical services are undertaken in the Indian System of Medicine and Homeopathy through Research and Development wing. The Indian System of Medicine is the traditional medicine continuously in vogue for centuries in the country now attracts the global attention among foreign nationals and Indian diaspora.

8.1 INDIAN SYSTEMS OF MEDICINE

Indian Systems of Medicine and Homoeopathy which is synonymous with "AYUSH" (Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homoeopathy) operates on the principle of "Prevention is better than Cure" for better health and sustained wellbeing. Holistic approach towards physical and psychological wellbeing is its hallmark. Among them the Siddha system is the proud contribution of Tamil Culture to the world. These Indian Systems of Medicine are providing relief for various chronic ailments and played a vital role in control of pandemics. The world is witnessing a resurgence of traditional systems of medicine due to its holistic approach to the health. Yoga and Naturopathy Services is very popular among the public in the State. Unani Medicine is very efficient for certain diseases. Ayurveda and

Homoeopathy is known for preventive and promotive interventions in health care. Traditional systems are predominantly herbal based and cost-effective.

8.2 ADMINISTRATIVE SETUP

The Commissionerate of Indian Medicine and Homoeopathy is headed by the Commissioner and assisted by two Joint Directors. Financial Advisor and Chief Accounts officer heads the Accounts wing of the department. 22 District Officers oversee the functioning of the department in 38 revenue districts. This department has seven Educational Institutions, two Paramedical schools, 1,546 Clinical Establishments, Drug Testing Laboratory, State Licensing Authority, Central Library, Scrutinizing Authority for Literature, NALAM Publications, Research and Development Wing

and Pharmacies attached to the hospitals. State AYUSH Society was established on 24.03.2015 for implementing various approved schemes. A Selection Committee is functioning under this Commissionerate to select students for Under Graduate, Post Graduate and Diploma Courses in Government and Private Institutions under Government Quota and Management Quota.

8.3 MEDICAL EDUCATION IN INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY

The Commissionerate of Indian Medicine and Homoeopathy (CIM&H) runs totally seven Government Colleges for Indian Systems of Medicine. There are 46 AYUSH colleges functioning in the private sector. The details of Under Graduate, Post Graduate and Diploma Courses in AYUSH systems are as follows:

Table 8.1: AYUSH Institutions in Government Sector

S. No.	Name of the Medical College	Year of Establishment for UG course	No. of UG Seats	No. of PG Seats
1	Government Siddha Medical College, Palayamkottai	1964-65	100	60
2	Government Homeopathy Medical College, Thirumangalam	1975-76	50	---
3	Government Unani Medical College, Chennai	1979-80	60	11
4	Government Siddha Medical College, Chennai	1985-86	60	34
5	Government Yoga and Naturopathy Medical College, Chennai	2000-01	60	15
6	Government Ayurveda Medical College, Kottar, Nagercoil	2009-10	60	---

7	International Institute of Yoga and Naturopathy Medical Sciences, Chengalpattu	2020-21	100	30
Total			490	150

Table 8.2: AYUSH Institutions in Private Sector

S.No	District	Siddha	Ayurveda	Homoeopathy	Yoga and Naturopathy	No. of UG Seats	No. of PG Seats
1	Chennai	1	1	2	0	250	0
2	Coimbatore	1	1	2	1	270	0
3	Dindigul	0	0	0	1	100	0
4	Erode	1	1	0	2	280	0
5	Kallakurichi	1	0	0	0	60	0
6	Kancheepuram	1	1	0	0	80	0
7	Kanyakumari	3	2	3	1	670	102
8	Nagapattinam	1	0	0	1	160	0
9	Namakkal	1	0	3	1	460	0
10	Pudukkottai	0	0	0	1	100	0
11	Salem	1	0	1	3	340	0

12	Tenkasi	0	0	0	1	100	0
13	Thanjavur	1	0	0	1	200	0
14	Thiruchirapalli	1	0	0	2	300	0
15	Vellore	0	0	0	1	100	0
Total		13	6	11	16	3,470	102

These institutions have been setup primarily to transform the traditional knowledge in Indian Systems of Medicine into evidence based medical science education and to bring out institutionally qualified medical practitioners to provide quality health care to the public. These colleges also have a mandate to engage in research activity to establish and validate the traditional knowledge.

8.4 AYUSH PARAMEDICAL COURSES

In 2008, AYUSH Paramedical Courses viz., Diploma in Integrated Pharmacy (D.I.P.) and Diploma in Nursing Therapy (D.N.T.) were introduced as a self-supporting scheme at Arignar Anna Government Hospital of Indian

Medicine Campus and Government Siddha Medical College Palayamkottai campus. The number of seats sanctioned for the above courses are as follows:-

Table 8.3: AYUSH Paramedical Courses

S. No	Name of the Institution	Course	No. of seats
1	Government School of AYUSH Paramedical Course, Chennai	Diploma in Integrated Pharmacy	50
2	Government School of AYUSH Paramedical Course, Palayamkottai	Diploma in Integrated Pharmacy	50
3	Government School of AYUSH Paramedical Course, Chennai	Diploma in Nursing Therapy	50
4	Government School of AYUSH Paramedical Course, Palayamkottai	Diploma in Nursing Therapy	50
Total			200

The services of special paramedics are exclusive to the AYUSH system of medicine. The

nursing therapists are specially trained for various traditional treatments under the system. Indian System of Medicine uses primarily herbal based medicines prepared in its own pharmacies which makes the services of pharmacists of Indian Medicine indispensable.

8.5 HUMAN RESOURCES

The seven medical colleges with hospitals cater to 90 percent of the total inpatient admissions under this system. The manpower engaged in teaching and clinical services college wise is given below:-

Table 8.4: Education Institutions – Teaching Personnel

S. No	Name of the Institution	No. of sanctioned posts of				System wise Total
		Professor	Reader	Lecturer	Lecturer Grade - II	
1	Siddha	28	21	27	41	117
2	Ayurveda	3	16	0	18	37

3	Homoeopathy	13	15	17	8	53
4	Unani	7	10	10	10	37
5	Yoga and Naturopathy	28	22	44	50	144
Cadre wise Total		79	84	98	127	388

Table 8.5: Details of Paramedical Staff in AYUSH Institutions

Sl. No	Category	Total
1	Nursing Personnel	113
2	Pharma Personnel	1,296
3	Para-Nursing and Group D Services	1,558
	Total	2,967

District Units

The Commissionerate has 22 district units monitoring various activities in 38 revenue districts throughout the State. The district units are headed by District Siddha Medical Officers who are also entrusted with statutory powers as Drug Inspector under the Sec-33G of Drugs and Cosmetics Act, 1940. The District Siddha Medical

Officers oversee various streams of AYUSH at PHCs, Taluk Hospitals, Non-Taluk Hospitals, District Hospitals and Medical College Hospitals totalling to 1,546 wings. They also monitor medicine supplies, equipment, infrastructure, and manpower required for district units.

8.6 PERFORMANCE OF ISM&H COLLEGE HOSPITALS

Table 8.6: Patient Load in AYUSH Hospitals

Name of the Institution	No. of Beds	Average No. of In Patients per Day		Average No of Out Patients per Day	
		2022-23	2023-24	2022-23	2023-24
1.Arignar Anna Government Hospital of Indian Systems of Medicine, Chennai	310	168	182	1,260	1,318

Government Siddha Medical College, Chennai	155	74	85	831	875
Government Unani Medical College, Chennai	100	40	41	265	274
Ayurveda	55	54	56	164	169
2.Government Yoga and Naturopathy College, Chennai	100	62	66	364	373
3.Government Siddha Medical College, Palayamkottai	350	112	149	532	572
4.Government Ayurveda Medical College, Kottar	100	127	140	350	365
5.Government Homoeopathy Medical College, Tirumangalam	50	20	22	304	425
6.International Institute of Yoga and Naturopathy Medical Science, Chengalpattu	150	-	60	136	263

As a long-term policy to improve the out-patient and in-patient in the above institutions Government is prioritizing improvements in infrastructure, availability of medicines, equipment, Lab facilities and capacity building for the medical practitioners.

8.7 PERFORMANCE OF ISM & H WINGS IN DISTRICT

Table 8.7: Outpatient Performance in Districts

Districts	Average No. of OP/Day						Total
	2022-2023	2023-24					
	Total	S	A	U	H	Y & N	
Ariyalur	141	69	0	0	61	56	186
Chengalpattu	251	63	72	40	62	54	291
Chennai	256	70	90	0	42	57	259
Coimbatore	195	67	52	1	53	48	221
Cuddalore	282	67	64	41	73	53	298
Dharmapuri	403	95	79	60	80	91	405
Dindigul	225	53	64	34	49	46	246

Erode	234	67	67	0	69	53	256
Kallakurichi	205	81	0	59	0	74	214
Kancheepuram	310	65	75	45	67	62	314
Kanniyakumari	307	66	58	63	64	68	319
Karur	207	72	17	32	66	56	243
Krishnagiri	312	98	75	0	49	93	315
Madurai	299	82	70	11	74	64	301
Mayiladuthurai	197	62	33	29	45	40	209
Nagapattinam	271	65	29	22	73	45	234
Namakkal	275	69	56	33	69	63	290
Perambalur	232	68	60	32	80	46	286
Pudukkottai	202	62	53	0	35	46	196
Ramanathapuram	256	54	70	43	48	40	255
Ranipet	308	74	49	46	63	72	304
Salem	285	69	61	62	73	66	331
Sivagangai	226	61	48	41	55	45	250
Tenkasi	241	62	56	0	83	53	254
Thanjavur	336	77	72	55	68	55	327
The Nilgiris	98	24	34	0	29	30	117
Theni	233	69	66	0	66	54	255
Thiruvallur	264	73	68	29	63	53	286

Thiruvannamalai	264	68	52	46	62	56	284
Thoothukudi	240	72	39	6	62	62	241
Tiruchirappalli	241	75	43	29	71	66	284
Tirunelveli	238	61	31	26	42	57	217
Tirupattur	150	72	57	0	58	0	187
Tiruppur	264	69	70	0	92	57	288
Tiruvarur	251	65	40	45	43	59	252
Vellore	248	63	0	65	64	56	248
Villupuram	329	72	69	51	85	88	365
Virudhunagar	193	59	45	0	52	49	205

Abbreviation: S-Siddha, A-Ayurveda, U-Unani, H-Homoeopathy, Y & N-Yoga and Naturopathy

8.8 HMIS implementation in ISM Hospitals

The Commissionerate of Indian System of Medicine and Homeopathy Department is embarking on implementing a Health Management Information System (HMIS) tailored to suit its unique system wise needs. This system

aims to streamline administrative processes, enhance patient care, and facilitate data-driven decision-making and seamless services to the public right from registration, consultations, investigations, treatments and pharmacies including follow up with inter stream referrals. The Health Management Information System (HMIS) at Arignar Anna Government Hospital of Indian System of Medicine (AAGHIM) and seven AYUSH Medical Colleges are part of this programme. The total investment for hardware, software, network, training, manpower, scalability and data mining is Rs.40 lakhs.

8.9 Drug Budget / Utilization for the year 2023 – 2024

Out of 1,546 ISM wings, 985 wings are supported with State Budget and 561 wings are supported with other Schemes shared between State and Centre Government. The medicines are

predominantly manufactured by the pharmacies attached to hospitals and the State PSU which is TAMPCOL. The drug budget for the year 2024-25 under various allocations is given below:-

Table 8.8: Drug Budget of AYUSH Wing

Year	BE (Rs. in Crores)	NAM (Rs. in Crores)	NHM (Rs. in Crores)	Total (Rs. in Crores)
2021-22	28.50	18.39	0.48	47.37
2022-23	26.50	25.83	0.72	54.04
2023-24	27.50	27.91	0.72	56.12
2024-25	27.50	Proposed 49.83	1.19	78.52

8.10 STATUTORY FUNCTIONS

i) 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 license to manufacturers of Siddha, Ayurveda and Unani

drugs as per Drugs and Cosmetics Act, 1940 and Rules, 1945.

The Commissioner of Indian Medicine and Homoeopathy, Chennai is the Controlling Authority of State Drug Licensing Authority (Indian Medicine) and the Drug Inspectors (Indian Medicine) in the State. The State Licensing Authority has been conferred with power by Rule 152 of Drugs and Cosmetic Rules, 1945 has jurisdiction over the State for the purpose of part XVI of said rule.

The total license granted for manufacturing and sale of Siddha, Ayurveda and Unani Drugs is 537 till 31.03.2024.

ii) District Siddha Medical Officer:

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. They are also notified to collect the statutory samples of manufactured drugs and medicines for monitoring the same qualitatively and quantitatively under section 33G of Drugs and Cosmetics Act, 1940 and Rules, 162.

8.11 STATE DRUGS TESTING LABORATORY (INDIAN MEDICINE AND HOMOEOPATHY)

State Drugs Testing Laboratory (DTL) of Indian Medicine and Homoeopathy was established in 2003. DTL ensures quality of Ayurveda, Siddha, Unani and Homoeopathy drugs to strengthen the enforcement mechanism as in Chapter IV-A of Drugs and Cosmetics Act, 1940 and Rules, 1945. The main task of this

laboratory is to test the statutory samples collected by Drug Inspectors. This laboratory comprises of Siddha, Ayurveda, Unani, Homoeopathy, Chemistry, Pharmacognosy and Microbiology divisions for analysis of raw drugs, sastric and proprietary medicines. Raw drugs are tested for identity, purity and strength as per Siddha, Ayurveda, Unani and Homoeopathy Pharmacopoeia of India, Indian pharmacopoeia and ISI standard books.

Hi-Tech instruments viz. 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 accuracy in testing towards standardization and quality of Indian System of Medicines. These Hi-Tech instruments help in detection and determination of heavy metals and steroids. Also support to estimate the

active principal marker present in the Indian Medicinal Raw Drugs and Steroids and.

A MoU has been signed with health department of Andaman and Nicobar Islands (UT) notifying that, the Government Analyst (ex-officio) and State Drug Testing laboratory (Indian Medicine and Homoeopathy), Tamil Nadu will also perform testing for Andaman and Nicobar Islands (UT) as per section 33F(2) of Drugs and Cosmetics Act, 1940. Since 2022, six statutory samples are tested and reported. As per Government of India (GoI) guidelines homeopathy drugs are subjected to test by Drugs Testing Laboratory (DTL). Being a statutory body, State Drugs Testing Laboratory of IM&H has been receiving and testing samples of Court of CB-CID/Crime branch and Customs and Excise for ensuring the quality of export medicines. As per report of the Government of India, Quality Control of AYUSH drugs dated 02.08.2022, has acknowledged the distinction that the DTL of the

State of Tamil Nadu has analysed highest number of Ayush drug and product samples tested in the last five years.

Table 8.9: Performance of DTL

Year	Total No. of Samples Tested	Standard Quality	Not of Standard Quality
2023-2024 (April 2023- March 2024)	2,809	2,768	41
2024-2025 May 2024	377	376	01

8.12 SPECIAL AND NEW INITIATIVES DURING THE YEAR 2023 – 24

Commissionerate of Indian Medicine and Homeopathy is implementing Government flagship schemes such as Magapperu Sanjeevi scheme for School Health Programme for, AYUSH Tribal Mobile Medical Units, AYUSH Geriatric Health care services and Musculoskeletal disorder Care.

Indian Medicine have been providing specialized services to Musculoskeletal and Neurological disorder patients of all age groups. To compliment the treatment, an Open-Air Gym has been established at Arignar Anna Hospital of Indian Medicine campus and Government Yoga and Naturopathy Medical College (PG Block) Campus and International Institute of Yoga and Naturopathy Medical Science, Chengalpattu.

In order to reach out the terminally ill patients in distant locations for follow-up consultations and replenishment of medicines, a high technology system of Tele Medicine platform with hubs and spokes have been established. Special OPD for Cancer at AAGHIM is using this facility for extensively to connect with patients across the State and outside the State.

The Commissionerate of Indian Medicine and Homeopathy, Chennai has an exclusive

website that serves as a comprehensive online resource for information related to the AYUSH medical services offered within the state.

8.13 WEB-BASED APPLICATION FOR INDENTING MEDICINE

An application has been developed by this Commissionerate in collaboration with TNeGA, to streamline the indenting process for AYUSH medicines. M/s.TAMPCOL is leveraging this application, for prompt supply of medicine to the end user and consolidate the annual requirements for its procurement process.

8.14 TAMIL NADU MEDICINAL PLANT FARMS AND HERBAL MEDICINE CORPORATION LIMITED – (TAMPCOL)

Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited (TAMPCOL) was started on 27th September, 1983 with the

main objective of promoting growth of medicinal plants and manufacturing and supplying Siddha, Ayurveda and Unani medicines. The registered office functions at Arignar Anna Government Hospital Campus, Arumbakkam, Chennai and its factory is functioning at SIDCO Pharmaceutical Campus, Alathur near Thiruporur, Chengalpattu district. This Corporation has been manufacturing 187 medicines under the following categories:

Table 8.10: Medicine Categories manufactured by TAMPCOL

Sl.No	Medicine Category	Medicine Type	No of Medicine
1	Siddha	Sastric - 61 Nos	92
		Proprietary-31 Nos	
2	Ayurveda	Sastric - 42 Nos	45
		Proprietary-03 Nos	
3	Unani	Sastric - 15 Nos	25
		Proprietary-10 Nos	
4	Veterinary	Sastric - 08 Nos	11
		Proprietary-03 Nos	

5	Yoga and Naturopathy	-	14
Total			187

The above medicines are supplied to all institutions functioning under the Commissionerate of Indian Medicine and Homoeopathy and TAMPCOL's own sales outlets. TAMPCOL as a Nodal Agency to procure and supply machinery and equipment etc., to the institutions under the aegis of Commissionerate of Indian Medicine and Homeopathy. TAMPCOL is operating its sales counter at Chennai, Palayamkottai and Nagercoil. Automatic Vending Kiosks and a Mobile Vending unit are pressed into service in selected locations to improve sales and increased accessibility to its medicines. A free medical consultancy clinic is being operated at the TAMPCOL Corporate Office for all streams of Indian System of Medicine. With the aim of reaching a larger audience, the TAMPCOL's

renowned commercial products such as Herbal Hair Tonic and other fast-moving medicines are available in its own website www.tampcol.in and in the e-commerce site www.amazon.com. A production unit at Pudukkottai was started at Government Head Quarters hospital campus, Pudukkottai to increase the production of Nilavembu Kudineer and Kabasura Kudineer to combat COVID-19 pandemic. Now this unit is producing select items to supply to 19 southern districts of Tamil Nadu. In the Financial Year 2023-24, TAMPCOL II Unit primarily manufactured the selected medicines namely Pancha Deepakini Chooranam, Poonaikalivithai Chooranam and Athimathura Chooranam for a total value of Rs.91.89 lakhs (up to December 2023). The authorized and paid-up Share Capital of the Corporation is Rs.3 crores. During the year 2023-24, the Corporation achieved sales to the tune of Rs.57.98 crores (unaudited) to the clinics

of hospitals of Commissionerate of Indian Medicine and Homoeopathy. During the year 2023-24, the Corporation supplied medicines for the following special schemes of Health and Family Welfare Department:

Table. 8.11: Kits and Medicines supplied by TAMPCOL for Schemes

Sl. No.	Schemes	Amount (Rs.in Crore)
1	Mother Baby Care Kit	3.09
2	Kalaighnar Varummun Kaapom scheme	0.24
3	Makkalai Thedi Maruthuvam	0.65

TAMPCOL also produced veterinary medicines for Tamil Nadu Livestock Development Agency for value of Rs.5.16 lakhs. TAMPCOL's fast moving medicines like Aadathodai

Manappagu, Nilavembu Kudineer, Pain Balm, Chyvanprash Lehiyam, Aswagandha Lehiyam, Kabasura Kudineer etc., have received good response from public and its increasing sales shows the awareness and efficacy of medicines of TAMPCOL.

8.15 Activities

The following new activities have been undertaken by TAMPCOL for the year 2023-24: TAMPCOL has introduced new, seasonal medicines in its list of preparations duly obtaining new licenses for the winter festival season. Sastric Siddha preparation called DIWALI Lehiyam was introduced and another Sastric Ayurveda preparation called Drakshadi Lehiyam was also added to its list of preparations. Similarly, summer season products such as Nannari Sarbath, has been introduced to boost market sales as well as to benefit people,

- a) Neutra ceutical products based on Siddha texts were also introduced during the year.
- b) Karisalai Malt has been used in Paediatric section of AAGHIM and based on its acceptance, production has been taken up.
- c) Panchamutti Kanji was administered to cancer patients. Based on clinical evidences of its benefits and acceptability among patients, its production has been taken up as per demand from Indian Medicine and Homoeopathy Clinics and Hospitals.

Packaging the medicines is also given due importance both for online and Over-the-Counter (OTC) sales in addition to hospital supplies.

8.16 STATE AYUSH SOCIETY – TAMIL NADU

The State AYUSH Society of Tamil Nadu was established in 2015 to execute the programs assigned to the State under the National AYUSH Mission framework and it operates with financial

support in the form of Grants-in-aid from the Central and State Governments, in the ratio of 60:40. For the fiscal year 2023-24, the Mission Director of the National AYUSH Mission has sanctioned a total budget of Rs.110.60 Crore for implementing various programs and schemes through the society.

Table. 8.12: Grant Details for AYUSH Wing

Year	Grants-in-aid Sanctioned (Rs. in Crore)		
	Central Share	State Share	Total
2015-16	0.88	0.58	1.46
2016-17	19.81	13.2	33.01
2017-18	27.89	18.59	46.48
2018-19	23.26	15.51	38.77
2019-20	19.94	13.29	33.23
2020-21	6.17	4.11	10.28
2021-22	23.48	15.66	39.14
2022-23	24.29	16.19	40.48

2023-24	66.36	44.24	110.6
TOTAL	212.08	141.37	353.45

8.17 AYUSH MEDICAL COUNCILS

- i) Tamil Nadu Siddha Medical Council is a statutory body which was established in the year 1997. Tamil Nadu Board of Indian Medicine registers Ayurveda, Unani and Yoga and Naturopathy practitioners since 1982. The Secretary to Government, Health and Family Welfare Department is the President for both the statutory bodies. Till date, total number of registered practitioners includes Siddha – 7,818, Ayurveda – 2,689, Unani – 658, Yoga and Naturopathy – 2,066.
- ii) Tamil Nadu Homoeopathy Medical Council was setup in 1972 to register Homeopathy medical practitioners. It is governed by council of elected and nominated members.

The Secretary to Government, Health and Family Welfare Department is a member of the Council. Till date the total number of registered practitioners are 8,856.

8.18 TAMIL NADU STATE MEDICINAL PLANTS BOARD (TNSMPB)

The Tamil Nadu State Medicinal Plants Board (TNSMPB) was established and registered on 26.10.2009 to promote setting up of medicinal plant farms to support the Indian Systems of medicine through farmers and cultivators. They also promote proliferation of rare and endangered species through funding from Central Plants Board.

The Board is governed by General body with 11 Members and an Executive Committee of seven members both under the Chairmanship of Additional Chief Secretary to Government, Health and Family Welfare Department. The

Commissioner of Indian Medicine and Homeopathy is the Member Secretary/CEO for TNSMPB.

8.19 PHARMACY

The Commissionerate of Indian Medicine and Homeopathy prepares its own medicine to cater to its peripheral clinical wings and teaching hospitals. There are three manufacturing units namely the TAMPCOL and two pharmacies attached to the AAGHIM and Siddha Medical College, Palayamkottai. The pharmacies and the factory are equipped with in-house quality control laboratory.

8.20 RESEARCH AND DEVELOPMENT WING FOR ISM, CHENNAI

The Research and Development Wing for ISM, Chennai has been established exclusively for facilitating research activities of the faculties and students of Indian system of Medicine. At present, this wing has four major laboratories

namely Analytical Chemistry, Microbiology, Pharmacology & Toxicology and Animal House with advanced equipment. Various research activities of clinical and observational studies have been carried out by this wing in collaboration with Central Council of Research in Siddha and ICMR-National Institute of Epidemiology, Chennai.

8.21 CO-LOCATION OF INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY CENTRES TO PROVIDE HEALTH CARE

In view of the Co-location policy of the Government, Indian Systems of Medicine and Homoeopathy treatment facilities are made available in Primary Health Centres (PHC), Taluk Hospitals, Non-Taluk Hospitals, District Hospitals and Medical College Hospitals totalling to 1,546 wings.

Table. 8.13: AYUSH co-located facilities across the State

Type of Facility	Siddha	Ayurveda	Unani	Homoeopathy	Yoga and Naturopathy	Integrated AYUSH Hospital	Total
Medical College Hospital	31	10	7	21	43	0	112
District Hospital	34	1	0	13	24	0	72
Taluk Hospital	184	2	1	7	56	0	250
Non -Taluk Hospital	59	2	5	0	0	0	66
Primary Health Center	703	79	53	63	51	0	949
Dispensary	65	9	0	5	3	0	82
Tribal Mobile Medical Units	13	0	0	0	0	0	13
Integrated AYUSH Hospital	0	0	0	0	0	2	2
Total	1,089	103	66	109	177	2	1,546

Chapter - 9

TAMIL NADU HEALTH SYSTEM PROJECT

9.1 CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME

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, 1.34 Crore poor families in the State were covered initially under this revolutionary scheme. Each beneficiary family was insured for availing free treatment upto Rs.1 lakh, and the Government paid the entire premium for this purpose. The scheme is being continued from 11.01.2012 to till date covering 1.47 crore

beneficiary families at a premium of Rs.849/- per family per year which is paid by the Government.

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 86.50 lakh families. Under this scheme 60% of premium is paid by Government of India (Rs.440.60 crores per year/ per family), 40 % (Rs. 293.8 crores) paid by the State Government. For the remaining 60.5 lakhs families, 100 % premium (Rs.513.65 crores) is by the State Government.

The annual family income ceiling limit for enrolling as a beneficiary under the scheme has been increased to Rs. 1,20,000 /- from 2022 onwards. All the beneficiary families get health coverage up to Rs.5 lakh per year per family.

i) Evolution of the Scheme

Table 9.1: Evolution of CMCHIS

Sl. No	Period	Per family per year	No. of families covered	Coverage / Per year	Number of Procedures covered under the scheme
1	23.07.2009 to 5.7.2011	Rs.469/-	1.34 crores	Rs. 1 Lakh for 4 years	642 procedures
2	11.01.2012 to 10.01.2017	Rs.497/-	1.57 crores	Rs.1 lakh per year and up to Rs.1.5 lakh for certain diseases.	1016 procedures including medical management and surgical procedures.
					23 Diagnostic Procedures
					113 follow up procedures
3	11.01.2017 to 22.09.2018	Rs.699/-	1.62 crores	Rs.1 lakh per year and up to Rs.2 lakhs for certain diseases.	1027 procedures including medical management and surgical procedures
					38 Diagnostic procedures
					154 follow up procedures

4	23.09.2018 to 10.01.2022	Rs.699/-	1.62 crores	Rs.5 lakh per year	1423 procedures including medical management and surgical procedures
					38 Diagnostic procedures 154 follow up procedures
5	11.01.2022 to 10.01.2027	Rs.849/-	1.47 crores	Rs.5 lakh per year	1513 procedures including medical management and surgical procedures
					52 Diagnostic procedures
					11 follow up procedures

Table 9.2: Empanelled Hospitals under CMCHIS

Year	Government	Private	Total
2017 - 22	267	792	1,059
2022 - 27	854	980	1,834

Government of India's PMJAY packages have been integrated with existing CMCHIS packages

and currently a total of 2053 treatment procedures (including 11 follow up procedures, 5 standalone diagnostic and 8 high end procedures) are covered under the scheme.

ii) Special Enrolment: Widows, Orphans including children orphaned due to loss of parents due to COVID, differently abled individuals and their families, inmates of Government Institute of Mental Health families of accredited journalists and periodical journalists are enrolled under this scheme as detailed below:-

Table 9.3: Enrolment of special categories under CMCHIS

Sl. No	Description	Number of Beneficiaries
1	Special enrolment for children who lost their parents (father/mother and both) due to Covid-19	1,309
2	Accredited journalists and periodical journalists	1,414
3	Transgender	4,276
4	Old age home inmates	3233
5	Inmates of Institute of Mental Health	520

Efforts are being taken to enrol the uncovered eligible beneficiaries.

iii) Premium amount paid for CMCHIS:

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 86.50 lakh families, 60% of premium is paid by the Union Government (Rs 440.6 crores per year/ per family), 40 % (Rs 293.8 crores) paid by the State Government. For the remaining 60.5 lakhs families, 100 % premium (Rs.513.65 crores) is paid by the State Government.

Table 9.4: Details of premium amount paid

Year	Amount (Rs.in Crores)
2021-2022	926.15
2022-2023	1,205.93
2023-2024	1,210.31

iv) Performance of the scheme from 23.07.2009 to 31.05.2024: From 23.07.2009 to 31.05.2024, a total of 1.39 crore beneficiaries are benefitted for an amount of Rs.13,151 Crores under the scheme. Out of which 42.70 Lakhs beneficiaries are benefitted for an amount of Rs.4,812 Crores in Government hospitals. During the last policy year from 11.01.2023 to 10.01.2024 a total of 9.45 Lakhs beneficiaries are benefitted for an amount of Rs.1161 Crores under this scheme. The expenditure made out of the claims amount thus earned has enabled the Government Institutions to procure the consumables for the benefit of patients and to strengthen the infrastructure.

v) Year wise performance: Integrated CMCHIS AB-PMJAY Claims approved as on 31.05.2024: The Government hospitals share of claims has increased over the years to reach 50%

on par with the Private hospitals which is in as shown below:-

Table 9.5: CMCHIS AB-PMJAY: Government - Private Share

Sl. No.	Year	Total	
		Government Share	Private Share
1	2021-22	46%	54%
2	2022-23	48%	52%
3	2023-24	50%	50%
4	2024-25 till 31.05.24	50%	50%

vi) District wise claim details as on 31.05.2024: The district wise claim details of the scheme for the years 2022-23 and 2023-24 is as given below:-

Table 9.6: District wise Claims under CMCHIS

Sl. No	Patient District	2022-23		2023-24	
		Nos.	Amount (Rs. in Crores)	Nos.	Amount (Rs. in Crores)
1	Chennai	64,628	71.8	83,532	90.5

2	Tiruvallur	64,667	71.9	56,853	62.1
3	Salem	39,384	54.2	40,766	54.8
4	Madurai	38,289	56.3	37,620	53.6
5	Coimbatore	27,332	44.4	28,759	45.4
6	Thanjavur	29,602	42.7	33,554	43.0
7	Tiruchirappalli	30,039	42.8	30,780	42.3
8	Chengalpattu	36,475	44.5	33,404	38.3
9	Tiruvannamalai	33,028	38.6	34,231	38.3
10	Tiruppur	22,898	36.3	24,149	37.3
11	Dindigul	25,940	36.8	27,350	36.7
12	Villupuram	24,632	30.0	28,029	35.6
13	Cuddalore	22,700	30.4	24,321	34.2
14	Kanyakumari	36,956	33.6	37,885	33.1
15	Erode	23,327	32.4	23,536	32.0
16	Pudukkottai	25,187	28.7	26,906	31.3
17	Virudhunagar	29,246	34.0	27,073	30.6
18	Namakkal	22,806	29.5	22,936	28.2
19	Tuticorin	26,907	29.5	26,524	27.9
20	Kancheepuram	23,186	28.5	23,183	26.0
21	Theni	18,981	25.2	18,328	25.0
22	Kallakurichi	20,751	23.3	22,046	24.8

23	Sivagangai	20,424	24.3	20,214	24.7
24	Tirunelveli	21,332	25.4	22,145	24.3
25	Tiruvarur	18,853	24.4	18,691	24.0
26	Krishnagiri	16,378	19.5	19,230	22.3
27	Tenkasi	16,929	20.7	19,513	21.4
28	Dharmapuri	15,051	21.5	16,617	20.9
29	Ramanathapuram	16,453	20.6	15,677	20.7
30	Vellore	18,837	23.1	16,817	20.0
31	Ranipet	15,880	18.6	16,114	19.0
32	Karur	13,658	18.1	12,998	17.6
33	Tirupattur	12,502	15.7	12,169	16.1
34	Nagapattinam	9,688	12.1	10,889	13.0
35	Ariyalur	8,129	11.7	8,736	12.2
36	Mayiladuthurai	7,922	11.4	8,404	12.0
37	The Nilgiris	5,800	9.4	6,977	10.9
384	Perambalur	7,347	9.8	8,096	10.8
Grand Total		9,12,144	1151.9	9,45,052	1161.0

During the year 2023-24 it is observed that Chennai, Tiruvallur and Salem are the top 3

districts with the highest number of beneficiaries treated under the scheme.

Table 9.7: CMCHIS-Claims Settled - Top 15 Procedures - Performance as on 31.05.2024

Sl. No.	Package Name	Nos.	Amt (Rs.in Cr)
1	Maintenance hemodialysis including seropositive	5,04,954	43.55
2	PTCA with stent	34,110	22.51
3	Coronary bypass surgery	9,299	95.42
4	Single valve replacement with mechanical valve	3,080	41.47
5	Cochlear implant surgery < 6years	790	28.97
6	Acute MI (conservative management with angiogram)	12,424	24.99
7	Vitrectomy - membrane peeling- endolaser, silicon oil or gas	7,371	24.92
8	Specialized radiation therapy 3d CRT- radical (includes aquaplast mould, planning CT, countouring, RT planning & execution)- TNMSC /GH only	5,335	22.76
9	Hernioplasty - inguinal	6,137	22.55

10	Radical treatment with photons / electrons	2,272	22.29
11	Coronary bypass surgery off pump	20,897	22.28
12	ASD device closure	2,459	20.89
13	Hearing aid - reserved to govt	24,734	20.77
14	Uretero renoscopic lithotripsy	9,993	20.42
15	Total hip replacement-uncemented	2,654	20.25

vii) High End Procedures: A corpus fund has been created by Government 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.

From 11.01.2012 to 31.05.2024, a total of 14,936 beneficiaries have been benefitted for

Rs.1,274.14 Crores for High End procedures mentioned below:-

Table 9.8: Details of High End procedures performed so far

Sl. No	Procedure	No. of Patients approved	Amount approved (Rs. in Crores)
1.	Cochlear Implantation	5,526	389.81
2.	Renal Transplantation	5,205	222.50
3.	Liver Transplantation	1,765	383.61
4.	Bone Marrow transplantation	2,132	220.65
5.	Heart transplantation	201	34.88
6.	Heart & Lung Transplantation	31	7.59
7.	Double Lung Transplantation	35	7.62
8.	Auditory Brain Stem Implantation	41	7.48
Total		14,936	1,274.14

During the past three years from 11.01.2021 to 31.05.2024 the details of High end procedures approved are as below:

Table 9.9: High End procedures in past 3 years

Sl. No.	Procedure	No. of Patients approved	Amount Approved (Rs. in Crores)
1	Cochlear Implantation	1,186	75.78
2	Renal Transplantation	2,090	83.60
3	Liver Transplantation	1,763	383.17
4	Bone Marrow Transplantation	977	109.68
5	Heart Transplantation	88	13.20
6	Heart & Lung Transplantation	14	2.80
7	Double Lung Transplantation	21	4.20
8	Auditory Brain Stem Transplantation	21	3.83
Total		6,160	676.26

In addition, for certain cases which require special treatments costing excess of Rs.5 lakhs sum insured the additional cost is being met from the corpus fund with Government approval.

In Tamil Nadu, the above mentioned 8 categories of high end surgeries are being performed including organ transplants which is the highest among any other State in India. In India, Tamil Nadu has the highest number of highly specialized surgeries performed in Government hospitals when compared to the any other State.

viii) Grievance Redressal: A well-established grievance redressal mechanism exists which includes online tracking and SMS acknowledgement. A Toll free call centre has been established in Chennai which is available 24x7 at 1800 425 3993 / 104 for the beneficiaries to register their complaints against the empanelled hospitals and also enquire on details of the

scheme like process of enrolment, details of empanelled hospitals, treatment facilities available etc. Insurance coordinators are available in all empanelled hospitals for facilitating treatment for the beneficiaries. Regular visits by the vigilance officers in the field is being done to act on the complaints received from beneficiaries, routine inspections by officials and periodic review by officials are done to streamline the implementation of the scheme.

x) Achievement: The efforts of the Tamil Nadu Government were recognised with the award under Best Practices Category for the 'Effective utilisation of Government Funds' under the integrated PMJAY-CMCHIS scheme during the Arogya Manthan 2023 on 25th, 26th September 2023 on the event of 5 years completion of AB-PMJAY. This award was given to Tamil Nadu for one of the highest claims earned under the scheme by public hospitals in India.

9.2 INNUIYIR KAPPOM - NAMMAI KAAKKUM 48 SCHEME

i) Introduction

The life saving flagship scheme '**Innuyir Kappom Thittam - Nammai Kaakkum 48 Scheme**' was launched on **18.12.2021** by the Hon'ble Chief Minister to address the issue of loss of precious lives due to Road Traffic Accidents occurring within Tamil Nadu by providing free emergency medical care during the crucial first 48 hours of an accident which is the "Golden Period" for saving lives.

81 designated treatment modalities / procedures for damage control measures costing up to 1 lakh per individual has been extended on a cashless basis on assurance mode to all victims, irrespective of nativity/nationality and whether they possess a Chief Minister's Comprehensive

Health Insurance Scheme (CMCHIS) insurance card or not.

ii) Empanelled Hospitals: Under this scheme, 694 hospitals which are located along highways are empanelled. Out of these, 237 are Government Hospitals and 457 are Private Hospitals. These hospitals have been mapped in accident prone stretches.

iii) Operational Guidelines

- a) Accident victim can take the first 48 hours treatment on a cashless basis in the empanelled hospitals in the approved procedures.
- b) 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:-

Table 9.10: Operational guidelines of NK-48

a)	If the victim is a CMCHIS beneficiary	The treatment will be continued under CMCHIS as per the existing packages
b)	If the victim is not a CMCHIS 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.

iv) Performance: From 18.12.2021 to 31.05.2024, a total 2,52,981 patients availed treatment under the scheme for an amount of Rs.220.99 Crores. Out of this, 2,33,039 patients availed treatment in Government Hospitals for an amount of Rs.188.44 Crores.

Table 9.11: 'NK48' – 3 years performance

No. of RTA Patients Admitted			Pre-authorization amount raised (Rs. in Crores)		
Govt.	Pvt.	Total	Govt.	Pvt.	Total
2,33,039	19,942	2,52,981	188.44	32.55	220.99

Thus, every year, invaluable human lives have been saved in large numbers and disabilities due to grievous injuries sustained in road accidents have been greatly reduced because of this noble scheme of Government of Tamil Nadu.

v) Best practice: The National Conference of Chief Secretaries chaired by the Hon'ble Prime Minister of India, New Delhi was held during 27th – 29th December 2023. During the conference, Innuyir Kappom Thittam – Nammai Kakkum-48 scheme of Tamil Nadu was showcased as one of the best practices in the health system, in providing citizen centric service delivery in the public health system.

9.3. 108 EMERGENCY CARE SERVICES

The State Government has taken concerted efforts to reduce the accidents and also to save invaluable human lives, the most important being the efficient running of the 108 Ambulance Services.

Hon'ble former Chief Minister Dr. Kalaingar Mu.Karunanidhi launched Free Emergency Ambulance Services on 15.09.2008 in Tamil Nadu. Each ambulance has one fully trained Emergency Medical Technician (EMT) and Pilot who provide pre-hospital care to the victims.

The '108' Ambulances are deployed in all 38 districts across the State. As per the announcement during the Budget session 2022-23 in the Legislative Assembly, 62 New Ambulances and 13 Drop Back Vehicles (JSSK) were launched by the Hon'ble Chief Minister of

Tamil Nadu on 18.01.2024 as a replacement to the condemned vehicles for 108 Services to maintain the required fleet strength. At present 1,353 Ambulances are under operation across the State. Currently 981 Basic Life Support Ambulances, 303 Advanced Life Support Ambulances, 65 Neonatal Life Support Ambulances and 4 VVIP Ambulances are in operation. In addition, 41 First Respondent Bike Ambulances also form part of '108' services.

Table 9.12: Details of Beneficiaries under Emergency Services

S. No.	Parameters	2021-22	2022-23	2023-24	2024-25 Till May'24
1.	Pregnant Mothers	4.94 lakhs	5.30 lakhs	4.65 lakhs	56,562
2.	RTA	2.45 lakhs	31,358	3.38 lakhs	62,356
3.	Other Emergency	12.07 lakhs	9.47 lakhs	10.91 lakhs	1.87 lakhs
4.	Total Beneficiaries	19.45 lakhs	17.90 lakhs	18.94 lakhs	3.06 lakhs
5.	Tribal related	97,848	98,299	1.07 lakhs	17,513

i) Response Time: Average response time for Road Traffic Emergencies across the state is 11 minutes 23 seconds.

ii) Neonatal Ambulances: These ambulances are available for 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). In addition, specially trained Emergency Medical Technicians are posted to provide care during transit. 23,971 babies have been benefitted in this special service during April 2023 to May 2024. Currently 65 ambulances are in operation in all the districts.

iii) Bike Ambulance (First Responder Bike): 41 First Responder bike ambulances are in operation across the State. 43,089 persons

were benefitted during April 2023 to May 2024 under First Responder Bike Service.

iv) '104' Health Help Line Services: This is a 24x7 service through which people can get health related advice, medical counselling 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.
- 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 channelled through this service.

- Nutritional advice and periodic counselling 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.

The total numbers of beneficiaries benefitted under this scheme, since launch up to May 2024 are 27.71 lakhs.

v) '102' - Free Drop Back Service (JSSK):
'102' - JSSK Scheme, funded by NHM provides free drop back service to delivered mothers and treated sick infants from Government Hospitals to their homes. 2.87 lakhs cases have been transported through these services

during the year April 2023 – May 2024. Totally, 107 vehicles are functioning under this service.

vi) Free Hearse (Mortuary Van) Services:

The corpses of the deceased are transported from the Government Hospitals to the place of disposal or home, free of cost irrespective of the distance within the State. This service also renders support during major accidents, natural calamities and disasters by transporting the deceased to the Government Hospitals for autopsy and then to their destination. For cases requiring transportation beyond 300 kms, the Railways are used as the mode of transport. 1.78 lakhs number of cases have been transported through this service during the year April 2023 – May 2024. Currently 194 vehicles are functioning in this service. This service can be availed 24 x 7 by calling the toll free number 155377.

9.4. TAMIL NADU URBAN HEALTH CARE PROJECT

i) Introduction

The Government of Tamil Nadu is implementing Tamil Nadu Urban Healthcare Project (TNUHP) with funding support from Japan International Cooperation Agency (JICA). The total project cost is Rs.1,634 Crores, which includes a JICA loan component of Rs.1,388 Crores (85%) and State share of Rs.245.60 Crores (15%). The total project period is from 2016 to July 2024.

An amount of Rs.706.73 Crores has been allocated towards strengthening of infrastructure and an amount of Rs.641.02 Crores has been allocated towards procurement of High end equipment to provide specialised care to the patients.

ii) Objectives:

- a) Improving the treatment of Non-Communicable Diseases by providing advanced treatment for Cardio-vascular diseases, Cancer, Chronic respiratory diseases, Diabetes etc.
- b) Improving the existing hospital infrastructure by replacing and recasting physically deteriorated and functionally outdated existing buildings with a comprehensively designed block.
- c) 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.

iii) Project Activities:

- a) **Component -1:** Strengthening of three tertiary care hospitals with modern

buildings and high-tech equipment as given below:-

Table 9.13: Sanction of 3 Tertiary care hospitals

Sl. No.	Hospitals	Building cost (Rs. in Crores)	Equipment cost (Rs. in Crores)	Total Cost (Rs. in Crores)
1.	Government Rajaji Hospital, Madurai.	187.79	125.46	313.25
2.	Government Kilpauk Medical College Hospital, Chennai	196.66	162.21	358.87
3.	Government Medical College Hospital, Coimbatore	164.96	122.60	287.56
Total		549.41	410.27	959.68

1) Civil works:

- (i) Government Rajaji Hospital, Madurai is upgraded with a multi storeyed building consisting of G+6 floors (22,580 sq.mts) at a cost of Rs.187.79 Crores consisting of 22 operation theatres + 1 Hybrid Operation Theatre. The building was inaugurated by

the Hon'ble Chief Minister on 27.02.2024. So far 14,648 outpatients have been treated since inauguration up to 31.05.2024.

- (ii) Government Kilpauk Medical College Hospital, Chennai is being upgraded with a multi storeyed building consisting of G+6 floors (24,973 sq.mts) at a cost of Rs.196.66 Crores consisting of 12 operation theatres + 1 Hybrid Operation Theatre. The work is nearing completion.
- (iii) Government Medical College Hospital, Coimbatore is upgraded with a multi storeyed building consisting of G+6 floors (20,617 sq.mts) at a cost of Rs.164.96 Crores consisting of 9 operation theatres. The building was inaugurated by the Hon'ble Chief Minister on 13.03.2024. So far 4,872 outpatients have been treated since inauguration up to 31.05.2024.

2) Equipment Supply and Installation:

(i) Government Rajaji Hospital, Madurai is upgraded with Hi-tech equipment at a cost of Rs. 125.46 Crores.

(ii) Government Kilpauk Medical College Hospital is upgraded with Hi-tech equipment at a cost of Rs. 162.21 Crores.

(iii) Government Medical College Hospital, Coimbatore is upgraded with Hi-tech equipment at a cost of Rs. 122.60 Crores.

b) Component-2: Strengthening 11 Medical College Hospitals and three District Head Quarter Hospitals with modern high tech equipment as given below:

Table 9.14: Equipment sanctioned to various hospitals

S. No.	Hospitals	Value (Rs. in Crores)
1.	Government Medical College Hospital, Vellore	23.61
2.	Government Medical College Hospital, Tirunelveli	22.36
3.	Government Medical College Hospital, Asaripallam, Nagercoil	16.92
4.	Government M.K.M Medical College Hospital, Salem	25.92
5.	Government Medical College Hospital, Thoothukudi	14.90
6.	Mahatma Gandhi Memorial Hospital attached to Government KAPV Medical College, Tiruchirapalli	26.60
7.	Government Medical College Hospital, Thanjavur	31.87
8.	Government Medical College Hospital, Pudukkottai	10.28
9.	Government Medical College Hospital, Dindigul	5.04
10.	Government Medical College Hospital, Krishnagiri	4.82

11.	Government Medical College Hospital, Tiruppur	4.72
12.	District Head Quarters Hospital, Erode	5.70
13.	District Head Quarters Hospital, Periyakulam	2.47
14.	District Head Quarters Hospital, Cuddalore	5.77
Total		200.98

c) Component-3: Strengthening of four secondary care hospitals with modern buildings and high-tech equipment.

Table 9.15: Details of 4 Secondary Care Hospitals funded by JICA

Sl. No.	Hospitals	Building Cost (Rs. in Cr.)	Equipment Cost (Rs. In Cr.)	Total Cost (Rs. In Cr.)
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

1) Civil Works:

(i) Government Hospital, Avadi, Tiruvallur is upgraded with a multi storeyed building consisting of G+3 floors (5,040.45 sq.mts) at a cost of Rs.37.90 Crores, consisting of 2 Modular Operation Theatre + 1 Emergency Operation Theatre. The building was inaugurated by the Hon'ble Minister for Health and Family Welfare on 15.03.2024. So far 16,993 outpatients have been treated since inauguration up to 31.05.2024.

(ii) Government Hospital, Velampalayam, Tiruppur is upgraded with a multi storeyed building consisting of G+3 floors (5,780.00 sq.mts) at a cost of Rs.40.83 Crores, consisting of 2 Modular Operation

Theatre + 1 Emergency Operation Theatre.
The work is nearing completion.

(iii) Government Hospital, Ammapet, Salem is upgraded with a multi storyed building consisting of G+2 floors (5,725.98 sq.mts) at a cost of Rs.38.88 Crores, consisting of 2 Modular Operation Theatres + 1 Emergency Operation Theatre. The building was inaugurated by the Hon'ble Chief Minister on 11.03.2024. So far 4,108 outpatients have been treated since inauguration up to 31.05.2024.

(iv) Government Hospital, Kandiyaperi, Tirunelveli is upgraded with a multi storeyed building consisting of G+2 floors (5,636.00 sq.mts) at a cost of Rs. 39.71 Crores, consisting of 1 Modular operation theatre + 1 CEmONC Operation Theatre +1 Emergency Operation Theatre. The building was

inaugurated by the Hon'ble Minister for Health and Family Welfare on 15.03.2024. So far 18,921 outpatients have been treated since inauguration up to 31.05.2024.

d) Component - 4: For strengthening of hospital management, training programmes have been conducted in Hospital management, Equipment Maintenance, NCD, Trauma Care and Arthroscopy at a cost of Rs. 8.31 Crores.

e) Component - 5: Strengthening Primary Healthcare for controlling Non-Communicable Diseases: Equipment were provided to Institute of Public Health at Poonamallee and Health and Family Welfare Training Centre at Madurai at a cost of Rs.2.98 Crores to strengthen the training of health care providers on prevention, screening, treatment and follow up of Non Communicable Diseases programme. The Equipment supply and installation got completed on 30.11.2023. 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.

iv) Project activities execution:

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

TNUHP funding has helped to strengthen the health system in various ways. As the project is about to be completed, necessary steps are being taken towards exploring the feasibility of getting a similar Externally Aided Project (EAP) in the coming years.

9.5 Tamil Nadu Health Systems Reform Program

i) Introduction

Tamil Nadu Health Systems Reform Program (TNHSRP), a World Bank Supported Project, is being implemented as a Program for Results (P for R) mode of financing which is based on the achievement of pre- determined health outcomes. The total cost of the project is Rs. 2,854.74 Crores (USD 410 million). Out of this, Rs. 1,998.32 Crores (70%) is being funded by World Bank and the Government of Tamil Nadu share is Rs. 856.42 Crores (30%). The project period is for 5 years (2019-2024). Currently, the project is in the 5th year of implementation and till 31.05.2024, Rs.1,621.86 Crores (81 %) has been received from the World Bank.

This program mainly aims to achieve Sustainable Developmental Goal (SDG):3 - 'To

ensure healthy lives and promote wellbeing for all ages’.

The Goal of the Project is to ensure:

- Improved quality of care
- Reduction of Non-Communicable Diseases and to improve trauma care services.
- Attaining equality in reproductive and child health services in Tamil Nadu

Table 9.16: Details of disbursement received from World Bank towards various activities:

S. No	Activities	Amount (Rs in Crores)
1	Quality	568.88
2	Reproductive and Child Health (RCH)	419.36
3	Cross cutting Activities (Operational Research, Environmental Strategy, etc.,)	258.40
4	Trauma Care	127.96
5	Non-Communicable Diseases (NCD)	118.43
6	Health Assembly	82.68
7	Population Health Registry (PHR)	46.15
Total Amount Claimed		1,621.86

ii) Program Activities

a) Quality of Care: The main objective is to improve the quality of services in the Government Health facilities through National Quality Assurance Standards (NQAS) and Establishment of Quality Improvement Initiative and Facility Score Cards. Till date, 355 Primary Health Centre and 76 Government Hospitals are fully certified under NQAS and 3 Government Medical College Hospitals have received entry level National Accreditation Board for Hospitals and Health Care Providers (NABH) Certification.

The Quality Committees and Facility Score Cards have been established at 570 Primary Healthcare facilities and 248 Secondary Healthcare facilities and Quality Managers have been appointed in 36 Government Medical College Hospitals to improve the quality of services in the Institution. An amount of Rs.106.62 Crores has

been invested so far towards the above Quality Improvement Initiatives.

b) Non Communicable Diseases: The main goal of the program is to increase the proportion of patients with hypertension and diabetes under control and increasing the screening of breast cancer and cervical cancer among women.

The Hon'ble Chief Minister launched the MTM scheme, on 5th August 2021 in Krishnagiri District, a first of its kind in India which was conceptualized to address this increasing burden due to Non-Communicable Diseases. This scheme offers a holistic and comprehensive set of 'Home-Based Health Care Services' through Women Health Volunteers (WHV) to ensure continuum of care for patients with chronic NCDs. An amount of Rs.566.04 Crores has been invested so far towards the Prevention and Control of Non Communicable Diseases (NCD).

c) Trauma Care: Currently, 94 TAEI centre have been established across the State providing, 24x7 service delivery in 39 DME&R and 55 DM&RHS Institutions. An IT Based - Trauma Registry has been established in all the Government Medical College Hospitals and 52 Government Hospitals at a total cost of Rs.5.48 Crores.

The Emergency Department is established with dedicated faculties of Professor, Associate Professor, and Assistant Professors in 36 Medical College Hospitals at a total cost of Rs.47.85 Crores. Post Graduate Course in Emergency Medicine has been established in 22 Government Medical College Hospitals. From the year 2022-23, 85 M.D. Emergency Medicine Post Graduates are studying the course in Government Medical Colleges across the State. An amount of Rs.515.36 Crores has been invested so far towards the strengthening of Trauma Care.

d) Reproductive and Child Health: Inter district disparity of Reproductive and Child Health Services (RCH) is addressed through strengthening of ANC services, Immunization and contraceptive services by IEC activities and training of health care providers especially in 9 priority districts of Ariyalur, Dharmapuri, Ramanathapuram, Theni, Thoothukkudi, Tirunelveli, The Nilgiris, Tiruvannamalai and Virudhunagar, thereby decreasing the Maternal and Infant mortality rate. The provision of AN kits and Haemoglobinometers at the HSC level at a total cost of Rs. 3.37 Crores in 9 priority districts has significantly enhanced the quality of care for expectant mothers. An amount of Rs.46.78 Crores has been invested so far towards the strengthening of Reproductive and Child Health Services.

(e) Health Assembly: Conducting of Health Assemblies in the District and State is expected to

bring in transparency and accountability of the system by improving the community participation. In Phase-I, 2021-22, 14 District Health Assemblies were conducted followed by the State Health Assembly under the Chairmanship of Hon'ble Chief Minister of Tamil Nadu. In phase II and III, 16 and 24 District Health Assemblies were conducted respectively followed by an annual State Health Assembly under the Chairmanship of Hon'ble Minister, Health and Family Welfare, Tamil Nadu. Till date, a total of 73 resolutions related to the Health needs of the public at a total cost of Rs.211.50 Crores were sanctioned through Health Assembly.

f) Operational Research Program (ORP): The primary purpose of this program is to encourage and financially support 'Operational Research' studies that would strengthen the public healthcare delivery system in Tamil Nadu in coordination with IIT, Chennai. Under the Operational Research program 30 studies have

been initiated so far on diverse topics ranging from primary health care to tertiary health care in Tamil Nadu.

iii) Achievements

a) Major Infrastructure Projects under TNHSRP: An amount of Rs.1,138.13 Crores under TNHSRP Funds have been invested towards the strengthening of infrastructure and improvement of the health care system. The following are the important works among them:

- 1) New building at Government Rehabilitation Centre, K.K Nagar, Chennai has been constructed at a total cost of Rs. 27.95 Crores and was inaugurated by Hon'ble Chief Minister on 28.01.2023.
- 2) Construction of Multi Speciality Critical and Emergency Care Block and School of Nursing with Hostel Facility at Government Stanley Medical College Hospital, Chennai at

a total cost of Rs.147 Crores has been sanctioned and work is in progress.

- 3) Construction of Hostel building for PG Students of Madras Medical College, Chennai at Government Dental College Campus, Chennai at a cost of Rs.132.24 Crores has been sanctioned and work is in progress.
- 4) Construction of a New Tower Block Building for specialty care at Government Kilpauk Medical College Hospital, Chennai at a cost of Rs.125 Crores has been sanctioned and work is in progress.
- 5) Construction of Broad Specialty Block at Government Mahatma Gandhi Memorial Hospital, Tiruchirapalli at a cost of Rs.110 Crores has been sanctioned and work is in progress.
- 6) Construction of additional floors over the second floor of Centre of Excellence building

in Government Arignar Anna Memorial Cancer Hospital, Karapettai, Kancheepuram at a cost of Rs.100 Crores has been sanctioned and work is in progress.

- 7) Construction of a new building for Master Health Checkup facility, Non- Communicable Disease (NCD) Unit, Dialysis Unit, Blood Bank Unit, Central Sterile Supply Department (CSSD) with equipment to Government Peripheral Hospital, Periyar Nagar, Chennai at a total cost of Rs.71.81 Crores has been sanctioned and work is in progress.
- 8) Construction of new building with equipment for the Neuro-science block at Rajiv Gandhi Government General Hospital, Chennai at a cost of Rs.65 Crores has been sanctioned and work is in progress.
- 9) Construction of Ladies Hostel for PG and UG students at Government Dental College

Hostel Campus, Chennai at a total cost of Rs. 64.90 Crores has been sanctioned and work is in progress.

- 10) Construction of Tower Block for ICH-Egmore, Chennai for exclusive Quaternary Super Specialty Care at a cost of Rs.53 Crores has been sanctioned and work is in progress.
- 11) Establishment of Cancer Care Centre at Government Medical College Hospital, Thanjavur at a cost of Rs.45 Crores has been sanctioned and work is in progress.
- 12) Construction of Critical care/Specialty Block with Equipment at Government Royapettah Hospital, Chennai at a cost of Rs.40.05 Crores has been sanctioned and work is in progress.
- 13) Construction of building for School of Nursing with Hostel Facility at Government Mohan Kumaramangalam Medical College

Hospital, Salem at a total cost of Rs.31.08 Crores has been sanctioned and work is in progress.

b) High-end Equipment under TNHSRP

Funds: An amount of Rs.330.94 Crores under TNHSRP funds have been invested towards the procurement of high-end equipment to provide specialized care to the patients. The following are the important equipment among them:

- 1) Procurement of high-end equipment for the newly built 1,000 bedded Kalaignar Centenary Super Specialty Hospital, Guindy, Chennai at a total cost of Rs.146.52 Crores has been completed.
- 2) Provision of equipment for cancer disease, Arignar Anna Memorial Cancer Hospital, Karapettai, Kancheepuram at a cost of Rs.32 Crores has been sanctioned and work is in progress.

c) Procurement of Ambulances under

TNHSRP: To strengthen the Pre-hospital care and 108 Emergency Care Services, 138 Basic Life Support (BLS) Ambulances at a cost of Rs. 58.55 Crores have been procured and added to fleet in the last 3 years.

iv) Other significant activities under TNHSRP

- a) Towards strengthening of Trauma Care Centres - 13 Medical College Hospitals were upgraded as Level I and 29 as Level II centers with Civil Modifications, Human Resources, equipment, etc., at a total cost of Rs.59.85 Crores.
- b) Procurement of Laptops with accessories and internet charges to the 1,807 Sector Health Nurses (SHNs) of rural public health centres and 45 District Maternal and Child Health Officers (DMCHOs) of Tamil Nadu at

a total cost of Rs.15.92 Crores Purpose to be mentioned.

c) Strengthening of five medical college hospitals at a cost of Rs.14.46 Crores towards NABH Accreditation by Gap Analysis. Till date, entry level NABH Accreditation has been obtained for 3 Medical College Hospitals.

d) Establishment of suicide hotline by strengthening 104 helpline, 20 psychologists are made available with 10 additional desks at a total cost of Rs.2.30 Crores.

v) Capacity Building under TNHSRP: Towards improving the Trauma Care, 5,191 Doctors and 7,860 Staff Nurses of the Government Institutions were trained in Advanced and Basic Trauma Life Support Training across the State since the inception of the Program. Also, 764 Obstetrics and

Gynaecologists, 1,881 Medical Officers and 720 Staff Nurses were trained on NCD Skill and Screening Protocol.

TNHSRP funding has helped to strengthen the health system in various ways. As the project is about to be completed, necessary steps are being taken towards exploring the feasibility of getting the similar External Aided Projects (EAP) in the upcoming years.

9.6. Ayushman Bharat Digital Mission

ABDM (Ayushman Bharat Digital Mission) is a Government of India initiative launched on 27th September 2021, to create a National digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner that provides a wide-range of data, information and

infrastructure services, duly leveraging open, interoperable, standards-based digital systems.

Government of Tamil Nadu designated Tamil Nadu Health Systems Project as the Nodal Department for rolling out ABDM in Tamil Nadu. ABHA IDs are created and integrated with HMIS application and all other Health related applications as per Government guidelines.

Chapter - 10

FOOD SAFETY AND DRUG ADMINISTRATION

10.1 FOOD SAFETY

i) Objective:

- The Food Safety and Standards Act, 2006 main objective is to bring out a single statute relating to food and to provide a systematic and scientific development of Food Processing Industries.
- Food Safety and Standards Authority of India (FSSAI) has fixed food standards and regulate/monitor the manufacturing, import, processing, distribution and sale of food, so as to ensure safe and wholesome food for the people.
- The Food Safety and Standards Act, 2006 is being implemented in whole of the country with effect from 05.08.2011. It is implemented

in the State by Commissionerate of Food Safety.

ii) Authorities responsible for Enforcement of Act

- Tamil Nadu Food Safety Commissionerate is headed by the Commissioner of Food Safety, Director cum Additional Commissioner, Deputy Director and Health Officer at State Level. 32 Designated Officers (DO) at District level, 391 Food Safety Officers (FSO) at Block / Municipality / Corporation level.
- As per section 29 of the FSS Act, the Food Authority, Commissioner of Food Safety, Designated Officer and Food Safety Officer are the authorities for enforcement of this Act.

Table 10.1: Functions of Food Safety Commissionerate

ENFORCEMENT	PROMOTIONS
<ul style="list-style-type: none">• License and Registration Certificate (RC)	<ul style="list-style-type: none">• Information, Education and Communication• Eat Right Initiatives

<ul style="list-style-type: none"> • FoSCoRIS (Food Safety Compliance through Regular Inspection and Sampling) • Compounding penalty for all categories • Enforcement Samples Lifted • Surveillance Samples Lifted • Adjudication Cases • Criminal Cases • FoSTac (Food Safety Training and Certification) training • DLAC (District Level Advisory Committee) meeting • Action taken on banned food products • Complaint redressal mechanism 	<ul style="list-style-type: none"> • Food Safety on Wheels • Awareness Campaign • Various food safety awareness drives like less salt intake, non-use of newspaper as cover of food stuff etc.
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iii) Enforcement Activities:

a) License and Registration Certificate: As per Food Safety and Standards Act 2006, all the Food

Business Operators shall get Registration Certificate / State License / Central License depending upon their annual turnover.

- Food Business Operator having annual turnover of up to Rs. 12 Lakhs should get Registration Certificate issued by Food Safety Officer.
- Food Business Operator having annual turnover of above Rs.12 Lakhs upto Rs.20 Crores should get State License issued by Designated Officer.
- Those with annual turnover above Rs.20 Crores should get Central License, issued by Central Licensing Authority.
- From the year 2013, Food Safety and Standards Authority of India (FSSAI) maintain an exclusive portal (<https://fosc.fssai.gov.in/>) for online

application and issue of License and Registration certificates.

Table 10.2: Status of License and Registration Certificates

Subject	No. of valid License / Registration certificate as on March 2023	No. of valid License / Registration certificate as on May 2024	% of increase
Licenses	1,15,205	1,28,092	11.2
Registration Certificates	4,64,763	5,55,769	19.6

b) FoSCoRIS (Food Safety Compliance through Regular Inspection and Sampling) / FoSCoS (Food Safety Compliance System) / Regular Offline Inspections:

- All inspections carried out by Food Safety Officials at Food Business Operator's

premises related with License / Registration certificate, hygiene, health, food safety and other Complaints have been done through FoSCoRIS App and FoSCoS web portal.

- 5.98 lakh inspections have been conducted through both online and offline during the year April 2023 – May 2024.

c) Compounding Penalty for all Categories

- In exercise of the powers conferred Under section 69 of Food Safety and Standards Act 2006, the Designated Officers are empowered to impose penalty up to Rs.25,000/- to compound the offence committed by the Food Business Operators whose turnover is less than Rs.12 lakhs per annum and eligible for Registration Certificate (RC) under the above said act with effect from 01.12.2019. Later the compounding penalty order has been

revised for banned food products containing tobacco and nicotine in which penalty has been raised upto Rs.1 lakh.

- 21,453 offences are identified and a penalty of Rs.21.14 Crores imposed during the year April 2023 – May 2024.

d) Enforcement Samples Lifted

- Periodical inspections are being carried out in all the food establishments such as manufacturing, storage and selling units and the samples being lifted by the Designated Officers / Food Safety Officers. Criminal cases or adjudication cases will be filed if the samples are found to be unsafe or substandard / misbranded.
- 19,724 enforcement Samples have been lifted, 20,668, Samples have been analysed and 1,384 samples reported as Unsafe, 1,178 samples reported as Substandard and

Misbranded during the year April 2023 – May 2024.

e) Surveillance Samples Lifted

- Regular Surveillance, Monitoring and periodic inspections of Food Business Operators and lifting of Surveillance food samples have been done by the Food Safety Officials to ensure that the food products comply with the laid down standards.
- 91,907 Surveillance Samples have been lifted in which 2,081 are found to be non-conform to standards during the year April 2023 – May 2024.

f) Legal action initiated as per the Act provisions

1) Adjudication Cases: District Revenue Officers in all Revenue Districts are notified as Adjudicating Officers under the Food Safety and Standards Act, 2006. Filing of cases before Adjudicating Officer (District Revenue Officer) will be taken up if Sample analysis report is

Substandard/ Misbranded/etc., and shall be liable for imposition of penalty only.

Table 10.3: Details of Adjudication Cases

Name of the Activity		April 2023 to May 2024
Number of Adjudication Cases Filed		2,346
Number of Cases decided		2,324
Penalty Imposed		Rs. 2.02 crore

2) Criminal Cases: Filing of cases before Judicial Magistrate will be taken up if Sample analysis report is Unsafe and any offence which is punishable with fine and imprisonment under various sections of Food Safety and Standards Act, 2006.

Table 10.4: Details of Criminal Cases

Name of the Activity	April 2023 to May 2024
Number of Criminal Cases Filed	1,220
Number of Cases decided	593
Penalty Imposed	Rs.1.78 crore

g) Food Safety Training and Certification (FoSTaC)

- The FoSTaC programme is aimed at creating a pool of food safety supervisors (FSS), who are trained in good hygiene and manufacturing practices as per requirements in Schedule 4 of Food Safety and Standards Licensing and Registration Regulations, 2011.
- 3,135 Training Programmes were conducted and 1,15,521 Food Safety Supervisors were trained during the year April 2023 – May 2024.

h) Action taken on Banned Food Products containing Tobacco / Nicotine: As per Regulation 2.3.4 of Food Safety and Standards (Prohibition and Restrictions on Sales) 2011, Food products containing tobacco and nicotine are banned. Manufacture, transport, storage, distribution and sale of gutkha, panmasala and any other food product containing tobacco or nicotine as ingredient has been prohibited in Tamil Nadu and necessary Gazette Notification has been issued with effect from 23.05.2013. It has been extended every year and the latest ban order was issued on 23.05.2024.

Compounding penalty imposed on Banned Food Products containing tobacco / nicotine:

- The revised order for Compounding penalty of banned food products containing tobacco and nicotine was issued.

- **For 1st time offence**, Rs. 25,000/- penalty with Suspension of License/ Registration Certificate and seal the premises / shops will be carried out. Revocation of suspension of License / Registration Certificates will not be done before 15 days from the date of suspension.
- **For 2nd time offence**, Rs. 50,000/- penalty with suspension of License / Registration Certificate and seal the premises / shops will be carried out. Revocation of suspension of License / Registration Certificates will not be done before 30 days from the date of suspension.
- **For 3rd time offence**, Rs. 1,00,000/- penalty with Cancellation of License / Registration and seal the premises / shops will be carried out. Revocation of suspension of License / Registration

Certificates will not be done before 90 days from the date of cancellation.

- During the last three years especially after issue of new guidelines and formation of joint inspection teams comprising of Police and Food Safety Officials, there is marked improvement in the performance in terms of number of shops closed, penalty imposed and quantity seized. 13,612 cases have been identified for compounding offence, Rs.19.68 crores Penalty imposed, 85,495 Kg quantity seized and 13,639 shops closed due to suspension or cancellation of License / Registration. In addition, further 154 Criminal Cases have been filed and Rs. 11.79 lakhs /- penalty imposed during the year April 2023 – May 2024.

iv) Promotion Activities

a) IEC & Awareness Creation

- Awareness is being given to FBOs and common public in order to protect themselves and avoid adulterated food, unsafe food items and other exploitation. During the year April 2023 – May 2024, 11,105 awareness meetings have been conducted and around 6.50 lakh participants attended.
- In addition, 6 Food Safety on wheels attached to 6 Food analysis Laboratories have been utilized for creating awareness effectively.
- 27,393 tests, 987 awareness programmes and 692 training sessions were conducted during the year April 2023 – May 2024.

b) Eat Right Initiatives

- Eat Right Initiatives aims at promoting both the demand and the supply of safe and healthy food in a sustainable way.

Table 10.5: Details of Eat Right Initiatives:-

Name of the Initiative	Description	Achievements during April 2019 – May 2024
Blissful Hygienic Offering to God (BHOG)	To ensure safe food in all Places of Worship (PoW)	805
Hygiene Rating	It is a certification system for the food service and retail establishments	8,343
Clean Street Food Hub	A Clean Street Food Hub (CSFH) is a hub or cluster of 20 or more vendors / shops	102

Clean and Fresh Fruit and Vegetable Market	A market or cluster of permanent selling fresh fruits and vegetables.	135
Eat Right Campus	To promote safe, healthy and sustainable food in campuses such as schools, universities, etc.	1,168
Re-purpose Used Cooking Oil (RUCO)	Used cooking oil is collected from food establishments and sent for conversion through authorized aggregators.	9,929.536 Kilolitres
Save Food and Share Food	Collect the excess food during marriages and other functions and distribute to the needy.	1,27,147 Instances

v) Food Analysis Laboratories:

- As per the Food Safety and Standards Act, 2006, standards of food categories being

analyzed at Six Food Analysis Laboratories in Tamil Nadu. They are located at Chennai, Madurai, Coimbatore, Salem, Thanjavur and Tirunelveli (Palayamkottai). All the Six Food Analysis Laboratories have been accredited and notified as National Accreditation Board for Testing and Calibration Laboratories (NABL)-Food Safety and Standards Authority of India (FSSAI) Integrated Certificate.

- Each of the 6 Food Analysis Laboratories are conducting analysis of about 6,000 samples per year and totally about 36,000 samples per year. The analysis report of the samples will be sent to the concerned Designated Officers for further actions. Along with the enforcement sample, the Food Analysis Laboratories are also doing analysis of samples such as Surveillance sample, Quality Control Sample, ICDS / Noon Meal

samples, Hospital Sample and Private Samples.

- 48,371 samples were analyzed during the year April 2023 – May 2024.

vi) SPECIAL ENFORCEMENT DRIVE

- The details of inspection to check the standards of Mango, Watermelon, Packaged Drinking Water, Shawarma, Meat and Meat Products, Fish & Fish Products, Coconut Chutney, Butter Milk and Curd during the year April 2023 – May 2024 are as follows:

Table 10.6: Special Enforcement Drive particulars

Number of Units Inspected	3,65,666
Quantity Seized	1,46,763 kgs
Value of Seized	Rs.70.75 lakhs
Number of Samples Lifted	1,249
Penalty Imposed	Rs.63.71 lakhs

vii) Public Grievance Redressal Mechanism :

Public Grievances redressal mechanism is in place through dedicated Whatsapp mobile number (9444042322) and TN Food Safety consumer App. It is appreciated as a best practice by the FSSAI. 11,556 complaints have been redressed during the year April 2023 – May 2024.

viii) Awards :

- Tamil Nadu has been awarded the third place in 2022-23 of State Food Safety index (SFSI) on the basis of rating of five parameters viz., Human resources and institutional data, Compliance, Food Testing Infrastructure, Training and Capacity building, Consumer empowerment. The rating is done by the Food Safety and Standards Authority of India.
- Eat Right Challenge Competition was conducted for various parameters. In this

competition, 260 districts have participated from all over India and 31 districts were selected for best performance. Among 31 districts, 13 districts of Tamil Nadu viz., Coimbatore, Dindigul, Madurai, Perambalur, Chennai, Kancheepuram, Salem, Thiruvallur, Tiruppur, Sivagangai, Namakkal, Tiruchirapalli, Vellore were selected for best performance.

- In this Competition, Coimbatore District was awarded first place in India.

10.2 DRUGS CONTROL ADMINISTRATION

i) Introduction:

The Director is the Head of the Directorate of Drugs Control Administration functioning under the administrative control of “Commissioner of Food Safety and Drug Administration Department”. At present, the Joint Director of Drugs Control-I is the Controlling Authority who 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 Drugs (Prices Control) Order, 2013.
6. The Medical Devices Rules, 2017.
7. The Cosmetics Rules, 2020.

ii) Monitoring Activities: The Drugs Control Administration Directorate monitors the quality, safety, efficacy and 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. This Directorate also monitors the quality of cosmetics.

iii) Licensing Authority for Allopathic drugs, Homeopathic drugs and Analytical Laboratories: The Licensing Authority for allopathic drugs, homeopathic drugs and analytical laboratories grant the licence for manufacture of allopathic and homeopathic drugs, issues approval for analytical laboratory of drugs and also for Recognized Medical Institutions (RMI) for palliative care. The manufacturing licenses for allopathic drugs are being issued by the Licensing Authority, appointed by the State Government.

The Licences are issued after the Joint Inspection by the Senior Drugs Inspector/ Drugs Inspector of the State Government and Central Government. The manufacturing licenses for certain special categories of drugs such as vaccines, large volume parenterals, etc., are also issued by the Licensing Authority, with the approval of the Central Licence Approving Authority of the Government of India, after Joint Inspection by the Senior Drugs Inspector / Drugs Inspector of the State Government and the Central Government.

iv) Separate Licensing Authority for Blood Centers, Blood Storage Centers, Medical Devices and Cosmetics: The Licensing Authority for Blood Centers, Blood Storage Centers, Medical Devices and Cosmetics, issues license for manufacture of Class A and Class B medical devices and cosmetics and also for operation of Blood Centers, Blood Storage Centers. The grant

and renewal of Blood Centre licences are being issued by the Licensing Authority, appointed by the State Government, with the approval of the Central Licence Approving Authority of the Government of India, after Joint Inspection by the Senior Drugs Inspector / Drugs Inspector of the State Government and the Central Government.

v) Licensing Authority for Sale of Drugs:

Licences are being issued for sales through online portal viz., Tamil Nadu Single Window Portal (TNSWP). Totally 24 zones, headed by Assistant Directors of Drugs Control are functioning under this Directorate. They are the Licensing Authorities for grant of sale licences of Allopathic drugs, Homeopathic Medicines and Medical Devices.

vi) State Intelligence Wings: There is an Intelligence Wing in this Directorate to attend

complaints received from the public and to carryout special raids and investigations in northern region of the State. There is also a Mobile Squad at Madurai to do the above said work in southern region of the State.

vii) Drugs Testing Laboratories: There are two Drugs Testing Laboratories in Chennai and Madurai which undertakes the testing of samples drawn by the Senior Drugs Inspectors / Drugs Inspectors of northern and southern districts respectively. The Drugs Testing Laboratory, Chennai has the capacity for analysing 10,000 samples per year and the Drugs Testing Laboratory, Madurai has the capacity for analysing 5,000 samples per year.

viii) Details of Manpower: The total number of sanctioned technical staff is 266 namely Director, Joint Directors, Deputy Directors, Assistant

Directors, Government Analyst, Deputy. Government Analysts, Senior Drugs Inspectors, Drugs Inspectors, Senior Analysts, Junior Analyst and Technician Grade-I. The total number of sanctioned ministerial staff is 246.

ix) Digitization (as on 31.03.2024): The issue of licences and certificates related allopathic drugs were digitized. All these services are provided through TNSWP portal and currently 37 services of this Department are being provided through this portal. In order to make end to end digitization, the manual legacy data available with this Directorate were migrated to the Database. Thus manual licence details of 355 manufacturing units and 29,356 sales units were migrated into TNSWP portal.

x) Strengthening of State Drugs Regulatory System

- Drugs Testing Laboratory at Madurai has been established at a cost of Rs. 20 crore and started functioning since 10.01.2023.
- New buildings for the office of the Assistant Directors of Drugs Control in Madurai and Virudhunagar, Mobile Squad Madurai have been completed and started functioning.
- New building for the office of the Assistant Director of Drugs Control in Vellore has been completed.
- Construction of new building for the Directorate and Zone offices I, II, III and IV at D.M.S. Campus, Chennai-6 by demolishing the 45 years old existing building at a cost of Rs.14.85 Crore has been commenced and in progress.

- New building for the office of the Assistant Director of Drugs Control at Kanchipuram has been commenced and in progress.

xi) Sale of Habit- forming Drugs: The sale of habit-forming drugs such as Tapentadol, Tramadol, Codeine Phosphate and Nitrazepam (most commonly misused habit forming drugs) are closely monitored by this Directorate. Stringent legal action is initiated against the offenders. For the period from 01.04.2023 to 31.03.2024, 448 numbers of cases have been initiated against retailers, wholesalers for sale of habit-forming drugs in violation of Drugs Rules, 1945.

xii) Inspections carried for the period from 01.04.2023 to 31.03.2024 is mentioned below:

Table 10.7: Details of inspections conducted

Number of Inspections of Allopathic Drugs Manufacturing Concerns	94
Number of Inspections of Sales Concerns(retail / wholesale)	74,073
Number of Inspections of Blood Centre	431
Number of Inspections of Blood Storage Centers	560
Number of Inspections of Hospitals and other stores	2,598

xiii) Samples drawn / tested for the period from 01.04.23 to 31.03.24: The Drugs Testing Laboratories at Chennai and Madurai have received 12,277 samples and analysed about 11,076 samples. Out of that, 248 samples have been declared as Not of Standard Quality (NSQ) and one sample has been declared as Spurious.

xiv) The details of the Licenses issued in the State are mentioned below:

Table 10.8: Total Number of Manufacturing Licences as on 31.03.2024:-

Allopathic Regular Licences (Drugs Manufacturing units)	658
Medical Devices	167
Allopathic Loan Licences	150
Homeopathic Licences	9
Cosmetic Licences	282
Cosmetic Loan Licence	10
Total	1,276

Table 10.9: Total Number of Blood Centre Licences as on 31.03.2024

State Government. Blood Centres	97
Central Government Blood Centres including ESI and Military Hospital	10
Private Blood Centres	242
Umbilical Cord Blood Stem Cells Banks	3
Total	352

Table 10.10: Total Number of Blood Storage Center approvals as on 31.03.2024

Govt. Blood Storage Centres	404
Private Blood Storage Centres	166
Total	570

Table 10.11: Total Number of Sales Licences as on 31.03.2024

Number of Retail Licences	38,244
Number of Retail with Wholesale Licences	3,861
Number of Wholesale Licences	10,663
Number of Restricted Licences	351
Number of Homeopathic Licences	408
Total	53,527

xv) The action taken against the contraventions under Drugs and Cosmetics Act, 1940 and Rules 1945 for the years 2021- 24 is mentioned below:

Table 10.12: Action taken against the contraventions

Particulars	2021-22	2022-23	2023-24
Number of legal actions initiated against sales concerns	472	516	448
Number of sales licences suspended	25	56	283
Number of prosecutions launched against sales concerns	417	340	329
Number of prosecutions launched for the manufacture and sale of Not of Standard Quality/Spurious drugs	86	109	102

Chapter - 11

TAMIL NADU MEDICAL SERVICES CORPORATION LIMITED

11.1 INTRODUCTION

Tamil Nadu Medical Services 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 with a purpose to streamline the procurement of drugs and other medical supplies effectively through a centralized system for the first time in India. The main objective was to supply quality medicines to patients accessing public health facilities without any interruption. In the last 29 years, the system adopted by TNMSC has become a proven model in drug logistics and won appreciation worldwide and attracted the attention

of the other states in the country to replicate. Subsequently, the Corporation also ventured into the procurement and supply of medical equipment to all Government Hospitals / Medical Institutions. It is an ISO 9001: 2015 certified organization.

11.2 ADMINISTRATIVE STRUCTURE OF THE ORGANISATION

TNMSC is headed by the Managing Director with 3 major domains viz., Drugs, Equipment and Services. The operations of the TNMSC are guided and supervised by the Board of Directors, with the Additional Chief Secretary to Government, Health and Family Welfare Department as the Chairman of the Board. Other members include:

- Managing Director of TNMSC,
- Joint Secretary, Finance Department,
- Mission Director, National Health Mission (NHM),
- Director of Medical Education and Research,

- Director of Medical and Rural Health Services,
- Director of Public Health and Preventive Medicine,
- Director of Drugs Control,
- Chief Engineer, PWD (Buildings)

11.3 MAJOR ACTIVITIES OF TNMSC

- 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.
- Procurement of supplies for the prestigious Government schemes like Mother and Child Health Nutrition Kit, Mother and Baby Care Kit, Kannoli

Kappom Thittam and Menstrual Hygiene Programme.

- Operation and maintenance of advanced diagnostic equipment like Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and Lithotripsy through collection of user charges.
- Operation and maintenance of high-end therapeutic equipment like Linear Accelerator, Cobalt therapy and Brachytherapy.
- Extending logistical support in operation and maintenance of Pay Wards in Government Hospitals.
- Finalization of rate contract for housekeeping and security services, diet supply, disposal of biomedical waste,

supply of oxygen and laboratory services for Government health facilities.

11.4 PROCUREMENT, STORAGE AND DISTRIBUTION OF DRUGS

TNMSC is a nodal agency for the procurement of drugs, medicines, surgical consumables and sutures for various Government medical institutions in the State. TNMSC adopts the most transparent system in all its procurement process and utmost care is taken to procure quality medicines at most competitive rates.

i) Drug Committee and Drug Distribution Management System (DDMS): The list of essential drugs, speciality drugs, surgical and suture consumables and anti-haemophilic drugs are finalized annually by a Drug Committee. Managing Director, TNMSC, Director of Medical

Education and Research (DME & R), Director of Medical and Rural Health Services (DM & RHS), Director of Public Health and Preventive Medicine (DPH & PM), Director of Family Welfare (DFW), Director of Drugs Control are members of this Drug Committee. The Committee also invites specialists from Government medical institutions for their expertise and suggestions as per need. The list of drugs is first finalised prior to floating of tenders. Subsequently, the tentative requirement per annum is arrived based on the average annual consumption pattern of drugs. The consumption data available with the Management Information System (MIS) portal, namely Drug Distribution Management System (DDMS) is used for arriving consumption pattern.

ii) Procurement Process: All categories of drugs, medicines and surgical consumables and sutures are finalised through open e-tenders

floated in the National Informatics Centre (NIC) platform following the Tamil Nadu Transparency in Tenders Act, 1998 and Rules, 2000. Tenders are finalised as annual/biannual rate contracts at most competitive rates with multiple suppliers to manage the supply situation in case of an urgency. Presently 313 essential drugs, 280 surgical and suture consumables and 326 speciality drugs are procured by this Corporation for use by Government medical institutions.

Table 11.1: Number of Drugs Procured by TNMSC in 2023-24

Essential Drugs (EDL)	Surgical and Suture Consumables	Speciality Drugs (Spl)
313	280	326

Table 11.2: Drug Budget allocated to TNMSC in 2023-24

Name of the Directorate	Rs. in Crores
Director of Medical Education and Research	319.23

Director of Medical and Rural Health Services	123.93
Director of Public Health and Preventive Medicine	65.07
National Health Mission	301.99
Director of Medical and Rural Health Services (ESI)	24.00
Director of Family Welfare	2.32
Veterinary Department	37.30
Total	873.84

The Corporation also procures 202 veterinary drugs annually for the Animal Husbandry Department.

iii) Procurement of lab reagents: For the year 2024-25, TNMSC has initiated the procurement of 139 essential laboratory reagents and other diagnostic kits through centralized tender process at competitive rates. These lab reagents and kits will be supplied, stored and distributed from 118 locations at Primary/Secondary/ Tertiary care

institutions, and for which, all these 118 locations have been furnished with walk-in-coolers. TNMSC's DDMS portal will be extended to all 118 locations to monitor and streamline the receipt, storage and issue to medical institutions. This will be the first time wherein a uniform centralised system will be put in place for procurement and logistics of laboratory reagents and consumables. About Rs.100.00 Crores is proposed for the procurement of laboratory reagents and consumables for the year 2024-25.

iv) Drug warehousing facilities: The Corporation maintains 32 drug warehouses for stocking and distribution of drugs and medicines to Government medical institutions. Adequate stocks (for a minimum of 3 months) of essential drugs, sutures and surgical consumables are made available in the warehouses by placing purchase orders dynamically based on the

consumption pattern derived from the DDMS portal. Drugs and supplies are distributed to Government medical institutions through a passbook system and as per fund allocation made by the directorates. As per the announcement made by the Hon'ble Minister for Health and Family Welfare in the floor of the Assembly in 2022-23, five new drug warehouses in Chengalpattu, Tirupathur, Kallakurichi, Tenkasi and Mayiladuthurai are being constructed at an estimated cost of Rs.6 crores per warehouse. All the five warehouses are in advance stage of completion. In 2023-24, the Hon'ble Minister for Health and Family Welfare announced, in the floor of the Assembly, the construction of additional warehouses in Thanjavur, Tirunelveli and Madurai with an objective to increase the storage capacity in the districts. The Corporation has taken up the construction activities adjacent to the existing

warehouses in these three districts and construction works are in progress.

v) Procurement of kits for Government Schemes

a) Maternal and Child Health Nutrition Kits:

TNMSC procures and supplies Maternal and Child Health Nutrition kits under the Dr.Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) to pregnant mothers to improve nutrition and health of ante-natal mothers. During 2023-24, TNMSC supplied 11.70 lakh kits at a total outlay of Rs.226.72 crore to the Directorate of Public Health and Preventive Medicine for distributing them to the beneficiary mothers.

Table 11.3: Components of Maternal and Child Health Nutrition Kits

No.	Components	Quantity
1	Mothers Health Mix (Vanilla Flavour) - 500 gms	2 Bottles

No.	Components	Quantity
2	Iron Syrup 200ml	3 Nos
3	Deseeded Date Fruit	1 Kg
4	Food Grade Cup	1 No
5	Plastic Basket with Two Handle	1 No
6	Albendazole De-Worming Tab	1 Tablet
7	Cotton Towel	1 No
8	AAVIN Ghee 500ml	1 Bottle

b) Mother and Baby Care Kits: TNMSC procures and supplies Mother and Baby Care Kit to delivered mothers and new born babies under the Mother and Baby care Kit program to improve the health of mothers and new born babies. During 2023-24, TNMSC supplied 4.34 lakh kits at a total outlay of Rs.54.93 crores to the Directorates for distributing the kits to the beneficiaries.

Table 11.4: Components of Mother and Baby Care Kits

No.	Components	Quantity in nos.
1	Baby Towel	1
2	Baby Dress	1
3	Baby Bed	1
4	Baby Protective Net	1
5	Baby Napkins	Pack of 3
6	Baby Oil – 100ml	1
7	Baby Shampoo – 50ml	1
8	Baby Soap – 100gm	1
9	Soap Box	1
10	Baby Nail Clipper	1
11	Baby Rattle	1
12	Baby Toy	1
13	Liquid Handwash – 250ml	1
14	Bathing Soap (Mother's) – 100gm	1
15	Kit Bag	1

16	Sowbagya Sunti leghiyam 250gm from TAMPCOL	1
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vi) Procurement of Sanitary Napkins under Menstrual Hygiene Programme: TNMSC procures and supplies Beltless Sanitary Napkins under the Menstrual Hygiene programme to adolescent girls in rural and urban areas, post-natal mothers, women prisoners and women in-patients in the Institute of Mental Health and Government Health Institutions. Each sanitary napkin pack contains 6 pads, and TNMSC supplied 7.53 crore sanitary napkin packs during the year 2023-24 at a total outlay of Rs.95.71 crore and making payment for Belt type Sanitary Napkins manufactured and supplied by Self Help Groups of Tamil Nadu Corporation for Development of Women Limited for a quantity of Rs.41.87 Lakhs Sanitary Napkin packs at a total outlay of Rs.8.71 Crores to the Directorate of Public Health and

Preventive Medicine for distributing them to beneficiaries.

11.5 PROCUREMENT OF MEDICAL EQUIPMENT

The procurement of medical equipment is against specific indents for Government hospitals funded under the State Government Budget or under National Health Mission (NHM), JICA funded TNUHP, World Bank funded TNHSRP. In 2023-24, procurement of equipment are tabulated as follows:

Table 11.5: Department wise procurement of Medical Equipment in 2023-24

Directorates	Budget Source Amount (Rs. in crores)	
National Health Mission	GoI	222.04
Director of Medical Education	GoTN	284.44
Director of Medical and Rural Health Services	GoTN	10.29
Director of Public Health and Preventive Medicine	GoTN	1.84

Japan International Cooperation Agency	JICA	308.85
Other Departments	GoTN	42.21
Total		869.67

i) Kalaingar Centenary Super Speciality Hospital: As part of the Centenary celebrations of the former Chief Minister Dr.Kalaingar, the Government had announced the establishment of a Super Speciality Hospital in the King Institute campus at Guindy. The Government and National Health Mission together sanctioned Rs.174.97 crore for the procurement of equipment, out of which about Rs.74.15 crore worth of equipment was procured and supplied in a war footing manner in a period of 3 months, and the Hospital was made functional after the inauguration by the Hon'ble Chief Minister on 15th June, 2023.

ii) New Medical College Hospitals: Equipment worth Rs.125.67 crores has been procured so far for 11 new Government Medical College Hospitals.

iii) Providing Housekeeping and Security Services: TNMSC has fixed outsourcing agency

through open tendering process for housekeeping and security services in various institutions. Through two separate tenders, outsourcing agencies have been fixed for all the Medical College Hospitals and institutions under the Director of Medical Education and Research and for Government hospitals under the Director of Medical and Rural Health Services.

Table 11.6: Details of Tender floated for House Keeping and Security Services

Sl. No	Directorate	No. of Institutions	No. of Manpower	Value per year in Rs. (in Crores)
1	Director of Medical Education and Research	121	15,624	299.33
2	Director of Medical and Rural Health Services	75	3,143	38.84

11.6 MAINTENANCE OF EQUIPMENT IN TNMSC

TNMSC has engaged 84 Bio-Medical Engineers (BMEs), i.e., two BME per medical

college and 1 BME per district for equipment management and maintenance. BMEs liaise with equipment suppliers for regular maintenance of medical equipment. Medical equipment are generally purchased with a warranty period of 3 years and Comprehensive Annual Maintenance Contract (CAMC) period of 7 years.

Table 11.7: Categorization of Medical equipment

Equipment Category		Equipment Cost (Rs. in lakh)
A	Major	≥ 50
B1	Major	$\geq 25 - < 50$
B2	Minor	< 25
C	Minor	Low value equipment

i) Equipment Maintenance and Management System (EMMS) PORTAL: To monitor the functionality and manage the maintenance of medical equipment effectively, an online Management Information System (MIS) is in use

and inventory updated regularly. EMMS will enable the field BMEs to monitor the upkeep of equipment, periodical maintenance and condemnation of medical equipment available in Government Hospitals. Each equipment is being identified by a 15 digit unique identification number and QR codes have been generated and affixed on all equipment for easy identification.

ii) Management of Diagnostic Equipment: To ensure availability of advanced diagnostic facilities to the common public, TNMSC has been operating and maintaining 129 CT Scanners in 101 various Government health institutions and 41 MRI in 40 various Government health institutions at a minimal user charge collection basis and on cashless mode for Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) beneficiaries. To ensure quick reporting of scans taken at remote centres in Government Medical

institutions, Tele-radiology services is also in operation.

Table 11.8: Performance of CT and MRI scan machines in the year 2023-24

Equipment	Number of scan machines	Number of scans taken (in lakhs)
CT scan	129	17.61
MRI scan	41	1.77

There are 7 PET-CT scanners operated through PPP mode.

iii) Management of Therapeutic Equipment:

TNMSC provides therapeutic services by operating and maintaining 9 Linear Accelerators, 10 Brachytherapy Units, 10 Tele-cobalt therapy units and 4 Lithotripsy units in Government Medical College hospitals under Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS).

Table 11.9: Therapeutic Equipment and Services in 2023-24

Equipment	Number of machines	No. of beneficiaries
Linear Accelerators	9	7,384
Brachytherapy Units	10	2,446
Tele-cobalt therapy Units	10	2,325
Lithotripsy	4	1,559

11.7 LOGISTICS SUPPORT TO PAY WARDS

TNMSC acts as the custodian of funds and extends necessary logistical support to the Pay-Wards in Government Stanley Medical College Hospital, Institute of Social Obstetrics and Kasturba Gandhi Hospital for Women and Children and Rajiv Gandhi Government General Hospital, Chennai for providing 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 have been established by TNMSC.

11.8 MAJOR HAPPENINGS AT TNMSC IN 2023-24

Representatives from procurement agencies across India visit TNMSC to study the systems and processes followed in TNMSC for adoption in their States. Government of India and International Funding Agencies greatly appreciate the transparent and efficient procurement model followed by TNMSC for emulation.

i) TNMSC's role in Michaung Cyclone: In December, 2023 during Michaung Cyclone, TNMSC extended its support by timely supply of drugs worth Rs.1.91 Crores to Greater Chennai Corporation and drugs worth Rs.2.39 Crores to Thoothukudi, Tenkasi, Tirunelveli and Kanyakumari Districts. Further, TNMSC supplied

Bleaching Powder and Chlorine Tablets worth Rs.1.18 Crores to the above flood affected districts for disinfection. Also a team of 13 BMEs inspected the High End Equipment in the Hospitals of Flood affected areas and rectified the breakdowns in a short period.

11.9 WORLD HEALTH ORGANIZATION (WHO)-SOUTH EAST ASIA REGION (SEARO) WORKSHOP AT CHENNAI

During 2023, from 11th to 13th July, this Corporation played a significant role in the conduct of “Workshop of the Public Procurement Agencies in World Health Organization WHO-South East Asia Region (WHO-SEARO) on improving access to Medicines” in which members of WHO-SEARO countries visited TNMSC and studied our model in drug procurement and distribution. The participants also had field visit to the TNMSC warehouse at Anna Nagar, Chennai. Further in the summary report of the WHO-SEARO Workshop, the WHO has mentioned that in the

regional survey on MQAS (Model Quality Assurance System for Procurement Agencies) assessment in five countries in 2022, TNMSC Limited outperformed other States and Nations in the region in showcasing exceptional systems and practices. Besides Official representatives from WHO, Dr.H.M.K. Wikramanayaka, Hon'ble Minister of Health, Sri Lanka, Dr.Kailesh Jagutpal, Hon'ble Minister of Health and Wellness, Rep. of Mauritius and Mr.Ahmed Azyan Hameed, Hon'ble Minister of Finance, Maldives visited TNMSC in 2023 and observed the good practices being followed in procurement of drugs, medicines, surgical, sutures and medical equipment. Further, team of officials' from Maharashtra Medicine and Equipment Procurement Authority, Andhra Pradesh Medical Services and Infrastructure Development Corporation (APMSCL) and Meghalaya Medical Drugs and Services Ltd. visited TNMSC in 2023 and observed the systems and process in TNMSC.

Chapter - 12

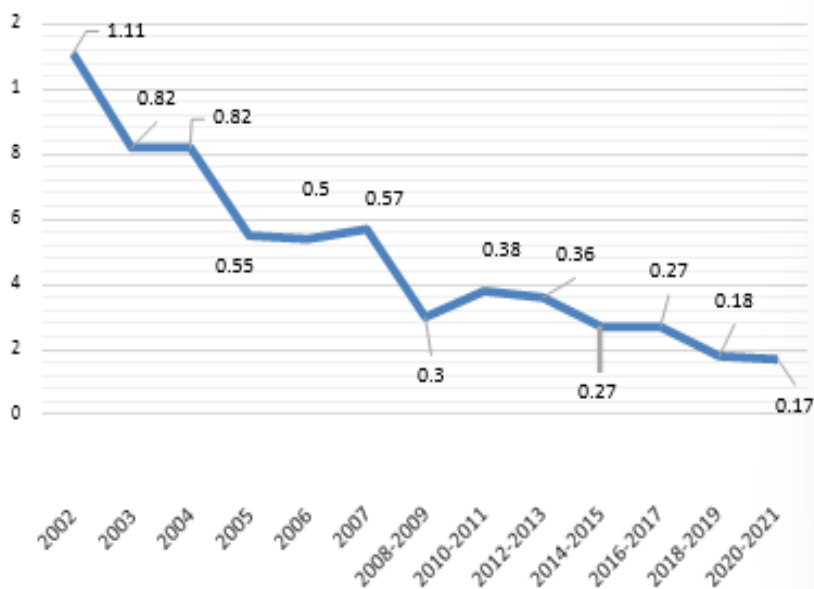
TAMIL NADU STATE AIDS CONTROL SOCIETY

12.1 INTRODUCTION

Tamil Nadu State AIDS Control Society (TANSACS) was constituted on 22.04.1994 to prevent and control the spread of Human Immuno-Deficiency Virus (HIV) and provide care and support to the Acquired Immuno-Deficiency Syndrome (AIDS) affected persons. TANSACS implements the HIV/AIDS control programme in the State as per the guidelines of National AIDS Control Programme (NACP) under the guidance of National AIDS Control Organization (NACO), the apex body at New Delhi. Tamil Nadu has been successful in bringing the HIV/AIDS prevalence rate among Ante Natal mothers from 1.13% in 2001-02 to 0.17% in 2020-21 with effective participation and commitment of all the stakeholders. National AIDS Control Programme Phase-V (NACP-V) came into force with effect

from April 2021 upto March 2026.

Fig 12.1: Tamil Nadu State - HIV Prevalence Among ANC (Ante Natal Clinic) Attendees, HSS (HIV Sentinel Surveillance) 2002- 2021



As per HSS 2021, HIV prevalence in Tamil Nadu (0.17%) is less than the National HIV prevalence (0.22%). The prevalence among Ante Natal mothers is taken as the proxy indicator of general population.

12.2 PEOPLE LIVING WITH HIV/AIDS (PLHIV) ON ANTI RETRO VIRAL THERAPY

Table 12.2: PLHIV on ART as on March 2024

Male	Female	TS/ TG	Children		Total
			Male	Female	
61,490	65,573	499	2,540	2,199	1,32,301

TS-Trans Sexual, TG- Trans Gender

12.3 ADMINISTRATIVE STRUCTURE

The Additional Chief Secretary to Government, Health and Family Welfare Department is the President of the Tamil Nadu State AIDS Control Society. It is headed by the Project Director and Member-Secretary. The Project Director is assisted by Programme Officers in the rank of 7 Joint Directors, 10 Deputy Directors and 14 Assistant Directors.

i) District level administrative structure

District AIDS Prevention and Control Unit - (DAPCU): The DAPCUs are managed by the District Health Officer (DHO), who is the District AIDS Control Officer (DACO) and serving under the supervision of the District Collector. The District Programme Manager / Cluster Programme Manager, District Supervisor/ Clinical Services Officer and District Assistants function under the DACO/DHO

ii) District Level Human Resources

- Districts are converted into 17 clusters for effective implementation of National AIDS Control Programme - Phase V activities from 2024-25.
- DAPCU is being revamped as DISHA (District Integrated Strategy for HIV/AIDS).
- There are 2,100 personnel working in various categories at District / Facility level as contractual / outsourcing staff.

- TANSACS manages the HIV/AIDS prevention-to-care continuum of services through a wide network of Integrated Counselling and Testing Centres (ICTC) and Anti Retro Viral Therapy Centres (ART).

Table 12.3: TANSACS District Facilities

S. No	Details of TANSACS District Facilities	Nos.
1	Integrated Counselling and Testing Centres (ICTCs)	2,983
	a) NACO supported ICTCs	295
	b) Mobile ICTC	16
	c) PPP model ICTCs	19
	d) Screening Facility ICTCs	2,250
	e) NHM Supported confirmatory -ICTCs	403
2	Designated STI/RTI Clinics (DSRCs)	106
3	Antiretroviral Therapy (ART) centres	73
4	Link ART centres	173
5	Prevention Services (Targeted Intervention - NGOs/CBOs)	87
6	Link Workers Scheme (LWS - NGO)	17

12.4 OBJECTIVES UNDER NATIONAL AIDS CONTROL PROGRAMME – PHASE – V

- i) 95% of people who are most at risk of acquiring HIV Infection should use comprehensive prevention.
- ii) 95% of HIV positive persons should know their status, 95% of those who know their status should be on treatment and 95% of those who are on treatment should have suppressed viral load.
- iii) 95% of pregnant and breast feeding women living with HIV should have suppressed viral load towards attainment of elimination of vertical transmission of HIV.
- iv) Less than 10% of people living with HIV and key population experience stigma and discrimination.
- v) Provision of comprehensive services for Sexually Transmitted Infection (STI) / Reproductive Tract Infection (RTI).

i) Performance of Tamil Nadu when compared to National performance: The “95-95-95” targets have to be achieved by 2026. The Progress achieved by Tamil Nadu with respect to India.

a) First 95 – 95% of people living with HIV should know their HIV status. Tamil Nadu has achieved 94% as compared to 79% in India

b) Second 95 – 95% of known HIV people should be on ART treatment. Tamil Nadu has achieved 91% as compared to 87% in India

c) Third 95 – 95% of people on ART treatment should have suppressed viral loads. Tamil Nadu has achieved 93% as compared to 87% in India

12.5 MAJOR LABORATORY EQUIPMENT:

The major laboratory equipment supplied by NACO are as follows:

Table 12.4: Major Laboratory Equipment.

S. No	Name of the Equipment	Quantity Available	Location
1	CD4 Testing Machines	45	ART centres
2	ELISA Reader & Washer	12	State Reference Laboratories.
3	HIV Viral load Testing Machine: Abbott- fully Automatic Real Time PCR Machine	7	HIV viral load testing laboratories.
4	Deep Freezer (-80 Deg. Celsius)	7	
5	Bio Safety Cabinet – Class II	7	
6	Deep Freezer (-20 Deg. Celsius)	7	
7	Kit Storage Refrigerator	7	
8	Table top Micro Centrifuge	7	
9	Plate Centrifuge	7	
10	Dark field Microscope	1	STI Regional Research and Reference Laboratory at Chennai
11	Fluorescence Microscope	1	

12.6 Programmed implemented: The basic divisions of TANSACS activities are as follows:

- i. Prevention Services (Targeted Intervention)
- ii. Information, Education and Communication and Mainstreaming (IEC & MS)
- iii. Care, Support and Treatment (CST)
- iv. Strategic Information Management Unit (SIMU / Monitoring and Evaluation)
- v. Prevention of New Infection - HIV Counselling and Testing Services (HCTS)
- vi. Sexually Transmitted Infection (STI) / Reproductive Tract Infection (RTI) Services.

i) Prevention Services (Targeted Intervention): 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), Transgender (TG) and Bridge population (Truckers and Migrants) in the State, who are at a risk for HIV infection.

Table 12.5: Coverage of Registered Population under Prevention Services(as on January 2024)

1	Number of NGOs / CBOs providing coverage	87
2	HRG populations registered	86,352
	a Female Sex Workers (FSW)	46,262
	b Men having sex with Men (MSM)	32,330
	c Transgender (TG)	7,227
	d Injecting Drug User (IDU)	533
3	Bridge populations registered	1,30,640
	a Migrants	66,886
	b Truckers	63,754

Link Workers Scheme

- Link Workers Scheme (LWS) is being implemented through NGOs 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 HRGs Vulnerable and Bridge populations (Truckers / Migrants) in 100 high prevalence villages.

Table 12.6: Details of Coverage of Registered or Identified population under Link workers Scheme

High Risk Group individuals	7,419
Female Sex Workers	6,104
Men having sex with men	1,214
Transgender	101
Migrants	1,48,243
Targeted Communities tested for HIV/AIDS and TB	22,593

ii) Information, Education, Communication and Mainstreaming (IEC & MS): The Information, Education and Communication strategies by TANSACS under the National AIDS Control Programme (NACP-V) are designed to create and spread awareness on HIV/AIDS, STI, perceptions about HIV, parent to child transmission, condom promotion, reduction of stigma and discrimination which are effectively reaching the general and targeted population, youth and adolescent groups and also in promoting an enabling environment for PLHIVs.

iii) Care, Support and Treatment (CST): People identified as HIV positive at ICTC are registered at Antiretroviral Therapy (ART) centres and provided life-long, comprehensive care, support and treatment free of cost through ART centres attached to Government and private health facilities. Routine investigations, CD4 tests

and viral load testing are performed free of cost at these centres. Further, ARV drugs, opportunistic infections drugs, counselling services, referral and linkage services are provided.

Table 12.7: PLHIVs on ART

No. of People living with HIV/AIDS(PLHIVs) on ART		1,32,301	
1	Total number of ART Centres		73
	a	Government	58
	b	Private	15
2	Drug dispensing units (Link ARTCentres)		173

31 Care and Support Centres (CSCs) are linked to ART Centres to carry out the functions such as tracking of treatment defaulters, linking to various social benefit schemes and psychosocial support.

iv) Strategic Information Management Unit - (Monitoring and Evaluation): The Monitoring and Evaluation division of TANSACS monitors the

progress of the programme with evidence based data and related analysis. **Strengthening Overall Care for HIV beneficiaries (SOCH)** is a platform for monitoring the progress of the project through online reporting.

HIV Sentinel Surveillance (HSS): Surveillance is being conducted once in two years among pregnant women, HRGs, Prisoners and PLHIVs.

- HSS is being conducted as sample based survey at 82 Ante Natal Care sites, 4 prison sites, 46 HRG sites and 8 ART centres.

v) Prevention of New Infection -HIV

Counselling and Testing Services (HCTS): In Tamil Nadu, HIV Counselling and Testing Services are provided through 2,983 centres located at various healthcare facilities.

Table 12.8: HIV Counselling & Testing Services Coverage (April 2023 to March 2024)

General Clients (Voluntary testing)	31.64 lakhs
Ante Natal mothers	11.91 lakhs

Elimination of Vertical Transmission of HIV & Syphilis (EVTHS) - EVTHS aims to eliminate HIV and Syphilis infections amongst infants through universal screening of pregnant women for HIV and Syphilis as an essential component of the ANC service ~~package~~, which is a commitment by the Government of Tamil Nadu. All identified HIV positive mothers are being provided with lifelong Antiretroviral Therapy (ART) and follow-up counselling services. Under this programme, ARV Prophylaxis is given to all babies born to HIV positive mothers.

vi) Sexually Transmitted Infection (STI) / Reproductive Tract Infection (RTI) Services / Designated STI/RTI Clinics (DSRCs): The STI/RTI services are rendered through 106 NACO supported DSRCs. DSRCs are branded as “Suga Vazhvu Maiyam” in Tamil Nadu. Trained Counsellors and Medical Officers provide quality STI services to both general clients & HRGs. Syndromic Case Management is followed at all DSRCs to ensure prompt treatment of all STIs among clients and their partners.

12.7 STATE SPONSORED SCHEMES

There are two beneficiary schemes funded by Government of Tamil Nadu, as stated below :

- i. Orphan and Vulnerable Children (OVC)
- ii. Drop-in Centres for People living with HIV/AIDS

i) Orphan and Vulnerable Children (OVC):

The Government has established “**Tamil Nadu Trust for Children Affected by HIV/AIDS**”, in the year 2009-10. Government has so far provided **Rs.25 crores** as Corpus Fund and it is deposited in Tamil Nadu Power Finance Corporation Limited. From the accumulated interest, financial assistance is being paid to the HIV/AIDS infected and affected Orphan and Vulnerable Children annually to support their nutritional and educational needs.

Table 12.9: OVC Fund Release

Year	No. of Beneficiaries (HIV/AIDS affected Children)	Funds released (Rs. in Crores)
2022-23	6,786	2.17
2023-24	7,303	2.29

From 2023-24 onwards, TANSACS has enhanced

the financial assistance up to Rs.3,000 - Rs.10,000 per child according to their eligibility criteria.

ii) Drop-in Centres for People living with HIV/AIDS: Government has sanctioned 34 Drop-in-centres with a sum of Rs.2.41Crores. The following are the activities and services rendered in this Drop-in Centres.

Table 12.10: Services in Drop in Centres

S.No.	Services	No. of Persons
1.	Providing psychosocial support to PLHIVs	29,047
2.	Providing sustainable counselling and support services	24,787
3	Linking with Government schemes	6,645

12.8 ACHIEVEMENTS

i) TANSACS has been awarded for effective

implementation of NACP activities by securing the **1st place among States** for the year 2022-23 by National AIDS Control Organization (NACO), Ministry of Health and Family Welfare, Government of India.

- ii) In the State, 3 National Reference Laboratories (NRL) and 12 State Reference Laboratories are functioning to monitor the quality of HIV testing facilities under NACO. All the laboratories are accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL).
- iii) TANSACS is developing a responsive web and mobile application. This activity seeks to bridge the gap between HRGs and NGOs dedicated to HIV/AIDS awareness, prevention, and support. The inclusion of dedicated dashboards for NGOs and a

central oversight dashboard for TANSACS ensures transparency, accountability and efficiency.

12.9 FUND ALLOCATION FROM NACO

Total Budget for the Financial Year 2023-24 – **Rs.139.02 crores**. The NACP-V Programme will be continued in the Financial Year 2024-25.

12.10 TAMIL NADU BLOOD TRANSFUSION SERVICES / TAMIL NADU STATE BLOOD TRANSFUSION COUNCIL

Blood Transfusion Service is an integral part of health care system committed to provide adequate, safe and quality blood and blood components to meet the needs of the general public in the State. It aims to achieve 100% collection of blood from voluntary non- remunerated donors and also enhance the rational usage of blood and blood components.

The details of blood centres and blood components separation units in Government and

private are as follows:

Table 12.11: Details of Blood Centres

S. No	District	Government		Private	
		No. Of Blood Centres	No. Of Blood Centres with Component Separation Unit	No. Of Blood Centre	No. Of Blood Centres with Component Separation Unit
1	Ariyalur	1	1	0	0
2	Chengalpattu	3	1	7	7
3	Chennai	15	11	54	53
4	Coimbatore	4	2	21	18
5	Cuddalore	5	1	1	0
6	Dharmapuri	2	1	3	1
7	Dindigul	3	1	9	3
8	Erode	3	2	8	6
9	Kallakurichi	2	0	2	2
10	Kancheepuram	3	1	5	4
11	Kanniyakumari	2	1	10	5
12	Karur	1	1	3	3
13	Krishnagiri	2	1	7	6
14	Madurai	2	1	16	11
15	Myladuthurai	2	0	1	0
16	Nagapattinam	1	1	0	0
17	Namakkal	3	1	2	2
18	The Nilgiris	4	1	1	1
19	Perambalur	1	1	3	3

20	Pudukkottai	2	1	2	1
21	Ramanathapuram	1	1	2	2
22	Ranipet	2	0	2	2
23	Salem	4	1	16	14
24	Sivaganga	2	1	0	0
25	Tenkasi	2	0	2	1
26	Thanjavur	4	1	11	6
27	Theni	3	1	2	2
28	Tirunelveli	2	1	8	4
29	Tiruvallur	1	1	3	3
30	Thiruvarur	2	1	2	0
31	Thoothukudi	3	1	5	2
32	Tiruchirappalli	4	1	14	12
33	Thirupathur	3	0	0	0
34	Tiruppur	3	1	5	4
35	Tiruvannamalai	2	1	4	2
36	Vellore	2	1	6	6
37	Villupuram	2	1	3	2
38	Virudhunagar	4	1	6	2
Total		107	45	246	190

ii) Achievement of Blood Unit Collection: A target of collecting 4.50 lakh units of blood for the year 2023-24, has been fixed by the Directorate General of Health Services, New Delhi. Tamil Nadu has achieved the 4.57 lakh units of blood through Government Blood Centres.

Chapter - 13

MEDICAL SERVICES RECRUITMENT BOARD

13.1 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 in leading newspapers calling for applications from the eligible candidates through online and makes selection through the following methods of recruitment:

- a. Computer Based Test (Online method)
- b. Weightage Method (based on marks scored by the candidates in past academic performance)

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

13.2. The Medical Services Recruitment Board has so far recruited 38,071 candidates for 47 categories of posts including 15,572 Assistant Surgeons, 13,287 Nurses, 9,212 Para Medical staff till 30.04.2024 as stated below:-

Table 13.1: Details of recruitment so far done by MRB

Sl. No.	Name of the post	No. of candidates selected
1	Assistant Surgeon (General)	11,076
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 (Unani)	8
11	Assistant Medical Officer / Lecturer Grade-II (Yoga and Naturopathy)	73
12	Medical Physicist	34
13	Physiotherapist Grade II	126

14	Nurses	12,752
15	Nurses (Special New-born Care Unit)	508
16	Nurses (Differently Abled Persons only)	27
17	Senior Lecturer (Optometry)	2
18	Food Safety Officer	131
19	Pharmacist	1,002
20	Pharmacist (Siddha)	218
21	Pharmacist (Ayurveda)	44
22	Pharmacist (Homeopathy)	25
23	Pharmacist (Unani)	22
24	Technician Grade - I	3
25	Laboratory Technician Grade II	528
26	Laboratory Technician Grade III	2,723
27	Lab. Technician Grade-II (Re-arrange) (Food Safety and Drug	19

	Administration Department)	
28	Radiographer	287
29	Radiotherapy Technician	25
30	Dental Hygienist	1
31	Village Health Nurse	2,560
32	ECG Technician	37
33	Therapeutic Assistant	221
34	Prosthetic craftsman	62
35	EEG / EMG Technician	12
36	Audiometrician	18
37	Occupational Therapist	25
38	Dark Room Assistant	427
39	Plaster Technician Grade-II	87
40	Heart Lung Hypothermia Machine Technician	7
41	Anaesthesia Technician	77
42	Skilled Assistant Grade-II	139

	(Fitter Grade II)	
43	Physician Assistant	12
44	Dialysis Technician Grade-II	160
45	Skilled Assistant (Welder Grade-II)	3
46	Skilled Assistant (Electrician Grade-II)	3
47	Field Assistant	172
TOTAL		38,071

13.3 The Medical Services Recruitment Board has recruited 1,423 vacancies for six categories for the year 2023-2024 as stated below:

Table 13.2: Recruitments done by MRB in 2023-24

Sl. No.	Name of the post	No. of candidates selected
1	Assistant Surgeon (General)	1,021

2	Assistant Medical Officer (Unani)	8
3	Technician Grade-I	3
4	Laboratory Technician Grade-III	325
5	Therapeutic Assistant	59
6	Occupational Therapist	7
	TOTAL	1,423

13.4 Medical Services Recruitment Board has proposed to conduct recruitment for the year 2024-25 for 3,645 vacancies in 21 categories.

Table 13.3: Proposed plan of recruitment for 2024-25

Sl. No	Name of the Post / Mode of Recruitment	No. of Vacancies
1	Assistant Surgeon (General)	2,553

2	Assistant Medical Officer (Siddha)	26
3	Assistant Medical Officer (Unani)	1
4	Assistant Medical Officer (Ayurveda)	2
5	Pharmacist (Siddha)	49
6	Pharmacist (Ayurveda)	1
7	Pharmacist (Homoeopathy)	1
8	Pharmacist (Unani)	2
9	Pharmacist	425
10	Senior Analyst	11
11	Assistant Engineer (Bio-Medical)	17
12	Therapeutic Assistant (Male)	12
13	Therapeutic Assistant (Female)	1

14	Auxiliary Nurse Midwife / Village Health Nurse	367
15	ECG Technician	5
16	Junior Chemical Analyst	6
17	Field Assistant	32
18	Lab Technician Grade-III	32
19	Lab Technician Grade-II	1
20	Ophthalmic Assistant	100
21	Skilled Assistant Grade-II (Welder Grade-II) Short Fall for ST Communal Category	1
	TOTAL	3,645

The Government have introduced compulsory Tamil Eligibility Test in all Competitive Examination by Recruiting Agencies to ensure youngsters of Tamil Nadu in the Government. Accordingly, Medical Services Recruitment Board

has also implemented Compulsory Tamil Eligibility Test from 2022-2023 onwards.

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 - 14

TAMIL NADU STATE HEALTH TRANSPORT

14.1 INTRODUCTION

Tamil Nadu State Health Transport Directorate is in charge for the maintenance of all the vehicles attached to various directorates of Health and Family Welfare Department. It plays a critical role by ensuring the optimal performance, safety and reliability of vehicles used in healthcare programmes.

14.2 INCEPTION OF THE DEPARTMENT AND FLEET MAINTAINED

Based on an All India Pattern, State Health Transport Organisation was established in the state in the year 1971 with a central workshop, 3 regional workshops and 15 mobile teams for exclusive maintenance of Health Department

vehicles. In order to strengthen the services offered, the Organisation was made as a separate Directorate in the year 1981. Consequently, additional workshops were established across the State and at present 7 regional workshops, 9 district workshops, 9 mini workshops and 29 mobile workshops are functioning under this directorate.

This directorate maintains a diversified fleet of 3,373 vehicles and the average age of vehicles in the fleet is 12.8 years.

Table 14.1: Vehicles maintained under this directorate

Age	No. of vehicles
0 – 5 years	899
6 – 10 years	325
More than 10 years	2,149
Total	3,373

14.3 ADMINISTRATIVE STRUCTURE:

The Director is the head of this directorate and is assisted by two Deputy Directors, (Technical and Administration), Accounts Officer, Technical Officer, Material Manager and Assistant Engineer at the Directorate level. At the Region level, Regional Workshop at Chennai is headed by the Automobile Engineer and other 6 Regional Workshops are headed by Workshop Superintendents at Vellore, Salem, Coimbatore, Trichy, Madurai and Tirunelveli. They are assisted by Assistant Accounts Officer on Administrative matters and by General Foreman on Technical issues. At the District level, eight District Workshops at Chengalpattu, Villupuram, Dharmapuri, Erode, Pudukkottai, Thanjavur, Virudhunagar and Nagercoil are headed by Assistant Engineers and one at Udthagamandalam headed by a General Foreman. Total posts

sanctioned to this directorate is 669, among which all Ministerial staff are under deputation from Directorate of Public Health and Preventive Medicine.

14.4 OBJECTIVES

- i) **Vehicle Reliability and Safety:** Ensuring all vehicles in the fleet are in a reliable and safe condition to operate, reducing the risk of accidents and breakdowns.
- ii) **Cost Control:** To optimize maintenance processes to minimize costs associated with repairs, replacements and downtime.
- iii) **Asset Longevity:** To maximize the lifespan of vehicles by implementing preventive maintenance measures and addressing issues promptly.

- iv) **Operational Efficiency:** To enhance the overall efficiency of the fleet by minimizing disruptions due to breakdowns and ensuring vehicles are always available for use.
- v) **Training and Skill Development:** To provide training for maintenance staff to enhance their skills and keep them updated on new technologies and maintenance techniques.
- vi) **Satisfaction of end users :** To ensure that vehicles are well-maintained, leading to increased satisfaction and confidence in the reliability of the fleet.

14.4 FUNCTIONS

- i) **Routine Maintenance:** Schedule and perform regular maintenance tasks such as oil changes, filter replacements and tyre rotations to prevent wear and tear.

- ii) Repairs and Replacements:** Conduct necessary repairs and replacements of faulty or worn-out components to restore vehicles to optimal working condition.
- iii) Inspections:** Perform routine inspections to identify potential issues before they escalate, ensuring proactive maintenance.
- iv) Scheduled Service:** Implement a systematic schedule to periodically service the vehicles once in two months and to routinely inspect the vehicles based on vehicle mileage and usage.
- v) Inventory Management:** Manage an inventory of spare parts, tools, and equipment required for maintenance and repairs using a computerised data base programme.

- vi) Record Keeping:** Maintain detailed records of each vehicle's maintenance history, including service dates, repairs and parts replacements.
- vii) Emergency Response:** Provide quick response and support in case of breakdowns or emergencies to minimize downtime by implementing a robust grievance redressal programme.
- viii) Professional Assistance:** Provide Professional Assistance to various authorities during fabrication of special purpose vehicles, purchase of new vehicles and identification of worn-out vehicles for replacement.
- ix) Budgeting and Cost Analysis:** Develop and manage budgets for maintenance activities, analyse costs and

identify areas for cost reduction without compromising safety or reliability.

x) Condemned Vehicles Disposal: Promptly disposes through e-auction of the condemned vehicles of the Health and Family Welfare Department, Free Hearse Service vehicles and 108 Ambulances.

14.6 SPECIAL MEASURES TAKEN FOR EFFICIENT AND RELIABLE OPERATION OF VEHICLES

i) Vehicle Management Data Base Programme: A Data Base Programme that has been developed with in-house resources has been implemented across all the Workshops, Stores and Technical sections. The activities executed are recorded in the data base for efficient records management system and for effective inventory

management in order to closely monitor and manage the usage of spare parts.

ii) HICORP: This directorate is successfully implementing a Grievance Redressal Programme named HICORP – an acronym for Health department vehicles Information and complaint redressal system. This is a 24 x 7 on-call service for immediate assistance in case of breakdowns or malfunctions.

iii) Feedback Programme: A feedback system has been established in this directorate to identify areas for improvement and through this programme, inputs are collected every week from all the drivers who have availed the services from the workshops in the preceding week. Apart from immediate rectification of shortcomings, if any, pointed out by them, periodical reviews based on

feedback to improve the services offered are also conducted.

iv) Special Camps: During implementation of various welfare programmes and during natural calamities, special camps are undertaken for immediate redressal of logistic problems faced by health care providers, for on-spot inspection of vehicles and for attending to emergency repairs.

14.7 PERFORMANCE OF THE DEPARTMENT

i) Repair jobs undertaken: All the needed repair and replacement jobs including major body / engine repairs and second line jobs were undertaken in the departmental workshops and the vehicles were delivered within the fixed time frame.

ii) Periodical Service: Periodical Servicing was rendered once in two months to all the vehicles

through the Mobile Workshops to minimize the breakdowns and to prolong the life of assemblies.

iii) Overall Output: All measures including computerized monitoring of workshop activities were undertaken to ensure that all the services are being done without any compromise on quality, within the prescribed time frame and the vehicles admitted for repairs were delivered with minimum downtime period, resulting in the percentage of effective fleet in operation always being maintained at around 98%.

Chapter - 15

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

15.1 ESTABLISHMENT OF THE UNIVERSITY

The Tamil Nadu Dr.M.G.R. Medical University was established by the Tamil Nadu Dr.M.G.R.Medical University Chennai Act, 1987 (Tamil Nadu Act 37/1987) and functioning from July 1988. This University is one of the largest Medical and Health Sciences Universities of India.

i) Object and Aim of the University:

The main object and aim of the University is:

- a) To provide quality education and training in the field of Medical Science;
- b) To provide research, advancement and dissemination of knowledge in the field of Medical Science;

c) To institute degrees, diplomas and other academic distinctions

The University would strive for achievement of academic excellence by Educating and Training Health Professionals who shall recognize health needs of community, Carry out professional obligations ethically and equitably and in keeping with National Health Policy. It would promote development of scientific temper and Health Sciences Research. It would encourage inculcation of Social Accountability amongst students, teachers and Institutions. It would Support Quality Assurance for all its educational programmes.

15.2 PROGRAMMES

This University offers various programmes in the level of Under Graduate, Post Graduate and Super specialty in the field of Medical, Dental, AYUSH, Pharmacy, Nursing,

Physiotherapy, Occupational Therapy, and Allied Health Sciences.

This is the only Medical University in the State of Tamil Nadu, permitted to grant affiliation to new institutions under Government or 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. Currently, the University has about 2,00,000 students, spread across its 765 affiliated Institutions in the State. The University has also been conducting direct courses through the Departments of Transfusion Medicine and Epidemiology - Post-graduate Degree course in Immuno-haematology and Blood Transfusion and M.Sc. courses in Epidemiology, Public Health,

and PG Diploma in Medical Journalism respectively.

15.3 DEPARTMENTS

The University has the following Departments:-

- i) Department of Experimental Medicine
- ii) Department of Epidemiology
- iii) Department of Medical Genetics
- iv) Department of Transfusion Medicine
- v) Department of Medical Education and Curriculum Development
- vi) Department of Immunology
- vii) Department of Siddha

15.4 AFFILIATION

The number of Institutions affiliated with the University for various courses.

Table 15.1: The Tamil Nadu Dr MGR Medical University affiliated institutions with sanctioned strength

Sl. No	Name of the Course	No. of Institutions			Sanctioned Strength			Course Duration
		Government Institute	Private Institute	Total	Government Institute	Private Institute	Total	
MEDICAL		37	26	63	7,933	4400	12,333	
1	MBBS	37	21	58	5,200	3400	8,600	5 ½ Yrs
2	Broad Speciality (MD & MS)	24	18	42	2,300	840	3,140	3 yrs
3	PG Medical Diploma	2	2	4	21	6	27	2 yrs
4	Super Speciality (DM & MCH)	13	4	17	412	154	566	3 yrs / 5 yrs
DENTAL		3	20	23	329	2268	2597	
5	BDS	3	20	23	250	1950	2200	5 yrs
6	MDS	2	17	19	79	318	397	3 yrs
AYUSH		8	47	55	751	3,418	4,169	
7	BAMS	1	6	7	60	252	312	5 ½ Yrs

8	BNYS	2	17	19	160	1500	1660	5 ½ Yrs
9	MD (Y&N)	2	0	2	45	0	45	3 yrs
10	BUMS	1	0	1	54	0	54	5 ½ Yrs
11	MD (Unani)	1	0	1	10	0	10	3 yrs
12	BHMS	1	11	12	50	780	830	5 ½ Yrs
13	MD (Homoeo)	0	2	2	0	66	66	3 yrs
14	BSMS	3	13	16	220	820	1,040	5 ½ Yrs
15	MD (S)	3	0	3	152	0	152	3 Yrs
PHARMACY		2	93	95	205	11,233	11,438	
16	B.Pharmacy	2	93	95	120	8,330	8,450	4 yrs
17	M.Pharmacy	2	46	48	85	1,763	1,848	2 yrs
18	Pharm.D	0	31	31	0	1,050	1,050	6 yrs
19	Pharm.D (PB)	0	9	9	0	90	90	3 yrs
NURSING		6	240	246	531	18,932	19,463	
20	B.Sc (Nursing)	6	239	245	350	15,760	1611,0	4 yea rs
21	Post Basic B.Sc (Nursing)	2	54	56	80	1,615	1,695	2 yea rs

22	M.Sc (Nursing)	3	75	78	101	1,557	1,658	2 year s
PHYSIOTHERAPY		4	51	55	118	3,409	3,527	
23	BPT	4	51	55	108	3,040	3,148	4 ½ Yrs
24	MPT	1	20	21	10	369	379	2 yrs
OCCUPATIONAL THERAPY		3	9	12	58	599	657	
25	BOT	3	9	12	58	560	618	4 ½ Yrs
26	MOT	0	3	3	0	39	39	2 yrs
27	UG Allied Health Sciences Courses	28	142	171	2,407	1,0526	12,933	4 yrs
28	PG Allied Health Sciences Courses	4	26	30	88	459	547	2 yrs / 3 yrs
29	Post- Doctoral Fellowship	4	39	43	0	231	231	1 year / 2 yrs

15.5 KALAINGAR CENTENARY INTERNATIONAL MEDICAL CONFERENCE ON THE FUTURE OF MEDICINE

As a Jewel in the crown, the Kalaignar Centenary International Medical Conference on the Future of Medicine was conducted by the

University jointly with the Department of Health and Family Welfare, Government of Tamil Nadu between the 19th and 21st of January, 2024 with around 11,000 registration of delegates at the Chennai Trade Centre, Nandambakkam.

1	Chairperson & Speakers	337
2	International Speakers	28
3	Medical, Dental, Ayush Students	6,081
4	Paramedical Students	2,266

The Conference was attended by

- International Policymakers from various Countries,
- International Speakers and Consulate of Generals.
- The conference has provided an opportunity to the medical and paramedical students including AYUSH and Allied Health Sciences

courses students to abreast themselves on the latest advancements in the field of medicine and Allied Health Sciences. The presentations made by the Speakers as per guidelines, in the Scientific Sessions of the Conference, will be converted to a DIGITAL BOOK with the help of Artificial Intelligence and the copy of the same will be circulated to all the Health Ministers and Health Secretaries of all States in India and to the Ministry of Health and Family Welfare, Govt. of India.

15.6 ACTIVITIES OF COORDINATION – MEMORANDUM OF UNDERSTANDING

With the objective of developing international cooperation, The Tamil Nadu Dr.M.G.R Medical University extended the partnership with;

- i) 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.

- ii) Signed a Memorandum of Understanding with the Indian Council of Medical Research in 2021 for research projects.
- iii) Signed a Memorandum of Understanding with Anna University in 2022 for undertaking joint research projects.

A High-level meeting was conducted to upscale the Research activities and to discuss an MoU between the University and IIT-Madras jointly and create a common platform. It has also been proposed to enter into an MoU with the Society for Applied Microwave Electronic Engineering and Research (SAMEER), Centre for Electromagnetic (CEM) Team, CIT Campus, Chennai in connection with the application of

Artificial Intelligence and Machine Learning in Medicine and Research.

Along the lines of Research activities, the University has proposed to sign 100 MoUs with National and International institutions in various fields. In the first step, so far the University has finalized 18 MoUs with non-profit institutions/organizations in various fields including Engineering, Agriculture, and Pure Science.

University Journals:

Three University Journals were introduced this year for Medical, Surgical, and Paramedical to enable the faculties and students of this University to publish in a peer-reviewed indexed journal. The University has also decided in principle to provide an Author Publishing Fee for very good articles in high-impact journals to encourage high-quality research. A University

press will be initiated similar to the Oxford University Press for dissemination of research findings.

15.7 ACADEMIC ACTIVITIES

All the services have been made Online. Fees have been greatly reduced as per the requests of the Students and the Government. To furtherance the academic and Research activities in the University and further based on interactions with the Centers of Excellence, the 15 new courses are proposed to be started.

New Courses

The University has proposed to start NMC/RCI approved courses in D.M Super Specialty viz., Neuroradiology, Paediatric Oncology, Clinical Pharmacology, Organ Transplant Anaesthesia & Critical Care and Geriatric Mental Health & in M.D Broad Specialty viz., Palliative Medicine, Rehabilitation Council of

India [RCI] recognized course in M.Phil Rehabilitation Psychology and Postgraduate course in [Master in] Prosthetics & Orthotics and framed guidelines, syllabus and regulations. For Post-Doctoral Fellowship [PDF] in Oncogeriatrics and Online Course in Digital Health under Allied Health Sciences guidelines, syllabus and regulations are framed. For M.Sc courses in Palliative Medicine, Telemedicine, Bio-informatics, Health Economics, Biophysics, Bioresearch, Medical Photography, Cardiac Rhythm Management and Electrophysiology, Endocardiography, Interventional Cardiology, PDF in Paediatric Pathology, B.Sc Courses in Public Health, Medical Animation and Audio Visual Creation Course Syllabus, Regulations and guidelines are being framed.

15.8 RESEARCH ACTIVITIES

It has been a year of academic rejuvenation for the University, with a renewed focus on research and uplifting the academic standards of the University. The formulation of a Research Policy has been initiated, and various steps have been undertaken to create an environment conducive to the growth of Research and Innovation. To implement the Research Policy, the University has created a Department of Research with the available Research Faculties in the University to focus on Theme-based Research. The corpus fund for Research Grants has been increased from Rs.2 Crore to Rs.10 Crore to enable a grant of Rupees One Crore per year on a theme-based Research, every 3 months for granting funds such as Seed Money, Grants for Pilot Projects and Whole Length Project. The available Research Officers in the Dept. of

Research will continue their activities till the posts are filled through the Medical Recruitment Board. In this regard, to further strengthen the Department of Research and help the Researchers and Innovators, an Intellectual Property Rights Cell has been created in the University, the first of its kind in Tamil Nadu. For this purpose, three Research Officers attached to the Dept. of Research, will take up the Patency Registration of the Innovation of the Faculty and Students, including their financial burden. The University Research Day 2023 (Arivelvi) was held for the First time on 26th September 2023 to stimulate undergraduate medical Students to kindle & bring out their knowledge in Research. Best Researcher Awards were given to three Under-graduates, out of the Research Abstracts called from the Under-graduates of Medical Colleges across the State. Various Competitions were conducted to the

Under-graduates to mark the Research Day celebration. An Abstract Book on Research, compiling all the research papers submitted by the UG Students was released by the Hon'ble Minister of Health & Family Welfare.

15.9 BEST PRACTICES

The University has;

- Framed research policy
- Formed research department
- Enhanced research grant to Rs.20 lakhs per quarter for theme-based research
- Celebrated research day to encourage young researchers on 26th September
- Funded for publication in indexed journals
- Organised first-of-its-kind international conference future of medicine-2024 for various disciplines under single roof and
- Formed intellectual property rights cell.

- Proposed the need-based research and establishment of regional research centre

15.10 EXAMINATIONS MONITORING – ANSWER SCRIPT EVALUATION

The University is committed to transparency and accountability in the Conduct of Examinations and in the Evaluation of Answer Scripts. 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. As a student-friendly measure, applications to all the services (Nearly 34) offered by the University have been made online and also processed online. The whole examination assessment procedure has been digitized so that there is no manual intervention

at any stage. The question papers are sent online, the answer scripts are digitized, and remotely evaluated. 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 from their places of residence or dwelling.

15.11 RESEARCH ARTICLES

i) Publications of Department of Immunology

- Prediction of HIV drug resistance through in silico approach in Journal of Applied Biology and Biotechnology 22nd August 2023.
- Beta Glucan – Immunomodulatory effects of Beta Glucan in DMD July 2023 IBRO Neuroscience report.

ii) Projects of Department of Transfusion Medicine

- “Seroprevalence of Covid-19 among Voluntary Blood Donors in Chennai” Completed Project Report submitted to TNSCST original article accepted by AJTS for publication.
- Rare Blood Donor Registry – Regional Referral Centre for ICMR – NIIH (National Institute of Immunohaematology – Mumbai – Maharashtra)

15.12 WORKSHOPS AND SEMINARS

Various Workshops, Seminars and CMEs related to Intellectual Property Rights (IPR), Bioethics, Palliative Care, and Triggering Biostatistics for Research Evidence and One Health were conducted at the University.

To imbibe the best practices of Institutions and Centers of excellence in the country, the University team under my guidance has visited the PGIMER, Chandigarh, JIPMER Puducherry, Vaidehi Institute of Medical Sciences and Research, Bengaluru, Pallium India at Thiruvananthapuram, The Maharashtra University of Health Sciences, Nashik and more than ten Universities in Tamil Nadu. The findings of this search are being introduced to this University.

CONCLUSION:

The Government of Tamil Nadu has always given priority to the Healthcare sector in the State. This is reflected from the very fact that a substantial amount of State budget is allocated towards this sector. While the budgetary allocation in 2023-24 is Rs.18,660.69 Crores, it has been increased to Rs.20,197.40 Crores during 2023-24.

Budget for 2024-25:

Sl. No.	Name of the Office	Amount (Rs. in Crores)
1	Health and Family Welfare Department, Secretariat	16.57
2	Directorate of Medical and Rural Health Services	1,798.17
3	Directorate of Medical Education	7,007.59
4	Directorate of Public Health and Preventive Medicine	4,379.15
5	Directorate of Family Welfare	222.41
6	Tamil Nadu Food Safety and Drugs Administration	99.14

7	Directorate of Indian Medicine and Homoeopathy	522.14
8	Tamil Nadu State Health Transport Department	37.25
9	Reproductive and Child Health Project	4,092.42
10	Tamil Nadu Health Systems Project	2,022.56
Total		20,197.40

Apart from the above provision, Rs.467.45 Crores have been allocated towards civil works being undertaken by Public Works Department under Demand No.39.

Provision towards ESI scheme hospitals for Rs.689.19 Crores has been made in the Labour Welfare and Skill Development Department under Demand No.32.

The Government of Tamil Nadu, with its flagship schemes such as MTM, IK/NK-48, Idhayam Kappom Thittam, CMCHIS and other robust healthcare schemes combined with focus

on healthcare infrastructure in primary, secondary and tertiary care institutions will strive to achieve greater heights in ensuring better healthcare for all its citizens.

The efforts of Government of Tamil Nadu in providing quality care free of cost to the poor and needy reinforces a commitment to health equity and social justice. Since, access to healthcare should not be determined by one's socio economic status, the Government of Tamil Nadu ensures free services to those who are most vulnerable and works towards closing the gaps in healthcare access.

The objectives outlined by the Government reflect a comprehensive and people-centric approach to healthcare delivery, grounded in principles of equity and quality. By prioritizing the needs of the underserved and investing in the

strengthening of public health institutions and human resources, the Government strives for building a healthier and more prosperous society for its people.

To conclude, the following words of Late former Chief Minister of Tamil Nadu, Muthamizh Arignar Dr.Kalaignar indicate the vision of Health and Family Welfare Department

"சுகாதாரம் என்பது அரசின் அடிப்படை கடமை"

Thiru.Ma.Subramanian

Minister for Health and Family Welfare

