



**HEALTH AND FAMILY WELFARE
DEPARTMENT**

**POLICY NOTE
2022 - 2023**

DEMAND No. 19

Ma. SUBRAMANIAN
Minister for Health and Family Welfare

INDEX

Sl. No.	CHAPTER	Page No
1	Introduction	1-11
2	Health Administration	12-16
3	Medical Education	17-34
4	Medical and Rural Health Services	35-48
5	Public Health and Preventive Medicine	49-93
6	Family Welfare Programme	94-107
7	Medical and Rural Health Services (ESI)	108-111
8	Indian Medicine and Homoeopathy	112-135
9	Food Safety and Drug Administration	136-159
10	Tamil Nadu State Health Transport	160-163
11	Human Resources and Medical Services Recruitment Board	164-171
12	National Health Mission – Tamil Nadu	172-255
13	Tamil Nadu Urban Health Care Project	256-258
14	Tamil Nadu Health System Reform Program	259-272
15	COVID-19 Management and Vaccination	273-285
16	Makkalai Thedi Maruthuvam	286-291
17	Innuir Kappom – Nammai Kaakkum 48 Scheme	292-295
18	Kalaigharin Varumun Kaappom Thittam	296-297
19	Tamil Nadu Medical Services Corporation Limited	298-305
20	Tamil Nadu State Aids Control Society	306-317

Sl. No.	CHAPTER	Page No
21	Tamil Nadu State Blindness Control Society	318-325
22	Comprehensive Emergency Obstetrics and Newborn Care Centres	326-329
23	Tuberculosis Elimination Programme	330-334
24	Mental Health Programme	335-340
25	Communicable Diseases Management	341-364
26	Non-communicable Disease Prevention, Control and Treatment Programme	365-370
27	Health Care of Elderly	371-376
28	Other Programmes	377-388
29	Chief Minister's Comprehensive Health Insurance Scheme	389-397
30	Tamil Nadu Accident and Emergency Care Initiative and '108' Emergency Care Services	398-414
31	Sustainable Development Goal – 3 Strategy of Tamil Nadu	415-426
32	The Tamil Nadu Dr. M.G.R. Medical University	427-428

Chapter – 1 INTRODUCTION

மிகினும் குறையினும் நோய்செய்யும் நூலோர்

வளிமுதலா எண்ணிய மூன்று (குறள் 941)

If (food and work are either) excessive or deficient, the three things enumerated by (medical) writers, flatulence, biliousness, and phlegm, will cause (one) disease.

1.1. Tamil Nadu is known for its impressive achievements in the health sector. A dynamic Public Health system, the State's emphasis on the Primary Health Care and Promotive Health, well trained and skilled human resources, efficient drug distribution system, state of art secondary and tertiary care, unique, innovative and targeted schemes, a robust Public Private partnership through the Insurance sector are some of the several reasons which have been attributed as the reasons for the State's success in health care. Despite constantly striving to do better, world over the health sector has been constantly challenged due to emerging and re-emerging communicable diseases and rising burden of non-communicable diseases which has also become a bigger threat apart from the continuous

need to monitor the Maternal and Child Health issues. In addition, there is also a need to give emphasis to Mental Health, Care of the Geriatric and also addressing cases of rare diseases. The State, through its various initiatives has always strived to reach the unreached and focused on reducing the inter and intra district challenges to ensure that accessible and affordable care is available to all.

1.2. The State is on target to the internationally agreed commitments to achieve the Sustainable Development Goals by 2030 and has already achieved some of them, especially the targets on the Maternal and Child Health, while it is well placed to achieve the remaining targets also well in advance.

1.3. As early as September 1978, the Alma-Ata Conference on Primary Health Care urged that ‘Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures’. Alma Ata also recognized the importance of promotive, preventive, curative and rehabilitative services, of nutrition and safe drinking water, of public health education, of access to drugs, immunization, family planning, maternal and child health. Most importantly,

the Alma Ata Declaration recognized the need for the health human resources both at the local and referral level, for ‘health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as Indian medicine practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community’. In line with such commitments, Tamil Nadu has always strived to ensure that the needs of the people in the health sector are addressed in a comprehensive manner and the State has kept pace with National and International declaration and also commitments, under the Sustainable Development Goals 2030.

CURRENT SCENARIO

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

Sl. No	Description	Units
1	Government Medical Colleges	36
2	Hospitals attached with the Medical Colleges	62
3	Tamil Nadu Government Multi Super speciality Hospital	1

4	Tamil Nadu Government Dental College and Hospital	2
5	District Headquarters Hospitals	18
6	Taluk and Non-Taluk Hospitals	272
7	Primary Health Centres (PHCs)	1,804
8	Health Sub Centres (HSCs)	8,713
9	Urban Primary Health Centres (UPHCs) including Chennai Corporation	463
10	Employees' State Insurance (ESI) Hospitals	10
11	ESI Dispensaries	225
12	Indian System of Medicine Hospitals and Dispensaries	1,542

The Government schemes are described in detail in the rest of the Chapters of the Policy Note.

1.5. While the State has a number of State level schemes and programmes, it also has been implementing the programmes under the National Health Mission, a few significant and recent schemes and achievements are narrated below:

Significant Achievements in the Health Sector

- **Makkalai Thedi Maruthuvam** is the flagship programme of the Government launched by Hon'ble Chief Minister on 5.8.2021 at a cost of Rs.257.16 crore to address the increasing burden due to non-communicable diseases. The Makkalai Thedi Maruthuvam scheme provides home based healthcare services for line-listed beneficiaries such as delivery of Hypertension/Diabetes Mellitus drugs for patients who are 45 years and above and those with restricted mobility, home based Palliative Care and Physiotherapy Services, caring for End Stage Kidney Failure patients, referral for Essential Services, identification of children with congenital problems or any other health needs in the family. Another important feature of the scheme is that each and every line-listed beneficiary is brought under the Population Health Registry (PHR) for continuous monitoring and follow up of the patients. As on 11.4.2022, 60,32,469 first time patients benefitted under the scheme with 81,81,715 repeat beneficiaries.
- To protect the people from any diseases for which another flagship programme **Varumun Kappom**

Thittam has been revived and launched by Hon'ble Chief Minister on 29.9.2021 for conducting 1,250 Medical Camps annually in the rural and urban areas. The scheme provides comprehensive health check-up, treatment and health education to the rural and urban people and specialized Doctors provide these services. Under the scheme, Specialty Medical Camps are conducted at the rate of 3 camps per rural block annually in all 385 blocks. In urban areas, camps are conducted at the rate of 4 camps per Corporation in all 20 Corporations and 15 camps in Greater Chennai Corporation. Totally 1,250 camps will be conducted in a year. The timing of the camp is 9 AM to 4 PM. So far, 1,342 camps conducted and 4.91 lakh people benefitted from these camps.

- Considering the burden of Road Traffic Accidents and the unexpected unaffordable burden of out of pocket expenditure to the family, a new life saving scheme has been inaugurated by the Hon'ble Chief Minister of Tamil Nadu called the **Nammai Kaakkum 48** (NK 48) scheme under the **Innuviri Kappom Thittam** (IKT). The aim is to further reduce delays due to denial of treatment and

multiple Inter facility transfers, thereby reducing mortality and morbidity to a great extent. Under this scheme, 640 hospitals (422 Private Hospitals and 218 Government Hospitals) have been empanelled in accident prone stretches nearest medical facility. 81 designated treatment modalities / procedures for damage control measures costing up to Rs. 1 lakh per individual has been extended on a cashless basis irrespective of whether they possess a Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) insurance card or not. This scheme includes all Road Traffic accident victims who belong to Tamil Nadu, Other States, Migrants and Foreigners occurring within the boundary of Tamil Nadu. Rs.50 crore corpus fund has been sanctioned under assurance mode. Since 18.12.2021 up to 11.4.2022, a total of 45,063 RTA patients have benefitted from this scheme in Government Hospitals (39,872) and in Private Hospitals (5,191) at a cost of Rs.39.65 crore.

- **Hybrid ICU:** The Critical Care Units with 1,583 supported ICU beds in 35 Government Medical College Hospitals, 18 Government District Headquarters Hospitals and 139 Government

Taluk Hospitals at a total cost of Rs.266.73 crore and Paediatric Hybrid High Dependency ICU Units with 516 beds in 25 Medical College Hospitals and 18 Government District Headquarters Hospitals at a total cost of Rs.97.49 crore have been opened by Hon'ble Chief Minister on 14.4.2022. Each bed has been equipped with advanced medical equipment such as multipara monitor, pulse oximeter, C-PAP, ECG, X-ray, Ultrasound Scan, Syringe Pump and endotracheal cup manometer. Paediatric Hybrid High Dependency Units are also equipped with NICU open care systems. All of these units are integrated with State-of-art Central Monitoring Nursing Stations. The central monitoring system is a smart monitoring management system where the bed side patient monitors will be connected to a centralized monitor through which the Staff Nurse and Doctors can view the vitals and the condition of all the patients at a single glance. This will help to reduce the mortality of the patients. The establishment of 2,099 ICU beds and Hybrid High Dependency Units with Central Monitoring Stations is the first of its kind in Government facilities in the State and it is an another mile stone of the Department.

- **State and District Health Assemblies:** Government, in order to increase citizen empowerment and social accountability of the health sector to its citizens have constituted District and State Health Assemblies in Tamil Nadu. This will enable people from the community themselves to be responsible to take care of their individual health and to promote and sustain the health of the community as a whole. So far District Health Assemblies were conducted in the 14 Districts and in the State Health Assembly, resolutions and decisions taken in the District Assemblies have been discussed to take policy decision. Hon'ble Chief Minister inaugurated the State Health Assembly meeting on 30.3.2022. Tamil Nadu is the only State in the country to have District Health Assemblies and State Health Assembly.
- 389 New Hospital on Wheels Vehicles services have been attached with the **Hospital on Wheels Programme** by the Hon'ble Chief Minister on 08.04.2022 at a total cost of Rs.70 crore to strengthen the provision of high quality medical care with focus on Maternity and Child Health Services and Non-Communicable Diseases to the

people living in rural areas especially in remote and hamlet villages.

- In view of enormous benefit to the public, **Chief Minister's Comprehensive Health Insurance Scheme** has been extended for further five years from 11.1.2022 to 10.1.2027. The existing annual family income of Rs.72,000 prescribed in the Insurance Scheme for being enrolled as members for availing the benefits has been enhanced to Rs.1,20,000 per annum.

BUDGET

1.6. The Directorate wise allocation for 2022-23 under Demand No.19, Health and Family Welfare is as follows:

Sl. No.	Name of the Office	Amount (Rs. in crore)
1	Health and Family Welfare Department, Secretariat	16.28
2	Directorate of Medical and Rural Health Services	1663.07
3	Directorate of Medical Education	5968.86

4	Directorate of Public Health and Preventive Medicine	3891.34
5	Directorate of Family Welfare	229.72
6	Tamil Nadu Food Safety and Drugs Administration	112.79
7	Directorate of Indian Medicine and Homoeopathy	445.96
8	Tamil Nadu State Health Transport Department	34.96
9	Reproductive and Child Health Project	3037.83
10	Tamil Nadu Health Systems Project	2499.33
Total		17900.14

NOTE:

- i. Apart from the above provision, Rs.166.73 crore has been allocated towards civil works being undertaken by Public Works Department under Demand No.39.
- ii. Provision towards ESI scheme hospitals for Rs.638.44 crore has been made in the Labour Welfare and Skill Development department under Demand No.32.

Chapter - 2

HEALTH ADMINISTRATION

2.1 Following Directorates, Boards and Corporations are functioning under the administrative control of the Health and Family Welfare department:

- Directorate of Medical Education - responsible for providing medical education and tertiary care.
- Directorate of Medical and Rural Health Services - responsible for providing secondary care and implementing various Act and Regulation.
- Directorate of Public Health and Preventive Medicine - responsible for providing primary health care and public health.
- Directorate of Indian Medicine and Homoeopathy - responsible for providing AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) medical education and its services.
- Directorate of Family Welfare – implements family planning related initiatives.
- Directorate of Food Safety and Drugs Control - focusing on food safety, determination of quality and drugs control administration through two different wings.

- Directorate of State Health Transport - responsible for maintenance and upkeep of the vehicles of the various Directorates under Health and Family Welfare Department.
- Medical Services Recruitment Board – responsible for the recruitment of personnel for various cadres in Health and Family Welfare department in a speedy and transparent manner.
- Tamil Nadu Medical Services Corporation - to streamline the drugs and equipment procurements, supply and maintenance to all the Government Medical Institutions.
- TAMPCOL: to manufacture, medicines for use under the Indian Systems of Medicines and distribution to all the Medical Institutions.

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

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

- i. National Health Mission - State Health Society,

- ii. Tamil Nadu State AIDS Control Society,
- iii. Tamil Nadu Blindness Control Society,
- iv. Tuberculosis Elimination Programme,
- v. National Mental Health Programme,
- vi. National Vector Borne Diseases Control Programme,
- vii. Universal Immunization Programme

Details are included in respective paragraphs

2.3 Councils: The following councils have been established through various Acts of Government of India and Government of Tamil Nadu to register the qualified medical, nursing and paramedical professionals to regulate their practice in Tamil Nadu:

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

- Tamil Nadu Homoeopathy Council
- Tamil Nadu State Council for Physiotherapy

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

- i. **State–Public Medical Institutions:** All Medical institutions – Allopathy and Indian Systems of Medicine maintained through State funds are directly managed by the Government. These form the backbone of the health care. While 8,713 Health Sub Centres are catering to an average population of 5,000, 1,807 PHCs are catering to an average population of 30,000 at the next level. Above the primary health care institutions, there are secondary and tertiary care hospitals in the State. In addition, 460 Urban Primary Health Centres across the urban areas in the State including Chennai Corporation and 15 Community Health Centres in Chennai Corporation are also functional.
- ii. **State–Special Medical Institutions:** Institutions intended to serve the public which are including Police Department, State owned Corporations / Undertakings, Employees State Insurance Medical

Chapter - 3

MEDICAL EDUCATION

- Institutions, etc. which include 7 ESI Hospitals and 223 ESI dispensaries.
- iii. **Medical Institutions under the Local Bodies:** Medical Institutions which are under the management of Corporations and Municipalities are covered under this classification. Urban Primary Health Centres and Urban Community Health Centres have now been established to cater to the primary health care of the urban population.
 - iv. **Government Aided Private Medical Institutions:** Institutions supported / guaranteed by private contribution and receiving Government aid.
 - v. **Non-Aided Private Medical Institutions:** All hospitals, dispensaries and clinics solely managed by private persons / establishments.

3.1 Tamil Nadu has a rich history in medical education. The second oldest medical college in India, the Madras Medical College was started in 2nd February 1835 just a few days after the first college was started in Kolkata, 28th January, 1835. With the addition of 11 new Government Medical Colleges Tamil Nadu State has the largest number of Government Medical Colleges when compared to any State in India. The Directorate of Medical Education was formed in the year 1966 from the Directorate of Medical Services and is functioning as an independent Directorate. Development of teaching, training and research activities in the modern days of medicine field are the prime objectives of this Directorate. The Selection Committee is functioning under the Directorate whose main function is admission of students to the various Medical, Dental, Para-Medical and Nursing Courses.

3.2 Administrative Structure: The Director of Medical Education is the administrative Head of the Directorate and is responsible for the administration of the Government Medical Colleges, the tertiary care hospitals and Super Specialty Hospitals attached to the

Directorate. The Government Medical Colleges and attached Hospitals are under the administrative control of respective Deans. Other allied institutions are headed by Directors/ Medical Superintendants. Details of Medical College, Hospitals and other Medical and Educational Institutions are given below:

Government Medical Colleges	36
Government Dental College and Hospital	2
Government Pharmacy College B-Pharm	2
Government Physiotherapy College	3
Government College of Nursing	6
Government School of Nursing	25
Hospitals And Allied Institutions	49
Multi Super Speciality Hospital	1
Women and Children (O and G) Hospital	4
Children Hospital	1
Ophthalmic Hospital	1
TB Hospital	5
Mental Hospital	1
Rehabilitation Medicine	1
King Institute of Preventive Medicine and Research Centre	1
Dispensaries	13

3.3 The intake capacity of the Government Medical College Institutions for Under Graduate and Diploma courses are furnished hereunder:

Sl. No	Name of the Course	No. of Colleges	Number of Seats *
1	M.B.B.S	36	5050
2	B.D.S	2	200
3	B.Pharm	2	120
4	B.Pharm (Lateral Entry)	2	12
5.	B.Sc Nursing	6	350
6	Post Basic (B.Sc. Nursing)	2	90
7	Bachelor of Audio and Speech Language Pathology	1	25
8	B.Sc Clinical Nutrition	1	20
9	Bachelor of Physiotherapy Technology (B.P.T)	3	80
10	B.Sc Radiology and Imaging Technology	10	200
11	B.Sc Radio Therapy Technology	3	40
12	Bachelor of Cardio Pulmonary perfusion Technology	4	35

13	Bachelor of Optometry	7	115
14	B.Sc Cardiac Technology	10	146
15	B.Sc Critical Care Technology	7	130
16	B.Sc Dialysis Technology	11	185
17	B.Sc Operation Theatre and Anaesthesia Technology	14	280
18	B.Sc. Physician Assistant	11	220
19	B.Sc. Respiratory Therapy	6	120
20	B.Sc. Accident and Emergency Care Technology	10	200
21	B.Sc. Medical Laboratory Technology	11	220
22	Bachelor of Occupational Therapy (B.O.T)	2	30
23	B.Sc. Neuro Electro Physiology	3	20
24	Diploma in Pharmacy	3	240
25	Diploma in Nursing	25	2,080
26	Para Medical courses (25 Courses)	26	8,296

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

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

Sl. No.	Courses	Number of Specialities	Total Intake Capacity
1	P.G. Degree (Medical Super Specialities) DM / MCH	22	390
2	P.G. Diploma (Medical)	8	21
3	M.D.S (Dental)	9	62
4	P.G. Degree (Medical Broad Specialities) MD / MS	24	2176
5	P.G. Diplomate of National Board (DNB)	5	24
6	MPT	5	10
7	M. Pharmacy	4	62
8	M.Sc. (Nursing)	5	101
9	M.Phil. (Clinical Social Work)	1	15
10	M.Sc. (Molecular Virology)	1	21

11	M. Phil (Clinical Psychology)	1	10
12	DNB Super Speciality **	2	4

(** The number of seats may increase subject to the approval of National Board of Examinations in Medical Science (NBEMS))

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

Sl. No	College	No. of Colleges	Number of Seats *
1	Medical College	18 + 1 (ESI)	1,513 + 81 = 1,594
2	Dental College	18	1,290
3.	B.Sc Nursing	206	8241
4	B-Pharm	82	4,701
5	B-Pharm (Lateral Entry)	80	640
6	B.P.T	45	1,943

7.	B.O.T	9	416
8.	Post Basic B.Sc Nursing	51	1,058

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

3.6 Establishment of 11 New Government Medical Colleges and Increase in MBBS Seats: The Policy of the State Government is to establish one Government Medical College in each District. During 2021-22, National Medical Commission granted permission for admission of 150 MBBS students each in the 7 New Government Medical Colleges viz. Virudhunagar, The Nilgiris, Dindigul, Nagapattinam, Krishnagiri, Kallakurichi and Ariyalur and 100 MBBS students each in 4 New Government Medical Colleges viz Ramanathapuram, Tiruppur, Namakkal and Tiruvallur. The 11 New Government Medical Colleges were inaugurated by Hon'ble Prime Minister in the presence of Hon'ble Chief Minister of Tamil Nadu on 12.1.2022 via video conference. 1,450 MBBS seats have additionally increased. Besides this, in Coimbatore Medical College, additional 50 MBBS seats increased enhancing the 150 MBBS students to 200 MBBS students from the academic year 2021-22.

3.7 Increase of Post Graduate Medical Seats during 2021-22: 146 Post Graduate (MD/MS) seats in 38 Specialties in 15 Government Medical Colleges and 21 Post Graduate (Super Speciality) seats in 11 specialities in 6 Government Medical Colleges created in the academic year 2021-22.

3.8 Admission policy in Medicine and opposition to National Eligibility cum Entrance Test (NEET): The Government of Tamil Nadu has been consistently opposing NEET for admission to Medical Courses. Considering the plight of the poor students in getting admission to medical seats, the Hon'ble Chief Minister made an announcement on 05.06.2021 to constitute a High Level Committee under the Chairmanship of Retired High Court Judge, Justice Thiru.A.K.Rajan. The above Committee undertook a detailed study on whether the NEET based admission process has adversely affected the social, economic and federal polity and the students of rural and urban poor, those who studied in Government Schools, those who studied in Tamil Medium or any other section of students in Tamil Nadu and submitted its recommendations on 14.07.2021. An Official Committee of Secretaries under the Chairmanship of Chief Secretary has suggested promulgating an Act, similar to Tamil Nadu Act

No.3/2007, indicating the need for elimination of NEET in Medical Education and getting the President's assent for the same. Based on the above recommendation, a Bill viz., "A Bill to provide for admission to undergraduate courses in Medicine, Dentistry, Indian Medicine and Homoeopathy on the basis of marks obtained in the qualifying examination" was introduced and unanimously passed on the floor of Tamil Nadu Legislative Assembly in 13.9.2021, and published in the Tamil Nadu Government Gazette on 13.9.2021. The said Bill has been sent to Hon'ble Governor of Tamil Nadu on 18.9.2021 for reserving the same for Hon'ble President of India. Hon'ble Governor returned the Bill on 1.2.2022 for reconsideration of the House. A special session of Tamil Nadu Legislative Assembly was immediately convened on 8.2.2022 and the Bill was reintroduced, considered, discussed and passed on the floor of the Tamil Nadu Legislative Assembly and has since been sent to Hon'ble Governor on the same day seeking it to be reserved to the President of India for his assent.

3.9 For Post Graduate MD / MS / Diploma Courses, the Government issued orders for 50% of seats allocation to Government of India and the remaining 50% of seat be allocated to state Government. Out of 50% of the

seats, 50% of seats will be exclusively allocated to in-service candidates serving in Government health institutions in the state of Tamil Nadu and remaining 50% of seat will be allocated to open category which will be open to both service and non-service candidates. The seats in above categories will be filled up based on the marks obtained in the NEET-PG Examination along with eligible incentive marks. The incentive marks awarded based on the recommendation of the Committee headed by Hon'ble Thiru A.Selvam, High Court Judge (Retired).

3.10 50% of the super specialty seat (DM / M.Ch.) in Government Medical Colleges are allocated to in-service candidates of Tamil Nadu and the remaining 50% seats are allocated to the Government of India / Director General of Health Services from the academic year 2020-2021 as per the Government Orders. 50% of the in-service super specialty seats would be filled up based on the marks obtained in the NEET-SS. The Secretary, Selection Committee, has been designated as the authority to prepare a merit list, to conduct counselling, to fill the 50% of the super specialty (DM / M.Ch) seats in Government Medical Colleges by in-service candidates in the State of Tamil Nadu and other related admission works. The Hon'ble High Court

issued directions to implement the Government orders for the academic year 2021-2022. The Hon'ble Supreme Court order has upheld the Government orders reserving 50% Super Speciality

3.11 A Contempt petition was instituted before the Madras High Court against the Union of India for non-implementation of OBC reservation in All India Quota (AIQ) seats (MBBS, MS/MD). Based on the Supreme Court order, Government of India decided to implement 27% OBC reservation (Non-creamy layer) in the 15% AIQ UG seats and the 50% All India Quota seats (MBBS/BDS and MD/MS/MDS) (contributed by the State/UTs). This reservation took effect from the Academic session 2021-22.

3.12 Preferential reservation of 7.5% of Government Medical Seats for Students Studied in Government Schools: As per the recommendations of the Commission, constituted by the State Government under the Chairmanship of Hon'ble Justice P. Kalaiyaran (Retired), "Tamil Nadu Admission to Undergraduate Courses in Medicine, Dentistry, Indian Medicine and Homeopathy on preferential basis to students of Government schools Act, 2020, (Tamil Nadu Act No.34 of 2020)" making reservation of 7.5%

Government seats to enable the students studied in Government Schools who are qualified in NEET to get admission in Medical Courses was notified in Government Gazette on 30.10.2020 and brought in to effect on 31.10.2020. Based on the above Act, during the year 2020-21, 336 MBBS, 99 BDS and 61 Siddha, Ayurveda and Homoeopathy seats were allotted to the students studied in Government Schools. During the year 2021-2022, 445 MBBS and 110 BDS seats were allotted to the Government School Students. Considering the poor economic status of the said students, Revolving fund has been created with Rs.16 crore to enable payment of all types of essential fees and hostel fees for the students who have got admission under the 7.5% preferential allotment of seats in MBBS / BDS Course. The Hon'ble High Court of Madras has upheld this preferential reservation.

3.13 Achievements during 2021-22

- A 300 bedded COVID-19 Hospital at a cost of Rs.6.53 crore and equipment to an amount of Rs.4 crore have been inaugurated in the Government Peripheral Hospital, Periyar Nagar, Chennai by Hon'ble chief Minister on 13.8.2021.

- Cancer Screening among the Geriatric inpatients in all Government Medical College Hospitals has been inaugurated on 14.12.2021.
- Liver Donor Organ Transplant Authorisation Committee with four members has been established in Government Medical College Hospital, Dharmapuri in November 2021.
- **New Multi Super Speciality Hospital in South Chennai:** Administrative and Financial sanction for Rs.230 crore has been accorded for the construction of buildings for establishment of 500 bedded Multi Super Speciality Hospital in the premises of King Institute of Preventive Medicine and Research Centre, Guindy, Chennai. Hon'ble Chief Minister laid the foundation stone for construction of this hospital on 21.3.2022.
- M.Pharm PG seats increased in College of Pharmacy, Madurai Medical College, Madurai, from 22 to 45 (i.e.) from 9 seats to 15 seats in Pharmaceutics, from 9 seats to 15 seats in Pharmacognosy and from 4 seats to 15 seats in Pharmaceutical Chemistry.
- **Post Natal Psychosis Counselling** has been inaugurated on 13.12.2021 to all the Post Natal

Mothers by Mental Health Experts in Omandurar Government Medical College Hospital, Chennai and all other Government Medical College Hospitals.

- Special Counselling is started by Mental Health Experts to children suffering from "**Internet Addiction**" disease in all Government Medical College Hospitals and Omandurar Government Medical College Hospital, Chennai.
- **Cognitive Rehabilitation Day Care Centres** are being established in all Government Medical College Hospitals for Elderly and Mental ill patients and in Omandurar Government Medical College Hospital, Chennai.
- Audiology tests to identify deafness among newborn infants started in Omandurar Government Medical College Hospital, Chennai on 13.12.2021 and subsequently been extended to other Government Medical College Hospitals.
- A Pulmonary Rehabilitation Centre has been established in Government Hospital of Thoracic Medicine, Tambaram.(24.12.2021)

- The Stem Cell Research Centre functioning in Government Stanley Medical College Hospital, Chennai has been upgraded as the Department of Regenerative Medicine and Research at a cost of Rs.2.44 crore.
- A **Bed Sores Care Unit** with 10 Special Beds has been established in all Government Medical College Hospitals for patients suffering from Bed Sores.
- Advanced Robotic Surgery Centre at Tamil Nadu Government Multi Super Speciality Hospital, Omandurar Government Estate, Chennai at a cost of Rs.34.60 crore has been inaugurated by Hon'ble Chief Minister on 15.3.2022.

3.14 Multi Disciplinary Research Unit:

- i) To encourage and strengthen an environment of research in Medical colleges.
- ii) To Bridge gap in the infrastructure which is inhibiting health research in Medical Colleges by assisting them to establish multi disciplinary research facilities with a view to improve the health research and health services.

- iii) To improve the overall health status of the population by creating evidence based application of diagnostic procedure/process

This scheme has been approved to establish Multi – Disciplinary Research Units (MDRUs) in State Government Medical Colleges during 12th plan in 41 Medical Colleges in India with a view to create a dedicated infrastructure for research in Government Medical Colleges with special focus on Non – Communicable Diseases (NCDs). Against the total sanction of 41 colleges in India, MDRUs have been sanctioned to the nine following Government Medical Colleges in Tamil Nadu:

- i) Madras Medical College, Chennai.
- ii) Government Chengalpattu Medical College, Chengalpattu.
- iii) Government Coimbatore Medical College, Coimbatore
- iv) Government Tirunelveli Medical College, Tirunelveli
- v) Government Theni Medical College, Theni
- vi) Government Madurai Medical College, Madurai.

- vii) Government Mohan Kumaramangalam Medical College, Salem.
- viii) Government Thanjavur Medical College, Thanjavur
- ix) Dr.ALM Post Graduate Institute of Basic Medical Sciences, Taramani.

3.15 Establishment of Network of Research Laboratories for Managing Epidemics and Natural Calamities – Viral Research Diagnostic Laboratory (VRDL):

The scheme entails establishment of labs in the state Government Medical Colleges for timely diagnosis and management of viral epidemics and new viral infection. For establishing a Medical College level lab, about Rs.1.44 crore for equipment and civil works/renovation of building is provided under the scheme. In addition, recurring expenditure of Rs.30 lakh per annum, towards staff salary, consumables, contingencies and training is also provided with a view to provide diagnostic facilities for viral diseases within the district level itself. VRDL has been established in the following 8 Government Medical Colleges:-

Sl. No.	Name of the Institution	Year of Establishment
1	Government Medical College, Theni	2015
2	Government Madurai Medical College, Madurai	2015

3	Government Madras Medical College, Chennai	2017
4	Government Coimbatore Medical College, Coimbatore	2017
5	Government Mohan Kumaramangalam Medical College, Salem.	2018
6	Government Tirunelveli Medical College, Tirunelveli.	2019
7	Government Thiruvarur Government Medical College	2019
8	Government Villupuram Government Medical College, Villupuram	2020

In Government Madras Medical College, Chennai, VRDL lab has been established and since March 2021, more than 6000 samples tested per day with average capacity of 7000 – 7500 samples per day . 14,45,038 COVID samples have been tested till date by VRDL in Madras Medical college, Chennai.

Chapter - 4

MEDICAL AND RURAL HEALTH SERVICES

4.1 The Director of Medical and Rural Health Services is responsible for providing secondary care services to the people of Tamil Nadu. The Directorate renders services through the grid of 18 District Headquarters Hospitals, 205 Taluk Hospitals, 67 Non-Taluk Hospitals, 7 Women and Children Hospitals, 11 Dispensaries, 2 Tuberculosis Hospitals, 7 Leprosy Hospitals and 1 Rehabilitation Institution cum Hospital.

In the chain of medical services, Taluk and Non-Taluk Hospitals are the First Referral Units and the District Headquarters Hospitals serve as secondary care referral units. Under this Directorate, 93 Comprehensive Emergency Obstetrics and New-born Care (CEmONC) units, 110 new born Stabilization Units (NBSUs) and 38 new born Intensive Care Units (NICU) are providing Maternal and Child Health Services. Further through the 44 Tamil Nadu Accident and Emergency Initiative (TAEI) centres, Emergency Services are provided.

4.2 The Directorate of Medical and Rural Health Services is critical link between the primary and tertiary care facilities. The following medical services are

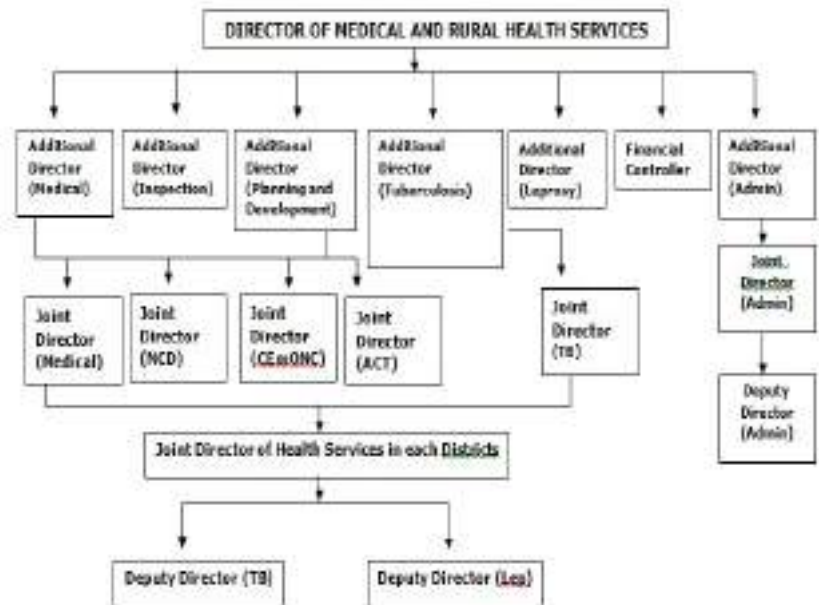
rendered by the District Headquarters Hospitals/ Taluk / Non-Taluk Hospitals:

- Out-Patient and In-Patient Services
- Antenatal and Postnatal care
- Comprehensive Emergency Obstetrics and New born Care (CEmONC) with 24 hours Delivery Care
- New born Stabilization Units (NBSUs)
- Sick Newborn Care Units (SNCUs)
- Newborn Intensive Care Unit (NICU)
- Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology, E.N.T, Venereology, Orthopaedics, Anaesthesiology, Child Health, Dental, Psychiatry, Ambulance Services, Laboratory Services, Leprosy, Tuberculosis, Diabetology, Cardiology
- Non-Communicable Disease(NCD)
- Accident and Emergency Services,
- Family Welfare
- National Tuberculosis Elimination Programme (NTEP)
- Blindness Control Programme
- Deafness Control Programme
- District Mental Health Programme

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

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

4.3 ADMINISTRATIVE STRUCTURE



4.4 Comprehensive Emergency Obstetrics and Newborn Care Centres:

Tamil Nadu is one of the high performing States in Maternal and Child health. To provide definite emergency services for all pregnant women and Newborn, CEmONC centres were started throughout the length and breadth of Tamil Nadu in three phases and at present there are 126 centres – 33 in Medical Colleges and 93 in Secondary Care Hospitals. CEmONC interventions include safe blood transfusion, providing oxytocin and antibiotics, performing caesarean sections, manual removal of the placenta, assisted vaginal delivery, abortion and resuscitation of the newborn. The CEmONC centre provides 24x7 services to the needy population and is equipped with well-functioning Labour Ward, Blood Bank, Operation Theatre and Newborn Ward. To improve the quality of services and to provide Respectful Maternity Care, LaQshya programme has been implemented in all the CEmONC centres and at present ten District Headquarters Hospitals and Six Sub District Hospitals are LaQshya certified. The CEmONC centres play an important role to bring down the maternal mortality and morbidity. These centres are being strengthened on need basis with additional infrastructure, equipment, human resources etc.

CEmONC Performance Report April 2021 – March 2022

SI.No.	Details	Performance
1	Total Maternity Admissions	2,70,249
2	Total Complicated Maternity Admissions	1,93,762
3	Total Deliveries	1,63,722
4	Number of Live Birth	1,62,287
5	Total Caesarean Deliveries	82,457
6	Night Caesarean (6pm-6 am)	19,995
7	Total Referral In	66,178
8	Total Referral Out	16,163
9	Total Number of Neonatal Admission(Both inborn and outborn)	65,286
10	Total Number of scan done for O and G cases	3,19,428
11	Number of units of Blood Bags collected	86,524
12	Blood transfusion done for Maternity cases	44,774

4.5 Achievements during 2021-22

- Joint Director of Health Services office has been formed in the newly formed Tirupathur, Tirunelveli, Chengalpattu, Vellore, Villupuram and Mayiladuthurai Districts.
- MCH Wings in Government Hospital Gobichettipalayam, Erode District, Government Hospital Tindivanam, Villupuram District, Government Hospital, Srivilliputhur, Virudhunagar District, Government Hospital Ambasamudram, Tirunelveli District, Government Headquarters Hospital, Tenkasi Tenkasi District at a total cost of Rs.41.34 crore.
- Eye OT wards with Operation Theatre in Government Hospital Athur (Salem District), Government Headquarters Hospital, Kovilpatti (Thoothukkudi District), Government Hospital, Paramakudi (Ramanathapuram District) Government Hospital, Aranthangi (Pudukkottai District), Government Hospital, Arakkonam (Ranipet District) being constructed at a cost Rs.3 crore.
- Trauma and Emergency Care being strengthened in Government Hospital,

Pattukottai Thanjavur District at a cost of Rs.98.36 lakh.

- 70 Nos. of PSA plants in various Government Hospitals under Directorate of Medical and Rural Health Services are being commissioned at a cost of Rs.18.56 crore.
- Comprehensive Emergency Care Centre in Government Hospital Vedaranyam (Nagapattinam District), Government Hospital, Hosur (Krishnagiri District), Government Hospital Vazhapadi (Salem District), Government Headquarters Hospital, Pollachi (Coimbatore District) and Government Hospital, Jeyamkondam (Ariyalur District) are being established at a cost of Rs.17.93 crore.
- Additional Buildings are being provided to Government Hospital Paramakudi (Ramanathapuram District), Government Hospital Udumalpet (Tirupur District), Government Hospital, Palani (Dindigul District), Government Hospital Hosur (Krishnagiri District), Government Hospital Vedaranyam (Nagapattinam District), Government Hospital Ulundurpet (Kallakurichi District), Government

Hospital Valparai (Coimbatore District), Government Hospital, Tiruthuraiipoondi (Thiruvarur District) and Government Hospital, Poonamallee (Tiruvallur District) at a cost Rs.78.17 crore.

- DEIC building being constructed in Government Headquarters Hospital Kancheepuram (Kancheepuram District), Government Headquarters Hospital Kallakurichi (Kallakurichi District), Government Hospital Thirupathur (Thirupathur District), Government Headquarters Hospital, Tenkasi (Tenkasi District), Government Headquarters Hospitals Wallajapet (Ranipet District) at a cost of Rs.5.70 crore.

4.6 This Directorate is implementing many National Programmes such as National Tuberculosis Elimination Programme, District Mental Health Programme, etc., and other important State and Central Acts like, TamilNadu Clinical Establishments (Regulation) Act, 1997, Pre-consumption and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PC&PNDT), Human Organs Transplantation Act, 1994 etc.

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

The female sex ratio declines mainly due to female foeticide, infanticide and neglect of female child from birth. In order to prevent Sex determination, the Government of India has enacted the Pre – Conception and Pre – Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 to eradicate female foeticide and for maintaining the high level juvenile sex ratio (0-6 years) and male and female ratio. State, and district level advisory committees have been set up to implement the law properly. It is noteworthy that the Supreme Court of India has commended the legal steps taken by the Government of Tamil Nadu to implement this Act effectively. As on date, 7,696 scan centres are registered under PCPNDT Act, 1994 and 105 ART (Artificial Reproductive Technique) Clinics / centres registered under the purview of PCPNDT Act, 1994 for monitoring and preventing the misuse of Technologies for gender biased sex selection. As on date, 155 cases have been filed against scan centres for the violation of PCPNDT Act, 1994 and out of 155 cases filed, Judgement have been delivered in 125 cases and 30 cases are under trial. The Government have conducted various IEC activities such as street play, rally, essay

competition, debate and short film for creating awareness among the public about the PCPNDT Act, 1994 and women empowerment. The PCPNDT Act is being implemented intensively and effectively throughout the State of Tamil Nadu by prosecuting the scan centres for violations of PCPNDT Act. Capacity building workshop is being conducted regularly for the District Appropriate Authorities twice a year regarding provisions and implementation of the PCPNDT Act, 1994.

4.8 The Tamil Nadu Clinical Establishments (Regulation) Act, 1997: The Government of Tamil Nadu has enacted the Tamil Nadu Private Clinical Establishment (Regulation) Act, 1997 to register and regulate clinical establishments. The Government of India has enacted the Clinical Establishment (Registration and Regulation) Act, 2010 on 19.8.2010 and sent draft model to State Government for consideration and adoption. A Committee was constituted on 3.12.2012 to give its report to examine the salient feature of the above two Acts. Based on the recommendations of the said Committee, Tamil Nadu Private Clinical Establishment (Regulation) Act, 1997 has been suitably amended in 2018, by The Tamil Nadu Private Clinical Establishments (Regulation)

Amendment Act, 2018. So far, 43,986 applications received from the clinical establishments for registration and after inspection, 32,457 clinical establishments registered.

4.9 Human Organ Transplantation Act, 1994: To provide the regulation of removal, storage and transplantation of human organs for the therapeutic purpose and to prevent commercial trade of Human Organs, the Government of India has enacted the Human Organ Transplantation Act, 1994. In Tamil Nadu, transplantation of Human Organs are being done only in the hospitals registered under the Act. The Director of Medical and Rural Health Services is the State Appropriate Authority for the implementation of this Act. The Hospitals which apply for Registration under this Act, are inspected by a team of specialists from the nearby Government Medical College Hospitals. In Tamil Nadu about 179 hospitals are registered under this Act for performing renal, heart, liver, lungs, pancreas, small bowel, skin, bone, hand and corneal transplantation and Eye bank.

4.10 Deceased Organ Transplant Programme : The Deceased Organ Transplant Programme has been under implementation in Tamil Nadu from 16.9.2008.

The Government of Tamil Nadu has formed Transplant Authority of Tamil Nadu (TRANSTAN), which enables extension of more effective implementation of the scheme. It was registered in 2015 to give necessary functional and operational independence on the lines of the Tamil Nadu Medical Service Corporation (TNMSC) and Tamil Nadu State AIDS Control Society (TANSACS)

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

- North Zone - Chennai and neighbourhood, Vellore
- South Zone - Tiruchirappalli, Madurai, Tirunelveli, Nagercoil
- West Zone - Coimbatore, Erode, Salem
- North West Zone - Dharmapuri

The details of Donors and Organs donated during 2021-22 are given below:

ORGANS	From October 2008 to 31.3.2022
Donors	1,466
Heart	651
Lung	646
Liver	1359
Kidney	2638
Pancreas	31
Small Bowel	4
Hands	2
Multivisceral (Pancreas, Stomach, Small & largebowel, Abdominal wall)	1
Total Major Organs	5332
Heart Valves	904
Corneas	2206
Skin	157
Blood Vessels	2
Bone	151
Spine Bone and disc tissue	21
Abdominal Flap	2
TOTAL	15,573

Awards: The Deceased Organ Transplantation Programme of Tamil Nadu has received best performer award from the Government of India for 6 years consecutively from the year 2015 to 2020.

COVID-19 had also affected the deceased organ donation but after a series of reviews and workshops the State has improved the donation in the month of March 2022 onwards to pre-COVID levels.

Chapter – 5

PUBLIC HEALTH AND PREVENTIVE MEDICINE

“The obligation of the Government is to protect the public health, safety, morals and general welfare.”

5.1 In 1923, Government of Tamil Nadu formed a separate Directorate exclusively for Public Health and named as The Directorate of Public Health and Preventive Medicine, which makes Tamil Nadu, the first State to have a separate Directorate for Public Health.

The Department's objective is to prevent disease prolong life and promote health through organized measures. The prime functions of Public Health department include health promotion through healthy behaviour, prevention and control of Communicable and Non-Communicable diseases, provision of community based Maternity and Child Health Services including Immunization and Family Welfare Services.

It also monitors the health needs, trends at community level through surveillance of diseases and risk factors. Laudable services are rendered during the Pandemic situations within the reach of everyone in the community and considered it as social justice and equity. The first of its kind Public Health Act, was

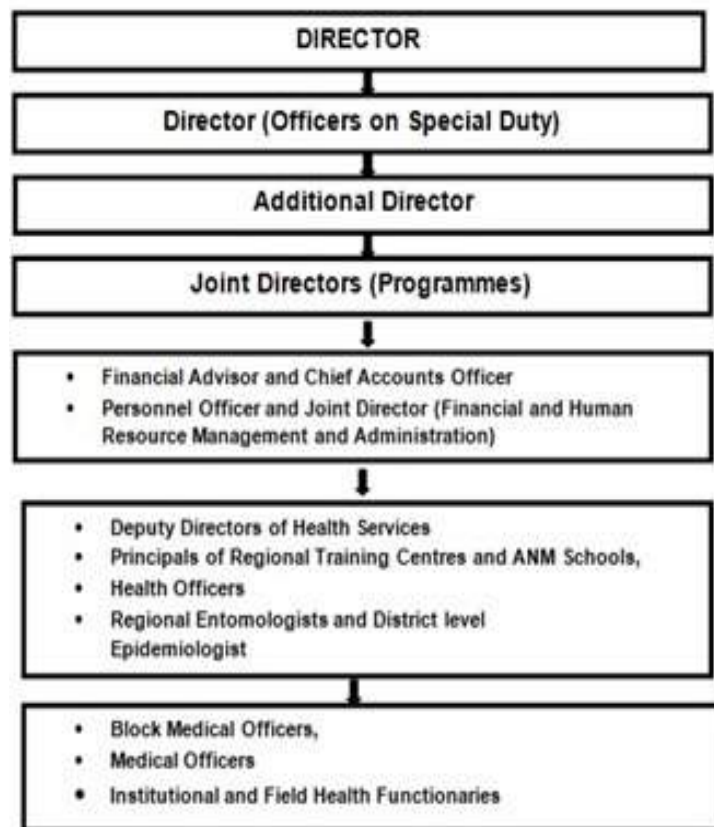
enacted in 1939 in India. Tamil Nadu is one of a very few States which has an enviable history in respect of initiatives in Public Health. Lt. Colonel King on whose memory the historic King Institute and the recent Kings hospital located and he was the first sanitary Commissioner of the Madras Presidency and had introduced the concept of quarantine. In October 1921 regarding formation of District Health Committee initially in five district and later expanded to other districts which involved appointment of District Health Officer and also Health Inspector. The Department of Public Health and Preventive Medicine provides the Primary Health Care services in the State through 1,804 Primary Health Centres (PHCs) including 424 Upgraded Primary Health Centres in rural areas and 323 Urban Primary Health Centres in urban areas and 140 Urban PHCs in Greater Chennai Corporation to achieve quality services and Health for All. There are 8,713 Health Sub Centres (HSCs) functioning in the State as first level of service delivery units to provide Primary Health Care in rural areas and 1,643 in urban.

5.2 The Institutions functioning under this Directorate include:

Directorate of Public Health and Preventive Medicine	
Health Sub Centres	8,713 Rural
Primary Health Centres Rural	1,804
Urban Primary Health Centres	323 + 140 (GCC)
Block PHCs (CHCs)	388
Urban CHCs	23+ {16+3 EoCs – GCC}
Upgraded PHCs	424

Other Supporting Units	
Zonal Entomological Teams	9
State Public Health Lab	1
District Public Health Lab	32
Filaria Control Units	5
Filaria and Malaria Clinics	42
Japanese Encephalitis Control Units	3
Water Analysis Lab	4
Regional Vaccine Store	10
Regional Training Institutes	7
ANM Training Schools	11

5.3 Administrative Structure



5.4 Improvement in Demographic and Health Indicators: The estimated mid-year population of the State for the year 2022 is 7.67 crore. The State has 45

Health Unit Districts (HUDs) excluding Greater Chennai Corporation. The State has significantly improved various health indicators which provide a crude picture about the health status of our State.

5.5 Infant Mortality Rate (IMR): The Infant Mortality Rate (IMR) is defined as the infant deaths (age less than one year) per thousand live births in a given time period and for a given region. It is widely accepted as a crude indicator of the overall health scenario of a country or a state. In Tamil Nadu, Multi-faceted approach towards improving the health indicators resulted in bringing down the Infant Mortality Rate from 37 per 1000 live births in 2005 to 15 per 1000 live births (Source: Sample Registration System 2019). Tamil Nadu is the second best state among the major states in the country in effectively bringing down the infant mortality rate on par with developed nations.

5.6 Maternal Mortality Ratio: As per Sustainable Developmental Goal (SDG) for the year 2030, the Maternal Mortality Rate (MMR) should be brought to less than 70 per lakh live births by the year 2030. However, Tamil Nadu has already reached the Sustainable Developmental Goal (SDG) in 2017-19 itself by reaching the figure of 58 per lakh live births

compared to 103 for India in 2018(SRS 2017- 2019). Several Multi-pronged approach towards the health and well-being of ante-natal mothers are being taken to avoid maternal mortality. From the start of conception, early registration of Antenatal mother and their health follow-up till delivery and Post-natal period is being ensured. Civil Registration System (CRS) has been linked with the Pregnancy Infant Cohort Monitoring and Evaluation (PICME) software in Tamil Nadu in 2017 and the State is the pioneer in the country to take this innovative step. This linkage ensures 100% **tracking of** all pregnant women irrespective of their place of living. Because of these efforts, the State has succeeded in effectively bringing down the Maternal Mortality Ratio

5.7 Primary Health Care:

A. Rural:

- i) **Rural Primary Health Centres:** In Tamil Nadu 1804 Primary Health Centres are functioning in 388 Blocks for curative and preventive health care services to the rural people. Among these 1,776 Primary Health Centres are providing 24x7 delivery care services.
- ii) **Rural Primary Health Centre Buildings:** At present 1764 Primary Health Centres are

functioning in Government Buildings. 40 Primary Health Centres are functioning in rent free building. Construction work is under progress in 10 Primary Health Centres. Construction work is to be commenced in 9 Primary Health Centres. Land transfer / Alternate site selection is under process for construction of 21 Primary Health Centres.

- iii) **Upgradation of Rural Primary Health Centres :** The Government as a policy have decided to provide atleast one 30 bedded Health Institution in each Block in a phased manner where there is no Upgraded Primary Health Centre. The Upgraded Primary Health Centre has modern equipment like Ultra Sonogram, Portable ECG, and Semi Auto Analyser with improved laboratory facilities. At present 424 Primary Health Centres in 388 Blocks have been upgraded.

B. Urban:

- i) **Urban Primary Health Centres:** During 2012-2013 establishment of 135 Urban Primary Health Centers was ordered in small urban areas of Tamil Nadu under the administrative control of Director of Public Health and Preventive Medicine, including 60 Urban Primary Health Centers already functioning under the control of the Commissioner of Municipal Administration. During 2013-2014, 2 new Urban Primary Health Centers were established. Totally 137 Urban PHCs were functioning under the control of Director of Public Health and Preventive Medicine. Among them 3 Urban Primary Health Centers in Public Health Department were brought under the control of Greater Chennai Corporation since covered under the extended area of Corporation limit. Out of 134 Urban Primary Health Centers, 40 Urban Primary Health Centers with less than 50,000 populations are supported by National Rural Health Mission (NRHM) and 78 Urban Primary Health Centers with more than 50,000 populations are supported by National Urban Health Mission (NUHM).

Subsequently in order to strengthen the Urban Health Care Services in urban areas, during 2016-2017 the Government issued orders for the functioning of 280 Urban Primary Health Centres under National Urban Health Mission including the 243 existing facilities and 37 New Urban Primary Health Centres. 3 Rural Primary Health Centres were converted as Urban Primary Health Centres. Thus, 323 Urban Primary Health Centers are functioning now in Tamil Nadu excluding the Greater Chennai Corporation. Further, 23 existing Urban Primary Health Centers in certain Municipal Corporations are functioning as Urban Community Health Centres and 96 Polyclinics established in 96 Urban Primary Health Centers including Chennai Corporation are providing specialty services to the urban poor.

Sl.No.	Abstract	No. of UPHCs
1	NUHM(Above 50,000 Population)	283
2	NRHM(Below 50,000 Population)	40
	Total	323

ii) **Urban Health and Nutrition Day (UHN Day):**

UHN days are conducted by Urban Health Nurse @ 1 UHN day/UHN/month (such as second Friday etc.) and on this day, UHN along with ICDS workers provide maternal child health services to all eligible Mothers and children. This ensures all pregnant women and children are given vaccine and taking care of malnutrition.

iii) **Polyclinic:** The concept of “Polyclinic – Specialist Outpatient Clinic” is implemented in 96 UPHCs as evening OP from 4.30 to 8.30 pm in a full-fledged manner to provide comprehensive specialty care to the urban poor. In these centres, specialty services such as General Medicine, Paediatric Medicine, Dental, Ophthalmology, ENT, Obstetrics and Gynaecology, Dermatology, Psychiatry, Orthopaedics and Physiotherapy services are provided on specific days.

5.8 Health Sub Centre (HSC): The Health Sub Centre is the peripheral and first contact point between the public healthcare system and the community. One HSC is established for a population of 5000 in plain areas and 3000 in

hilly areas. Each HSC is manned by Village Health Nurse (VHN) and one Male Health Worker for every three HSCs. The average geographical area covered by a HSC is about 13.49 sq.km and at present 8,713 HSCs are functioning in Tamil Nadu. HSCs are the hub for delivering Maternal and Child Health (MCH) and Family Welfare (FW) services to the people in the rural areas. HSCs are supported by Primary Health Centres (PHC), Community Health Centres (CHC), Hospital on Wheels (HOW) and School Health Teams (RBSK).

5.9 The Services provided by a Primary Health Centre:

- Outpatient, inpatient services, antenatal care, delivery care, postnatal care, and family welfare services
- Treatment of infectious diseases like diarrhoea, fever and other infectious diseases
- Community Based Maternal and Child Health Services
- Prevention and Control of Communicable Diseases
- Screening of Non-Communicable Diseases

namely diabetes, hypertension and cancer and follow up

- School Health Services - early identification and early treatment of 4Ds – Birth Defects, Delay in Development, Deficiencies and Diseases. This early intervention helps to improve the quality of life and longevity of the life of the child.

5.10 Implementation of Various National Health Programmes at PHC level:

- Reproductive and Child Health Programme
- Universal Immunization Programme
- National Family Welfare Programme
- National Anaemia Control Programme
- National Iodine Deficiency Disorder Control Programme
- National Water and Sanitation Programme
- National Vector Borne Diseases Control Programme.
- National Diarrhoeal Diseases Control Programme
- National Tuberculosis Control Programme
- National Leprosy Eradication Programme
- National AIDS Control Programme
- Integrated Disease Surveillance Programme
- National Blindness Control Programme

- National Programme for Prevention and Control of Fluorosis
- National Programme for Prevention and Control of Deafness
- National Vitamin A Deficiency Disorder Control Programme
- National Tobacco Control Programme
- National Rural and Urban Health Mission Programmes
- Tamil Nadu Health System Reform Programme

Camps and Campaigns

- Intensified Pulse Polio Immunisation camp
- Mission Indradanush Campaign for improving immunization coverage
- Intensified Diarrhoea Control
- National Deworming Program
- Vitamin 'A' campaign
- Speciality Medical Camps in rural areas
- Fever treatment camps
- School Health Camps, Health Education and Awareness Campaigns

5.11 Fund allotment for Drugs to the Primary Health

Centres : The drug allotment to the Primary Health Centres is based on the previous year performance of the Out Patient, In Patient, Sterilization, Deliveries and

LSCS. The procurement and supply of drugs are made through Tamil Nadu Medical Service Corporation Limited, Chennai. From the State Budget, a total amount of Rs.46.82 crore has been allotted for the supply of drugs to the Primary Health Centres for the year 2021-2022.

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

including health promotion, prevention and treatment, rehabilitation and palliative care. Universal Health Coverage (UHC) project was piloted successfully in 3 pilot blocks of 3 Health Unit Districts (HUDs) since 2016. In 2017-18, the program was up-scaled to additional 39 blocks @ 1 block per Health Unit District. In accordance to Government of India mandate of transformation of the Health Sub-Centres (HSCs) and Primary Health Centres (PHCs) as Health and Wellness Centres (HWCs), the Government has accorded permission to transform 985 Health Sub-Centres (HSCs), 1,384 Primary Health Centres (PHCs) and 460 Urban Primary Health Centres (PHCs) as Health and Wellness Centres (HWCs) with the support of Government of India through NHM-TN. The Government have also accorded permission to transform 1463 Health Sub-Centres (HSCs) as Health and Wellness Centres (HWCs) for the year 2020-21 and 2400 Health Sub-Centres (HSCs) as Health and Wellness Centres (HWCs) for the year 2021-22. The Government have accorded permission to engage 4,848 MLHPs and 2,448 MPHWS (Male) / Health Inspector Grade-II on contract basis. These HWCs (HWC PHCs/ HWC HSCs) are providing a set of 12 Comprehensive set of services including Preventive,

Promotive, curative Rehabilitative and Palliative care for a package of services related to RMNCH+A, Communicable diseases, Non-Communicable Diseases, Ophthalmology, ENT, Dental, Mental, Geriatric care, treatment for acute simple medical conditions and emergency and trauma services.

Laboratory Services: In addition to this, laboratory services are rendered to the public. 5 laboratory tests at HWC HSCs (points of care services) and 20 laboratory tests at HWC PHCs / UPHCs are routinely done under UHC. 5 additional tests (inclusive of 20 laboratory test at additional PHCs) at UG PHCs / Block PHC, 11 tests at District Public Health Laboratories (DPHL) and 4 tests under insurance (CMCHIS) are done under “Hub and Spoke” model. All these tests are at free of cost to the patients.

Tele-Consultation: The tele-consultation is done through the e-sanjeevani OPD and e-sanjeevani HWCs programme. A patient – doctor interface and a doctor – Subject Expert Clinician interface telemedicine system has been deployed. Tamil Nadu is currently one of the leading states in providing e-sanjeevani OPD consultations under the telemedicine programme. Steps

have been taken to roll out the e-sanjeevani programme to all the HWCs as a hub and spoke model.

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

1. It includes 4 months course which consists of field training, institutional theory classes, ECHO sessions which are strictly monitored by state level experts and mentors at district levels.
2. A three day orientation/ training programme was also rolled out for the Medical officers to orient and mentor the service delivery of 12 set CPHC services under UHC programme.
3. District level one day training given to all field functionaries.
4. Hands on training and digital health record for District and field functionaries are being conducted.

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

5.13 Hospital on Wheels Programme: In the year 2007, Mobile Medical Units were launched to provide health care services in remote villages and far flung areas. Initially, 100 Mobile Medical Unit Vehicles were procured for implementation of this scheme and then 285 Mobile Medical Units were procured during 2008. The Mobile Medical Camps were being conducted in all the 385 blocks in Tamil Nadu with one Medical Officer, one Staff Nurse, one Driver and one Attender cum cleaner comprising a Mobile Team. In 2011-12, the existing 385 Mobile Medical Units were upgraded as Hospital on Wheels with additional manpower, Laboratory facilities and other Diagnostic equipment. At Present, 476 Hospital on Wheels team is functioning in the state which includes 50 Mobile Medical Clinics, 1 each for 35 Districts and 15 for Greater Chennai Corporation to provide medical facilities to the construction workers at a cost of Rs.16.398 crore. In the current year the State Government has modernised the fleet by inducting new vehicles and 130 of 389 newly ordered vehicles were put into use after being flagged off by Hon'ble Chief Minister on 8.4.2022

The ultimate aim of Hospital on Wheels Programme is to provide high quality medical care with focus on mother and child health services and non-communicable diseases covering all the remote villages and hamlets as per the Fixed Tour Programme (FTP) specifically for each block. Information boards about the day and time of visit are permanently displayed at the camp site. 40 camps are being conducted per month per block as per FTP. High risk areas like temporary settlements are given high priority. People with diabetes and hypertension are given medicines for one month period. During the financial year, 2021-22, 2.41 lakh camps were conducted and 1.84 crore persons benefited.

5.14 Kalaignarin Varumun Kappom Thittam: The flagship programme was launched by Hon'ble Chief Minister of Tamil Nadu Muthamiz Arignar Dr.Kalaignar in 2006 in order to bring changes in wellness attitude and health seeking behaviour of the people. The scheme was implemented in the banner of Specialty Medical Camp during 2001-06 and 2011-21. Hon'ble Minister for Health and Family Welfare announced in the Legislative Assembly on 02.09.2021 that the scheme will be revived and revamped as Kalaignarin Varumun Kappom Thittam. The scheme was

inaugurated by Hon'ble Chief Minister on 29.09.2021 for conducting 1,250 Medical Camps by Medical Experts Teams all over the State(1,155 camps in 385 Blocks, 80 camps in 20 Corporations and 15 camps in Greater Chennai Corporation). This scheme provides comprehensive health checkup, treatment and health education to the rural and urban people. During the Varumun Kappom Thittam Camps, all the Specialist Doctors screen the beneficiaries for communicable and non-communicable diseases and treatment given for minor ailments. All investigations like blood, urine examinations are done by using modern lab equipment like Semi Auto Analyser. All pregnant mothers are examined with Ultra Sonogram to detect any foetal abnormalities. Camps are conducted from 9.00 a.m. to 4.00 p.m. The referral and follow up camps are conducted in the referral institutions. In the camps, treatment is given for the diseases like cancer, diabetics, blood pressure, heart diseases and geriatrics to the rural people in addition to the general treatment by utilizing the services of Specialists from Government Hospitals. Patients who need surgery and further treatment will be referred to Government and Private Hospitals empanelled under Chief Minister's Comprehensive Health Insurance Scheme. During the

year 2021-2022, 1248 camps were conducted benefitting 8,64,934 persons as on 31.3.2022

5.15 Quality:

a) NQAS - National Quality Assurance Program:

National Quality Assurance Standards have been developed by Government of India keeping in the specific requirements for public health facilities as well as global best practices. NQAS are currently available for CHCs, PHCs and Urban PHCs. This year the programme is being implemented in HWC HSC

Objectives:

Four Principles of Quality Assurance

- Quality Assurance is oriented toward meeting the needs and expectations of the patients.
- Quality assurance focuses on the systems and processes.
- Quality assurance uses data to analyse service delivery processes.
- Quality assurance encourages a team approach to problem solving and quality improvement.

Sustenance:

1. Facilitation and recognition of achievement
Financial Incentives
2. Recertification after every three years

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

Incentives:

Incentive money can be given to the health facility that succeeds in getting the National Certification. The amount should be proportionate to the size of the facility (No. of Beds). Not as certified CHCs/PHCs/UPHCs are provided incentives to an amount of Rs.3,00,000 per year. This money among others can be used for following purposes:

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

Achievements:

So far 89 Primary Health Centres have received NQAS (National Quality Assurance Standards) Certification.

Sl. No.	Financial Year	NQAS Certified Facilities			
		CHC	PHC	Urban PHC	Total
1	2018-2019	5	8	0	13
2	2019-2020	16	18	0	34
3	2020-2021	2	2	3	7
4	2021-2022	16	19	0	35
Total		39	47	3	89

b) Kayakalp Award Scheme: Hon'ble Prime Minister of India introduced the Swachh Bharat Abhiyan on 2nd

of October, 2014 to promote cleanliness in public space. Cleanliness and hygiene are good for healthy living, but it becomes a need when we talk about health care facilities. Cleanliness not only prevents the spread of infection but also provides the patients and the visitors a positive experience. Ministry of Health and Family Welfare, Government of India, has launched a national initiative on 15th of May, 2015 to promote cleanliness and enhance the quality of public health facilities. The purpose of this initiative is to appreciate and recognise their effort to create a healthy environment. The name of this initiative is “KAYAKALP”. Swachtha guidelines for health facilities along with this initiative have also been issued.

Objectives:

The objective of the Kayakalp award scheme is as follows:

- To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
- To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.

- To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
- To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

Distribution of Awards

Sl.No.	Financial Year	CHC	PHC	Urban PHC	HWC HSC	Total
1	2016-2017	25	54	NA	NA	79
2	2017-2018	117	186	39	NA	342
3	2018-2019	157	217	27	NA	401
4	2019-2020	212	423	133	148	916
5	2020-2021	331	837	178	353	1699
6	2021-2022	269	728	159	410	1566

Achievements:

Kayakalp award scheme was initiated in Tamil Nadu since 2016 and award has been given consistently to best performing health facilities. At the State level, only one CHC has been announced as Winner and one CHC as Runner. One PHC from 37 districts was announced as winner. Commendation award was given to those who scored above 70% in external assessment. Due to this initiative, many public health facilities have received rewards, and recognition, thereby provides best safe treatment for patients with better quality.

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

- Reproductive and Maternal and Child Health, Adolescent Health Project
- Anaemia Mukht Bharat(AMB)
- Pradan Mantri Surakshit Matritva Abhiyan (PMSMA) Camps

- Calcium supplementation for Pregnant and Lactating Mothers
- Antenatal Mother Screening for Gestational Diabetes, Anaemia, Thyroid, Hepatitis
- Skilled Birth Attendant Training
- Home Based Newborn Care(HBNC)
- Home Based Young Child Care(HBYC)
- Infant and Young Child Feeding Practices(IYCF)
- Janani Sishu Suraksha Yojana(JSSK)
- Janani Suraksha Yojana(JSY)
- Intensified Diarrhoea Control Fortnight(IDCF)
- Childhood Pneumonia Program(SAANS)
- Mothers Absolute Affection(MAA)/Baby Friendly Hospital Initiative(BFHI)
- Integrated Management of Newborn and Childhood Illness(IMNCI)
- National Deworming Day
- Surakshit Matritva Aswasthan (SUMAN)
- Universal Immunization Program/Mission Indradanush
- Rashtriya Bal Swasthya Karyakram(RBSK)

- Rashtriya Kishor Swasthya Karyakram(RKSK)

5.17 Besides these various National Health Programmes, State is Implement Certain Land Mark Initiatives for Maternal and Child Welfare, like:

- Dr.Muthulakshmi Reddy Maternity Benefit Scheme including two nutrition kits for the pregnant women
- Amma Baby Care Kit
- Menstrual Hygiene Programme
(Now, extended to urban areas also)
- Basic Emergency Obstetric and Newborn Care (BEmONC) Services
- Mahapperu Sanjeevini

5.18 Dr.Muthulakshmi Reddy Maternity Benefit Scheme: Dr.Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) was introduced by Muthamiz arignar Kalaingar on 15.09.2006 with noble objective of providing assistance to poor pregnant women/mothers to meet expenses on nutritious diet, to compensate the loss of income during motherhood and to avoid low birth weight of newborn babies and also aimed at reducing IMR and MMR. Cash assistance of Rs.6,000 was given to pregnant women of Below Poverty Line.

This amount was enhanced from Rs.6,000 to Rs.12,000

from 1.6.2011 and then Rs.18,000 per beneficiary from 1.4.2018. Cash benefit of Rs.14,000 is transferred to the bank account of the beneficiaries and two Nutrition Kits each worth of Rs.2,000 comprising of iron tonic and nutrition supplements to reduce anaemia amongst the pregnant women and improve the birth weight of infants are distributed to the beneficiaries. During 2021-22, 7.94 lakh beneficiaries have been distributed financial assistance of Rs.857.19 crore.

5.19 Baby Care Kit Scheme: Baby Care Kit scheme is being implemented from 8th September 2015 in all the Government health facilities. The kits are issued to the mothers immediately after delivery to improve the hygiene of the mother and newborn and to reduce the post-natal infections. 16 items such as Baby Towel, Baby Dress, Baby Bed, Baby Protective Net, Baby Napkins, Baby Oil, Baby Shampoo, Baby Soap Box, Baby Nail Clipper, Baby Rattle, Baby Toy, Liquid Hand Wash, Bathing Soap, Sowbagyasundi Lehiyam, Kit Bag are given. Tamil Nadu Medical Services Corporation procures and supplying the kits. During 2021-22, 4,05,370 delivered mothers were distributed this kit.

5.20 Menstrual Hygiene Programme: In our country, menstruation and menstrual practices are clouded by taboos and socio-cultural restriction for women as well as adolescent girls. Limited access to products for sanitary hygiene and lack of safe sanitary facilities could prove to be barrier to increase mobility and the likelihood of restoring to unhygienic practices to manage menstruation. The habit of using unhygienic material leads to Pelvic Inflammatory Diseases (PID), Reproductive tract infection (RTI) with long term complication for reproductive health like infertility among poor women. But Tamil Nadu, being a pioneer state in health reforms, over come this cultural barrier of implementing this scheme. With the objective of providing hygienic sanitary napkins and to increase awareness among adolescent girls on menstrual hygiene, the Menstrual Hygiene Programme is being implemented in rural areas of Tamil Nadu since 27.3.2012. Under this scheme 'Free Sanitary Napkins' are being issued to adolescent girls and post-natal mothers in Government health institutions in rural areas, women prisoners, and women inpatients in Institute of Mental Health under the brand name 'Pudhuyugam'. This Scheme is now extended to adolescent girls in the urban areas and women

inpatients in Government institutions in the reproductive age group of 15-49 years. This scheme has reduced the out of pocket expenditure towards the purchase of sanitary napkins by the family of the adolescent girls and thereby increases the use of sanitary napkins by the adolescent girls.

Sl. No.	Type of Beneficiary	No. of Pads and Packs	Napkin Type	Expected No. of Beneficiaries every year	Procurement
1.	Adolescent girls 10-19 years for school going and Non-school going in rural and urban areas.	Total -18 Packs/year (3 packs provided every 2 months. (Each Pack contains 6 pads)	Beltless with wings type	43.34 Lakhs	Procurement through TNMSC

2.	Women Inpatients in Government Health Institution in the Reproductive Age Group (15-49 Years)	1 Pack (Each Pack contains 6 pads)	Beltless with wings type	73.51 Lakhs	Procurement through TNMSC
3.	Post Natal Mothers delivered in Government institutions (Rural)	7 Packs each (Each Pack contains 6 pads)	Belt type	5.07 Lakhs	Procurement thorough TNMSC from TamilNadu Women Development Corporation which inturn procure from Self-Help Groups.
4.	Women Prisoners	Total -18 Packs/year (Each Pack contains 6 pads)	Belt type	3,000	

5.	Institute of Mental Health (IMH) inmates	Total -18 Packs/year (Each Pack contains 6 pads)	Belt type	100	
Total Beneficiaries				1.21 Crore	

5.21 BEmONC Services

- The State provides Basic Emergency Obstetric Care (BEmONC) in all Primary Health Centre (PHC) by ensuring the presence of 24 x 7 staff nurses who are trained in maternal and child care. All the mothers delivered at Government Primary Health Centre/Hospitals are advised to stay for 48 hours during their postnatal period. During this 48 hours of stay, newborn are provided with immunization services viz, Zero dose of Polio and Hepatitis B, BCG. The mother is provided with diet for minimum of 3 days during her stay at Government Primary Health Centre/Hospitals. One kit / one delivery concept is followed in all Primary Health Centres for Natal care to prevent infection and sepsis.
- Maternal mortality among tribal mothers is concern for the State and with a view to improve

the maternal health among them; the State has established 17 Birth Waiting Rooms (BWR) at foot hills of the PHCs in the Tribal areas in Tamil Nadu.

- To support the delivering mothers mentally, the Birth Companion programme is implemented under which, any female attender, as per the wishes of the mother shall accompany the mother during her delivery.
- Blood storage units are being established in Upgraded Primary Health Centers which helps the people who require blood transfusion related services in nearby PHCs itself.

5.22 Palli Sirar Kannoli Kappom Thittam(KKT):

Kannoli Kappom Thittam is being implemented from the year 2009 onwards to screen all the students studying in 6th to 12th standard in Government and Government aided Schools for refractive errors. Some of the students who are wearing spectacles may require new spectacles as the refractive error may change from time to time every year. It is proposed to do recheck-up of the students from 7th to 12th standards who have been given spectacles already in the previous years in all Government and Government aided schools in the

State. One or two teachers per school have been trained by the Para Medical Ophthalmic Assistants (PMOA) and they screen all the students at Schools and list out the students with vision impairment within stipulated time and send them for examination by PMOA. The PMOA examines and generates prescriptions and order for spectacles. On the receipt of the spectacle, students are issued spectacle by the PMOA in the school. During the year 2021–22, 1,55,909 school children were screened and 1,25,779 students were selected for providing spectacles.

5.23 Training and Continuing Education

Programme: Continuing education, in-service training and pre-service training programmes are organized for the Health Officers, Medical Officers, Nurses and other Paramedical staff through eight Regional Training Institutes (RTI) namely Institute of Public Health, Poonamallee, Health and Family Welfare Training Centres (HFWTC) at Egmore, Madurai and Gandhigram, Health Manpower Development Institutes (HMDI) at Villupuram and Salem, Institute of Vector Control and Zoonoses, Hosur and Regional Institute of Public Health, Thiruvankulam. The Institute of Public Health Poonamallee is recognised as a national collaborative training centre with National Institute of

Health and Family Welfare, New Delhi. During the year 2021-2022, 5,285 Medical, Para Medical Staff and Other Staff were trained in these Institutions. The Training programmes organised by the National Health Mission, Capacity building trainings in Skilled Birth Attendance (SBA), Emergency Obstetric Care (EmOnC, six months training), Life Saving Anaesthesia Skills (LSAS, six months training), Skill lab programmes, Integrated Management of Neonatal and Childhood Illness, Immunization, Integrated Disease Surveillance and Control Programme (IDSP), Computer Training and other NHM training programmes are organized in these training institutes. Ultra sonogram training is given to Primary Health Centres doctors for detection of congenital deformities during pregnancy in Public Private Partnership mode. Presently there are 11 Auxiliary Nurse and Midwifery (ANM) Training Schools functioning in the State and they have been permitted by the Government to train 60 candidates each from 2018 onwards. These schools conduct two year ANM course. The Anganwadi workers from ICDS department and candidates from Government Service Homes are being selected for this course. During the year 2021-2022, 660 Candidates are undergoing Training courses in these Institutions.

The Government has permitted the Director of Public Health and Preventive Medicine, as Chairman, Board of Examination for ANM Training Course run by Private Institutions as per G.O.(Ms.)No.44, Health and Family Welfare (N1) Department, dated 20.02.2017. Accordingly, 64 Private Trusts/ Institutions were permitted to start ANM Training Schools for the academic year 2017-18, 2018-19, 2019-20, 2020-21 and 2021-22. The Government has permitted the Director of Public Health and Preventive Medicine, as Chairman, Board of Examination for Multi-Purpose Health Worker (Male)/H.I./S.I. Training Course run by Private Institutions as per G.O.(Ms.)No.107, Health and Family Welfare (N1) Department, dated 13.04.2017. Accordingly, 56 Private Trusts/ Institutions were permitted to start MPH(M) / H.I. /S.I. Course Training Institutes for the academic year 2017-18, 2018-19, 2019-20, 2020-21 and 2021-22. One month in service training was given to 296 multi-Purpose Health Worker (Male) working in this Department in a phased manner at the Regional Training Institute at Madurai and Hosur. Further, 40 Laboratory Technicians Gr. III were given Multi Purpose Health Worker Training at the Regional Training Institute at Hosur. During the year 2022 about 591 MPH(M) Trainees to be given one month In

Service Training at seven Regional Training Institutes They will be promoted as Multi-Purpose Health Supervisors in this Department. Besides this, one year of Multi-Purpose Health Worker (Male) Training was given to 6 candidates from the National Leprosy Eradication Programme. Apart from this 10 Sanitary Supervisors form Municipal Administration Department are undergoing one year Sanitary Inspector Training course at the Institute of Public Health, Poonamallee.

5.24 Tamil Nadu Public Health Act, 1939: Tamil Nadu is the first State in the country to enact a law for public health. Tamil Nadu Public Health Act, 1939 has been amended in 1941, 1944 and 1958 and then modified in 1970. The main focus of the Public Health Act, 1939 is on environmental health, communicable disease control, food hygiene and maternity and child health measures. Since newer challenges such as emerging and re-emerging diseases, increasing industries in food production, emerging social issues like Gender issues, adolescents, geriatric issues, increasing environmental hazards – Ozone layer depletion, weaning greenery, radiation, bio-degradation, environmental pollution due to change in life style have emerged, the Public Health Act needs a relook and the Government is taking action to amend the Act. Tamil

Nadu declared Covid-19 as notified disease under Tamil Nadu Public Health Act, 1939 on 13.3.2020 and notified certain regulations to prevent the outbreak of COVID-19 under the Epidemic Diseases Act, 1897 on 23.3.2020. Tamil Nadu Government has declared Mucormycosis as a Notified Disease under Epidemic Disease Act, 1897.

5.25 Civil Registration System (CRS) :

- i. Births and Deaths are the two most important vital events that define the life of an individual. It describes the legal existence of an individual. The registration of these events is a basic source of population. The Civil Registration is continuous, permanent and compulsory recording of the occurrence of the vital events such as Births, Deaths and Still Births.
- ii. The Registration of Births, Deaths and Still Births at the place of occurrence is mandatory as per the Registration of Birth and Death Act, 1969 (Central Act, 18 of 1969) and the Tamil Nadu Registration of Birth and Death Rules, 2000. The Director of Public Health and Preventive Medicine is the Chief Registrar of Births and Deaths in Tamil Nadu as per section

4(1) of the Registration of Birth and Death Act, 1969.

Registration Units

There are about 16,348 Registration Units existing in the State and the registration activity is carried out by Birth and Death Registrars of various departments viz., Health, Revenue, Municipality, Town Panchayats and Corporation in 38 Revenue Districts.

Time limit for reporting Birth / Death

It is mandatory to report Birth and Death within 21 days from the date of occurrence to the Jurisdictional Birth and Death Registrar. In some cases, if the information have not been provided within the prescribed time limit, the Births and Deaths could be registered up on payment of late fee and orders of the prescribed authority.

Period of Reporting	Late fee
After 21 days but within 30 Days	Can be registered up on payment of Rs.100/-

After 30 days but within 1 year	Can be registered with the written permission of the prescribed authority and up on payment of Rs.200/-
After 1 year	Can be registered with the order of the Revenue Divisional Officer and up on payment of Rs.500/-

Name Registration

The name of the child shall be registered within one year from the date of registration of the birth without any late fee. Beyond 1 year but within 15 years from the date of registration, the name of the child can be registered with a late fee of Rs. 200/-.The Registrar General India has provided extension of 5 years period up to 31.12.2024 to register the name for the cases where the birth was already registered and the prescribed period of 15 years got over.

CRS software

The Births and Deaths are registered in the online web portal https://crstn.org/birth_death_tn/ throughout the State from 01.01.2018. The citizens can download the Birth and Death Certificates for the events registered from 01.01.2018 at free of cost from the web portal https://crstn.org/birth_death_tn/. A total of 9,09,800 of births and a total of 8,73,350 deaths have been registered in the CRS common software during the year 2021. During the year 2022 (upto 31st March 2022) 1,93,030 Births and 1,92,093 Deaths were registered.

Medical Certification of Cause of Death

The scheme of Medical Certification of Cause of Death (MCCD) is part of Civil Registration System, aims at providing a reliable cause-specific mortality statistics.

Section 10(3) of the Registration of Birth and Death Act, 1969, in the event of the death of any person who, during his last illness was attended by a medical practitioner, the medical practitioner shall, after the death of that person, forthwith, issue a Medical Certificate of Cause of Death in Form 4 (For institutional deaths) and in Form 4A (For Non-

Institutional deaths) without charging any fee. e-Mor is a software application developed by ICMR-NCDIR to digitize Medically Certified Cause of Death as per ICD-10 classification and it is integrated with existing CRS software of Tamil Nadu and implemented in the State from 15.09.2021.

COVID-19 Death Ascertaining Committee for issue of Official Document for COVID-19 Deaths

Based on the judgement of Hon'ble Supreme Court and direction of the Ministry of Health & Family Welfare Govt. of India, the State Government have issued orders for the formation of District Level Covid-19 Death Ascertaining Committee (CDAC) towards issuing an official document for COVID-19 Deaths (G.O.Ms.No.411 H&FW (P1) Department dated: 22.09.2021). It has been ordered in the G.O.cited that the public can submit their application to the District Collector concerned for getting the official document for Covid-19 Death after scrutiny by District Level Committee in case of deaths for which the Medical Certificate of Cause of Death was not obtained or when family members were not satisfied with the cause of death mentioned in the MCCD form.

In view of the above Government Order District Level Committees have been formed and Official Document for COVID-19 Deaths are being issued after scrutiny of the applications received from public.

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

- Section 4: Prohibition of smoking in public places
- Section 5: Prohibition of direct and indirect advertisement, promotion and sponsorship of cigarette and other tobacco products.
- Section 6(a): Prohibition of sale of cigarette and other tobacco products to a person below the age of eighteen years.

- Section 6(b): Prohibition of sale of tobacco products within radius of 100 yards of educational institutions.
- Section 7: Mandatory depiction of statutory warnings (including pictorial warnings on tobacco packs).
- Section 7(5): Display of tar and nicotine contents on tobacco packs.

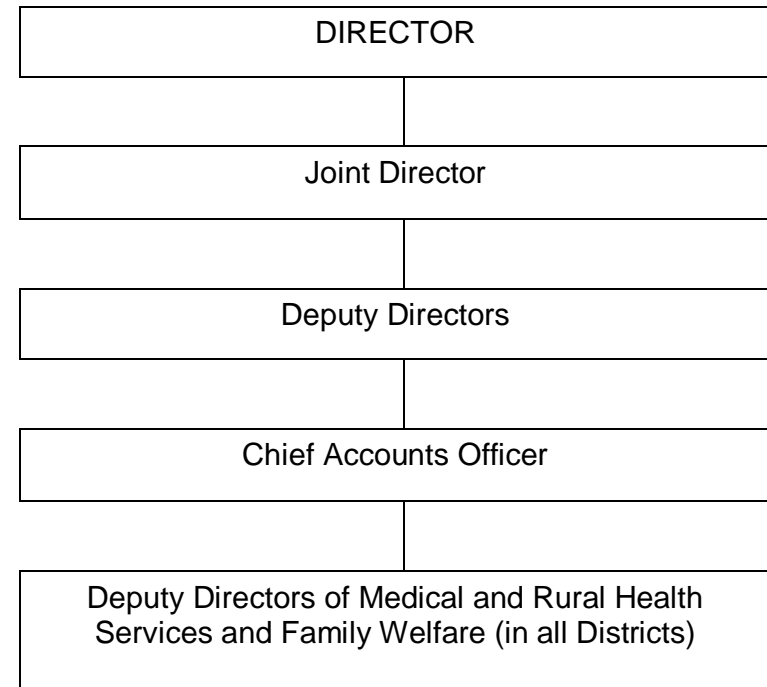
Chapter - 6

FAMILY WELFARE PROGRAMME

6.1 National Family Planning Programme was implemented in India in 1952. India was the first Nation in the World in launching National Family Planning Programme with the aim to control the population growth and emphasising the fertilisation regulation without affecting the socio economic development and environment protection. It was implemented in Tamil Nadu in 1956 as a People's programme with the 100% financial assistance from Government of India. The objective of the programme is to maintain the Total Fertility Rate to the extent necessary to stabilise the population at a consistent level. Family Welfare services are provided through the Government health facilities as well as approved private facilities to the eligible couples to stabilise the population of the State. Since the Nineties, the focus has been shifted from a "Target based approach" to "Community Needs Assessment Approach" where importance has been given to meet the unmet needs for Family Planning services and improving the Maternal and Child Health services. Tamil Nadu is considered as a pioneer state in implementing the Family Welfare Programme in the country. Thus, Tamil Nadu has been maintaining the total fertility rate below the replacement level of 2.1 in

the past two decades. Hence, the census operation projection 2019 reveals that Tamil Nadu will attain the population stabilization in the phase during the years 2031 - 2035. Now the focus is to achieve the modern Contraceptive Prevalence Rate (mCPR) above 70% by 2030, as defined in the Sustainable Development Goals (SDG).

6.2 Administrative Structure:



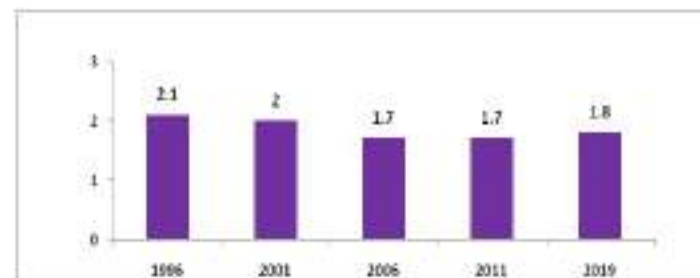
6.3 Demographic Indicators: The demographic scenario of the State is furnished below:

Sl. No.	Indicators	Current level
1	Total Fertility Rate (2019-2021) (NFHS - V)	1.8
2	Natural Growth Rate (2019) (SRS)	0.81 % annually
3	Crude Birth Rate (2019) (SRS)	14.2 /1000 population
4	Crude Death Rate (2019) (SRS)	6.1 / 1000 population
5	Maternal Mortality Ratio (2016-18) (SRS)	60 /1,00,000 live births
6	Infant Mortality Rate (SRS-2019)	15 /1000 live births

6.4 Impacts of Family Welfare Programme

6.4.1 Total Fertility Rate (TFR): Total Fertility Rate indicates the average number of children expected to be born to a woman during her reproductive span of 15-49 years. Tamil Nadu is one of the States in the country with low TFR of 1.8 below National level of 2.0.

Trends in Total Fertility Rate (TFR)



6.4.2 Crude Birth Rate (CBR): Crude Birth Rate is number of live births per 1000 population in a year. The current level of crude birth rate in Tamil Nadu is 14.2 as per the Sample Registration System (SRS) - 2019.

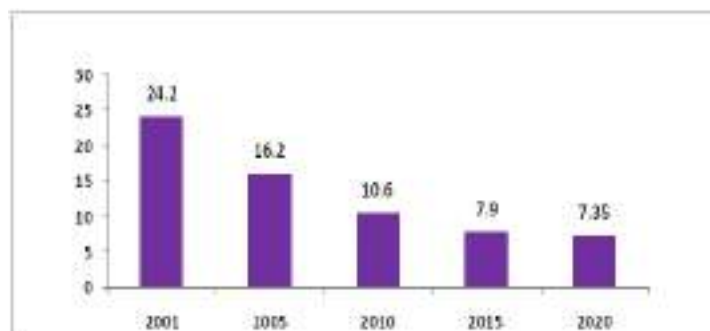
Trends in Crude Birth Rate:



6.4.3 Higher Order Births: Third and above order of Births are termed as Higher Order Births. The State has shown significant decrease in the percentage of Higher

Order Births which has been reduced from 24.2 (2000) to 7.35 (2020). Further steps to reduce the HOB rate are under progress so as to reduce the Maternal Death and Infant Death among the HOB Mothers.

Trends in Higher Order Births:



6.5 Family Welfare Services: 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.

Permanent Methods:

For Male	Conventional Vasectomy and No Scalpel Vasectomy (NSV)
For Female	Puerperal Sterilization (Tubectomy), Mini-Lap and Laparoscopic Sterilization.

Temporary spacing methods:

Intra Uterine Contraceptive Device (IUCD) - PPIUCD / Interval IUCD/PAIUCD	Copper 'T' 380A (10 years) and 375(5 years)
Oral contraceptive Pills (OP)	Mala N and Chhaya Weekly Pills Centchroman Pills)
Injectable contraceptive	Antara - Depot Medroxy Progesterone Acetate (DMPA)
Contraceptive Condoms	Nirodh

- Emergency Contraceptive Pills (E.Pills)
- Medical Termination of Pregnancy:
 - ✓ Medical Method of Abortion (MMA) (4 to 9 weeks)
 - ✓ Manual Vacuum Aspiration (MVA) (4 to 12 weeks)
 - ✓ Electrical Vacuum Aspiration (EVA) (4 to 12 weeks) and
 - ✓ Surgical method of abortion (12 to 24 weeks)

6.6 Family Welfare Service Facilities: The facilities providing Family Welfare services in our State are listed in the table below:

1	Health Sub Centres	8713
2	Primary Health Centres	1422
3	Community Health Centres (Block)	385
4	Urban Primary Health Centres	479
5	Government Hospitals and ESIs	311
6	Medical College Hospitals	36
7	Voluntary Organization and Approved Private Nursing Homes (Under Public Private Partnership)	2581

6.7 Schemes implemented under the Family Welfare Programme:

6.7.1 Male sterilization: No Scalpel Vasectomy (NSV) is a simple procedure of Family Planning Sterilization technique for Male. Special awareness campaigns are being conducted to motivate males to accept No Scalpel Vasectomy (NSV). The NSV acceptors are provided compensation of Rs.1100. It is proposed to conduct NSV camps in all the 385 Blocks in the State for the year 2022-2023 at a cost of Rs.20 lakh. To improve the male participation in NSV Sterilization Programme, the “Vasectomy Fortnight” is observed in the state from 21st November to 4th December in every

year for creating awareness among the public about NSV which is a simple procedure. In the year 2021-2022, 863 male sterilization have been performed.

6.7.2 Female Sterilization: Delivered mothers having two and above living children are counselled to avail sterilization services before discharging from the facilities. Apart from providing sterilization to delivered mothers, the interval sterilization (Mini-Lap / TAT) and Laparoscopic surgery are also rendered to eligible mothers. The female sterilization acceptors are provided compensation of Rs.600/- for BPL and Rs.250/- for APL. All the Medical College Hospitals and District Head Quarters Hospitals are imparting the Puerperal Sterilization and Mini Lap. /TAT Training Services to the Medical Officers. 11 Medical Colleges and 2 District Head Quarter Hospitals are imparting training on Laparoscopic Sterilization to the Medical Officers in the State. In the year 2021-2022, 2,31,188 Female sterilization have been performed.

6.7.3 Post Partum Intrauterine Contraceptive Device (PPIUCD) / Post Abortion Intrauterine Contraceptive Device (PAIUCD): The PPIUCD and PAIUCD services are increasing the birth spacing to 36 and above months. It ensures the Maternal and Child Health in the

State. In the Government Hospitals the PPIUCD insertion among the delivered mothers and PAIUCD insertion among the MTP done mothers are encouraged by providing the incentive of Rs.300 for acceptors. In the year 2021-2022, 4,26,450 IUCD insertion have been performed

6.7.4 Injectable contraceptive: Depot Medroxy Progesterone Acetate (DMPA) - Antara and Centchroman Weekly pills (Chhaya): Injectable contraceptive (Antara) and Centchroman Weekly Pills (Chhaya) were introduced 2017-18 and its services are availed by the Eligible Couples through the Government health facilities. During 2021-22 total number of mothers covered by Antara is 62,243 and Chhaya is 2,28,440.

6.8 Medical Termination of Pregnancy (MTP) Programme: Medical Termination of Pregnancy (MTP) is a health care measure which helps to reduce maternal morbidity and mortality through provision of safe abortion services. Annually around 80,000 to 95,000 MTPs are done in the Government and approved Private Health facilities in the State. As per the recent MTP (Amendment) Act 2021, the upper gestation limit for Medical Termination of Pregnancy

has been enhanced from twenty to twenty-four weeks of gestation period for special categories of women including victims of rape and other vulnerable women (differently abled women, minors). In addition to the Permanent Medical Boards already constituted in 19 Medical College Hospitals in the State, the Medical Boards will be constituted in all the Medical College Hospitals for giving expert Medical opinion for MTP as higher gestational age for the termination of pregnancies with substantial foetal abnormalities above 24 weeks diagnosed by a Medical Board.

6.9 Family Planning Logistic Management Information System (FP-LMIS): Home Delivery of Contraception was introduced in the State by imparting training to ASHA/Anganwadi Workers for covering 1,000 population and the Family Welfare commodities are monitored through the Family Planning – Logistics and Management Information System (FP-LMIS) web portal in the State. It will strengthen the supply chain of Family Welfare commodities and paves the way to attain mCPR 70% and bring down the unmet need as “NIL” by 2030.

6.10 Information, Education and Communication

Activities: Following IEC activities are being conducted all over the State. To create awareness among eligible couples to accept permanent and temporary family planning methods:

- i. World Population Day is celebrated every year on 11th July in the State, District and Block levels to sensitize about Family Welfare Schemes available and educate about small family norms in order to improve maternal and child health and to promote gender equality, spacing methods and to educate about age of marriage.
- ii. In order to make awareness about importance of Male Sterilization No Scalpel Vasectomy (NSV) fortnight campaign is being celebrated throughout the State once a year among General Public and factory employees and unorganized labourers.
- iii. Family Planning methods are also exhibited in the Trade fair Exhibitions State and District level to create more awareness.
- iv. LED boards depicting the family welfare method are also displayed in hospitals and public places and also wall paintings are painted regarding

Family Welfare Programme in all Government Medical Institutions.

- v. Short films are also prepared regarding Family Welfare Programme and it is displayed in all Government Medical Institutions for creating awareness to the public.
- vi. Priority districts with high HOB are identified for strengthening the usage of Family Welfare Contraceptive among the eligible mothers. Issuing the antenatal Family Planning Card to follow up the mothers who are accepting the Family Planning methods.
- vii. To achieve the prime aim that to improve the Modern Contraceptive Prevalence Rate (mCPR) of out-reach areas, mobile family welfare services are established.

6.11 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:

Death following sterilization in hospital or within 7 days from the date of discharge from the hospital	Rs.2,00,000
Death following sterilization within 8 to 30 days from the date of discharge from the hospital	Rs.50,000
Failure of sterilization leading/not-leading to child birth	Rs.30,000
Cost of treatment upto 60 days arising out of complication from the date of discharge	Actual cost not exceeding Rs.25,000
Indemnity insurance per doctor per facility but not more than 4 cases per Doctor in a year	Up to Rs.2.00 lakh per case of litigation

6.12 State and District Quality Assurance Committees:

These Committees have been constituted to ensure the quality of family welfare services provided in the State. These committees review the deaths, failures and complications arising out of sterilization and recommend for the payment of insurance claims and improvement of the quality of the services.

6.13 Compensation to Sterilization Acceptors:

Compensation for loss of wages to the sterilization acceptors are paid in the State as detailed below:

Acceptors of male sterilization in public health facilities	Rs.1,100
Acceptors of female sterilization belonging to below poverty line and SC / ST in public health facilities	Rs.600
Acceptors of female sterilization belonging to above poverty line in public health facilities	Rs.250

Family Welfare Programme has an impact on the socio economic indicators. So, Tamil Nadu continues to focus on family welfare services and awareness among the community.

Chapter - 7

MEDICAL AND RURAL HEALTH SERVICES

(Employees State Insurance Scheme)

7.1 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. The Employees State Insurance Scheme is a comprehensive Social Security Scheme designed to accomplish the task of protecting the Insured Persons and their families in the organised sector in the event of sickness, maternity, disablement and death due to employment injury or occupational diseases. The ESI Scheme I under implementation in Tamil Nadu from 23rd January 1955.

7.2 Network of ESI Hospitals and Dispensaries: In Tamil Nadu medical care is catered through a network of 225 ESI Dispensaries and 10 ESI Hospitals.

- Seven ESIS Hospitals (Ayanavaram, Madurai, Salem, Vellore, Tiruchirapalli, Hosur and Sivakasi) are functioning under the control of the Director of Medical and Rural Health Services (ESIS).

- One ESIC Medical College Hospital at Coimbatore functions under the control of Director of Medical Education.
- One ESI Medical College Hospital, K.K.Nagar and one ESIC Hospital, Tirunelveli are 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. Doctors and para medical staff is placed from the Health and Family Welfare Department.

7.3 Administrative Setup of ESI Scheme in Tamil

Nadu: The Director of Medical and Rural Health Services (ESI) is the overall in-charge of the Administration, Finance, Implementation and Development of the ESI Scheme throughout the Tamil Nadu. The Regional Administrative Medical Officers are in-charge of supervision, administration and financial implementation of ESI Schemes at the ESI Dispensaries in their region under the control of the Director of Medical and Rural Health Services (ESI). The Medical Superintendents are in-charge of supervision; administration and financial implementation of the State

run 7 ESI Hospitals under the control of the Director of Medical and Rural Health Services (ESI).

7.4 Ayush Units under ESI Scheme: A combined treatment of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) is also extended to the insured persons, in addition to allopathic treatment facilities.

- Ayurveda units are functioning in eight ESI hospitals at Ayanavaram, Coimbatore, Madurai, Salem, Vellore, Tiruchirapalli, Hosur and Sivakasi and in 13 ESI Dispensaries.
- Yoga units are functioning in eight ESI Hospitals at Ayanavaram, Coimbatore, Madurai, Salem, Vellore, Tiruchirapalli, Hosur and Sivakasi.
- Unani units are functioning in three ESI Hospitals at Ayanavaram, Coimbatore and Madurai and in 3 ESI Dispensaries at Tuticorin, Ambur, and Ranipet.
- Siddha units are functioning in all ESI Hospitals at Ayanavaram, Coimbatore, Madurai, Salem, Vellore, Tiruchirapalli, Hosur and Sivakasi and are also functioning in 43 ESI Dispensaries.

- Homeopathy units are functioning in three ESI Hospitals at Ayanavaram, Coimbatore and Madurai and in 3 ESI Dispensaries at Tuticorin, Kovilpatti, and Avadi.

7.5 ESIC COVID-19 Relief Scheme: In the event of unfortunate death of the worker covered under ESI Act, 1948 due to COVID-19, 90% of the average wages of the deceased worker is distributed to the eligible dependent every month and paid directly to the bank account. The spouse of the deceased worker is also eligible for medical care on nominal contribution of Rs.120 per year. The scheme also covers COVID - 19 related deaths occurring within 30 days after recovery from COVID-19.

Chapter - 8

INDIAN MEDICINE AND HOMOEOPATHY

8.1 The Mission of Directorate of Indian Medicine and Homeopathy is to bring Indian System of Medicine(ISM) under the main stream; to give holistic healthcare and taking the benefits of traditional system to the public by opening ISM wings/ hospitals at various vends in all districts; Imparting quality education and training through various Colleges affiliated to the Directorate; regulation of drug manufacturing and quality control of Indian System of Medicine to ensure availability of quality drugs to public. Tamil Nadu has the unique credit of being the only state in the country where Government Medical Colleges have been established for all the disciplines of Indian System of Medicine and Homeopathy. Siddha, Ayurveda, Yoga and Naturopathy, Unani and Homoeopathy, offer a wide range of holistic treatments covering preventive, promotive, curative, rehabilitative and rejuvenatory needs. These systems of medicine are generally cost effective and valuable and attracting increasing attention globally. Indian systems of medicine are being used for centuries and have continuous traditions of acceptance and practice. It has been recognized that traditional medicine has a long history in our

communities with wide impact. It is still, an important component part of modern health care system – playing a significant and indispensable role.

Siddha System, most prevalent system of the State, is one of the ancient traditional systems of medicine in India. It is the proud contribution of our Tamil Ancestors to the world. It is the unique health care system widely practiced across the world wherever Tamil speaking people reside. The axiomatic saying in Tamil “மறுப்பது உடல் நோய் மருந்தெனல் ஆகும்” rightly depicts the significance of refusing the disease is a preventive medicine. The ISM operates on the principle that “**prevention is better than cure**”. The Government of Tamil Nadu is committed to provide full opportunity for the growth and development of Indian System of Medicine and utilization of their potentiality, strength and revival of their glory. The ultimate goal of the State Government is to provide Siddha, Ayurveda, Yoga and Naturopathy, Unani and Homoeopathy Medical treatment to the public at large so that the people can exercise their choice in accessing the Health Service.

8.2 Administrative Structure: The department of Indian Medicine and Homoeopathy is established by the Government of Tamil Nadu in the year 1970. The main objective of this department is to impart quality education for the UG and PG degree courses of Indian Medicine which includes all the five systems (Siddha, Ayurveda, Unani, Homoeopathy, Yoga and Naturopathy). The major role of this department is to provide best treatment in the 5 disciples of Indian System of Medicines, to the general public through the 1,542 medical institutions.



8.3 The objectives of Indian Medicine and Homoeopathy department are:

- Opening of ISM wings/Hospitals at various levels in all the districts
- Upgrading the existing Government Indian Systems of Medicine and Homoeopathy (ISM & H) Medical Colleges and to improve the standard of Medical Education in these systems
- Opening of new Medical Colleges in the systems of Siddha, Ayurveda, Unani, Yoga and Naturopathy and Homoeopathy.
- Encouraging the cultivation of Medical Plants, processing and manufacturing of ISM drugs and promoting research and development in ISM
- Making arrangements to grow medicinal herbs and manufacturing essential drugs
- Offering holistic healthcare to public by opening ISM and H wings at various locations in all the districts.
- Providing quality education in Siddha, Ayurveda, Unani, Yoga and Naturopathy and Homoeopathy for UG and PG students with the entire

necessary infrastructure for gaining systematic knowledge in the respective system.

- Ensuring availability of quality drugs to public by monitoring good drug manufacturing practices.
- Opening of AYUSH Wellness Centres in Government Hospitals.
- Promoting research and development activity in ISM and H for encouraging the manufacture of high quality standard ISM&H drugs and therapies.

ISM & H Health Services

8.4 The availability of ISM & H Government centres are as follows:

System	Siddha	Ayurveda	Unani	Yoga and Naturopathy	Homeopathy	Total
No. of Medical Centres	1081	104	67	180	110	1,542

Inpatient facilities in ISM & H Hospitals: The Bed Strength in the Indian System of Medicine Colleges and various Hospitals managed by this department are as follows:

- A 350 bedded Hospital is attached with Government Siddha Medical College, Palayamkottai, Tirunelveli.
- The 310 bedded Aringnar Anna Government Hospital of Indian Medicine, Chennai has separate wards for Siddha, Varma, Ayurveda, Unani System of Medicine.
- A 100 bedded Hospital is attached with Government Ayurveda Medical College, Kottar, Nagercoil.
- A 50 bedded Hospital is attached with Government Homeopathy Medical College, Tirumangalam, Madurai.
- A 100 bedded and 300 bedded hospital are attached with Government Yoga and Naturopathy Medical College in Chennai and International Institute of Yoga and Naturopathy Medical Science, Chengalpet.
- Apart from these, Government Pentland Hospital, Vellore is functioning with 25 bedded Siddha ward.
- District Headquarters Hospitals at Dindigul, Erode, Kancheepuram, Nagapattinam and Tiruppur are functioning with 25 bedded Siddha ward.
- District Headquarters Hospital at Mettur, Namakkal, Nagercoil, Karur, Kumbakonam, Tiruvarur,

Tiruchirapalli, Sivagangai, Villupuram and Virudhunagar are functioning with 16 bedded Siddha ward.

- District Head Quarters Hospitals at Cuddalore, Dharmapuri, Ramanathapuram and Thoothukudi are functioning with 15 bedded Siddha ward.
- A 25 bedded(Siddha) Ayush hospital and 25 bedded(Yoga and Naturopathy) in Theni and Tiruvannamalai districts respectively.
- The Taluk Hospital, Chidambaram, Cuddalore District is functioning with 15 bedded Siddha ward and Non-Taluk Hospital, Kadayanallur, Tirunelveli District is functioning with 15 bedded Siddha ward.

8.5 ISM and H Medical Education: Indian Medicine and Homoeopathy department, in the systems of Siddha, Ayurveda, Unani, Homoeopathy, Yoga and Naturopathy, imparts Under Graduate degree courses, (BSMS/BAMS/BNYS/BUMS/BHMS) and Post Graduate degree courses [M.D (S), M.D (H) and M.D (Y and N)], in 7 Government Colleges and 43 Self Financing Colleges as follows:

Medical System	Siddha	Ayurveda	Unani	Yoga and Naturopathy	Homoeopathy	Total
No. of Government Colleges	2	1	1	2	1	7
No. of Self-financing Colleges	9	6	0	17	11	43

The details of Government Medical Colleges functioning under Indian Medicine and Homoeopathy department are as follows:

- Government Siddha Medical College and Hospital, Palayamkottai, Tirunelveli District
- Government Siddha Medical College, Arignar Anna Government Hospital of Indian Medicine (AAGHIM) campus, Arumbakkam, Chennai
- Government Yoga and Naturopathy Medical College and Hospital, AAGHIM campus, Arumbakkam, Chennai

- Government Homoeopathy Medical College and Hospital, Tirumangalam, Madurai District
- Government Unani Medical College, AAGHIM Campus, Arumbakkam, Chennai
- International Institute of Yoga and Naturopathy Medical Science, Chengalpattu.
- Government Ayurveda Medical College and Hospital, Kottar, Nagercoil, Kanyakumari District

8.6 Tamil Nadu has the unique credit of being the only State in the country where Government Medical Colleges have been established in all the Indian Systems of Medicine and Homoeopathy. Number of seats available in the Government Colleges and the Private Colleges for admission to the Under Graduate (UG) and Post Graduate (PG) Courses of ISM & H are given below:

Sl. No.	Discipline	Details of seats available for admission				Grand Total	
		Government		Private			
		UG	PG	UG	PG	UG	PG
1.	Siddha	160	94	490	--	650	94
2.	Ayurveda	60	--	310	--	370	--
3.	Unani	60	--	--	--	60	--

4.	Yoga and Naturopathy	160	45	1550	--	1710	45
5.	Homoeopathy	50	--	860	55	910	55
Total		490	139	3210	55	3700	194

8.7 Co-location of Indian System of Medicine and Homoeopathy Centres to provide public Health Care:

At present Indian System of Medicine and Homoeopathy treatment facilities are made available in Allopathy Medical College Hospitals, Medical College at ESI, Coimbatore, Multi Super Speciality Hospital at Omandurar Government Estate, Chennai, District Headquarters Hospitals, Taluk and Non-Taluk Hospitals and Primary Health Centres (including 475 wings funded under National Rural Health Mission) and 74 AYUSH Wellness Clinics as shown below:

	Siddha	Ayurveda	Unani	Homoeopathy	Yoga and Naturopathy	Total
ISM & H Centres run by State Budget						
Colleges	2	1	1	1	2	7
Major Hospital	2	2	1	1	2	8

Medical College Hospital	15	4	2	9	25	55
Medical College @ ESI	1	1	1	1	1	5
Multi Super Speciality Hospital (Omandurar)	0	0	0	0	1	1
Dist. Headquarters Hospital	31	4	3	20	30	88
Taluk Hospital	191	2	0	9	31	233
Non Taluk Hospital	58	2	4	0	0	64
PHC	406	24	14	5	2	451
Regular Dispensary.	13	6	0	5	1	25
Tribal Dispensary.	7	0	0	0	0	7
Mobile	1	0	0	0	0	1
Rural Dispensary	45	3	0	0	0	48
Total	772	49	26	51	95	993
NRHM Schemes						
NRHM at Taluk Hospital	4		1			5
ISM Wings at PHC	271	52	39	57	20	439
Yoga and Naturopathy Maternity Clinic (GPHC)	0	0	0	0	29	29

Yoga and Naturopathy Maternity Clinic (Taluk Hospital)	0	0	0	0	2	2
Total	275	52	40	57	51	475
AYUSH Schemes						
Hospital under DME	0	0	0	0	2	2
Taluk	4	0	0	1	30	35
Non Taluk	2	0	1	0	0	3
PHC	26	3	0	1	0	30
Tribal (Mobile) Unit	2	0	0	0	0	2
Regular Dispy.	0	0	0	0	2	2
Total	34	3	1	2	34	74
Grand Total	1081	104	67	110	180	1542

* A total number of 2,86,16,030 patients have been treated as Out-Patients and 91,513 patients have been treated as In-Patients in the above ISM and H centers, during the year 2021-2022.

8.8 AYUSH Paramedical Courses: The Directorate of Indian Medicine and Homoeopathy conducts two Diploma Courses under self-supporting scheme at Government School of AYUSH Paramedical Courses at Arignar Anna Government Hospital of Indian Medicine

campus, Chennai and Government Siddha Medical College campus, Palayamkottai, Tirunelveli

- 1) Diploma in Integrated Pharmacy
- 2) Diploma in Nursing Therapy.

The courses are of two and half years duration and main objective is to make available institutionally qualified Pharmacists and Nursing Therapists in AYUSH system of medicine. The number of seats sanctioned for Diploma Course in Integrated Pharmacy and for Nursing Therapy are as follows:

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

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

8.9 State Drug Licensing Authority for Indian Medicine

- In Tamil Nadu, office of the State Licensing Authority (IM) has started its functioning from 29.11.2007 for grant of license to manufacture and sale of Siddha, Ayurveda and Unani drugs as per the Drugs and Cosmetics Act, 1940 and Rules, 1945.
- State Licensing Authority is approving authority for approval of institutions for carrying out tests on Siddha, Ayurveda and Unani drugs and raw materials used in their manufacture on behalf of licensees for manufacture for sale of Siddha, Ayurveda and Unani drugs.
- The Director of Indian Medicine and Homoeopathy, from 01.11.2019 onwards, is acting as Controlling Authority for Siddha,

Ayurveda and Unani drugs for the purpose of taking approval/direction/permission to execute regulatory enforcement as per the provisions of the Drugs and Cosmetics Act, 1940 and Rules, 1945.

- In Tamil Nadu, applications of advertisements have been scrutinized and for eligible applications Unique Identification Numbers are allotted as per Rule 170 of the Drugs and Cosmetics Rules, 1945.
- The Drug Inspectors (IM) are monitoring the advertisements in print, electronic, internet and audio-visual media of Siddha, Ayurveda and Unani drugs for the areas within their respective jurisdiction from 11.01.2018 onwards.

Achievements:

- As per Rule 170 of the Drugs and Cosmetics Rules, 1945 the State Licensing Authority (IM) has allotted 107 Unique Identification Number for advertisements of Siddha, Ayurveda and Unani Drugs.
- As per Drugs (4th Amendment) Rules, 2021, the State Licensing Authority (IM) granted 21 perpetual licenses to manufacture for sale of

Siddha, Ayurveda and Unani Drugs for the year 2021-22

- **New Projects:**
- An exclusive website for office of the State Licensing Authority has been created with address www.tnslaim.com which designed and launched by Tamil Nadu e-Governance Agency (TNeGA).
- As per Drugs (4th Amendment) Rules, 2021, Grant of License to manufacture for sale of Siddha, Ayurveda and Unani Drugs shall be issued through portal e-Aushadhi from April, 2022 onwards.

8.10 State Drug Testing Laboratory: The State Drug Testing Laboratory (Indian Medicine) started its functioning since 2003 under the control of Directorate of Indian Medicine and Homoeopathy, ensures quality of Ayurveda, Siddha and Unani Drugs to strengthen the enforcement mechanism of Chapter IV-A of Drugs and Cosmetics Act, 1940 and Rules 1945 which are prepared from different raw drugs in Indian Systems of Medicine. The primary function of Drug Testing laboratory (I.M) is to test the quality of statutory samples lifted and sent by the Drug Inspector (I.M) in

discharging of their statutory function under section 33G of the Drugs and Cosmetics Act, 1940. The Laboratory has been conferred with the statutory status. Advanced and modern equipment such as High Performance Thin Layer Chromatography (HPTLC), High Performance Liquid Chromatography (HPLC), Gas Chromatography (GC) and Atomic Absorption Spectroscopy (AAS) have been installed in the laboratory for the purpose of Standardization and Quality control of siddha, Ayurveda and Unani medicines. Pharmacognostical and Microbiological evaluation is being done by Trinocular microscope with image processor and Laminar Airflow bench respectively. This Laboratory is functioning to detect Misbranded, Adulterated, Spurious drugs and Not of Standard quality drugs under Section 33E for misbranded drugs, Section 33EE for Adulterated drugs, Section 33EEA for Spurious drugs under the Chapter IV-A of the Drugs and Cosmetics act 1940 and Rules 1945. Government Analyst, Drug Testing laboratory (I.M) Tamil Nadu has been notified as Government Analyst for Andaman Nicobar (Union Territory) to discharge the statutory duties as per Section 33F(2) of Drugs and Cosmetics Act, 1940. The State Drug Testing Laboratory has the capacity to test about 3000 samples per year.

8.11 The Arignar Anna Government Hospital of Indian Medicine in Chennai: The Government of Tamil Nadu started the Arignar Anna Government Hospital of Indian Medicine in Chennai, in the year 1970, in order to cater to the health needs of Chennai City. The hospital has bed strength of 310 with all necessary facilities. The hospital offers treatment under all the systems of Indian Medicine and Homoeopathy (i.e.; Siddha, Ayurveda, Unani, Homoeopathy and Yoga and Naturopathy). This hospital has latest fully automated analyser used in the Bio-Chemistry laboratory for testing Patient samples. This Hospital has exclusive pharmacy for preparation of fresh medicine required for the treatment of patients under Siddha, Ayurveda, Unani. An approximate quantity of 2407 kgs of Nilavembu Kudineer powder has been produced for the period from 01.01.2021 to 31.3.2022 and distributed to the dispensaries in and around Chennai. Moreover, 2671 Kgs of Kabasura kudineer for prevention of Covid-19 infection and boost general immunity has been produced for the period from 01.01.2021 to 31.3.2022

Total Number of Beneficiaries

1. Nilavembu Kudineer – 4,52,190
2. Kabasura Kudineer – 4,11,997

In house quality control laboratory functioning since January 2021 to estimate quality assurance of Siddha, Ayurveda and Unani drugs prepared in Anna Hospital attached pharmacy having Chemistry, Pharmacognosy and Microbiology division for Qualitative and Quantitative analysis.

8.12 Research and Development Wing for ISM,

Chennai: The Research and Development Wing for ISM, Chennai has been established exclusively for facilitating the faculties and students of Indian system of Medicine such as Siddha, Ayurveda, Unani, Homoeopathy and Yoga and Naturopathy. At present, this wing has three major Laboratories of Analytical Chemistry, Microbiology and Pharmacology and Toxicology with advanced equipment. Various research activities like clinical and observational studies have been carried out by this wing in collaboration with Central Council of Research in Siddha, National Institute of Epidemiology, State Drug Testing Laboratory (Indian Medicine), Chennai. This wing is

actively participated during Covid-19 pandemic situation duly setting up a War Room to interact with the public and also by setting up a Siddhar Kayakarpam Unit – Siddha Post covid care center. Workshops are conducted by this wing in collaboration with Central Council for Research in Siddha to encourage the students for doing research to uplift the Indian System of Medicine.

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

Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited (TAMPCOL) was established on 27th September 1983 with the main objective to manufacture quality medicines of Siddha, Ayurveda and Unani system. The Registered office functions at Arignar Anna Government Hospital of Indian Medicine Campus, Arumbakkam, Chennai and its factory functioning at SIDCO Pharmaceutical Campus, Alathur near Tiruporur, Chengalpattu District, is involved in manufacturing of 175 medicines. These medicines are supplied to all Institutions functioning under the Directorate of Indian Medicine and Homoeopathy, besides other Government Institutions and TAMPCOL's own sales outlets. TAMPCOL as a Nodal Agency

procures and supplies medicines, machinery and equipments etc., to the same institutions.

The authorized and paid up share capital of the corporation is Rs.300.00 lakh. The corporation is also supplying siddha medicines to Tamil Nadu Livestock Development Agency every year. TAMPCOL is operating its sales counter at Chennai, Palayamkottai and Nagercoil. TAMPCOL has taken steps to sell its medicines through shops operated by Tamil Nadu Khadi and Village Industries Board (TNKVIB) and medicals/ shops run by co-operative institutions across the state. The corporation with the intent of saving power consumption is installing 110 KW grid connected solar rooftop power plants with 50 nos., of standalone solar street lights at the Alathur factory. With the aim of reaching a global audience, the Corporation's renowned commercial product viz. Herbal Hair Tonic and other fast moving medicines has been made available in the e-commerce site viz. **www.amazon.com** and in its own website **www.tampcol.in**. The Corporation has inaugurated its 2nd manufacturing unit at Government Head Quarters hospital campus, Pudukkottai and the production of Nilavembu Kudineer and Kabasura Kudineer to combat Covid-19 pandemic is carried out there and the same has been delivered to 19 Southern

districts of Tamil Nadu. Also, the 2nd unit is now developed by manufacturing Siddha and Ayurveda medicines which is now being procured through Nodal Agency.

8.14 Other Activities:

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

full 100 bed capacity and it specializes in giving treatment for weight reduction by means of natural foods, natural herbal treatment, fasting, mud bath therapy, Steam bath therapy, plantain leaf bath.

- The Government of Tamil Nadu has established the International institute of Yoga and Naturopathy Medical Sciences in Chengalpattu . Hon'ble Chief Minister inaugurated the college on 14.4.22 and 100 students for BYNMS course and 30 students for MD course have been admitted in the college

8.15 State AYUSH Society : “State AYUSH Society–Tamil Nadu” has been formed to implement the schemes sanctioned to the State under the National AYUSH Mission. The schemes are implemented by the Society, out of the funds received from the Central and the State Government based on the sharing pattern in the ratio of 60:40. For the year 2022-23 a sum of Rs.33.295 crore has been earmarked as resource pool for State Annual Action Plan (SAAP).

8.16 Tamil Nadu State Medicinal Plants Board: Tamil Nadu State Medicinal Plants Board was formed on 06.06.2002 and registered under Tamil Nadu Societies Registration Act 1975, vide

Registration.No.286/2009 dated 26.10.2009. The board is governed by the General body with 11 members, and an Executive Committee of 7 members both under the Chairmanship of Principal Secretary to Government Health and Family welfare Department, Government of Tamil Nadu. As per the By-law, the main aim and objective is to avail the financial benefits by the stakeholders of Tamil Nadu in the Medicinal Plants Sector like farmers, growers, collectors, traders, exporters, industrialist, from the National Medicinal Plants Board, Government of India through the State Medicinal Plants Board by submitting suitable project proposals.

8.17 Siddha Medical University : Government have issued orders vide G.O(Ms)No. 93, Health and Family Welfare(IM1-2) department dated 10.3.2022 for separate Siddha Medical University to be established for ISM near Chennai along with creation of 14 posts for it at a cost of Rs.1.99 crore. The Siddha University is the first of its kind in India . The Siddha University is temporarily located at the Annexe campus of the Arignar Anna Government Hospital for Indian Medicine.

Chapter - 9
FOOD SAFETY AND DRUGS CONTROL
ADMINISTRATION

FOOD SAFETY

9.1 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 Department of Food Safety. This department is headed by Commissioner of Food Safety, Director and Additional Commissioner, Deputy Director and Health Officer at State Level, 32 Designated Officers (DO) at District level and 391 Food Safety Officers (FSO) at block / Municipality / Corporation level. The quality of food is tested at the six Food Analytical Laboratories in Tamil Nadu. They are located at Chennai, Thanjavur, Madurai, Tirunelveli, Salem and Coimbatore. All six laboratories have been notified as per the Act for testing the food related samples. Legal action is being taken against the defaulters based on the lab reports.

9.2 Licensing and Registration Certificate: In the year June 2013, Licensing and Registration has been initiated through online in all districts. As per the Food Safety and Standard Act, all the Food Business

Operators have to register and obtain license based on their annual turnover.

- Upto 12 lakhs for Registration Certificate.
- 12 lakhs to 20 crores for License Certificate.
- Above 20 crores of importer, exporter, all central Food Establishment are under Central Licensing.

Food Safety and Standards Authority of India (FSSAI) maintains an exclusive portal for the same. To ensure the registration and licensing of FBOs, special drives and awareness programs are being done for Food Business Operators.

Upto March ,2022

- 1,03,426 Licenses are active.
- 4,32,481 Registrations are active.
- License and Registration fee Collected: Rs.154.29 crore.

9.3 IEC and Awareness Creation: In the year 2016, for creation of the much needed awareness on Food Safety and Standards among the public and Food Business Operators, Information, Education and Communication(IEC) activities have been implemented to ensure the provision of safe food as per the standards of FSSAI. Awareness is being given to FBOs

and common public in order to protect themselves from adulterated food, unsafe food items and other exploitation.

Details	April 2016 to April 2021	May 2021 to March 2022	Total
Number of Awareness Meeting Conducted	17,767	3,220	20,987
Number of participants who attended the awareness meeting	13.4 lakh	2.21 lakh	15.61 lakh

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

Details	Aug' 2011 to April 2021	May 2021 to March 2022	Total
Number of Samples analysed	43496	16178	59674

Unsafe	4412	936	5348
Substandard and Misbranded	10,253	2780	13033

9.5 Legal Action is being initiated as per the Act Provisions:

9.5.1 Civil Cases: The District Revenue Officers of each Revenue District are designated as Adjudicating Officers under the Food Safety and Standards Act 2006 and are vested with powers of judicial court.

Details	August 2011 to April 2021	May 2021 to March 2022	Total
Number of Civil Cases Filed	7,587	3,074	10,661
Number of Cases Decided	6,030	2,827	8,857
Penalty Imposed in Rs.	11.7 crore	2.9 crore	14.6 crore

9.5.2 Criminal Cases: Criminal cases are being filed in JM Court for violating Food Safety Standards Act.

Details	August 2011 to April 2021	May 2021 to March 2022	Total
Number of Criminal Cases Filed	3183	800	3983
Number of Cases Decided	1367	367	1734
Penalty Imposed in Rs.	2.68 crore	73.79 lakh	3.42 crore

9.5.3 Food Safety Appellate Tribunal: Tamil Nadu Food Safety Appellate Tribunal was formed and is functioning from February, 2019. Presiding Officer, Registrar and Assistant Public Prosecutor are posted to this tribunal.

Details	Feb' 2019 to March 2022	May 2021 to March 2022
Number of appeal taken on file	38	31
Number of cases decided	1	1

9.6 Civil and Criminal Cases Filed for Ban on Food Products Containing Tobacco/Nicotine: From May 2013, the sale of food product containing tobacco and nicotine is banned in the State of Tamil Nadu.

9.6.1 Civil Case

Details	May 2013 to April 2021	May 2021 to March 2022	Total
Food Safety department Seized and destroyed	799.8 tons	102.0 tons	901.8 tons
Number of samples analysed	914	286	1200
Number of substandard and misbranded	116	8	124
Number of cases Filed	96	6	102
Number of cases decided	87	6	93
Penalty imposed in Rs.	34.35 lakh	75000	35.10 lakh

9.6.2 Criminal Case

Details	May 2013 to April 2021	May 2021 to March 2022	Total
Unsafe	742	263	1005
Number of Cases filed	589	87	676
Number of Cases Decided	90	20	110
Penalty Imposed in Rs.	14.63 lakh	4.48 lakh	19.11 lakh

9.7 Compounding Offences for All Categories: In exercise of the powers conferred U/s 30(3) of Food Safety and Standards Act, Designated Officers are empowered to impose penalty not more than Rs. 25000 to compound offence committed by the Food Business. Operators whose turnover is less than Rs.12 lakh per annum and eligible for Registration Certificate (RC) under the Act with effect from 01.12.2019.

Details	Dec' 2019 to April 2021	May 2021 to March 2022	Total
Number of Offences Identified	2315	4675	6990
Penalty Imposed in Rs.	81 lakh	Rs.1.89 crore	Rs.2.70 crore

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

Details	Dec' 2019 to April 2021	May 2021 to March 2022	Total
Number of Offences Identified	1,094	3,063	4,157
Penalty Imposed in Rs.	53 lakh	1.59 crore	2.12 crore

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

Details	Dec ' 2019 to April 2021	May 2021 to March 2022	Total
Number of Complaints redressed	1,76,329	3,701	1,80,030

9.9 Blissful Hygienic Offering to God (BHOG):

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

Details	Total Number of Temples	2019 to April 2021	May 2021 to March 2022	Total
Blissful Hygienic Offering to God(BHOG)	754	6	456	462

9.10 FoSTaC(Food Safety Training and Certification):

54,439 Anganwadi Centers have been selected for Training under Food Safety Training and Certification (FoSTaC) and provision of certificates under FoSTaC. The training sessions of above mentioned, Eat Right Campus for Anganwadi Centers were completed with a cost of Rs.32 lakh

Details	2019 to April 2021	May 2021 to March 2022	Total
Food Safety Training and Certificate (FOSTAC)	739	984	1,723

9.11 Hygiene Rating:

As per FSSAI guidelines, The Hotels and Restaurants are certified under “Hygiene Rating” Scheme by conducting pre-auditing, Training and Post auditing process.

Details	2019 to April 2021	May 2021 to March 2022	Total
Hygiene Rating	256	2,574	2,830

9.12 RUCO(Repurpose Used Cooking Oil):

Repurpose Used Cooking Oil): RUCO Programme is one of the main FSSAI initiatives in Eat Right India Programme. This programme is also initiated in Tamil Nadu State. In this programme used cooking oil from FBOs are being collected by private agencies registered with FSSAI for bio diesel conversion and paying for Rs.25-45 per Litre to Food Business Operators in Tamil Nadu.

Details	2019 to April 2021	May 2021 to March 2022	Total
Repurpose Used Cooking Oil (RUCO)	147.581 Kilolitres	1430.123 Kilolitres	1577.704 Kilolitres

9.13 FoSCoRIS(Food Safety Compliance Regular Inspection and Sampling):

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

Details	2019 to April 2021	May 2021 to March 2022	Total
Inspection Conducted	16,118	51,397	67,515

9.14 Clean Street Food Hub: Clean Street Food Hub is one of the programmes of Eat Right India activity in Eat Right Challenging. It is covered in Street Food vendor Hygienic and FSSAI provided them for Training and Instruction for adopting Private agencies to improve Street Food vendors. So far Twelve Street Food Hubs are certified under this programme.

Details	2019 to April 2021	May 2021 to March 2022	Total
Clean Street Food Hub Certified	1	11	12

9.15 Food Fortification: Food Fortification is one of the programmes in Eat Right India. It is developing the food fortification in milk, salt, rice, oil, flour. Now most of Public Distribution Shops (PDS), Noon Meal Programme (NMP) and Integrated Child Development Scheme (ICDS) are giving fortified rice, salt and oil.

Recently FSSAI released two notifications:

1. Definition and Scope of milk variants which can be fortified.
2. Draft notification for mandatory Fortification of edible oil and milk in retail packing with vitamin A, B.

State level workshop on Food Fortification and Training has been conducted for Designated Officers through KHPT-GAIN in 2 phases at Chennai. Food Safety Officers Training was conducted through Webinar. 5 Regional Training for FBO's also conducted in which 358 FBOs participated.

Details	April 2019 to April 2021	May 2021 to March 2022	Total
Number of Interdepartmental meetings conducted regarding food fortification	53	53	106
Number of FBO's sensitized / trained regarding food fortification	290	193	483

9.16 Awards

- **Tamilnadu has been awarded Third best performing State for the year 2020-2021 for Food Fortification Index.**
- **Tamil Nadu has been awarded Third best performing State for the year 2020 – 2021 for Food Safety Index**
- **Tamil Nadu has been awarded Third best performing State for the year 2020 – 2021.**

ii) DRUG CONTROL ADMINISTRATION:

9.17 The Drug Control Department has been functioning as a separate department from 13.11.1981 and Director of Drugs Control is the head of the Drugs Control Administration and the Department is functioning under the overall administrative control of "Commissioner of Food Safety and Drugs Administration".

Organization Structure



9.18 The Drugs Control Administration enforces the following Central Acts for regulating the manufacture, distribution and sale of Drugs and Cosmetics:

- i. Drugs and Cosmetics Act, 1940, Drugs Rules 1945, Medical Devices Rules, 2017, New Drugs

and Clinical Trial Rules, 2019 and Cosmetics Rules, 2020

- ii. Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules, 1955
- iii. Drugs Price Control Order, 2013

The Officers of this Department are also empowered to act under Narcotic Drugs and Psychotropic Substances Act, 1985.

9.19 The Director of Drugs Control is the controlling authority and Licencing Authority for grant of licences for manufacturing of certain allopathic drugs, Medical devices (for Class A and B), Homeopathic medicines and cosmetics. He is also the Licencing Authority for the Blood Centers (Blood Banks) and also for certain Categories of Allopathic Drugs along with the Central License Approving Authority of the Government of India.

9.20 The Drugs Control Administration monitors:

- The quality, safety, efficacy and availability of drugs at right prices.
- The quality and safety of Cosmetics.
- Inspect the misleading advertisements with respect to Drugs and Magic remedies.

- Collection and supply of safe blood and blood components.

9.21 The details of manpower available for enforcement and Drugs Testing Laboratory are given below:

Enforcement

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

15	Typist	15
16	Record Clerk	3
17	Office Assistant	79
18	Driver	4
19	Telephone Operator	1
	TOTAL	401

Drugs Testing Laboratory

Sl.No.	Name of the Post	No. of Posts
1	Government Analyst	1
2	Deputy Government Analyst	2
3	Senior Analyst	14
4	Junior Analyst	38
5	Junior Administrative Officer	1
6	Technician Grade – I	6
7	Technician Grade – II	4
8	Electrician Grade – I	1
9	Plumber	1
10	Laboratory Attendant	7
11	Animal Attendant	1
12	Ministerial Staff	10

13	Office Assistant	5
14	Sweeper	1
15	Sweeper-cum-Watchman	1
	TOTAL	93

9.22 Drug Testing Laboratory: The Drugs Inspectors draw samples of Drugs and Cosmetics from various Retail, Wholesale outlets, manufactories and Hospitals of Private and Government Sector, for testing or analysis to ascertain its quality, purity and safety for which a well- equipped statutory Drugs Testing Laboratory is attached to this Department. The analysis of parentereal drugs are undertaken by the laboratory situated at King Institute of Preventive Medicine and Research, Guindy, Chennai-600032.

9.23 Functioning of Legal cum Intelligence Wing and Mobile Squad: A Legal cum Intelligence Wing and a Mobile Squad are functioning in the Directorate to attend the complaints relating to spurious Drugs/ cosmetics and investigates specific complaints in Chennai and Southern Region respectively. It processes legal matters and undertakes special investigations including inter-state investigations in

association with the Drugs Control Departments of other States.

9.24 Strengthening of State Drugs Regulatory System: Government of India approved a Scheme for Strengthening of State Drugs Regulatory System under Centrally Sponsored Scheme with the funding ratio of 60:40 between Central and State Share, at the total cost of Rs.43.60 crore. The Government of India has released Rs.26.16 crore for this scheme. The Government of Tamil Nadu has accorded Administrative and Financial sanction for total cost of Rs.43.60 for establishing a new world class Drug Testing Laboratory at Madurai and strengthening the State Drugs Regulatory System . Construction work is under progress . When the Drug Testing Laboratory at Madurai comes functional number of drugs samples testing will be increased.

9.25 Number of Licensed manufacturing premises, blood banks, blood storage and sales premises as on 31.3.2022:

Sales Licenses		Manufacturing Licenses			Blood Banks	Blood Storage Centers
Retail Licences	Wholesale Licences	Allopathic Drug	Homeopathic Drug	Cosmetics		
41,411	12,240	697	9	210	330	537

9.26 Number of Inspections made during 2021-22

Details	No. of Inspections
	From 01.04.2021 to 31.03.2022
Sales Premises	64,264
Manufacturing Premises	1,776
Hospitals and Medical Stores	2,083
Blood Bank	789

9.27 Details of Samples drawn, tested and reported as Not of Standard Quality Drugs in 2021-22:

	From 01.04.2021 to 31.03.2022
Total No. of Samples drawn	9,372
No. of Samples Tested	8,472
No. of Samples declared as Not of Standard Quality	286 Tamil Nadu – 69 Other State -217

9.28 No. of Sales Licences Suspended in 2021-2022

	From 01.04.2021 to 31.03.2022
Total No. of Retail Licence suspended	20
Total No. of Wholesale Licence suspended	05
Total No. of Licence suspended	25

9.29 Prosecution for certain contraventions under Drugs and Cosmetics Act 1940 and Drugs Rules 1945, Drugs Price Control Order 2013 and Drugs and Magic Remedies (Objectionable Advertisement) Act 1954 and Rules 1955 during 2021-22:

Sl. No.	Details	No. of cases
		From 01.04.2021 to 31.03.2022
1	For the manufacture of Spurious drugs	Total - 6 Tamil Nadu - 4 Other state - 2
2	For the manufacture of Not of Standard quality drugs	Total - 80 Tamil Nadu - 23 Other state - 57
3	For the sale of drugs without supervision of Pharmacist	166
4	For the sale of drugs without prescription of Registered Medical Practitioner	337
5	For stocking date expired drugs for sale	1
6.	Contraventions under Drugs and Cosmetics Act 1940 and Drugs Rules 1945	416

7	Contraventions under DMR (OA Act) 1954 and Rules 1955	Nil
8	No. of Sanctions issued under Drugs Price Control Order 2013	1

Chapter - 10

TAMIL NADU STATE HEALTH TRANSPORT

Uninterrupted mobility of Health department vehicles is a necessity for the Health Care Programmes to reach the Public in an effective manner

10.1 Tamil Nadu State Health Transport Department is vested with the responsibility of maintaining all the vehicles under the control of Health and Family Welfare Department and ensures the uninterrupted mobility of vehicles by undertaking periodical services and regular repairs.

10.2 The department adheres the following plan of action for proficient maintenance of vehicles in the fleet:

- Fixing and adhering time limits and deadlines for the required repairs.
- Rendering periodic services along with preventive maintenance to all the vehicles once in two months.
- Reviewing the activities carried out in the Workshops and Stores using a Computerized Vehicle Management Data Base Programme.

- Implementing a feedback programme to get constructive feedback from the Officers and Drivers for the quality of services offered in the Workshops.
- Providing a single window Grievance Redressal Programme for all the vehicle users.

10.3 Apart from the prime objective of maintaining the vehicles in an efficient and economical manner, the department also undertakes the following functions.

- Identifying the aged vehicles that are uneconomical for further retention and taking due action for its condemnation and disposal through e-auction.
- Providing professional assistance during purchase of new vehicles.
- Acting as a repository of all data related to vehicles maintained.
- Imparting apprenticeship training to the eligible candidates and refresher training to the drivers.
- Assisting the concerned departments while customizing special purpose vehicles as per their needs and requirements.

- Maintaining a Common Pool of vehicles for better fleet utilization.

10.4 Maintenance of Fleet: This department maintains a diversified fleet of 2920 vehicles attached to various Directorates of Health and Family Welfare Department through its 7 Regional Workshops, 9 District Workshops, 29 Mobile Workshops and one Reconditioning Unit.

10.5 Special Programmes implemented for improving the services offered and for maximizing the utilization of vehicles.

- i) **Health Department vehicles Information and Complaint Redressal Programme:** For the benefit of vehicle owning officers and drivers, this department is successfully implementing a Grievance Redressal Programme named HICORP, an acronym for Health Department Vehicles Information and Complaint Redressal Programme. All the vehicle related issues including requirement of Tyres, Battery and Oil change that are registered in the programme's Helpline No. 94896 21111 are resolved at the earliest.
- ii) **Feedback Programme:** All the Drivers of each and every vehicle that are delivered from the

departmental Workshops throughout the state are contacted from the Head Office to get their feedback on the quality of repairs executed and services offered. Any shortcomings that are pointed out are immediately rectified and steps to avoid them in the future are promptly taken.

10.6 Performance of the Department in the year 2021- 2022

i)	Total No. of repair and replacements jobs attended in all the Workshops (Excluding periodical service)	4,431
ii)	Total No. of Periodical service jobs attended	14,859
iii)	Total No. of complaints received and resolved through Health Department Vehicles Information and Complaint Redressal Programme (HICORP)	129
iv)	Total No. of Officers / Drivers contacted through Feedback Programme	2,554
v)	Total No. of condemned vehicles disposed through e-auction (including 108 Ambulances)	530
vi)	Total No. of ITI Certificate holders, Diploma holders and Engineering Graduates who undertook Apprenticeship Training	50

Chapter – 11

HUMAN RESOURCES AND MEDICAL SERVICES RECRUITMENT BOARD

11.1 The Medical Services Recruitment Board was constituted exclusively for the Health and Family Welfare Department with the objective of recruiting the right candidates to fill up vacancies in various categories of posts of the Health Department. The Health and Family Welfare Department is pivotal in maintaining the good health of the people of the State through Directorates functioning under its control. More than 200 categories of posts in Government Medical Institutions with nearly one lakh Medical and Para Medical staff exist in the Department in these directorates.

11.2 Need for a separate Recruitment Board for Medical and Paramedical staff:

In order to fill up vacancies in various categories of posts including Medical and Para Medical Staff in the Health and Family Welfare Department without delay for ensuring health care services to the public in an effective manner, the Medical Services Recruitment Board was formed in 2012. The main objective of

Medical Services Recruitment Board is to carry out all direct recruitments to fill up vacancies to various categories of posts in a speedy and transparent manner. The Medical Services Recruitment Board conducts its selection through a fair procedure by way of open advertisement in the newspapers and receives applications online. In its endeavour to provide qualified personnel, Medical Services Recruitment Board recruits Doctors, Nurses and Para Medical posts through written examination and also adopting weightage method depending on the category of posts, following communal rotation and rule of reservation in force.

11.3 The Medical Services Recruitment Board has recruited candidates for the following categories of posts till 31.03.2022 from date of inception.

SI.No.	Name of the post	No. of candidates selected
1	Assistant Surgeon (General)	10,055
2	Assistant Surgeon (Speciality)	2042
3	Personnel 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)	1151
7	Assistant Medical Officer (Siddha)	101
8	Assistant Medical Officer (Homoeopathy)	4
9	Assistant Medical Officer (Ayurveda)	1
10	Assistant Medical Officer / Lecturer Grade-II (Yoga and Naturopathy)	73
11	Medical Physicist	34
12	Physiotherapist Grade-II	126
13	Nurses	12752
14	Nurses (Sick New Born Care Unit)	508
15	Senior Lecturer in Optometry	2
16	Pharmacist	974
17	Pharmacist (Siddha)	148

18	Pharmacist (Ayurveda)	38
19	Pharmacist (Homoeopathy)	23
20	Pharmacist (Unani)	20
21	Laboratory Technician – Grade-II	528
22	Laboratory Technician Grade III	2398
23	Radiographer	287
24	Radiotherapy Technician	25
25	Dental Hygienist	1
26	Village Health Nurse	2557
27	ECG Technician	37
28	Therapeutic Assistant	162
29	Prosthetic craftsman	62
30	EEG / EMG Technician	12
31	Audiometrician	18
32	Occupational Therapist	18
33	Dark Room Assistant	227
34	Plaster Technician Grade-II	87
35	Heart Lung Hypothermia Machine Technician	7
36	Anaesthesia Technician	77

37	Fitter Grade-II	137
38	Physician Assistant	12
39	Dialysis Technician Grade-II	160
	TOTAL	35062

11.4 Recruitment During 2021-22: Medical Services Recruitment Board, during 2021-22 has recruited 231 candidates in the following categories of posts:

Sl. No.	Name of the Post	No. of Candidates Selection
1	Therapeutic Assistant	48
2	Audiometrician	2
3	Skilled Assistant (Fitter Grade-II)	9
4	Physician Assistant	12
5	Dialysis Technician Grade-II	160
	Total	231

11.5 Tentative Annual Planner for the year 2022 has been prepared in advance to inform the potential candidates. Accordingly, the recruitment process is under way for filling up of 4308 vacancies in the

following 18 categories in Medical and Paramedical posts during the current year.

Sl No	Name of the Post / Mode of Recruitment	No. of Vacancies
01.	Assistant Surgeon (General)	1021
02.	Assistant Surgeon (General) (SQE)	788
03.	Assistant Medical Officer (Ayush)	173
04.	Skilled Assistant Grade-II (Electrician Grade-II)	3
05.	Food safety Officer	119
06.	Field Assistant	174
07.	Village Health Nurse (backlog vacancies for DAP Category only)	39
08.	Health Inspector Grade II	334
09.	Nurses (backlog vacancies for DAP candidate only)	86
10.	Pharmacist (Ayurveda)	6

11.	Pharmacist (Siddha)	73
12.	Pharmacist (Unani)	2
13.	Pharmacist (Homeopathy)	3
14.	Theatre Assistant	335
15.	Dark Room Assistant	209
16.	Physiotherapist Grade-II	25
17.	Pharmacist	889
18.	Junior Analyst (Food Safety Department)	29
	Total	4308

11.6 Special Gateway for highly specialised

Doctors: - MRB will also recruit Assistant Surgeon (Speciality) for Medical Post Graduates through walk-in selection process following communal rotation and the rule of reservation in force, in order to garner the services of various highly skilled doctors to provide better treatment for the public.

11.7 The aim of the Medical Services Board is to fill up all the vacancies in Government Medical Institutions in a speedy manner for serving the public. The entire selection process is done in a transparent manner, with

online filling up of application forms and displaying marks scored / attained by the candidates in the website of Medical Services Recruitment Board. Also extra care is taken by the Medical Services Recruitment Board to provide adequate information to candidates with rural background about the status of their application and the selection process.

11.8. To ensure 100% job opportunities for younger generation of the natives of Tamil Nadu, Medical Services Recruitment Board will conduct compulsory Tamil eligible test for all recruitments undertaken for various posts borne in Health and Family Welfare Department as per the orders issued in G.O.(Ms) No.133, Human Resources Department (M), dated:01.12.2021.

Chapter - 12

NATIONAL HEALTH MISSION-TAMIL NADU

12.1 INTRODUCTION

The National Health Mission (NHM) was launched with the view to bring architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery in the year 2005 as National Rural Health Mission especially those who live in the rural areas. This was extended to urban areas also in the year 2013 as National Urban Health Mission. To implement the programme under the mission, State Health Society has been constituted by merging the existing health societies for leprosy, tuberculosis, blindness control and integrated disease control programme except Tamil Nadu State AIDS Control Society. All the National Health Programmes at the State and District level have been brought under one umbrella. Currently the Union Government and the State Governments are sharing the fund allocations for the mission in the ratio of 60:40. As already mentioned in the introduction and other chapters, Tamil Nadu has been a leading State in achieving goals and targets in health indicators. The State has been ranked second in

the Sustainable Development Goal(SDG) India Index Report, 2019 published by NITI Aayog. The state is determined to achieve all Sustainable Development Goals (SDG) well before the target 2030.

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

Objectives:

- Reduction of maternal mortality and infant mortality.
- Universal access to public health services / women's health, child health, drinking water, sanitation and hygiene, nutrition and universal immunization.
- Prevention and control of communicable and non-communicable diseases.
- Population stabilization-Gender and demographic factors.
- Access to integrated comprehensive primary health care.

- Revitalizing local health traditions and mainstreaming ISM.
- Promotion of healthy life styles

12.3 Aim of National Health Mission (NHM): NHM aims to achieve the goals by making the public health delivery system fully functional and accountable to the community, human resources management, community involvement, decentralization, rigorous monitoring and evaluation against standards, convergence of health and related programmes from village level upwards, innovations, flexible financing and other interventions for improving the health indicators.

12.4 COMPONENTS OF NHM

- Public Health Planning and Financing
- Human resources strengthening
- Health System Strengthening
- RMNCH+ A
- National Disease Control Programs
- Community Process.

The support under NHM is intended to supplement and support the existing health system of the State and not to substitute. In this regard, NHM is supporting

Infrastructure development like Civil works, Procurement of Equipment and drugs as well as Human resources deployment in the health facilities. The health system of the State is renowned for its success in providing quality public health services to its people and addressing challenges. Tamil Nadu is a forerunner in providing equitable, affordable and quality healthcare services to the people of the State. The information about the various programmes implemented through National Health Mission – State Health Society – Tamil Nadu is detailed below:

NHM IMPLEMENTATION FRAMEWORK:

Programme Management Units:

STATE	State Health Society.
DISTRICT	District Health Society
DISTRICT HOSPITAL, COMMUNITY HEALTH CENTRE	Patients Welfare Society
VILLAGE	Village Health Water Sanitation and Nutrition Committee

At State Level, the Mission operates under the State Health Society (SHS), headed by the Mission Director. It is further supported by State Programme

Management Unit. The State Health Society has the following Implementing Unit structures:

12.5 District Health Society: At District Level, the mission operates under the District Health Society (DHS) headed by District Collector as Chairman. Societies for various National Health Programmes are merged in DHS. It has a Governing Body with District Collector as the Chairperson. DHS is responsible for planning and managing all NHM programmes in the district. DHS monitors the execution of NHM deliverables by the District Programme Management Unit and Block Programme Management Unit in each Block.

12.6 Patient Welfare Society (PWS): Patient Welfare Society is a registered body for making improvement in the Health Care Delivery System in all PHCs/GH/MCHs Hospital. The patient welfare society aims to enhance people's participation and ensure compliance to minimal standard for facility and PHC/GH care and protocols of treatment as issued by the Government.

12.7 Untied Funds : The National Health Mission (NHM) aims to increase functional, administrative and financial autonomy to the field units in the Health sector. These untied funds are given to 20 District Head

Quarters Hospitals, 277 Sub District Hospital and 385 Community Health Centres, 1422 Additional Primary Health Centres, 8713 Health Sub Centres and 15015 Village Health, Water, Sanitation and Nutrition Committee (VHWSNC) under National Health Mission. These untied funds are given to the health facilities to meet out common good such as Minor modifications, installation of taps, bulbs etc., civil works, Purchase of consumables and in the case of referral and transport of patients in emergency.

12.8 Village Health, Water, Sanitation and Nutrition Committee (VHWSNC): The main purpose of Village Health, Water, Sanitation and Nutrition Committee (VHWSNC) is community involvement at local level to promote decentralization in planning. This committee provides leadership and a platform for addressing issues related to health services, raising community awareness and promoting community involvement. VHWSNC is constituted with VHN, Local Panchayath President, Anganwadi worker, Local school teacher, Health Inspector and representative of SHGs for ensuring community participation, effective communication and for prevention of diseases. Every VHWSNC is entitled to an annual untied grant of Rs.10,000/-.

12.9 MATERNAL HEALTH: A healthy woman forms the cornerstone of a healthy, dynamic and progressive nation. Safe pregnancy, child birth and postpartum period are important milestones in the continuum of care for mothers to achieve optimal maternal and neonatal outcomes that have a significant impact on the future of mothers, children and families in the long run.

It is satisfying to note that the NFHS 5 survey (2020-21) has indicated that the services towards the Antenatal and Postnatal services in the state are far better and has improved when compared to 2015-16.

Indicators		NFHS-5 (2020-21)	NFHS-4 (2015-16)
Mothers who had an antenatal check-up in the first trimester (%)	↑	77.4	64
Mothers who had at least 4 antenatal care visits (%)	↑	89.9	81.1
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	↑	63.1	40.1
Institutional births (%)	↑	99.6	98.9
Institutional births in public facility (%)	↑	66.9	66.7

Births attended by skilled health personnel (%)	↑	99.8	99.2
Women age 20-24 years married before age 18 years(%)	↓	12.8	16.3
Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)22 (%)	↓	53.6	55.4
All women age 15-49 years who are anaemic (%)	↑	53.4	55
All women age 15-19 years who are anaemic (%)	↑	52.9	54.2

Addressing the health status of the mother during pregnancy, child birth and the postpartum period is an important step to reduce maternal mortality. With the launch of various initiatives under National Health Mission (NHM), Tamil Nadu has made a concerted push to increase access to quality maternal health services and reduce the large number of preventable maternal deaths.

Maternal Health services in the State are provided with an initiative to provide assured, dignified, respectful and Quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility. The expected outcome of all

the initiatives under Maternal Health is "Zero Preventable Maternal and Newborn Deaths and high quality of maternity care delivered with dignity and respect"

Service Guarantee Charter: All Pregnant Mothers / Infants visiting designated public health facilities are entitled to the following free services:

- Mother and Child Protection (MCP) Card.
- 4 ANC checkups and 6 home based newborn care visits for newborn.
- Free transport from home to health institutions, assured referral services with scope of reaching health facility within one hour of any critical case emergency.
- Drop back from institution to home after due discharge.
- Providing respectful care with privacy and dignity.
- Services by trained personnel (including Midwife/SBA).
- Delayed cord clamping during delivery.

- Cashless delivery and C-section facility and management of complications.
- Early initiation and support for breastfeeding
- Prevention of transmission of HIV, HBV, Syphilis from mother to Child.
- Zero/birth dose vaccination.
- Cashless services for sick neonates and infants.
- Registration of Birth and Provision of birth certificate at the institution, where delivery had occurred.
- Conditional Cash transfers/ direct benefit transfers for maternity.
- Post-partum services and counselling including for Family planning services.
- Information Education and Communication along with Counselling for safe motherhood.
- Time bound redressal of grievances through call center/helpline.
- Comprehensive Abortion Care Services in line with the MTP Act.

Service Guarantee Packages: The facilities that provide services are notified under SUMAN (Surakshit MATHRITHVA Ashwasan) where in the service packages are towards providing **Safe Unique Care for Mother and New born** as detailed below,

- CEmONC packages-126
- BEmONC packages-644 (UG CHC-376, UG PHC-48, GH-205, Urban CHC-15)
- Basic packages-2836 (CHC-9, PHC-1842, HWC HSC-985)

12.10 Major initiatives under RMNCH + A: The RMNCH+A approach majorly takes the issues related to the mortality among the mother and children as well as the delays in accessing and utilizing health care services. It provides an understanding of 'continuum of care' to ensure equal focus on various life stages. Various maternal health activities undertaken under NHM are detailed below:

a) Janani Suraksha Yojana (JSY): Janani Suraksha Yojana is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.

336304 mothers have been benefitted during April 2021- March 2022.

b) Janani Shishu Suraksha Karyakram(JSSK): This programme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment. 2,60,627 mothers have been benefitted through JSSK drop back services during April 2021- March 2022.

c) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA): This programme ensures quality antenatal care and high risk pregnancy detection in pregnant women on 9th of every month, followed up by mentor obstetricians through real-time and virtual mentoring. A total number of 3,40,772 mothers have been benefitted through PMSMA during April 2021- March 2022.

d) LaQshya: In order to further accelerate decline in MMR in the coming years, Ministry of Health and Family welfare (MoHFW) has recently launched 'LaQshya -

Labour room Quality improvement Initiative. LaQshya program is a focused and targeted approach to strengthen key processes related to the labour rooms and maternity operation theatres which aims at improving quality of care during birth and ensuring respectful Maternity Care. 36 facilities including 16 Medical College Hospitals, 14 District Headquarters hospital and 6 Sub District Hospital are certified under LaQshya.

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

f) E-partograph and Digitalization of Case Sheet: Analysis of the maternal and infant mortality data revealed that 75% of maternal deaths occurred during intra partum and post partum and 25% occurred in antepartum stages. In order to improve the care during intrapartum period, partograph is being piloted in 2 PHCs and the same now being upscaled and to be implemented in 22 PHC's to strengthen intrapartum monitoring at primary care level through digital plotting of partograph. E-partograph is linked with the mentor obstetrician so as to guide the birth attendant in

management of complication and early referral. The benefits of these devices are ease of use, minimal training requirements, improved data quality and capture by incorporating digitalization of case sheets.

g) Anaemia Mukh Bharat: Anaemia has an impact in the physical growth, mental and work capacity, and lives of future generations. All population groups in the state are affected by anaemia and, hence, intensified efforts are needed to tackle this problem. It focuses on six target beneficiary groups through six interventions and six institutional mechanisms. Iron and Folic acid supplementation is provided to Children in the age group of (i) 6-59 months, (ii) 5-9 years, (iii) 10-19 years, (iv) Women in Reproductive age group, (v) Pregnant Women and (vi) lactating mother. If haemoglobin level is between 7.1 to 8.9 gm/dl (Moderate Anaemia). Intravenous Iron sucrose infusion is given. 1,56,665 mothers have been given Intravenous Iron sucrose infusion during the period from April 2021- March 2022

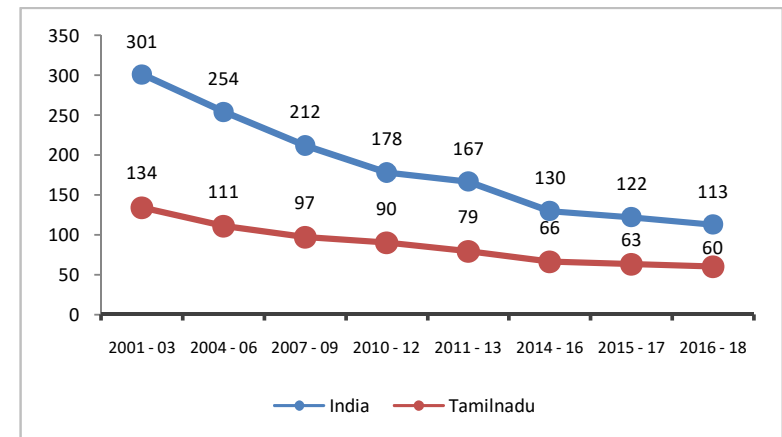
h) Gestational Diabetes Control Programme: In 2007, universal screening for gestational diabetes mellitus (GDM) was introduced in the state which detects more cases and improves maternal and offspring prognosis. The current recommendation of oral glucose challenge test is performed as screening test between 12 -16 weeks, repeat test at 24-28 weeks

and 32-34 weeks of gestation. During April 2021 to March 2022 totally 15,12,734 mothers were screened for diabetes mellitus and 24,559 mothers identified with diabetes mellitus have been managed.

i) Blood and Blood products: Blood transfusion saves lives and improves health. The patients requiring transfusion should have timely access to safe blood. Though the pandemic has resulted in blood shortages due to decreased donations, balanced supply and demand for blood components for operative procedures, blood management was ensured by conduction of voluntary Blood donation camps. Blood storage centres and Blood Banks are an integral part of health care system. There are 97 Blood centres in the State wherein 5,08,268 units of blood / blood products has been collected / prepared for the period April 2021-March 2022 which includes 3,43,308 bloods collected through 2611 Voluntary Blood Donation camp. During this period 10,631 blood units have been supplied from 321 Blood Storage Units.

12.11 Maternal Mortality Rate: The State experienced an increase in the number of pregnant mothers testing positive for COVID-19 during the second wave of the pandemic, with an increase in undesired severity and fatality. The State took an immense initiative to vaccinate the mothers for COVID-19, as per the

suggestions of an Expert Committee in the meeting held on 28.5.2021 under the Chairmanship of Mission Director, National Health Mission and the recommendations were forwarded to Government of India. After the permission for vaccinating lactating mothers on 3.7.2021 from Government of India, with added protection to newborns and infants, COVID Vaccination was initiated for pregnant mothers. Hence during the 3rd wave, the Maternal Mortality rate has decreased due to effective COVID vaccination among mothers.



To identify the reasons behind maternal deaths, the state was the first in the country to start a compulsory audit of all maternal deaths with the objective 'that all

maternal deaths should be audited both at the community and at the institutional level'. This surveillance system has been valuable in evolving timely corrective and preventive interventions from Primary Healthcare to Tertiary care and thus reducing maternal mortality effectively. The top 5 causes which contribute to 61% of maternal deaths will be given priority to address the issues in the year 2022-2023.

- Haemorrhage (20%)
- Hypertensive disorders in pregnancy (16%)
- Heart disease complicating pregnancy (12 %).
- Sepsis (8%)
- Abortions (5%)

SI.No.	Causes	Key Strategies Continued to Improve Maternal Outcome
1	Hypertensive Disorders of pregnancy	i. Strengthening of existing CEmONC centres by provision of equipment, infrastructure (civil), Blood banks etc. ii. Strengthening of existing

		High Dependency Unit, in CEmONC centres to combat complication. iii. Follow-up of mothers for warning symptoms of High blood pressure at their homes by Field workers (Anganwadi workers). iv. Periodic mentoring by Block Mentor Obstetrician.
2.	Post-Partum Haemorrhage	i. Screening of all mothers in labour for Haemorrhage Risk Assessment, which is available in all Labour case sheets / by MEOWS chart ii. Use of Suction Cannulas to manage Atonic PPH. iii. Ensuring availability of Blood at all Delivery points, either Blood Bank or Blood Storage Units.
3.	Sepsis	i. Standard precautions like

		<p>Hand Hygiene, Appropriate use of Personal Protective Equipment, Blood and Body fluid Management and appropriate handling of patient care equipment, soiled linen and waste.</p> <p>ii. Ensuring Bio Medical Waste (BMW) management as per the BMW rules and regulations at institutions.</p> <p>iii. Care bundles, i.e. a set of practices to perform for every patient to improve patient outcomes and reduce Health Care Associated Infections, to be followed.</p>
4.	Heart Disease complicating pregnancy	<p>i. Early identification and corrective surgeries during school health visits / adolescent period through RBSK programme through Chief Minister's</p>

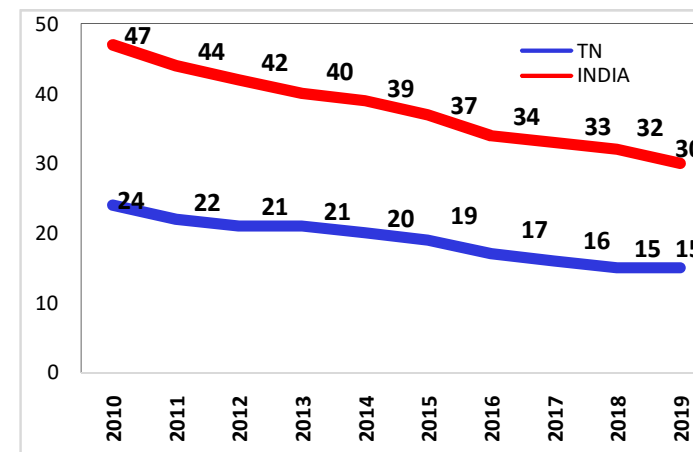
		<p>Comprehensive Health Insurance Scheme in hospitals.</p> <p>ii. Early identification and referral of mothers with Heart Disease during pregnancy, delivery and postpartum, by a multidisciplinary team including Obstetrician, Radiologist specialised in anomaly scan, Physician, Cardiologist and Neonatologist(Pregnancy Heart Team) in apex tertiary care institutions.</p>
5.	Abortions	<p>i. The clients can approach the nearest public health facility where MMA/MTP is freely available and doubts regarding the ease of legal procedure for MTP if client is minor/unmarried.</p> <p>ii. All women who are</p>

		<p>refused abortion at hospitals due to legal age limit to be notified and brought under follow up by area VHN, to the nearest CEmONC Centre.</p> <p>iii. Over the counter issue of Drugs to be monitored.</p> <p>iv. Private scan centres to be monitored for sex selection and second Trimester abortions.</p>
--	--	--

12.12 CHILD HEALTH:

Children up to 18 years of age comprise 28% population of the State. Child health is an important component of Sustainable Development Goal. (IMR to be reduced to 13/1000 live births by 2025). Providing good health to this largest group requires sound policy and effective programs which are implemented successfully. The Child Health programme under the National Health Mission (NHM) comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and under-five mortality.

Reduction of Infant Mortality Rate (IMR):



Source: SRS 2019

A significant reduction in Infant Mortality Rate (IMR) from 24 per 1000 live births in 2010 to 15 per 1000 live births as per Sample Registration System (SRS) Data 2019 against the National IMR of 30 per 1000 live births is indicative of the commitment of the Government to improve the health profile of children. The State has recorded second lowest IMR among the major States of the country.

12.13 Facility based Interventions:

- i. **Newborn Care Corners (NBCC)**-have been established in all labour rooms to provide neonatal resuscitation, essential new born care soon after birth and for early initiation of breast feeding by trained birth attendants. NBCCs are present in all the **2429** delivery points in the State.**9,09,181** new borns have been screened during April 2021 – March 2022.
- ii. **New Born Stabilization Units (NBSU)** plays an integral and important role at the sub district level (First Referral Unit/Community Health Centre) in order to provide facility-based new-born care to babies delivered at the same health facility and to sick and small babies delivered at other health facilities closer to FRU/CHC. **146** Newborn stabilization units have been established at 109 Sub-District hospitals and 37 Level-II MCH centres to stabilize new born presenting with emergency signs and to take care of stable preterm and low birth weight babies 25,130 new born babies have been benefitted during April 2021 to March 2022.
- iii. **Special Newborn Care Units (SNCU)**: Special New Born Care Unit (SNCU) is established in all

the health facilities where more than 3000 deliveries occur per year for providing tertiary new born care to the very sick and small neonates. Quality New born care is provided through the dedicated network of New born care services through **76** Special New Born Care Units at 37 Medical College Hospitals and 39 (District Head Quarters Hospitals / Sub District Hospitals).These units are fully equipped with essential new born care equipment and are manned by qualified Neonatologists, Paediatricians and trained Staff Nurses. 1,16,983 children have got treated during April 2021 to March 2022.

- iv. **Paediatric Resuscitation and Emergency Management Unit (PREM)**: The focus has now shifted to reduction of Under-five mortality rate. In order to achieve this, the PREM units have been established in **38** health facilities including 20 Medical college hospitals and 18 DH/SDH. Continuous Positive Airway Pressure (CPAP), Ventilator and other required equipment with exclusive paediatric beds have been provided to manage children more than 1 month of age. These units mainly focus on Paediatric

Emergencies like Status Epilepticus, status asthmaticus, Respiratory distress, Septic Shock, Febrile illness, Poisoning, sting, bites etc. 21,586 children have been benefitted in Paediatric Resuscitation and Emergency Management Units from April 2021 to March 2022 .

- v. **Paediatric Intensive Care Unit (PICU):** The Medical College hospitals in 35 institutions are provided with Paediatric Intensive Care Unit. This facility serves as a regional center and possess a large catchment area likely to encompass Tertiary and community-based PICUs. These centers provide comprehensive services to all paediatric critically ill patients, including cardiovascular surgical services and transplantation services. Specialized PICUs such as paediatric cardiovascular and neurocritical intensive care units are included in this level. During April 2021 to March 2022, 30,604 Children have been admitted at Paediatric Intensive Care Units.
- vi. **Nutrition Rehabilitation Centers (NRC):** Under-nutrition remains a significant cause of morbidity and mortality in children under five years of age.

Nutrition Rehabilitation Center (NRC) is a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed. NRCs are effective in decreasing the prevalence of wasting and stunting. Six Nutrition Rehabilitation Centers have been established in the Medical College Hospital/District Hospitals. 1,774 malnourished children have been treated at these centres from April 2021 to March 2022. In the Year 2022-23 additional 3 NRCs will be established in the Medical College Hospitals.

- vii. **Comprehensive Lactation Management Centre (CLMC)/Lactation Management Unit (LMU):** In order to provide safe milk from human source to reduce mortality and morbidity at sick new born care units at secondary care facilities, Human milk banks have been established which helps in feeding of the Low Birth Weight babies and extreme premature babies as they are not able to be fed directly from mother. It has been established in 27 Medical college Hospitals and 9 High load government Hospitals where human milk is collected, pasteurized and stored for administration to newborn. In Tamil Nadu, totally 36 CLMCs are functioning since at different Government Medical Colleges Hospitals and District Hospitals. 6,246 litres of milk have been collected during the period April 2021 to March 2022

and 40,967 new born babies have been benefitted through CLMC

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

a. **Home Based New Born Care (HBNC):** Linking home based newborn care to facility based care is important in order to save newborn lives. While home based care provides opportunity for early diagnosis of danger signs, prompt referral to an appropriate health facility with provision for newborn care facility, saves lives. During the period April 2021 to March 2022 under HBNC – 4,66,450 newborn have been provided Home based newborn care services.

b. **Home Based Young Child Care (HBYC):** In continuation to the Home-Based Newborn Care Program wherein community health workers make 6/7 home visits to newborn in the first 6 weeks, the HBYC envisages additional 5 home visits to families to maintain the continuum of care from birth to till 2 years. The scheme is implemented in the Aspirational districts and has been extended to 10 more districts. The training has been completed in these 10 districts. During the period April 2021 to March 2022 - 1,39,239

Children have been provided Home based young child services in the two districts of Ramanathapuram and Virudunagar. Home based Young Child Care (HBYC) programme is being expanded to all the districts across the state to strengthen the home visits of newborn in coordination with ICDS

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

- In 6–59 months old children, continuous dosing with iron–folate syrup in a year, biweekly supplementation merits consideration. Recent estimates as per NFHS 5 suggest that 57.4 % of under 5 children are anaemic. From April 2021 to March 2022 totally 11,51,632 under 5 children were provided with bi weekly Iron and Folic Acid syrup.

- **Children of age group 5-9 years- Weekly Iron and Folic Acid Supplementation-Junior WIFS:** Weekly one Iron and Folic Acid tablet is provided to the children (School going / non school going children) in the age group of 5 to 9 years for 50

weeks Each sugar coated pink tablet containing 45 mg. of elemental iron + 400 mcg of folic acid is given as supplementation. 34,42,813 Children were provided with Junior Iron and Folic Acid tablets on weekly basis

- x. **National Deworming Day Campaign** – this campaign is Biannual Deworming in February and August of every year and the Objective is to Deworm all children (boys and girls) aged 1-19 years (enrolled and non-enrolled) at Anganwaadi centres, schools for improved child health, nutritional status, access to education, and quality of life. In the September 2021 first round, 2,04,44,478 children were provided with deworming tablets. During the March 2022 second round, 1,98,50,697 Children were provided with deworming tablets.

- **Vitamin-A supplementation Programme:** By meeting the vitamin A needs (through supplementation) of children under five years, mortality and morbidity among **under 5 children** is reduced. Vitamin A supplementation was given to 58.51 lakh beneficiaries covering

98% of targeted population in the month of September 2021

- **Intensified Diarrhoea Control Fortnight Programme(IDCF):** This Programme is implemented to reduce the diarrhoeal deaths in under 5 children and it was conducted as 2 weeks campaign from 16th September 2021 to 30th September 2021 with the goal of Zero under 5 death due to Acute Diarrhoeal disease. During the IDCF campaign 78.96 lakh children have been provided with ORS sachet.

- xi. **Social Awareness and action to Neutralize Pneumonia (SAANS)** – The objectives of SAANS campaign is to create awareness in community on interventions for protection and Prevention of Childhood Pneumonia.

- xii. **Mother's Absolute Affection (MAA):** The GOAL of the 'MAA' Program is to revitalize efforts towards promotion, protection and support of breastfeeding practices and young child feeding practices, through health systems to achieve optimal IYCF and child Nutrition. It reinforces on early initiation of breast feeding

within 1 hour of birth, Exclusive breast feeding up to six months of age and Age-Appropriate Complementary Food for Six Months to Two Years Children.

- xiii. **Immunization:** Immunization is one of the most important and cost-effective strategies for the prevention of childhood sicknesses and disabilities. Annually, around 10.21 lakh Pregnant Women and 9.31 lakh Children / Infants are being covered under this UIP programme and the State consistently achieving Full Immunization coverage of over 99%.
- **Intensified Pulse Polio Immunization(IPPI):** For the year 2022, Intensified Pulse Polio Immunization was conducted on 27.2.2022 through 43,051 booths and covers 57 lakh under five years children.
 - **Mission Indra Dhanush:** The Mission Indra Dhanush (MID) programme started as a “Special drive” to vaccinate all unvaccinated and partially vaccinated children below two years and pregnant women. In Tamil Nadu, 7 phases of MID had been conducted till date and now it has been proposed to conduct three rounds

(7th March 2022, 4th April 2022 and 2nd May 2022) of Intensified Mission Indra Dhanush (IMI 4.0) in 15 (19 HUDs) selected districts of Kancheepuram, Chengalpattu, The Nilgiris, Tiruvarur, Tiruvallur, Tuticorin, Pudukottai, Poonamallee, Kovilpatti, Karur, Krishnagiri, Villupuram, Dharmapuri, Madurai, Namakkal, Salem, Aranthangi, Erode and Attur based on the Low Full Immunization coverage .

- **Introduction of Pneumococcal Conjugate Vaccine (PCV):** Among the child deaths, 4% deaths are due to pneumonia. In order to provide protection against the disease and to reduce the Infant and Neonatal Mortality Rate, Pneumococcal Conjugate Vaccine has been included in routine immunization in our State. From July 2021, for infants at 6th, 14th week and a booster dose at the age of 9 months. 5,34,634 infants were covered 1st dose and 3,93,163 under 2nd dose till March 22.

12.14 Child Death Audit: Child Death Audit Review (CDR) is a strategy to understand the geographical variation in causes of child deaths and thereby initiating specific child health interventions. Analysis of child

deaths provides information about the medical causes of death, helps to identify the gaps in health service delivery and social factors that contribute to child deaths. This information can be used to adopt corrective measures and fill the gaps in community and facility level service delivery. This contributes to overall improvement in quality of care and reducing child mortality. The current system of conduct of Child Death Audit at the districts by District Collectors and periodic review by the Expert Committee at the State through Video Conference has provided valuable learning for reduction of Infant Mortality in the State. Child Death Audit has been completed in 24 districts during the period from April 2021 to March 2022 .

12.15 RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK): RBSK is an ambitious initiative focussing on Child Health Screening and Early Intervention Services. The programme aims at early detection and management of a set of 30 health conditions prevalent in children less than 18 years of age. The following are the components of RBSK programme.

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

- i. **Facility based newborn screening(up to 48 hours of life):** This included the screening of birth defects in institutional deliveries at public health facilities, especially at the designated delivery points by the Medical Officers. Child Health Screening and Early Intervention Services have also helped in reducing the extent of disability, and improving the quality of life. During the period from April 2021 to March 2022 - 5,53,849 Newborn have been screened.
- ii. **Community Based Newborn screening (age 0-6 weeks) for Birth Defects:** The Village Health Nurses were trained with simple tools for detecting gross birth defects. Further they mobilized the mothers / caregivers of children so as to attend the local Anganwadi Centers for screening by the dedicated Mobile Health Team. In order to ensure improved and enhanced outcome of the screening programme, the Village Health Nurse/ Urban Health Nurse particularly mobilize the children with low birth weight, underweight children from households.

- iii. **Screening of Children in the age groups of 6 weeks to 18 years of age Attending Anganwadi Centers and Schools :** The program functions with 805 mobile teams functioning all over the State. 770 mobile teams are functioning in rural areas, 15 Mobile Health Teams in Greater Chennai Corporation and 20 Mobile Health Teams in the rest of the urban areas of Tamil Nadu are functioning. The mobile team screens all pre-school children below 6 years of age at the Anganwadi Centre at least twice a year and school children of age 6 to 18 years are screened at least once a year. The Mobile Health team have screened 48,67,043 children and referred 1,19,623 children with 4D's to DEICs during the period of April 2021 to March 2022.
- iv. **District Early Intervention Centre (DEIC):** DEIC is created at 34 facilities (3 District Hospitals and 31 Medical College Hospitals) aiming at early detection and early intervention so as to minimize disabilities among growing children. Children identified with any disorder by the RBSK teams are being referred to the District Early Intervention Centres for further evaluation

and management. 1,82 lakh children have been managed in all 34 DEICs in the State. The major surgeries taken up for the seven conditions during the year (April 2021 to March 2022) is detailed below:

Sl. No.	Disease condition	Children Confirmed	Children Medically Managed	Children Needed Surgery	Surgery Done	Children due for Surgery
1	CHD	2160	1464	696	539	157
2	RHD	298	278	20	17	3
3	Club foot	286	222	64	58	6
4	Cleft lip and palate	484	74	410	228	182
5	Cong. Cataract	87	31	56	49	7
6	Cong. Deafness	177	85	92	60	32
7	NTD	74	28	46	30	16
Total		3566	2182	1384	981	403

All DEICs are enrolled under Chief Minister's Comprehensive Health Insurance Scheme(CMCHIS). Children with defects at birth

were performed surgery with the support of CMCHIS. The DIECs are being established in the District Headquarters Hospital at Kancheepuram, Tirupattur, Tenkasi, Walajapet and Medical College Hospital at Kallakurichi in addition to the 34 DEICs in the State.

v. **Block Early Intervention Centre:**

Though DEICs have been established with one such facility in a district, parents of children with birth defect have to travel long distances for day-to-day therapy training as rehabilitation services. In-coordination with Sarva Siksha Abhyaan, out of 127 Block Level Early Intervention Centres, 42 Block Early Intervention Centre has been strengthened with the funds support from TANII to help these families so that they are closer to their home and provide easy access. The children enrolled in these 127 Block Early Intervention Centre are 2600.

12.16 ADOLESCENT HEALTH:

Rashtriya Kishore SwasthyaKaryakram (RKSK) – National Programme for Adolescent Health: The RKSK programme is implemented in 24 districts in the State. The main objective of the programme is to

improve nutrition, enable sexual and reproductive health, enhance mental health, prevent injuries and violence, prevent substance misuse and address conditions for NCDs in the adolescent age groups. Under this programme, Adolescent Health (AH) strategy focuses on age groups of 10-19 years with universal coverage, i.e., males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served.

Facility based Intervention:

- i. **Adolescent Friendly Health Clinics (AFHCs):** Adolescent Friendly Health Clinics (AFHCs) are successfully functioning in 245 Block PHCs on all Fridays, 166 Government Hospitals, 12 District Headquarters Hospitals and 19 Medical College Hospitals on all days. From April 2021 to March 2022, 2,00,174 Adolescents have been registered, treated and given counselling in the Adolescent Friendly Health Clinics.

Community Based Intervention:

- ii. **Peer Educators:** In the RKSK districts, Four Peer Educators (two boys and two girls (2 school going and 2 out of school going)) are selected from each Village under the Village Health,

Water, Sanitation and Nutrition Committee (VHWSNC). 39,532 peer educators have been selected and trained; in turn these peer educators will facilitate medical problems and being as bridge between the adolescents and health care professionals.

- iii. **Adolescent Health Day:** The Adolescent Health Days are observed once in three months, to spread awareness and knowledge on the adolescent health issues at each of the Village and Town Panchayat level - Village Health, Water, Sanitation and Nutrition Committee (VHWSNC) members by including the Peer Educators. From April 2021 – March 2022- 39,532 Adolescent Health Days have been conducted in 9,883 VHNCs.
- iv. **Adolescent Health Club Meeting :** Adolescent Health Club Meeting is conducted once in a month for the adolescents in the village by the VHN along with Peer Educators at Health Sub Centre level to discuss issues of adolescents in the community and get support from ANM/VHN. During the period from April 2021 to March 2022, 65,532 Adolescent Health Club

meetings have been conducted in 5,461 Health Sub Centers.

- v. **Weekly Iron and Folic Acid Supplementation (WIFS):** As per the NFHS 5 prevalence of anaemia among adolescent girls (15-19 years) is 59% and adolescent boys (15-19 years) is 31%. Under Anaemia Mukth Bharath to reduce the prevalence rate of Anaemia, one IFA (large) tablets/week/adolescents are given both in government and government aided school and out of school adolescents under the direct supervision of teachers and anganwadi workers.

12.17 Menstrual Hygiene Programme: The Menstrual Hygiene Program, for the adolescent girls who attained menarche in rural area is being successfully implemented in the state of Tamil Nadu since 2011 with the objective to increase awareness among adolescent girls on menstrual hygiene, build self-esteem and empower girls for greater socialization to increase access to and use of high quality sanitary napkins and to ensure safe disposal of sanitary napkin. During the year 2021-22 the Adolescent girls in urban areas are also covered under the scheme. The Potential beneficiaries under this scheme are adolescent girls from 10-19 years attaining puberty in rural and urban

areas. In the year 2021-22, 31.94 lakh adolescent girls in rural areas are will be benefited under Menstrual Hygiene Scheme.

12.18 Ayushman Bharat- School Health and Wellness Programme: Out of 24 RKSK implemented districts, so far Ayushman Bharat- School Health and Wellness programme is implemented in 8 Districts (Karur, Ramanathapuram, Virudhunagar, Ariyalur, Vellore, Villupuram, Tenkasi and Perambalur). A five day training programme focused on conducting weekly sessions on Health related topics to the Adolescents in the school. During the year, April 2021 to March 2022, 5,314 (2 teachers / school) teachers are selected and trained as School Health Ambassadors in 2657 Government and Government aided school in Villupuram, Tenkasi, Perambalur districts to inculcate transact health promotion and disease prevention amongst the school children. In the year 2022-23 the programme will be extended to eight RKSK districts (Kallakurichi, Kancheepuram, Madurai, Thanjavur, Thoothukudi, Tiruchirapalli, Tirunelveli and Tiruvannamalai) with 24,638 teachers as school health ambassadors in 12,319 Government and Government aided schools.

12.19 TRAINING:

- i. The training programs being conducted under NHM is broadly classified under two heads viz., Knowledge based trainings and Skill based trainings. The trainings are also classified based on the thematic areas covered viz., Maternal Health related trainings, Child Health related trainings, Family Welfare related trainings, other trainings like Induction training to newly recruited Medical officers. There are 6 Regional Training Institutes spread across the State. The 6 Regional Training Institutes are as follows:
 - Institute of Public Health (IPH), Poonamallee
 - Health and Family Welfare Training Centre (HFWTC), Egmore
 - Health and Family Welfare Training Centre (HFWTC), Madurai
 - Health Manpower Development Institute (HMDI), Salem
 - Health Manpower Development Institute (HMDI), Villupuram
 - Health and Family Welfare Training Centre (HFWTC), Gandhigram

- ii. **Managerial Skill Training for Medical Officers:**
The objective of the Managerial Skill Training is for upgradation of technical knowledge with a combination of leadership and managerial skills. This training is imparted to all the newly recruited Medical Officers for a period of 15 days on all health programmes being implemented and also includes their administrative role in the PHCs.
- iii. **BEmONC Training (Basic Emergency Management of Obstetric and Neonatal Care) -**
The objective is to train the Medical officer on elements of essential newborn care and along with postpartum infection, pre-eclampsia / eclampsia and postpartum hemorrhage. This training is provided for a period of 6 days to all the PHC Medical Officers. The training is being conducted at 6 Regional Training Institutes in association with their corresponding Government Medical Colleges. Since 2012, **6,324** Medical Officers have been trained till date.
- iv. **MCH Skill lab Training to Medical Officers /Staff Nurses/ANMs:** The programme covers the training requirements of Auxiliary Nurse Midwives (ANMs), Staff Nurses, Medical Officers

and Obstetricians serving in high caseload public health facilities. Standardized skill stations comprising of quality mannequins, and Objective Structured Clinical Examinations is an integral part of this training. MCH skill lab training is conducted periodically for Medical Officers, Staff nurses, ANM at the skill labs of all 6 Regional Training Institutes to upgrade the skill and knowledge on reproductive, maternal, new born child and adolescent health for reducing maternal and child morbidity and mortality. Since 2012, 13,299 Health Staff were trained till date.

- v. **RMNCH+ A Training:** This training is given for Staff Nurses of CEmONC and NICU. This training is given for 30 days in Regional Training Institutes in 3 spells of 12+12+6 days. It helps to improve the knowledge and skills of health professionals to deliver quality services in essential maternal and newborn healthcare practices. So far 3,298 staff nurses have been trained.
- vi. **NSSK Training:** The training was aimed to impart the basic skills required to manage common neonatal problems related to birth asphyxia, infections, hypothermia and breast feeding which

is given to Medical officers and staff nurses. So far 6,900 staff nurses and ANM have been trained.

- vii. **RBSK training:** This training is conducted to field team and DEIC staff for screening and management of 38 conditions(including childhood TB and Leprosy) among the incidence in the community of each individual condition. So far 187 health staffs have been trained in DEIC.
- viii. **IMNCI training:** The training aims at improving health care worker skills in prevention and management of common childhood illnesses like pneumonia, diarrhoea, malaria, measles and meningitis and malnutrition and to support children for their healthy growth and development. So far 12,815 health care workers have been trained.
- ix. **Family Welfare Training:** The training is aimed to impart surgical skills required to conduct Family welfare Methods and services at various levels of Public Health system. Health care workers are trained in conducting Minilap and Laparoscopic sterilization, No Scalpel Vasectomy, IUCD insertion and Methods of MTP.

- x. **Quality Training:** The objective of the training is to provide quality health service delivery and safety of the service given to the community thereby enhancing the cleanliness, hygiene, waste management and infection control practice in health facilities. The training is given to Medical officers, Staff nurse and all health care workers in the facility. So far 512 health care staffs have been trained.
- xi. **LaQshya:** This training is given to the Medical officers and staff nurses to improve quality of care and provide respectful maternity care at LaQshya identified centres and enhance satisfaction of beneficiaries to reduce preventable maternal and newborn morbidity, mortality and still births.
- xii. **Mid Level Health Care Provider Training:** The aim of this training is to improve the hands-on ability of the MLHPs. It includes a year course which consists of field training, institutional theory classes, ECHO sessions and 6 months internship which are strictly monitored by state level experts and mentors at district levels. A three day orientation/ training programme was also rolled out for the Medical officers to orient

and mentor the service delivery of 12 set CPHC services under UHC programme. Currently, the Government of India Task Force Committee has accepted the proposal of 4 month training under Directorate of Public Health and Preventive Medicine Board of examination.

- xiii. **NCD Training:** Training is aimed at providing a basic understanding of Non-Communicable Diseases including Elderly care, Pain and Palliative Care and Cancer Screening. As of now 6,403 Medical Officers, 2,201 NCD Staff Nurses, 271 Gynaecologist have been trained.
- xiv. **ASHA Training:** The ASHAs are given basic training in antenatal care, postnatal care, Home based New born Care, communicable and Non-Communicable diseases to improve their knowledge and conditions through which they impart awareness to their community where they serve. During the year 2021-22, 1,050 ASHAs are trained for 5 days which includes Induction Training, Training in Modules VI and VII and Training under maternal and child health and 2,650 ASHAs are trained in – NCD, Communicable Disease and Mental Neurological and Substance use.

- xv. **Poison Management Training:** Medical Officers are given training to treat cases in poisoning, internal medicine, emergency medicine, critical care and poison information. This training is imparted to medical officers to train them (in internal medicine, emergency medicine, critical care, poison information specialists) and managing various poisoning cases. Since 2014, 3,547 Medical Officers have been trained till date.
- xvi. **Life Saving Anaesthetic Skills Training (LSAS):** The aim is to train MBBS doctors with necessary skills and competencies to manage cases requiring lifesaving emergency obstetric care at FRUs so as to save the pregnant women from the risk of obstetric complication and reduce mortality. This training programme of 24 weeks is provided to MBBS doctors since 2007. It is being conducted in 11 Government medical college institutions. 654 doctors have been trained till date from the inception of the training. 26 medical officers currently pursuing the training for the year 2021-22
- xvii. **Emergency Obstetric Care Training (EmOC):** The aim is to train MBBS doctors with necessary

skills and competencies to manage Emergency Obstetric cases. This training is implemented to train medical officers for a period of 25 weeks which is being conducted in 5 Government medical institutions since 2009. 147 Doctors have been trained till date. 7 medical officers currently pursuing the training for the year 2021-22.

xviii. **National Nodal Centre (NNC):** College of Nursing, Madras Medical College acts as Centre of Excellence for the pre-service education for nursing-midwifery cadre in the State and contribute to the overall strengthening of nursing-midwifery cadre. It is a six-weeks training for nursing faculty. So far 161 Nursing Midwifery Tutors have been trained since 2016. For the year 2021-22, been trained for 6 weeks. 13 Nursing Midwifery Tutors have been trained for 6 weeks. Further 13 Nursing Midwifery Tutors have completed the training.

xix. **Midwifery Educator as Nurse Practitioner - Post Basic Diploma in Midwifery:** The Government of India have taken a policy decision to rollout the National Midwifery Guidelines so as to introduce the concept of "Midwifery Led Care Units"

managed by Nurse practitioners in Midwifery at Government Medical Colleges, District Hospitals, First Referral units and Community Health Centres, to improve the Quality of Care and ensure respectful care to Pregnant Women and Newborns. The College of Nursing, Government Madras Medical College Hospital has been designated as the National / State Midwifery Training Institute to conduct the National / State Level Training for Southern States. In the current year 6 Staff Nurses as State Midwifery Educators from Medical College Hospital/ Mentor Staff nurses from Primary Health Care setting are undergoing the said training for 6 months from 18th April 2022 at National Midwifery Training Institute–Fernandez Institute, Telangana as per GOI Guidelines. Further the State Midwifery Educators will train 30 more Staff Nurses in Post Basic Diploma in Midwifery (15 from the College of Nursing, Madras Medical College and 15 from the College of Nursing, Madurai Medical College) for a period 18 months at identified State Midwifery Training Institute (SMTI). Introduction of the Midwifery training will lead to a model of care for normal births in health

institutions which will be designated as “Midwifery Led Care Units” in the LaQshya certified facilities especially in the CEmONC centre and in the high delivery load PHCs.

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

Specialties offered in DNB

Post MBBS/ Post Diploma	2 Year Diploma Course
General Medicine	Anaesthesia
General Surgery	Family Medicine
Orthopaedics	ENT
OBG	OBG
Emergency Medicine	Ophthalmology
Ophthalmology	Paediatrics
Paediatrics	

As on date 5-District Headquarter Hospitals, 1 Non-Taluk Government Hospital and 8 Medical Colleges (4 newly formed medical colleges) have got accreditation to conduct the DNB courses in the State.

12.20 TRIBAL HEALTH:

- i. **Birth Waiting Room:** In non-motorable roads and villages with a long distance to a health facility, in the tribal areas the tribal mothers are being admitted two weeks before the Expected Date of Delivery in birth waiting rooms established in 17 PHCs in the foot hills of tribal areas for safe delivery to occur under institutional care. In Birth Waiting Room (BWR), nutritious diet is provided to the antenatal mother and attender during their

entire period of stay. Since April 2021 – March 2022 1,572_ have benefitted through the tribal birth waiting rooms.

- ii. **Referral Services in Tribal Districts:** The State has a well-established emergency referral transport system established through National Ambulance Services. In order to reach those tribal villages which are inaccessible by regular ambulances, four-wheel drive vehicles suitably equipped as ambulances have been provided in 76 identified points in tribal / hilly areas. These
- iii. **Tribal Bed Grant Scheme:** Tribal Bed Grant is a Scheme where free Diagnostics, Drugs for In-Patients (IP), Surgeries and diet are being given to the tribal people who are hospitalized in tribal areas. This scheme is being operated through NGOs by MOU with the DDHS of the concerned district. This Scheme has increased the health seeking behaviour in the tribal community, access to the quality of health care and has reduced the out of pocket expenditure. Since April 2021 to March 2022 926 patients are benefitted through this scheme.
- iv. **Tribal Counselors:** Vehicles ensure timely referral of tribal people to higher referral centers

and prevent adverse outcomes in the tribal community. Tribal Counselors have been placed in 10 Government Hospitals in the tribal districts. They act as ambassadors between the health system and tribal community. They also function as health activists in the institution where they not only create awareness on health and its determinants but also motivate the community towards healthy living practices.

- v. **Prevention and Control of Hemoglobinopathies:** Among the South Indian States, Tamil Nadu is the first state to implement Prevention and Control of Hemoglobinopathies program for early detection of Hemoglobinopathies like Sickle Cell Anaemia, Thalassemia among the tribal population. The screening for Hemoglobinopathies (Sickle Cell Anaemia and Thalassemia) in adolescent children studying in 10th and 12th standard and unmarried school dropouts above the age of 14 is implemented in 30 selected tribal blocks in 14 Districts since November 2017. The programme is being implemented in Dharmapuri, Salem, Krishnagiri, Namakkal, The Nilgiris, Coimbatore, Tiruvannamalai, Kallakurichi, Vellore, Tirupathur,

Tiruchirapalli, Dindigul, Erode and Kanyakumari districts. On identification of the trait, the children and their parents are provided with genetic counseling at District Early Intervention Centres. Since 2017 totally 26,992 Children have been screened for the disease with a positivity rate of 13%.

vi. **Integrated Treatment Centers for Hemophilia and Hemoglobinopathies:** To provide continuum of care and services for children/adults affected with Hemophilia and Hemoglobinopathies, comprehensive Integrated Treatment Centres have been established at 10 Government Medical Colleges at regional level namely:

- i) Institute of Child Health and Hospital for Children, Chennai-8 (Nodal Centre)
- ii) Government Mohan Kumaramangalam Medical College Hospital, Salem
- iii) Government Dharmapuri Medical College Hospital, Dharmapuri.
- iv) Government Rajaji Madurai Medical College Hospital, Madurai.
- v) Government Theni Medical College Hospital, Theni.

- vi) Government Vellore Medical College Hospital, Vellore.
- vii) Government Tiruchirapalli Medical College Hospital, Tiruchirapalli.
- viii) Government Kanyakumari Medical College Hospital, Kanyakumari.
- ix) Government Coimbatore Medical College Hospital, Coimbatore.
- x) Government Villupuram Medical College Hospital, Villupuram.

These centres are beneficial for the children/adults requiring frequent blood/factor transfusions and providing iron chelation therapy for transfusion dependent hemoglobinopathies. Since 2018 totally 4,769 patients have received Blood Transfusion and 4,653 patients have received factor transfusion through these centres.

vii. **Tribal Mobile Medical Units (By NGOs):** To augment the Mobile Outreach Services in tribal and hard to reach areas additionally 20 Mobile Medical Units are being operationalized through NGOs in tribal blocks of 14 Districts. These Tribal Mobile Outreach team comprises of one

Medical Officer, Staff Nurse, Lab Technician and Driver, conducts minor ailment clinic, Antenatal screening, Non-Communicable Disease screening, lab tests and distributes free drugs. In addition to the above, the team screens the children (in the age group of above 14 years) of 10th and 12th Standard Tribal and Non-Tribal children and dropouts for Haemoglobinopathy traits. From April 2021 to March 2022 these 20 MMU teams have visited 12,327 villages and treated 2,79,366 patients in tribal villages.

12.21 MOBILE MEDICAL UNIT – HOSPITAL ON WHEELS: Since 2009, through Mobile Medical Units, 40 fixed medical camps are conducted in all 385 blocks every month in Tamil Nadu under NHM, to cover the remote and inaccessible areas. The 396 Hospital on Wheels team are manned by one Medical Officer, one nurse, one lab technician, one driver and one attendant per team to provide the outreach health services. From the year 2012, Mobile Medical Units converted as Hospital on wheels with additional facilities. In the current year 2021-22, 387 new Mobile Medical Vehicles will be provided so as to replace the existing Mobile Medical vehicles and ensuring to deliver uninterrupted services of medical camps in inaccessible areas. During

the year, 1,45,71,481 people benefited through 1,79,838 camps conducted by these 396 Mobile Medical Units.

12.22 ASHA – ACCREDITED SOCIAL HEALTH ACTIVISTS: 2,650 ASHAs have been placed in tribal / hilly / remote / hard to reach areas/ difficult areas and are engaged in health care activities in the field such as Ante Natal Care, Mobilising and escorting the Antenatal Mother for Institutional Deliveries, Post Natal Care, HBNC, Immunization, Communicable Case detection and mobilising community for Village Health Nutrition Day, Village Health, Water, Sanitation and Nutrition Committee (VHWSNC) and adolescent Health Clinics. The ASHAs are provided with performance based incentives with the support of National Health Mission. The ASHAs are being trained similar to Women Health Volunteer in Non-communicable disease and performance based incentive for the same is provided.

12.23 QUALITY CERTIFICATION PROGRAMME

i. National Quality Assurance Standards (NQAS): The National Quality Assurance Standards are broadly arranged under 8 "Areas of Concern"– Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.

These standards are ISQUA accredited and meets global benchmarks in terms of comprehensiveness, objectivity, evidence and rigour of development. The NQAS certification is recognition for the high standards maintained by the hospitals in the State's public health system. The certification will be for a period of three years, following which there will be re-inspection. Standards are primarily meant for providers to assess their own quality for improvement through pre-defined standards and to bring up their facilities for certification. Qualified facilities are financially incentivized with an amount of Rs.10,000 per functional bed for the certified year and the subsequent two years, duly completing the assessment as per guidelines. From 2018 to till date, 133 facilities have been nationally certified as per NQAS norms and standards. During the year 2021-2022, 6 District Headquarters Hospitals, 15 Sub District Hospitals, 18 Community Health Centres, 21 Primary Health Centres have achieved NQAS certification. In the year 2022-23, 442 facilities would be taken up for NQAS certification.

ii. **LaQshya:** A transformational change in the process related to delivery, is required to achieve tangible results. Intervention is required during intrapartum and immediate postpartum period, so preventable death may be reduced in place where birth takes place that is Labour room and Maternity OT. To ensure Quality of Care during intrapartum and immediate post-partum period in healthcare facility at Labour Room and Operation Theatre Labour room Quality Improvement initiative named as LaQshya is being implemented. LaQshya was launched with the objective of reduction in the maternal and newborn mortality and morbidity due to occurrence of complication during and immediately after delivery, to improve Quality of Care during the delivery and immediate post-partum care, stabilization of complications and ensure timely referrals, and enable an effective two-way follow-up system to enhance satisfaction of beneficiaries visiting the health facilities and provide Respectful Maternity Care (RMC) to all pregnant women attending the public health facility. LaQshya is being implemented in 188 facilities which includes

33 Medical College Hospitals (MCH), 20 Government District Head Quarters Hospitals (DHQ), 73 Sub-District Hospitals (SDH) and 62 Community Health Centres(CHC). So far 36 facilities i.e.16 Medical College Hospitals, 14 District Head Quarters Hospitals and 6 Sub district hospitals in the State have been nationally certified. These LaQshya certified facilities will be provided with Rs.12 lakh per Medical College Hospital, Rs.6 lakh per District Headquarters Hospitals and Rs.4 lakh per Sub District Hospital incentivisation.For the year 2022-23, 50 facilities have been taken up for LaQshya Certification.

- iii. **Kayakalp:** A national initiative under Swachh Bharat Abhiyanis to promote cleanliness and enhance the quality of healthcare facilities in India. The objective of the “Kayakalp” Scheme is to promote cleanliness, hygiene and infection control practices in public healthcare facilities. Kayakalp certification ensures to promote cleanliness and enhance the quality of public health facilities through seven parameters- Hospital/Facility Upkeep, Sanitation and Hygiene, Waste Management, Infection control,

Support Services, Hygiene Promotion and Cleanliness beyond Institution Boundary Wall. The purpose of this initiative is to appreciate and recognize the efforts to create a healthy environment in all DHQH, SDH, CHC, PHC, UCHC and UPHC. Since inception 2016 onwards, 3435 facilities have been awarded under Kayakalp Programme. During the year 2021-22, State and external assessment has been completed for all the 11,332 institution.1,916 institutions have been choosed as best performed institutions.

- iv. **MusQan:** A new initiative designed to ensure provision of quality child-friendly facility based services from birth to children up to 12 years of ages in public health facilities to reduce preventable newborn and child morbidity and mortality. To enhance the Quality of Care (QoC) as per National Quality Assurance Standards (NQAS), it has been decided to implement MusQan in the selected 40 SNCU facilities during the year 2022-23.
- v. **Surakshit Matritva Aswasthan (SUMAN):** For ensuring quality in the delivered care and sustaining it further at SUMAN facilities, National

Quality Assurance Standards Programme has to be embedded in all 163 SUMAN facilities. These 163 Health Sub Centres have been taken up for NQAS certification during the current year.

vi. MeraAspataal – My Hospital: MeraAspataal is an initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialing (OBD) mobile application and web portal. The patient submits the feedback in Tamil language on mobile app and web portal for the hospitals visited in last 7 days. 31 District Hospitals are ranked under District Hospital ranking system based on Patient Satisfaction System Score generated in My Hospital. The Patient Satisfaction Score ultimately helps in establishing a patient-driven, responsive and accountable healthcare system. The GOI is in the process of reconstruction of application related to Mera Hospital and the feedback data will be captured from the current year.

vii. Our Hospital - Clean Hospital Campaign: Our Hospital - Clean Hospital Campaign was initiated in all PHC, CHC, SDH, DH, MCH facilities to

ensure the exterior and interior cleanliness and Over Head Tank / underground sumps will be cleaned and gardens will be maintained properly, branding signage boards of the department will be fixed in the facilities. Awareness creation will be given for Clean Hospital Campaign.

12.24 COMMUNITY ACTION FOR HEALTH (CAH):

Community Action for Health (CAH) process which is centred in promoting community participation and action in order to achieve broader goal of “Health for All” It is envisaged as an important pillar of NHM’s Accountability Framework in order to ensure that the services reach those for whom they are meant. Community monitoring is also seen as an important aspect of promoting community led action in the field of health. The provision for Planning and Monitoring Committees has been made at PHC, Block, District and State levels. The adoption of a comprehensive framework for community-based monitoring and planning at various levels places people at the centre of the process of regularly assessing whether the health needs and rights of the community are being fulfilled. The major objectives planned are to set up a mechanism for Community led monitoring through existing SHG network in the State in coordination with

all Directorates to strengthen the community supportive structures to handhold the community monitoring process in Tamil Nadu.

12.25 OCCUPATIONAL HEALTH SERVICES FOR UNORGANIZED SECTOR WORKERS: The unorganized sector work force constitutes 93% of the total workforce (Census 2011). They suffer from various occupation-induced diseases like Silicosis, Asbestosis, Deafness, Irritant Dermatitis, Spondylitis etc. Since most of the occupation-induced diseases result in irreversible damage, timely screening, prevention and early treatment is the way forward. Government has issued orders for implementation of occupational health services for unorganized sector workers in all 385 blocks through respective MMUs. The MMUs visit the unorganized sector areas every Saturday and in addition one working day of first week of every month and provide occupational health services to workers. From April 2021 to March 2022 totally 95,186 unorganized sector workers were screened of whom 1,154 workers were referred to district level hospitals for further investigations and treatment. Government in addition has also introduced 50 Mobile Health Clinics for providing Occupational Health Services for construction workers. This activity is funded by

Department of Labour and Employment and implemented through NHM-TN. From April 2021 to March 2022, totally 4,59,934 construction workers were screened of whom 8,859 were referred to higher centres for further management.

12.26 TRANSGENDER CLINICS: To cater to the specific needs of Transgender community, Multi-Specialty Transgender Clinics have been established at Rajiv Gandhi Government General Hospital, Chennai and Government Rajaji Hospital, Madurai. These Clinics are being conducted on every Friday. During the year April 2021 to March, **897** Trans gender are benefitted.

12.27 NATIONAL ORAL HEALTH PROGRAMME: With an objective to improve the oral health among the population of Tamil Nadu, 477 Dental units have been established to provide accessible, affordable and quality oral health care services. NHM Dental units are equipped with necessary trained man power equipment including dental chairs and support for consumables is provided through National Health Mission. From April 2021 to March 2022, 8,22,801 dental procedures were carried out to treat various Oral Health Conditions.

12.28 PRADHAN MANTRI NATIONAL DIALYSIS

PROGRAMME: Tamil Nadu tops the country with 927 Haemodialysis machines, the largest number in the Government sector. In Tamil Nadu, 0.8% of the population is suffering from End-Stage Renal Disease (ESRD). Under this programme, free Haemodialysis services are available in 121 Centres including 24 Medical College Hospitals, 89 Taluk and Non-Taluk Hospitals, 5 Urban Primary Health Centres and 3 Block Primary Health Centres across the State. Between April 2021 and March 2022 totally, 4,72,912 Dialysis cycles were conducted for 12,567 patients with ESRD in Tamil Nadu.

12.29 NATIONAL URBAN HEALTH MISSION

(NUHM): The National Urban Health Mission is working towards meeting specific and diverse health care needs of the urban population by establishing Urban Primary Health Centre (UPHC) in 63 Municipalities and 21 Corporations for every 50,000 population and Urban Community Health Centre (UCHC) the first referral unit has been established for every 2,50,000 urban population. NUHM has so far established 442 facilities in the State and all have been designated as Urban – Health wellness centres.

Health Facilities	No. of Cities	No of UPHCs	No of UCHCs	No of Maternity Centers	Total Facilities
Greater Chennai Corporation	1	140	16	3	159
Corporation-RoTN	20	178	22	0	200
Municipalities-RoTN	63	82	1	0	83
TOTAL	84	400	39	3	442

i. In order to strengthen the Primary Health Care System in Urban areas, the following new activities were initiated in the FY 2021-22:

- Constructions of 36 new buildings to the Urban Primary Health Centers (UPHC) have been approved @ a cost of Rs.75 lakh per UPHC. 13 UPHCs were sanctioned with additional buildings @ a cost of Rs.45 lakh per UPHC. Also Sanjeevarayanpettai UCHC in Royapuram Zone

of Greater Chennai Corporation has been approved with Rs.8 Crore for upgradation into a 100 bedded hospital. Avadi and Vellore Corporations have been provided with 30 bedded UCHCs @ a cost of Rs.1.50 crore each and civil works are in progress.

- In Greater Chennai Corporation, 10 UPHCs have been provided with Ultrasound machines for effective Antenatal Mother care. 19 UPHCs in the districts have been equipped with Ultrasound machine, multi-para monitor, ECG machine and semi auto analyser for effective diagnostic service.
- Due to extension of Corporation area boundaries for providing community level health care services has been mapped in 14 Corporations using GIS Mapping.
- In order to strengthen laboratory services and reporting under Laboratory Information Management System (LIMS), all 442 facilities have been supported with a desktop, laser printer and barcode reader.

- To implement Telemedicine services in the urban areas, Video Conference materials have been supported to each UPHC/UCHC in the State

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

Day	Name of the Specialty
Monday	General Medicine and Skin diseases
Tuesday	O & G and Dental
Wednesday	Paediatrics and Eye
Thursday	Orthopaedics and Physiotherapy
Friday	Dental and ENT
Saturday	Psychiatrist

iii. **Makkalai Thedi Maruthuvam (MTM) in Urban Areas:** The flagship scheme of the Government is getting implemented in all 21 Corporations and 63

Municipalities with 2256 Women Health Volunteers (WHVs) for screening and distribution NCD drugs at the door step of urban people and 78 Mobile teams have been formed with Staff Nurse and Physiotherapist for providing Palliative Care, Physiotherapy and Peritoneal Dialysis services. Through this scheme, 5,56,339 patients of Hypertension, 1,48,834 patients of Diabetic, 4,21,085 patients with Hypertension and Diabetic have been issued with drugs and 49,692 Palliative, 61,690 of physiotherapy also 80 Peritoneal dialysis patients have been served.

iv. 15th Finance Commission: The Government of India has allocated Rs.1,993 Crore for the Financial Years from 2021 to 2026 under FC-XV Health Grants for the establishment of U-Health and Wellness Center and Support for diagnostic infrastructure in urban areas.

Components of 15th Finance Commission to urban include:

1. Establishment of Urban-Health and Wellness Centers (U-HWC):

- One U-HWC has to be established for every 15,000 to 20,000 Population.
- Maximum 3 U-HWC can be created for every UPHC under its administrative control.

2. Support for Diagnostic Services:

- Establishment of City Public Health Laboratories (CPHL) for strengthening diagnostic services at all levels with Hub and Spoke model.

3. Polyclinics services:

- Providing Specialist care services at UPHCs through Polyclinics.

For the Financial Year 2021-22 an amount of Rs. 375.23 crore has been sanctioned for establishing the units as follows:

Component under 15 th FC	U-HWC		CPHL		Polyclinic	
	FY 2021-22	FY 2022-23	FY 2021-22	FY 2022-23	FY 2021-22	FY 2022-23
Rest of Tamil Nadu (CMA)	453	55	22	6	88	0
Greater Chennai Corporation	140	60	4	3	40	0
Total	593	115	26	9	128	0
Grand Total	708		35		128	

12.30 ESSENTIAL DIAGNOSTICS SERVICES SYSTEM (EDSS):

Essential Diagnostic Services System (EDSS) is intended mainly to provide affordable, accessible and quality laboratory services in public health care facilities. This health intervention helps in reducing both direct and out-of-pocket expenditure for the public. EDSS initiative facilitates strengthening of the laboratories with equipment, reagent and consumables, with the core component being implementation of Laboratory Information Management System (LIMS) in all health care facilities. EDSS helps in providing reliable results more quickly, to enable early and appropriate treatment based on accurate diagnosis. Hub and Spoke model under this Programme aids in sample transportation with the facility for report generation at the spoke level itself. The External Quality Assurance System (EQAS) is integrated with diagnostics to improve the Quality of services. Free Pathological Services are also included under EDSS, to ensure processing of samples for Histopathological examination and reporting early to make suitable decision for cancer intervention.

12.31 Integrated Disease Surveillance Programme (IDSP):

Integrated Disease Surveillance Project (IDSP) was launched in 2005-2006 for a period up to March 2010. The project was restructured and extended up to March 2012. The project continues in the 12th five year Plan as Integrated Disease Surveillance Programme. The State Surveillance Unit (SSU) is functioning in the Directorate of Public Health and Preventive Medicine, Chennai, and District Surveillance Units (DSU) at all revenue districts in the Deputy Director of Health Services office.

i. Integrated Health Information Platform (IHIP):

IDSP have been revamped as IHIP and advanced from weekly surveillance to daily surveillance. Integrated Health Information Platform (IHIP) was launched on 1st April 2021 and districts started reporting through it. Information on health-related events is being updated daily by both Government and Private institutions. All cases/syndromes are updated on daily basis in corresponding forms of S, P and L. 'S' form is the data on Suspected cases/syndromes and is filled by the field health workers. 'P' form is the data on Probable/clinical cases and is filled up by Medical Officers. 'L' form is designated to collect data on Lab confirmed cases. The vision of IHIP is to have one-stop platform for all

spectrum of Health events pertaining to communicable diseases from online generation of lab confirmed cases to generation of Early Warning Signals (EWS).

ii. District Public Health Laboratories (DPHL): 32 DPHLs are functional. In addition 6 DPHLs are being established in new revenue districts. The roles of the District Public Health Laboratory are

- Establish a system of specimen collection, transportation and investigation to enable outbreaks in the district to be investigated and confirmed rapidly.
- Monitor any clustering of cases from laboratory data of DPHL provide information to the District Surveillance Unit (DSU) at the earliest.
- Monitor the Bio-Medical Waste Management protocol in all PHCs.
- Ensure Quality Assurance in laboratory services with Standard Operating Procedures (SOPs) and effective implementation of Internal and External Quality Assurance Scheme (EQAS).
- Training, technical support, supervision and monitoring of peripheral laboratories functioning in Primary Health Centres (PHCs) and Government Hospitals.

- Operation Theatre Swab (OT Swab) Analysis for the prevention and control of hospital acquired infections.
- Bacteriological analysis of drinking water to prevent Acute Diarrhoeal Diseases.

12.32 Telemedicine/ National Telemedicine Service: e-Sanjeevani enables virtual meetings between the patients and doctors and specialists from geographically dispersed locations, through video conferencing that occurs in real time. At the end of these remote consultations, e-Sanjeevani generates an electronic prescription which can be used for sourcing medicines. e-Sanjeevani AB-HWC, the doctor-to-doctor telemedicine platform is implemented at all the Health and Wellness Centres under Ayushman Bharat. Under e-Sanjeevani AB-HWC, Tamil Nadu has completed over 1,50,000 consultations. e-Sanjeevani OPD is a telemedicine variant for public to seek health services remotely. So far, over 16.5 lakh consultations have been recorded on e-Sanjeevani OPD.

12.33 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS):

- i. **HMIS version 1.0** was implemented in May 2008 in Tamil Nadu for data collection from

the health sector. There are four components in HMIS.

a) Hospital Management System (HMS):

Under this HMS, daily real-time data of patients, both outpatients and inpatients are being reported. This includes the line list of the patients, along with lab investigations and treatment details

b) Management Information System (MIS):

Unlike HMS, MIS is monthly or weekly reporting. Moreover, patient details are entered as abstract rather than line lists. In addition to patient details, the concerned institutions enter the infrastructure, human resources, funding details, and logistics. The Data generated from the MIS report is integrated with the central health Database.

c) College Management System (CMS): This is used by various Medical Colleges and the Tamil Nadu Dr.MGR Medical University for admission, allocation of registration number, hall ticket, mark sheet preparation, publication of results, awards, certificates, and allotment of seat in Convocation Hall for all students under the university automation System.

d) University automation system (UAS):

This is used by Tamil Nadu Dr.MGR Medical University for internal activities viz., Human Resource Management, Purchase Management System and Accounts, and File Management System.

- ii. **HMIS 2.0:** The HMIS 1.0 System was developed in 2008 and is a decade-old technology. In order to keep in pace with newer technology and to enhance the user-friendly application for quick data retrieval, a tender was floated through Tamil Nadu Medical Service Corporation (TNMSC) and identified a new System Integrator. This is the current HMIS 2.0.
- iii. **Benefits of HMIS :**
 - HMS and MIS: This will help to understand the burden of diseases, resource needs, budgeting, and policymaking. These data are collected from secondary and tertiary care centers.
 - CMS and UAS: These systems maintain a database for students, infrastructure, human resources and logistics for medical colleges and Dr.MGR Medical University.

12.34 Tamil Nadu Population Health Registry (TN-PHR): Tamil Nadu's well-established 300-year-old health care system is preparing for a unique, first of its kind, digital transformation towards citizen centric services to achieve Universal Health Coverage. The state has a population of 7.64 crore (MYEP-2021) and is widely recognized for its significant achievements regarding equitable immunization coverage, low mortality rates, high-quality health care and a system readiness to adopt technology in health care. In this backdrop, State has established the Population Health Registry (PHR) for the use of the health care workers. In this platform health related data has been integrated with Unique health identification Number (UHID). The State is developing a Population Health Registry (PHR) which would serve as the 'Single Source of Grand Truth' for all health and related applications which aims to bring in a common denominator for all healthcare services and programs and also to digitalize health events at various stages. The cornerstone of the PHR initiative is facilitating and developing an open, neutral information and communication technology infrastructure at State-level for integrating all health data and applying advanced analytics for decentralized evidence-based data driven decision support

systems/tools (DSS/DST) without compromising data privacy.

The key principles of data governance of PHR systems at all levels are as follows:

- Once-only Data Collection
- Individual as the owner of his/her data
- Zero Knowledge Proof Based Predictive Service Delivery
- Secured Anonymized Data for Analytics

No manual reporting is the most important milestone needed to be achieved in the digitalization process. Integrated Comprehensive Health Staff Friendly IT Systems, Compliance to regulatory standards, aligning with Government of India Guidelines, Cyber security enabled solutions and advanced emerging technology adoptable solutions will leverage the existing health systems to handle crisis. The journey to strengthen the denominator of the State is an evolving process, building on a shared vision to achieve the Sustainable Development Goals (SDGs).

PHR Unique Health Identifiers (PHR-UHID): The Unique Health Identifier, a ten-digit unique identification number (Ex. S100200300), is proposed to enable interoperability, synthesise multiple sets of information

across time horizons and ease operations relevant to health.

Expected Benefits:

- Population based realistic targets for health scheme planning and implementation.
- Population Health Registry Unique Health ID (PHR UHID) will facilitate citizens to access the Government’s welfare schemes like Makkalai Thedi Maruthuvam(MTM), Chief Minister’s Comprehensive Health Insurance Scheme (CMCHIS).
- Data collected using TN-PHR mobile application will be used for generating automated reports under Population health Registry (PHR).
- Data available under PHR will be made available for access, update and use by the citizen’s concerned through mobile app interface.

12.35 FIFTEENTH FINANCE COMMISSION (FC-XV)

GRANTS FOR HEALTH: The Fifteenth Finance Commission (FC-XV) has recommended grants through Rural local bodies / Urban local bodies for specific components of health sector and these grants of Rs.70,051 crore are for healthcare strengthening through Local Bodies will be spread over the five-year period from FY 2021-22 to FY 2025-26. As per the

recommendations of the FC-XV, State Level and District Level Committees have been constituted for preparation of plans and implementation of the FC-XV. For the State of Tamil Nadu Rs.4,280 crore has been approved under the FC-XV for the above period of 5 years. Out of the above sanctioned funds for the FY 2021-22, Rs.805.93 crore has been allocated for sector specific components as given in the Table below.

Fund Allocated to Various Directorates during 2021-22

Sl. No.	Details of the Grants	Amount (Rs. in crore)	Implementing Department
1	Support to Diagnostic Infrastructure in the Sub-Centres	64.16	Health and Family Welfare Department
2	Support to Diagnostic Infrastructure in the PHCs	69.25	Health and Family Welfare Department
3	Support to Diagnostic Infrastructure in the Urban PHCs	18.75	
4	Block Level Public Health Units	77.47	Rural Development and Panchayat Raj Department
5	Urban Health and Wellness Centres (UHCs)	356.48	Municipal Administration and Water Supply Department
6	Building-less Sub - Centres, PHCs and CHCs	71.21	Rural Development and Panchayat Raj Department

Sl. No.	Details of the Grants	Amount (Rs. in crore)	Implementing Department
7	Conversion of Rural PHCs and SCs into Health and Wellness Centre	148.61	Rural Development and Panchayat Raj Department
TOTAL		805.93	

For the year 2022-23, schemes worth of Rs.806 crore will be carried out as per scheme guidelines.

12.36 PM Ayushman Bharat Health Infrastructure

Mission: PM Ayushman Bharat Health Infrastructure Mission was launched by Union Government in October 2021. It is the largest Pan-India scheme for creation and improvement of long-term Public Healthcare Infrastructure over a period of next 5 years from FY 2021-22 till FY 2025-26. It is a Centrally Sponsored Scheme with few Central Sector Components (Rs. 983.57 crore) and State Share (Rs.655.72 crore) along with 15th FC share (Rs.1,362 crore) totally Rs.3,001.29 crore for next five years. The implementation of the programme is carried out through existing Framework, institutions and mechanisms of the National Health Mission. The Components of the scheme are as follows:

- Ayushman Bharat–Health and Wellness Centres (AB-HWCs) in Urban Areas
- District Integrated Public Health Laboratories
- Critical Care Hospital Blocks – 100 Bedded and 50 Bedded Units

Component-wise Physical Deliverables under PMASBY for five years (year-wise) for Tamil Nadu:

Components	2021-22	2022-23	2023-24	2024-25	2025-26	Total
	Units					
AB-HWCs in urban areas	93	232	417	648	986	2376
District Integrated Public Health Labs	4	8	8	8	10	38
Critical Care Blocks (100 bedded)	1	1	1	1	1	5
Critical Care Blocks (50 bedded)	1	3	3	3	3	13
Critical Care Blocks (Medical Colleges 50 bedded)	2	4	4	4	5	19
Total Critical Care Blocks	4	8	8	8	9	37

Chapter - 13

TAMIL NADU URBAN HEALTHCARE PROJECT

13.1 The Government of Tamil Nadu is implementing a welfare project, Tamil Nadu Urban Healthcare Project to improve the health status of the people of Tamil Nadu especially the poor and disadvantaged accessing the Government Health facilities in urban areas. This project is being implemented with funding support from Government of Japan through Japan International Cooperation Agency (JICA). The total project cost is Rs.1,634 crore. The project period is 7 years from the financial year 2016 to financial year 2023-24. The Loan Agreement was signed on 31.03.2016.

13.2 The Project provides comprehensively designed modern buildings and Hi-tech equipment at a cost of Rs.865.61 crore to Government Medical College Hospitals at Madurai, Kilpauk(Chennai) and Coimbatore. The project also proposes to provide hospital buildings and equipment at a cost of Rs.160.93 crore to Secondary Care Hospitals at Avadi(Tiruvallur), Ammapettai(Salem), 15-Velampalayam(Tiruppur) and Kandiyaperi(Tirunelveli). The project will provide equipment support at a cost of Rs.201.06 crore to Eleven Medical College Hospitals at Salem, Pudukottai,

Vellore, Tirunelveli, Tanjavur, Tiruchirappalli, Kanyakumari, Thoothukudi, Tiruppur, Dindigul and Krishnagiri and three District Head Quarters Hospitals at, Erode, Cuddalore, and Periyakulam to improve referral services.

13.3 The Project will also undertake training of Healthcare providers in Hospital management, equipment usage and screening and treatment of Non Communicable Diseases at a cost of Rs.8.30 crore. The training programme is being imparted since February 2022. The Project will also strengthen the public health training centres in Chennai and Madurai at a cost of Rs.2.98 crore by provision of training equipment and training of Health Care Providers.

13.4 Activities proposed for the year 2022-2023:

- i. The construction of multi-storeyed buildings at a cost of Rs.368 crore in Medical College Hospitals at Madurai, Kilpauk and Coimbatore are expected to be completed by December 2022. Hi-tech equipment to these three medical colleges worth of Rs.497 crore will be procured through TNMSC and supplied to the medical colleges by year 2022-2023.

- ii. The construction work at a cost of Rs.109.5 crore at Avadi, Kandiyaperi and Velampalayam is expected to be completed by November 2022 and at Ammapettai by February 2023. Hi-tech equipment to these four secondary care hospitals worth of Rs.51.44 crore will be procured through TNMSC and supplied to these hospitals by year 2022-2023.
- iii. Equipment worth of Rs.201.06 crore were provided to 11 Medical College Hospitals and 3 District Headquarters Hospitals. Equipment utilization based on the Chief Minister's Insurance Scheme before provision of equipment and after the supply of equipment is given below:

Chapter – 14

TAMIL NADU HEALTH SYSTEM REFORM PROGRAM

14.1 Project Profile: The total project cost is Rs.2857.003 crore (USD 410 million). Out of this, Rs.1999.902 crore (USD287 million) is funded by World Bank now under this program (TNHSRP) and Government of Tamil Nadu is additionally investing Rs.857.101 crore (USD 123 million). The Loan Agreement for the project was signed on 04.06.2019 at New Delhi between Government of India and World Bank and the program became effective from 29.07.2019. The project period is for 5 years. This program also aims to achieve Sustainable Developmental Goals-3 (Ensure healthy lives and promote wellbeing for all at all ages) over a period of five years.

The Goal of the Project is to

1. Improve quality of care to public
2. Reduction of non-communicable diseases and improve trauma care
3. Attaining equality in reproductive and child health services in Tamil Nadu

14.2 Quality of Care: To improve the Quality of service in Primary, Secondary and Tertiary Health care facilities by implementing the following interventions:

1. Accreditation of select Government Health Care Facilities.
2. Maintaining the Quality of service provided in all primary, secondary and tertiary level facilities.
3. Implementation of Environmental strategies developed.
4. Improve monitoring and measurement of quality of care using quality dashboards, patient experience questionnaire, etc.
5. Implementation of TANQuEST strategy developed.

14.3 Non-Communicable Diseases (NCD) and Injuries: To improve the Quality of service in Primary, Secondary and Tertiary Health care facilities for NCD and injuries by implementing the interventions indicated below:

1. Increasing screening of breast cancer and cervical cancer among the women.

2. Makkalai Thedi Maruthuvam" Scheme is implemented to deliver the NCD drugs directly to the patient's home.
3. Increasing the proportion of patient with hypertension and diabetes under control.
4. Decreasing the number of patients going for complications such as stroke, myocardial infarctions, and chronic kidney failures

14.4 Trauma Care and Mental Health:

1. Establishment of Emergency Department in all Government Medical Colleges.
2. Providing proper training to doctors and health care workers
3. Strengthening of Emergency Ambulance Services system by dynamic allocation method and establishing separate fleet for IFT.
4. Addressing the increased suicide deaths in the state by establishment of Suicide Hot Line and training of health care providers on early identification and treatment of mental health illnesses through a mental health capacity building plan.

5. Establishment of Suicide Hot line (104) and providing counselling through 20 psychologists.

14.5 Reproductive and Child Health Services (RCH):

- Inter district disparity of Reproductive and Child Health Services (RCH) is to be addressed through strengthening of ANC services, immunization and contraceptive services by IEC activities and training of health care providers especially in 10 priority districts of Ariyalur, Dharmapuri, Ramanathapuram, Theni, Thoothukudi, Tenkasi, Tirunelveli, The Nilgiris, Tiruvannamalai and Virudunagar and thereby decreasing the maternal and infant mortality rate.

14.6 Health Assembly: Addressing the issue of Inadequate Citizen Engagement through conducting State and District Health Assemblies each year, in the State.

- Conducting of Health Assemblies in the District and State is expected to bring transparency and accountability of the system and participation of the community in the decision making by the better informed and empowered communities in the districts.

14.7. Achievements: To achieve the above said activities, lot of interventions are implemented in the field. The following are the important achievements (since 2019 – March 2022)

Sl. No.	Activities	Achievements	Cost (Rs. in crore)
1	Procurement of Ambulance	823 Ambulance procured and dedicated to public service	202.68
2	Preparation for NQAS accreditation	141 PHCs, 54 Secondary care Institutions	57.27
3	Upgradation and Strengthening of Trauma Care Centres - 13 as Level-I and 29 as Level-II centers	To reduce the deaths due to trauma.	44.32

4	Makkalai Thedi Maruthuvam Scheme - 385 Assembly blocks and 11 corporations	To deliver the NCD drugs to the patients' home	42.32
5	Government Rehabilitation Centre, KK Nagar	Additional HR, Equipment and Building	32.70
6	Establishment of Emergency Department - 36 Medical College Hospitals	To provide definitive treatment for the trauma patients at the earliest.	20.23
7	Non-Communicable Disease Equipment to 8713 HSCs, 2343 PHCs, 176 PHCs, 73 Secondary care Institutions and 24 Medical College Hospitals	To facilitate the early detection of NCD	13.88

8	Establishment of Health and Wellness Hub - 120 PHCs	To provide the healthy environment to the public.	11.00
9	Non-Communicable Disease Drugs for 2266 PHCs, 320 Secondary care Institutions and 24 Medical College Hospitals	To maintain the disease control of NCD	22.12
10	Non-Communicable Disease Reagents for 2266 PHCs, 320 Secondary care Institutions and 24 Medical College Hospitals	To facilitate the screening test for NCD	26.14

11	Provision of Desktop, UPS, Printer to Health care Institutions	To improve the documentation and data entry for RCH services in 10 priority districts 382 PHCs, 57 UPHCs, 109 CHCs, 73 GHs and 9 MCHs (630 Institutions in 10 Priority Districts)	5.73
12	Operational Research Program	15 research proposals were approved	3.00
13	Government Hospital, Periyar Nagar	Additional HR, Equipment and Building	2.90

14	Procurement of Digital BP apparatus, Weighing machine and Foetal Doppler in 2249 Health Sub Centres	To identify maternal risk and Foetal complication during pregnancy at first point of care	2.59
15	Trauma Registry established in 36 MCH	To make entry in hospitals from pre-arrival to discharge of all the trauma patients	1.78
16	STEPS Survey - NCD Survey across the state	To detect the actual number of populations having diabetes, hypertension.	3.44

17	Training – Anganwadi Workers(AWW) for Routine Immunization	Trained AWW for RI in 14 HUDs (10 priority districts) – 12810.	1.03
	Training for VHNS	Sensitization and orientation training for PICME entry for Tamil Nadu – 10000 completed.	
18	Government Hospital, Pattukottai - Upgradation and Strengthening of Trauma Care Centres	Equipment and Building	0.98
19	Establishment of suicide Hotline by strengthening 104 helpline - 20 psychologists have been recruited	To prevent and reduce the suicidal death in the state and give counselling	0.83

20	RCH- Procurement of Haemoglobinometer to 245 HSCs	For early detection of anaemia among the pregnant mothers	0.78
21	Health Assembly - 14 priority districts and 1 State Assembly	To bring the transparency and accountability of the system and participation of the community	0.80
22	RCH constraint study in 10 priority districts	To improve the utilization of RCH (ANC, Immunization and Family Planning) services in 10 priority districts	0.47
23	IEC Activities and Signages	101 PHCs, 54 Secondary care Institutions	0.46

24	Establishment of trauma and Emergency surveillance centres in 25 Medical College Hospitals	To monitor the quality of trauma and emergency care given at hospital	0.44
25	Facility wise help desk with Provision of cubicle for Family planning counselling in Secondary care (27) and Tertiary Care (9 MCH)	To provide the counselling regarding family planning	0.23
26	Strengthening of PICME cell	Provision of HR (9 staff + 1 Supervisor) and IT equipment for call center – 10 priority districts	0.22

27	Family Planning Counseling Card for Eligible couples in 10 priority districts –	To facilitate the couples to choose the best family planning method available	0.12
Total Amount			498.46

14.8 Disbursement: The programme has obtained a disbursement of Rs. 918.24 crore from the World Bank since inception till March 2022.

Total Disbursement Achieved: (2019-2022)

Sl. No.	Activities	Amount claimed (Rs. in crore)
1	RCH	419.38
2	Quality	226.03
3	Cross cutting	181.28
4	NCD	69.10

5	Trauma and Mental Health	22.45
	Total amount claimed	918.24

Now the program is working on finalizing the activities of the Year 4(2022-23).

Chapter – 15

COVID-19 MANAGEMENT AND VACCINATION STATUS

15.1 World has been challenged by the unprecedented COVID-19 pandemic. The Government declared the threat of outbreak of COVID-19 in the State of Tamil Nadu under the Tamil Nadu Public Health Act, 1939 and notified the Tamil Nadu COVID-19 Regulations, 2020 under the Epidemic Diseases Act, 1897 to prevent the outbreak of COVID-19. State has so far successfully tackled three waves till now.(Also under DM Act)

In view of the sustained decline in the number of new Covid-19 cases across the Country, Government of India has been advising and guiding the States / Union Territories regarding recommended strategies for testing, surveillance, containment and restrictions keeping in view the district as a unit. Taking into account the significant decline in the Covid-19 cases across the Country, the States have been undertaking various measures to reopen economic and social activities. There is a need to follow a risk assessment-based approach on the opening of economic activities

without losing the gains made so far in the fight against the virus. Government of India's earlier guidance shared with States / Union Territories on multiple occasions regarding the recommended strategies for testing, surveillance and containment based restrictions, keeping the district as a unit for decision making, are still valid.

15.2 Evidence-Based Decision Making: At the district level constant review of emerging data is undertaken based on a sustained and critical level of testing to facilitate decision for restrictions / relaxation based on evidence. At State level such decisions are taken after proper analysis of the local situation, such as the emergence of new cases / clusters, case positivity. population affected the geographical spread of cases and hospital infrastructure preparedness.

15.3 Broad-based Framework for Relaxation / Restrictions: In order to identify areas where restrictions need to be imposed / continued in districts / areas, the following broad-based framework is provided to aid States / Union Territories:

Sl. No.	Parameter	Thresholds
1	Test Positivity	Test positivity of 10% or more in the last week
or		
2	Bed Occupancy	Bed occupancy of more than 40% on either oxygen supported or ICU beds

The trajectory of cases in particular geographies are watched to ensure that the areas reporting positivity rate above 10% and or bed occupancy more than 40% on either oxygen supported or ICU beds to undertake required enforcement, containment, and restriction measures. As the case trajectory may vary from place to place and there would be variation in the spread of infection within States also, decisions with respect to containment and restriction measures are taken primarily at the local District level. Continued focus on community participation for adherence to Covid Appropriate behaviour including proper wearing of mask and physical distancing, as directed under the national directives for Covid-19 management under Disaster Management Act, is undertaken across the State.

When this Government took over the administration on 7th May 2021, the total positive cases in a day was 26,465. Subsequently the 2nd wave peaked up to 36,184 on 20th May, 2021, The Government has given thrust to COVID management as its first priority and imposed lockdown when inevitable, increased the health infrastructure, conducted focused reviews followed by field inspection which helped in reducing the case load. Oxygen management was improved in co-ordination with Government of India. To control the increasing number of cases, the Government took multi-pronged steps including rapidly augmenting the oxygen bed facilities, ICU's, setting up temporary bed facilities and additional COVID care centres, monitoring and enforcing COVID appropriate behaviour, setting up of State and District level war room, putting in place additional human resources to quickly bring the spike under control.

15.4 Strategies Adopted

- Hon'ble Chief Minister held discussions with Medical Experts, District Collectors, Representatives of Political Parties, Non-Government Organisations, Industrial representatives, Media representatives.

- Hon'ble Chief Minister visited districts and also interacted with Covid-19 patients following due protocol.
- A Task Force Committee on Covid-19 management under Dr.R.Poornalingam, IAS (Retired) was constituted.
- To supplement the 24x7 Directorate of Public Health and Preventive Medicine Control Room and '108' Call Centre, an Unified Command Centre / War-rooms were established at Chennai and District Headquarters, to co-ordinate bed / oxygen availability through State / District Call Centres.
- Symptomatic surveillance and symptomatic treatment protocol have been put in place.
- Chief Minister's Comprehensive Health Insurance Scheme rates have been revised to enable corona virus affected patients to get free treatment in private hospitals.
- Oxygen support to hospitals was managed with a team of Special Officers to coordinate logistics from other States.

- Maximum retail price on commonly used essential articles such as masks, hand sanitizer, PPE kits have been fixed.

Corona warriors who unfortunately died during the pandemic are covered under Pradhan Mantri Garib Kalyan Yojana (PMGKY). Based on the recommendations of the State Government, their families are given an ex-gratia payment of Rs.50 lakh. In case, if they are ineligible under the PMGKY, the State Government releases Rs.25 lakh from Chief Minister Public Relief Fund apart from regular relief available to the Government employees.

In Tamil Nadu, the third wave of COVID-19 started in the last week of December 2021. In this wave, maximum daily cases of 30,744 was recorded on 22.1.2022. The majority of COVID cases reported in 3rd wave are found to be Omicron variant. The most cases presented as mild symptomatic and for mild cases home treatment was advised. Due to timely interventions, the daily cases have come down substantially and at present, the daily cases have come down to less than 30 in Tamil Nadu in April 2022

The State currently has,

- Recovery rate of about 98%
- Reduced death rate at 1.33%
- Daily positivity rate has reduced to less than 1% with day-to-day and inter and intra district variations.

15.5 Oxygen Management: During the second wave of Covid-19, the provision of oxygen to the needy patients was effectively managed by increasing the oxygen storage. The procurement / supply of the oxygen was judicially managed by creating a war room with a dedicated team of officials which closely monitored the allocation and distribution of Liquid Medical Oxygen. The State arranged the medical oxygen availability by procuring / installing 130 containers, PSA Generators, Oxygen Concentrators. As of now, 164 PSA plants are available in Government Institutions and 85 in Private Hospitals. 23,020 oxygen concentrators are available in Government side.

15.6 Vaccination: Vaccination has been instrumental in preventing the spread of infection and also reducing the severity in case of infection. With the vaccine drive and continued vigil, the impact of Covid-19 third wave has come down in Tamil Nadu. Mega Vaccination Camps

were conducted every week and so far, 22 rounds of mega camps conducted. In these 22 mega camps, more than 3.72 crore persons have been vaccinated.

As per Government of India instructions, 15-18 years vaccination started from 3.1.2022 and 28.75 lakh first dose and 21.03 lakh second doses have been provided as on 31.3.2022. Further, precautionary dose vaccination for Health Care Worker, Front Line Worker and above 60 years (with co-morbid) started from 16.03.2022 and as on 31.03.2022, 7.89 lakh doses have been provided. As per Government of India instructions vaccination for the special categories i.e. antenatal mothers, lactating mothers, differently abled persons, homeless persons and mentally ill persons are also being carried out in the State.

15.7 District Administration has been requested to be vigilant on the following during forth coming days.

- Ensuring compliance and enforcement of covid appropriate behaviour in public places.
- Vaccination should continue to be given priority and all left over cases in second dose and precautionary dose for covid-19 (booster vaccination) to the persons aged above 60 years be completed within time frame.

- Ensure continued fever surveillance and vigil to check for emergence of any cluster and putting in place effective cluster control.
- Ensure that the additional beds, ventilators, other equipment, PSA generators, oxygen concentrators are properly accounted for and their maintenance ensured.
- Document the process adopted during the earlier waves to set up covid care centres, screening centres, involving other department, NGOs to put in place effective response system.

Continue the five pronged policy of test, trace, treat, vaccinate and follow up of covid appropriate behaviour.

15.8 COVID CONTROL ACTIVITIES: As the 2nd wave of the pandemic hit India in April 2021, Tamil Nadu (TN) begun witnessing a shortage of beds and oxygen in both public and private sectors, thereby overburdening hospitals and the capacity of already strained healthcare workers. Consequently, the State Covid-19 War Room (State CWR) at the O/o NHM TN was established on the 8th of May 2021 as a response to the State's need for strong governance and multi-departmental coordination during the critical time. The State CWR was developed based on significant

learning's from the 1st wave and functioned as a Unified Command Centre leading TN's response and strategies to control the pandemic. Overall, from the 1st of May 2021 to till 14th of September 2021, 72,386 requests were collected by the State War Room/Unified Command Centre. Out of 37,611 genuine bed requests received, 20,990 requests were resolved. All the 952 genuine oxygen requests were resolved. An important outcome of the State War Room was also the enabling of a decentralised approach through the establishment of similar War Room structures at District and Block level and the designing of "Standard Operating Procedures" for activation in case of future emergencies. Another key aspect addressed by the War Room was its role in addressing the increasing panic among the public due to the sudden surge in cases. Understanding the felt need to address their concerns, the War Room opened a designated Twitter account @104GoTN as a platform to communicate important updates to the public as well as hear their requests. More than 6000 requests for beds were collected through this social media pathway alone and were widely recognised as an effective tool for outreach and response during the crisis. In the light of the 3rd wave and rise of the new OMICRON variant, the

State COVID War Room and District and Block counterparts were reactivated on 3rd January 2022 to lead and guide Tamil Nadu's efforts. Through the continuous efforts and coordination done by the COVID 19 war room, a declining trend of COVID 19 Active cases and Deaths were observed by the end of February 2022.

15.9 Emergency COVID Response Package-II: The Government of India as a measure of striving support to the States, has provided additional resources to manage the COVID-19 pandemic as well as to develop strong and resilient public health systems to deal with such situations in future. As a part of the above, Union Government has released a sum of Rs.869.09 crore as Grants-in-Aid with 100% centrally funded for COVID-19 for the FY 2020-21. In the 2nd phase for the FY 2021-22, "India Covid-19 Emergency Response and Health Systems Preparedness Package - Phase-II" (ECRP-Phase-II) for Tamil Nadu Rs.799 crore funds have been approved, out of which Rs. 479.4 Crore is the Union Share and Rs. 319.6 crore is the State Share and the following activities were carried out from this fund.

- Establishment of Central Monitoring Nursing Stations across Tamil Nadu with 1583 oxygen supported ICU beds in Government Hospitals.
- Establishment of Hybrid ICU Units in 25 Medical College Hospitals and 18 District Head Quarters Hospitals
- Establishment of Liquid Medical Oxygen (LMO) plants with pipe connection to 57 CEmONC centres
- Outsourcing of 389 ALS Ambulances for uninterrupted emergency services.
- New IT Hardware including Computers, Barcode Scanners, and Barcode Printers etc. provided to all District Headquarter Hospitals to improve the Hospital Management Systems in COVID Hospitals.
- Skill development training to Medical Officers and Staff Nurses towards Covid Management.
- Establishment of Paediatric Centre of Excellence in 2 Medical College Hospitals - Madurai and Coimbatore Medical College Hospitals.

- Procurement of COVID-19 RT-PCR Testing kits.
- Establishment of additional 17 RT-PCR Labs in 10 District Headquarters Hospitals and 7 Regional Entomological Labs.
- Procurement of drugs for COVID-19 management.
- Procurement and supply of 150 Neo-natal Ventilators
- Salary for 2286 Staff Nurses engaged for COVID Vaccination activities, temporarily for 5 months.

Chapter - 16

MAKKALAI THEDI MARUTHUVAM

16.1 Makkalai Thedi Maruthuvam(MTM):

There has been an epidemiological transition in the burden of diseases from Communicable diseases to Non-communicable diseases in the State. As per the Global Burden of Disease (GBD) report 2016, Non-Communicable Diseases (NCDs) is prevalent to the extent of 70% in the community and also cause 69.2% of deaths in Tamil Nadu. The burden due to NCDs also became evident through a STEPS survey conducted by the Tamil Nadu Health System Reform Project (TNHSRP) in 2020 which indicated a community prevalence of 33.9% for Hypertension (HT), 17.6% for Diabetes Mellitus (DM) and also specified very low control rates at the community level for Hypertension (7.3%) and Diabetes (10.8%) among the patients put on treatment. One of the key findings of the survey is that there is a high proportion of gaps in Detection, Treatment and control levels for both HT and DM. With a view to address the challenges in Non-Communicable Diseases by strategically shifting from merely providing institution based NCD services to a set of Home-based Hypertension/Diabetes screening services, an

innovative flagship scheme of Government of Tamil Nadu “Makkalai Thedi Maruthuvam” was launched by the Hon’ble Chief Minister of Tamil Nadu at Samanapalli village in Krishnagiri district on 05.08.2021 through community-based interventions to improve compliance and control of disease. The scheme offers holistic and comprehensive set of “Home Based Health Care Services” to ensure continuum of care, sustainability of the services and also meet the health needs of beneficiaries in the family as a whole. An important feature of the scheme is that each and every line-listed beneficiary under the scheme is brought under the Population Health Registry (PHR) as it will form the common denominator for continuous monitoring of the patients. In the first phase, the scheme covered 50 Universal Health Coverage (UHC) Blocks and has been gradually scaled up in a phased manner to all Upgraded PHCs, Additional PHCs, UPHCs, Government Hospitals and Medical College Hospitals across the entire State. The NCD Clinics at all public health facilities in Tamil Nadu were re-designated as MTM NCD Clinics and all-female NCD Staff Nurses already placed in the Health facilities were re-designated as MTM Staff Nurses.

10969 Women Health Volunteers (WHV) are engaged which includes 8713 WHVs from the SHG Network under the Tamil Nadu Corporation for Development of Women (TNCDW) in all Health Sub Centres, and 2256 WHVs from the SHG Network under the Tamil Nadu Urban Livelihood Mission (TNLUM) in urban areas. The MTM field level team has a set of community focused field functionaries including 10,969 Women Health Volunteers (WHV) covering rural and urban areas. At the Block level, there is a team of Palliative Care Nurse and Physiotherapist offering Home Base Palliative and Physiotherapy services with a total of 463 Palliative Care Nurses and 463 Physiotherapist across the State. 4848 Health sub-centres has been transformed into Health and Wellness Centres with placement of 4848 MLHPs and 2448 Health Inspector Grade II with community linkage with field team of MTM. The MTM field team have close supervision and guidance of Village Health Nurses (VHN), Block Health Supervisors (BHS), Health Inspectors (HI), Sector Health Nurses (SHN) and Community Health Nurses (CHN). At the institutional level, 2892 MTM Staff Nurse have been deployed @ 1 per PHC, 2 per Government Hospital and 2 per Medical College Hospital for providing

comprehensive NCD services at primary, secondary, and tertiary care level.

16.2 Services:

This scheme is conceptualised in such a way that a field level team would provide home based health care services for line-listed beneficiaries such as delivery of HT/DM drugs for patients who are 45 years and above and those with restricted mobility, Home based Palliative Care and Physiotherapy services, caring for End Stage Kidney Failure patients, referral for Essential Services, identification of children with congenital problems or any other health needs in the family which needs to be informed and followed up. The existing NCD services provided at Public Health Facilities in the State are also brought under the umbrella of MTM. At the Institutional level, MTM Staff Nurses placed in all DPH, DMS and DME institutions provide NCD screening and follow up services. Each of the Institutions in the three directorates have designated an Institutional level Nodal officer for close monitoring of the scheme and also for Inter-directorate liaisoning to ensure continuum of care and for establishing proper referral linkages. The Palliative care, Physiotherapy, and CAPD services at Institutions

are provided under the MTM scheme and the Patients eligible for Home-based MTM services are referred to respective PHC.

16.3 Role of NHM – TN:

i. The Mission Director, National Health Mission, Tamil Nadu is authorized to implement the “Makkalai Thedi Maruthuvam” scheme through the Directorate of public Health and prevention Medicine in coordination with the Directorate of Medical and Rural Health Services and the Directorate of Medical Education as per the roles assigned in the Government orders .

ii. With regard to CAPD component of the scheme, the Mission Director - National Health Mission is also authorized to implement the component with the provision for providing Peritoneal Dialysis bags under the Chief Minister’s Comprehensive Health Insurance Scheme.

16.4 Performance:

This flagship scheme “Makkalai Thedi Maruthuvam” has reached the 50th lakh beneficiary on 23.02.2022 which is considered as one of the milestone achievement in the field of Public health. A total of 57,78,092 patients have been provided services for the first time as on

31.03.2022 and 74,76,277 patients have been provided repeat services under “Makkalai Thedi Maruthuvam”

Chapter - 17

INNUIYIR KAPPOM – NAMMAI KAAKKUM 48 SCHEME

17.1 Tamil Nadu recorded 55,713 road accidents in 2021, in which 14,912 persons died and 17,544 persons sustained grievous hurt. This has been a persistent problem over a decade accounting to 1400-1450 fatal accidents per month, killing 40-45 persons every day in the State. This preventable public health crisis has to be reduced in order to achieve the SDG 3.6: to reduce deaths due to Road Traffic injuries by 50% by 2030. Considering the burden of Road Traffic Accident (RTA) and the Unexpected unaffordable burdensome out of pocket expenditure to the family, a new life saving scheme has been inaugurated by the Hon'ble Chief Minister of Tamil Nadu called the NammaiKaakkum 48 (NK 48) scheme under the InnuyirKappomThittam (IKT). This is to ensure Absolute Budgetary Certainty for Road crash victims in the first 48 hours critical period. This aims to further reduce delays due to denial of treatment and multiple Inter facility transfers, thereby reducing mortality and morbidity to a great extent.

17.2 Details under this scheme may be seen below :

- i. 662 hospitals (440 private hospitals and 222 Government Hospitals) have been empanelled in accident prone stretches based on the top 500 accident grid and taking into account the time of transport from accident site to the nearest medical facility.
- ii. District wise Trauma Care plan is prepared where the ambulances are mapped to the nearest empanelled hospital to reduce time delays and prevent fatalities.
- iii. Service mapping of ambulances to ensure right patient is taken to the right center within the Golden hour.
- iv. 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 whether they possess a Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) insurance card or not.
- v. This scheme includes all Road Traffic accident victims who belong to Tamil Nadu,

Other States, Migrants and Foreigners occurring within the boundary of Tamil Nadu.

- vi. Rs.50 crore as corpus funds has been sanctioned by the Government . In the current financial year Rs.100 crore has been allotted.

17.3. Operational Guidelines

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

a) If the victim is a Chief Minister's Insurance Scheme beneficiary	The treatment will be continued under CMCHIS as per the existing package.
---	---

b) If the victim is not a Chief Minister's Insurance Scheme beneficiary	The patient will be stabilised and then transferred to the nearby Government Hospital.
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 stabilised 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.

Since 18.12.21 upto 31.3.22, a total of 39,542 RTA patients have benefitted from this scheme which includes 34,878 patients, in Government hospitals and 4664 patients in private

Chapter - 18

KALAINARIN VARUMUN KAPPOM THITTAM

18.1 The flagship programme was launched by Hon'ble Chief Minister of Tamil Nadu MuthamizhArignar Dr.Kalaignar in 2006 in order to establish a programme to prevent diseases and promote Health seeking behaviour among the people. Hon'ble Minister for Health and Family Welfare announced in the Legislative Assembly on 2.9.2021 that the scheme will be revived and revamped as Kalaignarin Varumun Kappom Thittam.Under the scheme, Specialty Medical Camps are conducted at the rate of 3 camps per rural blocks annually in all 385 rural blocks, which brings a total of 1,155 camps in rural areas. In urban areas, camps are conducted at the rate of 4 camps per Corporation in all 20 Corporations and 15 camps in Greater Chennai Corporation. Totally 1,250 camps will be conducted in a year. The timing of the camp will be 9 AM to 4 PM. Hon'ble Chief Minister inaugurated this programme on 29.9.2021.

18.2 The Salient Features of the Scheme Includes

Multispecialty Medical Camp: People can get consultation and first hand treatment from specialist doctors of following medical specialty, viz., General Medicine, General Surgery, Paediatrics, Obstetrics and

Gynaecology, Eye, Ear, Nose and Throat, Orthopaedics, Psychiatry, Neurology, Cardiology, Nephrology, etc.

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

Treatment: People will get first hand treatment and medications from Specialist in camp itself.

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

Till 31.3.2022, 1248 camps have been conducted and in these camps 8,64,934 benefitted. Average number of persons attended per camp comes to 693 persons.

Chapter – 19

TAMIL NADU MEDICAL SERVICES CORPORATION LIMITED

19.1 The Tamil Nadu Medical Service Corporation (TNMSC) Limited was incorporated as a government company fully owned by the Government of Tamil Nadu under the Companies Act on 1st July 1994. The corporation was set up to reform and restructure the activities related to procuring drugs and other medical supplies effectively through a centralized system for the first time in India. Its main mandate was to procure and supply quality medicines to patients accessing public health facilities without any interruption. In the last 27 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. It is an ISO 9001:2015 certified organization.

The following are the 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.
- Operation and maintenance of advanced diagnostic equipment like CT scan, MRI Scan and Lithotripsy on user charges collection basis and the high-end therapeutic equipment like Cobalt therapy, Linear Accelerator and Brachytherapy out of revenue generated under CMCHIS.
- Extending logistic 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.

19.2 Organisational Structure: The Tamil Nadu Medical Services Corporation Limited is headed by the Managing Director with 3 major domains viz Drugs, Equipment and Services. The members of the Board of Directors of TNMSC are Additional Secretary, Finance Department, Managing Director of TNMSC, Mission Director-NHM, Director of Medical Education, Director

of Medical and Rural Health Services, Director of Public Health and Preventive Medicine, Director of Drugs Control, Chief Engineer, PWD (Buildings) chaired by the Principal Secretary to Government, Health and Family Welfare Department.

19.3 Procurement and Distribution of Drugs and Equipment: The list of essential drugs, speciality drugs, surgical and suture consumables and anti-haemophilic drugs are finalized annually based on the average annual consumption pattern of the last 3 years derived using the IT mechanism and finalized by a committee comprises of the Directors of the Medical Education, Medical and Rural Health Services, Public Health and Preventive Medicine, Family Welfare, Drugs Control besides specialists from the government medical institutions prior to floating of tenders. All categories of drugs, medicines and surgical consumables are finalised through open tenders by following the Tamil Nadu Transparency in Tenders Act and Rules by fixing annual/biannual rate contracts at the most competitive rates. Presently 326 essential drugs, 366 surgical consumables and sutures and 517 speciality drugs are procured by this Corporation for use by medical institutions.

The procurement and stocking of drugs and medicines at 32 drug warehouses, one at each district are on dynamic mode, depending on the consumption pattern with a minimum of 3 months stock and distributing the same to the government medical institutions under the passbook system as per the fund allocation made by the Directorates. The Corporation also procures 225 veterinary drugs annually for the Animal Husbandry Department and distributes them to the Regional Joint Directors. The procurement of equipment is against specific indents based on Government orders either with State or with NHM funds. TNMSC also procures equipment for externally aided projects such as World Bank, JICA as per their procedures.

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

warehouse end and at institutions are also part of the testing procedure to ensure the quality of drugs.

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

(i) Scan Centres: TNMSC operates 117 CT scanners in 88 locations, 33 MRI scanners in 32 locations and 6 more MRI Scanners under PPP mode in 6 centres. To ensure quick reporting of scans taken at remote centres in government medical institutions, Tele-radiology services are also in operation. Further four Lithotripsy machines in 4 centres are also operated under user charge collection basis. There are 2 PET-CT scanners operated through PPP mode.

(ii) Radiotherapy Centres: The operation and maintenance of 9 Linear Accelerators in 9 locations and

15 new Cobalt Therapy units in 14 locations and 8 Brachytherapy units in 7 locations under CMCHIS revenue are being entrusted to the Corporation.

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

19.6 Logistics Support to Pay Wards: TNMSC acts as custodian of funds and extends necessary logistical support to the pay ward at GI Bleed and Hepato-biliary Centre in Government Stanley Hospital, Chennai, maternity wards at the Institute of Obstetrics and Gynaecology, Kasturba Gandhi Hospital in Chennai and pay wards at Rajiv Gandhi Government General Hospital, Chennai for providing the best services to the general public at subsidized rates.

19.7 Procurement for COVID-19: TNMSC is entrusted with the responsibility to procure drugs, medical equipment and consumables for tackling COVID-19 on

war footing basis under Section-16(a) of the Tamil Nadu Transparency in Tenders Act, 1998. The following activities were done by TNMSC:

- i. The Corporation has procured 99 RT-PCR Machines, 110 automated RNA extraction Machines and other lab-related accessories such as deep freezers, lab refrigerators, bio-safety cabinets and strengthened the Lab infrastructure in the State in a record time of 2 to 3 months. Minimum one dedicated Government lab for RT-PCR testing is ensured in each district with a testing capacity of 1,88,500 tests / day in 69 Government Labs and it is now being ramped up to 2,03,500 tests. Overall current testing capacity including private labs has reached 3.68 lakh per day.
- ii. Ventilators, High flow nasal Oxygen therapy machines, Bi-PAP and C-PAP machines, Multipara monitors, Pulse Oxymeters Thermal scanners, Mobile X-ray Machines with Retrofitted Computed Radiography, ICU and Steel Cots were procured and installed across the State to treat COVID patients.

- iii. As a screening tool, dedicated CT machines in each centre were earmarked and exclusively deployed further by providing additional CT Scanners to screen the COVID patients.
- iv. In addition to the Essential Drugs, Speciality Drugs such as Inj.Remdesivir, Inj.Tocilizumab, Inj. Liposomal Amphotericin B, disposable triple layer masks, N95 masks, PPE Kits were also procured and supplied to hospitals as per the demand.
- v. In addition, to meet the increased demand for medical oxygen, TNMSC also procured and installed additional Liquid Medical Oxygen tanks in Government hospitals and procured Liquid Medical Oxygen from other States.

Chapter - 20

TAMIL NADU STATE AIDS CONTROL SOCIETY

20.1 Tamil Nadu State AIDS Control Society (TANSACS) was established in the year of 1994 and this was the first society established in the country. TANSACS always stood as an example for all other states in implementing the AIDS prevention and control program as per the guidelines of National AIDS Control Program.

20.2 The prevalence of HIV in the state has been steeply reduced to 0.18 among the ante-natal mothers which is a proxy indicator of the general population, as per the latest report published and this prevalence rate is well below the national prevalence rate of 0.24. This was possible because of the continuous support provided by both State and Central Governments. The Orphaned Vulnerable Charitable Trust for Orphan and Vulnerable Children, Transgender Welfare Society, and the financial support to establish Drop-in centers for People living with HIV in all the districts of Tamil Nadu are the standing examples for the commitment from the state government in this regard. The prevention to care continuum of HIV/AIDS related programs executed by

the Society to achieve its motto are implemented with the guidance of the National AIDS Control Organization.

20.3 Tamil Nadu is the first state in the country to achieve the “first 90” of the 90-90-90 strategy of the National AIDS control organization. (*90-90-90 strategy: first 90 is to ensure 90% of all people living with HIV will know their HIV status. The second 90 is to ensure 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and the third 90 is to ensure 90% of all people receiving antiretroviral therapy will have viral suppression*).

20.4 Tamil Nadu State AIDS Control Society is implementing the National AIDS Control Program and the components of the National AIDS Control Programme are: 1. Information, Education and Communication, 2. Basic Services (HIV Counseling and Testing Centers and Designated Sexually Transmitted Infections /Reproductive Track Infection Clinics), 3. Targeted intervention among high risk groups, 4. Care, Support and Treatment to People Living with HIV, 5. Monitoring and Evaluation of the Program, and 6. Blood Transfusion Services. The State Government of Tamil Nadu has been providing support to the Tamil Nadu Trust for Children Affected with HIV/AIDS and

the Drop-in Centre component for People living with HIV in the state. In this financial year there were some barriers in implementing the NACP in the first quarter because of the Pandemic related regulations. The field staff of Tamil Nadu State AIDS Control Society were fully involved in assisting the district health units in terms of manning the Covid -19 - control room, and taking swabs for Covid -19 tests. Virtual platforms were used for conducting training programs and review of the program activities. The activities and achievements in various components of the program are presented below:

20.5 Basic Service Division: In Tamil Nadu, there are 2,962 Integrated Counseling and Testing Centres (called as “Nambikai Maiyam”) and they are providing counseling and testing services for HIV. 23,71,886 number of General Clients and 12,64,883 number of Antenatal (AN) mothers have been counseled and tested in these centers for the period from April 2021 to March 2022. The clients who access the Integrated Counselling and Testing Centres are also referred for Tuberculosis Screening, Sexually Transmitted Infection screening on need basis. The Ante-natal mothers are also screened for Syphilis as per the national guidelines on elimination of Mother to child transmission of HIV.

Tamil Nadu State AIDS Control Society has also partnered with Private hospitals under the Public Private Partnership program for counseling and testing of HIV for the pregnant mothers and general population. The High risk group individuals referred by the Targeted intervention projects are also screened for HIV and Syphilis at the Integrated Counseling and Testing Centers. All who are tested Positive for HIV are referred and linked with the Ante-retroviral Treatment centers for further treatment.

20.6 Targeted Intervention Program: HIV is a concentrated epidemic in India and hence more focus to prevent the spread of HIV among the high risk group individuals (Female sex workers, Men having sex with men, Transgender and Injecting drug users) is done through implementation of Targeted intervention projects with the engagement of non-government and community based organizations. Around 83,000 High risk group individuals are covered through this intervention. Apart from this to spread the awareness about STI and HIV among the rural population, Link Workers Scheme is implemented in 17 Districts. 1.8 Crore pieces of Condoms are distributed to the high risk group individuals free of cost every year so as to prevent sexually transmitted infections among them. HIV, STI and TB screening and awareness programs

are conducted for the inmates of the Prisons and other closed settings like Swadhaar and Ujjwala homes. In the financial year of 2021-22, one Targeted intervention at Tiruvarur district and 2 Link Workers Scheme Projects at Namakkal and Krishnagiri districts have been initiated to maximize the coverage.

20.7 Care, Support and Treatment: In Tamil Nadu currently, 55 ART centers are rendering free Care and Treatment services to HIV Positive patients. In addition, 174 Integrated Counseling and Testing Centers are designated as Link ART Centers and act as drug dispensing units closer to the homes of positive patients. All patients are provided free lifelong Anti-retroviral therapy and various counseling services. For monitoring immune status of patients, CD4 blood test is provided through 55 ART centres. Viral load testing services to assess response to treatment has also been rolled out at all ART Centers. At present, around 1,21,000 PLHIVs are taking regular ART treatment in Tamil Nadu. NACO has introduced “Dolutegravir” based regimen into this treatment programme and accordingly, one lakh patients are being put on this regimen in a phased manner.

20.8 Monitoring and Evaluation: The Monitoring and Evaluation division of Tamil Nadu State AIDS Control Society monitors the program progress with evidence

based data and related analysis. There are online reporting formats such as PLHIV – ART Linkage System(PALS), Strengthening Overall Care for HIV beneficiaries(SOCH). This division also conducts HIV sentinel surveillance with the support of the National AIDS Control Organisation designated research agency once in two years to measure the prevalence of HIV among the ante-natal mothers and high risk groups.

a) PLHIV – ART Linkage System(PALS):

- PLHIV – ART Linkage System line list is a reporting cum tracking tool which collects, retains and updates individual wise details of all HIV Positive clients (Pregnant women and General clients) and the same are registered and maintained in each Stand Alone – Integrated Counseling and Testing Centers and Anti-Retro viral Treatment centre which will contain their treatment particulars etc.

b) Strengthening Overall Care for HIV beneficiaries(SOCH):

- Strengthening Overall Care for HIV beneficiaries is integrated management systems where the test, track and treat strategies are linked.

- Electronic Records, Seamless Interoperability, Automated Reports, Goal-Oriented Monitoring, Beneficiary Support, Embedded Supply Chain are all incorporated under Strengthening Overall Care for HIV beneficiaries.

c) HIV Sentinel Surveillance(HSS):

- HIV Sentinel Surveillance is carried out biennially all over the country to study the disease prevalence among pregnant women and High Risk Groups.
- In Tamil Nadu for the year 2020-21, prisons were newly included in the HIV Sentinel Surveillance.
- HSS is being conducted at 84 Ante-Natal Care sites, 3 prison sites and 43 HRG sites and carried out from 1st February 2021.
- The Prevalence of HIV among the antenatal mothers from 0.83 in 2003 reduced to 0.18 in 2019 through the services of Tamil Nadu State AIDS Control Society

20.9 Blood Transfusion Services: Tamil Nadu State Blood Transfusion Council is taking care of the collection, processing, utilization of the blood and blood components in the state. There are 320 Blood Banks

out of which 97 State Government Blood Banks, 10 Central Government Blood Banks and 213 Private Blood Banks functioning in Tamil Nadu. In addition to the Blood Banks, 528 Blood Storage Centre (Government 383 and Private 145) are also functioning to provide adequate, safe and quality blood and blood components. Voluntary Blood donation camps are organized via camps. 90% of blood units are collected through voluntary blood donation camps. Out of 97 Government Blood Banks, 41 Government Blood Banks are functioning as Blood Component Separation Units. Every collected blood units are tested for 5 transfusion transmissible infections such as HIV, HBV, HCV, Syphilis and Malaria apart from grouping and typing. The Quality of screening and lab services are ensured in all the blood banks via three ways namely, External Quality Assurance Services, Internal Quality checking every month, and by Vertical Audit of Blood Bank Medical Officer. External Quality Assurance Services is a nationwide program run by National AIDS Control Organisation. Under External Quality Assurance Services, Christian Medical College Hospital Blood Bank, Vellore is entrusted with the role of quality assurance of the blood banks of Tamil Nadu by National AIDS Control Organisation. As a part of this,

Christian Medical College, Vellore Blood Bank issues random samples quarterly to all the lab technicians under our Government blood banks and cross checks the results. Under Internal Quality checking, the medical college microbiology department does the quality checking of 1% blood bags of the total blood collected every month for all the Government blood banks falling in its jurisdiction. Apart from the above, in every district Senior most Medical Officers working in the Government blood banks are designated as District Blood Transfusion Officers to monitor the functioning of both Government and Private blood banks effectively in all the Districts. To strengthen the supply chain management system of blood and blood components, at high load blood banks, Tamil Nadu Government has announced to establish Radio Frequency Identification Devices at Rajiv Gandhi Government General Hospital, Chennai and Government Rajaji Hospital, Madurai. Tamil Nadu is one of the leading states in the country in voluntary blood donation. It is significant to note that due to conscious efforts of the state, the percentage of voluntary blood donation has gone upto 61% of the target fixed for the financial year 2021–22.

20.10 Sexually Transmitted Infection / Reproductive Tract Infection Services: TANSACS supports 774 Designated STI/RTI Clinics in Government Medical College Hospitals, Government Headquarters Hospitals and Government Hospitals. These clinics are branded as “SUGA VAZHUVU MAIYAM”. One trained Sexually Transmitted Infection Counselor is working at each of the Designated STI/RTI Clinic for counseling on STI/RTI and HIV-transmission and Prevention, treatment compliance, follow up, Partner Treatment and Condom Promotion. Medical Officers, Staff Nurse and Laboratory Technician from each Hospital are trained on Syndromic Case Management. 3,90,406 sexually transmitted infection symptoms have been identified and treated in this financial year. As a routine practice, the designated Medical officers have been trained on Syndromic Case Management by Tamil Nadu State AIDS Control Society at regional levels. These clinics submit reports through SIMS portal.

20.11 Tamil Nadu Trust for Children Affected By AIDS: With a view to provide welfare measures to the children affected and orphaned by HIV/AIDS, Tamil Nadu Trust for Children Affected by AIDS was formed by the Government of Tamil Nadu and a corpus amount of Rs.25 crore has been sanctioned. The corpus

amount has been deposited in Tamil Nadu Power Finance Corporation. Interest amount accrued from this deposit is being used to provide financial support to the children infected and affected by HIV/AIDS. From this year onwards, Tamil Nadu State AIDS Control Society has enhanced the financial assistance from 1st standard to Polytechnic according to eligibility from Rs.3,000 to 10,000 per child from the accrued interest amount.

20.12 Information, Education and Communication:

The Information, Education and Communication activities are an integral part of all activities of Tamil Nadu State AIDS Control Society. The activities tend to motivate behavioral changes in a cross-section of specific population, reduction of stigma and discrimination and demand generations for HIV/AIDS services. Dissemination of messages related to HIV awareness through Social Media Mass Media etc., to the general public, youth and the target groups are also done on a regular basis. In order to create HIV/AIDS awareness to the general public, in this financial year (2021-22), the World AIDS Day observation was commemorated and the event was presided over by the Hon'ble Minister for Health and Family Welfare, Government of Tamil Nadu. The World AIDS Day event was also observed in all the districts in support with the

respective District Administration for a period of one month in order to create maximum awareness at Block and at Taluk levels. As part of the New India @75 National Level campaign, TANSACS has been conducting various awareness programs through online quiz and other competitions among the college students in 14 priority districts.

20.13 Drop-in Centers for People Living with HIV:

The State Government has revived the Drop-in-Centre services for People living with HIV/AIDS by permitting TANSACS to establish 34 Drop in Centers in 32 districts(3 in Chennai) and sanctioning a sum of Rs.2,41,06,000 from State funds.

Chapter - 21

TAMIL NADU STATE BLINDNESS CONTROL SOCIETY

21.1 Tamil Nadu State Blindness Control Society and the 38 District Blindness Control Societies together form a vertical programme under National Health Mission Tamil Nadu, for implementing the activities of National Programme for Control of Blindness and Visual impairment programme of Government of India in our state towards achieving prevalence of blindness below 0.25 by the year 2025. The Mission Director is the overall head of the programme including Tamil Nadu State Blindness Control Society and similarly The District Collector / Chairman for their District Blindness Control Societies.

21.2 From 1996 this programme was funded fully by Government of India and later from 2007 funded 60:40 as central and state share respectively. The Project Director, Tamil Nadu State Blindness Society and the District Programme Managers of their Districts monitor the activities in achieving the goals of VISION 2025.

21.3 The common causes of blindness in our State are

➤ Cataract	-	62 %
➤ Corneal Opacity	-	1%
➤ Glaucoma	-	6%
➤ Diabetic Retinopathy	-	5%
➤ Others	-	26%

21.4 In our state we have one Regional Institute of Ophthalmology, 34 Medical College Hospitals, 38 District Head Quarters Hospitals, 32 Tele V Care Centres, 20 Eye Banks and 3 Mobile Ophthalmic Units along with 61 NGO eye hospitals who provide all eye care services to the public.

21.5 The Major activities of this programme are:-

1. To screen the population for causes of blindness and visual impairment and provide necessary treatment along with primary, secondary and tertiary care.
2. To strengthen Regional Institute of Ophthalmology and Government Medical College Hospitals, Taluk and Non-taluk Hospitals, Primary Health Centres, vision centres, Mobile Ophthalmic Units to make advanced eye care services available in all parts of our State.

3. To create a Tele-ophthal network for tele-consultation and provide screening for Diabetic Retinopathy at all Block PHCs and Government Hospitals, once a year and provide necessary treatment for Diabetic Retinopathy.
4. To create a Tele-ROP Screening network for integrating screening of all low birth weight preterm babies periodically to prevent blindness due to Retinopathy of Prematurity.
5. To screen all school going children for eye problems and provide free spectacles to correct refractive error.
6. To provide free spectacle for poor old people to correct near vision defect.
7. To form MoU with NGOs and conduct cataract screening camps and do cataract surgery with IOL implantation. For this Rs. 2000/- is provided as GIA for each surgery done cashless by them.
8. To network all Eye Banks and perform eye donation and share cornea to ophthalmologists for keratoplasty surgery for patients suffering from corneal opacity.
9. To develop innovative methods towards improving screening for eye diseases and create registry for eye problems and provide adequate follow-up for all.

10. To improve the quality of surgery done in Govt hospitals and packages under CMCHIS at Government Hospitals.

21.6 GIA is provided to NGO Eye Hospitals and Eye Bank on MoU with District Blindness Control Society after make online entry in MIS Portal of Govt. of India.

21.7 Achievements 2021-22:

1. During this year 5,30,697 Cataract Surgery with IOL implantation was performed in all Government and NGO Eye Hospitals in our state and Rs. 3500 lakh is provided as GIA @ Rs. 2000/- surgery to NGO Hositals.
2. During this year 5,513 eye balls were collected as eye donation by 20 eye banks and Rs. 100 lakh provided as GIA @ Rs. 1000/- eye ball collected to all eye banks.
3. In the online eye donation website (www.hims.tn.gov.in/eye-donor/) over 8000 donors have made eye donation pledge. Rs. 25 lakh provided this year for starting a new Eye Bank @ District Head Quarters Hospital Dindivanam.
4. All School Children were screened for refractive errors and 1,42,166 spectacles were provided free to

them for correcting refractive errors @ Rs. 220/- per spectacle.

5. All old people were screened for correct near vision defect and 2,278 spectacles were provided free to them for correct near vision defect errors @ 220/- per spectacle.

6. 5400 new born low birth weight preterm babies were screened for Retinopathy of Prematurity(ROP) and 154 babies treated towards achieving “Zero ROP Tamil Nadu”.

7. Rs.300 lakh each for construction of eye wards and eye operation theatre at District Head Quarters Hospitals at Arakkonam, Aathur, Kovilpatti, Paramakudi and Aranthangi was provided and Rs. 245 lakh provided for purchase of ophthalmic equipment for Tiruvallur, Tenkasi, Tirupathur, Periyakulam, Srirangam, Mettur, Padmanabhapuram Arcot, and Tindivanam Government Hospitals towards strengthening eye care services.

21.8 Programme Initiatives for 2022-23

1. To conduct “TN RAAB DR Survey” for blindness due to cataract and Diabetic Retinopathy in all districts and create an action plan to adhere cataract blindness

backlog free Tamil Nadu. For this 6,00,000 cataract IOL surgeries are planned this year.

2. To collect 7,000 eye balls as eye donation and perform keratoplasty for patients suffering from corneal opacity and other related conditions.

3. To create an online portal along with school education department and do eye screening for all school children for eye problems and provide free spectacles for over 2,00,000 children.

4. To provide free spectacles to 50,000 poor old people for correcting near vision defect.

5. To provide necessary ophthalmic equipment for Taluk and Non-taluk Government hospitals at Ariyalur, Kancheepuram, Mayiladuthurai, Gopichettyalayam, Penagaram, Vandavasi, Sankarankoil, Cumbam, Tambaram for Rs. 265 Lakh towards strengthening eye care services and creating new eye bank at Government hospital Tambaram.

6. To complete the establishment of Centre for Excellence at the Regional Institute of Ophthalmology, Chennai constructed at a cost of Rs. 64 crore.

7. To implement the Artificial Intelligence based Mobile application “e-paaravi’ through volunteers and create cataract backlog free districts in our state.

8. Arrangements are made to provide ophthalmic equipment for 18 newly formed District Head Quarters Hospitals at Jeyangondam, Tambaram, Palani, Tirukovilur, Kulithalai, Myladuthurai, Vedaranyam, Rasipuram, Aranthangi, Paramakudi, Gudalur, Nanguneri, Tirupathur, Dharapuram, Tiruthani, Gudiatham, Tindivanam and Aruppukottai along with other specialities under the Director of Medical and Rural Health Services.

9. In service training is to be given to ophthalmologists under NPCB VI programme in Phacoemulsification, Small incision cataract surgery, Glaucoma, Eye Banking and Keratoplasty, Medical Retina including Laser Techniques. A workshop on sterilization and aseptic techniques for ophthalmic operation theatres is to be conducted at Aravind Eye Hospital Madurai for HODs of ophthalmologist and eye OT staff nurses to improve the quality of eye surgeries at Government Hospitals.

10. IEC activities will be made to improve the awareness about common preventable causes of blindness cataract, Glaucoma, Diabetic Retinopathy, Retinopathy of Prematurity (ROP), Eye donation, ocular injury, etc. among public for Rs. 20 lakh.

Chapter – 22

COMPREHENSIVE EMERGENCY OBSTETRICS AND NEWBORN CARE CENTRES

22.1 Tamil Nadu is the only State having 99.9 percent of institutional delivery with 66.9 percent of institutional deliveries occurring in Government health facilities. Comprehensive Emergency Obstetrics and Newborn Care Centres (CEmONC) interventions include safe blood transfusion, providing oxytocin and antibiotics, performing caesarean sections, manual removal of the placenta, assisted vaginal delivery, abortion and resuscitation of the newborn. These comprehensive services are the only proven approach to save the lives of the mothers. Currently 126 CEmONC Centres are established in the State.

22.2 Services available in the CEmONC Centres

- Management of all obstetric emergencies
- Management of all newborn emergencies
- Blood transfusion facilities with all groups of blood
- Supportive laboratory and imaging services
- PPTCT Services

- Free antenatal and postnatal counselling services
- Free 108 emergency ambulance service
- Uninterrupted power supply
- Healthcare waste management facility
- 24 hours services by obstetricians and staff nurses
- Display of Emergency treatment protocols in the casualty, labour room and new born care rooms.
- Availability of equipment and drugs in the casualty.
- Usage of Partographs for Intrapartum monitoring
- Resuscitation of new born
- Initiation of breast feeding immediately after birth

22.3 CEmONC Performance: (2021-22)

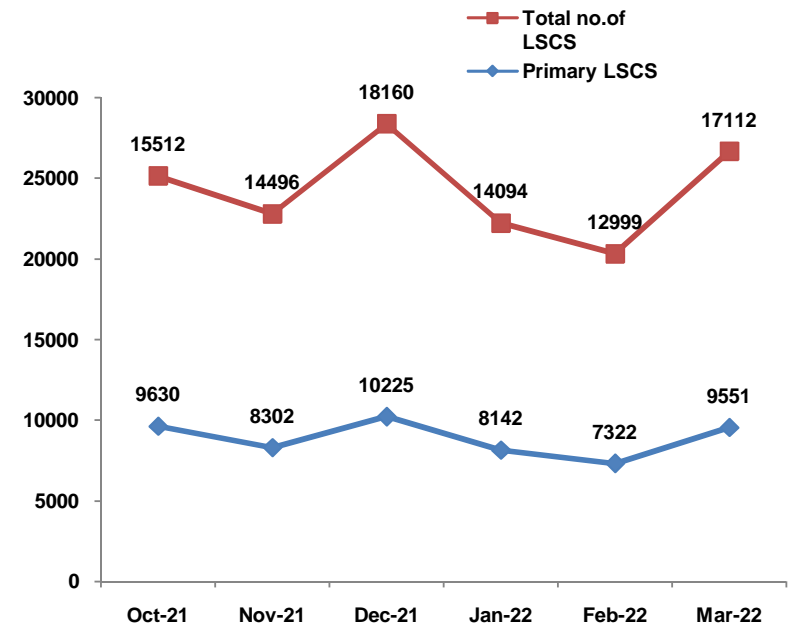
Details	2021-22 (Apr'21-Mar'22)
Total Maternal Admission	6,45,573
Deliveries	4,16,610
LSCS	2,02,702

Blood Trans-fusion for Maternity Complication	1,28,517
Scan for Antenatal Mothers	5,88,653
Neonatal Admissions	1,21,592

National Health Mission have been strengthening the MCH wing, of Tertiary Care and Secondary care Institutions in the State, in order to provide State - of - the - Art MCH Care Services and to cope with the increased demand for MCH services. Since 2008, 43 Maternal and Child Health wings and CEmONC Centres have been constructed through National Health Mission. In the year 2022-23, due to increase in delivery load at CEmONC centre, 13 CEmONCs will be provided with additional buildings to strengthen the MCH care.

22.4 LSCS Audit: Though Caesarean Section is a life-saving surgical procedure to reduce Maternal and Perinatal Mortality and Morbidity, there has been an unprecedented rise and persistently high in both Government and Private sector in the state with parallel concern about its consequences. Hence LSCS audit is carried out using the Modified Robsons Criteria prospectively in all Obstetric units/ Delivery points. The

Primary LSCS have come down from 62.1 % (9630) in October 2021 to 55.8% (9,551) in March 2022.



Chapter - 23

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

23.1 The National Tuberculosis Elimination Programme (NTEP) delivers Tuberculosis (TB) Care Services with a vision to achieve elimination of TB by the year 2025. The Tamil Nadu Government has launched “TB Free Tamil Nadu - 2025” strategic document with emphasis on the 4 pillars namely “Detect – Treat – Build - Prevent” (DTBP).

23.2 Objectives of the NTEP:

Objectives	Baseline		Target	
	2015	2020	2023	2025
To reduce estimated TB Incidence rate (per 100,000 population)	217	142	77	44
To reduce estimated mortality due to TB (per 100,000 population)	32	15	6	3
To achieve zero catastrophic cost for affected families due to TB	35%	0%	0%	0%

23.3 Services under NTEP: Under the programme 1,984 Designated Microscopic Centers are functioning for TB case detection. 72 CBNAAT, 127 TruNAAT centres, 5 CDST and 2 IRLs are functioning to provide TB Services, Universal Drug Susceptibility Testing and DRTB tests to all diagnosed TB patients. 31 District DRTB centres and 7 Nodal DRTB centres are functioning to provide DRTB services in the State. From April 2021 to March 2022, 82,691 TB patients were identified, of which 18,277 TB patients were from the private sector. Fixed Drug Combinations (FDC) as per appropriate weight bands are provided to all the patients and are also made available to private providers for those patients who prefer treatment in private hospitals. Also in 2021, 811 H mono/poly patients, 962 MDR TB patients and 5 XDR TB patients were identified and started appropriate treatment regimen.

23.4 Nikshay Poshan Yojana: In order to improve Nutritional status of TB patients financial incentive of Rs.500/- per month is given to all notified TB patients through Direct Benefit Transfer(DBT) under Nikshay Poshan Yojana Scheme. From April 2021 to March 2022, 70820 TB patients were provided DBT

23.5 Programmatic Management of TB Preventive Therapy (PMTPT):

Children with less than 6 years are particularly vulnerable for severe disseminated TB disease and TB related mortality. Under NTEP, all children who are contacts of people diagnosed with tuberculosis are regularly screened and Isoniazid preventive therapy (IPT) is given. PLHIV patients are screened for TB and provided Isoniazid preventive therapy. Under “Prevent” component to provide TB preventive therapy in adolescent and adult contacts of TB patient PMTPT is implemented in 3 districts viz., Kanyakumari, Tiruvannamalai and Tiruvallur with test (IGRA) and treat policy. To support the National TB Elimination Programme (NTEP), PMTPT is implemented by William J Clinton Foundation (JEET) under Global Fund Grant for the period from 1st April 2021 to 31st March 2024 in Chennai, Pudukottai and Kancheepuram Districts.

23.6 Strategies Implemented to Attain TB Elimination:

- To improve the TB case finding, 14 Mobile X-ray vans are utilized for Active and Targeted Case Finding in all districts. 28 new Mobile X-ray vans procured for implementation of the activity in all districts.

- Steps are taken for engaging Patient Provider Support Agency for notifying, providing investigation, treatment, counselling, nutritional support and follow-up services for the patients treated in the private sector.
- State TB Prevalence Survey in collaboration with ICMR-NIRT is being undertaken to estimate the district specific TB disease burden and to plan intervention accordingly.
- State Difficult to Treat TB Clinic is being conducted every month to serve as a state-level clinical decision support system and an avenue for capacity building of the nodal and district DR-TB centers in the state for good quality management of difficult Drug Resistant - TB patient

23.7 Awards: Government of India has proposed to certify Districts/ States Sub National Certification whose burden of TB disease has reduced compared to the 2015 Incidence estimates given by Central TB Division. A District or a State will be recognized for achieving “TB Free” status and will be certified upon verification of successful achievement of targets outlined (80% reduction in TB incidence from 2015 as per SDG

Framework). Under this initiative, Tiruvannamalai District has been awarded Bronze for the year 2020.

23.8 New Initiatives Planned for 2022-23:

- The persons aged above 18, who reside in the household of the TB infected person, will be tested to detect the presence of TB, using IGRA test, at the earlier stage itself and if they are found positive, appropriate treatment would be given
- Artificial Intelligence Interface to be used in surveillance of TB in CT Chest and Chest X-ray.
- Vulnerability Mapping of TB is to be implemented in the state in collaboration with Population Health Registry.
- In order to reduce the TB Mortality, a state specific Intervention of Differentiated TB Care Model involving screening of TB patients for severely ill status and providing Inpatient care for the severely ill TB patients is to be implemented.

Chapter - 24

NATIONAL MENTAL HEALTH PROGRAMME

24.1 District Mental Health Programme: The District Mental Health Programme (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.

The District Mental Health Program is currently under implementation in 32 districts and planned to extend to

6 more new districts during this financial year. Under the scheme 6,66,532 patients are being managed from April 2021 to March 2022 under DMHP. The activities conducted under DMHP program are providing counseling and treatment for persons requiring care, awareness and workshop for the target group, training of school teachers for early identification of mental illness in adolescents, mental health screening through RBSK doctors, follow up of self-harm cases in TAEI app for 18 months through 104 tele counseling services, NEET counseling through 104 tele counseling, shifting of patients through Retrieval vehicle, satellite clinics through outreach psychiatrist, Emergency Care and Recovery Centre services (Government owned and NGO supported) and De-addiction centres.

24.2 State Mental Health Authority: State Mental Health Authority has been constituted under the Mental Healthcare Act, 2017. The authority regulates, develops and coordinates Mental Health services in the State. As mandated under section 74 of the Mental Healthcare Act, 2017, Mental Health Review Boards have been formed in the State at 13 locations encompassing all the districts. Each board is headed by a chairperson in the rank of retired district Judge and other members such as Representative of the District

Collector/ Psychiatrist/ Medical Practitioner and two Persons with mental illness or care givers or persons representing organizations of person with mental illness or care givers or non-governmental organizations working in the field of mental Health.

Functions of the Mental Health Review Board

- Review supported admissions
- Register and review advance directives
- Appoint nominated representative
- Decide objections against Mental Health Professional and Mental Health Establishment
- Decide for non-disclosure of persons with mental illness information
- Visit jails and to protect human rights.

Tamil Nadu State Mental Health Policy and implementation Framework has been published on 4.7.2019.

24.3 Psychiatric wings of certain Government Medical Colleges were strengthened utilising Government of India funds under NMHP. The Institute of Mental Health at Chennai, an 1,800 bedded Medical Institution is providing Psychiatric services to the mentally ill persons.

24.4 Emergency Care and Recovery Centres

(ECRC): It has been established with 50 beds catering to the needs of wandering mentally-ill in 7 districts. The centre provides treatment, shelter rehabilitation, vocational training and reintegration services through NGO's in 7 districts of Vellore, Villupuram, Theni, Tiruvannamalai, Tiruppur, Pudukottai and Chennai. It is going to be extended to 3 more new districts (Coimbatore, Nagercoil and Salem) during this financial year 2022-2023 .The Government of Tamil Nadu has signed an MoU with NGO, The Banyan to support ECRCs in 10 districts across Tamil Nadu in Jan 2021. The Banyan is responsible to establish the ECRCs with coordination of local NGOs. Through ECRC from October 2018 to March 2022, 1,808 homeless mentally ill had been admitted in and among them 436 have been reunited back with their families.

24.5 De-addiction Center: It has been established with 30 beds to break the addiction among the alcohol use disorder people. It has already been established in three districts viz., Cuddalore, Kancheepuram and Tiruppur. Each of these centres cater to around 1000 to 1500 OP cases of deaddiction and upto 300 to 500 Inpatients per year. In the wake of higher prevalence and rising number of Alcohol Use Disorder. It is going

to be extended to 2 more de-addiction centers in Chennai (Thoraipakkam UPHC – Zone 15) and Sivagangai (GH Karaikudi). From April 2019 to March 2022, 8,723 alcohol abusers have been treated through De-addiction centres.

24.6 Self Harm Prevention: According to the National Crime Records Bureau (NCRB) report for 2019, the National suicide rate is 10.4 i.e roughly 10 persons per Lakh commit suicide in India whereas the suicide rate for Tamil Nadu stands at 17.8 in 2019. Tamil Nadu also has the second highest number of reported suicides in the country after Maharashtra as per NCRB report 2019. The Global Burden of Disease (GBD) estimate for Self-harm is higher for Tamil Nadu with age adjusted Suicide rates of 26.9 for Males and 24.9 for Females for 2019. The number of Self-harm cases in Tamil Nadu has further increased during the current Pandemic. The number of Self-harm cases reported in TAEI App was 12421 during the year of 2021 (till September). As per NCRB Data 2019, most common reasons for suicide are Family problems (50%), Illness (18%), Drug Abuse/Alcoholic addiction (8%) and Love Affairs (5%). The most common methods of suicide are by hanging (54%), consuming pesticides (21%), and consuming other poisons (10%), by self immolation (9%) and by

drowning (4%). For every one person committing suicide, it should be assumed that there will be 20 suicide attempts made in the society. 1,10,971 students who have took up NEET exams in the State during pandemic situation (September and October 2021) have been given psychotherapy through 104 counsellors. The follow up was done before and after the NEET results, thereby reaching the students and giving them complete care.

24.7 Activities for 2022- 2023:

- Adding Mental Health screening to the NCD screening done through Health Volunteers
- Strengthening 104 Suicide Helpline through training from SNEHA NGO
- Increasing the coverage of psychotherapy to all self harm cases registered under TEAI centres registry
- Providing Mental Health Drugs in all 385 Block PHCs

Chapter – 25

COMMUNICABLE DISEASES

25.1 Communicable diseases, also known as infectious diseases or transmissible diseases, are illnesses that result from the infection, presence and growth of pathogenic (capable of causing disease) biologic agents in an individual human or other animal host. Infections may range in severity from asymptomatic (without symptoms) to severe and fatal. Public Health Department along with other departments and involvement of front line workers effectively managed the three waves of Covid-19 pandemic in recent times. Communicable Diseases can be classified into vaccine preventable and those without a vaccine. Covid-19 vaccine played an important role in controlling the third wave of the Covid-19. Tamil Nadu has always been in the forefront in prevention, control and treatment of communicable and non-communicable diseases. At the State level the diseases are monitored on a regular basis as part of Integrated Disease Surveillance Programme and State level Epidemic Control Committee reviews this. At the district level, the District Collectors play a critical role in ensuring effective inter-sectoral coordination which has been pivotal to all the

progress that has been achieved in the field of health care, public health and family welfare. Considering the risks of emerging diseases and newer strains of existing diseases, the Public Health machinery is always on a state of alert to effectively prevent and control any episodes.

25.2 Immunization Programme: Universal Immunization of children against Vaccine Preventable Diseases is one of the major goals under National Health Policy (2002) which is directed towards achieving an acceptable, affordable and sustainable standard of health through an appropriate health system. Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations.

Immunization is one of the most important and cost-effective strategies for the prevention of childhood sicknesses and disabilities and is thus a basic need for all children.

Immunization in Tamil Nadu: 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, 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 10.21 lakh Pregnant Women and 9.31 lakh Children / Infants are being covered under this UIP and the State is consistently achieving Immunization coverage of over 99%. Immunization sessions are being conducted both as Institutional in all days a week and on every Wednesday as Outreach session. Institutional Immunization sessions is conducted in all Primary Health Centres, 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.

Routine Immunization:

1. Routine Immunization of Infants

Before the age of 1 year, the infants receive totally 19 doses of vaccine including 1 dose of BCG, 1 dose of Hepatitis B (within 24 hours) , 4 doses of OPV, 3 doses of Rota Virus Vaccine, 2 doses of fractional Inactivated Polio Vaccine (IPV), 2 doses of Pneumococcal Conjugate Vaccine (PCV) and PCV booster, 3 doses of Pentavalent, 1st dose of Japanese Encephalitis Vaccine and 1st dose of Measles-Rubella Vaccine.

2. Routine Immunization of Children aged below 2 years

During the second year, the child receives totally 4 doses including 2nd dose of Measles-Rubella Vaccine, 2nd dose of Japanese Encephalitis Vaccine, OPV Booster and DPT first booster.

3. Routine Immunization of Children aged 5 to 6 years

Children in the age group of 5 to 6 years, are provided with 2nd booster of DPT Vaccine

4. Routine Immunization of 10 and 16 years Children

Children at the age of 10 years and 16 years are provided with Td Vaccine

5. Routine Immunization of Pregnant Mothers

All Pregnant mothers are administered with Td vaccine 1st dose at the time of registration and 2nd dose after one month. A booster shot is administered to pregnancy within the last 3 years to prevent Tetanus and diphtheria.

Performance of Routine Immunization: The dedicated public health staff with their efforts have contributed to a consistent Immunization coverage of over 99% in the State. The recent National Family Health Survey (NFHS), Round 5 published in 2021, has shown the improvement of the State Full Immunization Coverage at 90.2%. The below table-1 shows the Immunization Performance for 2020-21 and 2021-22 along with comparison with NFHS 4 and 5.

Table-1 Immunization Performance 2020-21 and 2021-22 (April 2021-March 2022)

Vaccine details	TNHMIS 2020-21	TNHMIS 2021-22	NFHS 4 2015-16	NFHS 5 2020-21
	(in lakh)			
BCG	98	100	96.9	97.6
POLIO	98	98	82.3	91.5
DPT	99	97	84.5	94.8
MR 1 st dose	100	99	85.1	95.8
Fully Immunized	97	96	69.7	89.2

Special Immunization Programmes

1) Intensified Pulse Polio Immunization: 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 18 years no case of Polio has been reported in the State. For the year 2022, Intensified Pulse Polio Immunization has been conducted on 27.2.2022.

2) Mission Indra Dhanush: The Mission Indradhanush programme started in December 2014 as a “Special

drive” to vaccinate all unvaccinated and partially vaccinated children below two years and pregnant women. Mission Indradhanush programme was conducted in various names MID, Gram Swaraj Abhiyan (IMI - 1), Intensified Mission Indradhanush 2.0 (IMI - 2.0) and Intensified Mission Indradhanush 3.0 (IMI - 3.0). In Tamil Nadu, till date 7 phases of MID have been conducted and now Government of India has proposed to conduct three rounds (7th March, 2022, 4th April 2022 and 2nd May 2022) of Intensified Mission Indradhanush (IMI 4.0) in 15 (19 HUDs) in selected districts of Kancheepuram, Chengalpettu, The Nilgiris, Tiruvarur, Tiruvallur, Tuticorin, Pudukottai, Poonamallee, Koilpatti, Karur, Krishnagiri, Villupuram, Dharmapuri, Madurai, Namakkal, Salem, Aranthangi, Erode and Attur. Each round is conducted for 7 days including Routine Immunisation, Sunday and Public Holidays.

3) Introduction of Pneumococcal Conjugate Vaccine (PCV): In India, over 1.2 million children die before their 5th birthday. Nearly 15.9% deaths are due to pneumonia. In order to provide protection against the disease, Pneumococcal Conjugate Vaccine has been included in Routine Immunization for infants at 6th, 14th week and a booster dose at the age 9 months.

4) Hepatitis-B vaccine to Health Care Workers : All health care workers are at risk for exposure to infectious materials, including blood or body fluids, contaminated medical supplies and equipment or contaminated environmental surfaces and hence, the healthcare workers working across the directorates are being vaccinated with Hepatitis B Vaccine.

5) COVID Vaccination: Tamil Nadu declared Covid-19 as notified disease under Tamil Nadu Public Health Act, 1939 on 13.3.2020 and notified certain regulations to prevent the outbreak of COVID-19 under the Epidemic Diseases Act, 1897.

COVID vaccination starting date in the State	16.01-2021
Vaccination started for HCW and FLW	16-01-2021
Vaccination started for 45 to 59 with Co-morbidities and above 60 years	01-03-2021
Vaccination started in Private Hospitals	01-03-2021
Vaccination for above 45 years	01-04-2021
Vaccines supplied by Government of India through State Government and last date for vaccination in Private Hospitals	30-04-2021
Vaccination for 18-44 years	01-05-2021

Lactating Mothers Vaccination	20-05-2021
Pregnant women (AN Mothers) Vaccination	03-07-2021
15-18 Years Category Starting date in the State	03-01-2022
Precaution doses started for 60 years and above, HCW and all FLW Worker	10-01-2022

Covid-19 vaccination has been converted as PEOPLE MOVEMENT. Upto 31.3.2022 , 22 Mega COVID Vaccination camps have been conducted and 3,72,41,003 vaccine doses have been provided in these camps. The Government of India till 18.4.22 has supplied 11,16,04,150 COVID Vaccines doses and also supplied 7,10,94,400 AD Syringes to the State.

Coverage: . Upto 31.3.2022, 10,56,47,315 people have been Vaccinated in both GCVC and PCVC and 8,61,104 people have been vaccinated for Precautionary Dose.

Vaccine Preventable Diseases: The Surveillance of Vaccine Preventable Disease in the State is being supported by the technical partners like World Health Organization for the directorate. For the year 2021-22, till date, 374 number of Measles cases, 13 number of

Diphtheria cases have been reported in the State and the State is ensuring all containment measures and mass immunization activities in such instances.

National Vector Borne Disease Control Programme:

At present the State is implementing multi-various initiatives in vector control through the Directorate of Public Health and Preventive Medicine and also the local bodies. The National Vector Borne Disease Control Programme under NHM supports these initiatives. Similarly, the State maintains a constant vigilance against water borne diseases including diarrhoea and other public health scares such as Swine-flu, other forms of Influenza, Rabies, etc. Some of the disease specific initiatives are listed below:

Dengue: Dengue Fever (DF), an outbreak prone viral disease is transmitted by Aedes mosquitoes. Dengue Fever is characterized by fever, headache, muscle and joint pains, rash, nausea and vomiting. Some infection results in Dengue Haemorrhagic Fever (DHF) - a syndrome that in its severe form can threaten the patient's life primarily through increased vascular permeability and shock.

- On daily basis 25,000 field workers (Domestic Breeding Checkers) are deployed for

controlling Dengue. In coordination with other departments the temporary field workers are engaged at the rate of 20 per block, 10 in each town panchayat and one temporary field worker per 250 to 300 households in Municipalities and Corporations.

- In Tamil Nadu there are 131 centres where ELISA test for Dengue fever are being carried out. All over India, Tamil Nadu has more number of lab testing facilities for Dengue.
- Adequate stock of test equipment, medicines, blood, blood platelets are being ensured frequently for treatment of Dengue.
- Throughout Tamil Nadu, in each government Hospital Special fever Clinics are functioning 24 hours (24*7).
- Nilavembu Kudineer is distributed to fever cases and general public including students on regular basis.
- Entomological Assessment and Monitoring including Dengue virus positivity in Aedes mosquitoes is done on regular basis.
- Larval density report is being informed to the District Collectors, Directorate of Public Health and Preventive Medicine, officials of Rural

Development, Town Panchayat and Municipal Administration at District level and action being carried out immediately.

- In addition, RT-PCR detects the presence of the Dengue Virus in Mosquitoes that transmit the disease and preventive measures are taken.
- 24 hours Control Room is functioning in the Directorate of Public Health and Preventive Medicine for Public information 044-24350496/24334811 and Mobile No.9444340496, 9361482899.
- Number of cases reported during the years 2019 to 2022 are as follows:

Year	No. of Cases	No. of Death
2019	8527	5
2020	2410	0
2021	6039	8
2022 (up to 31.03.2022)	2083	0

Chikungunya: Chikungunya is caused by a virus and transmitted to humans by Aedes mosquitoes. There is a decline in Chikungunya cases due to the control measures taken by the Government. The prevention

and control measures against Chikungunya are carried out in an integrated manner with the Dengue control measures. In 2022, Upto March, 41 cases are reported and zero fatality are reported.

Malaria: Malaria is a parasitic disease caused by parasites known as Plasmodium vivax (P.vivax), Plasmodium falciparum (P.falciparum), Plasmodium malariae (P.malariae) and Plasmodium ovale (P.ovale). It is transmitted by the infective bite of Anopheles mosquito. The National Malaria Control Programme (NMCP) is implemented in the State from 1953 and the programme has expanded in the following years and now India is in the process of Malaria Elimination by 2016 - 2030. A total of 5,54,374 Long Lasting Insecticidal Treated Mosquito Nets were distributed to the public those who are living in malaria endemic areas as a part of control of malaria spread in the community. Gambusia, Larvivorous, Fish hatcheries are maintained in Districts to introduce Gambusia fishes in Anopheles breeding sources to interrupt transmission of Malaria as a part of Malaria elimination. Though the number of cases has shown a steady decline, still it is reported in few urban and rural areas in Tamil Nadu viz., Chennai, Ramanathapuram, Thoothukudi and Kanniyakumari Districts. Two rounds of Indoor Residual

Spray are being carried out in malaria endemic villages to prevent malaria transmission due to monsoon. Malaria cases reported from 2019 to 2022(31.03.2022) in Tamil Nadu State are as follows:

Year	No. of Cases	No. of Death
2019	2088	0
2020	891	0
2021	761	0
2022 (Upto 31.03.2022)	56	0

Japanese Encephalitis: Japanese Encephalitis (JE) has emerged as one of the major public health problems in India. Japanese Encephalitis (JE) is a mosquito borne zoonotic viral disease. The virus is maintained in animals, birds, pigs, particularly the birds belonging to family Ardeidae (e.g. Cattle egrets, pond herons, etc.) which act as the natural hosts. Pigs and wild birds are reservoirs of infection and are called as amplifier hosts in the transmission cycle. The virus does not cause any disease among its natural hosts and transmission continues through mosquitoes primarily belonging to Culex vishnui sub group mosquitoes. The

children suffer the highest attack rate because of lack of cumulative immunity due to natural infections. 14 districts of Ariyalur, Kallakuruchi, Perambalur, Villupuram, Cuddalore, Tiruvannamalai, Virudhunagar, Tiruchirapalli, Thanjavur, Tiruvarur, Madurai, Pudukottai, Karur and Tiruvallur reported JE cases. After completion of JE immunisation in campaign mode in all the above districts for the children 1-15 years of age, JE vaccination has now been brought under routine immunization. First dose of JE vaccine is administered after ninth month and second dose is administered between 16-24 months. In addition, RTPCR detects the presence of the Japanese Encephalitis Virus in Mosquitoes that transmit the disease and Prevention is taken.

Filaria: The National Filarial Control Programme is under implementation in the State from 1957. Mass Drug Administration programme with Diethyl Carbamazine Citrate (DEC) tablet started in 1996 in Cuddalore District as a pilot project and it was extended to all endemic districts from 1997-98. Since most of the Filaria endemic districts have reported less than 1% Micro Filaria Rate, Transmission Assessment Survey had been conducted using Filaria Test Strip in 26 Districts, as per the WHO guidelines. Post MDA

surveillance are being conducted in these districts and certain activities like morbidity Management training with Morbidity Management kit, migratory population screening etc., were carried out. Tamil Nadu is in the process of Elimination of Lymphatic Filariasis. Government is providing financial assistance to the Grade-IV Filaria patients at the rate of Rs.1000 per month. 8,023 patients are benefitted under this scheme for which government has allotted Rs.9.62 crore.

Leptospirosis: Leptospirosis is primarily a disease of animals; occasionally infect humans, Heavy rainfall leaves a lot of surplus water and the water logged areas are contaminated by Leptospirosis organism via urine of affected animals particularly rodent. Leptospirosis is one of the Zoonotic Diseases which require timely diagnosis, treatment and control measures. Leptospirosis testing facilities are available in all District Public Health Laboratories, State Public Health Laboratory, Institute of Vector Control and Zoonosis (IVC and Z) Hosur and TANUVAS (Tamil Nadu Veterinary and Animal Sciences University), Madavaram, Chennai. The main preventive measure for leptospirosis is to create awareness about the disease, mode of transmission and its prevention. 279 cases were reported during January 2022 to March 2022 and

there is no fatality.

25.3 State and District Level Diseases Control

Activities: The Directorate of Public Health and Preventive Medicine is carrying out activities such as monitoring, disease surveillance to prevent the communicable disease in coordination with other allied Government departments in the state. 24x7 Emergency Operation Control Rooms are established in the state and district levels to co-ordinate the disease prevention and control measures. Deputy Director of Health Services (DDHS) in the district in synergic with the district Magistrate / District collector carry out the prevention, control and treatment measures of communicable disease.

In order to prevent the spread on infection or diseases with the help of the local bodies, TWAD and other allied departments, the following measures have been carrying out:

- Monitoring solid waste management and sewage treatment
- Water analysis
- Ensuring the distribution of pure and safe drinking water

- Prevention of water/sewage stagnation
- Monitoring anti-larval and anti-adult mosquito measures.

On regular interval, review meetings have been conducted and appropriate instructions given in order to control the communicable diseases like Malaria, Dengue, Swine Flu, Acute Diarrheal Diseases, Rabies etc.

Integrated Health Information Platform (IHIP):

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

District Public Health Laboratory (DPHL): District Public Health Laboratories are playing a key role in

disease surveillance by rendering appropriate diagnosis in time, thereby decreasing the Morbidity and mortality in the community. At present 32 DPHL labs are functional and 6 more will be established in the newly formed Revenue Districts shortly.

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

Water Analysis Laboratory: Water Analysis Laboratories under the control of Directorate of Public Health and Preventive Medicine are functioning at regional level at 4 places - Chennai, Coimbatore,

Tiruchirapalli and Tirunelveli. Water samples are collected from various water sources and examined to ensure the potability and safety of drinking water before consumption by people. Health Inspector's of this Department visit all the protected water supply systems and collect samples of water for a detailed examination for physical, chemical, bacteriological and biological quality from the water sources, water treatment units, service reservoirs and distribution networks.

Areas covered by these water labs include Corporations, Municipalities, Town Panchayats, Village Panchayats, Government Hospitals, Railway Stations, Prisons, Government Institutions, Approved schools etc., The results of the analysis are immediately communicated to the concerned local authorities for rectification of defects pointed out therein. Specific field investigations are also carried out wherever problems in water supplies arise like outbreak of water borne diseases, epidemics, droughts, floods etc., and in places wherever important fairs and festivals are held so as to check up the water quality and distribution systems on the spot and to carryout remedial measures. These laboratories also assist the Tamil Nadu Pollution Control Board in examining samples of industrial wastes and conducting field surveys to ensure

prevention and control of environmental and industrial water pollution. Further to provide potable drinking water to the public at rural areas action is being taken to take water samples from all the villages and to carryout water analysis periodically.

Details of Regions Covered by the Water Analysis Laboratory:

Name of the Water Analysis Laboratory	Regions Covered by the Water Analysis Laboratory
Guindy	<ol style="list-style-type: none"> 1. Chengalpattu 2. Chennai 3. Cuddalore 4. Kallakurichi 5. Kancheepuram 6. Ranipet 7. Tirupathur 8. Tiruvallur 9. Tiruvannamalai 10. Vellore 11. Villupuram

Coimbatore	<ol style="list-style-type: none"> 1. Coimbatore 2. Dharmapuri 3. Erode 4. Krishnagiri 5. Namakkal 6. Salem 7. The Nilgiris 8. Tiruppur
Tiruchirapalli	<ol style="list-style-type: none"> 1. Ariyalur 2. Dindigul 3. Karur 4. Nagapattinam 5. Perambalur 6. Pudukottai 7. Thanjavur 8. Tiruvarur 9. Tiruchirapalli 10. Mayiladuthurai

Tirunelveli	<ol style="list-style-type: none"> 1. Kanyakumari 2. Madurai 3. Ramanathapuram 4. Sivagangai 5. Tenkasi 6. Theni 7. Thoothukudi 8. Tirunelveli 9. Virudhunagar
-------------	---

Sanitary Certificate: The Sanitary Certificate for Schools and Colleges are issued by the concerned Deputy Director of Health Services as per Rule 24 Chapter 3 of Tamil Nadu Educational Rules and relevant sections in Public Health Act 1939. To simplify and to make the process of issuing Sanitary Certificate easier, online web portal is being developed for issuing sanitary certificate to schools and colleges.

24x7 Epidemic Information Cell: This is located at Directorate of Public Health and Preventive Medicine and functioning as a contact point for Public and other Stakeholders to interact and register any public health related issues in the state. Health related information like Disease Outbreaks, Natural Disasters etc., are being collected at this cell

from Public, News, Media and other sources and the same will be communicated to State/District level officers to take preventive and control measures in time.

Chapter - 26

NON-COMMUNICABLE DISEASE PREVENTION, CONTROL AND TREATMENT

26.1 Non-Communicable Diseases (NCDs) including Cardiovascular diseases, Hypertension, Diabetes Mellitus, Chronic Respiratory Diseases, Cancers like Cervical and Breast cancer, etc., have overtaken communicable diseases and have become the leading cause of death and disability in India. The NCDs cut across all socio-economic strata which is a reflection of the changing lifestyle pattern in the community. A substantial proportion of those affected are in the productive age group. Tamil Nadu is currently contending with the double burden of tackling both Communicable and Non-Communicable diseases. If the NCDs are not addressed by adopting the principle of 'Prevention is better than cure' and ensuring proper follow up and treatment of those detected with the disease, it would result in significant economic loss, disability and deaths in the State. To combat NCDs, the Government of Tamil Nadu has implemented the NPCDCS programme under National Health Mission. The programme is functional in 39 Medical College Hospitals, 20 District Headquarters Hospitals, 277 Sub-District Hospitals, 385 Block PHCs, 42 UHCs, 400

UPHCs and 1422 PHCs. Screening, treatment and follow up services are provided for NCDs to all individuals aged 30 years and above under the National Programme for prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and stroke (NPCDCS) programme and the Risk scoring is done for individuals aged 18-29 years attending any Government Health Facility in the State.

26.2 Performance under facility based or opportunistic screening for NCDs: The State level performance of all health facilities under NPCDCS program for screening of NCDs during the period from April 2021 to March 2022 is as follows:

26.2.1 Cardio Vascular Diseases (CVD) Prevention and Control Programme: During the period from April 2021 to March 2022, 1,13,32,339 individuals were screened for Hypertension out of which 4,39,145 were found to be positive for Hypertension . Those identified with Hypertension are put in treatment and follow-up.

26.2.2 Prevention and Treatment of Diabetes Mellitus: Among 79,33,406 individuals screened for Diabetes Mellitus 3,00,246 patients have been detected with Diabetes Mellitus. The patients identified with Diabetes are put on treatment and followed up.

26.2.3 Prevention and Treatment of Cervical Cancer: VIA Screening test for Cervical cancer was performed for 20,19,909 women among whom 34,591 were detected positive. The women found to be positive in the screening test and further follow up.

26.2.4 Prevention and Treatment of Breast Cancer: 28,18,881 women were screened with Clinical Breast Examination (CBE). Among the women screened, 23,897 were detected with an abnormality or lump in the Breast. The CBE positive women get referred to higher institutions for further evaluation and follow-up as per the protocol.

26.3 District Level Day Care Chemotherapy Centres: Day care chemotherapy centres are functional in 18 District Headquarter Hospitals and 14 Medical College Hospitals namely Ariyalur, Nammakal, Ramanathapuram, Nagapattinam, Tiruvallur, Dindigul, Virudhunagar, Niligiris, Kallakuruchi, Tiruppur, Krishnagiri, Tiruvannamalai, Karur and Pudukottai. The final treatment decision for the patients confirmed with cancer will be done by the Tumour Board at Tertiary care hospital and the first Chemo cycle also would be given there. Then, the follow-up or maintenance chemotherapy which involves more cycles will be given at District Headquarters hospital under supervision of

one physician and staff nurse in each district trained in Day Care Chemotherapy. This will amply benefit cancer patients who find it most inconvenient to report to the same Tertiary care institution for the maintenance chemotherapy and also incur lot of Out-of-Pocket Expenditure (OOPE) or fail to follow-up in the absence of such programme.

26.4 Strengthening of Cancer Care at State and District Level: A state-of-the-Art 'Apex State Cancer Institute' for providing Tertiary treatment, Research and Education in Cancer care is being established at Government Arignar Anna Memorial Cancer Institute, Karapettai, Kancheepuram. Currently the facility is upgraded with G+2 floors covering a plinth area of 3.3 lakh sq.ft. at the cost of Rs.120 crore for providing comprehensive Cancer care services. Four Regional Cancer Centres are functioning at Madurai, Coimbatore, Thanjavur and Tirunelveli. It has been announced in the Budget 2022-23 that these hospitals will further be upgraded to a 750 bed autonomous institution of excellence at a cost of Rs.100 crore with financial assistance from the World Bank and the National Health Mission.

26.5 Population (or) Community based NCD Screening and Follow up: From 2017 onwards,

Population Based Screening programme under NPCDCS has been implemented to improve the NCD detection, referral and follow up. Home based Screening for Diabetes and Hypertension is carried out with the help of Women Health Volunteers(WHV) identified through Tamil Nadu Corporation for Development of Women. In addition to the screening activities the WHVs also create awareness about the risk factors of NCD. The suspected Diabetics and Hypertensives are referred to the nearest PHC for confirmation, treatment and follow up. The field functionary also motivates the women aged 30 years and above to attend the nearest PHCs for Cervical and Breast cancer screening. The field functionary also carries out a risk assessment using Community Based Assessment Checklist (CBAC) for those in 18-29 years age group and refers those with a high-risk score to PHCs for screening. They will also do group counseling and form Patient Support Groups (PSG) in the community for various NCDs in the community. In 2021-22, the State NCD Cell, has got approval to extend the Population based NCD screening throughout the State covering 8713 HSCs in rural areas by placing 1 WHV per HSC. In Urban areas, the program will also be extended to all 20 corporation areas, and 103 municipalities by utilizing the services of 1498 WHVs in

non-metro areas and 560 WHVs in Greater Chennai Corporation in the year 2021-22. Currently the "Makkalai Thedi Maruthuvam" scheme is conceptualised in such a way that a field level team would provide home based healthcare services for line-listed beneficiaries such as delivery of HT/DM drugs for patients who are 45 years and above and those with restricted mobility, Home based Palliative Care and Physiotherapy services, caring for End Stage Kidney Failure patients, referral for Essential Services, identification of children with congenital problems or any other health needs in the family which needs to be informed and followed up. Another important feature of the scheme is that each and every line-listed beneficiary will be brought under the Population Health Registry (PHR) as it will form the common denominator for continuous monitoring and follow up of the patients.

Chapter - 27

NATIONAL PROGRAM FOR HEALTH CARE OF ELDERLY

27.1 Population ageing is an inevitable consequence of the demographic transition experienced by all the countries across the world. With Socio-economic development, declining fertility and increase in survival at older ages the proportion of older people (60 years and above) in general population has increased substantially within a relatively short period of time. Similarly, Tamil Nadu is an ageing society where 13.6% of its population is of Elderly (60 years and above) against the National average of 8.6% (Census 2011). Thus, it has become the Second state in India with highest share of elderly which hassles the importance of geriatric care in the State. The elderly people are subjected to various degenerative disorders that make them dependent and vulnerable. In order to cover the health care needs of elderly Population, Government of Tamil Nadu through National Health Mission has taken initiatives by establishing elderly-friendly healthcare facilities at various levels of care under National Program for Health Care of Elderly (NPHCE).

NPHCE SERVICES:

i. National Centre for Ageing, Chennai: It is a strategic partnership of Government of India and Government of Tamil Nadu. This institute is a tertiary care centre with 200 beds for providing elderly care services in 8.64 acres of land located at the campus of King Institute of Preventive Medicine, Guindy, Chennai-600032 under the aegis of Madras Medical College. This centre of Excellence will provide Comprehensive health care to older people, training of health care professionals and conduct research in the field of Geriatrics and Gerontology.

ii. Regional Geriatric Centre (RGC), Rajiv Gandhi Government General Hospital, Chennai: The Department of Geriatric Medicine, Rajiv Gandhi Government General Hospital, Chennai is serving as the Regional Geriatric Centre and provides tertiary level of care, training of health professionals and research. In collaboration with WHO, RGC in RGGGH was a part of ICOPE training programme and the faculties were nominated as Master Trainers. On International day of Older Persons, celebrated on October 1st, 2021 with the theme of “Digital equity for all ages” awareness was created for older people on healthy ageing, nutrition and

yoga in the presence of Hon'ble Health Minister. Online training on Home based physiotherapy services under “Makkalai Thedi Maruthuvam” scheme was conducted for 385 block Physiotherapist in co-ordination with NHM-TN.

iii. Geriatric Units in Medical College Hospitals / District Hospitals: Government of Tamil Nadu has established Geriatric units in 28 Government Medical College Hospitals of Coimbatore, Salem, Tiruchirapalli, Madurai, Tirunelveli, Thanjavur, Vellore, Villupuram, Dharmapuri, Chengalpattu, Kanniyakumari, Karur, Pudukkottai, Sivagangai, Theni, Thiruvarur, Thoothukudi, Thiruvannamalai, Ariyalur, Dindigul, Krishnagiri, Namakkal, Nagapattinam, Ramnad, Tiruvallur, Tiruppur, Virudunagar and The Nilgiris and three Government District Head Quarter Hospitals of Cuddalore, Erode, Perambalur with required human resource.

iv. The following facilities are available in each district level hospital under NPHCE:

- Exclusive 'Geriatric OP' for elderly patients on all days in the week.
- Separate 'Queue' for elderly at OP Ticket issue counter, Pharmacy, Laboratory and Radiology.

- Twenty bedded In-Patient facilities with elderly-friendly ward with anti-skid floor, side-rails and western toilets with adjacent grab bars.
- Physiotherapy unit for elderly patients.
- Intensive-Care facilities- Four ICU cots and One Ventilator reserved for elderly.

v. Performances: The details of elderly patients who have availed services from April 2021– March 2022 under NPHCE are given below:

1. Number of Elderly persons attended Geriatric OPD-5,73,789
2. Number of Elderly persons admitted in geriatric wards-31,343
3. Number of Elderly persons given rehabilitation services-1,17,435
4. Number of Laboratory tests performed for the elderly-11,13,827

vi. Services at Block Level: The Government of Tamil Nadu has sanctioned 385 posts of Physiotherapists for 385 Block PHCs @ 1 Physiotherapist per Block PHC to provide geriatric care services at block and community level. Geriatric OPD for elderly persons is conducted twice a week (Thursdays and Saturdays). Now this

Geriatric OPD is branded as “Long Term Clinic” providing primary level Geriatric care, Palliative care, Mental health services and Speciality services like Ophthalmology, ENT at block PHC’s. During the COVID-19 pandemic, the accessibility to health care services were compromised and resulted in the increase of morbidity and mortality due to NCDs across the Tamil Nadu. In order to tackle this, the Hon’ble Chief Minister of Tamil Nadu launched “Makkalai Thedi Maruthuvam” scheme providing comprehensive set of health care services to ensure continuum of care at the door steps of the patients. Under this scheme the elderly patients are provided with the diabetic and hypertensive drugs along with the physiotherapy services at their doorstep.

vii. Dementia Clinics: Dementia is a Public Health priority globally due its increasing prevalence and the same can be observed in India. Around 4.1 million people are estimated to have Dementia in India and research suggests that this prevalence is expected to double by 2030 and triple by 2050. In order to tackle this a Memorandum of Understanding (MoU) was signed between National Health Mission – Tamil Nadu and Schizophrenia Research Foundation (SCARF) for establishing ‘Dementia Care Clinics’ in Primary,

Secondary and Tertiary care institutions and subsequently training the Medical Officers, Psychiatrist, Staff Nurse, Psychologist, Physician and Geriatrician in 'Geriatric Care Units' in the respective institutions.

Chapter - 28

OTHER PROGRAMMES

28.1 National Program for Prevention and Control of Deafness: The primary Objective of National Programme for Prevention and Control of Deafness is to prevent avoidable hearing loss, early diagnosis and treatment of ear problems responsible for hearing loss and to develop institutional capacity to provide ear care services. Audiology labs are present in 36 Medical College Hospitals and in 22 District Headquarters Hospitals across the state. All these institutions have high-tech ENT equipment and audiological equipment to provide free ENT services to the public. From April 2021 to March 2022, 35,339 Audiograms, 56,115 Oto Acoustic Emmissions (OAE) and 1,469 Major Surgeries were done. In addition to this, about 159 Cochlear Implant Surgeries have been done throughout the State from April 2021 to March 2022.

28.2 National Leprosy Eradication Programme: National Leprosy Eradication Programme(NLEP) is a centrally sponsored Health Scheme of the Central Ministry of Health and Family Welfare. NLEP strategies and plans are formulated centrally; the programme is implemented by the State Government since 1955.The

Programme is also supported by partners like World Health Organization, International Federation of Anti Leprosy Associations (ILEP) and certain Non-Governmental organizations.

i. The Aim of the Programme

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

Indicators	(2020 - 21)	(2021 - 22)
	April to March	April to March
Under Treatment Cases	1567	2,017
Prevalence rate/10000 population	0.19	0.24
New Case detected	1769	2,434
ANCDR/100000 population	2.12	2.92
Total Cured cases (RFT)	3101	1,846
New Child Cases detected	154	228
Proportion of Child cases	8.71	9.37

New Female cases detected	731	1,020
Proportion of Female cases	41.32	41.32
New Grade-II Deformity cases	48	97
Proportion of Grade-II Deformity cases	2.71	3.99
Grade-II Deformity rate/ Million population	0.58	1.16
Child Deformity cases	Nil	Nil

ii. Initiatives:

- a. **SLAC - Sparsh Leprosy Awareness Campaign** (Anti Leprosy Day) has been conducted on 30th January since 2017 on the occasion of death anniversary of Mahatma Gandhiji. During the year 2021, Anti Leprosy Fortnight was conducted (30th January to 13th February 2021) and 196 new cases were detected by various mode of case detection and all newly detected cases were put on MDT Treatment in our state. Similar programme has been conducted during this year also on 30th January, 2022 along with Anti Leprosy Fortnight.

b. **Post Exposure Prophylaxis**-A single dose Rifampicin is given to all contacts (Family and Neighbors) of newly detected Leprosy Patients - 20,934 contacts were benefited by this activity during April 2021 to March, 2022.

c. **Contact Survey**

Year	No. of Examined Contacts	New cases
2020 - 21	7,85,703	101
2021 – 22 (April'21 to March'22)	9,52,864	86

d. **Active Case Detection and Regular Surveillance details from April 2021 to March,2022**

Eligible pop. For screening	Screened population	Suspects referred	Suspects examined	Cases confirmed	Cases started MDT
1,72,77,486	62,28,260	16,180	15,080	455	455

e. **Disability Prevention and Medical Rehabilitation**

DPMR Activities	(2021 - 22) April' 21 to March' 22
Total No. Reconstructive Surgeries	90
Total No. Self-care kits distributed	20,664
Total No. MCR foot wears given	10,627
No. of patients treated for Reaction and Neuritis	365
No. of Persons receiving Rs.1,500/- per month Under Disability maintenance grant	9,439
No. of Persons receiving Rs.1,000/- per month Under Social Security Scheme	2,285

iii. **Plan of Activities for 2022-23:**

- Active Case Detection and Regular Surveillance in selected Villages and Towns as per the guidelines issued by Government of India.
- Hard to reach areas survey will be carried out at 43 areas in 11 Districts.
- Training for all Medical Officers and Health personnel who are untrained

- Reconstructive Surgeries will be performed for all eligible cases
- Strengthening of I.E.C Activities for voluntary reporting of early Leprosy cases and increase Leprosy awareness in the community.
- Post Exposure Prophylaxis (PEP) will be given to all eligible contacts to prevent Leprosy
- Focused Leprosy Campaign (FLC) will be done in Villages/Urban where Grade 2 Deformity has been reported
- Under DPMR all eligible deformity patients will be provided with MCR Chappals and Self Care kits for Ulcer patients and also management of Leprosy complications.
- Arrangements for all Grade 2 Deformity cases who have more than 40% disability to get Leprosy Cured Maintenance Grant.

28.3 National Tobacco Control Program:

i. The National Tobacco Control Programme is implemented in TamilNadu and the State Tobacco Control Cell is functioning under the Director of Public Health and Preventive Medicine since 2007.

All the District in the State are implementing Tobacco Control Activities as per COTPA, 2003 (under Section 4,5,6 and 7). Under National Tobacco Control Programme (NTCP), District Tobacco Control Cells have been established in a phased manner in 20 districts viz., Kancheepuram, Villupuram Madurai, Coimbatore, Tiruchirapalli, Pudukkottai, Cuddalore, Nagapattinam, Tiruppur, Tirunelveli, Ariyalur, Perambalur, Salem, Erode, Namakkal, Tuticorin, Kanyakumari, Tiruvallur, Vellore and Dharmapuri).

ii. **Key Performance:** The significant activities of the State and District Tobacco Control Cell Programme for the period from 2nd October 2008 to 31st March 2022 is presented below:

- Enforcement Activities:** Enforcement squad has been formed at State, District, Block, Village, Corporation and Municipalities level to monitoring the Tobacco Control laws and visits all public places collecting the fine amount of Rs.4.80 crore from the 2,56,223 violators.
- Training:** Various training programmes were conducted about ill effects of Tobacco and Tobacco control laws. So far 1,204 training programmes were conducted and 71,452

persons participated in these training programmes.

- c. **School Program:** Awareness Programs like taking pledge against Tobacco, conducting Drawing Competitions, Quiz, Slogan competition, Group discussion and awareness meetings were conducted among school children, Teachers, Headmasters, College students, Professors, Principals all over Tamil Nadu which resulted in 13,387 schools and 1,362 colleges declared as 'Tobacco Free Educational Institutions'.
- d. **Tobacco Cessation:** Tobacco Cessation Centers are established in headquarter hospitals and Medical College hospitals at Villupuram, Kancheepuram, Madurai, Coimbatore and Tirunelveli. The training about Tobacco cessation and Tobacco dependence was given to 684 Doctors, 53 ICTC Counselors, 148 NCD Staff Nurses and 78 Health Volunteers.
- Total number of beneficiaries who availed Tobacco Cessation services – 1,09,654
 - Total number of beneficiaries who quit from Tobacco usage - 140

- e. **IEC:** To create awareness about ill effects of Tobacco products and discourage the consumption of Tobacco products various IEC programmes like Mass Campaign, Celebration of World No Tobacco Day, Rally, IEC on Wheels, Human Chain, Signature Campaign, Pledge taken against Tobacco usage, Distribution of Pamphlets, Broadcasting IEC messages through mass media were carried out.

iii. **Declaration of Smoke Free Places:** By conducting awareness programmes and training programmes and various places are declared as Smoke Free such as five Smoke Free Villages namely Varanavasi village at Kancheepuram District, Ezhusempon and Jackampettai villages at Villupuram district, A.Pudupatti village at Madurai district, Pachamalaiyankottai village at Dindigul District, Smoke Free Embassies in Chennai, Smoke-Free Police Commissioner's Office and 144 Police Stations in Chennai, Smoke Free Prison in TamilNadu, Smoke Free Transportation, Smoke-Free Postal Circle, Smoke Free Educational Institutions, Medical Colleges/ Dental College/ Government Hospitals/ PHCs, Smoke Free Government Buildings, Smoke Free Hotels/ Restaurants/ Malls, Smoke Free Industries , Smoke

Free Slums in Chennai City, Tobacco Free Cinema Theatres and so on.

iv. Banning of E-Cigarettes: One of the developments in Tobacco Control is banning of E-cigarettes in the State. The manufacture, sale(including Online sale), distribution, trade, display, marketing, advertisement, use, import and possession of Electronic Nicotine Delivery systems (ENDS) in any form, is banned in Tamil Nadu and the same is being implemented effectively.

28.4 National Iodine Deficiency Disorder Control Programme (NIDDCP): Iodine is an essential micronutrient. It is required at 100-150 micrograms daily for normal human growth and developments. It is essential for the Synthesis of the thyroid hormones, Thyroxine (T4), Iodothyronine (T3)

Objectives:

- Surveys to assess the magnitude of Iodine Deficiency Disorders in the districts.
- Ensuring supply of Iodized salt in place of common salt.

- Resurveys to assess iodine deficiency disorders and the impact of Iodized salt after every 5 years in the districts.
- Laboratory monitoring of Iodized salt and urinary iodine excretion.
- Health Education and Publicity.

Implementation of NIDDCP in Tamil Nadu: The State IDD Cell and Lab are established in the year 2017, for efficient functioning of this programme at Directorate of Public health and Preventive Medicine. Testing of Iodine content in salt, in Titration method is being done regularly on samples from all districts. Urinary Iodine Excretion (UIE) survey is being done in 5 surveying IDD districts every year. The State and District Level Technical and Co-ordination Committees are formed under the chairmanship of Secretary, Health and Family Welfare Department at State Level and District Collector at District Level.

Achievements of TN IDD Cell: Global Iodine Deficiency Disorder Prevention Day is observed every year on 21st October to create awareness on the need of using Iodine salt and IEC messages are also disseminated through Radio and Newspaper advertisements well ahead of World Iodine Deficiency

Prevention Day. Awareness on the use of Iodine salt in households is being raised through ASHAs with a view to reduce the Iodine deficiency disorder in Tamil Nadu. The salt that are used in Anganwadi Centers and Kitchen of all Schools are being tested and monitored to ensure the presence of Iodine.

Over all Salt Sample Analysis by Department of Public Health (DPH): Salt samples are being lifted from shops and households by Health Inspectors for testing at the State IDD Laboratory for Iodine content, thus the Sale and use of Iodine Salt is being monitored. Salt samples are lifted from Manufacturer / Distributor / Retailer / Consumer level, by Food Safety Department, all over the state and sent to laboratory testing. Legal action recommended against the defaulters, who produce the salt without adequate iodine content. From 2017 to March 2022, a total of 30,238 salt sample from Household and Retail Shops were lifted and tested at State IDD Lab. It was found that 74% of the Salt Samples were >15 ppm iodine content.

Chapter - 29

CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME

29.1 The Chief Minister Kalaingar's Insurance scheme for life saving treatments was launched on 23.07.2009 by the Government of Tamil Nadu to ensure that poor and low-income groups who cannot afford costly treatment, are able to get free treatment in Government as well as private hospitals for serious ailments. Under this scheme, each beneficiary family was insured for availing free treatment upto Rs.1 lakh. The Government paid the entire premium for this purpose. 1.34 crore poor families in the State were covered under this revolutionary scheme. In view of the enormous public benefit, the scheme was revamped and implemented from 11.1.2012 to till date covering 1.58 crore families whose annual income is less than Rs.72,000. Government of India's Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY) has been integrated with CMCHIS from 23.09.2018 extending benefits to 77.71 lakh families from SECC data, 60% of premium paid for this by Union Government.

As per the announcement during the Budget session 2021-2022 in the Legislative Assembly, the insurance

scheme has been continued for another five years from 11.1.2022. The income ceiling for enrolling public as beneficiary under the scheme has been increased from Rs.72,000 to Rs.1,20,000. Families of accredited journalists and periodical journalists are enrolled as beneficiaries under the Chief Minister's Comprehensive Health Insurance scheme without any income ceiling.

29.2 The salient features of integrated CMCHIS PMJAY are as follows: -

- At present, 1700 hospitals (800 Government Hospitals and 900 Private Hospitals) are empaneled under the scheme.
- Sum insured – All the beneficiary families get health coverage up to Rs.5 lakh per year / per family.
- Procedures: Government of India's PMJAY packages have been integrated with existing CMCHIS packages and currently a total of 1090 medical and surgical treatment procedures (including 11 follow up procedures, 52 standalone diagnostic and 8 high end procedures) are covered under the scheme.
- Majority of socially and economically under privileged population have been covered under

the scheme including special categories like Migrant labourers, Tribals, Slum Dwellers etc.

- Orphans as defined by the State Government are also covered under the scheme without mandatory family cards. Enrolment of children orphaned by COVID has been initiated in coordination with Social Welfare Department.
- CMCHIS health insurance card is used for claims processing can be obtained from Kiosks in District Collectorates and the same can be downloaded and printed from the CMCHIS website.
- NABH entry – level accreditation / NQAS certification has been mandated for all empaneled hospitals including Government Hospitals.
- Minimal Electronic Health Record are available for beneficiaries from website.

29.3 During second wave of COVID-19 pandemic as per the announcement of Hon'ble Chief Minister free treatment in private hospitals for all types of COVID-19 cases is covered under Chief Minister's Comprehensive Health Insurance Scheme to reduce the burden to the

general public. In this COVID pandemic, the general public got a standard treatment in private hospitals without any delay. Consequently 642 private hospitals have been designated for COVID-19 and empanelled under the scheme for treating Chief Minister's Comprehensive Health Insurance Scheme beneficiaries during this COVID pandemic.

In addition, for the benefit of the public, the Government have reduced the package rates for RT-PCR and extended for Mucormycosis treatment

Beneficiaries treated for COVID under Chief Minister Comprehensive Health Insurance Scheme

Sl. No.	23.03.2020 to 06.05.2021		07.05.2021 to 31.3.2022	
	Total No. of Beneficiaries	Claims Amount	Total No. of Beneficiaries	Claims Amount
1	1,466	Rs.6.98 crore	31,179	Rs.382.13 crore

Beneficiaries treated for Mucormycosis under Chief Minister Comprehensive Health Insurance Scheme

Sl. No.	23.03.2020 to 06.05.2021		07.05.2021 to 31.3.2022	
	Total No of Beneficiaries	Claims Amount	Total No of Beneficiaries	Claims Amount
1	33	Rs.6.6 lakh	2056	Rs.594.29 lakh

RT-PCR tests done under Chief Minister's Comprehensive Health Insurance Scheme

Sl. No.	23.03.2020 to 06.05.2021		07.05.2021 to 31.3.2022	
	Total No of Beneficiaries	Amount	Total No of Beneficiaries	Amount
1	15,67,967	Rs.218.41 crore	32,23,064	Rs.182.64 crore

During COVID-19 pandemic in order to safeguard the public and to render cashless treatment to the public the treatment cost for COVID-19 has been revised on 22.5.2021. Considering the decline of Covid-19 cases, treatment cost has been converted from per day basis to package cost on 09.08.2021.

29.4 Performance :

Under the Scheme since 23.7.2009 to 31.3.2022 a total of 1,09,23,539 beneficiaries have availed treatment worth of Rs.10,203 crore. Of these 28,36,858 beneficiaries were treated in Government hospitals at cost of Rs. 3,368 crore(including diagnostic procedures)

Specialty procedures

Specialty wise authorization issued for surgery are given in the table from 11.01.2012 to 31.03.2022

Sl. No.	Speciality / Package	Approved Nos.	Approved Amount (Rs. in crore)
1	Kidney Disease – Dialysis	10,92,319	878.99
2	Cardiac Stent for Heart Attack	1,04,583	700.58
3	Cardiac By-Pass Surgeries	47,358	450.74
4	Cardiac Valve Replacement Surgeries	1,54,614	390.73
5	Cancer – Radiotherapy	46,837	382.03
6	Knee Replacement	48,940	320.09

7	Fractures	1,72,507	304.54
8	Cancer – Chemotherapy	5,85,571	291.08
9	Congenital Cardiac Disease	36,017	281.05
10	Kidney Stone Surgery	1,38,938	260.97
11	Newborn Diseases	1,90,793	232.63
12	Heart Attack Medical Management	86,301	203.60
13	Spinal Surgery	58,028	199.74
14	Cancer	52,837	162.55
15	GIT – Surgery	77,933	162.72
16	Eye Surgery Like Retinal Surgery	92,766	134.54
17	Hip Replacement	17,732	129.34
18	Vascular Surgery	51,877	126.53
19	Hysterectomy	74,716	118.85
20	Hearing Aid	1,41,063	113.27
21	Plastic Surgery	55,621	103.49
22	Others	8,75,381	1537.19
	GRAND TOTAL	42,02,732	7,485.25

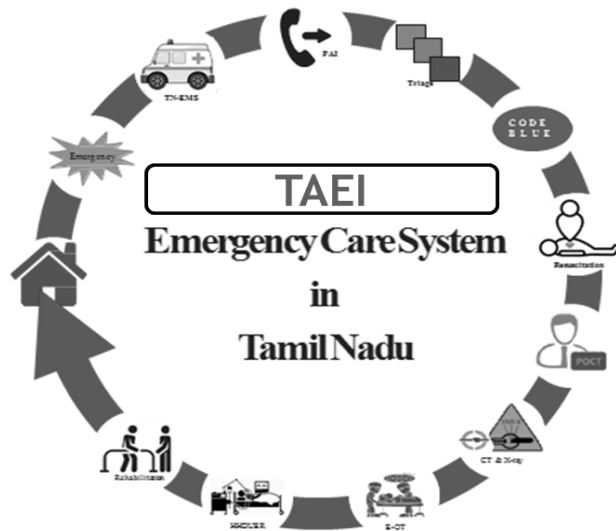
29.5 Corpus Fund: A corpus fund has been created by Government to meet out high cost procedures like Liver Transplantation, Renal Transplantation, Heart and Lung transplantation including post transplantation Immunosuppressant Therapy, Bone Marrow Transplantation, Cochlear Implantation, Auditory Brain Stem Implantation and Stem Cell Transplantation with Government contribution of Rs.35 crore. To recoup the Corpus Fund, 27% of the insurance claims earned by the Government Hospitals under the scheme are remitted to the Corpus Fund by the Insurance Company directly. All the beneficiaries for such high-end procedures are approved by an Expert Committee. From 11.1.2012 to 31.3.2022, 11,444 beneficiaries have been approved for these high-end surgeries from the Corpus Fund as per the following details:

Sl. No.	Nature of Surgical procedure	Number of Beneficiaries Authorized	Amount Approved (Rs. in crore)
1	Liver Transplantation	1058	228.07
2	Renal Transplantation	3847	150.62

3	Cochlear Implantation	4805	343.75
4	Bone Marrow Transplantation and Stem Cell Transplantation	1525	153.25
5	Heart transplantation	140	25.73
6	Heart and Lung transplantation	21	5.59
7	Lung transplantation	18	4.22
8	Auditory Brain Stem Implantation	30	5.47
Total		11,444	916.17

Chapter – 30

TAMIL NADU ACCIDENT AND EMERGENCY CARE INITIATIVE AND '108' EMERGENCY CARE SERVICES



30.1 Tamil Nadu Accident and Emergency Care Initiative (TAEI) has revolutionized the concept of Emergency Medical Care in Tamil Nadu and the state has become the role model for the rest of the country. Apart from bringing in state of the art protocols to practice, TAEI has ensured total face lift of the Government Health Care delivery system making Tamil Nadu the proud model for other states. Tamil Nadu has

converted the erstwhile casualty into Emergency Department with requisite manpower and infrastructure so as to become eligible by NMC standards to commence new postgraduate course in MD – Emergency Medicine, which is the first of its kind in India. NMC has since made Emergency Department mandatory for starting of new Medical Colleges in the country.

30.2 Key Concepts of TAEI: TAEI has introduced a few key concepts paving the path for paradigm shifts in patient care in Tamil Nadu **Emergency Care System**. The Patient Care has been demarcated into various clearly defined stages and steps with time norms fixed for each, easy to implement protocols and guidelines, check lists and standardization of Registers.

30.3 Emergency Department (ED) is being created in all Hospitals by reorganising the existing casualty with Emergency Room (ER), Hybrid High Dependency Unit (HHDU), Emergency OT, CT scan/MRI, mobile X-ray facility and counselling and rehabilitation room in the ED premises. The TAEI Emergency Room model incorporates key features like concept of triage, pre-arrival intimation, hospital call out protocols, Pain Management Protocols, Trauma Nurse co-ordinator in

all shift, Resuscitation bay, Red, yellow and green zones, Protocol based treatment, E-FAST, Point of care testing (POCT), Uniform for all health care work force and e MLC.

30.4 Activities during the year 2020-21 and 2021-22:

- i. 86 TAEI centers have been established across the State in 39 DME Institutions, 20 District Headquarters Hospitals and 27 Sub-District Hospitals located in Strategic Locations along the Highways.
 - Full-fledged Emergency Department are created in 25 Medical College Hospital by providing 25 ED Professors, 26 Associate Professor, 27 Assistant Professor and 25 ED Secretary posts.
 - 91 Specialist posts for appointment of Neuro Surgeons (21), Plastic Surgeons (5), Vascular Surgeons (6), Cardiothoracic Surgeons (10) and Anesthetist (49) have been created.
 - Under TNHSRP, World Bank projects are implemented to ensure **Emergency Surgery** is taken up within 6 hours of the incident, for

which 51 Emergency OT Staff Nurses and 51 OT Technician posts have been sanctioned.

- TAEI ensures emergency care for the **Right patient** at the **Right hospital**, treated by the **Right personnel** in the **Right Time** irrespective of medico-legal status.
- All Doctors, Nurses and Supporting Staff in the Emergency Department are trained to do primary resuscitation and basic care and only then referred to higher centers as it is important to ensure the minimum guidelines and standard operating procedures for management of victims. In all TAEI centers Standard Operating Protocols and treatment guidelines are strictly followed.
- MD Emergency Medicine course is approved from year 2022-23, 120 seats have been applied in 23 Medical College Hospitals.
- Steps are being taken to Standardize and benchmark TAEI training as:
 - ✓ Emergency Care Protocols like ATLS, BLS, ACLS, ATCN, PALS are proprietary and involves lot of cost.

- ✓ Inclusion of TAEI training in PG CRR nursing student curriculum.
 - ✓ Introduction of credit point system for TAEI training.
- ii. Under **“Stroke Care and Rapid Intervention with Plasminogen activator and Thrombectomy”** (SCRIPT):
- The Mapping of 23 hubs and 55 spokes with CT scan facility is established.
 - Providing Bi-plane cath lab unit for neurological patient to Rajiv Gandhi Government General Hospital, Chennai at a cost of Rs.750 lakh.
 - Providing Infra scanner for stroke at Rajiv Gandhi Government General Hospital-Chennai, Government Rajaji Hospital-Madurai, and Government Mohan Kumaramangalam Medical College Hospital-Salem at a cost of Rs.150 lakh.
 - Stroke management through Hub and Spoke model in Government Medical College Hospital, Tirunelveli and 10 Secondary Care

hospitals at a cost of Rs.915 lakh is being done.

iii. **Under STEMI Program**

- 18 Hubs with cath lab and 188 Spokes are Geographically Mapped and steps to enhance cath lab performance and thrombolysis at Spoke hospitals is taken.
- Center of excellence in Cardio vascular imaging in Rajiv Gandhi Government General Hospital, Chennai is being established at a cost of Rs.338 lakh.
- Optical Coherence Tomography (OCT) has been provided to 5 Medical college Hospitals namely Government Medical College Hospital-Vellore, Government Medical College Hospital-Tirunelveli, Government Mohan Kumaramangalam Medical College Hospital-Salem, Government Medical College Hospital-Thanjavur, and Government KAP Viswanathan Medical College Hospital-Tiruchirappalli.
- Intra Vascular Ultra Sound (IVUS) is provided to Government Mohan Kumaramangalam Medical College Hospital-Salem, Government

Medical College Hospital-Tirunelveli, and Government KAP Viswanathan Medical College Hospital- Tiruchirappalli.

iv. **Poison Management:**

- Center through Hub and Spoke model in Government Medical College Hospital, Thanjavur and 11 Secondary Care hospitals at a cost of Rs.438 lakh is being done.
- Similarly, one day awareness and first aid trainings have been planned for field workers and three days TAEI poison management training for medical officers and staff nurses in and around Pollachi and Perambalur District Head Quarters hospitals covering 23 spoke hospitals and 30 spoke hospitals respectively, as they are high case load areas.
- Since Feb 2022, Rodenticide Poison Management and Plasma Exchange virtual training sessions are conducted for doctors from Emergency Department, Medicine, Toxicology, Paediatrics, Hepatology / Gastroenterology, Transfusion Medicine,

Nephrology and Biochemistry Departments from TAEI centers.

v. **Paediatric Resuscitation and Emergency Management (PREM):**

- There are 38 PREM centers in the State with ICH, Egmore as the Apex PREM training center. Trainings have commenced for the doctors and nurses at ICH Egmore in batches.

vi. **IFT Reduction and Emergency Surgery within 6 hours:**

- Limiting inter facility transfer (IFT), Emergency surgery within six hours and Trauma Registry are being done and monitored closely by Tamil Nadu Health System Reform Program (TNHSRP).

vii. **Monitoring and Evaluation System:**

- Aggregate data collection and reporting is being carried out at all TAEI centers and data pertaining to Trauma, Burns, Poisoning, Self-Harm, MI, Stroke, and Paediatric Resuscitation and Emergency Management (PREM) are being collected on daily basis.

viii. **TAEI (Trauma) Registry:**

- IT based trauma Registry has been launched in 27 Medical College Hospitals since September 2021 and 11 new Medical College Hospitals have started entering in Trauma Registry from 15th Febuary 2022, where the 108 software has been integrated with the hospital records and real time triangulation of data from prehospital, in-hospital and rehabilitation is made possible. Therefore, one can understand the entire journey of the trauma patients till death or discharge.

ix. The Special features are: Triangulation of pre-hospital, in-hospital and rehabilitation modules, real time tracking of patients, pre-hospital notification, automated injury scoring based on vital signs, patient display system, scope for EMLC

- a. Based on the vital signs and destination hospital entered by EMTs in their Mobile App, the data is displayed in the Transit care menu of the registry portal. This is connected to a 33" wall mounted TV in the Emergency Department Triage area in all the 38 TAEI DME institutions.

b. If the case is critical, the patient details blinks in bright Red Colour, till nurse receives in ED.

c. It alerts the ED team to keep everything ready for reception and resuscitation of the critically ill patient.

x. In case of Interfacility transfer of patients, these patients travel in the same TAEI ID so that the tracking becomes easy and there is no duplication of records. If a patient is not received in the Emergency Department, a NOT RECEIVED button is provided in the nurse triage module which helps to monitor and bridge the gaps in Prehospital Emergency Care services.

xi. The TAEI registry will be upscaled across the State in all TAEI centers.

30.5 Capacity Building: In order to ensure effective implementation of the training, 'hands on' sessions and skill stations have been planned at the 25 Medical College Hospitals. Currently 5 Regional Training Centers (RTC) are functioning under TAEI with fully equipped necessary Emergency Care mannequins. They are:

- Rajiv Gandhi Government General Hospital, (RGGGH) Chennai.

- Government Rajaji Hospital, Madurai.
- Government Mohan Kumaramangalam Medical College Hospital, Salem.
- Government Vellore Medical College Hospital, Vellore.
- Government Head Quarters Hospital, Cuddalore

Years	TAEI Training	Doctors	Nurses	Total
2018-19	ED training, MSEED/NS Orientation, EMTC, DHPT, TN HAM, PEMC, First Responders	452	519	1,546
2019-20	@RTC PEMC, TN HAM, Cath Tech Training, EMT training, SCRIPT, SCRIPT radiologist, MO	3,396	5,212	8,663
2020-21	TAEI TSG and NTLS	616	1,050	1,666

2021-22	TAEI TSG and Poison Mx Training	1,200	1,200	2,400
	TAEI TSG and NTLS	832	1,376	2,208
Grand Total		6,496	9,357	14,275

30.6 Rehabilitation: Under TAEI, comprehensive Medical and Psychological rehabilitation program is planned such that holistic service delivery is ensured. Every District Head Quarters Hospital has been provided with physiotherapist by National Health Mission and their services will be utilized for providing rehabilitation for trauma victims. Provisioning of functional prosthesis to patients is being done under CMCHIS.

‘108’ EMERGENCY AMBULANCE SERVICE

30.7 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 Ambulances service. Muthamizh Arignar Dr. Kalaingar Karunanidhi has launched Free Emergency Ambulance Service on 15.9.2008 in Tamil Nadu. Each ambulance has one fully trained

Emergency Medical Technician (EMT) to provide the pre-hospital care to victim and a Pilot (Driver).

30.8 Deployment of Ambulance: The “108” ambulances are deployed in all 38 districts across the State. At present 1,353 ambulances are under operation providing Basic Life Support, Advanced Life Support, Neonatal Care and 4 VVIP ambulances. In addition, 41 First Responder Bike Ambulances also form part of ‘108’ service.

30.9 Details of Ambulance Fleet Strength:

Sl. No.	Ambulance Type	Numbers
1.	Basic Life Support (BLS)	1,159
2.	Advanced Life Support (ALS)	125
3.	Neonatal Life Support (NLS)	65
4.	VVIP Convoy	4
	Total Ambulances	1,353
5.	First Responder Bike	41

30.10 Details of Beneficiaries under this Service

Parameters	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Pregnant Mothers	2,40,827	3,22,868	3,14,932	3,02,036	3,14,913	4,93,841
RTA	2,19,310	2,28,549	2,45,049	2,13,953	1,78,935	2,44,684
Other Emergency	5,90,861	7,36,028	7,31,565	7,19,799	8,38,974	12,06,792
Total Beneficiaries	10,50,998	12,87,445	12,91,546	12,35,788	13,32,822	19,45,317
Tribal related	45,103	64,457	62,562	64,604	67,026	92,250

30.11 Neonatal Ambulances: These ambulances are available for handling emergencies of Newborn babies who need to be transferred from a Primary / Secondary care hospital to a Tertiary care hospital having Neonatal Intensive Care Unit (NICU). In addition, specially trained Emergency Medical Technicians are posted to provide care during transit. Over 26,587 babies have been benefited in this specialty service during this year 2021-22. Currently 65 ambulances are in operation in all the districts.

30.12 Bike Ambulance (First Responder Bike) and

Portable Medical Kit: First Responder Bikes are provided with a comprehensive, portable medical kit which is easy to handle at the scene of accident. 51,768 persons were benefitted during 2021-2022.

30.13 '104' Health Help Line Services: This is a 24x7 service through which people can get health related advice, medical counseling and information about various Government Health Schemes.

Services provided are as follows:

- Doctors and Health Professionals provide medical advice and information related to health problems.
- 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's Comprehensive Health Insurance Scheme, Dr. Muthulakshmi Reddy Maternity Benefit Scheme are channelled through this service.

- Nutritional advice and periodic counseling for patients with suicidal tendency are also being provided.
- Public can also make complaints / suggestions about functioning of any Government Health facility in the State.
- The total number of beneficiary benefitted are 23,14,534 since launch and upto March 2022.
- **Stress Management counselling for UG NEET candidate**

Total number of UG NEET appeared candidates in 2021-22 are 1,10,971

Details of beneficiaries

Sl.No.	Contents	Duration	Total beneficiary
1.	Phase-I Pre-result counseling	17.9.2021 – 7.10.2021	83,309
2.	Phase – II Post – result counseling	2.11.21 – 9.12.21	50,834

30.14. 102-Free Drop Back Service (JSSK):102-JSSK Scheme, funded by NHM provides 100% free drop back service to delivered mothers and treated sick infants from Government Hospitals to their home. 2,44,066 numbers of cases have been transported through these services during the year 2021-2022. Totally, 99 vehicles are functioning under this service.

30.15. '155377'-Free Hearse Service: The corpse of the deceased is transported from 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, Railways are used as mode of transport. 1,77,559 numbers of cases have been transported through this service during the year 2021-2022. Currently 220 vehicles are providing in this service.

Chapter - 31

SUSTAINABLE DEVELOPMENT GOAL: 3- ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

31.1 By 2030, nation shall ensure universal access to high quality, effective and affordable healthcare to all, minimizing incidence and mortality from communicable, non-communicable and lifestyle diseases. NITI Aayog is the nodal agency for the implementation of Sustainable Development Goals (SDGs) in India. The achievement of the SDG (Goal-3) targets for India is translated into an Indicator Frame work consisting of National and State Indicators.As per the Sustainable Development Goals India Index 2020-21 – Report prepared by the NITI Aayog, Tamil Nadu has been ranked second with a score of 74 and obtained the third position with a score of 81 in the Goal 3.

31.2 SDG-3 Implementation: In Tamil Nadu, the monitoring of the Sustainable Development Goal (SDG-3) is done by High-Power Committee which is headed by the Chief Secretary with Secretary of Health and Family Welfare Department as member. As per the directives in force the Planning and Development Department is the focal point for monitoring Sustainable

Development Goals. The State Planning Commission is responsible for policy level discussions, planning and programming and the Department of Economics and Statistics serves as the data nodal agency. Health and Family Welfare Department has set up Institutional mechanisms for achieving Sustainable Development Goals. Working Group to focus on Goal 3 and Goal 6 have been formed with Secretary of Health and Family welfare Department to plan, implement, monitor and submitting report on the achievements of SDG Goal 3 and 6 to the High-Power Committee. The Working Group has met several times for taking action under SDGs as per its comprehensive Terms of Reference. The working group is concerned with the mapping of the goals and targets, framing indicators, monitoring the progress and aligning them with schemes for improvement of the state under SDG-3. Tamil Nadu has finalized its monitoring framework for the SDG-3 at the State level and at the district and block levels. The process of finalization of indicators is itself consultative process that allows for departments to decide the achievable targets. With a view to monitoring the progress, a dedicated dashboard is in place to capture data for indicators from the respective Departments.

31.3 SDG 3 Major Indicators: Targets and Achievements

Category	Indicators	Target	Present Status	Source
MCH	Maternal Mortality Ratio (MMR)	70	60	SRS 2016-18
	Under-five mortality rate	25	17	SRS 2018
	Neonatal mortality rate	12	10	SRS 2018
Communicable Diseases	End the epidemics of AIDS, TB, Malaria, NTD etc.	0	11.2 % of total DALYs	GBD2016
Non-Communicable Diseases	Reduce premature mortality by 1/3rd	1,40,000	3,80,000	CRS 2019
Trauma / Injuries	Reduce RTA by 50% by 2030	8,125	10,525	SCRB2019

31.4 SDG 3 and Major Implementation Strategies adopted by the State

Sl. No.	SDG Goals	Implementation strategies in Tamil Nadu
3.1	By 2030, reduce the Global MMR to less than 70 per 100000 live births	<ul style="list-style-type: none"> • Provision of 24x7 delivery care services • Promotion of Institutional deliveries at public facilities • Birth Attendance by skilled health professionals • All 400 Block/ Zones Mentoring on Virtual and Real Time basis by the Obstetrician including Chennai • EDD mothers/ High Risk Mother tracking through PICME • Interim COVID Care Centres (ICCC)-47 UG PHC exclusively for Mothers affected with Covid • Early Childhood development services (First 1000 days) through 102 call centre. • Ensuring AN and PN mother vaccination for Covid
		<ul style="list-style-type: none"> • Dr.Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS)

		<ul style="list-style-type: none"> • Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Services • High Risk Mother Observation • Ensuring Maternal and Child Health(MCH) Protocols • Janani Suraksha Yojana (JSY) • Janani Sishu Suraksha Karyakram (JSSK) • Drugs/Diagnostics/Diet/Drop back) • Emergency Transport Services Maternal Anaemia Intervention (Blood Bank, Iron Sucrose) • Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) • Girl Child Protection Scheme (Social Welfare Department) • Maternal Death Audit (State and District Level) • Strengthening of District Hospitals by commencement of DNB programme
3.2	By 2030, put an end to the preventable deaths of newborns and	<ul style="list-style-type: none"> • Provision of Resuscitation and Essential Newborn care services • Facility based Newborn care • Home based Newborn care

	children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births.	<ul style="list-style-type: none"> • Integrated Management of Neonatal and Childhood Illness (IMNCI) services • Janani Sishu Suraksha Karyakram (JSSK) • Neonatal Ambulances Special Newborn Care Unit (SNCU)/ Newborn Stabilization Unit (NBSU)/Newborn Care Corner (NBCC) / Kangaroo Mother Care (KMC) • Provision of Immunization services • Screening of Children under Rashtriya Bal Swasthya Karyakram (RBSK) Scheme for Birth Defects, Diseases, Deficiencies and Developmental delays • Nutrition Rehabilitation Centers • Growth Monitoring and supplementary nutrition through Integrated Child Development Scheme (ICDS)
3.3	End the epidemics of AIDS, Tuberculosis, Malaria and Neglected tropical diseases	<ul style="list-style-type: none"> • Effective implementation of National AIDS Control Programme through Tamil Nadu State AIDS Control Society (TANSACS) • Implementation of National Tuberculosis Elimination Programme (NTEP), Multi Drug

	and combat Hepatitis, Water-borne diseases and other communicable diseases by 2030	<p>Resistant (MDR) and Extensively Drug Resistant TB (XDR-TB) Management</p> <ul style="list-style-type: none"> • State TB Prevalence Survey for identifying hotspots and community based specific interventions • Implementation of National Vector Borne Disease Control Programme (NVBDCP) in co-ordination with DPH and PM and Local Bodies / Provision of Domestic Breeding Checkers (DBC)s • Implementation of Integrated Disease Surveillance Programme (IDSP) • Establishment of District Public Health Laboratories through Lab Information systems • Strengthening of existing Laboratory services to meet IPHS standards
3.4	By 2030, reduce by one third premature mortality from Non-Communicable diseases through	<ul style="list-style-type: none"> • Makkalai Thedi Maruthuvam: • Comprehensive set of Home Based Health Care Services • Establishment of NCD Clinics in all health facilities • Coverage of NCD Complications

	prevention and treatment and promote mental health and well-being.	<p>under CMCHIS</p> <ul style="list-style-type: none"> • Implementation of National Mental Health Programme • Home based Palliative Care and Physiotherapy services • Caring for End Stage Kidney Failure patients: Continuous Ambulatory Peritoneal Dialysis (CAPD) services
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.	<ul style="list-style-type: none"> • Establishment of De-addiction Centers • Suicide Helpline and Counseling services
3.6	By 2030, halve the number of Global deaths and injuries from Road Traffic Accidents.	<ul style="list-style-type: none"> • Tamil Nadu Accident and Emergency Care Initiative • TN State Trauma Care Policy • State TAEI Surveillance Center • TAEI-Trauma Registry
3.7	By 2030, ensure universal access to sexual and reproductive health-care services,	<ul style="list-style-type: none"> • Implementation of Rashtriya Kishor Swasthya Karyakram (RKSK) • Establishment of Adolescent Friendly Health Clinics

	including for Family Planning, Information and Education and the integration of reproductive health into national strategies and programmes.	<ul style="list-style-type: none"> • Provision of ICTC Counsellors • Weekly Iron Folic Acid (WIFS) supplementation • Provision of Free Sanitary Napkins under Menstrual Hygiene Scheme • Establishment of 104 Centralized call center
3.8	Achieve Universal Health Coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	<ul style="list-style-type: none"> • Makkalai Thedi Maruthuvam • Population Health Registry for fixing the denominator • Right to Health • Health and Wellness Centers strengthening
3.9	By 2030, substantially reduce the number of deaths and	<ul style="list-style-type: none"> • Climate Change Cell at State Level • Implementation of Bio-Medical Waste Management Rules 2016

	illnesses from hazardous chemicals, air/water/soil pollution and contamination.	<ul style="list-style-type: none"> • Implementation of Food Safety and Standards Act (FSSA)
3.10	Strengthen implementation of framework convention on Tobacco control.	<ul style="list-style-type: none"> • Implementation of National Tobacco Control Programme (NTCP) • Establishment of State and District Tobacco Control Cell • Enactment COPTA
3.11	Provide access to medicines and vaccines for all; support Research and Development of vaccines and medicines for all.	<ul style="list-style-type: none"> • Providing free drugs, vaccines and diagnostics in all Government Health facilities • Providing financial support to King Institute of Preventive Medicine

3.12	Increase health financing and health workforce in developing countries	<ul style="list-style-type: none"> • Provision of substantial increase in health budget over years by 10% • Recruitment of health manpower through exclusive Medical Services Recruitment Board (MRB)
3.13	Strengthen capacity for early warning, risk reduction and management of health risks.	<ul style="list-style-type: none"> • Implementation of Integrated Disease Surveillance Programme (IDSP) • Provision of capacity building of health functionaries

The State has achieved significant progress in maternal and child health in last few decades. Tamil Nadu has 99.99 percent institutional deliveries (HMIS, 2021) and an MMR of 60 deaths per one lakh population (SRS 2018), clearly surpassing the SDG 2030 goal. Further, the under-5 mortality rate has declined from 20 per 1000 live births in 2015 to 17 as per recent SRS, 2018, which is also much lower than the national U-5MR of 36. Tamil Nadu has registered a reduction in Infant-Mortality Rate (IMR) from 19 per 1000 live births in 2015 to 15 per live births in 2019 which is lower than

the national IMR of 32 per 1000 live births. Also, the immunization coverage is about 99 percent (State HMIS, 2021) nearing the target of reaching full immunization coverage.

31.5 The State is facing the twin challenges of sustaining and augmenting its achievements while combating emerging health issues. Significant achievements in vital health indicators such as low fertility rate, low mortality rate, increase in average life expectancy combined with change in dietary pattern, food habits, environmental and social determinants has led to an epidemiological transition and demographic transition in the State, resulting in a rise of NCD related illnesses.

The current major challenges faced by the State include:

- Sustaining the achievements made in vital health indicators
- Addressing emerging issues related to the rise in mortality and morbidity due to NCDs, ageing, mental health, climate change etc.
- Addressing the unmet needs for affordable, accessible and equitable healthcare
- Community empowerment and participatory governance.

Chapter – 31

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

This Medical University was established in the year 1987 by the enactment of the Tamil Nadu Medical University Act, 1987 (Act No. 37/1987). The name was subsequently changed to 'The Tamil Nadu Dr.M.G.R. Medical University' (TNMGRMU). This University is functioning from July 1988 and is one of the largest Medical & Health Sciences' Universities of India. The University currently has about 2,00,000 students spread across its Affiliated Institutions under various streams of Medical and Allied Health Education. With around 700 institutions of Medical, Dental, AYUSH, Pharmacy, Nursing, Physiotherapy, Occupational Therapy and various other Allied Health streams under its fold, the Tamil Nadu Dr.M.G.R. Medical University has set itself the twin objectives of Quality Education and Applicative Research in Medical, Dental, Para-medical and AYUSH Specialties. This is the only Medical Sciences' University in the State of Tamil Nadu, capable of granting 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. In the academic year 2021-22, 20,025 Eligibility Certificates ,1500 Migration Certificates and No Objection Certificates for Foreign Candidates have been issued till date.

Thiru.Ma.Subramanian

Minister for Health and
Family Welfare