13. HEALTH AND FAMILY WELFARE
HEALTH AND FAMILY WELFARE

Introduction

The health of the people in the State is an essential component of development, vital to the economic growth and internal stability of the State. Assuring a minimal and universal level of health care to the population is a critical constituent of the development process. Human Development Index consists of three components namely Education, Life Expectancy at Birth and Command over Resources i.e. purchasing power parity. The healthier the population, the more will be the Index Value. Loss of health is most often irreversible and the potential loss of output for the individual cannot be compensated. Considerable achievements have been made over the last six decades to improve health standards such as Life Expectancy, Child Mortality, Infant Mortality and Maternal Mortality. The strong link between poverty and ill health needs to be recognised. Ill health and morbidity create immense stress even among those who are financially secured. High health care costs can lead to impoverisation or exacerbation of poverty. The importance of public provisioning of quality health care at affordable costs and provision of reliable health services cannot be underestimated.

Health makes education possible and vice versa. Education of women delays age at marriage, improves knowledge of contraceptives and enhances their status in society. Considering the above facts, the Government of Tamil Nadu has been bestowing more attention on female education and focused health care. The Government’s principal health policy is to ensure “Health for all” and universal guarantee of basic health and education. In Tamil Nadu, both public and private sector hospitals have been catering to the health care requirements of the public. The State’s objective is to ensure that health care services are rendered with
the core principles of accessibility, equity, excellence and affordability by building a wide health care network throughout the State. The delivery mechanism provides curative, preventive and rehabilitative care.

**UNIVERSAL HEALTH COVERAGE BY 2022: THE VISION**

**ENTITLEMENT**
Universal health entitlement to every citizen

**NATIONAL HEALTH PACKAGE**
Guaranteed access to an essential health package (including in-patient and out-patient care provided free-of-cost)
- Primary care
- Secondary care
- Tertiary care

**CHOICE OF FACILITIES**
People are free to choose between
- Public sector facilities; and
- Contracted-in Private providers

**Source:** High Level Expert Group, UPC – 2011

**Fig. 13.1: Universal Health Coverage Vision**

**Vision Tamil Nadu 2023**

The Vision Tamil Nadu 2023 sets the plan for infrastructure development of the State to reach the desired outcomes by 2023. It envisages Tamil Nadu to become not only the Numero Uno State in India in terms of social indicators, but also to reach the levels attained by developed countries in human development by ensuring universal access to health care facilities. The key infrastructure development in the Health sector is in providing universal access. Some of the key initiatives proposed are:

- Increase the capacity of primary and secondary healthcare network by improving the infrastructure of the hospitals such as enhancement of bed strength, laboratory and radiology facilities and diet provisioning and ensuring that a referral centre is available within a maximum distance of five kilometres from every Sub-Centre.

- 15 new Medical Colleges attached to district hospitals will be established and the already existing 17 medical colleges attached to hospitals will be upgraded to international standards.

- The State Government aims to establish and strengthen ten or more Centres of Excellence - these would essentially be world class organisations that are at the cutting edge in their respective domains, which would include life style diseases for the health sector.

- Tamil Nadu is already renowned for healthcare facilities and the key factors responsible for promoting Medical Tourism Industry are world class treatment at competitive rates, international connectivity, availability of professional healthcare skills, knowledge and resources. It will further develop this reputation by aggressively positioning itself as the medical tourism destination.
of South Asia. Medical Tourism would emerge as a thrust area as per the Vision 2023.

- Two Medi-cities will be created in Southern and Western Tamil Nadu with a mission to serve the medical tourism industry by investment in hospital and education facilities, logistics and hospitality services.
- Trauma, ambulatory and disaster management care facilities will be improved across the State. Diagnostic services like laboratories, collection centres, radiology centres will be networked.
- Electronic Medical Records Management and Hospital Management System will be implemented in all District and Taluk hospitals.
- The State will ensure availability of items on the Essential Drug List (EDL) to all citizens. The State will also ensure 100 percent availability of drugs at all locations.

Fig. 13.2: Rajiv Gandhi Government General Hospital
13.1 MEDICAL EDUCATION AND RESEARCH

**Medical Education in the Government Sector**

Good health provisioning and planning in the State would require quality health workers in various categories. There is a need to focus on Medical Education to provide leadership in research and practice in different medical conditions and research themes.

Medical Institutions in the Government sector which are offering medical and paramedical education including nursing is given in the Table 13.1.1.

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Medical Colleges</td>
<td>17</td>
</tr>
<tr>
<td>Government Dental College</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapy Colleges</td>
<td>2</td>
</tr>
<tr>
<td>Nursing Colleges</td>
<td>4</td>
</tr>
<tr>
<td>Schools of Nursing (Diploma)</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
</tr>
</tbody>
</table>

*Source: Dept. of Health and Family Welfare, GoTN*

The above Medical Institutions and the 63 Hospitals attached to the medical colleges are functioning under the control of the Directorate of Medical Education. The total bed strength of these hospitals is 25,413 and their daily average in-patients and out-patients strength is 22,002 and 70,919 respectively.

The Tamil Nadu Dr. M.G.R. Medical University is conducting various courses in Medicine and allied health sciences through the 328 institutions affiliated to the University. Selection to the courses are made by the Selection Committee, Directorate of Medical Education and the respective Institutions by the merit list. The University Library serves as a Regional Medical Library and Medical Informatics Centre.

**Review of Eleventh Plan**

Strengthening of teaching institutions and their attached hospitals in terms of additional infrastructure, provision of modern medical equipment and strengthening of diagnostic facilities were the priority areas of the Eleventh Plan.

During the Eleventh Plan period, three new Government Medical Colleges were opened at Dharmapuri, Villupuram and Thiruvarur. Additional buildings including hostel buildings were constructed in the existing medical colleges and the statutory requirements in terms of staff, equipment etc., were provided in order to create additional seats in the postgraduate, super speciality and nursing courses. The Table 13.1.2 gives the overall increase of seats in the various disciplines during the Plan period.
Table 13.1.2: Physical Performance of the Eleventh Plan

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the Course</th>
<th>No. of seats</th>
<th>Beginning (2007-08)</th>
<th>End (2011-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Diploma Course</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Diploma in Nursing</td>
<td>1795</td>
<td></td>
<td>1875</td>
</tr>
<tr>
<td>II</td>
<td>U.G. Courses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>M.B.B.S.</td>
<td>1645</td>
<td></td>
<td>1945</td>
</tr>
<tr>
<td>2</td>
<td>B.D.S.</td>
<td>100</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>B. Physiotherapy</td>
<td>50</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>B.Sc (Nursing)</td>
<td>50</td>
<td></td>
<td>175</td>
</tr>
<tr>
<td>5</td>
<td>B. Pharmacy</td>
<td>106</td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>III</td>
<td>P.G. Courses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>P.G. Degree (Medical)</td>
<td>429</td>
<td></td>
<td>706</td>
</tr>
<tr>
<td>2</td>
<td>P.G. Diploma</td>
<td>349</td>
<td></td>
<td>403</td>
</tr>
<tr>
<td>3</td>
<td>M.D.S.</td>
<td>36</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>4</td>
<td>Higher Specialities</td>
<td>69</td>
<td></td>
<td>187</td>
</tr>
<tr>
<td>5</td>
<td>M. Pharmacy</td>
<td>32</td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>6</td>
<td>M.Sc. (Nursing)</td>
<td>8</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>7</td>
<td>M.Sc. (Medical Physics)</td>
<td>-</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

**Source:** Dept. of Health and Family Welfare, GoTN

The Government Arignar Anna Cancer Institute, Karapettai, Kancheepuram was made the Regional Centre of Excellence for Cancer and a Linear Accelerator was established at a cost of ₹10.00 crore to provide modern medical care to poor cancer patients. Mammography units were established in Rajiv Gandhi Government General Hospital, Stanley Medical College Hospital and Kilpauk Medical College Hospital, Chennai.

The Paramedical education was given priority by opening two new Nursing Colleges at Salem and Chengalpattu and a new Nursing School at Vellore. The number of M.Pharm seats were increased in Chennai and Madurai Pharmacy Colleges and new Diploma and Certificate courses for medical technicians were started in 15 Medical Colleges.

In the Eleventh Plan period, an initiative was taken to create a network of super speciality hospitals to afford quality tertiary health care to the people. A super speciality hospital with trauma block was set up at a cost of ₹139.10 crore in the Mohan Kumaramangalam Medical College Hospital, Salem with the GoI assistance of ₹100.00 crore under Pradhan Manthri Swasthya Suraksha Yojana.

During the Eleventh Plan, an outlay of ₹2,730.00 crore was allocated for the Health Sector and the expenditure incurred was ₹4,719.00 crore.

**Twelfth Five Year Plan**

The Hon’ble Chief Minister of Tamil Nadu at the 22nd Convocation of Dr.M.G.R Medical University, highlighted that the Government is fully confident that
the various schemes proposed in the health sector would definitely propel the State to a premium position in the provision of quality health care to the entire population.

**Objectives**

The objectives setforth for the Eleventh Plan have not been fully achieved. Although the status of Human Resources for Health has improved during the Eleventh Plan period, much more needs to be done.

A substantial scale-up of the health workforce is needed across several cadres. Priority should be accorded to the development and deployment of non-physician health care providers, ranging from community health workers to mid-level health workers. Doctors are of great value in providing certain specialised health care, yet primary health care services should not be doctor dependent. Even in secondary and tertiary care, skilled support services should be provided by suitably trained nurses and allied health professionals. Planning for health professional education should reflect this paradigm. Universal Health Care mandates that health care needs rather than population norms, guide the deployment of human resources at different levels of health care service provisioning. In this regard, the State Government has to plan for the human resource needs of the different districts, based on the requirements and lags in the vital indicators.

There seems to be a sizeable expansion in teaching institutions for Doctors. Therefore, it is proposed to continue the following important objectives during the Twelfth Plan period:

- To provide highly skilled medical and para-medical manpower by providing access to quality medical and para-medical education at an affordable cost.
- To provide research relevant to human development and quality of life.

**Strategies**

It is proposed to achieve the above objectives with quality care through the following strategies:

- To open one fully equipped new medical college every year with the approval of Medical Council of India (MCI) in the uncovered districts of the State.
- To upgrade the infrastructure and manpower as well as facilities for students in the existing medical and paramedical colleges.
- To improve the curriculum and quality of medical education imparted.
- To provide special focus for development of family medicine as a specialisation in medical care.
- To provide modern medical and diagnostic equipments to existing tertiary hospitals.
- To set up a network of Regional Centres of Excellence to provide basic super speciality care with ease of access for the people of the State.
- To provide a special thrust in the provision of medical care for the vulnerable sections such as geriatric care and mental health care.
- Trauma Care Training: Basic life saving procedures in trauma now tackled by super specialists will be imparted to General Surgeons/Ortho Surgeons so as to cover Taluk level hospitals.

**Ongoing Schemes**

**Improvements in Medical Colleges**

A thrust will be given to improve the existing medical colleges to satisfy MCI norms, which are revised from time to time to ensure quality in medical education. It is proposed to rectify the infrastructure gaps at
a cost of ₹75.00 crore in the existing Medical Colleges. Student amenities such as hostels for postgraduates and undergraduates, library facilities etc., will be given importance with an outlay of ₹75.00 crore for medical, dental and paramedical students to enable them to concentrate on their education and emerge as competent professionals.

**Improvements to the Tertiary Care Hospitals**

The State of Tamil Nadu is well known at the national level for provision of Super Speciality Services in the health sector. Though private hospitals have taken lead in this area, public hospitals also follow close behind and needs to be strengthened as most of the downtrodden people cannot afford such treatments in private sector. In the first phase, the State has established a super speciality hospital at Salem and has proposed to set up two more, one at Madurai with GoI assistance and the other at Tiruchirappalli using State funds at a cost of ₹100.00 crore. The State will create a network of super speciality hospitals in the Twelfth Plan.

The setting up of the Multi Super Speciality Hospital at Omandurar Government Estate, Chennai with facilities on par with that of All India Institute of Medical Sciences, New Delhi will ensure that the public of the State will get high quality medical care at a centre nearest to them. In addition, some of the existing Centres of Therapeutic Excellence such as the Institute for Burns, Institute of Hand Reconstructive Surgery, Departments of Medical and Surgical Gastroenterology etc., in existing medical college hospitals will be strengthened to offer quality care to the public as well as to train medical post graduates. A sum of ₹150.00 crore will be provided in the Plan period for setting up of these Multi Super Speciality Hospitals.

A special programme will be taken up to provide state of the art equipment in the Operation Theatres and Radiology Departments of Medical College Hospitals. The facilities at the Barnard Institute of Radiology and Oncology at the Rajiv Gandhi Government General Hospital, Chennai will be improved to fulfill the needs of increasing influx of patient referral for radiology procedures. Based on the increasing need of this cadre in the State, it is proposed to start paramedical degree courses in Radio-Diagnosis and Radiotherapy Techniques and to provide digital X-Rays in uncovered medical colleges and allied institutions. The total cost for these schemes will be ₹50.00 crore.

**Promotion of Geriatric Care and Services**

The unprecedented increase in human longevity in the 20th century has resulted in the phenomenon of increasing geriatric population. With more than eight percent of the population aged above 65, health of the aged has become a major concern. The infrastructure and trained manpower in the current healthcare system is grossly deficient for provision of comprehensive health care to the elderly at all levels. The elderly suffer from multiple and chronic diseases among which non-communicable diseases are common irrespective of the socio-economic status. It is proposed to develop a full-fledged Institute of Ageing in the Madras Medical College with central assistance, using the Geriatrics Department as a base. Furthermore, in the next five years, Geriatrics Department would be developed in all the Medical College Hospitals as a first phase and in the district hospitals in the second phase, with specialists in M.D. Geriatrics. The cost of the above development works out to ₹100.00 crore. It is expected that a substantial part of the expenditure would be met under the National Programme of Health Care for the Elderly, which has been announced by the Central Government.
**Cadaver Transplant Programme**

The Cadaver Transplant Programme has been successfully implemented in Tamil Nadu with streamlined procedures, making Tamil Nadu a leading State in the Country in its implementation. However, the programme needs awareness among the public to carry forward voluntary donation of organs of dead bodies. An outlay of ₹5.00 crore would be made in the Plan to strengthen this programme by creating awareness and participation of hospitals in cadaver based organ donation.

**Nursing Schools and Colleges**

There are four Nursing Colleges and 23 Nursing Schools under the control of the Directorate of Medical Education. Thrust will be given to improvement of Nursing Education in the Government Sector, which will also serve as a benchmark for colleges and schools in the private sector. Steps will be taken to set up schools/colleges of nursing in all the medical colleges in the State. Gaps in basic infrastructure facilities in the existing Government nursing schools such as buildings, equipment, staff and hostel facilities will be provided on a priority basis. Initiatives will be undertaken to build partnerships with internationally reputed institutions to improve the quality of nursing education and to provide faculty training.

**Nursing Curriculum Improvement**

A special effort will be taken to revamp the nursing curriculum to make it more skill oriented and less theoretical in its approach. Nurses who are employed in Government Hospitals would be put to Continuing Medical Education (CME) programmes to update their expertise under the National Rural Health Mission, Tamil Nadu Health Systems Project etc. By improvement of the nursing curriculum, evaluation methods and quality of clinical training, the overall quality of services in Government and private hospitals would be improved.

The total exercise will cost the Government ₹50.00 crore during the Plan period. A portion of these resources will be drawn from the GoI under the scheme for strengthening nursing education.

**New Schemes**

**Expansion of Medical Education**

Although Tamil Nadu has a good track record when compared to the rest of the country, there is still a shortage of medical practitioners to serve in the rural areas and specialists to man the secondary and tertiary hospitals. In addition, there is also a growing need for specialists in the areas of mental health, geriatric and palliative care. It is therefore proposed to start new Government Medical Colleges during the Plan period at a cost of ₹750.00 crore.

Efforts will be taken to increase the speciality and super speciality seats in the existing medical colleges by providing additional manpower, equipment, infrastructure etc., as per MCI requirement at a cost of ₹100.00 crore.

One of the focus areas for the State during this period will be the introduction of a course in Family Medicine. Postgraduate students in this speciality would be trained in providing health education to patients, their families and the community and also emphasising hygiene and nutrition. In order to make quality affordable Health Care available throughout the State, there will be a conscious effort to encourage medical students to pursue studies in this discipline.

Efforts will be made to initiate discussion with MCI to allow taluk hospitals and district hospitals to be utilised for undergraduate medical training. This will enable qualified teachers to go to smaller towns and the facilities of smaller hospitals will be upgraded.
Curriculum Reforms

Importance will be given to skill development in the medical profession rather than rote learning. There is need to re-orient medical education to support rural health issues including integration of medical care with medical ethics. Training in Cardiac Critical Care for postgraduate students, Compulsory Rotary Residential Internship (CRRRI) and Training in Disaster Management for all medical and non medical staff and Training for resuscitation of newborns for all doctors will be implemented in a phased manner. Computer training for medical and paramedical students will also be stressed upon as part of the medical curriculum. Courses for Pain, Palliative care and Distance Education Programme using telemedicine and video conferencing to improve basic life saving skills will be introduced during the Twelfth Plan period. The cost of these new schemes is estimated to be ₹50.00 crore.

Improvement of Quality in Education

Closely allied to curriculum reform is the need to improve the quality of education and training imparted in medical and paramedical institutions. Head of Departments and senior teaching faculty will be trained in teaching methods in coordination with the University. Such senior teachers and researchers would be allowed to attend National and International Conferences in order to encourage better teaching and research practices. Possibilities for exchange programmes and tie-ups with national and international medical schools will be explored to provide training to doctors in new techniques and treatments and Continuing Medical Education (CME) for existing faculty to upgrade their skills. Libraries in existing institutions will also be interlinked so that all medical and para medical students will have access to the latest international journals and multimedia resources. The total expenditure for this exercise will be ₹50.00 crore.

Setting up of Comprehensive Cancer Therapeutic Centres

The incidence of Cancer has seen a steady increase and has become a major cause of mortality in the State. Most forms of cancer are treatable if detected early. Since 70 percent of various types of cancer patients seek treatment in an advanced stage, steps will be taken to establish one Early Cancer Detection Centre initially in each medical college with the necessary infrastructure. This would be combined with a state-wide screening and prevention campaign under the World Bank assisted Tamil Nadu Health Systems Project. Special focus will be given on using simple screening methods for cervical cancer, breast cancer and oral cancer in all the district and medical college hospitals. A State Cancer Registry, the first in India will be conceptualised and implemented in the coming Plan period.

Introducing Cancer Chemotherapy Administration in all medical college hospitals require careful monitoring of the choice of drugs and regimens, the site and type of cancer (curable cancers) and intention of the treatment i.e. intention to cure or palliate. Cancer treatment has to be carried out using a multi-disciplinary approach. The three departments which are required for comprehensive cancer treatment are Surgical Oncology, Medical Oncology and Radiation Oncology. These have to be supported by the ancillary departments of Histopathology, Cytology, Imaging, Haematology, Microbiology, Dentistry and Blood Bank Services. Thus a definite policy has to be laid down for the management of different types and stages of cancer.

There are two Regional Cancer Centres in the State, namely the Cancer Institute at Adyar and the Arignar Anna Cancer Hospital at Karappettai near Kancheepuram. Two more Regional Cancer Centres have been proposed to be set up at the Government Rajaji Hospital in Madurai
and Medical College Hospital in Coimbatore. A minimum of four Medical College Hospitals will be converted into Comprehensive Cancer Therapeutic Centres to provide services to people near their homes. The total outlay for this scheme including starting of the new departments is ₹200.00 crore.

**Strengthening of Pharmacy Department**

The graduate B.Pharmacy course is conducted in the colleges of Pharmacy at Chennai and Madurai only, while Diploma in Pharmacy course is conducted in the schools of Pharmacy at Thanjavur, Coimbatore and Madurai. It is proposed to start a B.Pharmacy course in Thanjavur and Coimbatore.

It is also proposed to improve the buildings, equipment and infrastructure as well as provide hostel facilities to the students of the existing Pharmacy schools and colleges. The Pharmacy Department at Madras Medical College, Chennai will be modernised to improve the teaching and research capabilities of this department. The total expenditure for this scheme is estimated at ₹25.00 crore.

**Dental College**

There is only one Government Dental College functioning in the State and it does not fulfill the requirements of students in dental education and hence it is proposed to construct a Government Dental College in the southern region of Tamil Nadu at Madurai, at a cost of ₹55.00 crore.

The Tamil Nadu Dental College Hospital will be upgraded as a Centre of Excellence.

**Strengthening of King Institute of Preventive Medicine & Research**

The services and contributions of the King Institute have been recognised by National and International bodies such as the UN, WHO, ICMR, DBT, FICCI etc. The facilities of all the departments at King Institute may be strengthened with the aid of new technological innovations on par with global standards to serve society by providing best healthcare strategies. The proposed cost of these improvements is ₹20.00 crore.

**Governance and Medical Services Recruitment Board**

The Government wishes to ensure good governance in all hospitals, as most of the problems they face pertain to managerial shortcomings. The Government is providing hospital administration training to all Senior Medical Officers and those who are likely to become Chief Medical Officers shortly. A separate Medical Service Administrative Cadre will be formed in the Health Department for better management of Government Hospitals.

As of now, more vacancies exist in the category of doctors, staff nurses, paramedical staff and hospital workers in the Government Hospitals and PHCs. In order to fill up the existing vacancies and future vacancies expeditiously, a Medical Services Recruitment Board has been formed in Tamil Nadu to provide uninterrupted health services to the public. This Medical Services Recruitment Board, which is the first of its kind in India would ensure that doctors and paramedical staff are always in position in all Government Hospitals and PHCs including those institutions located in the backward districts.
Outlay for Medical Education and Research

The scheme-wise outlays for the Medical Education and Research during the Twelfth Plan are given in the Table 13.1.3.

**Table 13.1.3: Twelfth Plan Outlay – Medical Education and Research**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the scheme</th>
<th>Outlay (₹ crore)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing schemes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Improvements in Medical Colleges</td>
<td>150.00</td>
</tr>
<tr>
<td>2</td>
<td>Improvements to the Tertiary care hospitals</td>
<td>300.00</td>
</tr>
<tr>
<td>3</td>
<td>Promotion of Geriatric Care and Services</td>
<td>100.00</td>
</tr>
<tr>
<td>4</td>
<td>Cadaver Transplant Programme</td>
<td>5.00</td>
</tr>
<tr>
<td>5</td>
<td>Nursing Schools and Colleges including Nursing Curriculum Improvement</td>
<td>50.00</td>
</tr>
<tr>
<td><strong>Total – Ongoing schemes</strong></td>
<td><strong>605.00</strong></td>
<td></td>
</tr>
<tr>
<td><strong>New Schemes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Expansion of Medical Education</td>
<td>850.00</td>
</tr>
<tr>
<td>2</td>
<td>Curriculum Reforms in Medical Education</td>
<td>50.00</td>
</tr>
<tr>
<td>3</td>
<td>Improvement of Quality in Education</td>
<td>50.00</td>
</tr>
<tr>
<td>4</td>
<td>Setting up of Comprehensive Cancer Therapeutic Centres</td>
<td>200.00</td>
</tr>
<tr>
<td>5</td>
<td>Strengthening of Pharmacy Departments</td>
<td>25.00</td>
</tr>
<tr>
<td>6</td>
<td>Dental College</td>
<td>55.00</td>
</tr>
<tr>
<td>7</td>
<td>Strengthening of King Institute of Preventive Medicine and Research</td>
<td>20.00</td>
</tr>
<tr>
<td><strong>Total – New schemes</strong></td>
<td><strong>1250.00</strong></td>
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<td><strong>Grand Total</strong></td>
<td><strong>1855.00</strong></td>
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</table>
13.2 HEALTH CARE DELIVERY AND SERVICES

Introduction

The health care delivery system must reach the far-flung areas of the State to cater to all sections of the population - especially those more marginalised than others. Healthcare delivery is carried out at primary, secondary and tertiary levels. Tertiary care is specialised consultative health care, usually provided for inpatients following referral from primary or secondary health professionals, in an institution that has personnel and facility for advanced laboratory and imaging investigations as well as for highly skilled clinical management.

Keeping in view the above fact, the Government of Tamil Nadu has been establishing health care networks in all parts of the State and the health care infrastructure now has a broad base. The Government’s goal is to set up one Primary Health Centre (PHC) for a population of 30,000 in the plains and one PHC for a population of 20,000 in the hilly tracts. It is heartening to note that the Government has already achieved the above goal with health care services being delivered at district, taluk, block and village levels. The PHCs and Health Sub-Centres act as a focal point in rural areas. All the above institutions have been fine tuned and streamlined under the National Rural Health Mission.

Universal Health Care

This scheme focuses on effective health care delivery to the rural population with a fixed mission and a holistic approach. The cyclical benefits accruing due to universal health coverage has been presented in the figure below (13.2.1). The capacity building and strengthening of health care infrastructure at the village level with universal access are the principal objectives

Source: High Level Expert Group, UPC - 2011

Fig. 13.2.1: Universal Health Coverage
of the scheme. It is worth mentioning that the Death Rate, Birth Rate, Infant Mortality Rate and Maternal Mortality Ratio have been showing a downward trend during successive Plan periods because of operation of various factors such as growing industrialisation, faster urbanisation, marked breakthrough in medical technology, efficacious health care delivery system, better nutrition, changing role of women with education and empowerment and the role of mass media in awareness creation about birth control. The resources spent on creation of sound health infrastructure and deployment of medical personnel has therefore paid due dividend.

In spite of such efforts taken by the Government, the onset of new strains of diseases such as Chickungunya, Dengue, HIV infection etc., is a cause of concern. The burden of infectious diseases that need timely diagnosis, effective treatment and their incidence inflicts severe financial strain on the poor. The strategies identified to address these issues are availability of adequate trained health manpower, sufficient health care infrastructure, risk reduction and communication, efficient disease surveillance, response system for early detection, treatment of cases and control of outbreaks of epidemics.

**Twelfth Plan Objectives**

- Reduction in Infant Mortality and Maternal Mortality.
- Universal access to Public Health Services - Women health, child health, drinking water, sanitation and hygiene, nutrition and universal immunisation.
- Prevention and control of communicable and non-communicable diseases.
- Population stabilisation – Maintaining gender and demographic balance.
- Access to integrated comprehensive primary health care.
- Revitalising local health tradition and mainstreaming Indian System of Medicine.
- Promotion of healthy life styles.

Under the broad framework proposed above, Tamil Nadu is striving to protect, promote, maintain and improve the health status of the people. Of the three levels of care providing services to the people in the Government sector, the tertiary sector has been discussed in the previous section. The network of tertiary and secondary care medical institutions provide curative and emergency services to the people while the primary health care system forms the framework for programmes for prevention and control of various diseases.

**Quality Dimension of Health care**

Quality can be measured in three ways, viz. 1.Structure (infrastructure and medicine) 2.Process (quality of medical

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**Figure 13.2.2: Overview of Health Care System**

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**Table:**

| Doctors | - 5150 |
| Nurses  | - 6282 |
| Other staff | - 5577 |
| Doctors | - 3966 |
| Nurses  | - 4864 |
| Other staff | - 11906 |
| Doctors | - 4408 |
| Nurses  | - 18705 |
| Other staff | - 18749 |

**Source:** Dept. of Health and Family Welfare, GoTN
advice) 3. Outcomes (impact of care on patient’s health). Process quality in health care means when a patient visits the doctor, the quality of care he receives depends upon (1) whether the doctor is present (the extensive margin of effort) (2) What the doctor knows (competence) and (3) What the doctor does (effort), the latter two reflects the intensive margin of care.

**Primary Health Care System**

The Primary Health Care and Preventive Health Services in the State are delivered through a network of 1612 PHCs and 8706 HSCs under the control of the Directorate of Public Health and Preventive Medicine. Tamil Nadu is the only State in the Country which has an exclusive public health management cadre at the district level. These doctors who possess Diploma in Public Health are able to acquire administrative experience and contribute significantly to the design and execution of the public health system. Separate sections for Dental treatment are being formed in the Primary Health Centres.

**Secondary Health Care System**

The Directorate of Medical and Rural Health Services administers and provides the following health care services through the network of 31 District Head Quarters Hospitals, 154 Taluk Hospitals, 76 Non-Taluk Hospitals, 19 Dispensaries, 10 Mobile Medical Units, 7 Women and Children Hospitals, 2 T.B. Hospitals/Sanatorium, 2 T.B. Clinics and 7 Leprosy Hospitals/Centres:

- Primary and Secondary level care for the public under the basic specialties such as Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Ophthalmology, E.N.T, Orthopaedics, Psychiatry and Dental services.
- Comprehensive Emergency Obstetric and Neonatal Care services (CEmONC) for pregnant women and newborns.
- Family Welfare services.
- Accident and Emergency services.

**Family Welfare**

The main objective of the Directorate is to stabilise the population growth as well as improve maternal and child health status, thereby reducing the vital indicators such as the Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). Tamil Nadu is considered as a model State for the other States in the implementation of the Family Welfare Programmes. As the State has made commendable progress in reducing the Birth Rate, the focus has shifted from a “Target Based Approach” to a “Community Based Approach” where importance is given to meeting the unmet needs for family planning services and improving maternal and child health. The major factor behind the success of the programme in the State has been the strong social and political commitment coupled with a systematic administrative backup. The programme is implemented through the PHCs in rural areas and Post Partum Centres, Urban Health Posts and Urban Family Welfare Centres in the Urban areas. Approved private nursing homes also play an important role in the Family Welfare Programmes.

The State is also implementing the Birth Companionship Programme in all the Tertiary, Secondary and Primary care hospitals. A female companion who has undergone the process of labour is allowed inside the labour room with hygiene precautions during childbirth. The presence of companion makes the woman in labour, feel more secure and comfortable. This programme shortens labour, involves fewer medical procedures, reduces caesarean sections and decreases postpartum depression.

**Regulatory Functions**

A separate Department “Food Safety and Drug Control Administration” has been formed to ensure prevention of health disorders due to contamination and adulteration. This will focus on preventing food adulteration and supply of non-spurious drugs to the public.
The Director of Medical and Rural Health Services is the designated Nodal Authority for implementation of the other major Acts such as Human Organ Transplantation Act and the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

Tamil Nadu Clinical Establishment Act, 1997 and the Clinical Establishment Registration and Regulation Act, 2010 enacted by the Government of India will be implemented in Tamil Nadu after review by a Committee constituted under the Chairmanship of the Principal Secretary to Government, Health and Family Welfare Department. An outlay of ₹20.00 crore has been proposed for Food Safety and Drug Control Administration during the Plan period.

**Monitorable Indicators**

The table 13.2.1 gives the goals and targets fixed under the major maternal and child health indicators and their achievements for the country and the State of Tamil Nadu. The performance under these indicators and the related objectives are discussed, outlining how the current strategies have worked and the path for the future.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Recent status</th>
<th>Twelfth Plan Target for TN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality Ratio (per 1,00,000 live births)</td>
<td>212 (SRS 2007-09)</td>
<td>44 (State HMIS 2011-12)</td>
</tr>
<tr>
<td>Infant Mortality Rate (per 1,000 live births)</td>
<td>44 (SRS 2012)</td>
<td>13 (SRS 2012)</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>2.5 (SRS 2010)</td>
<td>1.6 (SRS 2008)</td>
</tr>
<tr>
<td>Sex Ratio (Females/1000 males)</td>
<td>940 (Census 2011)</td>
<td>998 (Census 2011)</td>
</tr>
<tr>
<td>Juvenile Sex Ratio</td>
<td>914 (Census 2011)</td>
<td>965 (Census 2011)</td>
</tr>
<tr>
<td>Life Expectancy at Birth</td>
<td>M- 67.3</td>
<td>M- 70 (NHP2011)</td>
</tr>
<tr>
<td></td>
<td>F- 69.6</td>
<td>F- 73 MoHFW</td>
</tr>
<tr>
<td>Crude Birth Rate</td>
<td>21.8 (SRS 2012)</td>
<td>14 (SRS 2012)</td>
</tr>
<tr>
<td>Crude Death Rate</td>
<td>7.1 (SRS 2012)</td>
<td>6 (SRS 2012)</td>
</tr>
<tr>
<td>Couple Protection Rate</td>
<td>NA</td>
<td>65 (NFHS III)</td>
</tr>
<tr>
<td>Still Birth Rate</td>
<td>8 (SRS 2009)</td>
<td>6 (SRS 2009)</td>
</tr>
<tr>
<td>Neonatal Mortality Rate</td>
<td>34 (SRS 2009)</td>
<td>10 (SRS 2010)</td>
</tr>
</tbody>
</table>

Source: Dept. of Health and Family Welfare, GoTN
The State of Tamil Nadu is fast emerging as a good Public Health model for the rest of the country, especially for maternal and child care and particularly for its achievements in the areas of Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).

The consistent policy of the State to strengthen the primary health care system by posting three staff nurses to provide 24x7 delivery care in all PHCs as well as providing Skilled Birth Attendant training to all staff nurses and Auxiliary Nurse Midwives (ANM) along with improved facilities for emergency obstetric care developed under the World Bank funded Health Systems Project has lowered the MMR of the State. Tamil Nadu has already achieved the Millennium Development Goal (MDG) of reducing MMR below 107. This huge success rate was also supported by a number of programmes to reduce maternal death by properly managing antenatal care.

Graph 13.2.1: Maternal Mortality Ratio

Although the State recorded a fall in IMR from 35 in the year 2007 to 22 in the year 2011 (SRS 2012), a fall of more than one third over a four year period, there still remains number of issues. The State Government undertook a number of programmes to reduce the IMR such as setting up of Neonatal Intensive Care Units, introducing special vehicles for transport of newborns, control of birth asphyxia and deaths due to hypothermia and implementing strategies for reduction and management of neonatal sepsis.
Box 13.2.1: Right to Health for Migrant Children

Migrant families in Tamil Nadu have been on the rise in the past few years. These families are not covered by any of the social security schemes and are the most vulnerable. Children of migrant labourers are most susceptible to infections due to their constant movement and missing of routine immunisation. Tamil Nadu is the first and only State to include polio immunisation for migrant children apart from IPPI (Intensified Pulse Polio Immunisation) and routine immunisation. 35,000 children were covered under this special polio round of immunisation conducted by the Directorate of Public Health with Rotary International for maintaining the polio free status of Tamil Nadu.

A home based newborn care programme will be implemented in high IMR blocks. Drop home facilities are being provided for mothers who deliver in Government health facilities for safe transportation of mothers and babies from Government hospitals to their residence.

With a view to protect children from preventable diseases like Diphtheria, Pertusis, Tetanus, Poliomyelitis, Tuberculosis and Measles, the Universal Immunisation Programme has been in operation since 1985. It covers around 11 lakh infants and 12 lakh pregnant women every year. Tamil Nadu has been included for pentavalent vaccine in 2012, which provides protection against DPT, Hepatitis-B and Haemophilus influenza-B. A second dose of measles vaccine at the age of 18 months is also being added.

Graph 13.2.2: Infant Mortality Rate

Source: Dept. of Health and Family Welfare, GoTN
Another significant achievement of Tamil Nadu has been the fall in the Total Fertility Rate (TFR) which was achieved during the Nineties. This has largely been due to a combination of factors including women’s education, nutrition and free access to family welfare services. The SRS surveys show that the TFR has now stabilised between 1.6 and 1.7.

**Graph 13.2.3: Total Fertility Rate (TFR)**

![Graph showing Total Fertility Rate (TFR) from 1997 to 2008](image)

*Source: Dept. of Health and Family Welfare, GoTN*

In addition to the above programmes, Tamil Nadu has been implementing the School Health Programme with a School Health Day, when health personnel from the PHC visit schools for preventive care. Under NRHM, it is proposed to strengthen the inputs for school health under the Modified School Health Programme (MSHP) which has now been expanded to cover the entire State.

**Gender in Health Care**

In the perspective of Gender in Health Care, universality in health coverage is essential to achieve equality in access. Gender disparities, particularly persistent in anti-female biases are most glaringly reflected in the declining female-to-male ratios among children below six (with the sex ratio among children declining from 927 girls per 1,000 boys in 2001 to 914 in 2011) at All India Level. In Tamil Nadu, the Child Sex Ratio increased from 942 in 2001 to 946 in 2011. In many of the critical districts with adverse sex ratios in 2001, due to concerted efforts, it has improved and other districts have fallen into a lower sex ratio indicating that policies addressing sex ratios should be universal and implemented across the State.

The State has made efforts to prevent the practice of female foeticide/infanticide contributing to the decline in child sex ratio. The Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994 has been effectively implemented in the State by nominating District and Sub-District level appropriate authorities. Under the Act, all organisations involved in implementing pre-natal diagnostic techniques (largely ultra-sound scan centres) should register themselves with the respective appropriate authority. Offences such as non-registration and disclosure of sex of the foetus are punishable as cognisable, non-bailable and non-compoundable offences resulting in upto 3 years of imprisonment. Doctors who are found indulging in malpractices are also liable to lose their medical practice registration.

**Schemes for the Twelfth Plan – with Gender perspective**

The following schemes have been proposed in the Plan period to strengthen Health Care Delivery and Services in the State:
Promotion of Menstrual Hygiene

Promotion of Menstrual Hygiene among adolescent girls will go a long way in reducing the risk of infection and infertility among women in the future. The Government of India announced a scheme for sale of sanitary napkins to rural adolescent girls at a subsidised cost of ₹6/- per pack of 6 napkins in 10 districts. The initiative of the Government of Tamil Nadu is unique from the national programme, wherein, sanitary napkins are distributed to rural adolescent girls free of cost through Schools and Anganwadis in the entire State. It is also extended to postnatal mothers and women prisoners for the first time in the country. The State has also apportioned funds for disposal mechanism for the used napkins. This is a path breaking scheme as Tamil Nadu is the only State in the country to take up implementation for the entire State using its funds. An outlay of ₹300.00 crore has been proposed during the Plan period.

Fig. 13.2.3: Sanitary Napkin

Dr. Muthulakshmi Reddy Maternity Benefit Scheme

The State has always given precedence to the empowerment of women and children. As evidence of this priority, a number of health programmes focusing on women welfare have been announced for implementation, of which Dr. Muthulakshmi Reddy Maternity Benefit Scheme is one of the major schemes. The scheme has been strengthened to provide enhanced maternity assistance of ₹12,000.00 upto two deliveries for poor women. The scheme will be continued in the Twelfth Plan period at a proposed outlay of ₹3,000.00 crore. Since, the Village Health Nurses play an important role in implementing the scheme, they would be provided Laptops free of cost to maintain the details about pregnant women, babies and mothers who were covered by the scheme.

Chief Minister’s Comprehensive Health Insurance scheme

In order to achieve the objective of Universal Health care to the people of Tamil Nadu, the Government is implementing the Chief Minister’s Comprehensive Health Insurance Scheme. Under the new scheme, the eligibility criteria will be persons with income ceiling limit below ₹72,000/-per annum. While the sum assured is ₹1.00 lakh per year per family along with a provision to pay upto ₹1.5 lakh per year per family for certain specified procedures, the new scheme will cover 1016 life saving procedures. This new scheme not only includes life saving procedures, but also essential medical procedures, diagnostics and follow up procedures to ensure comprehensive care to the people. Government hospitals will also be encouraged to participate fully under the scheme. The scheme has been launched in January 2012 with an outlay cost of ₹3500.00 crore for the Plan period.

Fig. 13.2.4: Health Insurance Card

Certain treatments involving transplants cost much higher than the ceiling of ₹1.50 lakh stipulated under the CMCHIS and to bear the additional expenditure, a corpus fund has been created.
**Hospital on Wheels**

As a new initiative and in order to provide health care services at the doorstep of remote and far-flung areas of the State, a new scheme “Hospital on Wheels Scheme” has been launched and the existing 385 Mobile Medical Units (MMU) have been strengthened with additional manpower and lab facilities. The medical team will visit remote villages based on a fixed tour programme.

![Hospital on Wheels](image)

Though there has been significant improvements in the health care delivery in the rural areas of the State, it is a matter of concern that the underprivileged population in the urban slums and small urban towns are unserved and underserved and so a comprehensive plan for urban health care service delivery has been implemented. It will focus on the improvement of primary health care facilities in urban areas on par with the PHCs in rural areas. The existing urban health posts will be strengthened by providing 24 hour delivery care.

The World Bank assisted Tamil Nadu Health Systems Project has mainly been focusing on infrastructure improvement in the Government Hospitals, so as to improve the services available to the public. Utilising the funds allotted to the project in the second phase, the diagnostic services for poison treatment centres in all the District Head-quarters Hospitals will be upgraded with additional supply of medical and life-saving equipment. It is also proposed to set up ‘state of the art’ computer-aided laboratory facilities in all the districts under Public Private Partnership mode in a phased manner.

**National Rural Health Mission**

The State Government entered into a Memorandum of Understanding (MoU) with the Government of India (GoI), stating their agreement to the policy framework of the Mission and the timelines and performance benchmarks against identified activities. The State has since established “State and District Health Missions”.

The State Health Society, Tamil Nadu was registered under the Tamil Nadu Societies Registration Act, 1975. Similarly, all the 30 district health societies have been registered under the Act.

Most of the schemes for reduction of Infant and Maternal mortality as well as the National Disease Control Programmes are being operated under the National Rural Health Mission (NRHM) funds. The sharing proportion for NRHM during the Twelfth Plan period is 75:25 between the Central and State Governments. An allocation of ₹835.00 crore would be provided for the matching grant for NRHM funding during the Plan period.

**National Urban Health Mission**

Although there is no Memorandum of Understanding (MoU) between the State and Central Governments such as with the National Rural Health Mission, it is crucial for the State to consider the National Urban Health Mission in the implementation of the Twelfth Five Year Plan. No systematic investments or efforts have been made to improve health care in urban areas. The Public Health Network in urban areas functions with lack of manpower, equipment and drugs. A focus on Reproductive Child Health (RCH) and Public Health is needed for addressing the health needs of the urban population. Public Health will be taken up
as a thrust area for the State’s Twelfth Five Year Plan, aided by the launch of the National Urban Health Mission (NUHM) with a focus on slums and urban poor. The NUHM’s core strategies include Decentralised Planning with the flexibility to develop city specific models, Strengthening the urban health system, Capacity building, Communalisation and development of partnerships with Community Based Organisations (CBO), Non Governmental Organisations (NGO), Charitable Organisations and other stakeholders, Development of IT and e-Governance systems for effective programme monitoring, Evaluation and implementation and focus on inter-sectoral convergence with other programmes like the Jawaharlal Nehru National Urban Renewable Mission (JNNURM), Rajiv Awaas Yojana (RAY) etc.

**Urban Primary Health Care - Small Urban Towns**

In the last year of the Eleventh Plan, steps have been taken to start 135 Urban Primary Health Centres (U-PHCs) in accordance with the National Urban Health Mission (NUHM) in uncovered small urban towns under the administrative control of the Public Health Department. These U-PHCs will provide services to the entire urban population in their service areas.

Considering the growing urbanisation of the State, it is proposed to establish more Urban PHCs and strengthen urban health services under the control of Director of Public Health and Preventive Medicine during the Twelfth Plan period at a proposed outlay of ₹20.00 crore.

**Birth Defect and Developmental Disorders Survey**

In the Tenth Plan, a scheme was taken up to screen all children under 15 years for congenital disorders and ensure that all children with cleft lip and palate were operated in the Government Medical College Hospitals, so that Tamil Nadu would become a “cleft lip-cleft palate free State”. This programme has been revived and all visible congenital defects in children under the age of 15 years would be surveyed and those children who need surgery for congenital disorders will be operated in the Government Medical College Hospitals or through the comprehensive insurance scheme, free of cost.

Government has launched a survey of birth defects in rural areas through NRHM funds. The aim is to identify and treat all birth defects in children between the age of 0-15. Once the back log is cleared, it is proposed to put a system in place for identifying them on a regular basis and providing timely interventions. It is also proposed to open a birth defect registry. The programme would be combined with Immunisation schedule.

**Accident and Emergency Care - Emergency Ambulance Services**

Response time is vital for all types of medical emergencies, road accidents, suicides, crimes etc. Although a good network of medical facilities is prevalent in Tamil Nadu, ambulance services were not available round the clock due to various operational / administrative reasons. Considering the importance of providing emergency ambulance services to save precious lives, the Government has established free Comprehensive Emergency Management Services in partnership with Emergency Management Research Institute (EMRI), Hyderabad. Currently, there are 436 ambulances on road in all the 32 districts, which will be increased to 654 before the end of the current Plan period. Each vehicle is provided with life-saving equipment and staffed with an Emergency Medical Technician (EMT) trained in emergency pre-hospital management along with a pilot (Driver). Neonatal Ambulances are also provided on call, for attending critical postpartum complications.

At present, 14 Secondary Care Hospitals located along National Highways
have Comprehensive Emergency Care Services established with support from the GoI and it is proposed to establish similar centers in 20 more hospitals located along National Highways during the Twelfth Plan period.

The ambulances of “108” Emergency Ambulance Services will be stationed strategically at locations vulnerable to accidents. The emergency services will be strengthened further at a cost of ₹350.00 crore. Furthermore, a 24x7 Medical Services Helpline will be formed for emergency help to the general public and patients, information about the availability of medical services in the Government hospitals, blood availability in blood banks and other assistances.

Strengthening of Secondary Care Hospitals

The Secondary Care Hospitals namely the District Headquarters Hospitals, Taluk Hospitals and Sub Taluk hospitals will be strengthened with additional buildings, equipment and staff based on a detailed facility survey. There will be a special focus on providing a basic package of services in atleast one hospital in each district. Dental Health will be given its due importance and dental clinics will be started in all hospitals and upgraded PHCs. The hospital diet was recently revised and the system of allocating Dieticians / Nutritionists will be brought into all major hospitals to advice on proper diet for patients. The cost for strengthening of secondary care hospitals with additional buildings, staff and equipment works out to be ₹210.00 crore. Resources from NRHM and Central funds will also be used to strengthen the district hospitals.

Modernisation of Diagnostic Services

The Diagnostic Services consisting of imaging services and laboratory services will be modernised during the Twelfth Plan period. Norms and protocols will be developed and introduced for different categories of Medical Institutions with respect to diagnostic services. Hospitals and PHCs will be made to perform the necessary tests available with them and for other tests, they will function as sample collection centres. Information and Communication Technology will be fully utilised to deliver the results of the tests. Atleast one major laboratory which will perform all tests will be made available to each district and Chennai will have a master laboratory which will be able to perform all types of highly specialised tests. The modernisation of diagnostic services during the Twelfth Plan period will be carried out at a cost of ₹60.00 crore. Public-Private Partnership will also be encouraged to strengthen the laboratory system in the State.

Equipment provision and Equipment Maintenance System

Rationalisation of the equipment in secondary care hospitals will be carried out in the forthcoming Plan period. A robust Equipment Maintenance System will be introduced in all Government Health Care Institutions during the Twelfth Plan period. The cadre of bio-medical engineers already introduced in the system will be expanded to cover all medical colleges, medical college hospitals and PHCs. The Equipment Maintenance System will be implemented at a cost of ₹30.00 crore during the Twelfth Plan period.

House Keeping Services and Hospital Waste Management

There is a need for improvement of cleaning, sanitation, security, laundry and catering services in Government Hospitals. In a pilot project, the Government had outsourced some of these services from private firms in four hospitals. Analysis of the outsourcing services in these hospitals was found to be quite encouraging and it is proposed to extend the outsourcing of housekeeping services of all Medical College Hospitals, District Head Quarters Hospitals and certain major Taluk Hospitals during the Twelfth Plan Period.
The Bio-Medical Waste (Management and Handling) (Third Amendment) Rules 2003, outline a proper system of segregation, storage, transportation and end disposal that has to be implemented in all institutions from tertiary level to the primary level. The Government of Tamil Nadu has developed an integrated infection control and waste management plan with operational procedures, standardised protocols, monitoring and supervision procedures and training modules for proper disposal of bio-medical waste to institutionalise a comprehensive Infection Control and Waste Management System in all Government Health Institutions. An allocation of ₹150.00 crore has been earmarked for the above activities during the Plan period.

For the maintenance of hospital premises, improving sanitation, cleaning and protection of the environment of hospitals, 4000 multipurpose workers would be appointed on consolidated pay/ outsourcing basis and to strengthen the security system in hospitals, 2,176 security staff would be outsourced.

**Skill Development of Health Care Providers**

Under the Tamil Nadu Health Systems Project and National Rural Health Mission, large scale skill development programmes are underway for the health care providers. Trainings such as labour ward skill development, neo-natal resuscitation, intensive care unit, poison treatment, ventilator, dialysis, ultra-sonogram, echocardiogram, rationalisation of drug and hospital administration have been planned. Short courses in CEmONC and anaesthesia have already been introduced with a reasonable amount of success. It is also proposed to train the ministerial staff and nursing superintendents on administration and hospital services. During the Twelfth Plan, all the above trainings will be conducted at an outlay of ₹75.00 crore.

**Tobacco Control**

Tobacco use increases the risk for cancers of the oral cavity, larynx and lungs. The National Tobacco Control Programme has been launched by GoI to reduce tobacco related diseases and deaths. The Public Health Department is implementing the programme with the formation of the State Tobacco Control Cell and District Tobacco Control Cell. The department has taken initiatives to achieve a smoke-free Chennai with a special focus on enforcement of Tobacco control laws and creation of awareness. The funds for IEC campaign will be secured through the National Rural Health Mission.

**IEC activities through Resource Centre for Tobacco Control at Cancer Institute**

The Resource Centre for Tobacco Control at Cancer Institute has been offering evidence based cessation services at various levels such as hospitals, community, schools, colleges and corporates. The Centre has been involved in training health care professionals and various stakeholders on cessation and tobacco control advocates. During the Twelfth Plan, training programmes will be conducted in each district by the Resource Centre for Tobacco Control at Cancer Institute targeting educational institutions, enforcement officials, cessation training for health care professionals and others such as Media, Traders, Panchayat Presidents, Councillors, NSS, NCC etc., at a cost of ₹5.00 crore.

**Mental Health Programme**

The Mental Health programme was under implementation in 8 districts before the Eleventh Plan and was extended to 8 more districts during the Eleventh Plan period with the GoI’s assistance. This Programme would be extended throughout the State during the Twelfth Plan period. Under the centrally sponsored programme, the psychiatric departments in most medical colleges and the Institute of Mental Health have been
strengthened. Setting up of another mental hospital in Theni and extending the Mental Health Programme throughout the State is in progress. It is the only State where a psychiatrist is available at all District Headquarters Hospitals. Apart from providing mental health services, to monitor and improve the health of the mentally ill persons, “Mental Health Monitoring Committee” with District Collector, Government Officials, NGO representatives and the relatives of the patients have been formed in 11 programmed districts.

**Communicable Diseases**

The Communicable diseases are endemic in many parts of the State and continue to be a major public health problem. Programmes for disease control have been undertaken to tackle disease prevalence such as the Vector Borne Disease Control Programme (Malaria, Japanese Encephalitis, Filariasis, Dengue, Chikungunya, Leptospirosis etc.), and the Revised National TB Control Programme (DOTS). The State has been a successful performer under the Revised National TB Control Programme. The prevalence of Leprosy has been brought down to less than 0.5 in the State.

Continued efforts will also be made to involve the private sector fully and use the services of NGOs working in the field to improve the compliance and reduce the default rate at all levels. Improvement of lab services by constant training and quality upgradation will also feature in the proposals for the focus areas during the current year.

**Non-Communicable Diseases (Life Style Diseases)**

Lifestyle diseases are Non-Communicable and Chronic Diseases that are associated with the way a person lives. Incidence of Non Communicable Diseases (NCDs) such as Cardiovascular diseases, Diabetes Mellitus, Chronic respiratory diseases, cancers of Cervix, Breast etc., is greater than the incidence of communicable diseases and has become the leading cause of death. Tamil Nadu is currently tackling the burden of both Communicable and Non-Communicable Diseases (NCD). The rising burden of NCDs is putting a strain on health care systems and the overall cost of diagnosis and management of NCDs are inflicting a financial strain on individuals, families and society. In an effort to address the lifestyle diseases, the Tamil Nadu Health Systems Project (TNHSP) has undertaken two pilot schemes, one for prevention, screening and treatment of Cardiovascular Diseases (CVD) and another for prevention, screening and treatment of Cervical Cancer, in two districts each. As the pilots were quite successful, TNHSP now has initiated steps to scale up these activities throughout the State along with prevention and treatment of Diabetes Mellitus and early detection and treatment of Breast cancer at a cost of ₹50.00 crore.

Silicosis prevention and control measures will be taken for the welfare of workers in silicosis prone industries like quarries, construction sector and road laying. Chronic Kidney diseases will be tackled in a multi-pronged approach like treatment of hypertension and diabetes, increasing IEC activities to bring lifestyle modifications, establishment of dialysis services in all major hospitals, encouragement for cadaveric transplantation and improvement of facilities for transplantation surgeries in the medical college hospitals.

It is proposed to maintain a registry of cancer, acute myocardial infarction and stroke in the major hospitals. The screening and treatment of Non-Communicable Diseases during the Twelfth Plan period would continue at a cost of ₹58.00 crore.

**Nalamaana Thamilagam (Healthy Tamil Nadu)**

"Nalamaana Thamilagam", a non-communicable disease control programme was implemented for screening of diabetes
and hypertension. Based on the success of Nalamaana Thamilagam, a new programme “Pengal Nalathittam” was proposed in Policy Implementation Plan (PIP) 2011-12 to spread awareness regarding risk for breast and cervical cancer to detect and treat early asymptomatic and undiagnosed cases especially those at high risk and to prevent complications through prompt and effective treatment of diagnosed cases. The screening programme is planned in a camp mode to cover all rural women aged 30 years and above.

Tamil Nadu State AIDS Control Society (TANSACS)

The Tamil Nadu State AIDS Control Society was set up with effect from 11th May 1994 under the control of Health Department to implement strategies for HIV/ AIDS prevention and control in the State. As a result of effective programme management, the HIV / AIDS prevalence rate in Tamil Nadu has decreased. The immediate focus of this society is to make “Tamil Nadu AIDS free and No New Infection State”.

TANSACS is giving various programmes to prevent infection, treatment, care, support and surveillance, monitoring and training activities. IEC interventions have also helped to reduce stigma and discrimination associated with HIV/AIDS and to safeguard and protect the human rights of People Living with HIV/AIDS (PLHA). Anti Retroviral Treatment (ART) is given to increase the life span and improve quality of life of the people living with HIV/AIDS.

A new web based reporting application “Strategic Information Management System” (SIMS) was developed as a mechanism of improving computerised reporting on the activities of TANSACS. At the State level, an Integrated Biological and Behavioural Assessment (IBBA) and at district level, HIV Sentinel Surveillance (HSS) will be conducted. The HSS programme is implemented by the Health and Family Welfare Department of the Central Government through the National AIDS Control Organisation (NACO). The programme monitors trends in HIV infection by place, by group and by time, through testing of blood samples.

Health Management Information System (HMIS)

Tamil Nadu Health Systems Project is now in the process of establishing an integrated and sustainable plan of 11 Regional Training Centers (including seven Government and four Private Medical College Institutions) in coordination with different stakeholders including Tamil Nadu Pollution Control Board, TamilNadu State AIDS Control Society, State Health Society, Civil Societies and Private Medical College Institutions which aims to enhance the quality of infection control in all the health sub-centres, primary health centres, secondary care hospitals, tertiary care hospitals, blood banks, maternity homes, dispensaries and health posts run by 151 municipalities and 10 municipal corporations. HMIS is a judicious combination of Information Technology (IT) and management system to deliver improved evidence based health care to the public. HMIS in the State has been implemented as pilot, Phase-I and Phase-II in the past. This system integrates data collection, processing, reporting and utilisation of existing information for improving the efficacy of health services in addition to better management.

All the 1612 PHCs, 267 Government secondary care hospitals, 17 medical colleges and 47 tertiary care medical education institutions will be actively utilising HMIS during the Twelfth Five Year Plan. The cost for establishment of web based Health Management Information System and its maintenance during the Twelfth Plan Period has been estimated at ₹180.00 crore.
**Information and Communication Technology (ICT) Initiatives in Health Sector**

The State has proposed to ensure good governance in the Health Sector through the following ICT initiatives at a cost of ₹20.00 crore:

- **Telemedicine** is the use of telecommunication and information technologies to provide clinical health care at a distance. It is also used to save lives in critical care and emergency situations.

- **Telehealth** supports long-distance clinical health care, patient and professional health-related education and training, public health and health administration.

- **Teleconsultation** enables clinical consultation between geographically separated individuals such as health care professionals and their patients.

- **Telemonitoring** is used as an adjunct to proctoring in the privileging process but should not alone be a substitute for proctoring to determine competency. Integration of Telemonitoring into the proctoring process may reduce, but not eliminate the number of on-site proctored cases required.

- **Teletreatment** provides specialised treatment to patients even in remote places through Telemedicine.

- **Telediagnostics** enables online diagnosis of a patient.

**Tribal Health**

There is a consensus that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the State. In view of the difficulties faced by the tribal population, many schemes are implemented for tribal health under the Tamil Nadu Health Systems Project and the National Rural Health Mission. 2650 Village Health Volunteers (VHV) were selected, trained and placed in tribal habitations. In Tamil Nadu, ASHAs (Accredited Social Health Activists) are designated as Village Health Volunteers (VHV) and training and monitoring carried out through district training team. As per GoI instructions, performance based incentive is given to the VHV. Birth Waiting Rooms (BWR) have been established in 17 PHCs in the foothills of the Tribal areas to provide better health care and family welfare services to tribal population. BWR would be utilised to bring pregnant women and birth companion earlier to the date of delivery for nutrition education and diet counselling.

Diet to the antenatal mothers and one of their attendants are provided in Tribal areas for staying for one week before the expected date of delivery in 35 Tribal PHCs. The feeding and dietary charges for the beneficiaries are supported by NRHM. Tamil Nadu Health System Project (TNHSP) has established 20 Mobile Medical Units (MMU) in 13 tribal districts in addition to the MMUs already functional in the tribal blocks. The mobile outreach health team consists of one medical officer, one staff nurse, one auxiliary nurse midwife, one lab technician and one driver. The TNHSP has selected 32 tribal counsellors from the tribal community and appointed them in 27 Government Hospitals and 5 PHCs in The Nilgiris District and these counsellors assist poor patients by providing counselling. The existing EMRI vehicles are not able to reach the tribal hamlets due to the size of the vehicles and the poor condition of the roads. In order to reach those tribal areas which are inaccessible, new four wheel drive vehicles suitably equipped as ambulances are stationed in 24 identified points in tribal / hilly areas to transport sick mothers and newborns. It is proposed to implement bed grant scheme in the four private hospitals of the tribal districts to provide for minor ailments and surgeries utilising the NRHM funds at a cost of ₹250.00 crore.
**Decentralising Health - Village Health, Nutrition and Water Sanitation Committee (VHNWSC)**

The village is the basic unit for assessing the health needs of the people and developing village specific plans. In Tamil Nadu, 12,618 Village Health, Nutrition and Sanitation Committees have been formed in 12,618 Village Panchayats with representatives of the Panchayati Raj Institutions (PRIs), women groups and other village level officials related to health and determinants of health, water and sanitation. Similarly, 2,540 village health and water sanitation committees have been formed in 561 Town Panchayats.

The Village Health, Nutrition and Water Sanitation Committees have been established in each village and Town Panchayat under NRHM. An annual untied grant of ₹10,000/- is given to each committee for improving the health and sanitation of the village. The Panchayat President is the chairperson for the committee. The representatives of PRIs who are the committee members have already been trained focusing on health care delivery system of the area concerned and local health issues and the corrective measures to be taken for better health of the community. It is planned to train all PRI Members, Village Health, Water Sanitation and Nutrition Committee Members, local NGOs and SHGs on the current changes in the health systems.

**Establishment of Water Analytical Laboratories**

Protected potable water supply is provided by Tamil Nadu Water Supply and Drainage Board to Rural and Urban areas. The Public Health Water Analytical Laboratories at Guindy and Coimbatore monitor the water quality at present. To extend the facility of water quality monitoring and surveillance to all the districts, it is proposed to establish laboratory facilities in each district during the Plan period at an outlay of ₹8.00 crore.

**Maintenance of Current System of Access to Medicine - TNMSC**

The Tamil Nadu Medical Services Corporation Ltd. (TNMSC) has been set up with the primary objective of ensuring availability of all essential drugs and medicines in the Government medical institutions throughout the State. It has adopted a streamlined procedure for procurement, storage and distribution of drugs. The Corporation procures and supplies 260 types of essential drugs, 192 items of speciality drugs and medicines, 113 varieties of suture items and 75 surgical items to various Government hospitals, primary health centres and through them to the health sub-centres throughout Tamil Nadu every year. It is making effective use of Information Technology in inventory management including placing of orders, receipt of supplies, distribution to medical institutions, making payment to the suppliers etc. and also maintains a user friendly website www.tnmsc.com. The Corporation is involved in procuring all ranges of equipment from Sphygmomanometer to 3 Tesla MRI scanners for the use of all Government medical institutions. The TNMSC’s customer base is also widening day by day and it is catering not only to the needs of the health sector, but also the non-health sector. It also maintains specialised services like CT Scan, MRI Scan and Lithotripsy etc., on user charges basis in Government hospitals and has taken up consultancy works for the Government of Andhra Pradesh, Madhya Pradesh and Rajasthan for the procurement of drugs and medical equipment.

The State will ensure availability of items on the Essential Drug List (EDL) to all citizens. The State will also ensure 100 percent availability of drugs at all locations. The TNMSC pioneered the “Free Medicines for All” system which is becoming a model for Public Health Facilities across the country, most significantly with the Centre’s intention to emulate this model during the upcoming Twelfth Plan period.
### Table 13.2.2: Twelfth Plan Outlay – Health Care Delivery and Services

<table>
<thead>
<tr>
<th>S . N o.</th>
<th>Name of the Scheme Department-wise</th>
<th>Outlay (₹ crore)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ongoing Schemes</td>
</tr>
<tr>
<td><strong>I</strong> Medical and Rural Health Services (MRHS)</td>
<td>1. Strengthening of Secondary Care Hospitals</td>
<td>210.00</td>
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<tr>
<td></td>
<td>2. Modernisation of Diagnostic Services</td>
<td>60.00</td>
</tr>
<tr>
<td></td>
<td>3. House-keeping Services</td>
<td>150.00</td>
</tr>
<tr>
<td></td>
<td>4. Skill Development of Health Care Providers</td>
<td>75.00</td>
</tr>
<tr>
<td></td>
<td>5. Tele-Medicine</td>
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<tr>
<td></td>
<td>Total – MRHS</td>
<td>210.00</td>
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<tr>
<td><strong>II</strong> Tamil Nadu Health Systems Project (TNHSP)</td>
<td>1. Chief Minister’s Comprehensive Health Insurance Scheme</td>
<td>3500.00</td>
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<tr>
<td></td>
<td>2. Accident and Emergency Care</td>
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<tr>
<td></td>
<td>3. Non-Communicable Diseases</td>
<td>350.00</td>
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<td></td>
<td>4. Health Management Information System</td>
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<td></td>
<td>Total – TNHSP</td>
<td>4138.00</td>
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<tr>
<td><strong>III</strong> Public Health and Preventive Medicine (PH&amp;PM)</td>
<td>1. Dr. Muthulakshmi Reddy Maternity Benefit Scheme</td>
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<td></td>
<td>2. Urban Primary Health Centre</td>
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<td></td>
<td>3. Establishment of Water Analytical Laboratories</td>
<td>8.00</td>
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<td></td>
<td>4. IEC activities through Resource Centre for Tobacco Control at Cancer Institute</td>
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<tr>
<td></td>
<td>5. Menstrual Hygiene Programme</td>
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</tr>
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<td></td>
<td>Total – PH&amp;PM</td>
<td>3020.00</td>
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<tr>
<td><strong>IV</strong> National Rural Health Mission (NRHM)</td>
<td>1. National Rural Health Mission</td>
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<td></td>
<td>Total – NRHM</td>
<td>835.00</td>
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<tr>
<td><strong>V</strong> Tamil Nadu Medical Services Corporation (TNMSC)</td>
<td>1. Equipment Maintenance System</td>
<td>30.00</td>
</tr>
<tr>
<td></td>
<td>Total – TNMSC</td>
<td>30.00</td>
</tr>
<tr>
<td><strong>VI</strong> Food Safety and Drug Control Administration</td>
<td>1. Strengthening of Food Testing and Drug Testing Laboratory</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td>Total - FS&amp;DCA</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Total</strong></td>
<td>8203.00</td>
</tr>
</tbody>
</table>
**13.3 INDIAN MEDICINE AND HOMEOPATHY**

**Introduction**

The traditional health care systems of India are embodied as cultured health practices and they are effective, sound, region specific involving medicinal plants available across the country. The WHO has estimated that 70 percent of the world’s population still depends on the ethnic medicine systems of that particular geographical location for their health care.

The Indian Systems of Medicine prepared through herbal formulations for a wide range of diseases was at a high level of excellence in ancient India. In order to ensure that the public receive benefits of both the Indian System of Medicine (ISM) and modern medicine, the Government of Tamil Nadu has been following the policy of co-location of ISM wings in the Government Hospitals and large Primary Health Centres. At present AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) practitioners are available in 30 District Hospitals, 231 Taluk and Non Taluk Hospitals and 954 Primary Health Centres.

The success and growth of Allopathic medicine stands on the edifice of its scientific approach and clinical research. If the Indian Systems of Medicine are to be built along the above lasting foundations, it is necessary that good teaching and research institutions are established. Tamil Nadu is the only State in the country where there are AYUSH disciplines in all Medical Colleges. It is significant to note that the Government itself has established one college in each discipline.

**Review of Eleventh Plan**

During the Eleventh Plan period, the Government implemented numerous programmes in the areas of Medical Education, Research, Standardisation and Promotion. In the area of Medical Education, the Siddha Medical Colleges at Chennai and Palayamkottai were upgraded. Under Medical Research Programmes, a separate research group has been constituted to focus on AIDS under ISM for encouraging Research and Development Programmes in Indian System of Medicine and Homeopathy.

As part of standardisation programmes, the State pharmacies were modernised at a cost of ₹1.30 crore to ensure affordable and efficacious ISM drugs are available. All works connected with the inspection, sampling, prosecution and licensing of Indian System of Medicine drugs are now carried out by the State Drug Licensing Authority (Indian Medicine). In addition, the Drug Testing Laboratory (IM) has been established at a cost of ₹1.47 crore with advanced equipment and instruments to strengthen the enforcement machinery of the Drug and Cosmetics Act, 1940.

Indian Systems of Medicine wings in 300 Primary Health Centers were opened at a cost of ₹7.01 crore under National Rural Health Mission. Financial assistance to the tune of ₹46.66 crore was received from the
Government of India towards provision of infrastructural facilities for the above 300 newly opened wings.

The Government also undertook programmes for the promotion of Herbal Gardens in Kolli Hills. However, due to adverse geographical and climatic conditions, the land was unfit for their establishment and so the project was aborted and the land surrendered to the Revenue department. Since most of the tribal areas are by default in forest areas, this task can be better handled by the Forest Department in collaboration with the Tribal Societies. The Forest department can establish the herbal garden in the tribal areas with the technical support of the Indian Medicine and Homoeopathy Department and with the additional aid of Agricultural Universities and other Life Science Universities to ensure proper documentation and to satisfy research needs. The maintenance of herbal gardens would be taken up in a full-fledged manner at all ISM wings in the available land within the PHC premises.

Twelfth Five Year Plan

Objectives

The objectives of this sector for the Twelfth Plan are:

- To extend the health care under Indian Systems of Medicine by establishing ISM wings with adequate staff, medicines and infrastructure.
- To upgrade the quality of education imparted in Government ISM&H colleges throughout the State.
- To provide adequate and liberal funding for propagation of the benefits of Indian Systems of Medicine through aggressive awareness campaigns and sustained outreach medical camps.
- To conduct clinical as well as pharmacological research to improve the Shastric preparations as well as the medicines prepared by the traditional practitioners and to provide them with the best modern technology.
- To establish computerised online clinical documentation in various systems of Indian medicine.
- To standardise the drugs used in the Indian Systems of Medicine and to lay down their pharmacopoeial specification with suitable punitive action in case of violation.

Ongoing Schemes

Opening of ISM&H wings in Primary Health Centres

As of now, out of 1612 PHCs, ISM&H wings are available in 954 PHCs on regular and part time basis. ISM wings would be extended to 250 PHCs during the Twelfth Plan period at an approximate cost of ₹52.32 crore.

New Schemes

The Schemes proposed to be implemented during the Twelfth Plan are narrated below:

I. Awareness Creation of ISM through Information, Education and Communication

The treatment facilities available in the ISM wings, diseases for which treatment facilities are given, the salient features of ISM medicines viz., side effect free, pure and natural ingredients etc., have to be brought to the attention of the masses through posters, pamphlets, sign boards etc. Hence, an intensified awareness programme coupled with aggressive outreach programmes will be undertaken on a massive scale in order to sustain these time-tested health care systems at an estimated cost of ₹8.26 crore.
II. Upgradation of Infrastructure in ISM Hospitals

Laboratories

At present, the laboratories available in the hospitals attached to Government Siddha Medical College, Palayamkottai and Arignar Anna Government Hospital of Indian Medicine, Chennai only conduct routine pathological and biochemical tests. Facilities are required in these institutions to confirm the diseases diagnosed through conventional clinical assessment under the ISM protocol before the commencement of treatment. Hence, lab facilities at Arignar Anna Government Hospital of Indian Medicine at Chennai and Government Siddha Medical College and Hospital at Tirunelveli would be upgraded at a cost of ₹1.00 crore.

Ultra sonogram and X-ray facilities to Government Ayurveda Medical College Hospital, Nagercoil

The fifty-bedded hospital attached to Government Ayurveda Medical College has no facility for an Ultra sonogram and X-ray machine. Provision of a full-fledged Radiology Department with a Radiologist, Radiographer and an X-ray attendant with an Ultra sonogram and X-ray machine at a cost of ₹1.00 crore is required to fulfill the requirements of the Central Council of Indian Medicine norms.

Provision of Obstetric and Gynaecology ward to AAGHIM, Chennai

In the Indian Medicine Central Council Act and Central Council of Homoeopathy Act, the provision of Obstetrics and Gynaecology Department with Labour Ward and Operation Theatre is necessary and this department would be established with a 25 bedded labour ward and operation theatre in the Arignar Anna Government Hospital of Indian Medicine, Chennai at a cost of ₹1.43 crore.

Provision of Modern Kitchen to AAGHIM, Chennai and GSMC, Tirunelveli Hospitals of ISM

Diet plays an important role in the treatment of patients through Indian systems of Medicine. At present, kitchen facilities are available at Arignar Anna Government Hospital of Indian Medicine, Chennai and Government Siddha Medical College, Tirunelveli. Modern Kitchen is the need of the hour in these two Hospitals, in order to provide hygienic food. An amount of ₹0.23 crore has been proposed for this purpose.

Separate OP and IP Block at Government Homoeopathy Medical College, Thirumangalam, Madurai District

At present, the hospital is temporarily accommodated at Government Hospital campus and has to be shifted to Maravankulam where college buildings are already situated. A separate outpatient (OP) and inpatient (IP) block is essential within the college campus to demonstrate clinical cases to students and for the benefit of the rural public, which would be established at a cost of ₹1.30 crore.

Provision of Animal House for Government Siddha Medical Colleges at Tirunelveli and Chennai

For the students of Postgraduate courses in Government Siddha Medical Colleges at Chennai and Tirunelveli, dissertation work is compulsory for research projects and so, Animal House would be provided in the above two colleges at a cost of ₹1.33 crore.

Enhancing the number of Undergraduate Departments in Government Unani Medical College, Chennai

The norms of Central Council of Indian Medicine (CCIM) for establishment of Unani Medical Colleges prescribe a minimum of fourteen departments, of which only seven...
undergraduate departments are available in the Unani Medical College, Chennai. Remaining departments would be started in this college at a cost of ₹3.00 crore in the Twelfth Plan period.

**Construction of additional building for Women’s Hostel for Government Homeopathy Medical College (GHMC), Thirumangalam, Madurai district**

At present, the available facility can accommodate only a maximum of 45 students which is far below the requirement with the remaining students seeking accommodation elsewhere. Hence, an additional building is necessary and an amount of ₹1.70 crore would be provided for its construction.

**III. Improvements in Medical Colleges**

Infrastructure facilities in Kottar Ayurveda Medical College in Kanyakumari district and Palayamkottai Siddha Medical College in Tirunelveli district will be upgraded at a cost of ₹10.00 crore.

**IV. Quality Control**

**Strengthening of Drug Testing Laboratory (IM)**

Provision of quality and standard drugs play a major role in the delivery of health care system. The current standards of medicine manufactured are not up to the mark. Substandard quality of raw drugs and failure in adopting procedures of purification of its metallic constituents are the main reasons for this. Regular testing of raw drug samples and the manufactured medicines by the State Licensing Authority will help in addressing the above issue. A well equipped Drug Testing Laboratory is available in the department, but it lacks manpower. The strengthening of this Laboratory is absolutely imperative and the total expenditure involved for this scheme will be ₹10.67 crore.

**Strengthening of Drug Control Mechanism**

There is a separate Drug Licensing Authority exclusively for Indian Medicine. To enforce the provisions of Chapter IV of the Drugs and Cosmetic Act and Magic Remedies Act, the District Siddha Medical Officers have been given the authority as drug Inspectors for their respective jurisdictions, as an additional responsibility. The enforcement mechanism is still at the infant stage while substandard medicines in the market are becoming a serious issue. Enforcement of the Drug control mechanism, by appointing separate Drug Inspectors would ensure enforcement of the Act. The jurisdiction of the proposed Drug Inspectors will be redrawn by dividing the whole State into ten zones, each headed by a Drug Inspector. Separate enforcement machinery will be created at an estimated cost of ₹2.76 crore.

**V. Provision of Computerised Online Clinical Documentation facilities to all ISM Hospitals and wings**

In AYUSH sector, effective treatment is available for a number of diseases such as Rheumatic disorders, Nervous disorders, Skin disorders, Diabetes, Infertility and Vector borne diseases such as Chikungunya and other diseases for which the modern systems do not offer a dependable cure. It is proposed to introduce computerised online clinical documentation system with software developed by NIC in all ISM wings for monitoring efficiency of treatment at District Headquarters, Taluk, Non-taluk Hospitals and Primary Health Centres at a total cost of ₹10.00 crore in the Plan period.

**VI. Anaemia Control in the Indian System of Medicine**

Anaemia is one of the most extensive public health problem, which mainly affects women and young girls. Certain programmes to control anaemia are already under implementation under National Rural Health
Mission. Indian System of Medicine may be tried for the reduction of anaemia among pregnant women and children. A pilot project would be implemented for anaemia control in pregnant women and adolescent girls using the Indian System of Medicine during the Plan period, at a proposed outlay of ₹1.00 crore.

Table 13.3.1: Twelfth Plan Outlay - Indian Medicine and Homeopathy

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the scheme</th>
<th>Outlay (₹ crore)</th>
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<tbody>
<tr>
<td><strong>Ongoing schemes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Opening of ISM&amp;H wing in PHCs</td>
<td>52.32</td>
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<tr>
<td><strong>Total Ongoing Schemes</strong></td>
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<td><strong>52.32</strong></td>
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<tr>
<td><strong>New Schemes</strong></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Awareness creation</td>
<td>8.26</td>
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<td>2</td>
<td>Upgradation of Laboratories in ISM Hospitals</td>
<td>1.00</td>
</tr>
<tr>
<td>3</td>
<td>Provision of Ultra Sonogram and X-Ray to Government Ayurvedha Medical College Hospital, Nagercoil</td>
<td>1.00</td>
</tr>
<tr>
<td>4</td>
<td>Provision of Obstetric and Gynaecology ward to AAGHIM, Chennai</td>
<td>1.43</td>
</tr>
<tr>
<td>5</td>
<td>Provision of modern kitchen to AAGHIM, Chennai and GSMC, Palayamkottai, Tirunelveli</td>
<td>0.23</td>
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<tr>
<td>6</td>
<td>OP&amp;IP Block at Government Homeopathy Medical College, Thirumangalam</td>
<td>1.30</td>
</tr>
<tr>
<td>7</td>
<td>Provision of animal house for Government Siddha Medical Colleges at Palayamkottai and Chennai</td>
<td>1.33</td>
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<td>8</td>
<td>Setting up of Undergraduate Departments in the Unani Medical College, Chennai</td>
<td>3.00</td>
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<td>9</td>
<td>Construction of Additional Buildings for Women’s hostel in GHMC, Thirumangalam, Madurai</td>
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<td>10</td>
<td>Improvements in Medical Colleges</td>
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<td>11</td>
<td>Strengthening of Drug Testing Laboratory (IM)</td>
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<td>12</td>
<td>Strengthening of Drug Control Mechanism</td>
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<td>13</td>
<td>Online Clinical Documentation of ISM Hospitals</td>
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<td>14</td>
<td>Anaemia Control in the Indian System of Medicine</td>
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<td><strong>Total New Schemes</strong></td>
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<td><strong>Grand Total</strong></td>
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Twelfth Plan Outlay - An Abstract

The total Twelfth Plan proposed outlay for Health and Family Welfare is at ₹10,832.00 crore as shown in the Table 13.3.2. Of the total amount of ₹10,832.00 crore, a major allocation of 82 percent is for the Health Care Delivery and Services component.

Table 13.3.2.: Abstract of Twelfth Plan Outlay - Health and Family Welfare (₹ crore)

<table>
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<th>S.No.</th>
<th>Activity</th>
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<td>Medical Education and Research</td>
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<td>2.</td>
<td>Health Care Delivery and Services</td>
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<td>3.</td>
<td>Indian Medicine and Homoeopathy</td>
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<td><strong>Total</strong></td>
<td></td>
<td><strong>10832.00</strong></td>
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Graph 13.3.1: Share of Components in Health and Family Welfare Outlay