

HEALTH AND SANITATION, INCLUDING HOSPITALS, PRIMARY HEALTH CENTRES AND DISPENSARIES.

(Item No. 23)

01. Health is an essential input for the development of human resources and improvement in the quality of life of the population. Sustained efforts have been made in Tamil Nadu towards provision of health care facilities to people and promotion of health infrastructure in urban and rural areas during the past few decades. This has resulted in significant improvement in the health status of the population in the State as revealed by the following select health indicators. It could be seen that Tamil Nadu has fared well in many of the following indicators as compared to these at the All India level.

Sl. No.	Indicators	Tamil Nadu	All India
01.	Crude Birth Rate (1994) (per 1000 Population)	19	28.6
02.	Crude Death Rate (1994) (per 1000 Population)	7.9	9.2
03.	Life Expectancy (1991) (In years)		
	Male	57.4	55.9
	Female	58.5	55.9
	Total	60.8	59.1
04.	Infant Mortality Rate (IMR) (1994) (per 1000 Live Births)	59	73
05.	Maternal Mortality Rate (MMR) (1994) (per 1000 Live Births)	0.8	4.37
06.	Prevalence rate of Blindness (per 10000 Persons)	149	165
07.	Prevalence rate of Leprosy (1992-93) (per 1000 Persons)	2.09 1.6 (1995-96)	1.2
08.	Prevalence rate of T.B. (1992-93) (per one lakh Persons)	703	467
09.	Prevalence rate of Malaria (1992-93) (per one lakh Persons)	576	3324

The above achievements were possible due to various development interventions.

Programmes:

02. While the Health sub-centre (HSC) acts as a link between the Primary Health Centre (PHC) and villages, the PHC is the key institution for the delivery of rural health services and the community health centre (CHC) provides specialist services with effective referral support. The network of these centres along with dispensaries provides preventive, promotive, curative and rehabilitative health care services, with the PHCs coordinating public health and family welfare programmes, maternal and child care services. The teaching hospitals, the District Headquarters hospitals, taluk headquarters hospitals and non taluk hospitals render specialised medical care services. The District Headquarters and Taluk hospitals also function as first referral units (FRUs) for curative purposes.

03. The Public Health activities include the control of diseases programmes for filaria, small-pox, cholera, malaria, Japanese encephalitis, leprosy etc. There are programmes for specific groups and purposes like health care for tribals, school health programmes for primary school children and universal immunisation programme for pregnant women and infants. The other health related activities like supply of essential drugs, registration of births and deaths

(vital statistics), health education, training to health workers, sanitation, prevention of food adulteration and implementation of Public Health Act are also being carried out. The centrally sponsored programmes include Child Survival and Safe Motherhood Programme, Oral Rehydration Therapy, Iodine Deficiency Disorder Control programme, T.B. control, AIDS control and Blindness control with World Bank Assistance. There are 19500 Community Nutrition Centres functioning under TINP which are rendering the maternal and child care services.

04. A Health Care Project (aid with DANIDA) was implemented since 1981 in 2 phases with the objective of improving the health status of the rural population particularly women and children in Salem, South Arcot-Vallalar and Villupuram Ramasamy Padayatchiar districts. An India Population Project-V with World Bank aid has been implemented since 1988 for the welfare of slum dwellers and low income groups in Chennai City and its suburbs, 2 more corporations and 21 municipalities, with the object of expanding and improving the quality of family welfare services including MCH care. Its funds have also been utilised for upgrading MCH wings in the District Headquarters and Taluk Hospitals.

05. Health care is also provided under the Indian system of medicine like Siddha, Ayurveda, Unani, Homoeopathy, Naturopathy and Yoga through the teaching hospitals, District Headquarters and Taluk hospitals and dispensaries.

Health Care Institutions:

06. Tamil Nadu is having an extensive network of Health Care institutions with 8682 Health Sub Centres, 1419 Primary Health Centres including 68 Community Health Centres, 24 Government dispensaries and mobile medical units, 73 non taluk hospitals, 134 taluk hospitals, 22 District Headquarters hospitals, 20 District TB centres, 102 leprosy control units. There are also 9 medical colleges, one dental college and 35 teaching hospitals in the State. The state has established PHCs, CHCs and HSCs fulfilling the respective norms, namely one PHC per 30000 population in the plains and 20000 population in hill areas, one HSC per 5000 population in the plains and 3000 population in the hill areas and one CHC per 1 lakh population.

State Financial Support:

07. The Plan, non-plan expenditure and outlay for Health (including both state and centrally sponsored schemes) are as follows:

	1994-95 Actuals	1995-96 R.E.	1996-97 Revised B.E.
	(Rs. in lakhs)		
HEALTH (both Urban and Rural) of which	39832.85	46766.39	51157.43
RURAL HEALTH SERVICES of which	28353.35	31602.78	32809.87
a) Health Sub Centres	1925.07	2144.90	2348.45
b) Primary Health Centres	5666.77	6597.96	7213.91
c) Prevention and Control of diseases	4010.65	4969.12	5413.84

The additional fund allocation for Health and sanitation under Decentralised District Plan is as follows:

	(Rs. in lakhs)		
	For Health	Total outlay	Percentage
1993-94	40.63	2000.00	2.03
1994-95	100.14	4000.00	2.55
1995-96	Nil	5000.00	

Panchayat Raj Institutions:

08. Health care should not only be available but it should also be accessible, affordable, acceptable and appropriate to meet the needs of the people. Decentralisation is the guiding principle for a well-coordinated primary health care system with a functionally well linked full scale technical support emerging from the secondary and tertiary health care systems. The 73rd/74th Constitutional Amendment envisages entrustment of powers and responsibilities to Panchayat Raj Institutions in respect of 29 items in which 'Health and Sanitation' is an important item. Under the 11th and 12th schedule of the said constitutional amendments, Health subjects pertaining to the transferring functions to Panchayats read as follows:

Schedule 11:

1. Health and sanitation, including hospitals, primary health centres and dispensaries.
2. Family Welfare

Schedule 12:

1. Public Health, sanitation, conservancy and solid waste management.
2. Vital statistics including registration of births and deaths.

09. The Tamil Nadu Panchayats Act 1994 outlines some of the functions of the 3 tier Panchayat Raj Institutions thus:

(i) The Village Panchayat, within the limits of its funds may make reasonable provision for the construction of drains, the disposal of drainage water and village not including sewage, cleaning of streets, removal of rubbish heaps and other improvements of the sanitary condition of the village and provision of public latrines (Section 110 c,d,e and h)

(ii) A Village Panchayat may make provisions for the opening and maintenance of centres for imparting social education, construction of works of public utility and provision of other facilities for health and convenience of the inhabitants of the village. (Section 111, (i) and (j))

(iii) The Panchayat union council, within the limits of its funds, may make reasonable provision for the establishment and maintenance of dispensaries, maternity and child welfare centres, payments of the subsidies to rural medical practitioners, maintenance of a thai service, offering advice and assistance to mothers in family planning, training and employment of vaccinators, preventive and remedial measures connected with epidemic or with malaria (Section 112, b,c,d,f).

(iv) The Panchayat union council may review the schemes, programmes and other activities executed by the Government or by any statutory body or other agency within the panchayat union. (Section 114, (2)).

(v) Two or more Panchayat Unions may establish and maintain common dispensaries, child welfare centres and institutions of such other kind. (Section 118)

(vi) The Panchayat Union shall enforce vaccination and it may enforce revaccination throughout the panchayat union. (Section 141)

(vii) Where an inmate of any dwelling place is suffering from smallpox or cholera, it should be intimated to the Commissioner or Village Administrative Officer without delay. (Section 142).

(viii) If any tank, pond, well, hole, stream, dam, bank or other place requires sufficient repair, protection or enclosure, the Commissioner or executive authority may with the approval of the Panchayat Union or Village Panchayat, by notice require the owner to fill in, remove, repair, protect or enclose the same. (Section 143).

(ix) Provisions of sections 101 to 106 of the said Act dealing with the establishment of Panchayats, service conditions of officers and servants of Panchayats, appointment of common officers, powers of the Inspector to transfer officers and servants of Village Panchayats and Panchayat Unions, and powers of Government to transfer officers and servants of District Panchayats and powers to punish them will apply to the Public Health establishments of Panchayats, notwithstanding anything contained in Tamil Nadu Public Health Act 1939 (Section 107).

x) The Act provides that the Health Assistants, auxillary nurses, midwives and maternity assistants in Public Health establishment of Panchayat Union Councils will be Government servants. (Section 109).

xi) Besides, the Act also provides for (a) the constitution of Standing Committee on Health and Welfare. (Section 97 (1)); (b) the Panchayat Union to promote health of people in its area out of its own funds. (Section 115); Commissioner / Executive authority to organise to remove filth or noxious vegetation from lands and buildings (Section 114); and the penalties for certain contraventions of the provisions of the Act relating to health and sanitation (Section 245, schedule II and III).

10. With the above background of the achievements in the provision of health care services to people through a network of medical institutions and investment in the health sector and also in the light of the functions and powers for the 3 tier of Panchayat Raj Institutions outlined in the Tamilnadu Panchayats Act of 1994, the State Planning Commission Group opines that better human development could be achieved if the existing medical institutions, programmes and personnel are linked to PRIs at appropriate levels with the active involvement of the community participation. Hence the State Planning Commission Group has recommended the entrustment of the following powers and functions relating to the various health activities among the 3 tiers of Panchayat Raj Institutions.

I. VILLAGE PANCHAYAT

<i>ACTIVITY</i> (1)	<i>ENTRUSTMENT OF POWERS</i> (2)
1. Prevention and Control of diseases	<ul style="list-style-type: none"> i) Form a Village Health Committee comprising Panchayat President as Chairman, Panchayat Ward Members, Village health nurses, Traditional Birth Attendants (TBAs) and Multi-purpose Health Workers (MPHWs) as Members to look after health and sanitation in the Panchayat village. ii) Identify endemic, communicable diseases and outbreak of epidemics and ensure that remedial measures are taken by health and Panchayat Authorities iii) Maintain effective and adequate surveillance on outbreak of epidemics. iv) Undertake periodic vaccination programmes against small pox and cholera. v) Ensure the availability of essential drugs in HSCs and PHCs.
2. Curative and Rehabilitative services.	<ul style="list-style-type: none"> i) Improve the accessibility of rehabilitative services to the villagers. ii) Encourage visits by Village Health Nurses and Multi-purpose health workers to households. iii) Delineate service areas for HSCs and PHCs in the Panchayat Village. iv) Improve quality of services through periodical training and orientation to VHNs and MPHWS by District Training Teams. v) Improve and maintain the infrastructural facilities for HSCs and PHCs. vi) Encourage the use of indigenous medicine and utilisation of services of practitioners of Indian Medicine.
3. Immunisation; and Maternal and Child Health Care services	<ul style="list-style-type: none"> i) Maintain a record on women of reproductive age and ensure registration of pregnant women. ii) Ensure periodical check-up of pregnant women by maintaining health records and monitor the weight gain.

<i>(1)</i>	<i>(2)</i>
	<ul style="list-style-type: none"> iii) Ensure proper ante-natal care including vaccination of pregnant women. iv) Ensure hygienic delivery in the aseptic and hygienic conditions in the HSCs through TBAs. v) Improve infrastructural facilities in HSCs and PHCs. vi) Promote timely referral of women with high-risk pregnancies to the first referral level. vii) Ensure post-natal care of mothers and low birth weight babies. viii) Document health status of women and infants. ix) Identify the causes of high MMR and IMR and take corrective steps. x) Organise training to VHNs, community health workers and TBAs. xi) Encourage utilisation of traditional wisdom. xii) Ensure full coverage of children under immunisation programme. xiii) Conduct village level health campaigns.
4. School Health Programme	<ul style="list-style-type: none"> i) Ensure regular health appraisal of primary and elementary school children; maintain their health cards and arrange treatment for their ailments. ii) Organise immunisation programme against preventable diseases. iii) Encourage health, nutrition and population education in schools. iv) Ensure periodical visits of the health team to schools. v) Ensure a healthy environment in schools.
5. Health needs of Adolescent girls	<ul style="list-style-type: none"> i) Keep health record of adolescent girls; screen their nutritional deficiencies and health defects and organise treatment. ii) Promote health and nutrition education among adolescent girls.
6. Health Promotion	<ul style="list-style-type: none"> i) Disseminate information about the available health care services to people and organise village health camps. ii) Encourage locally available nutritional practices; encourage home remedies for common illnesses. iii) Conduct review meetings periodically among VHNs and Health workers to improve efficient health services in the village.
7. Registration of vital statistics	<ul style="list-style-type: none"> i) Register all births and deaths as per the provisions of the Central Act 18 of 1969 and Registrations of Births and Deaths and Tamilnadu Births and Deaths Regulation Rules 1977. ii) Collect information for IMR, MMR, SBR, and under 5 child mortality rate and report to Panchayat Union and Health Department Officers.
8. Prevention of food adulteration	<ul style="list-style-type: none"> i) Enforce the provisions of the Prevention of Food Adulteration Act 1954 and take corrective steps.
9. Sanitation	<ul style="list-style-type: none"> i) Ensure chlorination of village tanks and wells. ii) Construct and maintain public latrines.

<i>(1)</i>	<i>(2)</i>
	iii) Ensure cleaning of the private latrines in the Panchayat Village.
	iv) Construct and maintain drains for the disposal of drainage water.
	v) Promote environmental hygiene by cleaning the streets, removing the rubbish, filling the disused wells, sanitary ponds, pools, ditches, pits or hollows and improve the sanitary conditions of the village.
	vi) Protect drinking water sources from pollution.
	vii) Enforce the provision of Public Health Act 1939, in respect of drainage and sanitary convenience.
	viii) Devise ways for solid waste management.

II. PANCHAYAT UNION

<i>ACTIVITY</i> <i>(1)</i>	<i>ENTRUSTMENT OF POWERS</i> <i>(2)</i>
1. Prevention and Control of diseases	i) Organise and supervise anti-epidemic and remedial measures. ii) Assess the impact of disease control measures taken at the village level. iii) Mobilise the support of the voluntary organisations for epidemic control. iv) Organise periodic vaccination programme through village panchayats. v) Ensure availability of doctors and other para-medical personnel in PHCs, HSCs, hospitals and dispensaries. vi) Ensure provision of drugs and maintenance of equipments, vehicles and infrastructural facilities in HSCs and PHCs. vii) Monitor the implementation of schemes and programmes funded by the State and Union Governments.
2. Curative and rehabilitative services	i) Establish and maintain the health Centres and dispensaries as per the Government Guidelines. ii) Training and employment of vaccinators.
3. Immunisation: Maternal and child health care services	i) Maintain village panchayat level data on Maternal and Child Health and advise the Village Panchayats and health agencies for improvement of MCH care services. ii) Assist the Village Panchayats in its ante-natal and post-natal care activities. iii) Organise immunisation camps through Village Panchayats. iv) Organise training to TBAs and Medical Officers. v) Monitor and review the implementation of all MCH care and immunisation schemes and programmes periodically. vi) Provide technical and financial assistance to establish and maintain maternity centres.

<i>(1)</i>	<i>(2)</i>
4. School Health programme	<ul style="list-style-type: none"> i) Ensure regular health appraisal of primary, elementary, secondary and higher secondary school students and organise their treatment and follow-up health check up. ii) Maintain data base at the Panchayat Union level on the health status of the students from primary to higher secondary level and provide information to District Panchayat and Village Panchayat. iii) Organise immunisation and vaccination against preventable diseases. iv) Encourage and promote health, nutrition and family welfare education in primary and elementary schools. v) Ensure periodic follow-up visits of the Health Team consisting of Medical Officer, school health nurse and health supervisor. vi) Promote healthy environment in schools.
5. Health needs of Adolescent girls	<ul style="list-style-type: none"> i) Assist the Village Panchayats in the creation of health awareness amongst adolescent girls, organise periodic screening of their health and nutritional status.
6. Health personnel	<ul style="list-style-type: none"> i) Supervise the health field staff working in HSCs, PHCs and Maternity Centres. ii) Exercise the Administrative Control of the medical officers, doctors and para-medical personnel.
7. Registration of vital statistics	<ul style="list-style-type: none"> i) Enforce the Act and Rules for registration of vital statistics at the village level. ii) Compile the data on births and deaths and analyse the IMR, MMR, SBR and under-5 child mortality rate and report to the District Panchayat and other agencies.
8. Prevention of Food Adulteration	<ul style="list-style-type: none"> i) Monitor the enforcement of the provisions of the prevention of Food Adulteration Act 1954.
9. Sanitation	<ul style="list-style-type: none"> i) Assist the Village Panchayats financially and technically in the construction and maintenance of works like drainage, public conveniences etc. ii) Supervise the activities like conservancy, drainage, environmental hygiene and upkeep of village sanitation. iii) Organise the solid waste disposal and management in the Panchayat Union area.

III. DISTRICT PANCHAYAT

<i>ACTIVITY</i> <i>(1)</i>	<i>ENTRUSTMENT OF POWERS</i> <i>(2)</i>
1. Health Care Planning	<ul style="list-style-type: none"> i) Prepare Annual Status paper of Health in the districts, comparing it with the best in the State and in the country. ii) Prepare Annual indicative plan for progress with suggested plan of action by Village Panchayat / Panchayat Unions. iii) Health Development - review and conference every four months. iv) Provide Planning / Technical guidance to Village Panchayats/ Panchayat Unions - upgradation of facilities in the district.

<i>(1)</i>	<i>(2)</i>
2. Prevention and Control of diseases and health care services.	<ul style="list-style-type: none"> i) Monitor, review and supervise the implementation of the schemes / programmes / projects through the Standing Committee on health. ii) Conduct macro and micro-level assessment of disease control measures. iii) Advise the Government about the improvement and strengthening of the hospitals and dispensaries. iv) Supervise the supply of drugs and medical equipments and instruments to Govt. hospitals, Panchayat Union dispensaries, PHCs and HSCs. v) Develop District Health Care Management Information System and assist the District Planning Committee and Government for health sectoral planning. vi) Prepare Human Development / quality of life Index at the District level. vii) Organise inter-sectoral and inter-departmental co-ordination in health promotional activities.
3. Immunisation: Maternal and child health care services.	<ul style="list-style-type: none"> i) Collect data from Panchayat Unions on birth rate, death rate, MMR, IMR, SBR, under-5 child mortality rate and make available the district level data to the State Government and other agencies; analyse the information on the causes for high IMR and MMR and assist the Panchayat Unions in taking corrective steps. ii) Supervise the functioning of Maternity and child health centres.
4. School health programme	<ul style="list-style-type: none"> i) Monitor and review the functioning of School Health programme and provide feed back to Government and advise the Panchayat Unions and Village Panchayats.
5. Health needs of adolescent girls	<ul style="list-style-type: none"> i) Assist the Panchayat unions in disseminating information, creating health awareness and in health and nutrition education for the adolescent girls.
6. Health personnel	<ul style="list-style-type: none"> i) Facilitate in the recruitment and positioning of Health personnel by the Panchayat Unions and organise their skill improvement and training. ii) Advise the Government about the deployment and transfer of the Health Department Personnel on deputation to Panchayat Raj Institutions.
7. Registration of vital statistics	<ul style="list-style-type: none"> i) Consolidate the vital statistics for the District and advise the Panchayat Unions and Village Panchayats in the creation and use of Health Data.
8. Prevention of Food Adulteration	<ul style="list-style-type: none"> i) Review the functioning of Food Analysis Laboratories in the District and advise the Government for any corrective measures to be taken.
9. Sanitation	<ul style="list-style-type: none"> i) Facilitate the Panchayat Raj Institutions to improve rural sanitation and environment.

Administrative Implications

11. Section 109 of the Tamil Nadu Panchayats Act 1994 protects the status of the health personnel in the Panchayat Union as Government servants. The Government also has the powers to make rules regulating the conditions of service of the assistants, the auxiliary nurses, mid-wives and maternity assistants in the public health establishments of Panchayat Union Councils.

12. The following recommendations are made by the State Planning Commission Group: Decentralisation should be based on the principle of accountability and to fulfil this, the health personnel from Village level upto District level should be accountable through reporting system. The PHCs, HSCs, MHCs and CHCs will be brought under the control of local bodies. The Panchayat Union should be entrusted with the powers to look after the primary health care. For this purpose, the Health Sub-centres should be handed over to the Panchayat Unions; The Panchayat Unions should have a supervisory role over PHCs and ensure the availability of doctors. Administratively and technically the doctors will remain as Government servants, their salaries will be paid by the Government and they will be posted to PHCs on deputation. The reporting functions should be given to PHCs and Chief Medical Officers of the PHCs should attend the review meetings of the Panchayat Unions. The review functions of the Panchayat Unions should cover the functioning of Taluk Headquarters hospitals and non-taluk hospitals of the Government. The review meetings conducted at the Panchayat Union and District Panchayat levels should be regular. The Deputy Directors of the Public Health Department at the district level should attend the District Panchayat review meetings and be responsible to District Panchayats and Assistant Director/Chief Medical Officers of the PHCs should attend Panchayat Union meetings.

13. The Block Development Officers, Divisional Development Officers and others at various levels should be imparted training in public health and sanitation so that they could appreciate the health programmes implemented in the Districts.

14. The State Planning Commission Group is of the view that the personnel working in the Panchayat Raj institutions should be fully and wholly responsible to the local self Government. In order to achieve this objective, it is appropriate to design personnel policy by which over a stipulated period of time, a separate cadre of professionals committed to the Panchayat Raj system will emerge. The emoluments, service conditions and promotions of the health personnel already protected as Government servants will be governed as per the Government rules. Since the health personnel from the district to village levels are full-time Government servants, the Panchayat Unions and District Panchayats should be entrusted with powers to control administratively for making them accountable to these democratic institutions. Thus, amendments may be made in the concerned G.Os for operationalising the above recommendations. Further, Health Personnel for the local Bodies should be recruited by Panchayat Unions as per the Government guidelines to fill up all future vacancies. Thus, there will be two cadres of health staff at the Panchayat Union level (a) Government servants and (b) Panchayat Union Staff. This dual system may continue for an extended period of time after which there will be only one cadre of local bodies health staff.

15. In order to provide dynamics for interaction outside the given administrative framework, the local Advisory committees may be set up by each level of the Panchayat Raj Institutions, i.e. Village Panchayat, Panchayat Union and District Panchayat. The Standing Committee and the Advisory Committee of the Panchayat Union and District Panchayat respectively, will act as the local Advisory Committee, whereas for Village Panchayats, Gramsabha may constitute a local Advisory Committee for coordinating and integrating all the activities at the operational level and such mutual reinforcement and coordinated management will best serve the purpose of fulfilling the health care needs of the population in rural areas.

Financial Implications

16. The expenditure for the maintenance of the health centre and dispensary buildings, equipments and vehicles and also for the repair and renovation works are being met by the local bodies. The Panchayat Unions have been entrusted statutorily with the duties of opening and maintenance of Maternity Centres and also Dispensaries. The Government have taken over the Maternity Centres maintained by the Panchayat Unions. However, the Panchayat Unions have been required to meet the payment of salary of Ayahs and 2/3rd assistance by way of grant is given from the Government for this purpose (Annually Rs.2.60 crores a year). The commitment of Government on the remaining 1/3rd will be only Rs.1.30 crores. The maintenance of maternity centres and other health programmes should be entrusted to the Rural Local Bodies. When the transfer of centres is made to the local bodies, the funds for the operation and maintenance of the same may be placed at the disposal of the Panchayat Unions.

17. The maintenance of the dispensaries is related to the entrustment of powers as suggested above. Full maintenance cost may be released as grant by the Government to the Panchayat Unions. The rural dispensaries now functioning on contract basis could be privatised by permitting the local willing doctors to use the facilities. The Village Panchayats and Panchayat Unions should provide facilities to private doctors who are willing to establish and run clinics in the villages. The Panchayat Unions may give land on long term lease basis for construction of clinics by the private doctors and they would be required to render free service to the poor categories of villagers.

Legal Implications

18. As indicated in the foregoing paragraphs, Tamil Nadu Panchayat Act, 1994 needs to be amended particularly the provisions of section 109 to accommodate the recommendations. Since Panchayat Raj Institutions will play a greater role in Public Health and Sanitation, Tamil Nadu Public Health Act and Prevention of Food Adulteration Act will need amendments. The latter being Government of India enactment, Central Government may be approached for necessary amendments.