CHAPTER SIX

PUBLIC HEALTH ACTIVITIES AND DEVELOPMENTAL SCHEMES

The growth and prosperity of a State largely depended on the health of its population. Health is an essential input for the development of human resources and the quality of life and in turn the social and economic development of the Nation\(^1\). Improvement of health status of the population has been regarded as an index of social development. Hence the Government implemented various health programmes and formulated strategies to prevent the occurrence of diseases and thereby reducing the level of morbidity and mortality. In addition to that, Government through the Department of Public Health implemented developmental schemes from time to time to help the people to develop their health status.

**Varumun Kappom Thittam**

The Government of Tamil Nadu launched the Varumun Kappom Thittam on 22 November 1999 for screening and early detection of diseases in the community by conducting free comprehensive health checkup and treatment\(^2\). It also provides health education to the rural and urban people. Under this scheme, in order to serve the needy poor people with higher medical facilities in their own place, Varumunkappom Thittam camps have been conducted in the rural areas. These camps are arranged at

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the HSC level during every week by covering 5,000 population\textsuperscript{3}. Every week three such camps are conducted in the district. In addition, three camps are held in the Urban areas also. The camps are conducted from 8.00 A.M to 4.00 P.M. Target of the camp is early detection and treatment of various illnesses. In the camp, all the specialist including Ayurvedic, Unani, Siddha and Homoeopathic System of Medicine (AYUSH) attend the camps.

In the camp, the lab investigations like blood, urine are done through the modern equipments like Semi Auto Analyser\textsuperscript{4}. Ultra Sonogram is used to detect the foetal abnormalities among pregnant Mothers. The scheme is funded by the State Government. Under this scheme, in Kanyakumari District during the years 2008 and 2009, 274 camps were conducted at the HSC level, 1,80,562 patients were treated and 2,463 persons were referred, for higher treatment by utilizing Rs. 39,29,500\textsuperscript{5}. This scheme has been widely, welcomed by the public in Kanyakumari District.

**Dr. Muthulakshmi Reddy Maternity Benefit Scheme**

Government of Tamil Nadu is committed to the health and welfare of the women and children particularly the poor and vulnerable. To compensate the wage loss during pregnancy and to get nutritional food to avoid low birth weight babies, Tamil Nadu has implemented Dr. Muthulakshmi Reddy\textsuperscript{6} Maternity Benefit Scheme.

\begin{itemize}
  \item Report from the Department of Public Health, Nagercoil, 2009, p.1.
  \item Annual Public Health Administration Report, 2008-2009, op.cit., p.103.
  \item Report from the Department of Public Health, Nagercoil, 2009, p.1.
  \item Muthulekshmi Reddy was a first woman in India, got the Degree on Medicine.
\end{itemize}
on 15 June 2006. It provides financial assistance to poor pregnant women. Under this scheme, in order to meet the financial and nutritional requirement of the pregnant women Rs. 6000 with below the poverty line has been provided in two installments. Accordingly, Rs. 3000 is given to the poor mother three months prior to the expected date of delivery and Rs. 3000 after delivery.

Under this scheme SriLankan Refugee beneficiaries are also eligible to receive the benefit. Pregnant women who have membership card under Tamil Nadu Agricultural Labourers-Farmers (Social Security and Welfare) Scheme are also provided the cash assistance. This is to meet the incidental costs of child birth and child care. All pregnant women living below poverty line are eligible to receive the benefit for two deliveries. This scheme is fully funded by the State Government. Under this scheme, in Kanyakumari District during 2008-2009 Rs. 12,87,24,000 has been disbursed to 21,544 pregnant Mothers.

**Janani Suraksha Yojana**

The Government of India launched the National Maternity Benefit Scheme (NMBS) on 15 August 1995, aiming to provide maternal care in the form of better diet to expectant Mothers. This scheme provides financial assistance of Rs 500 per birth for the first two births to all pregnant women who have attained 19 years of age. This 100 percent centrally assisted scheme was transferred from the Ministry of Rural Development to the Ministry of Women and Child Development in 2009.

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Development to the Department of Family Welfare in the year 2001-2002\textsuperscript{12}. This scheme did not provide any linkage of the benefits top antenatal check ups, care during child birth as also post-partum period. But it has no impact in reducing maternal and infant mortality. This gave rise to the need for modifying NMBS.

In course of time the NMBS has been modified in to a new scheme called Janani Suraksha Yojana. It aims to provide an integrated package of obstetric care services to expectant Mothers throughout her pregnancy period, including antenatal care, child birth and immediate post partum period. It was launched by the Government of India on 12 April 2005. It is a safe Motherhood intervention under NRHM being implemented with the objective of receiving maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women\textsuperscript{13}. It is a 100 percent centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

The pregnant women below poverty line and all the pregnant women of SC, ST communities are the beneficiaries under this scheme. The benefit will be given to all women, both rural and urban, belonging to below poverty line household and aged 19 years or above, upto first two live births\textsuperscript{14}. They are given Rs. 700 for institutional deliveries and Rs. 500 for domiciliary deliveries in rural areas. Also Rs 600 for institutional deliveries and Rs. 500 for domiciliary deliveries are given in urban areas\textsuperscript{15}. The cash assistance is given for her care during delivery or to meet the

\textsuperscript{12} India 2009, Ibid., p.478.
\textsuperscript{13} India 2009, Ibid., p.512.
\textsuperscript{14} Park, K., \textit{op.cit.}, p.385.
incidental expenses for delivery. Under this scheme, in Kanyakumari District during
the year 2008-2009, Rs. 72,43,200 has been disbursed to 9836 delivery Mothers\textsuperscript{16}.

**Palli Sirar Irudhaya Padukappu Thittam**

Physical, mental and social wellbeing is necessary for a child to express his/her
maximum potential. Physical illness can be a hurdle in a child’s life. Heart surgery
programme is of immense value in this context. In Government Hospitals, due to the
non-availability of specialists, there is a long waiting list of the patients who require
cardiac surgery. So the Heart surgeries in needy cases are getting delayed. Hence, the
Government has decided to refer some of these poor cardio patients, whose parent’s
annual income is less than Rs. 50,000 to the private hospitals for performing
investigation and surgery\textsuperscript{17}.

Thus, a special programme of screening for Heart Diseases named Palli Sirar
Irudhaya Padhukappu Thittam among school children and subjecting them for Free
Heart Surgery was announced by Hon’ble Minister of Health on 24\textsuperscript{th} April 2008 and it
was inaugurated on 3\textsuperscript{rd} June 2008, the 85\textsuperscript{th} birthday of Dr. Kalignar Karunanidi, Chief
Minister of Tamil Nadu\textsuperscript{18}. District Committees under the Chairmanship of District
Collector with Dean, Joint Director of Health services, Deputy Director of Health
services, Professor of Cardiology have been formed in the district to organize the
camp and conduct the programme. Under this scheme, students from below poverty

\textsuperscript{16} Ibid., p.174.
\textsuperscript{17} Ibid., p.193.
line family are given financial assistance from State Government and NRHM funds for performing heart surgeries at private hospitals\textsuperscript{19}.

The students with Heart diseases are subjected to undergo Heart surgery under three categories; Closed Heart surgery, Open Heart Surgery (simple) and Open Heart Surgery (complex). The Fee structure for closed Heart Surgery is 20,000, open Heart Surgery (simple) Rs. 50,000 and open Heart Surgery (complex) Rs. 1,00,000\textsuperscript{20}. The amount is being released by the Mission Director, State Health Society to the District Health Society. In Kanyakumari District, under this Scheme 45 students have been selected for surgical procedure and 33 have undergone heart surgery during 2008-2009\textsuperscript{21}. Funds allotted by State Health Society for school children Heart Surgery during 2008-2009 in the Nagercoil Health Unit district are Rs. 30,05,500 and expenditure is 1,11,315\textsuperscript{22}. After the introduction of Kalaingar Health Insurance Scheme, the beneficiaries of the Palli Sirar Irudaya Pathukappu Thittam have been transferred to the newly organized Kalaignar Insurance Scheme for life saving treatments.

**Palli Srrar Kannoli Pathukappu Thittam**

The prevalence of myopia short sightedness is increasing among the children. The uncorrected refractive errors affecting children are the main cause of vision impairment\textsuperscript{23}. This may result in educational backwardness, lower productivity and

\textsuperscript{19} Annual Public Health Administration Report 2008-2009, op.cit., p.121.
\textsuperscript{20} Ibid., p.193.
\textsuperscript{21} Report from the Department of Public Health, Nagercoil, 2009, p.4.
\textsuperscript{22} Annual Public Health Administration Report 2008-2009, op.cit., p.203.
\textsuperscript{23} Ibid., p.194.
impaired quality of life. The correction of refractive errors with spectacles is the simplest, cheapest and most widely used method for improving the vision. *Palli Sirrār Kannoli Pathukappu Thittam* is improving the vision of children. This Thittam launched by the Hon’ble Minister of Health in Tamil Nadu was commenced on 3rd June 2009 in order to detect and treat the eye defects of School Children studying in 6th, 7th and 8th Standards. Hon’ble Deputy Chief Minister Thiru. Stalin inaugurated this programme on 5th June 2009 at Secretariat providing spectacles to the needy students.

Under this programme, students studying in 6th, 7th and 8th standards at Government schools and Government aided schools are screened for refractive errors and will be provided spectacles to those with defective vision. One teacher per school is trained by ParaMedical Ophthalmic Assistant to screen school children. Para Medical Ophthalmic Assistant in turn examine the children with defective vision, assess the degree of refractive errors and issue prescription for spectacles. At district level, a District co–ordination committee chaired by District Collector with members from Health Education, Municipal and Local Administration and NGOs engaged Blindness control, co-ordinate and implement this programme.

Under this programme, Rs. 11,25,334 has been sanctioned for conducting eye camps in 395 schools in Kanyakumari District during the year 2008-2009. Moreover, 337 camps have been conducted in the district. As a result, 53,823 students

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27 Ibid., p.175.
28 Report from the Department of Public Health, Nagercol, 2009, p.3.
have been screened and 2852 students have been found to have refractive errors\(^{29}\). Free spectacles have been distributed to the above students during 2008-2009 in Kanyakumari District.

**Pulse Polio Immunization Programme**

In pursuance of World Health Assembly resolution of 1988, in addition to administration of routine Oral Polio Vaccine (OPV) through the Universal Immunization programme, the supplemental immunization activity (Pulse Polio Immunization Programme) was launched in 1995 to cover all children below the age of 3 years\(^{30}\). In order to accelerate the pace of Polio eradication, the target age group was increased to all children under the age of 5 years from 1996\(^{31}\). During 1999-2000, in addition to booth immunization, a house to house search of missed children has been added on a full scale in the state as a part of intensification of pulse polio programme.

Under this programme, all children of 0-5 age are given two doses of oral polio vaccine at an interval of six weeks\(^{32}\). The State of TamilNadu also conduct two rounds of pulse polio campaign during January and February of every year\(^{33}\). This can sustain the zero polio status. Mobile teams were pressed in to service to cover the children of people living in hilly areas in Kanyakumari District. The following table

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\(^{29}\) Ibid., pp.3-4.


\(^{31}\) Ibid., pp.502-503.

\(^{32}\) India 2006, Ibid., p.476.

explain the achievements of intensified pulse polio immunization programme in Kanyakumari District from 2004 to 2011\textsuperscript{34}.

<table>
<thead>
<tr>
<th>Year</th>
<th>Children Immunized</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Round I</td>
</tr>
<tr>
<td>2004</td>
<td>159896</td>
</tr>
<tr>
<td>2005</td>
<td>158263</td>
</tr>
<tr>
<td>2006</td>
<td>154659</td>
</tr>
<tr>
<td>2007</td>
<td>153164</td>
</tr>
<tr>
<td>2008</td>
<td>149693</td>
</tr>
<tr>
<td>2009</td>
<td>146718</td>
</tr>
<tr>
<td>2010</td>
<td>147595</td>
</tr>
<tr>
<td>2011</td>
<td>150623</td>
</tr>
</tbody>
</table>

**School Health Programme**

School health is an important aspect of any community health programme. It provides an excellent opportunity to detect the defects in children at a very early stage, and carry out the remedial measures promptly. School health is a forum for the improvement of the health of the nation. The ultimate goal of the service is to mould the future leaders of the country, while they are still students in the school. School Health service in a way is a continuation of Maternity and Child Health service.

School Health service was first introduced in 1909 at Baroda\textsuperscript{35}. In 1946 Bhore committee (Health Survey Development Committee) reported that the school health

\textsuperscript{34} Pulse Polio Immunization Report 2004-2011, Department of Public Health, Nagercoil, p.5.

\textsuperscript{35}
service did not exist in practice\textsuperscript{36}. In 1960, Government of India constituted a school health Committee to assess the standards of health and nutrition of school children. The committee was also assigned the task of suggesting ways and means to improve the health status of school children. Recommendation and suggestion of the committee to improve health and nutritional status of school children were then implemented through the five year plans\textsuperscript{37}. A beginning was thus made in this direction. The school health programme has three major components. They are health education, healthy environment and health service.

**Objectives**

The objectives of the school health programme are; health consciousness among school children; providing health instruction in a healthy environment; prevention of disease, early diagnosis, treatment and follow up of defects; promotion of positive health; recognizing the child as a change agent in the family; to plan medical check-up of school children through school medical officers for promotion of positive health and special provision for handicapped students\textsuperscript{38}.

**Goals**

School health service aims to provide promotive, preventive and curative services which include health education and provision of a healthful school

\textsuperscript{35} Alka Gupta, M.D., \textit{op.cit.}, p.38.
\textsuperscript{36} Report of the Health Survey and Development Committee, Government of India, New Delhi, 1946, p.10.
\textsuperscript{37} Yash Pal Bedi, \textit{op.cit.}, pp.431-432.
\textsuperscript{38} Gupta, M.C and Mahajan, B.K., \textit{Text Book of Preventive and Social Medicine}, New Delhi, 2003, p.575.
environment. Promotive health includes supervision of health, health care and nutrition status of the school going children. It promotes development of good health habits and attitudes in the child promoting adequate physical, mental health and well being. Preventive health includes early detection and identification of infectious diseases, allows isolation of infected child, preventing the spread of disease, immunization of all children in school. Curative health and early diagnosis of diseases, disorders and defects are possible during school health checkups, enabling prompt referral and adequate treatment.

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Salient features of the Programme are; school medical teams comprising Medical officers of PHCs and paramedical staff visit the allotted schools on Thursdays on a pre-determined programme; 200 to 250 students are covered in each visit; students requiring specialized treatment are referred to higher medical institutions; all Thursdays are observed as school Health Days and all Saturdays as Referral Days; two teachers in each school are trained to help in implementing the programme; school health cards and medicine supplies are also provided as part of the programme.

In this programme all Children are examined for; Anthropometric measurements (height, Weight, mid arm circumference) are noted; temperature elevation and flushing of face; skin lesions, rash, scratch marks, scabies, ringworms and lice in the head are checked; each child’s vision, hearing acuity, blood and urine, are checked. Dental check up is also recorded and heart, lungs, liver and spleen are also examined along with lymph node examination.

The School Health Programme is implemented in TamilNadu with the objective of providing comprehensive health care services to all students studying in Government and Government aided schools from I to XII standards. Immunization programme should be the most important function of school health service. In Kanyakumari District school health camps are conducted on all Thursdays by the

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41 Ibid., pp.186-187.
43 Alka Gupta, M.D., op.cit., p.40.
45 Dr. Vidya Ratan, op.cit., p.299.
Medical officers of PHCs in the Government and Aided schools coming under the jurisdiction of that PHC. The childhood diseases which may lead to serious illnesses are detected early by the team and treated in school itself. All school children are screened to detect the deficiency disorders, congenital disorders if any and to treat them for minor ailments. The children with signs of ill health during the health checkup are treated, advised, educated and provided with necessary diet supplement and drugs. Children who require special attention or higher medical care are referred for special treatment to the nearest hospitals. Under this Scheme, during the year 2008-2009, 2,76,934 students have been screened in 811 schools and 760 students have been referred for higher treatment.

**Prevention and Control of Anaemia among Adolescent Girls**

Anaemia is a condition in which haemoglobin content in our red blood cells is less for which the micronutrient iron is responsible. It is the commonest haematological disorder that occurs in pregnancy. Iron deficiency anaemia is one of the most common nutritional disorder present as a widespread public health problem in the world especially developing countries including India. In India, National Anaemia Prophylaxis programme was started in 1970 to combat anaemia amongst

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47 Tamil Nadu State Administration Report, 1989-1990, Madras, p.120.
pregnant women by providing daily iron and folic acid supplementation\textsuperscript{50}. It also aimed to provide nutritional anaemia among the vulnerable sections of society.

Anaemia can be easily detected by looking at pallor tongue, eye lid, nail beds and swelling of feet and face feeling tiredness breathlessness for normal household work will suggest condition for anaemia\textsuperscript{51}. Anaemia may be caused due to loss of blood, since puberty, due to menstruation every month, loss of blood during delivery, less in take of food containing iron or less absorption of iron contents, infections like malaria, worm infestation or other prolonged infections, intake of certain drugs or chemicals and conditions like cancer\textsuperscript{52}.

Anaemia in teenagers is usually caused by having iron deficiency. The low iron in the body causes low blood counts and can cause teen to feel tired, have pale skin, will be irritable and weak. It can lead to many problem including learning disabilities and behavioral problems. The most common cause of iron deficiency in females is having a prolonged or excessive period. Anaemia in women has international impact and hence control of anaemia in women and adolescent girls (11-19 years) has becomes the urgent need being the silent killer in women and child. Administering iron tablet and nutrition counseling during pregnancy alone will not yield the desired result. Moreover 24 percent of the pregnancies occur among adolescent girls\textsuperscript{53}. Hence, the early intervention of anaemia control among adolescent girls is need of the hour.

\textsuperscript{50} Ibid., p.5.

\textsuperscript{51} Annual Public Health Administration Report 2008-2009, op.cit., p.175.

\textsuperscript{52} Report from the Department of Public Health Nagercoil, 2009, p.5.

It is essential to protect adolescent girls from anaemia as it facilitates the proper growth of intra-uterine and conceiving healthy babies. There is a striking difference in the mean birth weight of the infants born of anaemia and non-anaemia Mothers. Today’s adolescent girls are tomorrow’s mothers protecting tomorrow’s generations, the Department of Public Health and Preventive Medicine has implemented the prevention and control of anaemia among adolescent girls throughout the State. In the Health Unit District Kanyakumari, IFA (Iron and Folic Acid) tablets are provided in all the health centres and are given to adolescent girls to prevent and control anaemia among them.

Prevention of Food Adulteration Programme

The food is the basic need for the survival of human race. But it is adulterated to make extra profit with cheaper or inferior quality substituted or by extraction of essential ingredients. Food adulteration is a social evil. To counter this unlawful activity and to ensure quality, the Government of India have enacted Food Adulteration Act, 1954 (PFA) and framed prevention of Food Adulteration Rules 1955 and to be implemented by the State. Mixing, substitution, abstraction, concealing of quality, putting up decomposed foods for sale, misbranding or giving false labels and addition of toxicants constitute adulteration.

The PFA Act of 1954 has so far been amended thrice in 1964, 1976 and in 1986 to make more stringent. The first amendment came into operation from 1st March 1965 providing the appointment of Food Inspectors by the Government of

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54 Report from the Department of Public Health 2009, Nagercoil, p.6.
55 Ibid., pp.6-7.
Food Inspector from Public Health Department takes samples of suspected food and sent it to laboratories for analysis. If found adulterated the trader is prosecuted as per PFA Act. A minimum imprisonment of 6 months with a minimum fine of Rs. 1000 is envisaged under this Act for cases of proven adulteration. For the cases of adulteration which may result in death, the punishment may go up to life imprisonment and a fine which shall not be less than Rs. 5000.

In Tamil Nadu the implementation of the Act is under the administrative control of the Director of Health services. Food inspectors are appointed and the Government is taking action to implement the same throughout the State. Local bodies are also responsible for implementing the PFA Act. Food samples lifted by the Food Inspectors are analyzed in any one of the seven food analysis laboratories in Tamil Nadu situated at King Institute Guindy, Coimbatore, Madurai, Salem, Palayamkottai, Tanjore, and Chennai Corporation.

For the implementation of the PFA Act in Kanyakumari District, four food inspectors were appointed in four panchayat namely Suchindrum, Puthalam, Kurunthencode and Munchirai. They were under the administrative control of Deputy Director of Health Services, Nagercoil. The Blockwise Food Traders in Kanyakumari District are depicted in the following table.

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58 Muthu, V.K., op.cit., pp.165-166.
60 Report from the Department of Public Health, Nagercoil, 2008, p.4.
61 Ibid., p.2.
<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the Block</th>
<th>No of food traders</th>
<th>No of licensed food traders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Thovalai</td>
<td>284</td>
<td>218</td>
</tr>
<tr>
<td>2</td>
<td>Agastheeswaram</td>
<td>181</td>
<td>107</td>
</tr>
<tr>
<td>3</td>
<td>Rajakkamangalam</td>
<td>265</td>
<td>92</td>
</tr>
<tr>
<td>4</td>
<td>Kurunthencode</td>
<td>241</td>
<td>55</td>
</tr>
<tr>
<td>5</td>
<td>Killiyoor</td>
<td>187</td>
<td>38</td>
</tr>
<tr>
<td>6</td>
<td>Munchirai</td>
<td>123</td>
<td>26</td>
</tr>
<tr>
<td>7</td>
<td>Melpuram</td>
<td>302</td>
<td>180</td>
</tr>
<tr>
<td>8</td>
<td>Thiruvattar</td>
<td>136</td>
<td>13</td>
</tr>
<tr>
<td>9</td>
<td>Thuckalai</td>
<td>119</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1838</td>
<td>729</td>
</tr>
</tbody>
</table>

During the year 2008-2009, in Kanyakumari District, under the PFA Act 897 samples were lifted and 83 were analysed. Out of which 18 samples were found adulterated. The percentage of adulteration is 21.7\(^62\). During 2008 to 2010 in Kanyakumari District four cases were filed in the court and they are under trial in the courts\(^63\).

**District Tobacco Control Programme**

On 19 May 2003, Government of India passed the Cigarettes and other Tobacco products (prohibition of Advertisement and Regulation of Trade and


\(^{63}\) Report from the Department of Public Health, Nagercoil, 2010, p.5.
commerce, production, supply and Distribution) Act65. The Act is applicable to whole of India and covers all types of tobacco products. The main provisions of the Act are66; no person shall engage in smoking in a public place, to prohibit direct and indirect advertisement of cigarette and other products; there shall be a total ban on sponsoring of any sport or cultural events by cigarette and other tobacco product companies; no person shall sell tobacco products to any person below the age of 18 years; ban and sale of tobacco products within a radius of 100 yard of educational institutions and no person shall trade in any tobacco products including imported products unless the specified warnings are indicated.

Tamil Nadu is the first state to implement the Act, effectively. The State Tobacco Control Cell is functioning from 200767. Staff structure includes the State Tobacco Control Officer, the State Consultants and all District nodal officers. The Nodal officer at the State level will be responsible for the over all co-ordination, monitoring and evaluation of the programme at the state and district levels. The District Tobacco control programme comprises of the following components, Monitoring of implementation of Tobacco Laws, Information Education and Communication (IEC), School programme and Tobacco Cessation programme.

In Kanyakumari District, Tabacco Laws are implementated effectively. Under Monitoring of implementation of Tobacco Laws in Kanyakumari District from October 2008 to August 2010, 838 persons were fined and Rs. 1,66,100 has been

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66 Ibid., p.488.
collected against the violation of the laws. The following tables give details about IEC and school programmes conducted in the district for the control of Tobaccos.

**ICE Programme**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Type of IEC</th>
<th>No of IEC done</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rally</td>
<td>1</td>
<td>750</td>
</tr>
<tr>
<td>2</td>
<td>Mass Campaign</td>
<td>3</td>
<td>575</td>
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</tbody>
</table>

**School Programme**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>No.of programmes conducted</th>
<th>No of schools covered</th>
<th>No of participants</th>
<th>Smoke free schools identified</th>
<th>Smoke free school Declared</th>
<th>Whether signage board is displayed in Educational Institutions</th>
<th>ICE activities carried out in schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>744</td>
<td>694</td>
<td>64359</td>
<td>4</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

In Kanyakumari District Tobacco control programme is strictly followed. As a result of it, in Kanyakumari District there are 694 Tobacco Free Educational Institutions including Schools, Colleges and other Teaching Institutions and these institutions have Tobacco Free signage Boards.

**Blood Donation Camp**

Another important public health activity is conducting Blood Donation camp. Twenty five percent of pregnant Mothers die every year during pregnancy, child birth and postpartum period due to severe bleeding. This is the common cause of maternal

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69 Ibid., pp.7-9.
mortality. Blood transfusion has been identified as one of the eight key life saving functions that should be available in health care facilities providing comprehensive emergency obstetric care. Access to a safe and sufficient blood supply could help to prevent death of a significant number of mothers and their newborn children every year. Tamil Nadu is the first state is establishing blood storage facility at PHCs level. This strategy was initiated to cope up with the demand for blood in treating severe anaemic mothers as well as to transfuse blood during cesarean surgeries.

Blood donation camps are conducted in Kanyakumari District with the funding support of NRHM. Awareness programmes are also conducted in Kanyakumari District. Besides conducting special blood donation camps and awareness programmes, the District Health Society, Kanyakumari District also print and issue an updated ‘Blood Donor Register’. It contains the donors address, contact number including blood group indications. It is used in emergencies for getting blood of rare blood types. Blood Donors Directory at PHC level is also prepared, compiled and made available at District level. Also, to ensure blood safety, blood storage facilities were started in four PHCs named Agastheeswaram, Chenbhagaramanputhoor, Thadikkaram Konam and Edaicode on 1st October 2010 in Kanyakumari District. In addition, during 2008-2009, 7 blood donation camps are conducted and 303 units are collected in this district.

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70 Report from the Department of Public Health, Nagercoil, 2008, p.3.
73 Thinathanthi, Nagercoil, 1 October 2010, p.9.
Mobile Medical Units

Out reach services play a major role in taking health care services to the inaccessible areas and under served population with the objective of providing reproductive health services at the door steps of the people and to provide health care to the disabled women with new born in inaccessible and under served areas. Therefore, Government has established mobile medical units in each block PHC of the State. In Kanyakumari District 9 Mobile medical units have been fully functioning from September 2009 onwards. The mobile medical unit in Edaicode Block PHC was initially started from 2007. Each Mobile Medical Team consists of one Medical Officer, One Staff Nurse, one Driver and one sanitary worker\textsuperscript{75}. This Mobile Medical Team is visiting remote villages according to an authorized fixed schedule and providing primary health services including immunization. During the year 2008-2009, 1446 camps have been conducted by utilizing Rs.43,33,506\textsuperscript{76}. It is very useful to rehabilitate the health status of the people belongs to the poor section of the society especially in remote areas of the district.

Gestational Diabetes Control Programme

Gestational Diabetes causes abortion, still birth, big baby, birth defects, respiratory distress, neonatal death and sometime even maternal death. Health study reports indicate that 10 percent of pregnant mothers having Diabetics Mellitus which can be curable if detected at the initial stage. It can be easily detected at early pregnant stage with the Semi Auto Analyzers supplied to the PHC and the treatment

\textsuperscript{75} Report from the Department of Public Health, Nagercoil, 2009, p.5.

\textsuperscript{76} Ibid., p.6.
could be given at the PHC level and safe delivery could be ensured\textsuperscript{77}. So it is essential to carry out Glucose Tolerant Test to all ante-natal mothers, three times during their pregnancy period\textsuperscript{78}. If positive cases confirmed, then required treatment should be given to prevent future complication. So the Department of Public Health in Kanyakumari District instructed all antenatal mothers visiting PHCs must undergo diabetics test at least three times during their gestational period.

**Dr. Kalaignar Health Insurance Scheme for Life Saving Treatment**

Another milestone on public health delivery system in Tamil Nadu is the introduction of an insurance scheme called Dr. Kalaignar Insurance Scheme for life saving Treatments on 23 July 2009\textsuperscript{79}. This scheme is meant for providing free health care to the poor people belonging to rural and urban areas in Tamil Nadu. In this scheme 51 complex diseases are identified for free surgery or treatment. Accredited hospitals affiliated with Kalaignar Insurance Scheme provide major surgery especially for Cardiac, Neuro and other major surgeries to the eligible persons. The cases identified in varumunkappom camps can also be referred to the hospitals affiliated with the Kalaignar Insurance scheme for free surgery or treatment\textsuperscript{80}. This scheme is widely appreciated by the public. It has helped our State to move forward as a forerunner in delivering public health services. In Kanyakumari District 43 hospitals are affiliated with Kalaignar Insurance Scheme\textsuperscript{81}.

\textsuperscript{77} Annual Public Health Administration Report 2008-2009, op.cit., p.119.
\textsuperscript{78} Report from the Department of Public Health, Nagercoil, 2009, p.4.
\textsuperscript{80} Report from the Department of Public Health, Nagercoil, 2010, p.2.
\textsuperscript{81} Ibid., pp.2-4.
Nutritional Programme

Nutrition is the most important determinant of health. Physical characteristics like height and weight, health and well being, ability to resist infections, improving longevity and freedom from chronic degenerative diseases including cancers are all linked to nutrition. To improve the nutrition of the children and of expectant and lactating Mothers, several nutrition intervention programmes like the Integrated child Development schemes, special Nutrition programmes, Mid-day meal programme, Wheat based supplementary nutrition programme have been implemented by the Government of India.

The Integrated Child Development Services scheme was implemented in 1975 by the Department of Social Welfare in collaboration with the Ministry of Health for children below 6 years and women of the reproductive age (15to 44 years), mainly pregnant and lactating Mothers. This scheme also provides supplementary feeding to 0 to 6 years children, non formal education to 3 to 6 years old children and immunization and health care to pre school children.

Anganwadi is the peripheral level unit which implements this programme. Under this scheme one Anganwadi worker or one well trained Multipurpose worker is

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84 Anganwadi literally mean a courtyard play centre, is a childcare centre located within the village or slum area itself. It is the focal point for the delivery of services at community levels to children below 6 years of age, women, nursing mothers (15-45 Years of age) and adolescent girls. Besides this, it is a meeting ground for women, mothers and other social and health workers, for discussion, awareness programmes, joint action for child development and women’s environment. Each Anganwadi covers approximately 1000 populuation in rural and urban areas and 700 populations in tribal areas.
recruited for a population of 1000. One supervisor from the Social Welfare Department and one Auxiliary Nurse Midwife (ANM) from the health department were responsible for supervising twenty five Anganwadi workers under this scheme. In Kanyakumari District 1404 Anganwadi centres (1367 major centres and 37 mini centres) are functioning in rural and urban areas, supplying nutritious foods to the needy people under this scheme\(^{85}\).

In order to encourage the antenatal checkup in the PHCs, a novel scheme has been announced by the Government of Tamil Nadu on 15 September 2008\(^{86}\). It has provision for nutritional food to the pregnant mothers those who are coming to the PHCs for antenatal check up. In Kanyakumari under this scheme, Rs. 349845 has been utilized for the provision of dietary charges for 16,748 pregnant Mothers during 2008-2009\(^{87}\).

**Health Education**

Health education means helping to change people’s behaviour, so as to make their health better. It is an essential component of any programme to improve the health of a community and the foundation of any control programme. Therefore, it is of paramount importance that health education should become a part and parcel of life. Firstly, it has a major role in promoting good health practices such as sanitation, clean drinking water, good hygiene, breast feeding, infant weaning and oral rehydration. Secondly, the use of preventive services such as immunization,

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\(^{87}\) Ibid., p.2.
screening, antenatal and child health clinics. Thirdly, the recognition of early symptoms of disease and promoting early referral, fourthly community support for primary health care and control measures\textsuperscript{88}. Health literacy is essential to empower individuals, families and communities to protect, preserve and promote their health\textsuperscript{89}.

A wing of the State Health Education Bureau of the Directorate of Public Health and Preventive Medicine carries out health education activities in various parts of the district with the following objectives; Help the people to achieve “Health for All by 2000 A.D. by integrating health education with every public activity\textsuperscript{90}; help the people to understand and identify their health problems and solve them by enlisting their active participation and co-operation and help all the health staff to understand the health education; Components and implement public health programmes successfully.

For the successful implementation of the various on going public health service programmes, health education of the public is carried out by means of talks, cinema shows, lectures with or without lanterns slides, health exhibitions, radio broadcast and the distribution of leaflets, pamphlets and posters\textsuperscript{91}. All India Radio Madras and Tiruchirapalli broadcast certain diseases and their control measures. Interview technique and communication chart through mass media like television, radio and press are also useful for the public. Thus, the health education increased the


\textsuperscript{89} The Hindu, Thiruvananthapuram, 3 June 2009, p.8.

\textsuperscript{90} GopalaKrishnan, M. (Ed.), \textit{op.cit}, p.1088.

\textsuperscript{91} Madras State Administration Report, 1948-1949, Madras, p.19.
scientific knowledge about health, developed correct feeling towards health and established sound health practices.

**Sanitation**

Sanitation is the branch of public health which is concerned with keeping the external environment healthful. The word sanitation is derived from the Latin word Sanitas, which means a state of health\(^92\). The sanitation directs his efforts towards the maintenance of a safe drinking water free from pollution and harmful organisms, the disposal of sewage, conducts inspection of sanitary conditions of food supply, enforces housing regulations and control of flies, mosquitoes and other intermediate sources of disease transmission\(^93\).

Health is considered as the wealth of the nation. To achieve this, social workers as well as local bodies lay much emphasis to sanitation. The climate improves the sanitary condition of the Kanyakumari District besides the efforts of the service minded people and the local self governing bodies. Providing portable water, cleaning the streets, curbing pollutions, providing good drainage system are the measures, the local bodies undertake to improve the sanitary condition of the locality. In Kanyakumari District, the four municipalities, fifty six town panchayats and ninety eight village panchayats effectively look after sanitation. The municipalities and town panchayats have employed conservancy staff to ensure good sanitation of town. Periodic spraying of pesticides prevents the breeding mosquitoes\(^94\).

\(^{93}\) Madras Information (Health), 1955, p.20.  
\(^{94}\) Personal Interview with Mrs. Esthar Ward Member, Kallukoottam Town Panchayat, 5 May 2009.
Most of the town and villages in the district are provided with protected water supply either by means of over head tanks or through ground level reservoirs, hand pumps or wells by the respective municipalities and panchayats. All the four municipalities, and all town panchayats in the district have teams of health and sanitary staff viz. health inspectors, sanitary inspectors, sweepers and scavengers’ to ensure cleanliness of the towns and to maintain good public health.

**Epidemic Diseases Control Programme**

One of the important public health activities is the epidemic diseases control programme. On 26 December 2004 earthquake in Indonesia followed by Tsunami has badly affected many coastal areas in Tamil Nadu\(^5\). Tamil Nadu is one of the worst affected states by this Tsunami due to the long and wide spread coastal areas. Among the Districts of Tamil Nadu, Nagapattinam, Kanyakumari and Cuddalore were severely affected. Emergency Medical Relief Division of the Ministry of Health and Family welfare co-ordinated health relief activities. The Relief measures undertaken by the Department of public Health are; identification and disposal of dead bodies was given top priority; earth moving equipment and JCBs have been mobilized and sent to Kanyakumari District in large numbers to remove obstacles and extricate dead bodies and the assistance of army, Navy, Air force and the coastal guard was obtained for the removal of dead bodies\(^6\).

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Preventive measures are undertaken by the Department of Public Health, Nagercoil in the tsunami affected areas particularly in the coastal areas of Kanyakumari District. The measures undertaken by the Department are\textsuperscript{97};

**Environmental Hygiene**

Under environmental hygiene, the measures undertaken are; Disinfections of shelters, camps and affected areas with bleaching powders, phenyl and slacked lime; chlorination of all drinking water sources and providing protected water through lorries.

**IEC Activities**

The Department of Public Health had undertaken the following IEC Activities for epidemic disease control programme. They are; distribution of Handbills; exhibition of Banners; screening cinema slides in theaters; news through local newspapers and interpersonal communication.

**Immunization and Surveillance**

Under Immunization and Surveillance, the measures undertaken are: to prevent mortality and morbidity among children under five years, one does of measles vaccine, vitamin A and oral Polio were given. Food sanitation was also supervised by the health team.

\textsuperscript{97} Ibid., pp. 263-264,
Disease surveillance

Epidemic Disease surveillance Teams framed to identify any water borne, vector borne disease in the affected and non affected areas.

Man power involved

Medical officers, para Medical staff including nurses, technicians, sanitary inspectors and field workers were deputed to carry on the work in the affected areas.

During November 2008 Tamil Nadu coast was badly affected by a cyclonic storm. Due to floods Thiruvarur, Tanjavur, Nagapattinam, Cuddalor, Pudukottai, Thoothukudi, Tirunelveli, Kanyakumari, Kancheepuram and Ramanathapuram districts in Tamil Nadu were affected. All preventive and control measures were taken to avoid the spread of monsoon related diseases. The people of the flood affected places were accommodated in safe place and the following preventive measures were under taken in Kanyakumari District. They are; medical officers were deputed for carrying out public health measures in the affected areas and for minor ailment treatment to the affected people; health Inspectors and Paramedical staff were deputed to the flood affected areas for carrying out waterborne and vector borne diseases control measures; chlorine tablets were distributed to the people and for the supply of chlorinated safe drinking water in the flood affected areas and Deputy Director of Public Health in Nagercoil supervise, intensify and monitor the diseases control activities to avoid the spread of water born diseases like cholera, jaundice, typhoid and vector borne diseases.

98 Thinathanthi, Nagercoil, 29 November 2009, p.5.
108 Ambulance Service

Government of Tamil Nadu launched the programme on September 15, 2008, to save the life of the people\(^{100}\). 108 Emergency Response service is a 24x7 emergency service for medical, police and fire emergencies. The purposes in which, 108 is dialed, to save a life, to report a crime progress and to report a fire. The number 108 is a toll free number and can be dialed from any phone be it a mobile phone or a land line at the time of an emergency without any prefix or suffix. Emergency help reaches the person within twenty minutes for medical emergencies like serious injuries, cardiac arrests, stroke, respiratory, diabetics, maternal, epilepsy, unconsciousness, animal bites, high fever and infections. The entire service is free for any citizen. The ambulances are fitted with a Geographical Information System and Geographical positioning System (GPS) to locate the site of emergency and to monitor the availability and mobility of the vehicle near the site of emergency\(^{101}\). The ambulance has well trained personal to provide pre-hospitalization care during transit. This emergence service is functioning for the well being of the people of the district.

Thus the study makes it clear that Health is the topmost priority in every individual’s life. The whole development cycle of a person depends upon his intellectual caliber, curiosity and constructive thinking, but all these qualities depend upon his good health. Therefore to meet this very important need of the healthy citizens of healthy society, health services are sine-qua-non for the Government.

\(^{100}\) Report from the Emergency Management and Research Institute, Tamil Nadu, 2009, p.2.

\(^{101}\) Personal Interview with Mr. Selvin, Driver, 108 Ambulance, Colachel, 10 May 2009.
Hence, the Government have implemented new schemes, undertaken public health activities and passed new rules and regulations and also undertaken preventive measures to improve the quality of the life of people.