CHAPTER IV
ORGANIZATIONAL STRUCTURE AND FUNCTIONS

A 'Health System' constitutes planning, determining priorities, mobilizing and allocating resources, translating policies into services, evaluation and health education. The aim of a health system is health development - a process of continuous and progressive improvement of the health status of a population. The current health policy of the state is, to build up health systems based on primary health care, for all by the year 2000 A.D.

The basic objective of the health Policy in India is the provision of preventive, promotive and rehabilitative health services to the people, thus representing a shift from medical care to comprehensive health care and from the urban to rural population. The delivery of primary health care is the foundation, in which the rural health care delivery forms an integral part.

Under the constitution of India, the items "Public Health and Sanitation; Hospitals and Dispensaries" (entry 6) are on the state list. The states are largely independent in matters relating to the delivery of health care to their people. Each State in India, has developed its own system of health care delivery independent of the Central Government.
The Government of India evolved a National Health Policy based on Primary Health Care approach to enable health services and facilities to be easily accessible to vast majority of rural people. Towards this perspective, efforts were being made to reduce the area covered by individual health personnel to increase the effectiveness of the delivery of health care system and the National Health Policy also has laid down a plan of action for re-orienting and shaping the existing rural Health infrastructure with specific goals to be achieved by the year 2000 A.D. Most of the state governments in India too adopted the National Health Policy as their basic goal in the health sector.

The Government of Tamil Nadu for example, provides preventive and curative health and medical services to the rural and urban population through a network of district, taluk and non-taluk hospitals and primary health centres. The public and preventive health care has been provided by many Government agencies including Municipal institutions and other governmental organizations. The curative care is being provided by Government Hospitals for the poor, complemented by the private Hospitals, voluntary agencies for others. The total investment on Health by all the agencies both public and private in a country determines the health status of the people of a state.
Health Care System in Tamil Nadu

Under the Department of Health and Family Welfare, Indian Medicine and Homeopathy, and its secretariat the Public Health Programmes are being implemented. There is a Minister for Public Health, who is assisted by a secretary for Health, Indian Medicine, Homeopathy and Family Welfare, who is also the executive authority to the departments under him.

Under the Commissioner and Secretary for Health and Family Welfare there are six departments and one corporation viz., Department of Medical Education; Department of Medical and Rural Health Services, Department of Public Health and Preventive Medicine, Department of Indian Medicine and Homeopathy, Department of Drugs Control Administration, Department of Tamil Nadu State Health Transport and Tamil Nadu Medical Services Corporation Ltd. (Figure I).
Figure I
Organization of Health Services in Tamil Nadu

Minister in/C,
Medical and Public Health

Secretary,
Government of Tamil Nadu
Health and Family Welfare Department

DME  DM & RHS  DPH & PM  DIM & H  DDCA  TNSHTD  TNMSC

DME - Department of Medical Education
DM & RHS - Department of Medical & Rural Health Services
DPH & PM - Department of Public Health and Preventive Medicine
DIM & H - Department of Indian Medicine and Homeopathy
DDCA - Department of Drugs Control Administration
TNSHTD - Tamil Nadu State Health Transport Department
TNMSC - Tamil Nadu Medical Services Corporation Ltd.
State Health Directorates

There are six health directorates and one Corporation are functioning in the state after seven decades of functioning of the public health care delivery system. In the year 1923, the Department of Public Health was formed for the improvement of the general health conditions in the erstwhile Madras Presidency, in which, the present state of Tamil Nadu was a part with special emphasis on providing maternity and child health care to the rural and urban poor and prevention and control of communicable diseases.

In 1966, the Department of Health Services and Family Planning was formed by merging the Directorate of Medical Services and the Directorate of Public Health after separating the Medical Education from Medical Services. In 1976, the integrated Department was again bifurcated into the Department of Public Health and Preventive Medicine and the Department of Medical Services and Family Welfare. The Drugs Control Administration which continued under this Department was separated in November 1981 to form an independent Department. In February, 1980, the functions relating to the static component of Primary Health Centre, the mobile health teams were separated from Public Health Department and a new Department called Directorate of
Primary Health centres was formed. In 1991, the Directorates concerned with Medical Services, Family Welfare and Public Health were reorganized and the Directorate of Medical and Rural Health Services was in charge of coordinating Medical Services, other than teaching hospitals, Primary Health Centres and the Family Welfare Programme. Again the department of Primary Health Centre was brought under the control of Directorate of Public Health and Preventive Medicine in March 1996. The State Health Transport Department was formed by separating the same from Public Health and Preventive Medicine Department.

During 1988, a separate Directorate of Public Health Training and Continuing Education was formed to be in charge of pre-service and in-service training programme for the multi-purpose health workers - male and female and short term in-service training programme for Medical Officers, Health Professionals and Para-professionals. This Directorate was again merged with the Directorate of Public Health and Preventive Medicine since March, 1991.¹

With a view to ensure co-ordination, effective lines of command and optimum use of resources, the directorate concerned with Medical Services, Family
Welfare and Public Health were undergone many changes. Now the directorate of medical and rural health services is incharge of medical services. Other than teaching hospitals and family welfare programmes. The Directorate of Public Health and preventive medicine is in charge of Public Health, Preventive Medicine, Primary Health Centres and Continuing Education in health.

The Directorate of Medical Education is entrusted with the responsibility of implementing the Teaching, Training and Research Programmes in the Medical field. The Directorate of Indian Medicine and Homeopathy was established in July 1970, bringing Siddha, Ayurveda, Homeopathy and Unani systems of medicines under one roof. Its main aim was to popularize the indigenous systems of medicine and to bring out the hidden treasures of Indian systems of medicine for the benefit of the people. However, the Homeopathy System of medicine is exception to this, which was originated in Germany. The Government have also recognized Yoga and Naturopathy as systems of Medicine in Tamil Nadu state.
Among six Health Departments, only four Departments are responsible for providing health care and other two are supporting these departments to provide health care efficiently. The four departments are:

1. Department of Medical Education,

2. Department of Medical and Rural Health Services,

3. Department of Public Health and Preventive Medicine and

4. Department of Indian Medicine and Homeopathy.

1. Department of Medical Education (DME)

The Director of Medical Education is the Head of the Department and who is assisted at the State Headquarters by a team of officers. The function of the Director of Medical Education is two-fold. One is education in medical/dental/para-medical sciences and the other is clinical care in the teaching hospitals directly administered by the Director. Besides, the Director is also empowered to regulate the functions of private self-financing medical/dental and para-medical colleges.
Under the control of the Director of Medical Education, at present, only eight Government Medical Colleges are functioning instead of nine colleges. Because, recently on 7.7.98 Chennai Medical College has been enhanced as Deemed University and it is also accepted by the Tamil Nadu Gazette on 21.7.98. In addition, two private Medical Colleges, one Government Dental College, two college of Physiotherapy and eight Private Dental Colleges are functioning in the State. Besides, the Institute of Road Transport of the Government Transport Department is running a Medical College at Perundurai. Steps are underway to start self-financing college of Medical, Engineering, Dental, Para-Medical, Arts and Science etc., for the wards of Government Servants at Tiruchirappalli. These colleges will be managed by Tamil Nadu Medical Services Corporation Educational Trust with the funds raised from Government Servants. Each year, more than one thousand medical graduates and more than nine hundred medical post-graduates, diploma and higher specialities graduates (Appendix-I) come out from the Government Medical Institutions after completing courses.
2. Department of Medical and Rural Health Services (DM & RHS)

The Director of Medical and Rural Health Services is in charge of planning and execution of all programmes of Medical Services and also for the Schemes under ESI. He is responsible for rendering medical care services, through the grid of 23 District Headquarters Hospitals 138 Taluk Hospitals, 69 Non-Taluk Hospitals, 20 Dispensaries, besides Government TB Medical Institution, Government Leprosy Medical Institutions, ESI Medical Institutions. Now there are totally 550 hospitals with the bed strength of 21011 are functioning under this department.

The Director of Medical and Rural Health Services is assisted by five Additional Directors, one each for Leprosy Eradication Programme, Administration, ESI Schemes, Thoracic Medicine and Inspection, 4 Joint Directors one each for Medical, Planning and Development, ESI and Epidemiology and Administration and one Deputy Director (Administration) and Financial Adviser and Chief Accounts Officer, besides 3 Deputy Directors (Medical-I, Medical-II, Stores) and one Assistant Director (Administration) and other officers in charge of various programmes and other officers in charge of various programmes (Appendix-II).
3. **Department of Public Health and Preventive Medicine (DPH & PM)**

The Director of Public Health and Preventive Medicine is in overall charge of the Department of DPH, & PM, and is responsible for providing Primary Health care services through the network of 1420 Primary Health Centres and 8682 Health Sub centres in the State. At the State level the Director is assisted by the Additional Director (Malaria); Additional Director (State Immunisation Mission Coordinator); Additional Director (Maternity and Child Health); Personnel Officer (Deputy Secretary to Government). Joint Directors under various programmes, Deputy Directors, Chief Accounts Officer, Chief Entomologist, Statistical Assistant Director, Technical Assistant Director, Statistical Officers, Administrative Personal Assistants and a Legal Adviser. The director is also responsible for planning, formulating and implementing various National and State Health Programmes and schemes to prevent diseases in rural and urban areas and promotion of Maternal and Chief Health Services through 10336 Village Health Nurses, 1881 Sector Health Nurses and 9025 para-medical Staff, besides the Medical Officers of Primary health centres.

The Public Health department enlists the cooperation and ensures coordination among the various departments involved in health related activities. It
gives technical, financial and administrative support for the urban health infrastructure in Municipal Corporations, Municipalities and in Town Panchayats.

4. Department of Indian Medicine and Homeopathy

The Director of this Department is incharge of administering the hospitals and Medical Educational Institutions concerned with Indian Systems of Medicine and Homeopathy. Under this Department, Two Government Siddha Medical Colleges, one Government Unani Medical College, one Government Homeopathy Medical College and two Private Homeo Colleges are functioning. In addition, two private Ayurvedic Medical colleges are functioning in the state. The total number of personnel employed under the Indian Medicine and Homeopathy Department during 1997-98 is around 2558 (Appendix-III).

Health Services Organization in the Regional Level

The Government re-organized the Public Health Department in 1980-81. Under the re-organized pattern, there are seven regions and 29 Health Unit Districts (Figure II). Each region is headed by a Regional Deputy Director of Public Health and preventive Medicine, and he is accountable to the Director of Public Health and Preventive Medicine in the Department of Public Health and Preventive Medicine. The Regional Deputy Director is assisted by one Regional Assistant Director, one Statistical Officer and one Assistant Entomologist at the Regional Headquarters.
The Regional Deputy Director is responsible for co-ordinating and supervising the work of the district immunisation officers and the District Health officers of the different health unit districts in his jurisdiction for the effective implementation of various health programmes, through the Primary Health centres, Health sub centres and conduct regular reviews and take remedial measures. He is also responsible for the micro-level planning for implementing various health activities. The regional Deputy Directors exercised administrative control over the Food Analysis Laboratory, Water Analysis Laboratory in the respective regions and Research-cum-Action Project Units and both administrative and technical control over the District Health Officers and Municipal Health Officers in the Region.

Organization of Health Services in the District Level

The State has 29 Health Unit districts under the re-organization of the Public Health Department during 1980-81. Each Health Unit District is headed by a District Health Officer with jurisdiction over 30 to 40 Primary Health Centres on an average. 23 District Headquarters Hospitals are functioning under the Department of Medical and Rural Health Services in Tamil Nadu. Now there are 41 Health Unit District
Officers for the 29 Revenue Districts, one Health Unit Deputy Director for Smaller Revenue District and two for the other Districts.

The Public Health Department was reorganised during January 1994. A Joint Director of Health Services from the Medical Services Cadre has been posted to each Revenue District to be incharge of all Medical and Public Health and Family Welfare Programmes at the District level. Under the Joint Director, there is a Deputy Director of Medical and Rural Health Services and Family Welfare who is in charge of all the Government taluk and non-taluk hospitals in the district and the District Family Welfare Bureau. There are also two Deputy Directors of Health Services who are incharge of rural health services through the primary health centres and health sub-centres. The Deputy Directors of Health services of the District is to supervise the functioning of the Primary Health Centres besides technically supervising the public health activities in respect of the urban local bodies with in that Health Unit District. The Medical Officers of the Primary Health Centres are accountable to the District Health Officer.
NOTE: PHC: PRIMARY HEALTH CENTRE.
HSC: HEALTH SUB-CENTRE OR SUB-CENTRE.
In the Corporation of Madurai and Coimbatore, one Health officer in the cadre of Deputy Director of Public Health and preventive medicine is in charge of public health activities. Public Health activities in the bigger municipalities of the state are supervised by Municipal Health Officers, paid from government funds. Some of the small municipalities also have municipal Health officers based on their needs and importance as pilgrim centres etc.

Organization of Health Services in the Block Level

To provide referral and specialized medical care facilities to the rural people, community health centres are established at the rate of one for every 4 surrounding primary health centres (around 80,000 to 1,20,000) (Appendix-IV). Accordingly, 68 community health centres are functioning in the state at present. The community health centres have been provided with 30 beds specialist, an operation theatre and laboratory facilities for conducting X-ray, pathological and biochemical examinations/tests. Establishment of community health centres, is based on the National Health Policy - guidelines.
Under the Tribal Welfare Scheme, nine blocks, have been identified as Tribal areas in the State. All these blocks have one Primary Health Centre each prior to VI Five Year Plan Period. Among the nine primary health centres one has been upgraded in Alangayam, Primary Health Centre in North Arcot Ambedkar District.

The community health centres were initially established at 28 community block main primary health centre, during 1980-85. In the Seventh Five Year Plan, 40 Non-Taluk Hospitals Converted as Community Health Centres during 1986-87. Now, totally 68 community Health Centre are functioning in the State. The establishment of one community health centre or upgraded primary health centre for every four surrounding Primary Health Centres in all parts of the State is yet to be achieved.
Figure IV

Organization of Health Services in the Block Level

(2) Medical Officers

(1) Pharmacist | (1) MNA | (1) FNA | (1) Junior | (1) Driver Assistant

(1) Cook-Cum Waterman

(1) Block Health Supervisor | (1) Community Health Nurse (Female) | (1) Watchman | (1) Sweeper

(4) Sector Health Supervisors (Male) | (1) Sector Health Nurses (Female)

(24) Multi-Purpose Health Assistants | (1) Village Health Nurses (Female)

Notes: MNA - Male Nursing Assistant
FNA - Female Nursing Assistant

* The Multi-purpose Health Assistants (Male and Village Health Nurses are interchangeably called Multi-purpose health workers (Male and Female).
To supervise the activities of the sector Health Nurses (Female) and Sector Health Supervisors (Male), there is one Block Health Supervisor (Male) for the male side and one community health nurse (female) for the female side attached to the Main Block Primary Health Centre.

In the State, the Primary Health Centres at Block Level have been functioning from 8 am to 5 pm, so far. But there were representations that medical help was not available to people beyond the working hours which resulted in hardship to the people. To rectify this, the government have decided that all the Block level Primary Health Centres shall function for 24 hours a day throughout the week without any holiday. The additional medical officers required for the same have been provided from the available medical officers, with the provision of additional doctors, 124 PHCs have started functioning Block level PHCs also function for 24 hours a day in a phased manner and ultimately, the total number of 24 hours Primary Health Centres in the State will be around 420. This effort has been commended by the Union Planning Commission recently. The Government have also ordered that Primary Health Centres which are functioning in Government buildings will attend to "delivery cases". This will benefit the pregnant women in rural areas greatly and help to reduce infant and maternal mortality.
Several medico-legal cases such as accident cases, attempt to suicide etc., are not attended to in the Primary Health Centres so far. The people have to take the patients to government hospitals which are away from the PHCs. With a view to avoid hardship and provide quick and immediate treatment to all medico-legal cases, the Government have decided that all the main Primary Health Centres at Block level will attend to such cases except conducting post-mortem and issued necessary orders to this effect. The Medical officers of PHCs have been given one day training in handling the medico-legal cases, maintaining registers etc.

The government have also proposed to upgrade these Block Primary Health Centres as First Referral Units in due course. One of the major constraints in converting the Block Primary Health Centres as First Referral Units is the non-availability of qualified doctors such as Gynecologists, Pediatricians and Anesthetists.

Organization of Health Services in the Sector Level:

As per the Government of India's norms for every group of 30,000 population in the plains and 20,000 in the hill areas one Primary Health Centre should be set up. Similarly for 5,000 population in the plains and 3,000 in the hill areas one Health Sub-centre shall be provided.
Based on the recommendations of the Central Government, many Primary Health Centres were established during the years 1985-86 and 1997-98, at the rate of one Primary Health Centre for every 30,000 populations. Each set of one Primary Health Centre along with 30,000 population is called one ‘Sector’ Unit. There are six sub-centres under one Sector (Figure III).

Accordingly, 1420 primary health centres including (68 community health centres) and 8682 health sub-centres have been established in the state. Which satisfy the norms of the Government of India. Infact, the Tamil Nadu Government have achieved the norms fixed by the Government of India even one decade ahead.

Infrastructural Facilities

All the PHCs are provided with the following basic facilities are: sterilization equipment, autoclaves, double rate steam sterilizer etc.; cold chain equipment like Ice hive refrigerated, deep freezers, vaccine carries; lab facilities for pathological and micro biological investigation; Surgical equipment required for performing minor surgeries and deliveries; adequate quantity of essential and emergency drugs; and beds for in-patients at the rate of 6 per PHC and 30 per upgraded Primary health centre.
All the main PHCs are provided with ophthalmic equipment for the detection and correction of refractive errors as well as treatment of minor eye ailments. Apart from the above facilities, the upgraded PHCs are provided with X-ray plant and operation theatre.

Buildings for the Primary Health Centres

Buildings for accommodating the PHCs are constructed by government as per approved type design. Land for construction is generally donated by Public. If gift lands are not available the Government allot poramboke lands for the purpose. The construction work for PHC buildings is taken under Part II schemes in phased manner. At present, only, half of the PHCs are functioning in the buildings constructed for the purpose (Appendix-V).

As per the policy decision taken by the Government to provide own building for all PHCs in two years the Government sanctioned the construction of buildings for 300 PHCs at an ultimate cost of Rs.18.00 crores for 1996-97. The construction work has commenced. The construction of buildings for 300 more PHCs will be taken up during 1997-98 at an ultimate cost of Rs.21.00 crores and all the PhCs will have own buildings as soon as the above works are completed.
Staff for the Primary Health Centres

The staff pattern for a primary health centre is two medical officers, 3 para medical staff and five ministerial and basic service staff. The upgraded primary health centre, called community health centres have one civil surgeon, one post-graduate civil assistant surgeon and eight para medical staff in addition to the above staff. The total staff strength in the 1420 PHCs functioning in the state comes around 11,367 (Appendix VI).

The State Government are very keen on improving the health care facilities in the rural areas. Though the state government have set up adequate number of primary health centres and sub-centres as per the norms of the Government of India, there are complaints that the primary health centres are not functioning properly. There are complaints that the medical officers do not come to the primary health centres regularly. They are also not staying-in the quarters wherever quarters are provided to them. The Government are also aware of these complaints and have taken a number of measures to remedy this situation.
For the complaints of non-attendance of medical officers in the PhCs, strict instructions have been given to the supervising officers to check the availability of medical officers and other personnel in the primary health centres. All the Joint Directors and other field level officers have been asked to ensure better attendance of medical and para-medical staff in the primary health centres. The director of Public Health and Preventive Medicine has also been asked to conduct periodic surprise checks to ensure that primary health centres function properly. The Government Doctors Association has also been asked to ensure better co-operation from the doctors to improve the health care in the rural areas.

The Government have also initiated another important measure to solve the problem of non-availability of medical officers in rural areas by recruiting medical officers zone wise. The entire state has been divided into nine zones, and the recruitment of medical officers is made for a particular zone against the vacancies available in that zone. It has been stipulated that the medical officers so selected will have to work in that zone for at least ten years. This selection procedure has enabled the government to fill up a large number of vacancies in the rural areas.
Another measure, to improve the health care sector in Tamil Nadu, a unique Government - industry participation has been started on 28th June 1998, by the State Government. In the first phase of the programme, 57 Primary Health Centres (PHC) and six Government Hospitals are adopted by 19 industries groups based in the state. While the administration, salaries and cost of drugs and service of the adopted PHCs and hospitals will continue to be founded by the Government, the industries would look after their maintenance, a relatively weak point in the management of public hospitals.

The number of adopted PHCs varied from one to fifteen. India cements has adopted the maximum number of fifteen PHCs - in three districts. Other major groups in the partnership included TTK, TVS-Suzuki, Titan, Ashok Leyland, NEPC, MRF, Gem Group and AVT. The representatives of the industrial groups would constantly be in touch with the Health department officials at the PHC and hospital level to keep their promise and Divisional level committees, which would include Government and industry representatives would co-ordinate the activities.
Mini Health Centres

Mini Health Centre scheme was introduced during the year 1977-78 as an alternative scheme to village Health Guide Scheme. Mini Health Centre covers a population of 5000 (or) 1000 families and render health care facilities to the specified area, with the objective of delivery of health care services even to the remotest part of the villages, co-operation of the voluntary agencies enlisted. The agencies involving themselves have to organise the delivery of comprehensive health care services for a population of 5,000 with a total expenditure of Rs.27,000 per mini Health Centre per annum. Two thirds of the expenditure will be met by the central and state government. The voluntary agency should meet the remaining expenditure of Rs.9000 by raising funds through donation (or) by collection from the beneficiaries. Out of 273 Mini Health Centres sanctioned so far, from January 1994, 79 Mini Health Centres are functioning.

Improvements to the District, Taluk, Non-Taluk hospitals and dispensaries constitute an important development of plan activities in the shape of expanded medical facilities, specialized services such as Medicine, Surgery, Gynecology and Obstetrics, Ophthalmology, ENT, Venereology, Orthopaedic Surgery,
Anaesthesiology, Child Health, Dental, Psychiatric Clinics, Ambulatory Services, Pathological Laboratory Services, Specialized Field of Leprosy, TB and Diabetic Clinics, Cardiology, Nephrology and most of other improvements. Accident and Emergency service to meet the accident hazards is being implemented in a phased manner. The Maternity and Child Health and Family Welfare activities are undertaken effectively through non-teaching medical institutions under family welfare post partum programme.

Keeping the population growth in mind, it was accepted in principle to increase the bed-strength in all the District Headquarters Hospitals depending on needs. Four Headquarters Hospitals are functioning with 500 beds and above at present: Vellore: 541, Erode: 576, Tiruchy: 603 and Tuticorin: 546.

It has been accepted in principle to increase the bed strength of Taluk Hospitals to a minimum of 32. At present, 33 Taluk Hospitals are functioning with more than 100 beds out of 138 Taluk Hospitals. It has been decided in principle to upgrade these 33 Taluk Hospitals on par with District Headquarters Hospitals by providing all the facilities in a phased programme and depending on needs. There is also a proposal under
consideration of the government to upgrade 20 primary health centres as Taluk Hospitals in order to cover newly created Taluks.

As per the suggested norms for Health personnel by the Government of India is one doctor per 3,500 population, one Nurse per 5000 population. Accordingly in 1997-98, there are 550 hospitals with a bed strength of 21,011 and 41556 totally in the state. The average number of persons per doctor works out to 7124 in the state. Which is much higher when compared to other states in India; eventhough, nearly 80 percent of them concentrated in urban areas. Like that the average number of one lakh persons per nurse works out to 28.2 (Table 1).
<table>
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<th>Sl. Districts No.</th>
<th>Population (1991) in lakhs</th>
<th>Population per bed</th>
<th>Total Doctors</th>
<th>Population per doctor</th>
<th>Total No. Nurses</th>
<th>Nurses per 1 Lakh population</th>
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The strength of the Health personnel are in the urban areas is somewhat satisfactory but in the rural areas it was not so, and also its vary among the districts with in the state. For example in the case of doctors, there is one doctor per 18151 population in Dindigal district, one per 16571 in Karur district, one per 14556 in Vellore district and one per 12193 in Villupuram district whereas, there is one doctor per 2215 population in Chennai district, one per 3965 in Thanjavur, one per 5089 in Madurai district and one per 6162 in Tiruchirapalli. Like that in the case of one bed per population, there is one bed per 3461 in Villupuram district, one per 3128 in Karur district, one per 2973 in Tiruvannamalai district and one per

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<th>Total No. Nurses</th>
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<tr>
<td>21. Madurai</td>
<td>34.49</td>
<td>2953</td>
<td>1168</td>
<td>678</td>
<td>5089</td>
<td>621</td>
<td>18.0</td>
</tr>
<tr>
<td>22. Karur</td>
<td>13.42</td>
<td>429</td>
<td>3128</td>
<td>81</td>
<td>16571</td>
<td>N.A</td>
<td>N.A</td>
</tr>
<tr>
<td>23. Chennai</td>
<td>38.41</td>
<td>10696</td>
<td>359</td>
<td>1734</td>
<td>2215</td>
<td>2812</td>
<td>74.0</td>
</tr>
<tr>
<td>24. Dindigal</td>
<td>17.60</td>
<td>861</td>
<td>2044</td>
<td>97</td>
<td>18151</td>
<td>446</td>
<td>25.2</td>
</tr>
<tr>
<td>25. Perambalur</td>
<td>13.27</td>
<td>410</td>
<td>3236</td>
<td>99</td>
<td>13405</td>
<td>N.A</td>
<td>N.A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>558.58</strong></td>
<td><strong>41556</strong></td>
<td><strong>1341</strong></td>
<td><strong>7841</strong></td>
<td><strong>7124</strong></td>
<td><strong>15718</strong></td>
<td><strong>28.2</strong></td>
</tr>
</tbody>
</table>

Source: Department of DMRHS, Government of Tamil Nadu, Chennai.
2485 in Dharmapuri district, where as, there is one bed per 359 in Chennai, one per 835 in the Nilgiris, one per 1026 in Thanjavur and one per 1168 in Madurai district.

In the case of nurse, one nurse per 5000 population, there is 3.7 nurses per 5000 population in Chennai, 2.5 nurses in the Nilgiris, 2.0 in Trichy district and 1.9 in Sivagangai whereas, there is 0.86 nurses in Chengalpattu MGR district, 0.9 nurses in Madurai district, 0.96 in Coimbatore district and 1.0 in Tirunelveli district.

In the case of doctor and bed per population, the studies, shows that, there is a concentration of doctors in urban areas and material facilities are also high in the urban areas comparatively to the rural areas. In the case of nurse per 5000 population ratio, the average is 1.4 nurses per 5000 people in the state. Though it is satisfied, the inequivalency among the districts should be removed.

From the foregoing analysis, it is clear that there is enough institutional support to canalize the Health Policy and programmes in the State. Hence the health care delivery system in the state of Tamil Nadu is geared to meet the health needs of the people. However, there is a mismatch between the number of institutions functioning and the quality of the
services provided due to the absence of infrastructural facilities and the problem of transfer of Medical personnel. The apathy of the higher level health personnel (Doctors) towards the mass of rural poor is the major problem of the health care system in the state. Further, the problems like Brain-drain aggravate the situation, hence a unbalanced setup. Eventhough, the objectives of birth control and other family welfare programmes or being implemented with all fanfare by the lower level health workers, in the heart of the health care system, the diagnosis of diseases at an early stage and to take preventive measures is missing. While the health care institutions are organised and re-organised for the purposes of administrative convenience, the essential element of timely services and prevention of diseases are not being considered generally. The health care delivery system need to be synchronized with the developments in other fields of activities like the road construction (approaches) transport, etc. Over specialization of the health care services in terms of specialized fields of knowledge in the medical field did not any way help the common people, who need basic preventive medicine.