

# **RIGHT TO INFORMATION ACT 2005**

## **PRO-ACTIVE DISCLOSURES**

### **NATIONAL / STATE / RURAL HEALTH MISSION**

#### **CHAPTER.1**

##### **1.1 Background of this hand book (Right to Information Act 2005)**

The Right to Information Act provides for setting out the practical regime of Right to Information for citizens. This hand book tries to secure access to information under the National Rural Health Mission / State Rural Health Mission Tamilnadu.

##### **1.2 Objective / Purpose of this Hand Book**

The objective of this hand book is to disseminate information under State Health Mission-Tamil Nadu to the public at regular intervals.

##### **1.3 Who are the intended users of this Hand Book**

Citizens of the country.

##### **1.4 Organisation of the information in this Hand Book**

Public Authority - State Health Society under State Rural Health  
Mission / National Rural Health Mission

##### **1.5 Contact person in case somebody wants to get more information on topics covered in the hand book as well as other information also**

Mission Director / State Programme Manager.

##### **1.6 Procedure and fee structure for getting information not available in the hand book**

As prescribed in Right to Information Act 2005.

## **CHAPTER.2 Manual.1**

### **Particulars of Organisation, Function and Duties**

#### **2.1 Objective / purpose of the public authority**

NRHM – aims to improve the health status of the people especially those who live in the villages.

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

#### **2.2 Mission / vision statement of public authority**

The vision is to provide universal access to equitable, affordable and quality health care services which is accountable at the same time responding to the needs of the people.

#### **2.3 Brief history of the public authority and content of its formation**

State Rural Health Mission was launched in Tamilnadu on 12.4.05 with the view to bring architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery as prescribed under the NRHM

of India. The programme is for the period of 2005-2012. The programme is funded by Government of India.

### **State Health Mission**

To achieve the objectives of NRHM, the Tamilnadu State Health Mission was constituted and Tamilnadu State Health Society was registered under Tamilnadu Societies Registration Act 1975 with Registration No.47/2006.

State Health Society is constituted merging the health societies for leprosy, tuberculosis, blindness control and integrated disease control programme except Tamilnadu State AIDS Control Society. All the National Health Programmes at the State and District level are brought under one umbrella and it will function through the individual sub committees. This will help to pool all resources available in implementation of the programme.

The Sub Committees are:

- Sub Committee for RCH.
- Sub Committee for Maternal Child Health and Family Welfare
- Sub Committee for Vector Born Disease Control Programme
- Sub Committee for Tuberculosis Control
- Sub Committee for Integrated Disease Control Programme
- Sub Committee for National Blindness Control Programme
- Sub Committee for Indian System of Medicine and Homeopathy

In all the districts to implement the activities of the Mission, District Health Mission and District Health Society have been formed in G.O.Ms.No.27, H&FW Dept., dt.21.2.06.

**2.4**  
**& Duties / main activities / functions of public authority**  
**2.5**

State Health Society submits the State Health annual PIP prepared in consultation with the various stake holders under NRHM to Government of India. Funds released by Govt. of India for approved activities are distributed to the Health Directorates concerned to provide maternity and child health services, immunization of children against vaccine preventable diseases, control of communicable and non-communicable diseases, health check up of school children and health education of the community etc. Capacity building of the service providers and systematic monitoring and evaluation of health activities under SRHM, empowering the community on Health aspects are other functions of the State Health Society.

**2.6 The following interventions are implemented under NRHM:**

**2.6.1 State Health Society:**

To achieve the objectives of the mission, the State Health Society was constituted and registered under the Tamil Nadu Societies Registration Act 1975, (Registration No. 47/2006), merging all the Centrally funded health related societies for leprosy, tuberculosis, blindness and integrated disease control programmes (except the Tamil Nadu State AIDS Control Society). Similarly, District Health Societies have been registered under the Chairmanship of the District Collector level to coordinate the implementation of the schemes of NRHM at the district level.

The components of NRHM funded through the State Health Society, along with the scheme wise allocation under the Project Implementation Plan (PIP) 2009-10 are given below in the Table:

<b>Sl. No.</b>	<b>BUDGET HEAD NRHM</b>	<b>AMOUNT ALLOTTED FOR THE YEAR 2009-10 Rs. In Crore</b>
1	RCH II (Including JSY and Family Welfare Compensation)	177.35
2	NRHM Flexible Pool	235.65
2	Immunization including Pulse Polio	15.23
3	RNTCP	12.25
4	NVBDCP	5.34
5	IDSP	1.70
6	NLEP	2.00
7	NPCB	22.00
8	NIDDCP	0.18
9	NPPCD	4.56
10	Infrastructure Maintenance (Treasury route)	178.75
	<b>TOTAL</b>	<b>655.01</b>

The total allocation for various activities given above includes the State Government share of 15% of the overall cost of the programme. The funds for all the programmes are routed through the State Health Society at the State Level and the District Health Society at the district level. This has contributed to the smooth release of funds to reach the field level. Sub committees have also been formed at the state level to facilitate coordination and policy planning under the various components.

A short description of the various important activities taken up under the first two components (RCH and NRHM flexipool) is given below. The activities carried out under the other components and disease control programmes are discussed in the relevant chapters of the Policy Note.

## **2.6.2 Reproductive and Child Health (RCH II) Project:**

One of the thrust areas under NRHM is the reduction of child and maternal mortality. This is sought to be achieved by providing a wide range of quality Reproductive and Child Health Services including institutional delivery, emergency obstetric care, safe abortions, family planning services and adolescent health services in the rural areas as well as the small urban towns. During this year, Rs.177.35 Crores have been allotted for RCH activities including Janani Suraksha Yojana and family welfare compensation. The major activities taken up under the RCH II are detailed below.

### **2.6.2.1 24 x 7 Hours Delivery Care Services in all 1537 PHCs:**

Countries, which have a high level of institutional delivery have lower levels of MMR. Tamil Nadu is committed to decrease the number of maternal deaths on par with the developed nations across the world. In this direction, the PHCs in the state have been strengthened to provide 24x7 hour delivery care services. 3 Staff nurses/PHC have been recruited and placed in all the 1421 PHCs providing 24 x 7 delivery care services. This intervention has led to a dramatic increase in the number of deliveries being conducted in the PHCs which will no doubt contribute to increased access and reduced mortality to poor mothers. To sustain this activity, this intervention is being continued and extended to the 116 new PHCs which were set up during 2008-09. A provision of Rs. 23.53 crores has been provided for this purpose in this year's PIP.

### **2.6.2.2 Provision of Outreach Services through Mobile Medical Units:**

Outreach services play a major role in taking health care services to the inaccessible and under served population. Through fixed day outreach visits to the remote villages, the entire range of reproductive health services are made available at the doorsteps of people. Elderly people, disabled and women with newborns in these villages are the major beneficiaries of this programme. All the 385 blocks have been provided with Mobile Medical Units (MMUs) with a dedicated team of staff (1 Medical officer, 1 Staff nurse, 1 sanitary worker and 1 driver). The remote and under served areas are mapped in each block and the MMU visits these areas every month following a fixed tour programme.

The following services are provided in the villages by the MMU team headed by the doctor.

- Treatment of minor ailments
- Antenatal care
- Post Natal care, Newborn care.
- Family Welfare Services
- Management of RTI/STI cases
- Diabetes and hypertension screening and treatment
- TB & leprosy case detection
- Laboratory services.
- Nutrition counselling

- Health education.
- Identification of issues regarding water, sanitation and hygiene in the area for corrective community action.
- Routine immunization and Immunization of the dropouts.

For the year 2009-10, a financial allocation of Rs.26.06 crores has been made for provision of MMU services.

### **2.6.2.3 Provision of specialist services – Obstetricians, Anaesthetists for Emergency obstetric care:**

One of the major reasons for maternal mortality is the inability to provide emergency obstetric care (EmOC) to the mother in time. This is largely due to the non availability of specialists at the First Referral Unit level. To ensure that all the pregnant women receive emergency obstetric care, two major schemes have been taken up under RCH II.

- a) Hiring of Obstetricians and Anaesthetists : Public hospitals are allowed to hire private obstetricians and anaesthetists to carry out caesarian and family welfare surgeries. The specialists are given Rs.1000 per session which has ensured prompt handling of emergency obstetric cases.
- b) Multi skilling of MBBS doctors
  - i. LSAS (Life saving anaesthetic skills for EmOC) – Willing doctors are selected and are given training for 6 months in the medical colleges. So far 126 doctors have been trained
  - ii. Emergency obstetric care –It is also proposed to train female medical officers in obstetric skills for EmOC. The



first batch of 8 doctors is being trained at Kasturibai Gandhi Hospital, Chennai .

#### **2.6.2.4 Community Blood Donation Camps:**

Provision of safe blood at the level of First Referral Units is a priority area for reducing deaths due to post partum haemorrhage which is a major cause of maternal mortality. Regular blood donation camps are being conducted in all the PHCs under the RCH II programme with the assistance of Government Blood Banks, and Red Cross Societies. The blood requirement of the tertiary hospitals and the secondary hospitals are assessed and the blood is collected in these camps. An area based Blood Donors Directory is prepared for each PHC and it is used in emergencies for getting blood of rare blood types.. To ensure blood safety, all the upgraded PHCs with operation theatres are being provided with Blood storage facilities under the programme.

#### **2.6.2.5 Comprehensive intervention to reduce neonatal deaths in districts with high IMR:**

The Infant Mortality Rate (IMR) often serves as a key development indicator, reflecting the combined effects of health interventions and the socio-cultural environment. Considerable progress has been made in Tamilnadu to reduce infant mortality rates through implementation of various child health programmes. Over the last few years, there has been a stagnation in the reduction of IMR largely due to the lack of decrease in the neonatal mortality rates. In an effort to plug the gaps in service delivery to the newborn and address the felt need, 5 districts (Dharmapuri, Virudhunagar, Trichy, Thanjavur and Perambalur) were chosen in the year 2008-09 to establish Neonatal Intensive Care Units (NICU) i.e., 2 NICUs per district. Each unit will be

provided with 9 staff nurses and 3 paediatricians with required equipments. This year, (2009-10) another 10 districts. (Krishnagiri, Vellore, Thiruvannamalai, Villupuram, Cuddalore, Madurai, Dindigul, Pudukottai, Tiruvarur and Nagapattinam) will be provided with similar facilities. This programme which is accompanied by training of health functionaries at various levels will go a long way in reducing the neonatal mortality rate in these districts. A provision of Rs.13.38 crores has been made for implementing this programme in the year 2009-10.

**2.6.2.6 Hiring of paediatricians for provision of emergency new born care:**

Provision has also been made to hire paediatricians on a contract basis to conduct a special clinic once a month on Wednesdays in all PHCs. They would be paid Rs.1,000 per clinic on par with Obstetricians and Anaesthetists. This intervention will ensure that quality skilled care is given to high risk neonates, ultimately resulting in reduction of infant deaths particularly in the low birth weight category.

**2.6.2.7 Improving institutional delivery of Below Poverty Line (BPL) women:**

Janani Suraksha Yojana is one of the flagship programmes under RCH II which aims to reduce the maternal and infant mortality by focusing on increasing institutional deliveries. The scheme has been extended to Urban area also. An amount of Rs 700 in rural and Rs 600 in urban areas is paid to below the poverty line mothers delivering in institutions for upto two live births. An amount of Rs 31.68 Crores has been allotted for the year 2009-10 under this scheme.

#### **2.6.2.8 Urban Health programme:**

It has been identified that small urban towns have the weakest health system in the State. In order to effectively address the health concerns of such urban poor population, the municipalities with less than 1 lakh population have been brought under the purview of RCH II/ NRHM coverage. Out of 135 such municipalities, **60** Municipalities with over 50,000 population have been identified for introduction of the Urban Health Programme under RCH II for the year 2009-10. Under this scheme, 60 Urban Health Posts will be set up at a cost of Rs.8.61 crores by providing for staff costs (MO, ANM, Lab Technicians, Pharmacist, Health Worker), equipments etc., in the year 2009-2010.

#### **2.6.2.9 ASHA (Accredited Social Health Activist) in 12 Tribal districts:**

Despite a number of interventions by the state government, the vulnerable tribal community is some times still unable to access basic health care in time. They continue to face a number of social, cultural, and economic constraints. The constraints are that the health service providers are either not available or available for few hours in a day, remoteness of many villages from the nearest PHC/Hospital etc., With an objective to develop integrated and sustainable system for primary health care services delivery in the tribal areas ASHA's will be appointed for providing tribal out reach services.. These workers will serve as a link between the community and the health system and would serve to improve the health status of the population in these remote villages.

#### **2.6.2.10 Training and Human Resource Development:**

Capacity building is one of the major focus areas under the RCHII/ NRHM additionality components of the Health Mission. To bring about the expected outcomes, it is essential to train all health functionaries to equip them with necessary skills and knowledge so that their services are fully utilized. Various training activities being carried out under the Training component of RCH II and NRHM Flexipool are given below:

##### **Under Reproductive and Child Health**

1. IMNCI – Integrated Management of Neonatal and Childhood Illness
2. SBA – Skilled Birth Attendant Training
3. AMTSL – Active Management of Third Stage of Labour Training
4. EmOC – Emergency Obstetric Care
5. LSAS – Life Saving Anaesthetic Skill
6. Obstetric Ultra sonogram Training
7. Laparoscopy Training – Family Welfare
8. IUCD – Intra Uterine Contraceptive Device Insertion Training
9. Contraceptive Update Training
10. VHV – ASHA (Village Health Volunteer – Accredited Social Health Activist Training)

11. HMIS – Health Management and Information System – Computer Training
12. Refresher Training for Village Health Nurse and Sector Health Nurses.

**Under National Rural Health Mission**

1. Managerial skills for National Health Programmes for medical officers
2. Female Health Link Volunteer Training
3. Ayush doctors training on National Programmes
4. Blood storage training
5. MMU training
6. Accounts training to Health Personnels

### **2.6.3 Additionalities under National Rural Health Mission (NRHM):**

Rogi Kalyan Samitis (Patient Welfare Societies in Primary Health Centres and District Headquarters Hospitals and Taluk / Non-Taluk Hospitals): For better management of Primary Health Centres and Hospitals, Patient Welfare Societies have been constituted in all the 1421 PHCs, 29 District Headquarters Hospitals and 235 Taluk / Non-Taluk Hospitals. All the societies are registered and functioning effectively. These societies coordinate with health staff for better functioning of the health centres by providing patient amenities and bridging service gaps which will definitely facilitate achievement of the objectives of the NRHM. An amount of Rs.5 lakhs per District Head Quarters Hospital, Rs.1 lakh per Taluk/Non-Taluk Hospital and Rs.1 lakh per Primary Health Centre is allotted per annum under this scheme. These societies will also be established in the 117 new primary health centres (set up in 2008-09) and 69 Urban Health Posts to be set up during this year. The entire amount to be allotted for 2009-10 would be Rs.19.78 Crores.

#### **2.6.3.1 Establishment of Patient Welfare Societies in Medical Colleges:**

The concept of Patient Welfare Societies has worked effectively in the PHCs, District Headquarters Hospitals and Sub Divisional Hospitals (Taluk / Non-Taluk Hospitals). More than the financial assistance addressing the immediate minor requirements, it has established a rapport between the health care providers and the community. The health institutions have improved vastly under the management of patient welfare societies. In an extension of this practice, the Medical Colleges have also been included under this scheme. A

grant of Rs.10 lakhs per annum for each Medical College and Rs.5 Lakhs to their institutes and the entire amount works out to be Rs.2.35 Crores.

**2.6.3.2 Annual Maintenance Grant to PHCs/HSCs for providing BEmONC services:**

An Annual Maintenance Grant of Rs.1 lakh is allotted for each PHC providing BEmONC services to ensure quality services through functional physical infrastructure. Similarly, an Annual Maintenance Grant of Rs.50,000 for other PHCs is allotted per annum for provision of water, toilets, their use and their maintenance and other activities which has resulted in the better functioning of the health centres. An Annual Maintenance Grant of Rs.10,000/- is also provided per annum for the maintenance of HSCs with own buildings. The finalize allotment toward in grant would be Rs.15.70 Crores.

**2.6.3.3 Untied grants to Health Sub Centres and Primary Health Centres:**

Untied funds are given to all health facilities to meet out unexpected, essential and immediate expenses towards day to day maintenance . Flexibility is also given to the patient welfare societies for spending this money based on actual requirement.

1. An amount of Rs. 10000/- is allotted as untied grant for each Health Sub Centre per annum.
2. An amount of Rs.25000/- is allotted to each Primary health centre per annum.
3. An amount of Rs.25000/- is allotted to each Urban health centre per annum (60 Urban Health Centres).

4. This year taluk and non taluk hospitals, (Rs.50,000 per annum) district head quarter hospitals (Rs.1 Lakhs Per annum ) and 117 new primary health centres will also receive untied funds. The total amount for the above scheme in Rs.15.28 Crores.

#### **2.6.3.4 Village Health and Water Sanitation Committee (VHWSC):**

The village is the basic unit for assessing the health needs of the people and for developing village specific plans. 12618 Village Health and Sanitation Committees have been formed in 12618 village panchayats in Tamil Nadu, with representatives of the Panchayat Raj Institutions, women's groups and other village level officials related to health and determinants of health such as water and sanitation. Similarly 2540 village health and water sanitation committees have been formed in 561 town panchayats for every 3000 population. Every such committee duly constituted and oriented is entitled to an annual untied grant of Rs.10,000/- which may be used for improvement of the Health and Sanitation of the village. The committee members will be given training regarding the village health activities during the current year. The finances allocation for their committees in Rs.15.15 Crores.

#### **2.6.3.5 Village Health and Nutrition Day (VHN Day):**

The VHN day is conducted once a month by each VHWSC in their villages on rotation. The VHN day is held on a fixed day as decided by the VHWSC at any one of the Aganwadi centres (AWCs) within the panchayat. A clinical session including Ante Natal Care will be conducted in the forenoon by the VHN and IEC activities will be conducted in the afternoon. Routine and timely conduct of



VHN Day will go a long way in improving coordination between the health and nutrition functionaries at the field level.

**2.6.3.6 Prevention and treatment of Rheumatic heart disease and congenital heart diseases (Ilam Sirar Idhaya Padukappu Thittam):**

Rheumatic heart disease in India affects significant number of children and it continues to be a major public health problem. Girls affected by rheumatic fever suffer from rheumatic heart disease and develop complications during pregnancy and delivery. The most striking fact is that rheumatic fever is easily preventable and treatable in primary health care setting. Rheumatic fever can easily be diagnosed based on WHO criteria. Hence, it is proposed to under take focused IEC on rheumatic fever prevention, control, diagnosis and management.. Similarly, congenital heart diseases like Ventricular Septal Defect, Atrial Septal Defect, etc. can easily be surgically corrected and the children can be given a productive life. Hence, the Ilam Sirar Idhaya Padukappu Thittam has been introduced to under take early diagnosis at preschool/school age and provide surgical corrections to these children. Private cardiac care institutions are also involved under this scheme for which Rs 5 Crores has been provided under NRHM during the current year.

**2.6.3.7 School Health Programme:**

Implementing a cohesive School Health Programme, effectively integrates health concerns with determinants of health such as sanitation and hygiene, nutrition and safe drinking water, through a School Plan for Health. School mobilisation and demand generation is being ensured through Information Education and Communication (IEC). On a pilot basis 6 districts Cuddalore, Dindigul,

Kanchipuram, Kanniyakumari, Thoothukudi and Ramnad have been chosen for implementing the new School Health Programme based on the model prescribed by the GOI in addition to the existing school health programme by Government of Tamil Nadu.

#### **2.6.3.8 Infrastructure Upgradation in PHCs:**

NRHM in Tamil Nadu has changed the face of health service delivery in the state. The additional inputs received by the PHCs has improved the infrastructure in the PHCs and their amenities e.g. ILR, Deep Freezers, Sterilizers, Autoclaves, Semi/Auto analysers, Calorimeters, emergency lights, water filters etc., To cope up with this additional service demand at these institutions, it has been decided to provide additional facilities like Ante Natal wards, Post Natal wards, Labour rooms, Operation theatres etc. to accommodate other specialized MCH care services in the year 2009-10. Rs.18.6 Crores have been allotted for the infrastructure upgradation at the PHCs.

#### **2.6.3.9 Correction of Refractive Errors in Middle School Children:**

This year it is proposed to screen all the children studying in middle school classes in government and aided schools across the state and provide them with free spectacles to correct the refractive error. The services of the paramedical ophthalmic assistants from the government side, NGOs and teachers from the school education department will be availed. A total expenditure of Rs.5.5 crores is planned for the current year under this scheme.

#### **2.6.3.10 National Programme for Prevention and Control of Deafness (NPPCD)**

NPPCD is a national programme is being implemented in Tamil Nadu by phase manner to treat hearing impairment either by surgery or by supplying hearing aids to the deserved persons. NPPCD Programme has implemented on pilot basis initially in thee districts viz. Vellore, Villupuram and Thanjavur and now it is being implemented in all Districts.

## **2.6.4 VERTICAL SOCIETIES:**

### **2.6.4.1 TB Control Programme:**

Every year about 18 lakh persons develop TB in India. In our State, every year about 1.4 lakhs persons develop Tuberculosis, among which 48,000 have TB Bacilli in their sputum. There are 8 TB Hospitals in Tamil Nadu – 2 under the control of the Directorate of Medical and Rural Health Services, 4 under the control of Directorate of Medical Education and 2 Private. There are 3091 beds in the State exclusively for in-patient Treatment of acutely ill patients. All the other patients are under DOTS Treatment in the nearest health facility of the Patient. A State level Officer in the rank of Additional Director of Medical and Rural Health Services is acting as State Tuberculosis Officer to coordinate and supervise the RNTCP Programme. At the District level, the Deputy Director of Medical Services is the Manager of the Programme. The Government of India with the World Bank Assistance is providing 100% expenditure for drugs and establishment cost of all District TB Control Societies headed by District Collectors. The State Government meets the entire expenditure on running all the District TB Centres and Government TB Hospitals.

The Revised National TB Control Programme (RNTCP) is implemented in all the Districts through 142 TB Units (one for every 5 lakh population), 782 Microscopic Centres (one for every one lakh population) and about 11,000 DOT Centres. The RNTCP Programme also has a good partnership with NGOs, Private Hospitals and Private Doctors, Railways, Port Trust and Military Hospitals. Under this programme, 5.5 lakh persons were examined and about 83,199 were diagnosed as TB patients during the year 2008-09. Of them

32,599 persons are new sputum positive patients and 85% of these patients were cured in 2008-2009. It has achieved all the parameters and targets fixed by Government of India.

Achievements under the RNTCP Programme:

Year	Chest Symptomatics for whom sputum examination was done			New sputum positive TB patients diagnosed			Cure rate with reference to new sputum positive TB patients diagnosed	
	Target	Achievement	%	Target	Achievement	%	Target	Achievement
2000-01	308880	384506	124%	30890	24533	79%	85%	37%
2001-02	310550	380747	123%	31055	23589	76%	85%	81%
2002-03	310550	376037	121%	31055	24346	78%	85%	84%
2003-04	310550	596367	192%	31055	36104	116%	85%	88%
2004-05	486024	632533	130%	48602	39562	81%	85%	89%
2005-06	486024	650123	134%	48602	36066	74%	85%	86%
2006-07	489457	603073	123%	48946	32991	67%	85%	82%
2007-08	489457	569626	116%	48946	33658	69%	85%	83%
2008-09	489457	552330	112%	48946	32599	67%	85%	85%

#### **2.6.4.2 Tamil Nadu State Blindness Control Society:**

Blindness is a major problem throughout India. As early as July, 1972 Hon'ble Chief Minister Dr.Kalaignar had launched the free eye camp scheme for undertaking surgery to those suffering from cataract induced blindness under which thousands of poor people were operated upon for the removal of cataract and were given free spectacles by organizing camps throughout the State. The National Programme for Control of Blindness launched in 1976 was extended to

include the new World Bank assisted Cataract Blindness Control Project till 30.06.2002. Thereafter the Government of India is funding this programme as a 100% centrally sponsored scheme.

The main objective of the programme is to reduce the prevalence of preventable blindness. On 01.04.1996, the Tamilnadu State Blindness Control Society was formed as a separate entity, to give thrust to the goal by planning, execution and monitoring at the District level. The Tamilnadu State Blindness Control Society is functioning under the control of Mission Director, State Rural Health Mission, Chennai with effect from 01.04.2007. The Project Director is the Secretary of the Society for the implementation of the scheme. Every district in the State has one District Blindness Control Society to govern the activities of the National Programme for Control of Blindness. The District Collector is the Chairman of the District Blindness Control Society. The cataract, being the major cause for the avoidable blindness, was given importance and various infrastructure facilities like base eye wards, dark rooms etc., have been built till 30.06.2002 and are now in use. Therefore, Tamilnadu has been a pioneer in tackling blindness, particularly arising from cataract.

The following activities were undertaken for the year 2008-09 by utilizing the assistance provided by the Government of India.

<b>Particulars</b>	<b>Target for 2008-09</b>	<b>Achievement upto 31.03.2009</b>	<b>% in achievement</b>
<b><u>Cataract Operations School Eye Screening</u></b>	6,50,000	6,50,092	100%
School Children screened	19,04,762	20,03,419	105%
Children with refractive error	1,33,333	86,072	65%
Free Spectacles to poor children	40,000	44,036	110%
<b><u>Eye Donation</u></b>			
Eyes collected	8000	11,917	148%

It is proposed to carry out the following activities during the current year (2009-2010)

- a. Performing cataract operations with more than 90% being IOL implantation.
- b. Screening of school children for detection of refractive error and providing free spectacles to poor children.
- c. Collection of eyes for transplantation in persons with corneal blindness
- d. Providing training to eye surgeons in modern cataract surgery and other specialized procedures.
- e. Enhancing capacities for eye care services in public sector by providing assistance to hospitals at various levels.
- f. Development of eye banks and eye donation centres to facilitate collection and processing of donated eyes. Eye bank has been functioning at Regional Institute of Ophthalmology and Government Ophthalmic Hospital, Chennai in co-ordination with Lions International.

- g. Recurring Assistance towards collection of Eyes per pair has been enhanced to Rs.1500/- to Eye Banks and Rs.1000/- for Eye Donation Centres with effect from 16.10.2008.

The Government of Tamil Nadu have taken the following measures to enhance the cataract surgeries in Government Institutions.

1. The District Blindness Control Societies are permitted to hire Private Ophthalmic Surgeons to do cataract surgeries in Government Institutions and pay Rs.150/- (Rupees one hundred and fifty only) per cataract case done.
2. The District Blindness Control Societies are permitted to hire private Staff Nurses trained in the field of Ophthalmic Surgery to assist cataract surgeries in Government Institutions and to pay Rs.50/- (Rupees fifty only) per cataract case assisted.
3. The District Blindness Control Societies are permitted to incur expenditure on the above items from the Grant-in-aid funds provided by Government of India for cataract surgeries.
4. The senior most District Ophthalmic Surgeon is appointed as District Programme Manager under the National Programme for Control of Blindness in the place of Joint Director of Health Services as Joint Directors have multi various works and they cannot concentrate on this National Programme.



### **2.6.4.3 Vector Borne Disease Control Programme (VBDC)**

#### **MALARIA**

In Tamil Nadu, the Malaria problem is confined mainly to urban, coastal and riverside areas. In Tamil Nadu, nearly 68.3% of the cases occur in urban areas and Chennai is the main urban problem area. Malaria cases are detected through active and passive surveillance and immediate treatment is given at doorsteps. Due to intensive control measures carried out, the incidence of malaria has declined considerably. At present, due to the concerted efforts taken by the department, malaria cases have been reduced from 22,389 cases in 2007 to 21,046 cases in 2008. Special Action Plan (SAP) is proposed to reduce the Malaria Problem in Chennai Corporation.

#### **FILARIA**

The National Filaria Control Programme is being implemented in Tamil Nadu since 1957. The filarial disease control activities are carried out in 43 urban areas. In these urban areas 25 Control Units and 44 Night Clinics are functioning. 42 Filaria and Malaria Clinics are functioning at taluk level in 5 districts besides one filarial survey unit for delimitation of endemic areas after survey district by district. The larvicides and Di-ethyl Carbamazine (DEC) tablets are supplied by the Government of India. The entire operational cost is met by the State Government. Single dose mass DEC drug administration programme is being carried out from 1997-98 in all endemic districts.

During 2007, the Mass Drug Administration programme was conducted in 14 endemic districts namely, Kancheepuram, Thiruvallur, Cuddalore, Villupuram, Trichy, Perambalur, Pudukottai, Thiruvannamalai, Thanjavur, Thiruvarur, Ariyalur, Kanniyakumari, Nagapattinam and Vellore. Besides, these districts, certain villages of Tirunelveli, Thoothukudi, Karur, Krishnagiri, Virudhunagar and Madurai and 64 wards in Chennai Corporation were also covered. 2.64 crores population were covered under the programme. Around 93.3% of the eligible population were administered with DEC + Albendazole tablets, Public Health, Medical Education, Social Welfare, Education, Rural Development, Municipal Administration and Water Supply and Revenue Departments have cooperated for this programme. Selfcare practices training for the Lymphoedema cases and Hydrocelectomy for hydrocele cases are being conducted. So far 365 hydrocelectomy operations have been done under this Programme. Tamil Nadu has already achieved the lymphatic filariasis eliminations status.

#### **JAPANESE ENCEPHALITIS CONTROL PROGRAMME:**

Japanese Encephalitis control programme has emerged as an important Public Health Programme in the State during the last few years. Health Unit Districts such as Perambalur, Kallakurichi, Villupuram, Cuddalore, Thiruvannamalai and Madurai have reported Japanese Encephalitis cases. Japanese Encephalitis Immunization Programme was carried out in selected villages in Perambalur District with killed Mouse Brain Vaccine.

During July 2007, Japanese Encephalitis Vaccination Programme was conducted in Villupuram, Cuddalore and Virudhunagar Districts for the children in the age group of 1-15 years targeting 18,19,000 Children. During 2008, Japanese Encephalitis programme was conducted in Trichy, Madurai and Thiruvarur Districts. 13.5 lakhs children were covered. During 2009, it is proposed to conduct Japanese Encephalitis programme in Thiruvannamalai, Thanjavur, Thoothukudi and Tirunelveli Districts.

Fogging operation is being carried out in villages where suspected Japanese Encephalitis cases are reported. Serum samples are being sent to Sentinel Surveillance Centres located in 5 Government Medical Colleges and Institute of Vector Control and Zoonoses, Hosur for antibody detection and to confirm the Japanese Encephalitis. Mosquito pools are also sent for virus isolation so as to implement prevention and control measures. 243 cases were reported upto March 2009. The Directorate of Public Health and Preventive Medicine coordinates with ICMR units like VCRC, Puduchery and CRME, Madurai for sharing of information on control of Vector Borne Diseases.

### **LEPTOSPIROSIS:**

Leptospirosis being one of the reemerging infections requires timely diagnosis, treatment and control measures. For early screening of fever cases, rapid diagnostic kits were procured and supplied to the problem Districts. In Tamilnadu, except Udhamandalam and Thoothukudi districts all the districts are endemic for Leptospirosis. To strengthen the surveillance system and for early diagnosis of Leptospirosis, 7 Leptospirosis clinics are functioning in

Thiruvallur and Madurai Districts. Rapid diagnostic kits were supplied to these clinics and to the 9 Zonal Entomological Teams and Institute of Vector and Zoonoses, Hosur, IVCZ, Hosur is given the responsibility of outbreak investigation with specialized Team. A State level reference Laboratory is functioning at State Headquarters since 2008 for confirmation of Leptospirosis. In Tamilnadu two Pilot Project Districts viz., Villupuram and Tiruchirapalli have been identified as Lepto Pilot Project Districts. Necessary training was already imparted to one Block Medical Officer and one Lab Technician in each of the Pilot Project Districts on the diagnosis of Leptospirosis. A sum of Rs.30 lakhs is allotted by Government of India for the control of Leptospirosis. During 2008, 1262 cases (upto December 2008 prov.) and one death were reported in Tamil Nadu.

#### **DENGUE CONTROL:**

Government have issued orders for the establishment of 12 dengue clinics in the taluk and district headquarters hospitals of Nagercoil, Vellore, Dharmapuri and Coimbatore. Rapid diagnostic test kits are supplied to endemic districts. Necessary guidelines were issued to all the health unit districts to strengthen the surveillance system and to carry out intensified vector control activities so as to avert outbreaks. 640 cases and 3 deaths were reported as dengue fever in Tamil Nadu during 2008, 159 cases were reported as dengue fever in Tamil Nadu during 2009 (upto March 2009). Sentinel Surveillance Centres were established in 12 Government Medical Colleges and Institute of Vector Control and Zoonoses, Hosur where Diagnostic facilities are available for Dengue, Japanese Encephalitis and Chinkungunya. Guidelines of WHO, are

communicated to all the Deputy Directors of Health Services, Joint Directors of Health Services and Deans of the Government Medical Colleges besides Heads of Departments on case management, surveillance, outbreak investigations and Vector Control Measures.

## **CHIKUNGUNYA**

Chikungunya was first reported in Tamilnadu at Chennai Corporation in the year 1964. More than 3 lakhs cases were recorded at that time. In 2006, 29 Districts were affected in Tamilnadu. 64,802 cases have been recorded. The spread of disease in Tamilnadu is prevented by intensified Vector control measures and by strategies taken with inter sectoral co-ordination, under the banner “War Against Mosquitoes”. The State Government have sanctioned Rs.4.91 crores in 2006-07 and Rs.7.09 crores in 2007-08 for chikungunya control. 13 Sentinel Surveillance centres have been established with diagnosis facilities. “Our Health is in our Hands” a special Environment cleanliness Campaign was organized in March 2008. Only 71 cases have been reported during 2008.

The State Government have allotted Rs.3.16 crores for Chikungunya control activities during 2008-09. 3850 Mazdoors have been appointed temporarily for 60 days on contract basis for the year 2008-09 for which Rs.196.35 lakhs have been allotted. The Mazdoors help in source reduction activities of mosquito breeding and in minor engineering activities.

#### **2.6.4.4 Immunization:**

Tamilnadu started immunization programme against six Vaccine Preventable Diseases viz. Diphtheria, Pertusis (Whooping Cough), Tetanus, Measles, Poliomyelitis and Tuberculosis during 1978. Annually around 12.5 lakhs pregnant women and 11.5 lakhs infants are benefited under Immunization Programme. Because of effective implementation of Immunization services, there is a drastic reduction in the incidence of vaccine preventable diseases. There is no case of Diphtheria, Pertusis, Neonatal Tetanus, Poliomyelitis for the past 5 years.

The State had achieved 95 to 100% coverage under different vaccinations and sustain the same coverage over the years. Special efforts have also been taken to provide immunization services to all children of the slums and remote areas through Mobile Medical Units. Immunization services are provided throughout the State under the Supervision of Medical Officers from May 2008. Only Auto Disabled (AD) syringes are used for all vaccinations to ensure injection safety.

#### **PULSE POLIO IMMUNIZATION:**

As part of polio eradication initiatives, so far the State has conducted 14 series of Pulse Polio Immunization campaigns from 1995-96 to 2008-09. Around 65 to 73 lakhs of children of under five years of age were given additional dose of oral polio vaccine in each campaign by involving many departments and voluntary organizations. During the year 2008-09, two rounds of Pulse Polio

Immunization Campaign were conducted on 21<sup>st</sup> December 2008 and on 1<sup>st</sup> February 2009. About 72 lakhs of children have benefited.

#### **HEPATITIS B VACCINATION:**

Heptatitis B Vaccination programme was launched by Hon'ble Chief Minister on 6.1.2008, and the programme was implemented in all the Districts. Annually, 11.5 lakhs infants will be protected from Hep-B Virus causing Jaundice, liver cancer, by giving 3 doses of Hep-B Vaccination.

#### **2.6.4.5 Integrated Disease Surveillance Project (IDSP):**

Disease Surveillance is a systematic collection of data on the incidence and prevalence of various priority diseases for the purpose of taking appropriate action for prevention and control. Integrated Disease Surveillance Project (IDSP) is being implemented in Tamil Nadu with the financial assistance of Government of India.

The objectives of the project is:

To establish a decentralized State based system of surveillance for communicable and non-communicable diseases.

To improve the efficiency of the existing surveillance activities of disease control programs and facilitate sharing of relevant information with the health administration, community and other stakeholders so as to detect disease trends over time and evaluate control strategies.

The project is being implemented at the State, District and Peripheral level by:

- Strengthening the existing laboratory facilities at peripheral, district and State levels (L1, L2 and L3)
- Provision of Satellite Interactive Terminal (EDUSAT) and modern communication facilities by Statewide networking for the rapid flow of information for immediate action.
- Improvement of management and technical skills to the health and laboratory personnel by training.

The State Surveillance Unit (SSU) of IDSP is functioning in the Directorate of Public Health and Preventive Medicine, Chennai-6. The District Surveillance Units are functioning in the Offices of the Deputy Directors of Health Services in all the 29 Revenue Districts.

The Joint Director of Public Health and Preventive Medicine (VBDC) is the State Nodal Officer for IDSP. The Deputy Directors of Health Services of 29 Revenue Districts are designated as District Surveillance Officers. Data Managers have been appointed in all the 29 District Surveillance Units (DSU's). Appointment of Data Entry Operators in 20 Districts, Administrative Assistants in 23 Districts and Accountants in 19 Districts have been made and in the remaining Districts, the appointment is being processed.

The Central Surveillance Unit, Government of India has supplied Server for Data Storage and transmission to the State and to all the District Surveillance Units along with broadband connectivity. Satellite Interactive Terminal with Video Conferencing facility has been installed and functioning in 28 Districts.



15 Govt. Medical Colleges have also been included in Satellite linkage. 2780 Medical Officers, 18,212 Health Workers, 116 Lab Technicians and 385 Lab Assistants were trained under this project. Civil work has been completed in 24 District Surveillance Units and 23 District Headquarters Hospital Labs. The Laboratories at Cuddalore and Ramanathapuram have been identified as priority District Public Health Labs based on the strategic locations of the districts reporting more number of epidemics.

Leptospirosis is a State Specific disease under Integrated Disease Surveillance Project. A Leptospirosis reference laboratory has been established in the Directorate of Public Health and Preventive Medicine, for diagnosis, training and research on Leptospirosis.

A State level Rapid Response Team (RRT) and 29 District level Rapid Response Teams have been formed for epidemic preparedness and response to any outbreak.

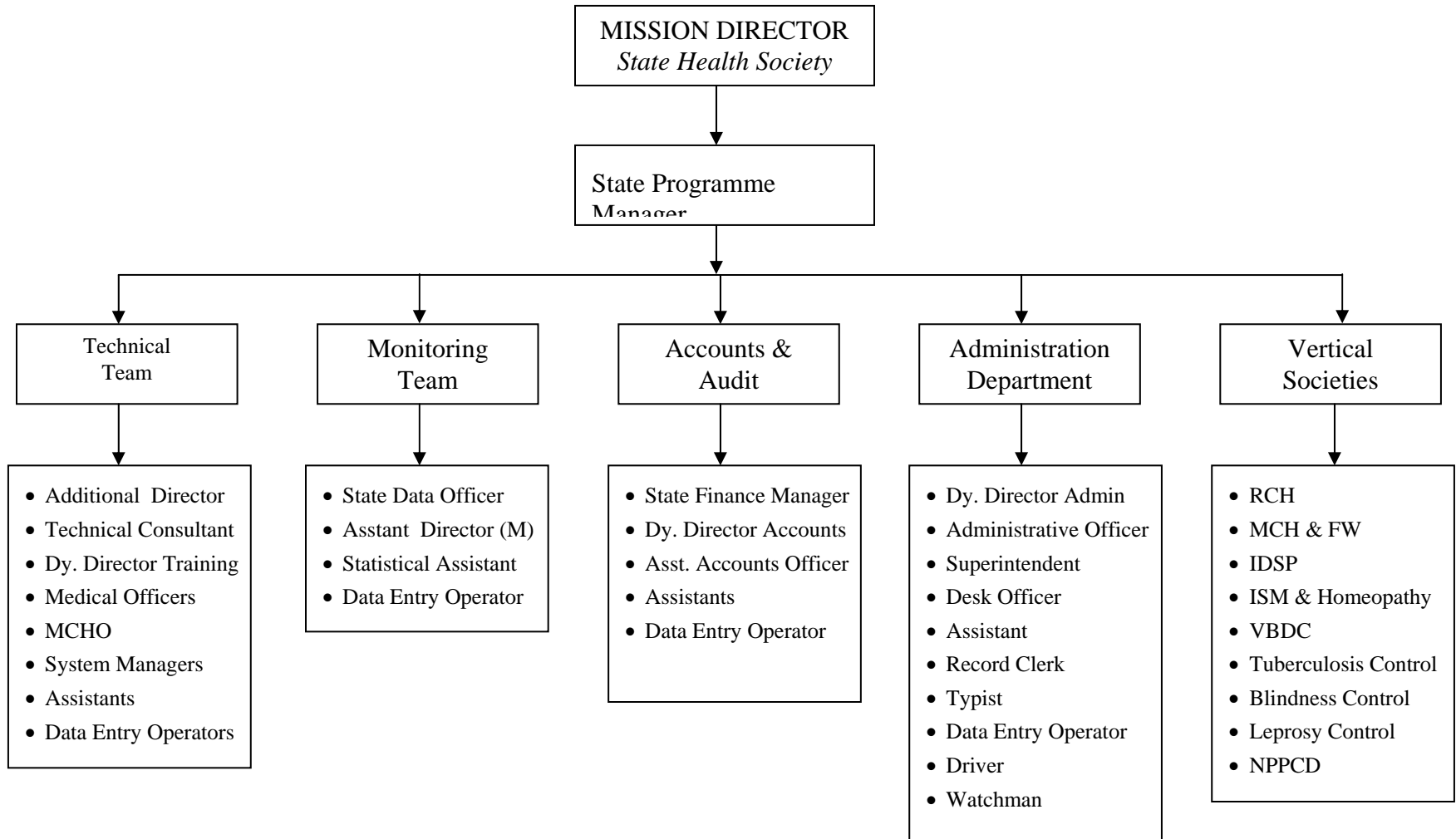
Integrated Disease Surveillance Project has improved the surveillance of communicable diseases and detection of Epidemics to a certain extent. Integrated Disease Surveillance weekly report is being received from all the Districts in time and the same is being analyzed at the State level. Integrated Disease Surveillance has reported 82 epidemics during the year 2008.

District Public Health Laboratories are the essential need for the epidemiologist to diagnose and outbreak early. Proposal is submitted to 13<sup>th</sup> Finance Commission for sanction.

#### **2.6.4.6 National Leprosy Eradication Programme:**

The National Leprosy Eradication Programme was launched in 1954-55. Multi Drug Therapy (MDT) was launched in 1983. The prevalence rate of 118/10000. Population in the year 1983 was brought down to 0.8 / 10000 Population (upto December 2008). Tamil Nadu has achieved the Elimination status from 2005 ahead of the targeted year. Tamilnadu is the First State which has integrated the vertical programmes with Primary Health Centres in Sept - 1997. Now Leprosy is not a major Public Health problem. Now prevention of Disabilities and Surgical corrections for the Ulcers and for the damaged Nerves are being carried out.

## 2.7 ORGANISATIONAL STRUCTURE DIAGRAM AT VARIOUS LEVELS



## CHAPTER.3 MANUAL – 2

POWERS AND DUTIES OF OFFICERS – G.O.MS.NO.245 HEALTH AND FAMILY WELFAE (EAP-II-2) DEPARTMENT, DATED 10.08.2009 – (enclosed)



6848

### ABSTRACT

State Rural Health Mission – State Health Society and District Health Societies constituted - Delegation of administrative and Financial powers at the State level and District level – Orders Issued.

### HEALTH AND FAMILY WELFARE (EAP-II(2) DEPARTMENT

G.O. (Ms) No.245

Dated: 10.8.09

Thiruvalluvar Aandu – 2040

Aadi - 25

Read:

1. G.O. (Ms) No. 27 Health and Family Welfare Department, dated 16.12.2006.
2. From the Mission Director, State Health Society, Letter No. 2393 / A2 / 2007 dated 30.3.2009.

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### ORDER:

Government of India in their letter D.O. No. 118/RCH-Fin/2007 Dated 23<sup>rd</sup> November 2007 have communicated the Report of the Committee for finalizing Financial Guidelines and framework for 'delegation of administrative and financial powers under National Rural Health Mission. In Tamil Nadu, State Health Society and District Health Societies were constituted in the Government Orders first read above. Based on the above, Government of India Report, proposals for delegation of administrative and financial powers at the State and District Levels were placed in the 7<sup>th</sup> Executive Committee Meeting of the State Health Society held on 20<sup>th</sup> February 2009 and the Executive Committee has approved the delegation of administrative and financial powers at the State and District Level with certain changes. The Mission Director has requested to issue necessary Government orders in the matter.

2. The Government, after careful consideration, have decided to accept the proposal. They accordingly direct that financial and administrative powers as indicated in the Annexure to this order be delegated to the Governing Body, and Executive Committee, Mission Director of the State Health Society, and State

Programme Officers at the State level and District Health Society and District Programme Officers at the District level.

3. This order issues with the concurrence of Finance Department vide its U.O. No. 32474 / Health-1 / 09-1, dated : 8.7.2009.

(BY ORDER OF THE GOVERNOR)

V.K. SUBBURAJ  
PRINCIPAL SECRETARY TO GOVERNMENT

To

✓ The Mission Director, State Health Society, Chennai-6 (w.e).  
All District Collector / Chairman District Health Society.  
Project Director, Tamil Nadu State Blindness Control Society,  
(All Deputy Director of Health Services, District Health Society)  
The State T.B. Officer,  
Director of Medical and Rural Health Services, Chennai-6.  
The State Leprosy Officer,  
Director of Public Health and Preventive Medicine, Chennai-6.  
The Director of Public Health and Preventive Medicine, Chennai-6.  
The Director of Medical and Rural Health Services, Chennai-6.  
Superintendents of All Government Hospitals.  
The Accountant General, Chennai-18  
The Finance (Health-1) Department, Chennai - 9.

SF/SC

//FORWARDED BY ORDER//

  
SECTION OFFICER



**DRAFT PROPOSAL - FRAMEWORK FOR DELEGATION OF  
ADMINISTRATIVE AND FINANCIAL POWERS AT THE STATE LEVEL**

N Sl.No.	ITEM	AUTHORITY	EXTENT OF POWER
A1	Approval of the State Programme Implementation Plan (State PIP) for submission to GOI	Governing Body	Full powers
A2	One time of approval of the activities in the State PIP approved by GOI and approval of Programmewise, Districtwise allocation	Executive Committee	Full Powers
B1	Financial Sanction for release of funds to District Health Societies	Mission Director	Full Powers
B2	Approval of proposal for re-appropriation of funds upto 10% may be allowed of the original allocation at the District Level. Any change beyond 10% would be a substantive change in PIP and should necessarily come to the EC	Mission Director	Full Powers
		State Programme Officers	As per the reallocation powers provided under existing programme guidelines.
B3	Sanction release of funds for specific schemes provided by the GOI or any other agencies from time to time which has not been included in PIP of the State	Mission Director	The delegation would be operational only when the funding agency is providing the entire fund required for the scheme and is also specifying the activity for which it is to be deployed. Further no creation of post or incurring of recurring expenditure which may devolve on the Government in future should be involved. The deligation should be there only on these conditions.

C	Specific expenditure proposals included in TTP		
C1	Approval of procurement of goods, medicines, medical equipments etc approved in the State TTP	Mission Director	Full Powers
		State Programme Officers	Upto Rs.5 lakhs per case
C2	Approval of Procurement of services including Hiring of Auditors for external audit and internal audit ) for specific tasks including outsourcing of support services piloting schemes, research activities, special surveys, advertisement of NRHM and RCH activities etc for the State Health Society.  <b>NOTE-1:</b> As far as possible procurement should be done using the rate contracts of the DGS&D or State Government /any other rate contract adopted by the State Health Society to the extent possible.  <b>NOTE-2:</b> For items which are not available under rate contract mechanism the respective approving authorities should approve the expenditure on the recommendations of the duly appointed procurement committee  <b>NOTE-3:</b> The State Health Society should develop and adopt detailed procurement guidelines for State Health Society and District Health Society.	Mission Director.	Full Powers
		State Programme Officers	Upto Rs. 1 lakh per case

C3	<p>Financial sanctions for major/new civil works.</p> <p><b>Note-1:</b> Estimates should be prepared on the basis</p> <p>(a) an approved type design</p> <p>(b) State schedule of rates (SORs)</p> <p><b>Note-2:</b> Options other than executing works through Public Works Department can be exercised by hiring competent consultant by following the code procedures.</p> <p><b>Note-3:</b> Works can be bundled at State Level (for a group of Districts or all Districts) or delegated to District Health Societies.</p> <p><b>Note-5:</b> Maintenance should be delegated to facility level management society along with suitable guidelines.</p>	Mission Director	Should be permitted only if it is a part of PIP (or) if approval of EC has been taken for administrative sanction.
C4	<p>Minor Civil Works at the State Level: repairs and renovation * (including civil works, electrical works, design, preparation of estimate, site plan and engaging private Chartered Architect).</p> <p><b>NOTE-1:</b> Any civil work related to already existing structure and amounting upto Rs.20 lakhs per institutions/structure should be considered as minor civil works</p> <p><b>NOTE-2:</b> Minor civil works should generally be delegated to the concerned hospital management society (Rogi Kalyan Samiti)</p>	Mission Director	Delegation of Powers only upto the extent of financial provision in the PIP (or) budget as approved by EC can be allowed
		State Programme Officers	Upto Rs. 1 lakh per site



C5	<p>Hiring of contractual staff against approved posts in the State PIP, including sanction of compensation package, eligibility, ToR etc.</p> <p>NOTE: The posts under the State Health Society can be filled up through hiring from the open market or through appointment of regular officers on deputation basis</p>	Executive Committee	Full Powers
C6	<p>Approval/sanction of payment of monthly remuneration /honorarium /wages for approved contractual staff</p>	Mission Director	The monthly remuneration / honorarium / wage rate should be approved by EC only.
	<p>NOTE: All contracts will be subject to review and renewal on an annual basis and will require approval of the Executive Committee</p>	State Programme Officers	
C7	<p>2. Sanction of TA/DA and other admissible allowances to the officials of the State Health Society has to be paid as per the State Govt. norms</p> <p>NOTE-1: TA/DA should be regulated in accordance with the bye laws of the State Health Society which can be defined on the lines of the norms suggested in Appendix 4.1</p>	Mission Director	Full Powers
	<p>NOTE-2: The Society funds can be used for the payment of TA/DA only for Officers and Staff of all line Departments deputed for executing the specific tasks by the NRHM Directorate</p>	State Programme Officers	Full powers in respect of contractual staff working under him/her

C8	<p>approval for hiring of Vehicles/taxis for supervisory visits by state level programme officers or office bearers/officials of state health society.</p> <p>Note-1: Provision of Hiring is only available where vehicles are not available from the State Govt. or from the Project/ Programme.</p> <p>Note-2: Hiring charges have to be met from the 6% Management cost along with salaries, TA/DA and Office expenses.</p> <p>Note-3: The State PIP should indicate the overall distribution of provisions for vehicle hiring at State, District and sub-District level</p> <p>Note-4: The State Health Society should create a panel of accredited taxi operators through open tendering for hiring vehicles.</p>	Mission Director	Full Powers subject to approved budget.
C9	<p>Expenditure on office expenses such as stationeries, computer accessories, office equipments, office furniture, broadband internet connections , Printing Charges, Telephone/Cell phone Charges, POL, MVM/PMF, Office rent, Office modification expenses, entertainment expenses, books and periodicals, visit of officials of the GOI, other State</p>	Mission Director	Full Powers subject to approved budget.
		State Programme Officers	Upto Rs. 10,000 per case

	Govt./Uts/Development Partners, and any expenditure incidental to the implementation of the NRHM Scheme etc.	State Programme Manager of the State PMSU	Upto Rs. 10,000 per case
C10	Expenditure on approved Workshop meetings etc. (excluding training), including associated expenses incurred as per programme guidelines.	Mission Director	Full Powers
		State Programme Officers	Upto Rs. 50,000 per case
C11	Expenditure on approved training activities including payment of TA/DA as per approved norms and purchase of training materials and other associated expenses.	Mission Director	Full Powers
		State Programme Officers	Upto Rs. 1 lakh per case
C12	Miscellaneous expenses not specifically covered above  Note-1: No Assets shall be acquired under this Head .Any proposals for acquiring Assets should be specially provided for, in the State PIP under the provisions laid down in para c 9 or other relevant provisions above (as a case may be) and approval sought for the same.	Mission Director	Powers upto Rs. 1 Lakh (Rs. One Lakh only) in each case may be given and such cases may be reported to EC
		State Programme Officers	Upto Rs. 10,000 per case



C12-a	Any other expenditure connected with the NRHM activities not covered in the PIP, to be met out from the administrative cost, as and when required.	Mission Director	Upto Rupees 5 Lakhs per case.
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**Note:** The State Programme Officers of other Vertical Programmes have already been delegated with Administrative & Financial Powers as approved by GOI under their respective programme and as such the same may be permitted to continue not withstanding the Administrative & Financial Powers continued in the revised delegation

FINANCIAL POWERS OF THE GOVERNING BODY, EXECUTIVE COMMITTEES, PROGRAMME COMMITTEES, AND OTHER OFFICE BEARERS OF THE DISTRICT HEALTH SOCIETY AND DEPUTY DIRECTOR OF HEALTH SERVICES.

The Administrative and Financial Powers delegated to the Office Bearers and staff of the District Health Society and Deputy Director of Health Services.

Sl.No.	ITEM	AUTHORITY	EXTENT OF POWER
A	Approval of District Action Plan	Governing Body	Full Powers
B1	Approval for release of Untied Funds and Annual maintenance Grants to RKS.CHC. PHC, Sub-Centre and VHSC etc.	Executive Secretary of the District Health Society	Full powers subject to allocations in the approved DAP
B.2	Approval for release of funds (other than Untied Funds) to implementing agencies, for example, to Hospitals/hospital societies, Block Medical Officers/CHC/PHC/Sub Centres/VHC/NGOs and other implementing agencies and imprest money to Medical Officers, ANM and ASHA etc.,	Executive Secretary of the District Health Society  District Programme Officers for their concerned programmes.	Full powers subject to allocations in the approved District Action Plan.  Upto Rs.20,000 per case subject to allocations in the approved District Action Plan.
C	Specific Expenditure proposals		
C1	Major/New Civil works which have been delegated to the District Health Society.  <u>Note - 1</u> : Estimates should be prepared on the basis of (a) an approved type design and, (b) State schedule of rates (SORs)  <u>Note -2</u> . Options other than executing works through Public Works Departments (PWD) can be considered, provided selection of executing agency is done through a competitive tendering/bidding process which allows the PWD to participate in the tendering/bidding process.	District Collector   Deputy Director of Health Services	Full powers subject to allocations in the approved District Action Plan.   Upto Rs.1 crore per site subject to allocation in the approved District Action Plan.

	<p><u>Note 3:</u> Major civil works should not be delegated below district level.</p> <p><u>Note 4:</u> As far as possible, contracts should be awarded on a turn key basis (design, execution and handing over) with 'no cost over-run and penalty' (for time over run) clauses.</p> <p><u>Note 5:</u> Maintenance should be delegated to facility level management society.</p>		
C2	<p>Approval for minor civil works; repairs and renovations (including civil and electrical works).</p> <p><u>Note 1:</u> Any civil work related to already existing structure and amounting upto Rs.20.00 lakhs per institution/structure should be considered as Minor Civil Work.</p> <p><u>Note 2:</u> Minor civil works should generally be delegated to the concerned hospital management society (Rogi kalyan samiti) along with suitable guidelines.</p>	<p>Deputy Director of Health Services</p> <p>District Programme Officers for their concerned programmes</p>	<p>Full powers subject to approved budget under District action plan.</p> <p>Upto Rs. 1 lakh per case.</p>
C-3	<p>Approval for procurement of medical equipment, furniture and other items for the facilities selected for up gradation to FRU/IPHS level and/or 24x7 PHC level</p>	<p>Executive Committee</p> <p>Deputy Director of Health Services</p>	<p>Full Powers <b>C3/C4/C5</b> subject to approved DAP and following approved procurement guidelines</p> <p>Upto Rs.20.00 lakh per case subject to approved District action Plan and following approved procurement guidelines for C3.</p>



C4	Approval for procurement of other goods, medicines and Medical supplies.	Deputy Director of Health Services	Upto Rs.5.00 lakh per case subject to approved District action Plan and following approved procurement guidelines for C4.
C5	Approval for procurement of services (including hiring of auditors) for specific tasks including outsourcing of support services.  <b>Note-1:</b> To the extent possible, procurement should be done using the rate contracts of the DGS&D or State Govt./any other rate contract adopted by the State Health Society.  <b>Note-2:</b> For items which are not available under rate contract mechanism, the respective approving authorities should approve the expenditure on the recommendations of a duly appointed procurement committee, as per the procurement rules/guidelines prescribed by the State Health Society.	Deputy Director of Health Services	Upto Rs. 1.00 lakh per case subject to approved District action Plan and following approved procurement guidelines for C5.
		District Programme of the concerned programme	Upto Rs.15000/- per case subject to approved District Action Plan. For <b>C3,C4,C5</b>
C6	Hiring of contractual staff against approved posts in the DAP, including sanction of compensation package.  <b>Note-1:</b> The posts under the District Health Society can be filled up through hiring from the open market or through appointment of regular officers/staff of deputation basis	Executive Committee	Full Powers, subject to the norms/guidelines prescribed by the State Health Society.
C7	I. Sanction/approval for payment of monthly remuneration for contractual Staff and payment of their TA/DA has to be paid as per the State Govt. norms	Deputy Director of Health Services	Full Powers subject to norms adopted by the Society.

<p>Note-1: All contracts will be subject to review and renewal on an annual basis and will require approval of the Executive Committee. Accordingly, proposals for review and renewal, where applicable, should be submitted at least one month before the expiry of existing contracts.</p> <p>Note-2: TA/DA should be regulated in accordance with the bye-laws of the District Health Society and the State Health Society has to be provide generic norms and guidelines which the District Health Societies can adopt through a resolution. The generic norms and guidelines may be adopted on the lines of norms suggested in Appendix 4.2.</p> <p>Note -3 The Society funds can be used for payment of TA/DA <b>only for the personnel who are drawing salaries from the District Health Society</b>, unless otherwise provided under specific programme included under NRHM.</p>	<p>District programme officers of the various programmes</p>	<p>Full powers for the staff working specifically under their programmes.</p>
<p>C-8 Approval for hiring of vehicles/taxis for supervisory visits in the district.</p> <p><b>Note-1 Provision for hiring is only available where vehicles are not already available from the state government or from the project/programme</b></p> <p><u>Note-2:</u> Hiring charges have to be met from the 6% management costs along with salaries, TA/DA and office expenses.</p> <p><u>Note-3:</u> The District Action Plan should indicate the distribution of provisions for vehicle hiring at district and sub-district level.</p> <p><u>Note - 4:</u> District Health Society</p>	<p>Deputy Director of Health Services</p> <p>District Programme Officers of various programmes and Block Medical Officers and other sub-district level functionaries.</p>	<p>Full powers subject to approved budget</p> <p>Full powers subject to approved budget for the programme/block/hospital under the DAP and the condition that payment for the vehicles hired outside the Rate Contract referred to in Note 4 shall require approval of the Chairperson of the Executive Committee.</p>



	should create a panel of accredited taxi operators through open tendering for hiring taxis. The block medical officers and other sub district level programme managers should be authorized to hire vehicles from this panel. Approval of the Executive Committee should be obtained before operating the Rate contracts concluded through tendering.		
C9	Expenditures on workshops, Meetings etc., (excluding training) at District level.	District Collector	Full powers, subject to approved budget.
		Deputy Director of Health Services	Upto 25,000 per case subject to budget in the approved District Action Plan
		District Programme Officers of various programmes	Upto Rs,5000 per case
C10	Expenditure on training at District level (including TA/DA as per norms, AV equipments and logistics etc.,)	District Collector	Full powers, subject to budget in the approved District Action Plan.
		Deputy Director of Health Services	Upto Rs.1,00,000 per case subject to budget in the approved District Action Plan
		District Programme Officers of various programmes	Upto Rs.20000 per case
C11	Expenditure on offices expenses such as stationery, computer accessories, maintenance of office equipments (AMC), broadband internet connection and other miscellaneous items not covered above.	Chairperson of the executive committee	Full powers, subject to budget in the approved District Action Plan.
		Deputy Director of Health Services	Upto Rs.50,000 per case subject to approved budget.
		District Programme Officers of various programmes	UptoRs.25000 per case subject to approved budget
		DPM of DPMU	Upto Rs.5000 per month subject to approved budget.

**4.3 Financial Powers for the Governing Body, Executive Committees and other office bearers of the Patient Welfare Societies(Rogi Kalyan Samities or equivalent)-Head Quarters/District/Taluk,Non-Taluk Hospital/PHC**

The administrative and financial powers of the office bearers staff of the Patient Welfare Societies(Rogi Kalyan Samities or equivalent)-Head Quarters/District/Taluk,Non-Taluk Hospital/PHC

I.No.	Item	Authority	Extent of power
A-1	Approval of expenditure plan for the untied grants and annual maintenance grants received under NRHM	Executive Committee	Full Powers
A-2	Approval of expenditure plan for user fee collections and other receipts	Executive Committee	Full Powers
B-1	Approval for procurement of goods including minor equipments, medicine, dressing, material, injection, vaccine, etc.,	Medical Superintendent of the Hospital	Full powers if expenditure is as per the plan approved by the Executive Committee.
B.2	Approval for procurement of services (excluding auditor appointment, which would be done by the DIIS) for specific tasks including outsourcing of support services.		Otherwise, full powers up to the following monetary ceilings without prior approval of the Executive Committee.
B3	Approval for repairs and maintenance including minor civil works		Rs. 1 lakhs - District Hospital Rs.50,000 - Taluk, non Taluk Hospitals and Block PHCs
B4	Approval for expenditure on all other activities envisaged under RKS mechanism and funded through the untied grant mechanism and/or maintenance grants.		Rs.35,000 - PHC Further expenditure shall require endorsement/approval of the above amounts by the Executive Committee. After endorsement, the ceilings indicated above shall stand recouped.



			<u>Note:</u> In case the Executive Committee (RKS) does not endorse the purposes for which funds have been used by the Chairperson (Exe.Comm), RKS, the matter may be placed before the Executive Committee of the District Health Society.
C-1	Payment of salaries for contractual medical, paramedical and non-medical staff and their TA/DA  <u>Note:</u> TA/DA entitlements may be as per the norms adopted by the District Health Society.	Member Secretary, Executive Committee	Full powers, subject to approved budget and norms.
C-2	Approval for payments of benefits under Janani Suraksha Yojana  <u>Note:</u> As per JSY Guidelines, RKS is required to keep a separate Bank account for JSY funds .	Member Secretary, Executive Committee	Full powers, Accounts for the funds disbursed should be included in the agenda of the Executive Committee meetings.

Foot note-I: All Untied Grants should be paid into the Society's account with the appointed bank and should not be withdrawn except by a cheque, bill note or other negotiable instrument signed by the Member Secretary of the Society and such one more person from amongst the Executive Committee members as may be decided by the Governing Body.

**Management of funds by Block Medical Officers and Medical Officer in-charge of CHC/Primary Health Centre in relation to regular programme funds under National Rural Health Mission**

Besides the untied/maintenance grants which shall go to the Rogi Kalyan Samitis, the Block Medical Officers and Medical Officer in-charge of CHC/Primary Health Centre will receive funds either for carrying out regular activities under various programmes or for further disbursement/distribution to lower institutions. These include funds among others for the following activities.

- Janani Suraksha Yojana
- Untied Grants/annual maintenance grants to Sub-centres and Village Health Sanitation Committees
- Workshops for Block Level Mission team
- Constitution & Orientation of all community leaders on PHC and CHC committees
- Training of community health Workers (ASHAs, AWW etc.)
- ASHA support/monitoring mechanism
- Training of ANM, PHN, Staff Nurses etc.
- Support of School Health Programmes
- improving physical infrastructure
- Ambulances for PHC/CHC
- National Disease Control Programmes
- Health melas, RCH Camp.
- Programme Management, etc.

**Banking Arrangements :** The BMO and M.O. in charge of CHC/PHC should have a separate bank account for all funds received for regular activities under various programmes. This Bank account may be in the name of the institution itself or in the name of the BMO or the Medical Officer in-charge of CHC/PHC. This bank account may be operated by a single signature of the BMO/M.O incharge

**Records :** A separate cash book should be maintained for the Bank Account in the name of the institution or the BMO/Officer in charge of CHC/PHC as the case may be. The Accountant posted at the BMO office/CHC/PHC should maintain a separate ledger for each of the activities for which funds are being received.

**Submission of Statement of Expenditure (SoE)**

- SoE should be submitted on a monthly basis within 5 days of the end of the month to the Block Medical Officer by the Medical Officer in charge of the CHC/PHCs within the jurisdiction of the BMO.
- The Block Medical Officer should consolidate all the SoEs received from the Medical Officers in charge of the CHC/PHCs within his/her jurisdiction and submit a consolidated SoE for the block to the District within 10 days of the end of every month.
- In the States where the BMO mechanism does not exist, the SoEs may be sent directly to the District.

**Administrative Approval & Financial Sanction**

The Block Medical Officer or the Medical officer in charge of the CHC/PHCs have full powers in relation to funds received for approved activities as per approved norms. **No approval from a higher authority should be required or sought by the Block Medical Officer or the Medical officer in charge of the CHC/PHCs for the approved activities funds for which have already been delivered to them.**



### Management of funds at the Sub-Health Centres Level

#### **Expected Funds Inflow :**

Sub-Centres shall receive NRHM funds under the following heads:

- Permanent Advance for performance related incentive to ASHA
- Annual Maintenance Grant of Rs. 10,000/-
- Untied grant of Rs. 10,000/- every year.
- Janani Suraksha Yojana.

The list is illustrative and not exhaustive.

#### **Banking System:**

A bank account has already been prescribed, to be opened and operated under joint signature of the VHN and Block Medical Officer at the sub-centre level. The same may be utilized for all funds received by the Sub-Centre. The Account can be opened in any ICICI Bank or any one of the Nationalised Bank.

**Joint Signatories:** Block Medical Officer i/c and VHN

**Records:** VHN may maintain a separate register for each of the activities for which funds have been received, such as JSY, Untied Grant, Maintenance Grant, etc. showing the total funds received and expenditure made date-wise. These registers should be verified by **Block Medical Officer** at the close of every month.

#### **Submission of Statement of Expenditure (SoE):**

The SoE may be submitted by the VHN on a monthly basis within 5 days of the end of the month to the controlling BMO Incharge. It would be desirable if, at the time of submission of SoE, VHN reconciles the expenditure with the bank statement. SoE can be submitted on the simple format for Untied Grant, Annual Maintenance Grant, JSY, etc. separately on plain paper stating as below :

"Certified that following amount were utilized during the Month ending on ....., 200....."	
Activity	Amount utilized
Payment to beneficiaries of Janani Suraksha Yojana	
Payments to ASILAs	
Maintenance of Sub-Centre	
Activities funded from the untied grants	
<b>Total</b>	
Signature ..... (VHN)	

**Administrative Approval & Financial Sanction :**

Full powers with concerned BLOCK PHC Medical Officer and VHN provided the items of expenditure are covered under broad guidelines concerning untied funds/annual maintenance grant /JSY etc.

.....

**Management of funds by the Village Health & Sanitation Committee  
(VHSC)**

**Expected Funds Inflow:** Every VHSC will receive an untied amount of Rs. 10,000 every year which is to be used as per the guidelines issued in this regard.

**Banking System:** VHSC may open a joint bank account of (1) Gram Pradhan or Panchayat Secretary and (2) VHN in the ICICI Bank or any one of the Nationalised Bank.

**Joint Signatories:** VHN and president of the Village Health Sanitation Committee.

**Records:** VHSC may maintain a simple register for "Untied Grants to VHSC". This register may be maintained by VHN. This register can be verified by the Panchayat representative at the close of each month.

**Submission of Statement of Expenditure (SoE):** SoE may be submitted on monthly basis by 5<sup>th</sup> every succeeding month to the concerned Block PHC. It would be desirable if, at the time of submission of SoE, VHN reconciles the expenditure with the bank statement. SoE can be submitted on a plain paper stating as below:

"Certified that an amount of Rs..... has been utilized during the month of ..... from out of untied funds released to the Village Health and Sanitation Committee for the village ....."

The two joint signatories of the VHSC account should jointly certify this SoE.

**Administrative Approval & Financial Sanction:**

The funds under Untied Grant should be spent after the approval of majority members of the Committee provided the expenditure is made for the activities approved by State Government.

\*\*\*



## Appendix - II

## Suggested TA/DA entitlements at the State Health Society Level

Entitlement	Category - I	Category - II	Category - III	Category - IV
	State Programme Officers and State Government Officers (Class-I) on deputation to State Health Society	State Government Officers (Class-II) on deputation to State Health Society and full time contractual staff / Consultants of the State Health Society receiving monthly remuneration of Rs.15,000/- per month or more	Other contractual / technical / clerical staff of the State Health Society receiving monthly remuneration less than Rs.15,000/- per month or any State Government Staff (Class III and IV) on deputation to State Health Society	Non-Official Members
For travel (outside State)				
For travel within the State				
Per-diem for travel outside State when hotel is not used -				
Per-diem for travel outside State when hotel is used		As per State Govt. norms		As per Govt. Of India norms
Per-diem for travel within State when hotel is not used				
Per-diem for travel within State when hotel is used				

**Notes:**

1. Air travel, where admissible should be undertaken in economy class only, utilizing lowest available fares under check fares or other discounted fares on any airline, by the shortest direct route.
2. Office vehicle or taxi, if admissible, should generally be used only where it is more economical or where direct train connection is not available. Taxi or office vehicle should generally not be used for distances greater than 300 Kms.
3. The State Health Society should identify and negotiate standard discounted tariffs for its staff / employees with the State Tourism Corporation, Guest Houses of PSUs and budget hotels in the State to minimize travel related expenditure.
4. Travel for official purposes using own vehicle is permissible and may be reimbursed on per KM basis as per the rates approved by State Government in this regard.

## Suggested TA/DA entitlements at the District Health Society Level

Entitlement	Category-I	Category-II	Category-III	Category-IV
	District Programme Officers and State Government Officers (Class-I) on deputation to District Health Society	State Government Officers (Class-II) on deputation to District Health Society and full time Contractual Staff / Consultants of the District Health Society receiving monthly remuneration of Rs.15,000/- per month or more	Other contractual technical / clerical staff of the District Health Society receiving monthly remuneration less than Rs.16,000/- per month or any State Government Staff (Class III and IV) on deputation to State Health Society	Non-Official Members
For travel (outside State)				
For travel within the State				
For travel within District				
Per-diem for travel outside State when hotel is not used				
Per-diem for travel outside State when hotel is used				
Per-diem for travel to State Capital when hotel is not used	As per State Government TA/DA rules	a) As per State Government TA/DA for Government employee	a) As per State Government TA/DA rules for Government employees	As per Govt Of India norms
Per-diem for travel to State Capital when hotel is used		b) Rs.100/- per day for contractual employee	b) Rs.75/- per day for contractual employee	
Per diem for travel to places within the State other than State Capital when hotel is not used				
Per diem for travel to places within the State other than State Capital when hotel is used				
Per diem for travel within own district				

**Notes:**

1. Air travel, where admissible should be undertaken in economy class only, utilizing lowest available fares under check fares or other discounted fares on any airline, by the shortest direct route.
2. Office vehicle or taxi, if admissible, should generally be used only where it is more economical or where direct train connection is not available. Taxi or office vehicle should generally not be used for distances greater than 300 Kms.
3. Wherever available, the District Health Society should utilize the standard discounted tariffs for its staff / employees as negotiated by the State Health Society with the State Tourism Corporation, Guest Houses of PSUs and budget hotels in the State to minimize travel related expenditure.
4. Travel for official purposes using own vehicle is permissible and may be reimbursed on per KM basis as per the rates approved by State Government in this regard.

V.K. SUBBURAJ  
PRINCIPAL SECRETARY TO GOVERNMENT

/ TRUE COPY /

  
SECTION OFFICER

## **CHAPTER.4**

### **RULES, REGULATION, INSTRUCTION, MANUAL AND RECORDS FOR DISCHARGING FUNCTIONS**

#### **4.1 Please provide list of rules, regulations, instructions, manual and records, held by public authority or under its control or used by its employees for discharging functions as per the following format**

Name / title of Department

State Health Society under NRHM registered under Society Act on 1.3.2006.

From where one can get a copy of rules, regulations, instructions, manual and records

State Health Mission-Tamil Nadu Approved Memorandum of Association and Bye Laws (enclosed) – G.O.Ms.No.19 Health and Family Welfare (EAP-II-2) Department, dated 08.02.2006.

The Mission Director,  
State Health Society-Tamil Nadu,  
359, Anna Salai,  
DMS Complex, 5<sup>th</sup> Floor,  
Chennai-600 006 –





**ABSTRACT**

**NATIONAL RURAL HEALTH MISSION – Formation of "State Health Mission- Tamil Nadu" and "State Health Society- Tamil Nadu" – Approval of Memorandum of Association and Bye-Laws – Orders Issued.**

**HEALTH AND FAMILY WELFARE (EAP.II.2) DEPARTMENT**

**G.O.Ms.No.19**

**Dated: 08-02-2006**

**Read:**

1. From the Secretary to Government of India, Ministry of Health and Family Welfare, D.O.Letter No.37018/6/2003-EA,G(Part IV), dated 20.6.2005.
2. From the Secretary to Government of India, Ministry of Health and Family Welfare, New Delhi, D.O.Letter No.14011/14/2004 EAG (Part), dated 24.6.2005.
3. From the Project Director, Reproductive and Child Health Project, Letter No.2719/RCHP/P/2005-1, dated 8.12.2005.
4. G.O.Ms.No.309, Health and Family Welfare (EAP.II.2) Department, dated 16.12.2005.

-:oCo:-

**ORDER:**

The Government of India have launched the National Rural Health Mission during April, 2005, to provide effective health care to the poor, the vulnerable and marginalized sections of the society throughout the country. The duration of the Mission is seven years (2005-2012). The NRHM envisages to integrate all vertical Health & Family Welfare Programmes at National, State and District levels, which would help to pool all available resources, in implementation of programme activities.

2. The Government of India have recommended that a State Health Mission may be constituted on the lines of the National Rural Health Mission. The Government of India have also forwarded general guidelines for the formation of State and District Health Mission and integrated State and District Health Societies, including general Memorandum of Association and Bye-Laws.

3. Based on the recommendations of the Ministry of Health and Family Welfare, Government of India, "State Health Mission-Tamil Nadu" and "State Health Society-Tamil Nadu", have been constituted in Government Order fourth read above.

4. As per the guidelines issued by the Ministry of Health and Family Welfare, Government of India, the Government have decided to frame the Memorandum of Association and Bye-Laws of the State Health Society as per the State's requirements. The objective of the Society, Composition of the Governing Body / Executive Committee, Programme and activities are enumerated in the Memorandum of Association of State

Health Society and the Rules and Regulations of the Society. Accordingly, the Government approve the Memorandum of Association and Bye-Laws of the "State Health Society-Tamil Nadu" as annexed to this Order.

5. The Project Director, Reproductive and Child Health Project, is requested to take necessary action to register the "State Health Society-Tamil Nadu" under Tamil Nadu Societies Registration Act, 1975 (Tamil Nadu Act, 27 of 1975).

**(BY ORDER OF THE GOVERNOR)**

**SHEELA RANI CHUNKATH**  
SECRETARY TO GOVERNMENT

To

The Project Director, Reproductive and Child Health Project, Chennai-6.  
The Secretary to Government, Social Welfare and Nutritious Meal Programme Department, Chennai-9.  
The Secretary to Government, Rural Development Department, Chennai-9.  
The Secretary to Government, Adi-dravidar and Tribal Welfare Department, Chennai-9.  
The Secretary to Government, Finance Department, Chennai-9.  
The Secretary to Government, Planning and Development and Special Initiative Department, Chennai-9.  
The Secretary to Government, Municipal Administration and Water Supplies Department, Chennai-9.  
The Regional Director, Ministry of Health and Family Welfare, Government of India, Chennai.  
State Representative, UNICEF, WHO, Chennai thro' the Project Director, RCHP, Chennai-6.  
The Managing Director, Tamil Nadu Medical Services Corporation Ltd., Chennai-8.  
The Commissioner of Indian Medicine and Homeopathy, Chennai.  
The Director of Social Welfare, Chennai.  
The Chief Engineer, (Buildings), Public Works Department, Chennai-5.  
The Director of Public Health and Preventive Medicine, Chennai-6.  
The Director of Medical Education, Chennai-10.  
The Director of Medical & Rural Health Services, Chennai-6.

The Voluntary Health Services, Adyar, Chennai.	}	
The Gandhigram Trust, Dindigul.	}	Thro' Project Director, Reproductive and Child Health Project
The Christian Medical College Hospital, Vellore.	}	
The Guild of Service, Chennai.	}	
The Indian Red Cross Society, Chennai.	}	

Tmt. Mythili Thirunavukkrasu, M.L.A., No.99, Chekkupettai Naduthuru, Kancheerapuram District – 631 501.  
Tmt. R. Thamizhmozhi Rajadathan, M.L.A., 69-B, Eyyal Village and Post Office, Chenji Taluk, Villupuram District – 604 204.  
Tmt. S.Sundarambal, M.L.A., No.16, S.T.O. Quarters, Mettur Dam, Salem District.  
Thiru P.R.Sundaram, M.L.A., T.Pachuthaiampalayam, Rasipuram, Namakkal District.  
Thiru S.S.Ramaneedharan, M.L.A., 56, Nadu Veethi, Savandapur Post, Gopichettipalayam Taluk, Erode Distt.

All Joint Director of Medical, Rural Health Services and Family Welfare through the Director of Medical & Rural Health Services, Chennai-6.  
All Deputy Director of Health Services through Director of Public Health and Preventive Medicine, Chennai-6  
The Joint Director, O/o the Director of Medical & Rural Health Services, Chennai-6.  
The Deputy Director, O/o the Director of Medical & Rural Health Services, Chennai-6.  
The Additional Director(TB), O/o the Director of Medical & Rural Health Services, Chennai-6.  
The Deputy Director(Leprosy), O/o the Director of Medical & Rural Health Services, Chennai-6  
The Project Director, Tamil Nadu State Blindness Control Society, Chennai-8  
The Project Director, Tamil Nadu State AIDS Control Society, Chennai-8.  
The Deputy Director of Medical Education, Chennai-10.

Copy to:

The Secretary to Government,  
Ministry of Health and Family Welfare,  
Nirman Bhavan, New Delhi-110 011.  
Chief Minister's Office, Chennai-9.  
The Senior P.A. to Hon'ble Minister for Health, Chennai-9.  
The P.S. to Chief Secretary to Government, Chennai-9.  
The P.S. to Secretary to Government, Health and Family Welfare Department, Chennai-9.  
The P.A. to Addl. Secretary to Government, Chennai-9.  
Sf./Sc.

//FORWARDED/BY ORDER//

  
SECTION OFFICER

**MEMORANDUM OF ASSOCIATION  
OF  
STATE HEALTH SOCIETY- TAMIL NADU**

1. **Name of the Society:** The Name of the Society shall be "State Health Society, TAMIL NADU" hereinafter referred to as the "Society".
2. **Area of operation:** The area of operation of the Society shall be whole of the State of Tamil Nadu
3. **Location:** The Society shall have its office at the Directorate of Reproductive and Child Health, 5<sup>th</sup> Floor, DMS Complex, Chennai in the State of Tamil Nadu with liberty to establish one or more subordinate offices or outlets elsewhere in the State, if so required.
4. **Objectives:** The Society shall serve in an additional managerial and technical capacity to the Department of Health & Family Welfare, Government of Tamil Nadu for the implementation of National Rural Health Mission (NRHM) in the State.
5. **Scope of functions:** To achieve the above objectives, the Society shall direct its resources towards performance of the following key tasks:
  - Receive, manage (including disbursement to implementing agencies e.g. Directorate, District Societies, NGOs etc.) and account for the funds received from the Ministry of Health & Family Welfare, Government of India.
  - Manage the NGO / PPP (public-private partnership) components of the NRHM in the State, including execution of contracts, disbursement of funds and monitoring of performance.
  - Function as a Resource Centre for the Department of Health & Family Welfare in policy / situational analysis and policy development (including development of operational guidelines and preparation of policy change proposals for the consideration of Government).
  - Strengthen the technical / management capacity of the State Directorate as well as of the District Societies by various means including through recruitment of individual / institutional experts from the open market (with total programme management costs for the State as a whole not exceeding 6% of the total programme costs).
  - Mobilize financial / non-financial resources for complementing / supplementing the NRHM activities in the State.
  - Organize training, meetings, conferences, policy review studies / surveys, workshops and inter-State exchange visits etc. for deriving inputs for improving the implementation of NRHM in the State.



- Undertake such other activities for strengthening NRHM in the State as may be identified from time to time, including mechanisms for intra and inter-sectoral convergence of inputs and structures.

For performing the above tasks, the Society shall:

- Establish and carry out the administration and management of the Society's Secretariat, which will serve as the implementation arm of the Society.
- Create administrative, technical and other posts in the Secretariat of the Society as deemed necessary.
- Establish its own compensation package and employ, retain or dismiss personnel as required.
- Establish its own procurement procedures and employ the same for procurement of goods and services.
- Make rules and bye-laws for the conduct of the activities of the Society and its Secretariat and add, rescind or vary them from time to time, as deemed necessary.

6. **First members of the Governing Body:**

The names, addresses, occupations and designations of the First Members of the Governing Body of the Society to whom by the rules and regulations of the Society, the management of the affairs of the Society is entrusted as required under section 6 of the Tamil Nadu Societies Registration Act, 1975 (Tamil Nadu Act, 27 of 1975) are as follows:

Sl. No.	Name / Designation	Status in Governing Body
1	Hon'ble Minister for Health	Chair-person
2	Chief Secretary to Government of Tamil Nadu	Vice-Chairperson
3	Project Director, RCH project and Mission Director of the State Health Mission	Convenor
4.	Secretary to Government, Health & Family Welfare Department, Chennai	Member
5.	Secretary to Government, Finance Department, Chennai.	Member
6.	Secretary to Government, Social Welfare and Noon Meal Programme Department, Chennai.	Member
7.	Secretary to Government, Municipal Administration and Water Supplies Department, Chennai	Member
8	Secretary to Government, Rural Development Department, Chennai.	Member
9	Secretary to Government, Adi Dravidar and Tribal Welfare Department, Chennai.	Member
10.	Secretary to Government, Planning Development and Special Initiative Department, Chennai.	Member

A copy of the rules of the Society certified to be a correct copy by three members of the Governing Body is filed along with this Memorandum of Association.

7. **Declaration:**

We, the several persons whose names and addresses are given below having associated ourselves for the purpose described in this Memorandum of Association do hereby subscribe our names to this Memorandum of Association and set our several and respective hands hereunto and form ourselves into a Society under the Tamil Nadu Societies Registration Act, 1975 (Tamil Nadu Act, 27 of 1975) on this ..... day of 2006 at .....

Sl.No.	Name	Occupation and address	Status in Society	Signature	Attested by
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Dated: \_\_\_\_\_

**STATE HEALTH SOCIETY, TAMIL NADU**

**THE RULES AND REGULATIONS**

1. **SHORT TITLE:** (1) These Rules and Regulations shall be called "The Rules and Regulations of the State Health Society, Tamil Nadu, 2006".  
  
(2) These Rules shall come into force with effect from the date of registration of the Society by the Registrar of Societies.
2. **DEFINITIONS:** In the interpretation of these Rules and Regulations, the following expressions shall have the following meaning unless inconsistent with subject or context:
  - (i) "Act" means the Tamil Nadu Societies Registration Act, 1975 (Tamil Nadu Act, 27 of 1975);
  - (ii) "TNSHS" means the State Health Society, Tamil Nadu;
  - (iii) "Government" means the Government of India;
  - (iv) "Chairperson" means the Chairperson of the Governing Body of the Society;
  - (v) "Chief Executive Officer (CEO)" means the Chairperson of the Executive Committee of the Society;
  - (vi) "Executive Committee" means the Executive Committee of the Society;
  - (vii) "Executive Secretary" means the Executive Secretary of the Society;
  - (viii) "Governing Body" means the Governing Body of the Society;
  - (ix) "Member" means the Member of the Society;
  - (x) "Rules" means these Rules and Regulations registered along with the Memorandum of Association and as may be amended by the Governing Body of the Society, from time to time;
  - (xi) "Secretariat" means the Secretariat of the Society;
  - (xii) "State Government" means the Government of Tamil Nadu; and
  - (xiii) "Year" means the financial year of the State Government of Tamil Nadu.
3. **OFFICE:** (1) Registered office of the Society shall be situated in the premises of the Directorate of Reproductive and Child Health Project, located at No.359, Anna Salai, Chennai-600 006.  
  
(2) The Society may set up its branch offices in the State.
4. **MEMBERSHIP:** (1) The following shall be the members of the Society;

Sl. No.	Name / Designation	Status in Governing Body
1	Hon'ble Minister for Health	Chair-person
2	Chief Secretary to Government of Tamil Nadu	Vice-Chairperson
3	Project Director, RCH Project and Mission Director of the State Health Mission, Chennai.	Convenor
4.	Secretary to Government, Health & Family Welfare Department, Chennai	Member
5.	Secretary to Government, Finance Department, Chennai.	Member

6.	Secretary to Government, Social Welfare and Noon Meal Programme Department, Chennai.	Member
7.	Secretary to Government, Municipal Administration and Water Supplies Department, Chennai.	Member
8.	Secretary to Government, Rural Development Department, Chennai.	Member
9.	Secretary to Government, Adi Dravidar and Tribal Welfare Department, Chennai.	Member
10.	Secretary to Government, Planning, Development and Special Initiative Department, Chennai.	Member
11.	Regional Director, Ministry of Health and Family Welfare, Government of India, Chennai.	Member, Ex-Officio
12.	Managing Director, TNMSC, Chennai	Member, Ex-Officio
13.	Director of Public Health and Preventive Medicine, Chennai and Joint Mission Director.	Member, Ex-Officio
14.	Director of Medical and Rural Health Services, Chennai.	Member, Ex-Officio
15.	Director of Medical Education, Chennai.	Member, Ex-Officio
16.	Commissioner of Indian Medicine and Homeopathy, Chennai.	Member, Ex-Officio
17.	Director of Social Welfare, Chennai.	Member, Ex-Officio
18.	Chief Engineer (Buildings), Public Works Department, Chennai.	Member, Ex-Officio
19.	State Representative, UNICEF, Tamil Nadu.	Member, Ex-Officio
20.	Nominated Non-Official Members a) Voluntary Health Services, Adyar, Chennai. b) Gandhigram Trust, Dindigul. c) Christian Medical College Hospital, Vellore. d) Guild of Service, Chennai. e) Indian Red Cross Society, Chennai.	Non-Official Members

- Executive Secretary of the Society, to be appointed under these Rules.
- Representatives of professionals' associations (e.g. IMA, FOGSI, IAP etc.).
- Representatives of other organisations as may be determined by the Governing Body from time to time.
- Individuals as may be nominated by the Governing Body from time to time.

(2) The membership of an ex-officio member of the Society and of the Governing Body shall terminate when he/she ceases to hold the office by virtue of which he/she was member and his/her successor to the office shall become such member.



- (3) Non official members of the Society will be nominated by the Chairperson in consultation with other members of the Governing Body. Nominated members shall hold office for a period of three years from the date of their nomination by the Chairperson. Such members will be eligible for re-nomination.
- (4) The Society shall maintain a roll of members at its registered office and every member shall sign the roll and state therein his/her rank or occupation and address. No member shall be entitled to exercise rights and privileges of a member unless he/she has signed the roll as aforesaid.
- (5) All members of the Governing Body shall cease to be members if they resign, become of unsound mind, become insolvent or be convicted of a criminal offence involving moral turpitude or removal from the post by virtue of which he/she was holding the membership.
- (6) Resignation of membership shall be tendered to the Governing Body in person to its Executive Secretary and shall not take effect until it has been accepted on behalf of the Governing Body by the Chairperson.
- (7) If a member of the Society changes his/her address he/she shall notify his/her new address to the Executive Secretary who shall thereupon enter his/her new address in the roll of member. But if a member fails to notify his/her new address, the address in the roll of members shall be deemed to be his/her address.
- (8) Any vacancy in the Society or in the Governing Body shall be filled by the authority entitled to make such appointment. No act or proceedings of the Society or of the Governing Body shall be invalid merely by reason of the existence of any vacancy therein or of any defect in appointment of any of its members.
- (9) No member of the Governing Body, except the Executive Secretary to be appointed as per these Rules, shall be entitled to any remuneration.
5. **AUTHORITIES OF THE STATE HEALTH SOCIETY:** (1) The following shall be the bodies and authorities of the Society:
- Governing Body
  - Executive Committee
  - Programme Committees and such other bodies as may be prescribed by the Governing Body.
- (2) **Governing Body:** (a) All members of the Society as set out in Sub-rule (1) of rule 4 shall constitute the Governing Body of the Society:
- (b) The first members of the Governing Body of the Society shall be those mentioned in Clause 6 of the Memorandum of Association. They shall hold office until a new Governing Body is appointed according to these Rules.
  - (c) The management of the affairs of the Society shall be entrusted to the Governing Body and the property of the Society shall be vested in the Governing Body.

- (3) **Proceedings Of The Governing Body:** (a) The meetings of the *Governing Body* shall be held at least once in every six months and at such time and place as the Chairperson shall decide. If the Chairperson receives a requisition for calling a meeting signed by one-third members of the Governing Body, the Chairperson shall call such a meeting as soon as may be reasonably possible and at such place as he/she may deem fit.
- (b) At the annual meeting of the Governing Body, the following business shall be brought forward and disposed of:
- Income and expenditure account and the balance sheet for the past year.
  - Annual report of the Society.
  - Budget for the next year
  - Annual Action Plan and research work for the next year.
  - Appointments for the Executive Committee and the various Committees.
  - Any other business brought forward with the permission of the Chairperson.
- (c) Every notice calling meeting of the Governing Body shall state the date, time and place at which such meeting will be held and shall be served upon every member of the Governing Body not less than twenty one clear days before the date appointed for the meeting. Such notice shall be under the hand of the Convenor and shall be accompanied by an agenda of the business to be placed before the meeting provided that accidental omission to give such notice to any member shall not invalidate any resolution passed at such meeting. In the event of any urgent business, the Chairperson may call the meeting of the Governing Body at clear ten days notice.
- (d) The Chairperson shall take the Chair at the meetings of the Governing Body. In his absence, the Vice-Chairperson will chair the meeting, failing which the Governing Body shall elect one from among the members present as Chairperson of the meeting.
- (e) One third of the members of the Governing Body, including the substitutes nominated under Rule 5(3)(g) present in person, shall form a quorum at every meeting of the Governing Body.
- (f) All disputed questions at the meeting of the Governing Body shall be determined by votes. Each member of the Governing Body shall have one vote and in case of any equality of votes, the Chairperson shall have a casting vote.
- (g) Should any official members be prevented for any reason whatsoever from attending a meeting of the Governing Body, the Chairperson of the Society shall be at liberty to nominate a substitute to take his place at the meeting of the Governing Body. Such, substitute shall have all the rights and privileges of a member of the Governing Body for that meeting only.
- (h) Any member desirous of moving any resolution at a meeting of the Governing Body shall give notice thereof in writing to the Convenor of not less than ten clear days before the day of such meetings.

- (i) Any business which it may become necessary for the Governing Body to perform except such as may be placed before its Annual meeting may be carried out by circulation among all its members and any resolution so circulated and approved by majority of the members signing shall be as effectual and binding as if such resolution had been passed at a meeting of the Governing Body provided that at least one third members of the Governing Body have recorded their consent of such resolution.
- (j) In the event of any urgent business, the Chairperson of the Society may take a decision on behalf of the Governing Body. Such a decision shall be reported to the Governing Body at its next meeting for ratification.
- (k) A copy of the minutes of the proceedings of each meeting shall be furnished to the members of the Governing Body as soon as possible after completion of the meeting.
- (4) **Powers Of The Governing Body:** (a) The Governing Body will have full control of the affairs of the Society and will have authority to exercise and perform all the powers, acts and deeds of the Society consistent with the aims and objects of the Society.
- (b) In particular and without prejudice to the generality of foregoing provision, the Governing Body may:
- make, amend, or repeal any bye laws relating to administration and management of the affairs of the Society subject to the observance of the provisions contained in the Act.
  - consider the annual budget and the annual action plan, its subsequent alternations placed before it by the Executive Secretary from time to time and to pass it with such modifications as the Governing Body may think fit.
  - monitor the financial position of the Society in order to ensure smooth income flow and to review annual audited accounts.
  - accept donations and endowments or give grants upon such terms as it thinks fit.
  - delegate its powers, to the Chairperson, Chief Executive Officer, Executive Secretary or other authorities of the Society as may deem fit.
  - appoint committees, sub-committees and boards etc. for such purpose and on such terms as it may deem fit, and to dissolve or remove any of them.
  - develop and adopt its own rules and regulations for recruitment and appointment of experts and administrative or technical staff and set its own compensation package for such experts / staff to be recruited from the open market or deputation basis.
  - develop and adopt its own procurement procedures for procurement of goods and services.
  - authorise the Executive Secretary to execute such contracts on behalf of the Society as it may deem fit in the conduct of the business of the Society.



- do generally all such acts and things as may be necessary or incidental to carrying out the objectives of the Society or any of them, provided that nothing herein contained shall authorise the Governing Body to do any act or to pass any bye-laws which may be repugnant to the provisions hereof, to the powers hereby conferred on the Governing Body and other authorities, or which may be inconsistent with the objectives of the Society.
- (5) **Powers And Functions Of The Chairperson Of The Governing Body:** (a) The Chairperson shall have the powers to call for and preside over all meetings of the Governing Body.
- (b) The Chairperson may himself/herself call, or by a requisition in writing signed by him/her may require the Executive Secretary to call, a meeting of the Governing Body at any time and on the receipt of such requisition, the Executive Secretary shall forthwith call such a meeting.
- (c) The Chairperson shall enjoy such powers as may be delegated to him/her by the Governing Body.
- (d) The Chairperson shall have the authority to review periodically the work and progress of the Society and to order inquiries into the affairs of the Society and to pass orders on the recommendations of the reviewing or inquiry Committee.
- (e) Nothing in these Rules shall prevent the Chairperson from exercising any or all the powers of the Governing Body in case of emergencies in furtherance of the objects of the Society. However, the action taken by the Chairperson on such occasions shall be reported to the Governing Body subsequently for ratification.
- (6) **Executive Committee:** (a) The Governing Body will constitute an Executive Committee which will be responsible for acting for and doing all deeds on behalf of the Governing Body and for taking all decisions and exercising all the powers, vested with the Governing Body except those which the Governing Body may specifically specify to be excluded from the jurisdiction of by the Executive Committee.

(b) The composition of the Executive Committee shall be as follows:

Sl.No.	Name / designation	Status in Executive Committee
1	Secretary, Health and Family Welfare Department, Chennai.	Chairperson, Executive Committee
2	Project Director, Reproductive and Child Health Project and the Mission Director of the State Health Mission	Convenor/Executive Secretary
3	Director, Public Health and Preventive Medicine, Chennai and the Joint Mission Director of the State Health Mission.	Member
4.	Secretary to Government, Social Welfare and Noon Meal Programme Department, Chennai.	Member
5.	Secretary to Government, Rural Development Department, Chennai.	Member



6.	Secretary to Government, Adi-draavidar and Thibal Welfare Department, Chennai.	Member
7.	Secretary to Government, Finance Department, Chennai.	Member
8.	Secretary to Government, Planning, Development and Special Initiative Department, Chennai.	Member
9.	Secretary to Government, Municipal Administration and Water Supplies Department, Chennai.	Member
10.	Regional Director, Ministry of Health and Family Welfare, Government of India, Chennai	Member
11.	Managing Director, Tamil Nadu Medical Services Corporation, Chennai.	Member
12.	Commissioner of Indian Medicine and Homeopathy, Chennai.	Member
13.	Director of Social Welfare, Chennai.	Member
14.	Chief Engineer, (Buildings), Public Works Department, Chennai.	Member
15.	Director of Medical Education, Chennai.	Member
16.	Director of Medical and Rural Health Services, Chennai.	Member
17.	State Representative, UNICEF, Tamil Nadu.	Member
18.	Project Director, Tamil Nadu State Blindness Control Society, Chennai.	Member
19.	Additional Director of Public Health and Preventive Medicine, Chennai.	Member
20.	Deputy Director of Medical Education, O/o the Director of Medical Education, National Cancer Control Programme, Chennai.	Member

- (c) The Executive Committee may co-opt additional members or invite subject experts to its meetings from time to time.
- (d) Meetings of the Executive Committee shall be convened by the Convenor by giving clear seven days notice in writing along with the Agenda specifying the business to be transacted, the date, time and venue of the meeting.
- (e) Meetings of the Executive Committee shall be held at least once a month or more frequently if necessary.
- (f) The minutes of the Executive Committee meetings will be placed before the Governing Body at its next meeting.
- (g) The various Committees constituted by the Governing Body shall submit their reports to the Executive Committee who shall be empowered to take decisions on their recommendations.

6. **SOCIETY SECRETARIAT AND MISSION DIRECTOR / EXECUTIVE SECRETARY:**

- (1) A Senior Officer of the State Government of the rank of Special Secretary / Additional Secretary (an IAS Officer of JAG / Selection Grade) shall be nominated as the Mission Director. The Governing Body, with the assistance of the Joint Secretary and officials such as Director / DG Health Services / Executive Director, will establish a Secretariat of the Society consisting of technical, financial and management professionals to serve as the implementation arm of the Society.
- (2) The Secretariat shall consist of all such technical / management units put together and as may be determined by the Governing Body with due regard to the scope of functions as set out in Clause 5 of the Memorandum of Association.
- (3) The Executive Committee of the Society will have overall responsibility for planning and executing the work of the Secretariat, for supervising the work of the technical / management units of the Secretariat, directing and overseeing implementation through the Secretariat.
- (4) **Powers And Functions Of The Secretariat:**
  - (a) The Secretariat of the Society shall consist of the Mission Director / Joint Mission Director and Staff of the Society, including experts and consultants.
  - (b) As the implementation arm of the Society, the Secretariat will be responsible for day-to-day management of the Society's activities. In particular, it will be responsible for performing all functions of the Society as set out in Clause 5 of the Memorandum of Association.
  - (c) As a support structure for assisting Department of Health & FW of the State Government, the Secretariat shall:
    - cause its experts and staff to be subjected to such operational arrangements with the Directorate (including seating and reporting arrangement) as to generate synergies,
    - host external experts within its premises, and
    - provide such logistic support to the officers and staff of the Directorate and Department of Health & FW of the State Government as may be determined by the Governing Body.

7. **FUNDS OF THE SOCIETY** (1) The funds of the Society shall consist of the following

- Cash assistance received from the Government of India.
  - Grants-in-Aid from the State Government
  - Grants and donations from trade, industry, institutions and individuals.
  - Receipts from disposal of assets.
- (2) The assets and liabilities of all Societies merged into the integrated Society shall be subsumed within the new Society.

8. **ACCOUNTS AND AUDIT** (1) The Society shall cause regular accounts to be kept of all its monies and properties in respect of the affairs of the Society.
- (2) The Executive Committee may cause separate Bank Accounts in respect of each scheme or separate ledgers for each scheme under one account. In such an event, the Governing Body shall prescribe written instructions relating to submission of Statement of Expenditure (SoE) for each scheme. The separate Accounts of different Programmes could be audited by different auditors, and submitted to Programme Units separately. However, the State Programme Management Support Unit (SPMSU) will ensure one integrated audit of the State Health Society.
- (3) The accounts of the Society shall be audited annually by a Chartered Accountant firm included in the panel of Comptroller and Auditor General of India or any qualified person appointed by the Government of India or State Government and any expenditure incurred in connection with such audit shall be payable by the Society to the Auditors. The Office of the Accountant General of State may also, at its discretion, audit the accounts of the society.
- (4) The Chartered Accountant or any qualified person appointed by the Government of India or State Government in connection with the audit of the accounts of the society shall have the same rights, privileges and authority in connection with such audit as the Auditor General of the State has in connection with the audit of Government accounts and in particular shall have the right to demand the production of books, accounts, connected vouchers and other necessary documents and papers.
- (5) The report of such audit shall be communicated by the auditor to the Society, which shall submit a copy of the Audit Report along with its observation to the State Government.
- (6) The Auditor shall also forward a copy of the report to the Chairperson of the Society and representative(s) of the Government of India of the Governing Body.
9. **BANK ACCOUNT** (1) The account of the Society shall be opened in ICICI bank. All funds shall be paid into the Society's account with the appointed bank and shall not be withdrawn except through a cheque, bill note, other negotiable instruments or through electronic banking (e-banking) procedures signed/electronically authorised by such authorities of the society Secretariat as may be determined by the Executive Committee.
- (2) The Society shall switch over to e-banking procedures as and when the Ministry of Health and Family Welfare, Government of India directs the Society to do so as the principal donor to the Society.
- (3) The Executive Committee shall authorise the Executive Director (Mission Director) to operate the accounts of the Society in conjunction with another senior official as may be decided by the Committee.
10. **ANNUAL REPORT** - A draft annual report and the yearly accounts of the Society shall be placed before the Governing Body at next meeting for consideration and approval. A copy of the annual report and audited statement of accounts as finally approved by the Governing Body shall be forwarded within six months of the closure of a financial year to the Chairperson of the Governing Body and Government of India representatives of the Governing Body.



11. **SUITS AND PROCEEDINGS** - (1) The Society may sue or be sued in the name of Society through its Mission Director.
- (2) No suit or proceedings shall abate by the reason of any vacancy or change in the holder of the office of the chairperson or Executive Secretary or any office bearer authorised in this behalf.
  - (3) Every decree or order against the Society in any suit or proceedings shall be executable against the property of the Society and not against the person or the property of the Chairperson, Executive Secretary or any office bearer of the Society.
  - (4) Nothing in sub-rule 3 above shall exempt the Chairperson, Executive Secretary or office bearer of the Society from any criminal liability or entitle him of claim any contributions from the property of the Society in respect of any fine to be paid by him on conviction by a criminal court.
  - (5) For the above purpose, the Jurisdiction of legal proceedings shall be within the State of Tamil Nadu.
12. **AMENDMENTS** - (1) The Society may alter or extend the purpose for which it is established, the Rules of the Society.
- (2) The proposition for any alteration or extension of the objectives of the Society or the Rules must be circulated to all members of the Governing Body and must be included in the written agenda of the ensuing meeting of the Governing Body or a special meeting of the Governing Body.
  - (3) No amendments shall be effective unless the proposals in this regard have been endorsed by 3/5<sup>th</sup> of the members of the Governing Body provided that such proposals have been endorsed in writing by the Government of India representatives of the Governing Body either during the meeting of the Governing Body or through a written communication.
13. **DISSOLUTION** - (1) The Governing Body may resolve to dissolve the Society by bringing a proposal to that effect in a special meeting to be convened for the purpose.
- (2) Upon the dissolution of the Society, all assets of the Society, after the settlement of all its debts and liabilities, shall stand reverted to the State Government of Tamil Nadu for such purposes as it may deem fit.
14. **MISCELLANEOUS - (1) CONTRACTS**
- (a) All contracts and other instruments for and on behalf of the Society shall be subject to the provisions of the Act, be expressed to be made in the name of the Society and shall be executed by the persons authorised by the Governing Body.
  - (b) No contracts for the sale, purchase or supply of any goods and material shall be made for and on behalf of the Society with any member of the Society or his relative or firm in which such member or his relative is a partner or shareholder or any other partner or shareholder of a firm or a private company in which the said member is a partner or director.

- (2) **Common Seal:** The society shall have a common seal of such make and design as the Governing Body may approve.
- (3) **Compliance Of Statutory Requirements:** The Society shall register itself with relevant government agencies for the purpose of complying with the statutory requirements including regulations governing deduction of tax at source relating to the staff, consultants and experts employed by it and / or consultancies / contracts awarded by it in the course of performance of its tasks.
- (4) **Government's Power To Review:** (1) Notwithstanding anything to the contrary contained in these Rules, the Ministry of Health & Family Welfare, Government of India, as the principal donor to the Society, may appoint one or more persons to review the work and progress of the Society and hold enquiries into the affairs thereof and report thereon, get the accounts of the society audited by the internal audit parties of the Chief Controller of Accounts, Ministry of Health and Family Welfare, Government of India and issue directions, as deemed appropriate, to the Society.
- (2) The Chairperson of the Governing Body shall have the right to nominate one or more persons to be part of the review / enquiries.
- (3) The progress review reports or enquiry reports shall be included in the written agenda of the ensuing meeting of the Governing Body.

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 We, the undersigned being three of the members of the first Governing Body of the State Health Society, Tamil Nadu certify that the above is a correct copy of the Rules and Regulations of the said Society.

Sl.No.	Name and address	Signature
1	Secretary to Government, Health and Family Welfare Department, Chennai.	
2	Project Director, RCH Project (Mission Director), Chennai.	
3	Director of Public Health and Preventive Medicine (Joint Mission Director), Chennai.	

Dated: \_\_\_\_\_

**Bye-laws of the State Health Society TAMIL NADU**

**A. Procurement Policy and Procedures**

Procurement of goods and services to be financed from funds received from Government of India shall be done as per the procedures recommended by the Government of India.

In all other cases, including where the Government of India allows the State a choice, following order of preference shall be applied for procurement of goods and services:

Procurement of Goods:

- A. Tamil Nadu Medical Services Corporation would do the procurement
- B. Rate contracts of the DGS&D
- C. Rate contracts of other Government of India agencies
- D. Tender procedure of Government of Tamil Nadu

Procurement of services: Procedure as recommended by the Government of India.

**B. Procedure for release of funds and Financial Powers of the Office Bearers of the Governing / Executive Committee**

**I Classification of items of Expenditure and Financial powers of the bodies and office bearers of the Society**

Type of expenditure	Authority	Extent of power
A. Approval of District / City plans	Governing Body / Executive Committee	Full powers
B. Release of funds for implementation of plans / allocations which have been approved by Governing Body / Executive Committee	Mission Director / DPH & PM*	Full powers.
C: Expenditure proposals <u>not covered</u> under categories A and / or B		
C-1: Procurement of goods	Chairperson, Executive Committee	More than Rs.5.00 lakh and upto Rs.10.00 lakh per case
C-2: Repairs and minor civil works	Mission Director	Upto Rs.5.00 lakh per case.
C-3: Procurement of services for specific tasks including outsourcing of support services for the Directorate	-do-	-do-

C-4: Hiring of contractual staff, including sanction of compensation package	Chairperson, Executive Committee	Full powers, provided that the contracts shall be for a period not exceeding 11 months at a time
	Mission Director	Full powers in respect of Clerical / Class-IV equivalent positions, subject to compensation package approved by the Governing / Executive Committee, provided that the contracts shall be for a period not exceeding 11 months at a time
Miscellaneous items not mentioned above such as hiring of taxis, hiring of auditors, payments relating to documentation and other day-to-day services, meetings and workshops, training, purchase of training material / books and magazines, payment of TA/DA and honoraria to resource persons and guest speakers invited to meetings / workshops, and payment of TA/DA allowances for contractual staff and / or non-official invitees to Governing Body / Executive Committee meetings and / or Government / Society staff deputed to meetings outside the State	Chairperson, Executive Committee	Upto Rs.5.00 lakh at a time subject to a maximum of Rs.50 lakh per annum.
	Mission Director	Upto Rs.2.00 lakh at a time, subject to a maximum of Rs.25.00 lakh per annum

\* as authorized by the State Government.

## II Procedure for release of funds

The Society funds shall be drawn through cheques and / or bank drafts and / or through e-banking instruments as and when the same is introduced.

All cheques shall be signed by two authorised signatories of the Society Secretariat on the basis of a written authorisation from Executive Committee of the Society in this behalf.

Wherever releases are decided to be made through bank drafts and / or through e-banking, the authorisation letter to the bank shall be signed by the concerned authorised signatories.

Wherever, under e-banking procedures, releases are to be made through electronic authorisation to the bank to issue cheque / draft / account transfer on behalf of the Society, the electronic authorisation will be executed by the same two authorised functionaries of the Society Secretariat who have been authorised to sign cheques on the basis of a written authorisation in this behalf.



### III Review / revision of financial powers

The Executive Committee may review and revise the financial powers of the office bearers of the bodies of the Society on an annual basis and revise the same, if considered necessary.

#### C. **Human Resources Policy and Procedures**

##### Recruitment and Appointment

Appointments for the Society shall be made only against vacant posts prescribed for the Society in accordance with the conditions in this regard prescribed by the Govt. of India from time to time, (such as the overall programme management costs not to exceed 6% of the total programme costs).

Recruitment would be through either of the following three routes:

- Appointments from open market: all such appointments will be on contractual basis for a fixed tenure.
- Appointments on "Deputation" basis: all such appointments will be regulated in terms of the State Government rules relating to Deputation of its officers / staff.
- Individuals recruited and paid for by an outside agency (e.g. Government of India and / or Development Partners) but posted to work within the Society Secretariat; all such persons shall be governed by the terms of employment of the organisation agency concerned. However, they shall be required to report to the Director / Executive Secretary as may be decided by the Chairperson, Executive Committee.

All appointments would be temporary and would be made for the contract / deputation period as determined by the Executive Committee.

In the case of Contract appointments necessary terms and conditions will be stipulated at the time of appointment by the Executive Committee and the same will be signed by the individual. The individual so appointed will have to sign and abide by the terms and conditions governing his appointment and shall not have any preferential right to claim for permanent absorption either in the Society or in Government.

##### Leave rules:

**Holidays, Casual Leave, Medical Leave:** The Society staff and the full time consultants shall be governed by the State Government rules, in so far as observance of holidays and grant of casual / medical leave is concerned.

**Leave without pay:** The Society staff (including full time consultants) shall be entitled to take leave without pay in exceptional circumstances. This can be sanctioned by the Executive Secretary after recording the reasons. For the Executive Secretary, this would have to be endorsed by the Chairperson, Executive Committee.

##### Training and capability development:

Full time consultants and staff of the Society (including staff on deputation) would be encouraged to take up skill development courses and even correspondence courses which further their employment prospects, enhance their skills, and build up Society capabilities.



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Travelling / Daily Allowance (TA/DA) Rules

Travel of Society staff (including those who are employed by the Society on deputation basis) shall be governed by the Tamil Nadu TA/DA Rules.

**Deduction of Tax at Source:** Tax will be deducted at source as per income tax rules and the Society shall register itself with the relevant authorities in this regard.

//TRUE COPY//

*[Handwritten Signature]*  
SECTION OFFICER

## CHAPTER.5

Particulars of any arrangement that exists for consultation with or representation by, the members of the public in relation to the formulation of its policy or implementation thereof

### Formulation of Policy

**5.1 Whether there is any provision to seek consultation / participation of public or its representatives for formulation of policies? If there is, please provide details of such policy in following format**

<b>Sl. No.</b>	<b>Subject / Topic</b>	<b>Is it mandatory to ensure public participation Yes / No</b>	<b>Arrangements for seeking public participation</b>
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**5.2 Whether there is any provision to seek consultation / participation of public or its representatives for implementation of policies? If there is please provide details of provision in following format**

<b>Sl. No.</b>	<b>Subject / Topic</b>	<b>Is it mandatory to ensure public participation Yes / No</b>	<b>Arrangements for seeking public participation</b>
			Participatory Community Health Committee is formed in all PHCs for effective functioning of PHCs and IEC activities.

## CHAPTER.6

A statement of the categories of documents that are held by it or under its control

**6.1 Use the format given below to give the information about the official documents. Also mention the place where the documents are available for example at Secretariat level, Directorate level, others (please mention the level in place of writing others)**

<b>Sl. No.</b>	<b>Category of the document</b>	<b>Name of the document and its introduction in one line</b>	<b>Proceedure to obtain the document</b>	<b>Held by / under Control of</b>
1	PHC level	Programmewise records maintained	DDHS concerned	Field functionaries / DDHS concerned
2	HSC level	Programmewise records maintained	DDHS concerned	Field functionaries / DDHS concerned

## CHAPTER.7

A statement of Boards, Council, Committees and other bodies constituted as its part

### 7.1 Please provide information on Boards, Councils, Committees and other Bodies related to the public authority in the following format

#### Type of the Committees

<b>State Health Society:</b>	Executive Committee - Monthly
<b>District Health Society at District Level:</b>	Executive Committee - Monthly
<b>Patient Welfare Societies at PHC level:</b>	Executive Committee - Monthly
<b>HSC level committee:</b>	As and when required
<b>Village Health, Water and Sanitation Committee at Panchayat level and Town Panchayat level</b>	Monthly
<b>Address of main office:</b>	STATE HEALTH SOCIETY 359, ANNA SALAI, DMS COMPLEX, 5 <sup>th</sup> FLOOR, TEYNAMPET, CHENNAI-600 006
<b>Can public participate in the above meeting?</b>	Yes.
<b>Are minutes of the meeting prepared Are minutes of the meeting available to the public information about the procedure to obtain them</b>	Yes.

## CHAPTER.8

The names, designations and other particulars of the Public Information Officers

	<b>Name of the PIOs</b>	<b>Contact Telephone Nos.</b>
Public Information Officer	Dr.V.Vasanthi, Deputy Director (Training)	044-24321310 - Extn.-37
Assistant Public Information Officer	Tmt.S.Nirmaladevi, Administrative Officer	044-24336746 044-24321310 - Extn.-26
Appellate Authority	Thiru M.Mathivanan, State Programme Manager	044-24321310 - Extn.-33

## CHAPTER.9



## CHAPTER.10

### Directory of officers

Name of the Department and office address : State Health Society-Tamilnadu  
359, Anna Salai,  
DMS Complex, 5<sup>th</sup> Floor,  
Teynampet, Chennai-6.

PBX Board No. : 24321310

Fax No. : 24320563

E-mail address : [rhcpci@tn.nic.in](mailto:rhcpci@tn.nic.in)

Website address : tnhealth.org

Designation	Name	Office		Residential Telephone	Fax No.	Cell Phone No.
		Direct	PBX Extn/ Intercom			
Mission Director	Tmt.Girija Vaidhyanathan, IAS.,	24320563	24321310	-	24320563	-
Addl. Director	Dr.A.K.Rajendran	24336715	24321310-22	-	-	-
State Programme Manager	Thiru M.Mathivanan	24336746	24321310-33	-	-	-
State Finance Manager	Tmt.V.Sathya	24336703	24321310-24	-	-	-
Administrative Officer	Tmt.S.Nirmaladevi	24336748	24321310-26	-	-	-

## CHAPTER.11

The monthly remuneration received by each of its officers and employees including the system of compensation as provided in regulations.

### STATE HEALTH SOCIETY – STAFF POSITION G.O.MS.No.62 H&FW (EAP II.2) Dept, Dt.20.02.07

Sl. No.	Name of the Post	Sanctioned Post	In Position	Whom working in the place	Remarks
1	Mission Director	1	1	Tmt.Girija Vaidhyanathan	Time Scale
2	Personal Assistant	1	1	Tmt.Ramya	On Contract basis
3	Driver	1	1	Thiru Babu	Time Scale
4	Office Assistant	3	3	Thriu K.Kannan	Time Scale
				Thiru D.Ulaganathn	Time Scale
				Thiru T.Senthil Kumar	Time Scale
5	Joint Director	2	2	Dr.A.K.Rajendran	Time Scale
				Dr.Prabhu Clement Devadoss	On Contract Basis
6	Deputy Director	1	1	Dr.V.Vasanthi	Time Scale
7	District Sidha Medical Officer	1	0	Vacant	Vacant
8	Medical Officer	2	2	Dr.Arun Murugan	Time Scale
				Dr.A.Chitra	Time Sale
9	Maternal and Child Health Officer	2	-	Vacant	Time Scale
10	Block Extension Educator	1	1	Thiru.Gnanasekaran	On Contract Basis.
11	Assistant Director (SBHI)	1	1	Thiru.N.Mani	Time Scale
12	Statistical Assistant	2	1	Vacant	Time Scale
				Thiru.Palanivelan	Time Scale
13	Computer	1	1	Vacant	Time Scale
14	Chief Accounts Officer/SFM	1	1	Tmt.V.Sathya	Time Scale
15	Accounts Officer	1	0	Vacant	Time Scale
16	Superintendent Post upgraded as Assistant Accounts Officer	1	1	Tmt.Usha	Time Scale

Sl. No.	Name of the Post	Sanctioned Post	In Position	Whom working in the place	Remarks
17	Assistant	3	2	Vacant	
				Thiru V.Vijayaraghavan	From Texco
				Thiru Esakkimuthu	On Contract basis
18	Data Entry Operator	2	0	Ms.Geetha	On Contract basis
				Thiru Karthick	On Contract basis
19	Administrative Officer	1	1	Tmt.S.Nirmaladevi	Time Scale
20	Superintendent	1	1	Thiru.Munusamy	Time Scale
21	Assistant	6	5	Thiru G.Kumaresan	Time Scale
				Thiru Simon	Time Scale
				Thiru Gunaseelan	On Contract basis
				Thiru Kannabiran	On Contract basis
				Thiru Arivarasu	On Contract basis
22	Data Entry Operator	1	1	Thiru Vadivel Murugan	On contract
23	Typist	1	1	Tmt.P.Jeyaletchumi	Time Scale
24	Record-Cum-Despatch clerk	1	1	Thiru Seetharaman	On Contract basis
25	Driver	5		Thiru.Guruvaiah	Employment Exchange
				Thiru Sankar	TEXCO
				Thiru S.Santhanan	TEXCO
25	Office Assistant	5	4	Thiru A.Anandan	Time Scale
				Thiru P.Moorthy	Time Scale
				Thiru Venkatesan	Time Scale
				Tmt.Saibunisa	Time Scale
				Tmt.Gowri	Time Scale
26	Watchman	1	1	Thiru R.Kuppusamy	Time Sclae
27	Sweeper-cum-Sanitary Worker	2	2	Thiru Rajkumar	on daily wages
				Thiru Venkatesan	on daily wages
		<b>51</b>			

**G.O.(MS)No.121H&FW (EAP II.2) Dept.dt.10.4.07**

<b>Sl. No.</b>	<b>Name of the Post</b>	<b>Sanc-tioned Post</b>	<b>In Position</b>	<b>Whom working in the place</b>	<b>Remarks</b>
1	Steno Typist Grade-III	2	2	Tmt.R.Malarvizhi	Time Scale
				Tmt.S.Kalyani	Time Scale
2	Block Health Statistician	1	1	Thiru.A.Ganapathy	Time Scale

**G.O.(Ms)No.168 H&FW (EAP II.2) Dept., dt.22.5.2007**

<b>Name of the Post</b>	<b>Sanc-tioned Post</b>	<b>In Position</b>	<b>Whom working in the place</b>	<b>Remarks</b>
Assistant Executive Engineer	1	1	Thiru.Venugopal	Time Scale

**G.O.Ms.No.401 H&FW (EAP.II.2) Dept., dt.22.10.07**

<b>Name of the Post</b>	<b>Sanc-tioned Post</b>	<b>In Position</b>	<b>Whom working in the place</b>	<b>Remarks</b>
System Manager	2	2	Thiru.Edwin Raj	On Contract basis
			Thiru.Murugan	On Contract basis

**G.O.Ms.No.395 H&FW (EAP.II.2) Dept.,dt.18.10.07**

<b>Sl. No.</b>	<b>Name of the Post</b>	<b>Sanc-tioned Post</b>	<b>In Position</b>	<b>Whom working in the place</b>	<b>Remarks</b>
1.	State Programme Manager	1	1	Thiru.M.Mathivanan	Time Scale
2.	State Data Officer	1	1	Thiru Balasubramaniam	Time Scale

**G.O.Ms.No.113 H&FW Dept., dt.31.3.08**

<b>Name of the Post</b>	<b>Sanc-tioned Post</b>	<b>In Position</b>	<b>Whom working in the place</b>	<b>Remarks</b>
Medical Officer	1	0	Vacant	Time scale

**G.O.Ms.No.96 H&FW Dept, dt.24.3.09**

<b>Name of the Post</b>	<b>Sanc-tioned Post</b>	<b>In Position</b>	<b>Whom working in the place</b>	<b>Remarks</b>
Sr.Civil surgeon degrade as M.O. in the grade of Assistant Surgeon	1	1	Dr.Sivasankari	Time Scale

**Additional Staff appointed as per Executive Committee Resolution**

<b>Name of the Post</b>	<b>Sanc-tioned Post</b>	<b>In Position</b>	<b>Whom working in the place</b>	<b>Remarks</b>
Deputy Director (Administration)	1	1	Thiru Venkatasubramanian	On Contract basis
Deputy Director (Accounts and Audit)	1	1	Thiru S.Elangovan	On Contract basis
Field Auditors	align="center">2	align="center">2	Thiru Rajasundaram	On Contract basis
			Thiru Parthasarathy	On Contract basis
Data Entry Operators	align="center">4	align="center">4	Tmt. Ilayarani	On Contract basis
			Ms.Sasikala	On Contract basis
			Ms.Leelavathy	On Contract basis
			Ms.Maria Jaculin Mary	On Contract basis
Record Assistant	1	1	Thiru George	On Contract basis
Security Guards	align="center">3	align="center">3	Thiru Renu	From Texco
			Thiru Moorthy	From Texco
			Thiru Thulukkanam	From Texco

## CHAPTER.12

Information about the details of the budget and release for the year 2009-10 towards different activities

### STATE HEALTH SOCIETY 2009-10

Sl.No.	Name of the Scheme	NPCC approval 2009-10	Fund received from Govt. of India	Expenditure for the financial year 2009-10 upto September 2009	
		(Rs. in crores)			
<b>A</b>	1	RCH	177.35	88.68	54.83
	2	NRHM	235.65	123.19	111.89
	3	Immunization	15.23	0	1.04
	<b>Total (A)</b>		<b>428.23</b>	<b>211.87</b>	<b>167.76</b>
<b>B</b>	<b>National Disease Control Programme</b>				
	1	National Vector Borne Disease Control Programme	5.34	2.76	1.56
	2	RNTC	12.25	8.27	3.14
	3	National Programme for Control of Blindness	22	16.5	5.57
	4	National Leprosy Eradication Programme	2	0.48	0.33
	5	National Iodine Deficiency Disorder Control Programme	0.18	0.0	0.03
	6	Integrated Disease Surveillance Project	1.7	0	0.29
	7	NPPCD	4.56	1.171	3.05
	<b>Total (B)</b>		<b>48.03</b>	<b>29.181</b>	<b>13.97</b>
<b>C</b>	<b>Infrastructure Maintenance (Treasury Transfer)</b>		<b>178.75</b>	<b>134.06</b>	<b>154.31</b>
<b>Grand Total under NRHM (A+B+C)</b>		<b>655.01</b>	<b>375.111</b>	<b>336.04</b>	



## CHAPTER.13

## CHAPTER.14

## **CHAPTER.15**

**Norms set by it for the discharge of its function**

**Fund flow**

## **CHAPTER.16**

Provide the details of the information related to the various schemes which are available in the electronic format

Information related to the schemes implemented by the Health Directorates under NRHM, which are reported to Govt. of India in the prescribed formats are available in the electronic format. Information from selected format is available in the public domain under the website **<http://nrhm-mis.nic.in>**

## **CHAPTER.17**

Particulars of the facilities available to citizens for obtaining information

### **17.1 Means, method of facilitation available to the public, which are adopted by the department for dissemination of information like:**

Office Library	:	Yes
Drama and shows	:	
Through Newspaper	:	
Exhibition	:	
Inspection of records in the office	:	
System of issuing copies of documents	:	
Printed manual available	:	
Website of public authority	:	
Other means of advertising	:	