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**TAMIL NADU**  
**SCHMES**

## **ADI DRAVIDAR AND TRIBAL WELFARE DEPARTMENT**

Inorder to ensure the dignity and security of Adi Dravidars (mostly referred as Scheduled Castes in other States) and remove all forms of exclusion, marginalization, untouchability and discrimination the Government formulate policies, plans, budgets, schemes and programmes for ensuring the right to social equity, access to entitlements and right to dignity.

### **GOVERNMENT OF INDIA POST-MATRIC SCHOLARSHIP**

The above scholarship is given to the Scheduled Caste and Scheduled Tribes students to pursue studies above X standard in recognized institutions with recognized courses if their parental/ guardian's annual income does not exceed Rs.2.50 lakh.

### **MAINTENANCE ALLOWANCE**

Maintenance Allowance is being credited in the bank accounts of the students depending upon the course they study in Government, Government Aided and Self Financing Institutions.

Group	Courses	Rate of Maintenance allowance (in Rupees per month)	
		Hosteller	Day Scholar
I	I. Degree and PG courses in Medicine, Engineering, Technology, Planning, Architecture, Design, Fashion Technology, Agriculture, Veterinary and Allied Science courses	1200	50
	II. PG Diploma Courses in management & medicine	1200	550
	III. CA/CWA/CS/CFA etc.,	-	550
	IV. M.Phil., Ph.D., and Post Doctoral programmes	1200	550
II	Professional courses leading to Degree, Diploma, certificate courses in Pharmacy, Nursing, LLB, Hospitality, Tourism and Hotel Management etc.(for which entrance qualification is minimum 12th Std. and Post Graduate courses which are not covered under Group – I (e.g. M.A., M.Sc., M.Com., M.Ed., M. Pharm., etc.,)	820	530
III	Courses leading to Degree not covered under Group I & II	570	300
IV	All Post-matric level non degree courses for which entrance qualification is Xth Std.(e.g. XI, XII, ITI, Polytechnics etc.,)	380	230

Besides the allowance, all the compulsory and non refundable fees payable by the students studying in Government and Government aided institutions are credited to the account of the students as Scholarship by the Government. The compulsory and non refundable fee as fixed by Government Fee Fixation Committee appointed in respect of Self Financing professional colleges, not more than

the fees fixed for Government quota students is compensated to the institution by the Government on behalf of the students.

### **STATE GOVERNMENT SPECIAL POST– MATRIC SCHOLARSHIP**

Scheduled Castes, Scheduled Tribes and Scheduled Caste converted to Christianity students who cannot avail benefit under Government of India Postmatric Scholarship can be benefitted under the State scheme if their parental/guardian's annual income does not exceed Rs.2 lakh.

### **MAINTENANCE ALLOWANCE**

Maintenance Allowance is being credited in the bank account of the students as scholarship depending upon the course they are studying in Government, Government Aided and Self Financing Institutions.

Group	Courses	Rate of Maintenance allowance (in Rupees per month)	
		Hostellers	Day Scholar
I	Engineering, Medicine	350	175
II	Post Graduate in Arts, Science	225	140
III	Under Graduate in Arts, Science	175	100
IV	ITI, +1, +2	175	100

Further, all the compulsory and non refundable fees payable by the students in Government and Government aided institutions are credited into the savings bank accounts of the students by the Government. In respect of Self Financing Colleges, the compulsory and non refundable fees as fixed by the Fee Fixation Committee is being credited to the accounts of the institutions directly.

### **GOVERNMENT OF INDIA PRE-MATRIC SCHOLARSHIP SCHEMES.**

***i. Pre-matric scholarship for wards of those who engaged in unclean occupation and occupations involving cleaning and prone to health hazards.***

This scholarship is given to the children of Scavengers, Tanners, Flayers and Waste pickers in Municipal Corporations, Municipalities, Town and Village Panchayats studying from 1st standard to 10th standard in recognized Government institutions. Maintenance allowance and adhoc amount are credited to the bank account of the students through their School Headmaster.

	Day Scholars in Rs.	Hostellers in Rs.
Maintenance allowance	225 (per month)	700 (per month)
Adhoc Grant	750 (per annum)	1000 (per annum)

***ii. Prematric scholarship scheme for SC/ST students studying in IX and X standard***

Scholarship is being credited to the bank accounts of the Adi Dravidar students studying full time in IX and X standard in the Government / Government recognized or Central / State Board of Secondary Education schools, if their parent or guardian's annual income is within the limit of Rs.2.50 lakh per annum and for Scheduled Tribes students, if their parent / guardian annual income does not exceed Rs.2 lakh per annum.

	Day Scholar	Hosteller
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<b>Maintenance allowance</b>		
Adi Dravidar	Rs.225/- per month	Rs.525/- per month
Scheduled Tribes	Rs.150/- per month	Rs.325/- per month
<b>Adhoc Grant</b>		
Adi Dravidar/Scheduled Tribes	Rs.750/- per annum	Rs.1000/- per annum

### **STATE GOVERNMENT'S HIGHER EDUCATIONAL SPECIAL SCHOLARSHIP**

Special Grant at the rate of Rs.7500/- per annum for the Adi Dravidar, Scheduled Tribe, Adi Dravidar Converted to Christianity students pursuing Degree and Polytechnic courses and Rs.8000/- per annum for the students pursuing Post Graduate and Professional courses is being credited in the bank accounts of the students, if they stay in paid hostels run by Government / Government aided Educational institutions and pursue education in Government / Government Aided Institutions, if their parental / guardian annual income does not exceed Rs.2 lakh.

### **OVERSEAS SCHOLARSHIP TO PURSUE POST GRADUATE AND RESEARCH COURSES**

This scholarship is provided to the Adi Dravidar and Scheduled Tribe students who aspire to do Post Graduate and Ph.D. Research studies abroad in the fields of Engineering, Technology, Medicine and Science disciplines, if their parental / guardian's income does not exceed Rs.3 lakh per annum.

### **INCENTIVE TO FULL TIME PH.D. SCHOLARS**

Incentive at the rate of Rs.50,000/- per student per annum for a maximum period of 5 years is credited to the bank accounts of 1200 Adi Dravidar / Scheduled Tribe scholars per year, pursuing full time Ph.D. Research Course in the fields of Medicine, Engineering, Arts, Science, Law, Literature and in Political Sciences, etc., in Universities of Tamilnadu recognized by Government of India and the State. The parental/guardian's annual income should not exceed Rs.2 lakh.

### **DISTRIBUTION OF BICYCLES**

Bicycles are supplied to the students belonging to Adi Dravidar, Scheduled Tribes and Adi Dravidar converted to Christianity studying in XI standard in the Government, Government aided and partly aided higher secondary schools and also for the students studying in XII standard who were not supplied in XI standard.

### **ISSUANCE OF FREE HOUSE SITE PATTAS TO ADI DRAVIDAR AND TRIBALS**

Under this scheme, free house site pattas are distributed to the homeless Adi-dravidar and Tribal families. The land for this purpose is purchased through private negotiation or acquired under the Land Acquisition Act.

	<b>Area of Land Provided</b>	<b>Annual income of the Beneficiary</b>
Village	3 Cents	Rs. 72000/-
Municipality	1 ½ Cent	
Corporation	1 Cent	

## **SCHEDULED CASTES SUB PLAN**

The Scheduled Castes Sub Plan (SCSP) has been implemented in Tamil Nadu from the year 1980-1981. The basic objective of this scheme is to earmark a specific portion of the State Annual Plan Outlay in proportion to the population of the Scheduled Castes (20.01%) in the State in order to bring about concentrated Socio, Economic and Educational development of the Scheduled Castes.

This department has been designated as the Nodal Department and the Additional Chief Secretary to Government of this department is the Nodal Officer for the purpose of monitoring the formulation and implementation of Scheduled Castes Sub Plan at the State level. The Director of Adi Dravidar Welfare has been nominated as the Monitoring Officer to oversee and review the schemes under Scheduled Castes Sub Plan at district levels.

The Nodal Officer appointed by the sectoral departments are coordinating with this Department for the effective implementation of the schemes for Adi Dravidars. There are 20 sectoral departments comprising of 44 Heads of Departments which are implementing the schemes under Scheduled Castes Sub Plan for the development and welfare of the Scheduled Castes.

## **SPECIAL CENTRAL ASSISTANCE TO SCHEDULED CASTES SUB PLAN (SCA TO SCSP)**

The Government of India is providing Special Central Assistance as a 100% grant, as an supplementary amount to the Scheduled Castes Sub Plan of the State to enhance infrastructure facilities, to facilitate family income generating schemes, to encourage economic development and skill development schemes and also to enhance the productivity and income of the Scheduled Caste families. Under this scheme, 80% of the funds are utilised for Economic Development activities of Adi Dravidar people.

10% of fund is used for imparting Skill Development Training to unemployed Adi Dravidar Youth through TAHDCO. Remaining 10% of the amount is released to the Director of Adi Dravidar Welfare for providing infrastructure facilities to Adi Dravidar habitations where 50% or more Adi Dravidar people are living.

## **IMPLEMENTATION OF PROTECTION OF CIVIL RIGHTS (PCR) ACT, 1955 AND SCHEDULED CASTES AND SCHEDULED TRIBES (PREVENTION OF ATROCITIES) ACT, 1989 AND AMENDMENT ACT, 2015**

### **a) Removal of Untouchability**

Effective steps are being taken by the Government to abolish untouchability and prevent atrocities against Adi Dravidars and Scheduled Tribes. For this purpose, the Protection of Civil Rights (PCR) Act, 1955, the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act 1989 and Amendment Act 2015, Prevention of Atrocities Rules 1995 and Amended Rules 2016 have been enacted by the Government of India and are being implemented effectively in our State. The above said Amendment Act 2015 and Amendment Rules 2016 came into force on 01.01.2016 and 14.04.2016 respectively.

The Social Justice and Human Rights wing, under the control of the Additional Director General of Police with its headquarter at Chennai is implementing these Acts and Rules. The functions of the Social Justice & Human Rights wing are

- i. to supervise the registration, investigation and filing of cases under these two Acts
- ii. to act as a Protection Cell for Adi Dravidars and Scheduled Tribes.

## **CAMPAIGN FOR THE REMOVAL OF UNTOUCHABILITY**

The public are made aware of the evils of untouchability. To create awareness among the public, short films on evils of untouchability are screened in the villages. "Manitha Neya Vara Vizha" is celebrated in all the districts from 24th to 30th January every year for creating awareness among the people against untouchability. A sum of Rs.50,000/- at district level and a sum of Rs.1,00,000/- at State level are being provided for conducting "Manitha Neya Vara Vizha" every year.

Publicity is made through Villupattu Artists about the evils of untouchability. Besides, Community feasts are also arranged every year on 26th January, 15th and August, 2 October and on any other important local holiday in the districts. Voluntary organisations are involved in arranging the Samabandhi Virundhu. Further, a publicity wing is functioning at Chennai to campaign for the removal of untouchability.

## **TAMILNADU ADI DRAVIDAR ART AND LITERATURE SOCIETY**

In order to support avenues for creativity of expressions in the field of Art, Culture, Literature and research activities of Adi Dravidar scholars, a Corpus Fund of Rs.50 lakh has been created and kept in fixed deposit. Interest accrued is utilized for the purpose of giving cash awards to the selected writers. Every year, 10 writers belonging to Adi Dravidar and one writer belonging to other community, totally 11 writers are awarded every year for the best literary work and an amount of Rs.40,000 is given by the Government for publishing their work.

## **SPECIAL CENTRAL ASSISTANCE TO TRIBAL SUB PLAN (SCA to TSP)**

Under this scheme 60% of the fund is utilized for income generating activities such as Provision of Power Tillers, Construction of Houses, Provision of Beehive Boxes, Implementation of Forest Rights Act, Provision of Petty Shops and 30% of the above fund is utilized for creating infrastructure facilities in tribal areas such as repair and maintenance of school buildings, construction of toilet blocks and provision of borewell. The remaining 10% of the fund is utilized for creating employment opportunities to tribal people.

### ***Article 275 (1) of Constitution of India***

Provision of Foot Over Bridges, Link Roads, Electrification, Check Dams, Screening Test for Sickle Cell Anaemia etc., are the schemes implemented in Tribal areas from the Grant-in-aid released by the Government of India under Article 275(1) of Constitution of India. This fund is also being utilized for the implementation of "The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006.

### ***Development of Particularly Vulnerable Tribal Groups (PVTGs)***

The Government of India is sanctioning Grants-in-aid every year for the development of Particularly Vulnerable Tribal Groups. Facilities like construction of traditional houses, distribution of milch animals, provision of drinking water facilities, street lights, construction of Primary Health Centres and for economic activities, providing Fishing Nets and Two Wheelers, Provision of Beehive boxes, Construction of Brick kiln, Provision of Bore-wells, construction of check dam for irrigation facility, Road facilities, Baseline survey of PVTGs, etc., are undertaken under this scheme. Steps have been taken for the construction of school buildings for the EMR School started in June 2018 at Pattipulam in Kancheepuram District. Shuttle services of two Eicher Cab have been provided in the Nilgiris District for the conveyance of people and students from the hill to plain area and vice versa.

## ***Implementation of Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006***

The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 was enacted by Government of India and came into existence on 29.12.2006. Tribals residing in the forests prior to 13.12.2005 and other traditional forest dwellers residing in the forests for 3 generations i.e. for 75 years as on 13.12.2005 are eligible for rights under this Act.

Implementation of this Act is being monitored by the following Committees:

- i. State Level Monitoring Committee headed by the Chief Secretary.
- ii. District Level Committee headed by the District Collector.
- iii. Sub-Divisional Level Committee – headed by the Revenue Divisional Officer.

To protect and legitimize the land ownership of the Scheduled Tribes in the forest areas, the Scheduled Tribes and Other Forest Dwellers (Recognition of Forest Rights) Act, 2006 has been implemented in 17 Districts. Action is being taken by the District Collectors for the issuance of individual and community rights under the Forest Rights Act 2006. So far 5170 Individual Rights and 254 Community Rights have been distributed to the beneficiaries.

### **COMPREHENSIVE TRIBAL DEVELOPMENT PROGRAMME (CTDP)**

Through this programme, Land development activities, improvement of Katcha houses, road work, improvement of GTR schools, provision of drinking water facilities, economic development schemes and skill development programmes are being implemented through TAHDCO for Tribal Development.

Construction of building, maintenance, repair work, construction of toilets, bathrooms, kitchen, provision of borewell and motor, provision of drinking water, electrical maintenance works etc., in Government Tribal Residential Schools are undertaken under Comprehensive Tribal Development Programme. Under this scheme assistance is provided for setting up of virtual interactive classrooms in GTR Schools, construction of houses, skill development activities for the livelihood of Scheduled Tribes, Upgradation of GTR Schools, improvement of Tribals in Education and Sports, construction of hostels, Economic Development schemes such as, supply of power tillers, funds for self help groups for starting organic Bamboo industry, Assistance to bonded Tribal Labourers to set up business in producing biomass charcoal units, handicraft items, assistance to develop nursery with herbal plants etc., for their livelihood.

### **SELF EMPLOYMENT PROGRAMME FOR YOUTH (SEPY)**

Financial assistance is provided to the educated un-employed youth in the age group between 18 and 45, who desire to establish their own profession or business enterprises.

### **FINANCIAL ASSISTANCE TO CIVIL SERVICES ASPIRANTS (UPSC)**

To encourage the Adi Dravidar youth aspirants for Civil Services, financial assistance of Rs.50,000 is given to those who have passed Civil Services (Preliminary) Examination to enable them to prepare for Civil Services (Main) Examination from 2012-13 onwards.

### **FINANCIAL ASSISTANCE TO STATE CIVIL SERVICES ASPIRANTS (TNPSC GROUP-I)**

TNPSC Group-I is the top most civil services of the State. This scheme was introduced during 2013-14 to encourage the aspirants for Group I Services. Under the scheme, financial assistance at the rate of Rs.50,000/- is being provided for those who appear for Main Exams.

## **DEPARTMENT FOR THE WELFARE OF DIFFERENTLY ABLED PERSONS**

Government of Tamil Nadu is committed to the all round development of the differently abled persons. Towards achieving this goal, the state Government created a separate department for the differently abled persons during 1993. As a pioneering step, the Government also formulated a comprehensive welfare policy during 1994. The state Government was honoured with the National Award for the Best state for empowering differently abled persons during 2013-14.

### **THE RIGHTS OF PERSONS WITH DISABILITIES ACT-2016:**

Government of India have enacted the Rights of Persons with Disabilities Act, 2016, which came into force with effect from 19th day of April 2017. It is aimed at empowering the differently abled persons by adhering to the following principles: -

- i. Respect for inherent dignity, individual economy including freedom to make own choice and independence of persons;
- ii. Non-discrimination;
- iii. Full and effective participation and inclusion in society; and
- iv. Respect for difference and acceptance of Persons with disabilities as part of human diversity and humanity.

This new Act has also included additional categories of differently abled persons which are as follows:-

- a) Cerebral palsy, Dwarfism, Muscular dystrophy and Disfigurement due to acid or similar corrosive substance;
- b) Speech and language disability;
- c) Intellectual disability-including specific learning disabilities, autism spectrum disorder, mental illness, multiple sclerosis, Parkinson's disease;
- d) Blood disorders like "Haemophilia", "Thalassemia", "Sickle cell disease"; and
- e) Multiple disabilities.

As per section 34 of the new Act, 4% reservation of appointment in all Government establishments, Public sector undertakings, Boards, Corporations and all kinds of Educational institutions, including Universities have been provided by this Government. The Government is also taking steps to implement 5% reservation of seats in higher education as well as in allotment of agriculture land and housing for the differently abled persons. Steps are also being taken by the Government to establish Special Courts in districts to provide speedy trial of offences under the Act.

### **PROVISION OF WEANING FOOD AND SUPPLEMENTARY NUTRITIOUS FOOD TO CHILDREN IN EARLY INTERVENTION CENTRES:**

Infants and children with disabilities can suffer from the ill-effects of malnutrition in the same way as the children without disabilities, leading to poor health outcomes; missing of or delay in reaching developmental milestones; and acquiring avoidable secondary conditions as well as unnecessary stunting in physical growth. In order to address the issue of access to nutritious food for children with disabilities, weaning food and noon-meal is provided at early intervention centres through the nearby Anganwadi centers functioning under the Integrated Child Development Services. As many as 2463 children with disabilities in 78 early intervention centers benefit under this scheme.

### **MICRO ENTERPRISES AND BUNK STALLS:**

The differently abled persons are motivated for establishing self-employment ventures and micro enterprises by the department. They are assisted to avail loans from the nationalized banks. A subsidy of `10,000/- or one third of the loan amount, whichever is less, is given to the differently abled persons to start self-employment ventures / enterprises.

### ***Prime Minister Employment Generation Programme:***

To provide opportunities for self-employment for the differently abled persons under Prime Minister's Employment Generation Scheme, loan is sanctioned by banks for setting up of ventures/projects/micro-enterprises in the manufacturing / business / service sectors. 5% share amount to be paid by the differently abled persons as margin money is borne by the state Government as grant. To avail this concession, the differently abled persons have to apply online to District Industries Centres. These applications are scrutinized and placed before the district selection committee headed by the District Collector. This committee selects the beneficiary under the scheme.

### ***Unemployed Youth Employment Generation Programme:***

In order to provide employment opportunities, bank loan is given to the differently abled persons for setting up of self employment enterprises. 5% share amount to be paid by them as margin money is borne by the state Government as grant. To avail this concession, they submit applications to the District Differently Abled Welfare Offices and District Industries Centres. These applications are scrutinized and placed before the district selection committee headed by the District Collector.

### **NHFDC ASSISTED SELF EMPLOYMENT SCHEME:**

The state Government is taking effective steps to provide financial assistance for the self-employment schemes sponsored by the National Handicapped Finance and Development Corporation (NHFDC), Government of India. The Government of India has appointed the Tamil Nadu State Central Co-operative Bank Limited as the channelizing agency for providing self-employment loan to the differently abled.

In order to encourage a large number of differently abled persons to take up various economic activities for their upliftment and to avail the credit facilities from the nearby co-operative banks, the state Government have launched the scheme of interest free loan for those availing the same from the co-operative banks. The interest is borne by the state Government.

### **ASSISTIVE DEVICES TO THE DIFFERENTLY ABLED PERSONS :**

Following aids and appliances are provided and distributed to the differently abled persons, based on their needs every year through the department to enable them to lead an independent life.

- i. Wheel chairs
- ii. Goggles
- iii. Folding sticks
- iv. Braille Watches
- v. Hearing Aids
- vi. Solar rechargeable batteries
- vii. Calipers
- viii. Crutches
- ix. Artificial limbs
- x. Tricycles

Calipers and artificial limbs are designed, fabricated and fitted by orthotic technicians along with the leather workers for each and every individual as per the need of the units of District Differently Abled Welfare Offices functioning in the districts.

## **MARRIAGE ASSISTANCE SCHEME**

The state Government provides marriage assistance to encourage the able bodied persons to marry the differently abled persons. The marriage assistance includes `25,000/- and 4 grams of gold coin for making "Thirumangalyam" for the bride. From the year 2012-2013, differently abled persons who have completed graduation / diploma, a sum of `50,000/- and 4 grams of gold coin for making "Thirumangalyam" for bride are given as marriage assistance. Now, the assistance is given with 8 grams of gold coin.

Following are the details of various categories under marriage assistance scheme.

<b>Sl.No</b>	<b>Name of the Scheme</b>	<b>Graduates / Diploma Holders</b>	<b>Others</b>
1	Assistance to normal person marrying visually impaired	1. Cash assistance of 25,000/- 2. National Savings Certificate for 25,000/- 3. Gold Coin-8 Grams	1. Cash assistance of 12,500/- 2. National Savings Certificate for 12,500/- 3. Gold Coin-8 Grams
2	Assistance to normal person marrying orthopedically handicapped	1. Cash assistance of 25,000/- 2. National Savings Certificate for 25,000/- 3. Gold Coin-8 Grams	1. Cash assistance of 12,500/- 2. National Savings Certificate for 12,500/- 3. Gold Coin-8 Grams
3	Assistance to normal person marrying speech and Hearing impaired	1. Cash assistance of 25,000/- 2. National Savings Certificate for 25,000/- 3. Gold Coin-8 Grams	1. Cash assistance of 12,500/- 2. National Savings Certificate for 12,500/- 3. Gold Coin-8 Grams
4	Assistance to Differently Abled person marrying differently abled	1. Cash assistance of 25,000/- 2. National Savings Certificate for 25,000/- 3. Gold Coin-8 Grams	1. Cash assistance of 12,500/- 2. National Savings Certificate for 12,500/- 3. Gold Coin-8 Grams

There is no ceiling on the number of beneficiaries and therefore all the eligible applicants who apply receive the marriage assistance.

## **BARRIER FREE ENVIRONMENT FOR THE DIFFERENTLY ABLED PERSONS:**

The Government is very keen in providing barrier free structures to differently abled persons to access public buildings. Handrails, ramps and barrier free toilets are being constructed in all Government buildings.

## **ACCESSIBLE INDIA CAMPAIGN (SUGAMYA BHARATH ABHIYAN):**

The state Government have also involved various line departments and network of Non-Governmental Organisations in the state in implementing the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and National Trust Act, 1999. While implementing the Persons with Disabilities Act, provision of barrier free structures in the public buildings in coordination with the Government of India through "Accessible India Campaign" (Sugamya Bharath Abhiyan) has been made. It is a nationwide flagship programme for achieving universal accessibility that will enable persons with disabilities to gain access for equal opportunity, live independently and participate fully in all aspects of life in an inclusive society.

The campaign targets at enhancing the accessibility of built environment, transport system and information and communication eco-system. The Government of India has selected Chennai and Coimbatore cities to initially develop barrier free structures in 49 Government buildings under SIPDA funds. They have also sanctioned `15.93 crore and also released `7.96 crore so far to commence the retrofitting work in these buildings. Tamil Nadu is one of the states which have been selected under Accessible India Campaign under which 50 Government buildings each in Chennai and Coimbatore will be made as fully barrier free for the differently abled persons by July 2019.

### **SCHEME FOR THE IMPLEMENTATION FOR THE PERSONS WITH DISABILITIES ACT, 1995 (SIPDA):-**

The Government of India supports the state Government for construction of barrier free structures in Government public buildings under the Scheme for Implementation of Persons with Disabilities Act, 1995 (SIPDA).

### **WELFARE ACTIVITIES UNDER CORPORATE SOCIAL RESPONSIBILITY FUNDS:**

The Department has taken initiative to channelize funds under Corporate Social Responsibility (CSR) from various state undertakings during 2015-2016.

### **INTERNATIONAL DAY OF THE DIFFERENTLY ABLED PERSONS:**

Every year 3rd December is celebrated as the "International day of the Differently Abled" by the state Government in accordance with the declaration of the United Nations Organization. This day is observed by the state Government to raise awareness throughout the society regarding the persons with disabilities and to foster respect for their rights.

The day is celebrated to encourage the differently abled persons to show their different skills and abilities in the field of art, culture and sports. As many as 5,000 differently abled students from all over the state participate in the events. Several sports events are conducted and prizes are distributed to winners and certificates are issued to all the participants. On this day, state awards are distributed to the Best social worker, Best employee, Best teacher, Best institution, Best conductor and Best driver, who excel in their services for the welfare of the differently abled.

### **CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME:**

The Government while promoting various social security schemes for the differently abled have also introduced the insurance scheme for the residents of the state covering their family members without considering their income. Tamil Nadu Health Systems Society is the implementing agency for this insurance scheme.

The entire premium is paid by the Government to the insurance company on behalf of the beneficiaries. The sum assured is `1.00 lakh per year per family along with a provision to pay upto `1.50 lakh per year per family for certain specified treatments.

### **NUTRITION AND CAPACITY BUILDING TRAINING SPONSORED BY UNICEF:**

Children with disability are often more vulnerable to malnutrition than normal children. This can be due to many reasons including poor access to health facilities and professionals, disability caused inadequate consumption and disability caused digestive disorders. In a family with limited resources, children with disability may get lower priority in health and nutrition than normal children, thereby increasing their susceptibility to malnutrition. Hence, the department with the help of UNICEF has initiated interventions for improving nutrition level in the differently abled children.

Training was given to all the special educators working in the 78 early intervention centers in Tamil Nadu. The training module is focused on the nutrition facts, causes of deficiencies and mitigation strategies. Specific IEC material and training module were developed.

All early intervention centers were tied up with nearby ICDS to ensure Iodine Folic Acid tablets, syrup, vitamin 'A' and De-worming tablets along with take home ration to children, so that nutritional status of these children can be improved substantially.

### **SIGNIFICANT ACHIEVEMENTS IN THE HEALTH SECTOR DURING THE LAST SEVEN YEARS HEALTH INDICATORS**

Infant Mortality Rate (IMR) was 24 in 2010 and this has been reduced to 17 per 1,000 live births in 2016 as per SRS data 2016 against the National IMR of 34. The Maternal Mortality Ratio (MMR), which was 90 in 2010-12, has been reduced to 66 per one lakh live births. Now, it is reduced to 62 as per 2016-17 State Health Management Information System Data. The current MMR of India is 130.

The current Total Fertility Rate (TFR) is 1.6, the target of 12 Five Year Plan has already been achieved by the Government. This is the lowest in India against the India's status of 2.3.

Chief Minister's Comprehensive Health Insurance Scheme was introduced in 2012 for providing treatment for 1,016 procedures, 23 important diagnostic procedures and 113 follow up procedures providing an insurance cover of Rs.1 lakh per year and Rs.1.5 lakh for certain procedures. Smart cards were issued to 1.58 crore families. 881 hospitals including all the Government Medical Colleges Hospitals and the District Headquarters Hospitals were empanelled to provide treatment under this scheme.

Government is implementing Dr.Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) with the noble objective of providing assistance to poor pregnant women / mothers to meet the expenses on nutritious diet and to compensate them for the loss of income during the delivery period, so as to prevent low birth weight in newborn babies. Assistance of Rs.12,000 under this scheme is disbursed in three equal installments of Rs.4,000 each.

To promote the hygiene among the adolescent girls, Menstrual Hygiene Programme has been introduced and under this scheme priceless sanitary napkins are distributed annually to around 32.79 lakh adolescent girls. Under the Hospital on Wheels Programme at present 416 teams are functioning. Every month 40 camps are conducted in each block.

#### **Amma Baby Care Kit:**

This novel initiative is being implemented with the objective of improving the hygiene of the postnatal mothers and the newborn baby and inculcating hygienic practices among the mothers for self and baby care. The Amma Baby Care kit contains 16 items viz. baby towel, baby dress, baby bed, baby protective net, baby napkin, baby oil, baby shampoo, baby soap, baby soap box, baby nail clipper, baby rattle, baby toy, liquid hand wash, bathing soap, sowbagya sundi lehiyam and a kit bag to securely keep all the items..

#### **Amma Arokiya Thittam:**

This annual wellness health checkup programme is implemented for improving the health and well being of people through health promotion, prevention, early detection and treatment of disease conditions by providing free access to basic health checkup, to all the people in the age of 30 years and above on annual basis, was commenced in Upgraded Block PHCs. 25 parameters are screened under this programme. The launch of the scheme on March 2016,

Amma Whole Body Health Check-up and Amma Women Special Check-up is being implemented since 01.03.2016 in Government General Hospital, Chennai in the first phase.

“104” Health Helpline cum Telemedicine Service was introduced on 30.12.2013 for providing free access to health information, health guidance and grievance redressal.

Breast Milk Banks have been started in 25 Government Medical College Hospitals and District Headquarters Hospitals. In 352 Bus stands and Terminals, separate feeding rooms have been established to enable the feeding mothers to breast feed their new born child in a safe enclosed room.

Schemes under National Health Mission Rastriya Bal Swasthya Karyakram (RBSK) is a child health screening and early intervention service with the aim to screen all children from 0-18 years for four diseases – defects at births, disorders, deficiencies and development delays including disabilities. 770 mobile health teams in rural blocks and 15 mobile health teams in Chennai Corporation and 12 mobile health teams in other corporations are screening the children in the Anganwadis, Government and Government aided schools. This scheme has been extended to Chennai corporation and other corporations also.

108 Ambulance Services: 108 ambulance service is successfully being operated in Tamil Nadu through a single Toll free number and the services are available 24x7 and free to the public.

102 – Drop Back Service Janani Sishu Suraksha Karyakram (JSSK) Scheme is implemented under which all delivered mothers in Government Medical Institutions and treated sick infants get free drop back service. To provide 100% free drop back service, a pilot project at the Institute of Obstetrics and Gynaecology and Hospital for Women and Children, Chennai was introduced through Indian Red Cross Society. The scheme has been extended to all other districts now. This service can be utilized by dialing the Toll Free Number ‘102’.

Cadaveric Organ Transplantation: Our State has been always cited as a model for other States due to the systems put in place under this programme. For the past three years, our State has bagged the ‘Best State Award’ nationally under this category.

Public Health Cadre: In Tamil Nadu, there is a separate Public Health Cadre with a separate directorate, budget and legal support. This has helped in improving preventive and promotive public health activities in the State in addition to the management of primary care services.

Tamil Nadu Medical Services Corporation (TNMSC) is the ‘State of Art’ nodal agency in the State, started in 1995, for the procurement of drugs, equipment and supplies for all public health facilities. This has ensured availability of essential drugs.

During the visit, Common Review Mission (CRM) team observed that there is no out of pocket expenditure on drugs and diagnostics. Similar to the TNMSC, Tamil Nadu Medicinal Plants and Herbal Medicine Corporation Limited (TAMPCOL) acts as drug procurement and supply agency for AYUSH medicines.

Maternal Severe Anaemia Management: Tamil Nadu is the first State to start administration of Iron Sucrose for management of severe anaemia in pregnant women. Injectable Iron Sucrose is available across all facilities up to PHC level and staff is well trained in severe/ moderate anaemia management. The nutrition kit being introduced for pregnant women would go a long way in resolving this issue further.

New Government Medical Colleges and increase of Under Graduate and Post Graduate medical seats: Five new Government Medical Colleges have been established at Sivagangai, Thiruvannamalai, Omandurar Government Estate, Chennai, ESIC Hospital, Coimbatore and Pudukottai during the last six years. On account of strenuous initiatives taken by the State

Government, totally 1,000 MBBS seats have been increased in the last six years. At present, there are 2,900 MBBS seats in the Government Medical Colleges.

**Out Patient Block at Institute of Child Health and Hospital for Children under Japan International Co-operation Agency (JICA Scheme):** A new out-patient block at the Institute of Child Health and Hospital for Children, Chennai has been established at a cost of Rs.90.09 crore and the building was inaugurated by the Hon'ble Chief Minister on 04.03.2017.

It provides 'State of Art' out-patient services to the Institute of Child Health and Hospital for Children which is a historic and renowned hospital attracting patients all over South India. The Building has been constructed with basement + 3 floors with the facility to accommodate Paediatric Medicine (Male & Female) OPD, Nephrology, Hematology, Medical New Born, Clinical laboratory, Pulmonology, TB, School Education cell, Adolescence, Rheumatology, Diabetics, Endocrinology, Genetics, Dermatology etc.

**Amma Master Health Checkup and Amma Women Special Master Health Checkup:** The priceless "Amma Arokiya Thittam" is being implemented without any fees in all the blocks in Tamil Nadu covering 25 diagnostic tests.

In addition to the above scheme, in the Government General Hospital, Chennai, Amma Master Health Checkup and Amma Women Special Master Health Checkup have been functioning since 01.03.2016, which provides the following package of tests with the cost package as tabulated below:

Package – I (Rs.1,000) (Rupees One Thousand only)	Package – II (Rs.2,000) (Rupees Two Thousand only)	Package – III (Rs.3,000) (Rupees Three Thousand only)
Complete haemogram, ESR, Urine analysis	Package I + Echo cardiogram, SA, Thyroid profile and HbA1C	Package II + Digital Mammogram, Dexa Scan Bone profile (Vitamin D, Calcium, Phosphorous and PTH)
Blood sugar F&PP, Urea, Creatinine, Uric Acid		
Lipid profiles Total cholesterol, HDL, LDL, Triglycerides, Total cholesterol / HDL ratio		
Liver Function Test Serum Bilirubin (total and direct) AST, ALT, SAP, Total protein and albumin		
HbsAg		
Blood grouping and typing		
ECG		
X-Ray chest		
USG abdomen		
Pap smear		

**Position of the Government of Tamil Nadu on the draft National Medical Commission Bill, 2017:** While Tamil Nadu does agree that the Medical Council of India needs urgent reforms, especially with regard to how the members are elected and that the Government should have a greater say in its functioning, mainly from point of view of implementation of the policy directives aimed at improving availability of health care and the need for ensuring that it is transparent in its functioning and to infuse flexibility needed with regard to rigid regulations which are preventing setting up of new colleges, the State feels that the present Bill has not addressed the main concerns at all and in the present form would be counterproductive and against the interests of both the Centre and the States.

The Bill in its present form entirely centralises the structure of the proposed Commission which is totally unacceptable. In spite of health being a State subject as per our Constitution the Bill has totally

diluted the role of the States, in the name of reforms without addressing the objections and concerns of the States in addressing the challenges in the Medical Education sector and the broader health sector. 4.17 Precisely for these reasons, Tamil Nadu has been expressing strong reservations on certain provisions contained in the proposed National Medical Commission Bill, 2017, originally drafted by a Committee under the Chairmanship of the Vice-Chairman, NITI Aayog to replace the Indian Medical Council Act, 1956.

While there is a consensus on the need for reforms in the present regulatory mechanism for medical education, the State is of the firm view that the draft National Medical Commission Bill portrays a complete lack of understanding of the ground realities of our country and the principles of federalism enshrined in the Constitution. The draft Bill, in its present form, greatly abrogates the powers of the States on the subject, "Education including Technical, Medical Education and Universities" which is in the List III (Concurrent List) in the Seventh Schedule of the Constitution.

The proposed Bill effectively puts the decision making powers with regard to medical education solely with the Government of India and seeks to completely undermine the powers of the States, which is undesirable. The State Governments would then have no role to play in policy issues relating to manpower planning, curriculum and course design as well as approval of new medical institutions in the State. This is completely unacceptable.

**Promotion of Menstrual Hygiene:** The objectives of the programme are increasing awareness among adolescent girls on menstrual hygiene, build self-esteem and empower girls for greater socialization, to increase access to and usage of high quality sanitary napkins. Under this scheme, 18 packs of sanitary napkins (six pads per pack) in a year, at the rate of three packs for two months for each adolescent girl (10-19 years) in rural areas both school going and non-school going girls are provided. In every school in rural areas, the designated teachers are responsible for distributing the sanitary napkins to school students. The Village Health Nurses along with Anganwadi Workers are responsible for distributing the sanitary napkins to the girls who are not covered in the schools.

Sanitary Napkins are also given to Post Natal mothers who deliver in Government institutions at the rate of seven packs each (six pads per pack). Additionally as part of this scheme, sanitary napkins are being given to each woman prison inmate and to female inpatients in the Institute of Mental Health, Chennai at the rate of 18 packs (six pads perpack) in a year.

**Deworming:** In order to control worm infestation and to improve health, as initiated in 2015, National Deworming Day (NDD) was August 2017 followed by Mop-up day on 17 conducted on 10th August and second round on February 26th and mop up on 1st March 2018.

Under this initiative, children in the age group of 1-19 years are given deworming medicine (Tablet Albendazole) through a platform of school and Anganwadi centres. It is estimated that 68% children between the age group of 1 to 14 years are at risk of infection with Soil Transmitted Helminths (STH) – hook worm, round worm and pin worm etc., due to poor sanitation and hygiene conditions. In each round 98 percent of targeted children were covered. Co-ordinated efforts of Health and Family Welfare Department with Education Department, Integrated Child Development Services (ICDS) and Rural Development resulted in the success of the programme. This initiative will help in controlling anaemia to a great extent among children.

# **FAMILY WELFARE PROGRAMME**

## **PERFORMANCE IN FAMILY WELFARE OUTCOMES TOTAL FERTILITY RATE (TFR):**

Total Fertility Rate means average number of children born to a woman in her reproductive age group. The current level of Total Fertility Rate in Tamil Nadu is 1.6 as per the Sample Registration System-2016. The State ranks as the lowest among the major States in the country.

## **CRUDE BIRTH RATE (CBR):**

Crude Birth Rate is number of live births per 1,000 population in a year. The current level of crude birth rate in Tamil Nadu is 15.0 per 1,000 population as per the Sample Registration System - 2016. The State ranks as the second lowest among the major States in the country.

## **HIGHER ORDER BIRTHS (3 AND ABOVE ORDER OF BIRTHS):**

Third and above order of births are termed as higher order births. The State has shown significant decrease in the percentage of higher order births which has been reduced from 24.2 (2000) to 7.5 (2016). Family Planning Indemnity Scheme (FPIS): The Government of India introduced the family planning indemnity scheme with effect from 1st April 2013 with the following insurance benefits for the family welfare sterilization acceptors and service providers:

Death following sterilization in hospital or within 7 days from the date of discharge from the hospital	Rs.2,00,000
Death following sterilization within 8 to 30 days from the date of discharge from the hospital	Rs.50,000
Failure of sterilization leading/not-leading to child birth	Rs.30,000
Cost of treatment upto 60 days arising out of complication from the date of discharge	Actual cost not exceeding Rs.25,000
Indemnity insurance per doctor per facility but not more than 4 cases per doctor in a year	Up to Rs.2,00,000 per case of litigation

## **FOOD SAFETY AND DRUG ADMINISTRATION**

The Food Safety and Standards Act, 2006 is being implemented in the entire country with effect from 05.08.2011 by repealing the PFA Act 1954 and other seven related Food Laws. Tamil Nadu Food Safety and Drug Administration Department has been formed with effect from 22.12.2011 to implement the said Act and Rules in Tamil Nadu.

## **LICENSING AND REGISTRATION CERTIFICATE**

As per the Food Safety and Standard Act, all the Food Business Operators whose annual income is more than Rs.12 lakh have to obtain License from Designated Officers and the Food Business Operators, with less than Rs.12 lakh annual income have to obtain Registration Certificates from the Food Safety Officers for their food establishment. License / Registration Certificate is being issued through online and payment of fees is also now made online (e-payment). To ensure the obtaining of License/ Registration Certificate by all the Food Business Operators as per the Act, awareness has been created among the Food Business operators through newspapers and media in all the districts.

**IEC & Awareness creation** 10.4 To ensure consumption of safe food by all, awareness is being created among all stakeholders through multimedia awareness campaigns and meetings for Food Business Operators Associations, Consumer Organisations, School / College students and Anganwadi workers at District Level by the Designated Officers / Food Safety Officers. During the awareness programmes importance of food safety and standards is emphasised to Food Business Operators and consumption of safe and nutritious food and personal hygiene is imparted to all consumers.

**Enforcement activities** Periodical inspections are made by Designated Officers / Food Safety Officers at various manufacturing, transport, storage and retail outlets. Regular Surveillance of food products is also done by Food Safety officers and wherever required, food samples are lifted for analysis and based on the analysis report, legal action initiated.

**Prohibition on tobacco products** 10.6 Tobacco use is the foremost preventable cause of death and disease globally as well as in India. To prevent various types of cancer caused by consumption of smokeless tobacco, the manufacture, transport, storage, distribution and sale of gutkha, pan masala and any other food product containing tobacco or nicotine as ingredient has been prohibited in Tamil Nadu and necessary Gazette Notification has been issued with effect from 23.05.2013.

**Training and capacity building** Designated Officers and Food Safety Officers have to be trained and their skills updated from time to time to improve their technical knowledge to effectively perform the field work and strictly enforce the legal provisions. Two days refresher training on important aspects like Inspection of FBOs, Laws and Prosecution of cases and consumer awareness was organised for all Designated Officers / Food Safety Officers from October 2017 to December 2017 in 10 batches.

**Complaint Redressal** 10.8 A grievance and complaint redressal system is important for handling issues relating to unsafe, substandard and mislabeled food products received from consumers. The department has created a Consumer complaint redressal system using a separate e-mail address [unnavupukar@gmail.com](mailto:unnavupukar@gmail.com) and a whatsapp mobile number 9444042322. They are popularized through newspapers, mass media and social media to reach all categories of people. Any complaint received is acted upon within 24 / 48 hours and feedback sent to the complainant.

**Safe and Nutrition Food at School** Safe and Nutritious food at school is a nation-wide campaign launched by FSSAI to inculcate the habit of eating safe and eating right among school children, who are the most susceptible to food-borne diseases due to lack of awareness and experimenting with all kinds of food at school. 'Catch them young' is the approach to change behaviours and habits among children and for taking the message of food safety to their homes. Tamil Nadu Food Safety Department has initiated the SNF@ schools pilot in Greater Chennai Corporation Schools.

**Training of Trainers for Nodal School teachers** has been completed and Training of Chennai corporation school Teachers is in progress. Food Safety Compliance through regular inspections and sampling system (FoSCoRIS) 10.13 Food Safety and Standards Authority of India has launched FoSCoRIS, a web based online platform to bring in transparency in food safety inspection and sampling and to verify compliance of food safety and hygiene standards by food businesses as per regulatory requirements. This system is based on a standard guided protocol, findings recorded online with facilities to capture images/videos and geotagged for real time monitoring.

It would help eliminate discrepancy and make food safety officers accountable. All Designated Officers and Food Safety Officers have been trained on FoSCoRIS portal.

## **NATIONAL HEALTH MISSION-TAMIL NADU**

The National Health Mission (NHM) was constituted initially in April 2005 as National Rural Health Mission (NRHM) with a view to provide accessible, affordable and quality health care to the population, especially the vulnerable groups. The State Health Society was constituted merging the health societies for leprosy, tuberculosis, blindness control and integrated disease control programme except Tamil Nadu State AIDS Control Society.

All the National Health Programmes at the State and District level thus were brought under one umbrella and it will function through the individual focus area. This helped in pooling all the resources available in implementation of the programme and following were the focus areas:-

- ✓ Reproductive and Child Health.
- ✓ Family Welfare.
- ✓ Vector Borne Disease Control Programme.
- ✓ Tuberculosis Control.
- ✓ Integrated Disease Control Programme.
- ✓ National Blindness Control Programme.
- ✓ Indian System of Medicine and Homeopathy.

After the start of the National Urban Health Mission in 2013, the unified Mission is called National Health Mission-Tamil Nadu. Initially the funding was 75:25 between the Central and State Governments respectively but since 2015-16, the fund sharing pattern of this Mission is 60:40. 13.3 The National Health Mission envisages the concept of applying the health systems approach to strengthen the health care delivery in the State. The Mission embarking on a path of systems approach is trying to address the issues by creating necessary policy framework and programs taking into account of Global Burden of Disease (GBD) 2016 targets set in Sustainable Development Goals (SDG) and Vision 2033.

Reproductive, Maternal, Newborn, Child Health and Adolescent Health (RMNCH+A) Services: Under this through support from the State Health society, the focus is given on universal coverage of Reproductive, Maternal, Newborn, Child Health and Adolescent Health (RMNCH+A) services including institutional delivery, emergency obstetric care, safe abortions, family planning services and adolescent health services in the State. Further, under the umbrella of Rashtriya Bal Swasthya Karyakram (RBSK) the focus has been expanded from child survival to development of all children between 0-18 years. Similarly, all the adolescent health care services have been brought under the name of Rashtriya Kishor Swasthya Karyakram (RKSK) for provision of comprehensive adolescent health care services.

Delivery Care Services' in PHCs Janani Suraksha Yojana/Janani Sishu Suraksha Karyakram: Entitles women to accessible Maternal and child health services, financial assistance of Rs.700 and Rs.600 in rural and urban areas respectively and entitlement of free drugs, diagnostics and diet during the duration of stay for every pregnant and sick neonate all aim at reducing out of pocket expenses for pregnant women and sick neonates during delivery and treatment. All Government health institutions in Tamil Nadu are already providing free and cashless Maternal and Child Health (MCH) services.

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Pre – Conception and Pre – Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994: The act is strictly implemented to maintain sex ratio at birth equally in all districts. Decoy deployment is made to fix the suspect scan centers which reveal the sex of the fetus. Stringent punishments are being given for the miscreant Scan centers. Valid Scan Centre licenses are mandatory even for Government institutions including PHC, CHC, GH and Medical College Hospitals. Periodical review is carried out for assessing the progression and trends in sex ratio at birth.

### **RASHTRIYA BAL SWASTHYA KARYAKRAM:**

(Desiya Siraar Nala Thittam) Rashtriya Bal Swasthya Karyakram (RBSK), an innovative and ambitious initiative, which envisages Child Health Screening and Early Intervention Services, a systemic approach of early identification and link to care, support and treatment. This programme subsumes the school health programme. The programme aims at early detection and management of a set of 30 health conditions prevalent in children less than 18 years of age. Children in the age group from

birth to eighteen years including the newborn and those attending Angawadi Centers and Government schools will be benefitted through this programme. This also includes free spectacle distribution for children with refractive error.

These effective health interventions reduce both direct costs and out-of-pocket expenditure. Child Health Screening and Early Intervention Services also aims at reducing the extent of disability, at improving the quality of life and reduction of Disability Adjusted Life Years thus enabling all persons to achieve their full potential. Implemented in right earnest, it would yield rich dividends in protecting and promoting the health of our children. Those children who require surgical intervention like corrective surgeries for Congenital Heart Diseases, Cleft Lip, Cleft Palate, Club Foot, Congenital Cataract, Cochlear implantation for congenital deafness and treatment for Autism disorders are covered under the Chief Minister's Comprehensive Health Insurance Scheme.

Currently, there are 770 RBSK teams in rural areas and 27 RBSK teams in Urban areas. GPS installation for tracking of RBSK vehicle is under process. To ensure the continuum of care for the children screened, identified by the RBSK team and treated by the DEIC team a mobile based application is developed to be used by these teams.

### **RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK):**

In India Adolescents account for nearly one quarter of the total population. In order to respond to the needs of adolescent health and development in a holistic manner, the Rashtriya Kishor Swasthya Karyakram have been launched in January, 2014. The six strategic priorities being nutrition, sexual and reproductive health, Non Communicable Diseases, substance misuse, injuries & violence and mental health.

The programme includes training of peer educators at the rate of four per 1000 adolescents and placing them as mentors in communities, observing Adolescent Health Club and Adolescent Health Day at Sub-Centres with support from trained Village Health Nurses (VHNs), establishment of Adolescent Friendly Health clinics in Community Health Centres, Sub District and District Hospitals, Medical colleges & health screening including, Reproductive Tract Infection, Sexually Transmitted Infection screening, Family Welfare Services (prevention of early adolescent pregnancies), counselling (health, nutrition, premarital, gender based violence, mental health) and referral services.

This activity is being implemented in nine high priority districts as first phase. In the current year, the programme has been extended to 10 more districts in the State. Therefore, this programme is being implemented in 19 districts. 185 Adolescent Friendly Health Clinics (AFHCs) have been established so far.

### **WEEKLY IRON FOLIC ACID SUPPLEMENTATION (WIFS):**

The programme involves distribution of one Iron and Folic Acid (IFA) tablet a week to all adolescent girls and boys (10 to 19 years of age), both in school and out of school along with biannual de-worming (February and August every year). The IFA and de-worming tablet would be distributed through the school for school going students and through field health functionaries for non-school going girls and boys.

### **PROVISION OF ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs) IN TRIBAL / DIFFICULT AREAS:**

Tamil Nadu is the State which has a strong community monitoring mechanism with Village Health Nurses (VHN). To augment the services of VHN, 2650 ASHAs are engaged in tribal / hilly/ remote / difficult PHCs. They are engaged on incentive basis especially in Maternal and Child health activities. Advantage of having ASHAs is that she being from the same community, it is easy for her to motivate

the Ante natal mothers. To reduce the attrition of ASHAs and to ensure performance, performance based group / team incentives for ASHA / ANM / AWW is being implemented. Total maximum annual team incentive per team is Rs.25,000.

### **KAYAKALP AWARD SCHEME (CLEANLINESS DRIVE AND AWARD) UNDERTAKEN IN PUBLIC HEALTH FACILITIES:**

Swachh Bharat Abhiyan introduced on 2nd of October, 2014 to promote cleanliness in public space. Cleanliness and hygiene are good for healthy living, but it becomes a need when we talk about health care facilities. Cleanliness not only prevents the spread of infection but also provides the patients and the visitors a positive experience. National Health Mission, Government of India has launched a national initiative on 15 of May, 2015 to promote cleanliness and enhance the quality of public health facilities. The purpose of this initiative is to appreciate and recognize their effort to create a healthy environment. The name of this initiative is "KAYAKALP". Swachhta guidelines for health facilities along with this initiative have also been issued.

National Urban Health Mission (NUHM) 13.38 The goal of National Urban Health Mission is to "improve the health status of the urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating equitable access to quality healthcare through a revamped public health system, partnerships, community based mechanism with the active involvement of the urban local bodies". As per 2011 census, 3.49 crore population live in urban areas out of which 59 lakh (17%) of the population live in urban slum and there has been an increase in the growth of the urban slum population to the total urban population from 10.4% (2001 census) to the 17% as per 2011 census.

Hence, the Government of India formulated National Urban Health Mission in May, 2013 as a sub Mission to National Health Mission to effectively address the health concerns of the urban poor especially in slums and vulnerable population (Homeless, street children, rag pickers, brick kiln workers, construction workers and sex workers) by establishing UPHCs and strengthening existing Urban Health Centres (UFWCs, UHPs, Dispensaries).

### **NUHM ENDEAVOURS TO ACHIEVE ITS GOAL THROUGH:**

- Need-based city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections.
- Partnership with community and local bodies for a more proactive involvement in planning, implementation, and monitoring of health activities.

Availability of resources for providing essential primary health care to urban poor. 13.41.1. Hemoglobinopathies: Tamil Nadu is the first State among the South Indian States to implement this programme for early detection of Hemoglobinopathies like sickle cell anaemia, Thalassemia among the tribal population. The timely identification and genetic counselling will prevent the transmission of the carrier from parent to offspring. This breaks the propagation of the disease. NHM-TN along with line departments has implemented screening of Hemoglobinopathies (Sickle Cell Anaemia & Thalassemia) in adolescent children studying in 10th standard and unmarried school dropouts above the age of 14 in 30 selected tribal blocks in 13 districts since November 2017.

### **TAMIL NADU URBAN HEALTH CARE PROJECT**

Tamil Nadu Urban Health Care Project has an outlay of Rs.1,634 crore for implementation under the Japan International Co-operation Agency (JICA) assistance. The formal agreement for the project was signed by Government of India and JICA on 31 March, 2016. The Project cost of Rs.1,634 crore includes JICA loan component of Rs.1,388 crore (85%) and State share of Rs.245.6 crore (15%). The repayment of loan is for a period of 40 years with a grace period of 10 years at an interest rate of 0.3

percent. The project will be implemented over a period of seven years. The project component includes:

- i. Upgrading tertiary care hospitals with facilities and equipment.
- ii. Strengthening referral hospitals with equipment.
- iii. Strengthening secondary care hospitals with facilities and medical equipment.
- iv. Strengthening Hospital Management.
- v. Strengthening Primary health Care in NonCommunicable diseases.

### **PROJECT OBJECTIVES:**

The objectives of the Project are to improve the quality of health services in urban areas thereby improving the health of people in Tamil Nadu through

- i. Strengthening the capacity of the key hospitals with up-gradation of the facility and equipment and
- ii. Strengthening the capacity of human resources with the focus on Non Communicable Diseases.
- iii. Health Management Information System (HMIS)

The four major components of HMIS includes:

- i. Hospital Management System (HMS) for capturing real time patient data,
- ii. Management Information System (MIS) for a reporting system pertaining to administrative modules including clinical, finance and HR etc.,
- iii. College Management System (CMS) for covering the academic activities of the Government Medical Colleges and paramedical institutions under Directorate of Medical Education (DME), and
- iv. University Automation System (UAS) for the academic and office activities of the Tamil Nadu Dr. MGR Medical University.

### **TAMIL NADU STATE AIDS CONTROL SOCIETY**

Tamil Nadu was one of the first States to constitute the State AIDS Control Society as early as on 22.04.1994 to prevent, control the spread of HIV and provide care, support and treatment to the HIV infected / affected persons. Tamil Nadu State AIDS Control Society (TANSACS) implements HIV/AIDS control programme in the State under the guidelines of National AIDS Control Organisation (NACO).

Tamil Nadu has been successful in bringing down the HIV/AIDS prevalence rate from 1.13% in 2001-02 to 0.27% in 2016-17, with an effective participation and commitment of all the Stakeholders and systematic implementation of all AIDS awareness, prevention, treatment and control activities. The aim of the society is to work continuously towards achieving the goal "Getting to Zero-No new infection, No HIV/AIDS related deaths, No HIV/AIDS related Stigma and Discrimination" for which number of State level initiatives are undertaken.

The objectives of the National AIDS Control Programme Phase-IV (NACP-IV) which is under implementation from April 2012 and is jointly funded by the Government of India, World Bank and the Global Fund are as follows:

- i. To Reduce New infections by 50% (2007 Baseline of NACP III)
- ii. Comprehensive Care, Support and Treatment to all persons living with HIV/AIDS.

The basic components of TANSACS activities are as follows:-

1. Prevention of New Infections
2. Information, Education and Communication
3. Care, Support and Treatment
4. Strategic Information Management System

## **REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME**

The large scale implementation of the Indian Government's Revised National Tuberculosis Control programme (RNTCP) was started in 1997 and is implemented throughout the State of Tamil Nadu from the year, 2002. In March 2006, RNTCP-II was designed to consolidate the gains achieved in RNTCP-I, and to initiate services to address TB/HIV, Multi Drug Resistant (MDR)-TB and to extend RNTCP to the private sector. RNTCP used the World Health Organisation (WHO) recommended Directly Observed Treatment Short Course (DOTS) strategy.

With the RNTCP both diagnosis and treatment of TB are free. There is also, at least in theory, no waiting period for patients seeking treatment and TB drugs. The initial objectives of the RNTCP in India were:

- to achieve and maintain a TB treatment success rate of atleast 85% among new sputum positive (NSP) patients
- to achieve and maintain detection of at least 70% of the estimated new sputum positive people in the community
- new sputum positive patients are those people who have never received TB treatment before, or who have taken TB drugs for less than a month.

The RNTCP aims at detecting maximum number of Tuberculosis patients, especially the sputum positive (infectious type) TB patients and curing them through direct short term DOTS Centres (6-8 months). The Programmatic Management of Drug Resistant TB (PMDT) implemented in the State during the year, 2009 also aims at early diagnosis of Drug TB resistance TB cases and treating them with DOTS plus regimen for 24-36 months. With the programme now in its second phase, the aims are to consolidate the gains made till date, widen the services both in terms of activities and access and to sustain the achievements to achieve ultimate objective of TB control Programme in the country – 'Elimination of TB'. Chennai Corporation has been de-centralized to five RNTCP districts for better monitoring of the programme. The components of new Stop TB Strategy which are incorporated in the second phase of RNTCP are:

- pursue quality DOTS expansion and enhancement, by improving the case finding and cure through an effective patientcentred approach to reach all patients to the field level, especially the poor. Also employing ICT based technology to improve treatment adherence
- address TB-HIV, MDR-TB and other challenges, by scaling up TB-HIV joint activities, DOTS plus and other relevant approaches and implementing the '3-I' strategy throughout the State
- contribute to health system strengthening, by collaborating with other health programmes and general services
- involve all health care providers, public, non-governmental and private, by scaling up approaches based on a public-private mix (PPM), to ensure adherence to the Standard for TB care in India (STCI) by all health providers
- engage people with TB and affected communities to demand and contribute to effective care. This will involve scaling up of community TB care, creating demand through context-specific advocacy, communication and social mobilization.
- enable and promote research for the development of new drugs, diagnostic technologies and vaccines. Encouraging Operational Research through State Task Force to identify new initiatives to improve Programme performance.

The Objectives of the current Programme are:

- To achieve 90% notification rate of all TB cases,
- To achieve 90% success rate for all new and 85% for all retreatment cases,
- To achieve decreased morbidity and mortality of all HIV-TB cases and
- To improve the treatment outcome of TB care in private sector

## **IMMUNIZATION PROGRAMME**

Tamil Nadu started the immunization programme against six vaccine preventable diseases in 1978. In order to strengthen the programme further, Universal Immunization Programme was launched in 1985. Annually, round 12 lakh pregnant women and 11 lakh infants are being covered under this programme. Pregnant mothers are immunized every year with tetanus toxoid injection for prevention of tetanus infection during delivery. On 06.02.2017 administration of Measles-Rubella Vaccine was started in Tamil Nadu and was completed successfully. Administration of Rota virus vaccination has also been started in Tamil Nadu. Pulse Polio Immunization (PPI) 22.4 Pulse Polio Immunization campaign was introduced in the year 1995-96, which along with efficient routine immunization coverage has successfully eliminated the dreaded disease from the State.

During 2018, two rounds of pulse polio immunization campaigns have been conducted on 28.01.2018 and 11.03.2018. The State is polio free since 2004. World Health Organisation certified the eradication of Polio virus type-2 signifying a great leap in eradication of poliomyelitis. Consequently instead of trivalent Oral Polio Vaccine (OPV), the State has introduced bivalent OPV. In addition, injectable polio vaccine is added in the immunization schedule. The State continues to monitor any case of Acute Flaccid Paralysis and continues to attach high importance to the Information, Education and Communication campaign to ensure that there is no slip up at community and health worker levels.

Japanese Encephalitis Vaccination 22.5 Japanese Encephalitis (JE) Vaccination programme is being implemented in identified endemic districts namely Cuddalore, Villupuram, Virudhunagar, Madurai, Thiruvallur, Tiruchirappalli, Perambalur, Ariyalur, Thanjavur, Tiruvannamalai, Pudukottai, Karur and Tiruvallur to prevent Japanese Encephalitis. The State has been seeking extension of this programme to Kancheepuram and Tirunelveli districts and following the proposal with the Government of India.

Special Mission Indradhanush 22.6 The Ministry of Health and Family Welfare (MoHFW) Government of India, launched Special Intensified Mission Indradhanush this year in the country and in our State 1,477 identified villages the campaign to cover the left out children is being undertaken. The earlier Mission Indradhanush programme started in December, 2014 as a special drive to vaccinate all unvaccinated and partially vaccinated children below two years and pregnant women under Universal Immunization Programme focussed on interventions to improve full immunization coverage for children in India from 65% in 2014 to more than 90% by 2020.

In Tamil Nadu, Mission Indradhanush has been implemented in four phases as detailed below:

- In Tamil Nadu under the Phase I of the programme, 8 districts namely Coimbatore, Kancheepuram, Madurai, Tiruchirappalli, Tirunelveli, Tiruvallur, Vellore and Virudhunagar were identified and covered from December, 2014.
- Phase II of the programme was conducted from October, 2015 to January, 2016 in 19 districts namely Ariyalur, Chennai, Coimbatore, Cuddalore, Dharmapuri, Dindigul, Kanyakumari, Nagapattinam, Perambalur, Pudukottai, Salem, Sivaganga, Thanjavur, Thiruvallur, Tirunelveli, Tiruvannamalai, Thoothukudi, Villupuram and Virudhunagar. Subsequently, from April, 2016 to July, 2016 Phase III was taken up in Coimbatore districts only while hilly areas in 5 districts viz. Erode, Karur, Namakkal, Nilgiris, Tiruppur and slum areas of all Corporations, have been covered by the State. This was followed by covering the left out areas namely Ramanathapuram, Paramakudi, Theni and Krishnagiri and four rounds were completed.

Further from September 2017 to December 2017 Phase IV was taken up in 4 Districts namely Vellore, Kancheepuram, Tirunelveli and Tiruvallur. Introduction of Measles-Rubella Vaccine 22.7 Measles-Rubella (MR) vaccination was done from 6th February, 2017. In the campaign, over 1.7 crore targetted children between 9 months and 15 years were vaccinated irrespective of previous immunization status or history of measles/rubella disease. MR vaccine is a safe vaccine.

Introduction of Rota Virus vaccine 22.8 Diarrhoeal diseases are the leading cause for childhood mortality globally as well as in India. As per the National Technical Advisory Group on Immunization (NTAGI) recommendation, Tamil Nadu has been identified as one of the states for introducing Rota

virus vaccine. Hon'ble Chief Minister launched the programme in Salem on 17.09.2017. Three doses are administered at the age of 6 weeks, 10 weeks and 14 weeks. National Tobacco Control Programme 24.1 The National Tobacco Control Cell (NTCC) at the Ministry of Health and Family Welfare is responsible for overall policy formulation, planning, implementation, monitoring and evaluation of the different activities envisaged under the National Tobacco Control Programme (NTCP).

The National Tobacco Control Programme is implemented in Tamil Nadu since 2003. Objectives of the National Tobacco Control Programme 24.2 The National Tobacco Control Programme (NTCP) has the following objectives:-

- i. To bring about greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws.
- ii. To facilitate effective implementation of the Tobacco Control Laws.

The interventions under the National Tobacco Control Programme have been largely planned at the primordial and primary levels of prevention. The main thrust areas for the National Tobacco Control Programme are as follows:

- i. Training of health and social workers, NGOs, school teachers, enforcement officers and others.
- ii. Information, Education and Communication (IEC) activities.
- iii. School Programmes.
- iv. Monitoring tobacco control laws.
- v. Co-ordination with Panchayati Raj Institutions for village level activities.
- vi. Setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at district level.

Guidelines of the Programme 24.4 In order to improve the quality of implementation of the National Tobacco Control Programme at the state and district levels, the National Tobacco Control Cell at the Ministry of Health and Family Welfare (MoHFW) has formulated the Operational Guidelines of the National Tobacco Control Programme. These guidelines are to be used as a reference document by the various agencies working at the state and district levels to further the goal of tobacco control. The World Health Organization (WHO) Framework Convention on Tobacco Control (WHO FCTC) is the first global health treaty negotiated under the auspices of the WHO. Having ratified the WHO FCTC on 5 February 2004, India is a party to the Convention and has to implement all provisions of this international treaty. 24.5 Operational guidelines for implementation of National Tobacco Control Programme have been developed and disseminated by Government of India to all the States and Districts under the programme.

24.6 COTPA stands for the "Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003". The Act is applicable to all products containing tobacco in any form, as detailed in the Schedule to the Act. The Act extends to the whole of India including the State of Jammu and Kashmir.

- i. regulates the consumption, production, supply and distribution of the tobacco products by imposing restrictions on advertisement, promotion and sponsorship of tobacco products;
- ii. prohibits smoking in public places;
- iii. prohibits sale to and by minors; and
- iv. prohibits sale of tobacco products within a radius of 100 yards of educational institutions, and through mandatory depiction of specified pictorial health warnings on all tobacco product packs.

National Leprosy Eradication Programme 24.9 Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*. It usually affects the skin and peripheral nerves, but has a wide range of clinical manifestations. The disease is characterized by long incubation period generally five to seven years and is classified as pauci-bacillary or multi-bacillary, depending on the bacillary load. Leprosy was a leading cause of permanent physical disability. Timely diagnosis and treatment of cases, before nerve damage has occurred, is the most effective way of preventing disability due to leprosy.

Initially, leprosy patients were isolated and segregated. Communities were hostile to them and the patients were self conscious and afraid to mix with the community. Leprosoria to segregate the patients from the community were built in Europe in the middle ages. Several statutory acts and laws were also enacted during that time against them. A drug "Chaulmoogra" oil was used for leprosy treatment until "Dapsone" was discovered with anti leprosy effects during 1940s. It was in 1970s when Multi Drug Therapy (MDT) consisting of Rifampicin, Clofazimine and Dapsone were identified as cure for leprosy, which came into wide use from 1982 following the recommendations of WHO. Since then the services for leprosy patients gradually changed from institutional to outpatient care through health centres and field clinics.

Gradually the infected and cured leprosy patients began to be accepted by the Community as a result of intensive health education and visibly successful results of MDT. 24.10 The National Leprosy Eradication Programme (NLEP) is a centrally sponsored Health Scheme of the Ministry of Health and Family Welfare, Government of India. The programme is headed by the Deputy Director of Health Services (Leprosy) under the administrative control of the Directorate General Health Services, Government of India. While the NLEP strategies and plans are formulated centrally, the programme is implemented by the States/ Union Territories. The programme is also supported as partners by the World Health Organization, The International Federation of Anti-leprosy Associations (ILEP) and few other Non-Govt. Organizations.

### **CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME**

This is one of the flagship schemes of the Government of Tamil Nadu with the objective of ensuring universal health coverage and providing State of art treatment facilities in the Government and Private sector to the needy. In order to achieve universal health coverage, Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) was inaugurated by the Honourable former Chief Minister with effect from 11.01.2012. The scheme covers members of any family whose annual family income is less than Rs.72,000.

So far, 1.58 crore families are covered under the scheme and Smart Cards have been issued to the members. After successful implementation for five years the insurance scheme is continued from 11.01.2017 as announced in the Budget 2016-17 through the United India Insurance Company Limited, which is a public sector company.

The salient features of CMCHIS being continued from 11.01.2017 are as follows:-

- i. Sum insured – The coverage is Rs.1 lakh per year per family with a provision of Rs.2 lakh for certain specialized procedures.
- ii. Procedures: 312 new procedures have been added and 252 existing procedures have been merged and 49 low utilization procedures have been removed making the scheme qualitatively better with 1027 medical & surgical treatment procedures, 154 specialized procedures, 154 follow up procedures, 38 standalone diagnostic procedures and 8 High end procedures. 158 treatment procedures have been reserved for Government Hospitals.
- iii. Migrant labourers who resided for more than six months in the state as certified by suitable authority are included after the payment of premium for migrants employees by the Labour department.
- iv. Orphans as defined by the State Government are covered under the scheme and given single card.
- v. Existing health insurance card shall be continued. Also provision to download and print electronic cards by accessing CMCHIS website on uploading the details has been done.
- vi. The process of linking beneficiary Aadhar with CMCHIS, data is being carried out by TNeGA.
- vii. The Quality assurance standard of Government of India / NABH entry-level accreditation of hospitals is going to be insisted for all the hospitals including the Government hospitals.
- viii. Accessibility to view Minimal Electronic Health Record by the beneficiary from the website has been provided.

- ix. All grievances will be acknowledged immediately and updated within 3-7 working days. Individual grievance tracking to be made available in the website including the complaints against the empanelled hospitals.
- x. Totally, 881 hospitals (224 Government Hospitals and 657 Private Hospitals) are empanelled under the scheme to provide treatment to the public. 84 treatment procedures have been exclusively allotted for government hospital.

## **TRANSPLANTATION OF HUMAN ORGAN ACT, 1994**

To curtail the menace of human organs trade and to regulate the removal, storage and transplantation of human organ for the therapeutic purpose, the Transplantation of Human Organ Act 1994 was enacted by the Government of India. Following the provision of this Act, in Tamil Nadu, transplantation of human organs is being done only in the hospitals registered for this purpose under this Act. According to the provisions of this Act, the Director of Medical and Rural Health Services is State Appropriate Authority. He issues the registration certificate under this act to the applying hospital based on the inspection report furnished by the team of specialists appointed for this purpose. The hospitals which are registered under this Act alone can conduct Human Organ Transplantation. In Tamil Nadu 130 hospitals are registered under this Act for performing renal, heart, liver, lungs and Heart Valves transplantations.

## **DECEASED ORGAN TRANSPLANT PROGRAMME**

With an organ donation rate of 2.1 per million population, Tamil Nadu continues to be the leader in organ donation in the country. Tamil Nadu was one of the first States to start the programme way back in 1995 after a resolution was passed in the Tamil Nadu State Assembly to adopt the Central Act. It has had an organ sharing network since 2000. The present Deceased Organ Transplant Programme has been implemented in the State of Tamil Nadu from 16.09.2008 and successfully entering to the ninth year as a "Premier" State in the country, with ten times higher than the average rate of other States. The Government of Tamil Nadu has formed Transplant Authority of Tamil Nadu (TRANSTAN), under the Chairmanship of the Hon'ble Chief Minister which enables extension of more effective implementation of the scheme.

It was registered in 2015 to give it necessary functional and operational independence on the lines of the Tamil Nadu Medical Services Corporation (TNMSC) and Tamil Nadu State AIDS Control Society (TANSACS). Tamil Nadu ranks number one in the implementation of the Deceased Organ Transplant Programme. The State has bagged awards consecutively for three years from 2015 to 2017.

## **INDUSTRIES DEPARTMENT**

**TN Global Investors Meet 2015** To accelerate the economic growth by attracting investments in manufacturing, infrastructure and services sectors, Government of Tamil Nadu successfully organised the Tamil Nadu Global Investors Meet (TNGIM) 2015 on 9th and 10th September 2015 at Chennai Trade Centre. This was the first ever Mega Investment Promotion event organised by the State Government. This event had 9 nations, 3 Regional Governments and 23 Chambers of Commerce and Joint Business Councils as partners. TN GIM 2015 attracted the participation of over 1200 foreign delegates and over 7000 Indian delegates. TNGIM 2015 has been widely acknowledged as the most successful investment promotion event organised by any State.

**Industrial Corridor Excellence** SIPCOT has prepared the study of the following Corridor Development Plans for each Regions separately, through the consultant facilitating for creation of Industrial Corridors of Excellence (ICE) along the National Highways.

1. Chennai-Bengaluru Industrial Corridor (CBIC):

This is a Government of India Project and the Nodal Agency is TIDCO.

## 2. Madurai-Thoothukudi & Coimbatore– Salem Industrial Corridors.

### Madurai-Thoothukudi Industrial Corridor

This corridor is to be developed for providing environmentally sustainable and rapid industrialisation in industrially backward southern districts. This corridor will have excellent roads, rail connectivity, specific investment regions and other industrial and social infrastructure facilities like townships, schools, hospital, etc.

This project aims for an investment outlay of Rs.40,000 crore for infrastructure development over a period of 10 years and it would attract industrial investment of Rs.1,90,000 crore and expected to generate employment opportunity for 18 lakh persons. Government approved the project structure of Madurai Thoothukudi Industrial Corridor (MTIC). As per this, Tamil Nadu Infrastructure Development Board (TNIDB) shall be the Apex Co-ordinating Agency and SIPCOT will act as project Co-ordinating agency. Accordingly, SIPCOT constituted a new public limited company in the name of Madurai Thoothukudi Industrial Corridor Development Corporation Limited on 17.4.2015 with the authorised share capital of Rs.10 crore to implement the project. Land along the corridor is in various stages of acquisition.

Chennai Bengaluru Industrial Corridor (CBIC) – Ponneri Industrial Node Development Project The 'Vision Tamil Nadu 2023' document released during March, 2012, in which the Chennai Ranipet Industrial Corridor Project and Ranipet-Hosur Industrial Corridor Project is included 'Signature Projects'. Both these Corridors have been subsumed in the Tamil Nadu Region of the Chennai-Bengaluru Industrial Corridor (CBIC).

Japan International Cooperation Agency (JICA) was engaged to prepare the Master Plan for CBIC by Department of Industrial Policy and Promotion, Government of India. As a part of preparing a Comprehensive Integrated Master Plan document for the CBIC project, JICA has completed the Development plans for the Nodes in the CBIC region including for the Ponneri Industrial Node. The final report on Ponneri Node Development Plan from JICA was received on 24.06.2015.

The Ponneri Industrial Node comprises ten villages in the Ponneri Taluk covering total area of 21,966 acres. As per the development plan prepared by JICA, it is proposed to develop the Ponneri Industrial Node in three Phases; Phase-1 (2016-2019), Phase-2 (2020-2024) in 4500 acres of area and Phase-3 (2025 and beyond) for the remaining areas. The investment for the Phase 1 Development has been estimated at Rs.13,314 crore and the total investment for this Node development has been estimated at Rs.32,713 crore for all the three phases.

For the development of Ponneri Industrial Node an Institutional Framework has been finalized as prescribed by the Department of Industrial Policy and Promotion, Government of India. Based on the application submitted to Department of Industrial Policy and Promotion (DIPP) by Government of Tamil Nadu in September 2015, the High Level committee of DIPP at its meeting held on 10.12.2015, has granted In Principle Approval for declaring Ponneri Industrial Node Area as a National Investment and Manufacturing Zone (NIMZ). 5.2.2. New Entrepreneur cum Enterprise Development Scheme (NEEDS)

TIIC has an active role to play in the implementation of the NEEDS scheme formulated by the State Government during 2012-13 for assisting educated youth to become first generation entrepreneurs. Under the Scheme, State Government will provide capital subsidy of 25% of the project cost which shall not exceed Rs.1.00 crore subject to a maximum of Rs.25 lakh. Besides a 3% interest subvention is also extended to the entrepreneurs on the loan availed for the project. The special feature of this scheme is low promoter contribution which is 5% for special category entrepreneurs and 10% for others. As on 31.07.2016, 336 beneficiaries have been sanctioned loan to the tune of Rs.144.08 crore under this scheme.

# **ELECTRONICS CORPORATION OF TAMILNADU**

## **LIMITED (ELCOT)**

### **INTRODUCTION**

ELCOT was established under the Companies Act 1956 on 21.03.1977. Promotion of IT/ITES Industries, provision of technical assistance to Government Departments in IT procurement, e-Governance and IT services are the primary activities of ELCOT. Major projects like IT Parks, TNSWAN, TNSDC, DRC, NLDRC e-Mail solution, Cloud computing, Start-up Warehouses, Distribution of laptops, Website Creation, Aadhaar Permanent Enrolment Centres have been successfully implemented and maintained by ELCOT. ELCOT is the optional procurement agency for Government of Tamil Nadu and the Nodal Agency for Major IT projects implemented under funding assistance from Ministry of Electronics and Information Technology (MeitY), Government of India.

Information Technology ELCOT Special Economic Zones (ELCOSEZs) ELCOT has created 8 IT/ ITES Special Economic Zones in Chennai, Coimbatore, Madurai (2 places), Tiruchy, Salem, Tirunelveli and Hosur as per the initiatives of the Government of Tamil Nadu. The then Hon'ble Chief Minister of Tamil Nadu christened the IT / ITES Special Economic Zones created by ELCOT as 'ELCOSEZ'. These ELCOSEZs act as the Destinations of Choice for attracting IT / ITES investments in Tamil Nadu.

### **SCHEME FOR DISTRIBUTION OF LAPTOPS**

To enable the students studying in Government and Government-aided Schools and Colleges in the State to acquire better skills, the Government of Tamil Nadu is implementing the scheme of distribution of laptop computers to the students. 2.8.5 Cloud and Web Hosting Services for Students and Young entrepreneurs Government of Tamil Nadu has implemented the Scheme to offer Cloud based services such as web hosting on a self-service mode. The Cloud Computing promises resource sharing in a "pure plug and play" model. The two key advantages of this model are:

1. Ease of use

2. Cost effectiveness

- This Project offers Infrastructure as a Service (IaaS) which includes Server and Storage for computational needs.
- The Open Source Operating System platform like BOSS, Ubuntu and CentOS are provided.
- This Cloud environment has been created using open source cloud suite Meghdoot Openstack. The students would deploy their own software in the cloud space.
- The services are accessible through the URL: [www.tnstudentcloud.elcot.in](http://www.tnstudentcloud.elcot.in).

### **eSMART CLASS ROOM:**

eSmart Class Room aims to introduce a paradigm shift in the current teaching / training / learning environment in schools. This enables the teachers to teach through advanced teaching aids with Multimedia content (Tamil & English) for effective learning. eSmart Class Room (e-SCR) project involves supply, installation and commissioning of Interactive White Board, Hardware, Software, Multimedia content, Training the Teachers and Maintenance of the Hardware for 3 Years and more in various High Schools/Higher Secondary Schools/Residential School and upgradation/ modification of Multimedia Content as per the syllabus prescribed by the Government from time to time. ELCOT has so far implemented eSCR project in 231 schools in Tamil Nadu for standards VI to XII. This project has successfully bridged the digital divide.

## **ADVANTAGES TO THE STUDENTS**

- New and Innovative learning environment.
- Working with latest technologies in Information Technology (touch screen and touch board).
- Work at their own pace.
- Improve their subject knowledge in depth.
- Easily understand the syllabus with the help of 3D animated pictures and images.
- Improve the performance and the IT Skills of the students.

## **ADVANTAGES TO THE TEACHERS**

- Adapting to different teaching styles, problem solving skills and familiarization on modern technology.
- Spontaneous conducting of quiz and planned tests with images and multimedia content.
- Helping the students to learn at their own pace.
- Teachers can share lesson plan, various content that are appropriate, assign lessons, tests and instantly prepare reports.

## **E-DISTRICT PROGRAMME**

e-District project has been implemented in our State under National e-Governance Plan (NeGP). It is one of the Mission Mode Projects (MMP) in the State. The main objective of the e-District project is to provide the Citizen Centric Services online through e-Sevai Centres. 3.7 Arasu e- evai Centres Government fulfil its vision to render all services at the doorstep of the public even at the remotest village through e-Sevai centres in electronic mode. As of now, the Arasu e-Sevai Centres are delivering e-District services as well as other utility services to the citizen. Considering the usefulness of the Rural CSCs, the Scheme has been extended to urban areas.

Arasu e-Sevai Centres are functioning in urban areas with the objective of providing unified access to e-services of different Government Departments at a common point in the urban and semi-urban areas of the State. The Arasu e-Sevai centres are run by Service Centre Agencies like Primary Agricultural Cooperative Credit Societies (PACCS), Village Poverty Reduction Committee (VPRC) formed under Pudhu Vaazhvu Project, Tamil Nadu Arasu Cable TV Corporation Ltd (TACTV), Village Level Entrepreneur (VLE) and International Fund for Agriculture Development (IFAD).

## **E-TAAL (ELECTRONICS TRANSACTION)**

Aggregation and Analysis Layer) e-Taal is a web portal for showing information regarding Central and State Government Projects in the format of etransaction statistics.

## **ULLANGAIYIL SANRIDHAZH SCHEME**

“TINY URL” scheme was inaugurated by the Hon’ble Chief Minister of Tamil Nadu on 23.05.2017. This feature developed with the help of M/s CDAC. Once the certificate approved by the concerned officials, the tiny url will be sent to the concerned applicant’s registered mobile. By using internet facility, the applicant will download the applied certificate, without going to the e-Sevai centre.

## **PRADHAN MANTRI GRAMIN DIGITALSAKSHARTA ABHIYAN (PMGDISHA)**

‘Pradhan Mantri Gramin Digital Saksharta Abhiyan’ (PMGDISHA) aims to make six crore persons in rural areas across States/UTs digitally literate, aiming to reach around 40% of rural households by covering atleast one member from every eligible household within 31st March 2019.

The Scheme would empower the citizens in rural areas to operate computer or digital access devices (like tablets, smart phones etc.), send and receive e-mails, access Government services, undertake cashless transactions, etc. The Scheme aims to bridge the digital divide, specifically targeting the rural population including the marginalised sections of society like Scheduled Castes (SC) / Scheduled Tribes(ST), Minorities, Below Poverty Line (BPL), women and differently-abled persons.

### **AMMA E-GRAMAM**

The Hon'ble Chief Minister had announced the scheme "Amma e-Gramam" on the floor of the Tamil Nadu Legislative Assembly under the rule 110. Government of Tamil Nadu (GoTN) has envisaged the Pilot of Amma e-Gramam by taking up a village in each district. It intends to provide a platform for availability of services such as tele-medicine, tele-education, LED lighting, WiFi hotspot, Skill Development, Digital knowledge centre and Common service centres to the rural citizens at the selected villages.

This Project will be implemented through Corporate Social Responsibility funds of Government and private companies. Till date 1.62 crore has been received. In Phase-I this scheme will be implemented in 6 villages.

### **AMMA-ASSURED MULTI MODEL ACCESS TO E-SERVICES**

Government have accorded administrative approval for taking up Assured Multi Model Access (AMMA) Mobile Application development for 25 e-Sevai citizen centric services. The major objective is to "enable the delivery of citizen centric services of Tamil Nadu e-District suite through mobile application". Citizens will be able to avail services "anytime" "anywhere" through the mobile application. In the 1st phase, the 11 utility bill payment services of Government of Tamil Nadu provided under the e-District/e-Sevai project is to be integrated in the AMMA mobile application, which will be beneficial for the citizen in which they can pay the utility payments using smart phones. Through this App, the CMWSSB utility bill payment service will be launched shortly.

UMANG-Unified Mobile Application for New Age Governance UMANG is developed by Ministry of Electronics and Information Technology and National e-Governance to drive Mobile Governance in India. It provides a single platform for all India Citizens to access pan India -Gov services ranging from Central to Local Government and other citizen centric services. It provides major services offered by Central and State Government Departments. It provides a unified approach where citizen can install one application to avail multiple Government services.

Namadhu Arasu (My Gov) Hon'ble Minister for information Technology announced Namadhu Arasu Scheme during the Assembly session 2017-18. My Gov (namadhuarasu.in), aims to promote active citizen participation in governance and policy-making. Government have accorded Administrative sanction for implementation of the scheme at an estimated cost of 91.80 lakh.

e-Madal (e-Newsletter) Hon'ble Chief Minister of Tamil Nadu has launched "e-Madal" on 11.10.2017. The e-Madal is a technological e-newsletter being published bilingually (Tamil & English). So far 10 issues of e-Madal has been published. The e-madal disseminates information on latest technological trends and various e-services being rendered by Govt. of Tamil Nadu and Govt. of India. It helps the citizens, especially students to easily understand technology in their native language.

### **E-GOVERNANCE POLICY**

The Hon'ble Chief Minister of Tamil Nadu has launched e-Governance Policy on 02.01.2018. Objectives Provide direction to e-Governance implementation in various Departments of the State Government. Ensure common framework, standards and seamless inter-operability and portability between systems, software and data. Promote proactive delivery of online services to citizens.

Further it aims to improve productivity levels within Government. Facilitate sharing and reuse of Information and Communication Technology infrastructure and hardware resources.

Increase the level of Penetration of Broadband Connectivity. Promote the use of Tamil language and Tamil Unicode Standard in all e-Governance Applications/Websites/Portals. Establish an integrated environment for delivering seamless Government to Citizen (G2C), Government to Employee (G2E), Government to Government (G2G) and Government to Business (G2B) services in a cost effective manner.

## **SCHOOL EDUCATION**

### **1. WELFARE SCHEMES**

#### **1 Introduction**

The Government has been distributing the following cost free items to motivate and retain children in Government and Government aided schools.

#### **1.1 Textbooks**

Textbooks are being provided free of cost to all students of Government and Government aided schools studying in 1 to 12 standards.

#### **1.2 Notebooks**

The scheme of providing notebooks to the student studying in standards 1 to 10 in Government and Government aided schools was introduced in the academic year 2012-13

#### **1.3 Laptop**

Students studying in higher secondary standards in Government and Government aided schools are provided with cost free Laptops since 2011-12

#### **1.4 Four sets of uniforms**

Four sets of uniform are provided to students studying in Government and Government aided schools in 1 to 8 standards and enrolled in Puratchi Thalaivar Dr. M.G.R. Nutritious Meal Programme.

#### **1.5 Footwear**

Footwear is being provided to all students studying in 1 to 10 standards in Government and Government aided schools from the academic year 2012-13

#### **1.6 School Bag**

School bags are provided to all children studying In Government and Government aided schools in 1 to 12 standards from the year 2012-13.

#### **1.7 Crayons**

Crayons are provided to all the students studying in 1 and 2 standards in Government and Government aided schools every year.

#### **1.8 Colour Pencils**

The scheme of providing colour pencils to the students studying in standards 3 to 5 in Government and Government aided schools was introduced in the academic year 2012-13.

#### **1.9 Geometry Box**

The scheme of providing geometry box to the students studying in standards 6 to 8 in Government and Government aided schools was introduced in the year 2012-13.

### **1.10 Woolen Sweaters**

In the year of 2013-14, the Government has introduced the scheme of distribution of woolen sweaters to students studying in standards 1 to 8 in Government and Government aided schools in hilly areas.

### **1.11 Rain Coats, Boots and Socks**

Students of standards 1 to 8 studying in Government and Government aided schools in hilly areas, who are enrolled in the Puratchi Thalaivar Dr.MGR Nutritious Meal Programme are provided with rain coats, boots and socks.

### **1.12 Atlas**

Atlas is provided to students studying in 6 to 10 standards in Government and Government aided schools every year. This scheme was introduced in the year 2012-13

### **1.13 Bus Pass**

Bus passes are issued every year to the students in standards 1 to 12 studying in all schools to easily access their schools. This plan is being implemented by the Transport Department.

### **1.14 Puratchi Thalaivar Dr. MGR Nutritious Meal Programme**

The students studying in standards 1 to 10 are provided with noon meal under the Puratchi Thalaivar Dr. MGR Nutritious Meal Programme. This Scheme is being implemented by Social Welfare and Nutritious Meal Department.

### **1.15 Financial assistance for students who lose their bread winning parents**

Financial Assistance is given to the students of standards 1 to 12 studying in Government and Government aided schools whose bread winning parent (father or mother) expires or becomes permanently incapacitated in accident. The Government is keen to ensure that the children of such parents are not affected due to such unforeseen dire circumstances. An amount of Rs.75,000 is deposited in the name of the student in a Public Sector Undertaking.

### **1.16 Student Accident Relief Scheme**

The Government has launched this innovative scheme, which provides for financial relief to students, who meet with unexpected accidents while in schools or on school related activities. Students studying in Government, Government aided and local body schools are covered under this scheme. Under the scheme, financial assistance of Rs.1,00,000 for accidental death, Rs.50,000 for major injuries and Rs.25,000 for minor injuries is provided to the family of student. Unlike the regular insurance schemes, the scheme promises a speedy disbursement of relief to the beneficiary well within 48 hours of the accident. The scheme envisions to cover more than 81 lakh students.

### **2.24 Merger of SSA, RMSA and TE.**

The Government of India have decided to integrate Sarva Shiksha Abhiyan (SSA) and Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education (TE) as Samagra Shiksha Abhiyan. SSA is working towards universalising elementary education and providing equitable quality education for all children of the age group of 6-14 years, while RMSA supports in making quality secondary education accessible and affordable to all children in the age group of 14 - 16 years covering grades 9 and 10. Both these programmes were being implemented by a separate stream of officials resulting in duplication of efforts and resources. Therefore, these two administrative structures have been merged to enable the State to build a vibrant and dynamic system to serve the objective of providing quality education to all. The component of Teacher Education shall be implemented through Teachers Training Institutes under State Council of Educational Research and Training (SCERT).

'Thoduvanam' 412 competitive examination coaching centres have been established at the rate of one centre for each block spread across all over Tamil Nadu for the benefit of the students studying in Government and Government aided schools. These centres are equipped with ICT infrastructure comprising computers, VSAT Dish Antenna and LCD projectors with UPS facility. The students are

being extended intensive coaching on weekends and school holidays with modules prepared by the experts.

The Department of School Education has tied up with a few organizations such as SPEED Trust, Chaitanya Group of Institutions and ALLEN which have come forward on voluntary basis, for capacity building of teachers and preparing students to face any competitive examination. The students have also been provided with study material in Tamil as well as English, laptops with digital content and other supplementary assistance.

### **KARKUM BHARATHAM SCHEME**

In Tamil Nadu, “Karkum Bharatham” scheme is being effectively implemented from the year 2009 in nine districts viz Dharmapuri, Salem, Erode, Perambalur, Villupuram, Ariyalur, Tiruvannamalai, Tiruppur and Krishnagiri, which were identified as the districts having female literacy less than 50% according to 2001 Census. This scheme aims at facilitating adults to pursue their learning till they are able to achieve equivalence to 3, 5 and 8 standards and beyond in the formal school system. Top priority is given to women, scheduled caste and scheduled tribe, minorities and other disadvantaged groups in the age group of 15 and above. This scheme targets 24.57 lakh illiterates found to have been so in the Census, 2001 and intends to make all of them literates. This scheme aims to achieve total literacy in the State of Tamil Nadu.

### **SOCIAL WELFARE AND NUTRITIOUS MEAL PROGRAMME DEPARTMENT**

#### **MARRIAGE ASSISTANCE SCHEME:**

Under the scheme, financial assistance of `25,000 for Non graduates and `50,000 for graduates along with 8 gram (22 carat) Gold coin is provided for making Thirumangalyam. Integrated Child Development Services Scheme is a flagship programme for addressing the issues of nutrition, preschool education, health and personal hygiene of children, adolescents, pregnant and nursing mothers. This scheme strives towards inclusive and equitable development of target population. This Scheme delivers a comprehensive package of services to the children from birth to six years, including provision of supplementary nutrition, hot cooked meal, health care and preschool education. Adolescent girls, pregnant and lactating mothers are also provided with supplementary nutrition besides health care, awareness education and capacity building initiatives. Under restructured pattern of Integrated Child Development Services Scheme, Anganwadi centres are repositioned as a “Vibrant Early Childhood Development Centre” to become the “first post” for learning, health and nutrition, by providing additional human resource and infrastructure.

### **PURATCHI THALAIVAR MGR NUTRITIOUS MEAL PROGRAMME**

Tamil Nadu is the pioneer State in introducing the school noon meal programme as early as 1982. To enhance the enrolment of students, reduce the school dropout rate and simultaneously improve the nutritional status of children, the Puratchi Thalaivar MGR Nutritious Meal Programme is being implemented. The scheme provides 13 variety meals with masala eggs five days a week for school children from 1<sup>st</sup> Std. to 10<sup>th</sup> Std. This has enhanced the nutritive and calorific value of the food provided and also addresses the nutritional needs of the children.

### **IMMORAL TRAFFIC (PREVENTION) ACT, 1956 AND THE JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) ACT, 2015**

To ensure the protection of the rights of women and children in difficult circumstances, the Department of Social Defence is implementing the Immoral Traffic (Prevention) Act, 1956 and the Juvenile Justice (Care and Protection of Children) Act, 2015. The Government is providing institutional

care to children in need of care and protection and children in conflict with law through Children Homes, Observation Homes, Special Homes, After Care Organisations and Vigilance Protective Homes.

## **CHILD WELFARE**

The Department is implementing the following schemes for the welfare of girl children:-

1. Cradle Baby Scheme
2. Chief Minister's Girl Child Protection Scheme
3. Beti Bachao Beti Padhao Scheme
4. Special Need Children Homes

### **CRADLE BABY SCHEME**

The Cradle Baby Scheme launched by the Government of Tamil Nadu in the year 1992 at Salem was first one of its kind in the country with an objective to eradicate female infanticide. The prevalence of female infanticide is due to poverty, preference for male child, anticipated marriage expenses for the girl children, other cultural practices and inability to care for babies born with multiple disorders. Such babies are abandoned by parents and are received in Hospitals, Primary Health Centres, Children Homes and then given in adoption. The Cradle Baby scheme was extended to Madurai, Theni, Dindigul and Dharmapuri during the year 2001. Reception Centers were opened in these districts with necessary infrastructure to attend to the immediate needs of the children.

After successful implementation of the scheme the child sex ratio showed an upward trend and hence was further extended to Cuddalore, Ariyalur, Perambalur, Villupuram and Thiruvannamalai districts in 2011 where lower child sex ratio was recorded.

### **CHIEF MINISTER'S GIRL CHILD PROTECTION SCHEME**

The Chief Minister's Girl Child Protection Scheme, introduced in 1992, is a pioneering and path-breaking scheme for the welfare of girl child. The Girl Child Protection Scheme is aimed at preventing gender discrimination by empowering and protecting rights of girl children through direct investment from Government. The scheme aims to:

- Promote enrollment and retention of the girl child in school and ensure her education at least upto High school level.
- Encourage girls to get married only after the age of 18 years.
- Encourage parents to adopt small family norms with two girl children.
- Protect the rights of the girl child and provide social and financial empowerment of girl child.
- Strengthen the role of the family in improving the status of the girl child.

### **TYPES OF SCHEMES**

#### **SCHEME-I**

An amount of `50,000 is deposited in the name of the girl child born on or after 01.08.2011, in the form of fixed deposit with the Tamil Nadu Power Finance and Infrastructure Development Corporation Limited, for a family with one girl child only. The copy of the fixed deposit receipt is given to the family of the girl child.

#### **SCHEME-II**

An amount of `25,000 each is deposited in the names of two girl children, where the second girl child is born on or after 01.08.2011, in the form of fixed deposit with Tamil Nadu Power Finance and Infrastructure Development Corporation Limited, for a family with two girl children only. The copy of the fixed deposit receipt is given to the family of the girl children. The deposit is renewed at the end of every 5 years and on completion of 18 years of age, the amount deposited along with interest will

be given to the girl child. To get this benefit, the girl child should appear for 10 th Standard Public Examination. Thus, the matured amount will help the girl child to pursue her higher education. If the girl child discontinues her studies, the deposit shall be forfeited and credited to the Government account. Details of Final Maturity Under this scheme, the amount is deposited in the name of the girl child with the Tamil Nadu Power Finance and Infrastructure Development Corporation Limited in a specially designed monthly cumulative interest payment scheme.

Sl. No	Schemes	Initial Deposit Amount (Rs)	Maturity payable after 18 years (Rs)
1	Scheme-I	50,000	3,00,232
2	Scheme-II	25,000 (for each girl child)	1,50,117 (for each girl child)

To avail benefit under the Scheme, the annual income of the family should not exceed Rs.72,000.

### **BETI BACHAO BETI PADHAO SCHEME**

The Beti Bachao Beti Padhao Scheme was launched by the GOI on pilot basis in select 100 districts of the country in the year 2015 to improve the Child Sex Ratio (CSR) where it is far below the national average of 918. In Tamil Nadu, Cuddalore was the only district selected under this programme for implementation.

#### **OBJECTIVES OF THE SCHEME :-**

- To prevent gender biased sex selective elimination
- To ensure survival and protection of the girl child and
- To ensure education and participation of the girl child

PRIMARY	Young and newly married couples; pregnant and lactating mother; parents
SECONDARY	Young, adolescents (girls and boys), in-laws, Medical Doctors/ Practitioners, Private Hospitals, Nursing Homes and Diagnostic centres
TERTIARY	Officials, PRIs; frontline workers, women SHGs/Collectives, religious leaders, voluntary organizations, media, medical associations, industry associations, and general public as a whole

#### **COMPONENTS OF THE SCHEME:-**

- Multi-sectoral Intervention
- Advocacy and Media Campaign The scheme activities includes:-
  - Awareness and Advocacy campaigns to change mindsets.
  - Enforcement of Pre Conception and Prenatal Diagnostic Techniques (PC&PNDT) Act, 1994.
  - Ensuring and enabling girl child's education, protection, survival, participation in the society.

The Beti Bachao, Beti Padhao Scheme was implemented in Cuddalore district where the child sex ratio was below the national average of 918. After 3 years of successful implementation of the scheme, the Sex Ratio at Birth (SRB) in Cuddalore District has increased from 886 to 915 and the school dropout rate has reduced in both upper primary and secondary schools. Infrastructure development like residential schools for girls, provision of toilets and incinerators in girls schools have improved the retention of girls in schools. Cuddalore district was chosen as Best District in implementing the programme and National Award was given on 24th January, 2017 during the National Girl Child Day by Government of India.

**Strategies** The core strategies include sensitization and orientation of all stakeholders, focusing the blocks with lower Child Sex Ratio, engaging the communities to challenge gender stereotypes

and social norms, adopting innovative interventions as per local needs and facilitating service delivery structures and schemes as responsive to issues of gender and children rights.

**Homes for Children with Special Need** Children with disabilities are normally left out from being adopted by prospective parents and are left behind in the care of Homes for Children with Special need.

### **THE PROHIBITION OF CHILD MARRIAGE ACT, 2006**

The legal age for marriage in India is 18 years for female and 21 years for male and any marriage below these ages is a violation of law. Child Marriage is also a violation of children's rights whether it happens to a girl or a boy as it denies the basic rights to health, nutrition, education, freedom from violence, abuse and exploitation and deprives the child of his/her childhood. Child Marriage disproportionately affects girls as compared to boys resulting in risks involving early pregnancies, related health issues and events which may lead to death.

In order to eradicate child marriages Government of India enacted the Prohibition of Child Marriage Act, 2006 repealing the earlier legislation of the Child Marriage Restraint Act, 1929. This legislation is armed with enabling provisions to prohibit child marriages, protect and provide relief to victims and enhanced punishment for those who abet, promote or solemnize such marriages. Steps taken for creating awareness to prevent child marriage:-

1. Creation of awareness among the public regarding child marriage through various programmes like Puppet Show, Street Plays, Rallies and Seminars.
2. In order to protect the Girl Children from the evil of Child Marriage, a Documentary Film was produced and telecasted in Television. The Government of India has telecasted this documentary film in Doordarshan with english subtitles.
3. The various welfare schemes implemented by Tamil Nadu Government focus on the education of girl children. The marriage assistance schemes have been designed to benefit the girl who has completed 18 years of age, with the aim of eradicating child marriages.
4. Caravan Campaign has been organized in collaboration with UNICEF in 13 districts to create awareness against the child marriages.
5. The Act and Rules have been translated in Tamil and distributed at free of cost to the public to create awareness about the Act and Rules. 7,090 child marriages have been stopped in Tamil Nadu since 2008.

### **WOMEN WELFARE**

**Marriage Assistance Schemes** The Marriage Assistance Schemes are flagship schemes implemented by the Government of Tamil Nadu to provide financial assistance for the marriage of the girls and to encourage the girls to pursue higher education and provide financial support to the girls' parents during marriages. These schemes have made a positive impact in improving the female literacy and reducing the school dropout rate of female children in Tamil Nadu.

In order to make Thirumangalyam for the marriage of poor girls, 8 gram (22 carat) gold coin and financial assistance was provided. Under these schemes, the daughters of poor parents, orphan girls, widows who re-marry, widow daughter's marriage and inter-caste married couples are benefitted.

### **MOOVALUR RAMAMIRTHAM AMMAIYAR NINAIYU MARRIAGE ASSISTANCE SCHEME**

This scheme provides marriage assistance to the poor girls who have attained the age of 18 at the time of marriage and have studied upto 10th Standard. As a special case, girls from Scheduled Tribes communities, with a minimum education of 5th Standard can also avail this scheme. Along with cash assistance of `25,000 for non-graduates and `50,000 for Graduates / Diploma holders, one sovereign (8 gram) 22 carat gold coin are provided under this scheme with effect from 23.05.2016. In

case of death of parents, the assistance is given to the daughter. To avail benefit under this scheme, the annual income of the family should not exceed `72,000.

### **DR. MUTHULAKSHMI REDDY NINAIYU INTER-CASTE MARRIAGE ASSISTANCE SCHEME**

The Government of Tamil Nadu has been implementing the Inter-Caste Marriage Assistance Scheme to eradicate caste based discrimination and promote social equality among communities. Cash assistance of `25,000 out of which `15,000 is disbursed through Electronic Clearing Service (ECS) and `10,000 in the form of National Saving Certificate to non graduates and cash assistance of `50,000 for degree / diploma holders out of which `30,000 is disbursed through Electronic Clearance Service (ECS) and `20,000 as National Savings Certificate (NSC) given along with one sovereign (8 gram) 22 carat gold coin is given with effect from 23.05.2016. Income ceiling and educational qualification are not necessary to benefit under this scheme.

### **TYPES OF INTER-CASTE MARRIAGE**

#### **SCHEME-I:**

Either of the spouse of the Inter-caste married couples should be from Scheduled Caste or Scheduled Tribe while the other spouse may be from any other Community.

#### **SCHEME-II:**

Either of the spouse should be from forward or other community and the other spouse may be from Backward Class/Most Backward Class.

### **SWADHAR HOMES**

The Swadhar Greh scheme envisages a supportive institutional framework for women victims of difficult circumstances so that they could lead their life with dignity and conviction. It ensures social and economic security for women in distress by providing the following services:-

- a) Temporary residential accommodation with provision of food, clothing, medical facilities etc.,
- b) Vocational and skill upgradation trainings for economic rehabilitation
- c) Psychological Counselling
- d) Awareness generation on various programme implemented by different Government Departments
- e) Legal aid and Guidance.

Women of all categories could stay upto a maximum period of 3 years. The older women above 55 years of age may be accommodated till the age of 60 years and then shifted to old age homes. Swadhar Greh facilities could also be availed by the children accompanying women in the above categories. Girls upto the age of 18 years and boys upto the age of 12 years would be allowed to stay in the Swadhar Greh with their mothers. (Boys of more than 12 years of age need to be shifted to the Children Homes run as per the Juvenile Justice Act)

The 26 Short Stay Homes and 12 Swadhar Homes under the control of Social Welfare Board and Social Defence respectively which are run by Non-Governmental Organisations were merged as Swadhar Greh'.

### **MAHILA SHAKTI KENDRA (MSK)**

The Mahila Shakti Kendra is a Scheme which is meant to provide One Stop Convergent Services for Empowering Rural Women with opportunities with Skill Development, Employment, Digital Literary, Health and Nutrition. Scheme will provide an interface for rural women to approach the government for availing their entitlements and for empowering them through awareness generation, training and capacity building. The new scheme MSK is envisaged to work at various levels.

Mahila Shakti Kendra (MSK) 2018-2019	
National Level Ministry of Women and Child Development	Implementation and Monitoring of Schemes such as: BBBP, One Stop Centre, Women Helpline, Mahila Police Volunteers, Swadhar, Ujjawala, etc.,
State Level State Resource Centre for Women (SRCW) Department of Social Welfare	
District Level (13 Districts) District Level Centre for Women (DLCW)	
Block Level (8 Blocks each in Ramanathapuram and Virudhunagar Districts) Block Level Committee –Student Volunteers	

### **ONE STOP CENTRE**

The Government of India has proposed a Special Scheme named “SAKHI”, which is a One Stop Centre (OSC), intended to support women affected by violence, in private and public spaces, within the family, community and at the workplace. Women facing physical, sexual, emotional, psychological and economic abuse, irrespective of age, class, caste, education status, marital status, race and culture will be facilitated with support and redressal.

The Centre provides integrated support and assistance to women affected by violence, under one roof by facilitating immediate, emergency and non-emergency access to a range of services including Medical, Legal, Psychological and Counselling support.

### **WOMEN HELPLINE**

The Scheme of Universalisation of Women Helpline is intended to provide 24 hours immediate and emergency response to women affected by violence through referral (linking with appropriate authority such as Police, One Stop Centre, Hospital, etc.,) and information about women related Government schemes across the country through a single uniform short code

### **SOCIAL LEGISLATIONS FOR WOMEN**

The Department implements the following Social Legislations pertaining to women to ensure their safety and protect their rights:-

1. Protection of Women from Domestic Violence Act, 2005 and its Rules, 2006.
2. Dowry Prohibition Act, 1961
3. The Sexual Harassment of Women at Work Place (Prevention, Prohibition and Redressal) Act, 2013.
4. Tamil Nadu Hostels and Homes for Women and Children (Regulation) Act, 2014 and Tamil Nadu Hostels and Homes for Women and Children (Regulation) Rules, 2015.

### **PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE ACT, 2005**

The Protection of Women from Domestic Violence Act, 2005 has a special feature with specific provisions under law which provides protection to a woman to ‘live in violence free home’. The Act ensures a woman’s right to reside in her matrimonial home. Though this Act has civil and criminal provisions, a woman victim can get immediate civil remedies within 60 days. The aggrieved women can file cases under this Act against any male adult perpetrator who is in domestic relationship with her. This also includes other relatives of the husband and male partner as respondents to seek remedies in their case.

### **SALIENT FEATURES OF THE ACT**

Cases can be filed under Prevention of Women from Domestic Violence Act, 2005 in addition or even if other cases and legal proceedings are pending between parties.

- Multiple Judgments in a single case.
- Recognizes verbal and emotional violence.

- Both petitioner and respondent can prefer Appeal to the court of sessions within 30 days from the date on which the order is made Special provisions available under the Act

Section 18: Protection Order prohibiting the respondents from committing any act of Domestic Violence.

Section 19: Residence Order for residing at Matrimonial House

Section 20 : Monetary Orders which includes maintenance for herself and her Children

Section 21: Temporary Custody of Children

Section 22: Compensation order for injuries, mental torture, emotional distress caused to her

### **DOWRY PROHIBITION ACT, 1961**

- The Dowry Prohibition Act was passed in 1961 and the Tamil Nadu Dowry Prohibition Rules were framed in 2004.
- The District Level Advisory committee have been formed in all the districts.
- The Act has been Amended in 1989 and is being implemented by the
- District Social Welfare Officers who are designated as the Dowry Prohibition Officers as per the Dowry Prohibition Rules, 2004.
- Necessary training is imparted to the District Social Welfare Officers for the effective implementation of the Act.
- Complaints filed with the District Social Welfare Officers and complaints referred by the Police are enquired by the Dowry Prohibition Officers relating to the dowry.
- The genuineness of the case is verified by the District Social Welfare Officers and accordingly a report is filed with the police or court for taking necessary action under Dowry Prohibition Act, 1961.
- Dowry Prohibition Day is observed on 26th November of every year. Awareness on Dowry Prohibition Act is given by the District Social Welfare Officers in co-ordination with the District Administration on that day.

The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013  
The Government of Tamil Nadu is implementing Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 since 2013. The Government has notified the District Collectors as District Officers under the section 5 of the Act.

In offices which have more than 10 employees, an Internal Complaints Committee (ICC) must be constituted as per section 4 of the Act in all the workplaces defined in section 2 of the Act and is being monitored by the District Social Welfare Officers. Notification have been given in the Newspapers by the District Collector directing all offices (both Government and Private) to set up the Internal Complaints Committee in their Districts. If there are less than 10 employees in an office, and if the complaint is against the employer, then the complaint can be made to the Local Complaints Committees (LCC) at the District Level. So far, all the 32 Districts have formed Local Complaints Committees (LCC). Nodal Officers have been designated in various levels in District (Block/Taluk).

The Government has launched an Online Complaints Registration system called the She-Box (Sexual harassment electronic box) through which complaints on Sexual Harassment of Women can be made from anywhere. The State Government has appointed the Commissioner of Social Welfare as the State Nodal Officer (SNO) for Tamil Nadu for monitoring the online registration of complaints. The District Social Welfare Officers have been appointed as the District Nodal Officer (DNO) to handle cases under this Act. As per Section 24 of the Act, trainings on the Act have been given to all 32 District Social Welfare Officers and Protection Officers. 2.2.8.4 Tamil Nadu Hostels and Homes for Women and Children (Regulation) Act, 2014

In order to enhance security and prevent acts of violence against children and women who are accommodated in places away from their homes and for regulating the functioning of these homes, hostels and other residential places where children / adolescent girls / women are accommodated, the Government of Tamil Nadu have enacted Tamil Nadu Hostels and Homes for Women and Children (Regulation) Act, 2014.

The Tamil Nadu Hostels and Homes for Women and Children (Regulation) Rules, 2015 has also been notified in the Tamil Nadu Government Gazette. The District Collectors are the registering authority for such homes and hostels. This Act is aimed to reduce unwanted institutionalization of children and to ensure security for the working women living in hostels.

## **SENIOR CITIZENS WELFARE**

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, provides a statutory protection for Senior Citizens as guaranteed and recognized under the Constitution and it is being implemented in this State and the State rules have been framed and notified.

**Salient Features of the Act:** A senior citizen or a parent who is unable to maintain himself from his own earnings or out of the property owned by him is entitled to make an application under Section 5 of the Act to obtain maintenance amount from his children / legal heirs.

- An application filed under this Act for monthly allowance shall be disposed off within 90 days.
- The maximum maintenance allowance shall not exceed `10,000 per month.
- If the persons responsible for the care and protection of senior citizens abandon the senior citizens, such persons shall be punished with imprisonment for three months or fine up to `5,000 or with both.

## **INTEGRATED COMPLEXES OF SPECIAL HOMES FOR SENIOR CITIZENS AND DESTITUTE CHILDREN**

In order to bring a mutual bonding between the senior citizen and the children who are in need of care and protection, a novel scheme of Integrated Complex was introduced by the Government. Integrated Complexes are run by the State Government through Non Governmental Organizations. In each Integrated complex 25 elders and 25 children can be accommodated.

Centrally Sponsored Welfare Programme - Integrated Programme for Senior Citizen (IPSrC)

The Integrated Programme for Older Persons (IPOP) is revised on 01.04.2018 as Integrated Programme for Senior Citizen (IPSrC) and implemented through Ministry of Social Justice and Empowerment, Government of India. The main objective of the Scheme is to improve the quality of life of the Older Persons by providing basic amenities like shelter, food, medical care and entertainment facilities. The following schemes leads to productive and active ageing for senior citizens:-

1. Maintenance of Senior Citizens' Homes
2. Maintenance of Continuous Care Homes and Homes for senior citizens afflicted with Alzheimer's disease/ Dementia
3. Maintenance of Mobile Medicare Units
4. Physiotherapy Clinics for Senior Citizens
5. Maintenance of Regional Resource and Training Centres.

## **CELEBRATION OF INTERNATIONAL DAY OF SENIOR CITIZENS**

The International Day of Senior Citizens is celebrated on 1st October of every year at State and District level, to recognize the services of senior citizens and to make optimum use of their resourcefulness.

The best Non-Governmental Organization and Social Workers who have worked for the cause of the elder persons are honoured during the celebration. Health camps are conducted and aids and appliances are also distributed to needy senior citizens as part of the celebration.

**World Elders Abuse Awareness Day** Our elders face abuse and violence in their day to day life both in public and private spheres. This also includes abuse from their immediate kith and kin. It is our endeavor to create awareness and protect their self respect. To fulfill the needs of senior citizens for leading a safe and dignified life the Government has decided to observe June 15th as "World Elders Abuse Awareness Day" in all Schools, Colleges and Government Offices. In this regard, a pledge will be taken to mark the occasion.

## **THIRD GENDER WELFARE**

The Government has constituted a Welfare Board for Third Gender to redress their grievances, provide livelihood opportunities, educational assistance and social security through which the Third Gender are given an identity in the society. The Tamil Nadu Third Gender Welfare Board consists of 11 Official Members including the Hon'ble Minister for Social Welfare and Nutritious Meal Programme as its Chairperson and 12 Non-Official Members (Third Gender). So far, 5,200 Identity Cards have been issued to Third Gender. To empower the Third Gender economically, Third Gender Self Help Groups and individual Third Gender have been provided financial assistance for start-up businesses like setting provision stores, rearing of milch animals, canteens, production units of soap, napkin, milk products, plying passenger autos, load autos and business activities related to cloth, coir, rice etc. Upto 2017-2018, the Government have provided subsidy of `2.05 crore for starting their own business benefiting nearly 1,175 Third Gender.

The Government provides monthly pension of `1,000 to the destitute Third Genders above the age of 40 years. Every year 1,000 Third Gender are being benefited under this scheme. Documents like Birth Certificate, Educational Certificate, Community Certificate and other essential identity cards like Ration Card, Voter Identity Card etc. and housing facilities are provided through convergence with other departments.

## **NATIONAL PROGRAMME OF MID DAY MEAL**

- The Government of India initiated the National Programme of Nutritional Support to Primary Education (NP-NSPE) on 15th August 1995 as a Centrally Sponsored Scheme. During 1997-1998, the scheme was universalized across all blocks of the country covering children from 1st standard to 5th standard. During October 2007, the scheme was extended to upper primary classes of 6th standard to 8th standard and the name was changed from 'National Programme for Nutritional Support to Primary Education' to 'National Programme of Mid Day Meal in Schools'.
- The Government of India provides fund for implementing the scheme with 60:40 sharing pattern between the Centre and State Governments. However, the cost of food grains, its transportation and Monitoring, Management and Evaluation (MME) component is fully borne by Government of India.
- Government of India has fixed the nutritional norm for primary children as 450 kcal and 12 gms of protein and for upper primary as 700 kcal and 20 gms of protein. Considering the best interest of the children the State Government provides 553.30 kcal and 18.12 gms of protein for primary children and 733.86 kcal and 21.64 gms of protein for upper primary children.

- Government of India provides rice at the rate of `3,000 per MT to children from 1st standard to 8th standard. In addition, a sum of `750 per Metric tonne is provided as transportation cost.
- Government of India provides cooking cost (excluding the labour and administrative charges) @ `4.13 for primary and `6.18 for upper primary children.

However, the State Government provides more than the mandatory share of 40% so as to provide nutritious food to children.

## **INTEGRATED CHILD DEVELOPMENT SERVICES SCHEME**

Integrated Child Development Services Scheme (ICDS) is the largest integrated early childhood programme which provides weaning food, preschool education and primary health care to children under 6 years of age, adolescent girls and Antenatal/ Postnatal mothers. The Anganwadi centre – “A Courtyard Play Centre” - is the symbol of Government systems and services closest to the disadvantaged communities at village/hamlet level. It is the focal point for converging various Government programmes, primary health care and education delivery systems for young children, adolescent girls and women from under privileged communities.

The Integrated Child Development Services Scheme was launched in India in the year 1975 on the 106th birth anniversary of Mahatma Gandhi with 33 Projects which was designed as a befitting tribute to him. Three Projects namely Chennai (Urban), Nilakottai (Rural) and Thali (Tribal) were started in Tamilnadu. Now the scheme is being implemented in all the Districts. The broad framework of our State policy is to achieve the specific goal of “Malnutrition free Tamil Nadu”. Integrated Child Development Services Scheme is a centre place to improve the nutritional status of beneficiaries by adopting life cycle approach for intervening sustainable growth.

### **VISION OF ICDS**

#### **ICDS VISUALISES:-**

- A holistic physical, psychosocial, cognitive and emotional development of children under 6 years of age.
- To nurture protective, child friendly, development, learning and promotion of optimal early childhood care with greater emphasis on children under three years.
- A gender sensitive family, community programme and policy environment including adolescent and maternal care.

### **OBJECTIVES AND STRATEGIES**

- To institutionalize essential services and strengthen infrastructures at all levels
  - ✓ Implementing ICDS to prevent under nourishment and assure children of the best possible start to life, focussing on children under-3 years; focussing on early child care and learning environment.
- To enhance capacities at all levels
  - ✓ Training of all functionaries / staff to strengthen field based joint action and teamwork to achieve desired results and laid down objectives.
- To ensure appropriate inter-sectoral responses at all levels
  - ✓ Ensure convergence at the grass root level by strengthening partnership with the Health, Rural Development and Panchayat Raj, Municipal Administration and Water Supply Departments and Communities to improve outreach and quality of child development services.
- To raise public awareness at all levels and participation
  - ✓ Inform the beneficiary group and public on the availability of the four core child development services under ICDS and promote social mobilization and voluntary action.
- To create database and knowledge base for child development services

- ✓ Strengthen ICDS Management Information System (MIS); Use Information Communication Technology (ICT) to strengthen the information base and facilitate sharing and dissemination of information; Undertake research and documentation.

## **SERVICES PROVIDED UNDER ICDS**

The objectives of ICDS are delivered through a package of six services:-

- i. Supplementary Nutrition
- ii. Non formal preschool education
- iii. Nutrition and Health Education
- iv. Immunization
- v. Health Checkups
- vi. Referral services

## **UMBRELLA ICDS SCHEME IN THE FINANCIAL YEAR 2016-2017**

Government of India renamed the restructured ICDS into umbrella ICDS scheme within its ambit. During 2017, Government of India have brought the National Nutrition Mission, Pradhan Mantri Matru Vandana Yojana (PMMVY), under Umbrella ICDS inclusive of the following sub schemes.

- i. Anganwadi Services (in place of ICDS)
- ii. Scheme for Adolescent Girls (erstwhile SABLA)
- iii. Child Protection Services (erstwhile Integrated Child Protection Scheme)
- iv. National Creche Scheme (erstwhile Rajiv Gandhi National Creche Scheme)
- v. National Nutrition Mission and
- vi. Pradhan Mantri Matru Vandana Yojana (PMMVY)

## **UNIVERSALISATION OF ICDS – OPENING OF NEW CENTRES**

In order to fulfill its commitment towards universalisation of ICDS and operationalising 14 lakh Child Centres – (Anganwadi Centres) throughout the Country, the Government of India have revised the population, nutrition and financial guidelines for setting up of the Child Centres based on the recommendations of the Inter-Ministerial Task Force.

## **BENEFICIARIES OF THE SCHEME**

- a) Children in the age group of birth to 72 months
- b) Adolescent girls (11-14 years, out of school only)
- c) Pregnant women and Lactating mothers

## **SUPPLEMENTARY NUTRITION**

Tamil Nadu is a pioneer state in implementing various nutritional schemes, with an aim to march towards “Malnutrition Free Tamil Nadu” among children, Adolescent girls, Pregnant and Lactating Mothers. In order to bridge the protein and energy gap between the Recommended Dietary Allowance (RDA) and average dietary intake of ICDS beneficiaries, the following efforts are being put into operation.

## **WEANING FOOD**

To increase the nutritional level of the children, supplementary nutrition in the form of complementary (weaning) food is provided to children in the age group of 6 months to 36 months, Pregnant and Lactating mothers, Adolescent girls (11 to 14 years out of school) and additional quantity of supplementary nutrition is provided to children in the age group of 3 to 5 years in 5 districts which are prone for Japanese Encephalitis Syndrome.

## **FORTIFICATION OF FOOD MATERIALS**

Food Safety and Standards Authority of India (FSSAI) has formulated comprehensive regulations for fortified foods under Food Safety and Standards Act 2006. Accordingly Government of India has advised the State Government to ensure mandatory fortification of salt, wheat flour and edible oil under Integrated Child Development Services (ICDS), Mid Day Meal (MDM) Programme and Public Distribution System (PDS) during 2017. However with foresight, considering the best interest of the children, the State of Tamil Nadu implemented the usage of Iodised salt under Nutritious Meal Programme during 1991 itself.

- The Tamil Nadu Salt Corporation Limited is supplying Iron and Iodine fortified (Doubled Fortified) salt to all Anganwadi Centres.
- Palmolien oil fortified with Vitamin A & Vitamin D, free from Argemone oil supplied to Anganwadi Centres by Tamil Nadu Civil Supplies Corporation.
- To enhance the nutritive value of Supplementary Weaning Food, Micro Nutrients and soluble Vitamins are being added.

## **SCHEME FOR ADOLESCENT GIRLS**

The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) to address the multidimensional issues of Adolescent Girls has been renamed by Government of India as Scheme for Adolescent Girls (SAG). Government of India has expanded the scheme throughout the country but restricted the scheme to 11-14 years out of school Adolescent Girls only. This scheme has two components viz. Supplementary Nutrition Component and Non Supplementary Nutrition Component. The State Government provides 50% financial assistance towards Supplementary Nutrition Component in which the out of school going adolescent girls in the age group of 11-14 years who are registered in Anganwadi Centres are provided with 130 gram of Complementary weaning Food as supplementary food in the form of Take Home Ration (THR) per individual per day for 300 days in a year.

Under non-nutrition component, the scheme aims at motivating out of school girls in the age group of 11-14 years to go back to formal schooling or skill training and supports successful transition back to formal schooling or bridge learning/skill training. The Anganwadi Worker shall undertake home visits in her area take the help of PRIS, School Teacher, School Management Committee members (SMC) and other stakeholders to identify out of School Girls in the age group of 11-14 years. The other services under non-nutrition component are IFA supplementation, Health check-up and Referral services, Nutrition & Health Education, Life Skill Education and Counseling / Guidance on accessing public services.

Government of India provides `1.10 lakh per project / annum to out of school adolescent girls of age 11-14 years for non-nutrition services as listed above, in all 434 Projects under the sharing pattern of 60:40 (Central : State).

## **NATIONAL CRECHE SCHEME**

The scheme aims at providing a safe place for mothers to leave their children while they are at work and thus is a measure for empowering women as it enables them to take up employment. At the same time, it is also an intervention towards protection and development of children in the age group of 6 months to 6 years. These children are given care and protection by 2 trained creche workers from morning to evening. The children are provided three meals, recreational and educational facilities for their physical and mental growth. During the middle of 2017, 944 creches run by Non-governmental Organisations was brought under the administrative control of the Department of Integrated Child Development Services as per Government of India's guidelines with fund sharing pattern of 60:30:10 (Government of India : State Government : NGO).

## **POSHAN ABHIYAAN (NATIONAL NUTRITION MISSION)**

Government of India has setup National Nutrition Mission with a goal to achieve improvement in nutritional status of children from Birth to 6 years, Pregnant Women and Lactating Mothers in a time bound manner during the next three years, commencing from 2017-2018. National Nutrition Mission

will act as an apex body for nutrition related activities. The Mission aims to reduce malnourishment from country in phased manner, through life cycle concept, by adopting a synergized and result oriented approach. The mission will ensure mechanisms for timely service delivery and a robust monitoring as well as intervention infrastructure.

The National Nutrition Mission is to be covered throughout the country in a phased manner. Government of India have selected 5 districts under phase - I and 6 districts under phase – II in Tamilnadu for the implementation of National Nutrition Mission (Ariyalur, The Nilgiris, Villuppuram, Dindugal, Chennai, Thirunelveli, Thiruvallur, Tiruchirapalli, Viruthunagar, Ramanathapuram and Kanyakumari)

### **THE THREE MAIN PILLARS OF POSHAN ABHIYAAN**

1. **Convergence** State Government and line Ministries need to achieve convergence through close coordination between the Departments of Women & Child Welfare, Health, Drinking Water and Sanitation, Rural Development, Panchayat Raj, Education, Food and other concerned Departments, so as to ensure concentrated benefit to the community. Convergence is required within various services provided at different growth stages of pregnancy and early child life available for the first 1,000 days of child birth and pre and post-delivery support to mothers through various schemes (PMMVY, ANC, PNC, ASHA/AWW, Vaccination etc)
2. **ICDS-CAS (Common Application Software)** For Real Time Monitoring of the scheme, the Anganwadi Workers and Supervisors will be provided with Smartphones. The mobile application will digitize and automate 10 out of 11 registers used by Anganwadi Workers and aims at improving the nutrition outcomes through effective monitoring and timely intervention.
3. **Community Mobilization and Behaviour change Communication (BCC)** Organizing community based traditional events to promote and support behaviour change to improve maternal and child nutrition. IEC strategy to create awareness and disseminate information regarding the benefits available under the various nutrition and health related schemes. As per Government of India guidelines, the State Government has issued orders constituting Convergence Plan Committees at State/District/ Block level to assess the requirement of interventions needed, to identify the red pockets, treated and rectified.

### **PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)**

Pradhan Mantri Matru Vandana Yojana (PMMVY) (erstwhile Indira Gandhi Matritva Sahyog Yojana (IGMSY)) was introduced during 2010-2011 as a Conditional Maternity Benefit (CMB) Scheme for pregnant and lactating women on pilot basis by providing cash incentive for improved health and nutrition to pregnant and lactating mothers by using the ICDS Platform.

### **SOCIAL DEFENCE**

The Juvenile Justice (Care and Protection of Children) Act, 2015 aims to provide a system that ensures the care and protection of children by catering to their basic needs, development, treatment, rehabilitation and social reintegration by adopting child friendly approach. The Government of Tamil Nadu is implementing the Juvenile Justice (Care and Protection of Children) Act, 2015 with commitment so as to provide the best possible opportunities for the growth and development of every child in the society. The Department of Social Defence is implementing the Juvenile Justice (Care and Protection of Children) Act, 2015 by establishing and maintaining an effective system comprising of all statutory bodies, institutions and services as envisaged under the Act. Child Care Institutions such as Children Homes/Reception Units are managed by the Government as well as Non-Governmental Organisations.

The Observation Homes, Special Homes and After Care Homes are exclusively run by the Government. The Department ensures protection of child rights and standards of care in the Child Care Institutions by continuously monitoring and evaluating their functioning. The Department is also successfully implementing the “Child Protection Services” (CPS) under the Umbrella of

Integrated Child Development Services (ICDS) by creating adequate service delivery structures at the District and State Level. This has significantly contributed to the convergence of services for children and creating a system that will efficiently and effectively protect children. The Department is also concerned with the welfare of girls / women rescued under the Immoral Traffic (Prevention) Act, 1956. The Department is maintaining Vigilance Homes / Protective Homes in pursuance of the Act for providing care and rehabilitation measures for the victim girls/women.

The Juvenile Justice (Care and Protection of Children) Act, 2015 The Juvenile Justice (Care and Protection of Children) Act, 2015 is based on the principle of promoting, protecting and safeguarding the rights of children up to the age of 18 years. The Juvenile Justice Act broadly classify children into two different categories viz.

- (i) children in need of care and protection and
- (ii) children in conflict with law and facilitate the process of providing care, protection, rehabilitation and social reintegration.

### **CHILD WELFARE COMMITTEES**

In accordance with the provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015, the Government has constituted Child Welfare Committees in all the 32 Districts for exercising the powers and to discharge their duties conferred on them in relation to children in need of care and protection under the Act and Rules. The Committees are functioning as a Bench with the powers of Metropolitan Magistrate or Judicial Magistrate of First Class as per the Code of Criminal Procedure, 1973. Each Child Welfare Committee consists of a chairperson and four members (including one woman member). They conduct the proceedings in a child-friendly manner in the best interest of children.

### **CHILDREN HOMES FOR BOYS AND GIRLS**

Children Homes are functioning under the Commissionerate of Social Defence. At present, 36 Children Homes are directly run by Government and 152 Homes are functioning under Non-Governmental Organisations with financial assistance from the Government including 5 Homes for physically and mentally challenged children. The maintenance grant per child per month has been increased from `2,000 to `2,160 to the Non-Governmental Organisations as per the Child Protection Services norms. There are 1,113 children homes run by Non-Governmental Organisations with their own resources and registered under the Juvenile Justice (Care and Protection of Children) Act, 2015. Children homes provide food, clothing, shelter, medical assistance, education, vocational training, etc., in order to ensure the overall growth and development of children. In total, there are 69,850 children in all the children homes.

### **CHILD ADOPTION**

"Adoption is a process through which a child who is permanently separated from biological parents, becomes the legitimate child of a new set of parents referred to as adoptive parents, with all the rights, privileges and responsibilities that are attached to this relationship". Family is a crucial institution of our society. Every child has the fundamental right to have a family. Due to poor socio-economic conditions and unethical values, some families get disintegrated and some parents prefer to get rid of their biological children leaving many children at the risk of abandonment, exploitation, neglect and destitution. As a result, these children are forced to spend their lives in institutions. It is an accepted fact that institutionalization of children should be the last resort and the family-based non-institutional care is a better option for these children.

Central Adoption Resource Authority (CARA) is an autonomous body under the Ministry of Women and Child Development, Government of India. It functions as the nodal body for adoption of Indian children and is mandated to monitor and regulate in-country and inter-country adoption. The State Adoption Resource Agency (SARA) has been set up to monitor in-country and inter-country adoption programme at State level. The Government's commitment to protect the interest of children in need of care and protection falls in line with the principles of Juvenile Justice Act, 2015 which also emphasizes the need for rehabilitation and social integration of orphaned, abandoned and

surrendered children. Section 56 of the Juvenile Justice Act, 2015, the rules made thereunder and the adoption regulations framed by the Central Adoption Resource Authority, lays down procedures for adoption of children.

### **SPECIALIZED ADOPTION AGENCIES**

There are 19 Specialized Adoption Agencies (SAAs) functioning in Tamil Nadu to promote in country and inter-country adoption. These agencies are situated in Madurai (2), Kancheepuram (3), Salem (2) and one each in the districts of Ariyalur, Chennai, Coimbatore, Cuddalore, Dharmapuri, Dindigul, Krishnagiri, Nammakkal, Tiruchirapalli, Thoothukudi, Tirunelveli and Vellore. Apart from babies left in cradles, various other sources like Childline, Police, General Public, Hospitals also refer orphan and abandoned children. For various reasons, parents also surrender children directly before Child Welfare Committees. These children are placed in suitable families as per Adoption Regulations of Government of India.

A State Adoption Advisory Committee has been constituted by the Government of Tamil Nadu especially to promote “in-country” and “inter-country” adoption. The babies are placed under adoption legally by the competent Court under the following Acts:-

1. The Hindu Adoption Maintenance Act, 1956 (HAMA).
2. The Juvenile Justice (Care and Protection of Children) Act, 2015. The process of adoption made online to maintain transparency and user friendly.

### **CHILD PROTECTION SERVICES (CPS)**

“Child Protection Services” (CPS) under the Umbrella of Integrated Child Development Services (ICDS) is the centrally sponsored scheme and the Government of Tamil Nadu is implementing this scheme very effectively in order to ensure child protection by developing required structures for effective Juvenile Justice Administration in the State. The aim of Child Protection Services is to build a protective environment for children in difficult circumstances, through Government-Civil Society partnership.

The objectives of the scheme are effective implementation of the Juvenile Justice Act and other child related special legislations for the well being of children in difficult circumstances and ensuring protection of children in community as well as reducing the vulnerabilities of children to situations and actions that lead to abuse, neglect, exploitation, abandonment and separation from parents. These objectives are achieved by

- o Improving access and quality of child protection services
- o Raising public awareness about child rights and current situation prevailing in India
- o Enforcing responsibility and accountability for child protection
- o Creating child protection data management system, child tracking system and monitoring of child protection services
- o Ensuring appropriate inter-sector response at all levels.

### **TRACK CHILD SYSTEM**

Tracking the missing children and reuniting them with their parents is a challenging task and realizing the same, the Government of India had set up a National Portal on Missing Child Tracking System ([www.trackthemissingchild.gov.in](http://www.trackthemissingchild.gov.in)) through National Informatics Centre to trace the missing and found children. The portal is dedicated to the cause of tracking the missing and vulnerable children. The portal holds the database of children who are staying in various Child Care Institutions.

In the State of Tamil Nadu, Child Track System has been functioning very efficiently by linking all the Police Stations, District Offices and Child Care Institutions in interior parts of the State through this national portal. The Department of Social Defence had organized training programmes with the help of National Informatics Centre on “the usage of the software and entering data on the National Portal on Missing Children Tracking System” for the stakeholders involved in child protection.

## **THE IMMORAL TRAFFIC (PREVENTION) ACT, 1956**

The Immoral Traffic (Prevention) Act, 1956 is to combat trafficking and sexual exploitation of women and girls for commercial purposes. The Legislation brings the traffickers, abusers and pimps before the court of law and gives directions to rehabilitate the victims of trafficking in order to mainstream them into society.

## **UJJAWALA SCHEME**

Trafficking of women and children is a serious crime that violates fundamental rights of human being and their dignity. It is exploitation of vulnerable women for the sole purpose of economic gain. A multi sectoral approach is needed to arrest trafficking especially in vulnerable areas and sections of population. The State and Centre are taking various measures to combat the menace of trafficking of women and children and the scheme 'Ujjawala' is one among the initiatives. This is a comprehensive scheme for prevention of trafficking, rescue, rehabilitation and reintegration of victims of trafficking for commercial sexual exploitation. There are 5 Non-Governmental Organisations implementing this scheme across the State. The scheme is implemented by sharing of total expenditure at the ratio of 60:30:10 between the Centre, State and the Non-Governmental Organisation. During 2017-2018, 149 women victims have benefited under this scheme.

## **SOCIAL SECURITY PENSION SCHEMES**

Funding Pattern of State and Central Government

The Central Government has been partially funding the pension schemes as noted below:-

Sl. No.	Name of the Scheme	Eligibility Criteria	Central Government Contribution (Rs)	State Government Contribution (R)
1	Indira Gandhi National Old Age Pension Scheme	60 to 79 years	200	800
		80 years and above	500	500
2	Indira Gandhi National Disability Pension Scheme	18 to 79 years	300	700
3	Indira Gandhi National Widow Pension Scheme	40 to 79 years	300	700
4	Disability Pension Scheme	18 years and above	-	1000
5	Destitute Widow Pension Scheme	18 years and above	-	1000
6	Chief Minister's Uzhavar Pathukappu Thittam – Old Age Pension Scheme	60 years and above	-	1000
7	Destitute / Deserted Wives Pension Scheme	30 years and above	-	1000
8	Pension to Unmarried poor, Incapacitated Women of 50 years and above	50 years and above	-	1000

The eligibility criteria to avail assistance under the three pension schemes under National Social Assistance Programme (NSAP) in Tamil Nadu are as detailed below: -

Sl. No.	Scheme	Criteria
1	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Eligibility: Destitute Income: Below poverty line Age: 60 years and above.
2	Indira Gandhi National Widow Pension Scheme (IGN-WPS)	Eligibility: Destitute Widow Income: Below poverty line Age: 40 years and above.
3	Indira Gandhi National Disability Pension Scheme (IGN-DPS)	Income: Below poverty line Age: 18 years and above. Disability level: 80% and above.

The important eligibility criteria for Social Security Pension Schemes fully funded by the Government of Tamil Nadu are as detailed below:-

S.No	Scheme	Criteria
1	Differently Abled Pension Scheme (DAPS)	Age: 18 years and above. Disability level: 40% and above Unemployed. Eligibility: Shall not be employed in Government and Government allied Organisations or if they employed in private sector institutions on permanent basis drawing monthly salaries or if self employed, their annual income shall not exceed `3.00 lakh.
2	Destitute Widow Pension Scheme (DWPS)	Eligibility: Destitute Widow. Age: 18 years and above, Fixed assets: Not exceeding `50,000
3	Chief Minister's Uzhavar Padhukaapu Thittam (CMUPT)	Eligibility: Destitute. Age: 60 years and above. Landless agricultural labourers Fixed assets: Not exceeding `50,000
4	Destitute / Deserted Wives Pension Scheme (DDWPS)	Eligibility: Destitute. Age: 30 years and above. Must be legally divorced or deserted for not less than 5 years (or) obtained legal separation certificate from a competent Court of Law. Fixed assets: Not exceeding `50,000
5	Pension to Poor Unmarried Women of age 50 years and above (UWP)	Eligibility: Destitute and Unmarried. Age: 50 years and above. Fixed assets: Not exceeding `50,000

The Government have also issued orders to disburse the Social Security Pension through banks on identification of beneficiaries through bio-metric smart cards

**Distribution of Rice to beneficiaries** The beneficiaries under the above schemes are permitted to draw rice free of cost as per the following norms: -

- 4 Kgs of fine variety rice per month for those who do not take meals at the Anganwadi Centres.
- 2 Kgs of the fine variety rice per month for those who take meals at the Anganwadi Centres.