PERSPECTIVES

DPHICON 2022

The Idea of Presenting Papers

PREFACE

This souvenir is a compilation of perspectives on different topics presented during the DPHICON 2022 Health care professionals wanted to present their views, experiences and challenges in the health services implementation during DPHICON 2022.

Though the writeups did not fit into the regular scientific abstracts their coming forward to present were encouraged.

Seeing the presentations in a document manner will encourage them to work more and also instill the same enthusiasm in others too.

I appreciate the sincere efforts of these health professionals to participate in the DPHICON and present their perspectives.

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THE GLOBAL IMPACT OF BIOPHILIC DESIGN IN THE WORKPLACE

DR Abirami T.V

Biophilic design is a concept used within the building industry to increase occupant connectivity to the natural environment through the use of direct nature, indirect nature, and space and place conditions. Used at both the building and city-scale, it is argued that this idea has health, environmental, and economic benefits for building occupants and urban environments, with few drawbacks. Biophilic design can reduce stress, enhance creativity and clarity of thought, improve our well-being and expedite healing; as the world population continues to urbanize, these qualities are ever more important. Theorists, research scientists, and design practitioners have been working for decades to define aspects of nature that most impact our satisfaction with the built environment. 39% of workers felt most productive at their own desk in a private office. The countries with the greatest preference for a private office were Germany (59%), China (52%), Canada (50%), Sweden (49%), the US (45%), Denmark (44%), France (43%) and the Netherlands (41%). 36% felt most productive at their own desk in an open plan environment. It is clear that biophilic design in the workplace has a strong, measurable impact on key employee outcomes such as well-being, productivity, creativity.

Those who work in environments with natural elements, such as greenery and sunlight, report a 15% higher level of well-being than those who work in environments devoid of nature.

Those who work in environments with natural elements, such as greenery and sunlight, report a 6% higher level of productivity than those who do not have the same connection to nature within their workspace. Those who work in environments with natural elements, such as greenery and sunlight, report a 15% higher level of creativity than those with no connection to natural elements in the workplace.

COVID VACCINATION AND AIRPORT SURVEILLANCE UNDER PUBLIC PRIVATE PARTNERSHIP (PPP) IN CHENGALPATTU DISTRICT, TAMILNADU, INDIA.

Dr.B.Baranidharan; Vinili Simpson;
Dr.T.S.Selvavinayagam

INTRODUCTION :

Covid vaccination in India began on January 16, 2021. The vaccination was launched in phased manner. The first phase of the roll out was in January 2021 involved health workers and front line workers. The next phase of the vaccine roll out was on 1st March 2021 covered all residents over the age of 60 and residents between the ages 45 and 60 with co morbidities. From 1st April 2021, eligibility was extended to all residents over the age 45. From 21st June 2021, the vaccination was extended to all above 18 yrs. The next phase of the roll out on 3rd January 2022 for all the adolescents under the age group of 15 – 18 yrs and on 10th January 2022 precaution dose for the health workers, front line workers and 60 + population with co morbidities. The phase six roll out was on 16th March 2022 for the children ages 12 – 14 years and precaution dose for all persons aged more than 60 years.There were challenges in the implementation of covid vaccination programme all over India. During the initial period of roll out (January 2021) vaccine hesitancy was there. Later during the post peak of 1st wave and 2nd wave of covid pandemic vaccine avoidance was the challenge faced.

There was also inequity in vaccine supply also. The Departments adopted various innovations for the coverage of covid vaccination. One among those innovations was the standalone vaccination centre.

CARE INDIA:

CARE India is a Non Governmental organization which works for Health system strengthening, women health

adolescent health and Child health. They have established covid care centre in various states, supported covid vaccination in various states and IEC activities on Covid in various staes of India.

STANDALONE VACCINATION CENTRE:

Standalone vaccination centres are those centres which functions exclusively for the covid vaccination. In Chengalpattu District, the public Health Department along with CARE, India under Public Private Partnership established a standalone covid vaccination centre at Govt. upgraded Primary health centre, Nandhivaram on 24th September, 2021 and at National Institute of Siddha, Tambaram on 4th October 2021. The Vaccination centre was functioning from 6am to 9pm on all days. The vaccination centre was designed as per the guidelines of Govt. of India for covid vaccination centre.

WAITING AREA:

Demarcated waiting area with seating location with adequate arrangement of chairs, drinking water was made. The waiting area had 4 counters for registration of beneficiaries. Special counters were there for elderly, female and person with special needs. The beneficiaries who walk in for covid vaccination were screened using thermal scanners and let in the vaccination centre. The Data Entry Operators will enter the details in Cowin app and do photo verification using the valid documents produced by the beneficiary. After verification the beneficiary will be allowed to go for vaccination. Without entering in the cowin app no beneficiary was allowed for covid vaccination.

VACCINATION AREA:

There were dedicated rooms for vaccination with one table, two chairs, sanitizer arrangement and all other logistics for vaccination. Totally 4 such vaccination rooms for covishield first dose, covishield second dose, Covaxin and pink booth for women.

OBSERVATION ROOM:

After vaccination, the beneficiary has to wait for 30 minutes for observation. Dedicated observation room with emergency corner for management of AEFI was there. There was a medical officer and staff nurse posted in observation room for the observation of beneficiaries post covid vaccination. Adequate IEC Materials like banner, poster, and pamphlets about Covid 19 vaccination was available in the waiting area and observation area.

COLD CHAIN MAINTENANCE:

As there was no VVM on the vial of the vaccine, cold Chain maintenance was a prime importance. All Vaccination teams was supplied with an extra vaccine carrier with conditional icepack for replenishment of icepacks in the vaccine carrier with vaccine vials. Every morning vaccines will be received from the cold chain point (Nandhivaram UGPHC) in a vaccine carrier with conditioned icepacks. At the end of the session, vaccine carrier with all icepacks, used vials and unopened vials were sent back to the distributing cold chain point. Intact sealed vials returned on the previous session day, were used first on the next day.

MANAGEMENT OF AEFI:

For management of Adverse Event Following Immunization (AEFI), a dedicated room was available with AEFI kit containing of Inj. adrenaline, Inj. Hydrocortisone, RL/NS-1, 5% Dextrose, IV Cannula / Scalp vein-2, IV drip set-2, Disposable syringes -

5 Nos and adhesive taps. The room was also equipped with O2 concentrator, IV stand, Cot with mattress and AEFI Registers.

DRIVE THROUGH VACCINATION:

The standalone vaccination centre had a counter for Drive through vaccination. Drive through vaccination, the beneficiaries who are not able to reach the regular vaccination counter like elderly people, physically challenged were vaccinated. The beneficiaries were bought to the drive

through vaccination site in the car/auto by their family members. The beneficiary will be registered and verified by the data entry operator in cowin app. After verification the staff nurse will take the vaccine carrier with vaccines and other logistics to the drive through vaccination site and do vaccination in the car/auto itself. After vaccination the beneficiary will be waiting in the site for 30 minutes for observation.

HOUSE TO HOUSE VACCINATION USING MOBILE VACCINATION TEAM:

The District initiated House to House vaccination using Mobile Vaccination team under Public Private Partnership. This was launched in a remote village Saravambakkam of Madhuranthagam Block on November 2nd 2021 by Honorable Health Minister of Tamilnadu.

Under PPP 13 Vehicles was deployed by CARE, India for House to House vaccination. One mobile vehicle per Block/Municipality was allotted for House to House Vaccination. The Mobile Vaccination team consists of a Staff Nurse, Data Entry Operator and a Driver. The team visits the village with all the logistics needed for vaccination including Anaphylaxis kit. The team prepares an ATP in coordination with the Block Medical Officer (BMO) and the Child Development Project Officer (CDPO). The ATP is shared to the field functionaries and local bodies for coverage of all beneficiaries in the village. The team also coordinated with District Differently Abled Welfare Officer and got the list of beneficiaries who are bedridden and the physically challenged beneficiaries. The team during visit to that village vaccinated these beneficiaries with special needs in their house itself, which were a boon to them.

VACCINATION AT INTERNATIONAL AIRPORT:

There was emergence of variants of corona virus all over the world too. Since the District had International Airport it was a great challenge for the District. The need for Airport surveillance was crucial for the District. Under Public Private

Partnership Airport surveillance was initiated at Chennai International Airport.

Covid vaccination site was established at Chennai International and Domestic Terminals. The site was equipped with a Data Entry Operator, Staff Nurse and a Medical Officer with adequate vaccines and logistics. QR code scanning facility was also made available in the Covid vaccination site; so that the beneficiaries can download their vaccination certificate there itself.

VACCINATION COVERAGE:

The total vaccination coverage by the standalone vaccination centre is 249314. The vaccination coverage was collected every hourly by CARE India and DDHS Office using a link https://tiny.one/tnmvcdashboard. This link helped us to monitor the daily performance of vaccination at standalone, House to House and Airport covid vaccination centres.

AIRPORT SURVEILLANCE:

Since there was emergence of new variants of corona virus from other countries in India, the Airport surveillance was strengthened. In Chennai International Airport along with Airport Authority of India Airport surveillance was initiated. The Airport surveillance team was conducting fever screening and Covid sample collection at the Airport. The surveillance was done round the clock (24/7) in three shifts. The surveillance team consists of Medical Officer, Health Inspector, Lab Technician and staff nurse. Due to the new Covid 19 variant, Omicron new testing guidelines was released on December 2021. According to this guidelines all passengers from high risk countries like South Africa, China, New Zealand, Hong Kong, Brazil, Bangladesh, Botswana, Mauritius, Zimbabwe, Singapore, Israel and European countries including UK were compulsorily tested for covid, irrespective of the vaccination status. The International passengers from above countries were not allowed to leave the Airport till they get their RTPCR test results. If such travelers test positive, their samples were sent for genomic testing to INSACOG laboratory network, and they

were shifted to King Institute in 108 Ambulance

for further management and treatment. Later the guidelines were modified and only 2 percentage of the International passengers were randomly tested for RTPCR. Health Inspectors for the Airport surveillance team were deployed by CARE, India under Public Private Partnership.

CONCLUSION:

Public Private Partnership (PPP) is commonly used for the upkeeping and maintenance of facilities in the public health sector. This model was used by Chengalpattu District for the vaccination coverage during the vaccine avoidance and vaccine hesitancy period and also for Airport surveillance during the emergence of variants of corona virus. This helped the District to cover many beneficiaries as the ambience of the standalone vaccination centre was excellent with selfie corners, neat and tidy environment. This model can be replicated for other National Health Programmes too, especially for Routine Immunization which eventually help in the reduction of drop outs and left outs of Immunization.

ACHIEVEMENTS OF A HEALTH INSPECTOR

Dinesh Raja.S
Health Inspector
GPHC, Endiyur
Block Marakkanam, Villupuram Dist

WORK EXPERIENCE : Joined Public Health Dept. on 04-12-2014, Presently working in Endiyur PHC, Marakkanam Block, Villupuram District. Completed 8 years of service.

MY MISSION : Ensuring Safe drinking water, sanitation, and Basic health care activities .

ACCOMPLISHMENT :

- Best Health Inspector Award By District collector 2018
- Best Health Inspector Award By District collector 2021
- Best performance shield by District collector for Tobacco control programme & Mask Fine 2021
- Best performance shield by Honorable Health Minister 2021

FINE IMPOSED BY ME :

Tobacco control Act

- 1, 50,000 Lakhs

Dengue Control

- 1, 70,000 Lakhs

Covid -19 Related Act

- 11, 00,000 Lakhs

I Hope I was able to implement Public Health Act 100 % to Protect & to control the risk to public health in my area.

ACKNOWLEDGEMENT : My Sincere, Special thanks to Dr. Krishnarajan BMO (Rtd), Dr.Karthikeyan BMO, Marakkanam Block, All DDHS Villupuram for guiding me and for supporting me to render my service to people.

PROGRAMME OF CONCERN

DR D.JAGADESH

BLOCK MEDICAL OFFICER KODAVSAL BLOCK , THIRUVARUR HUD

SUCCESSFUL EARLY INTERVENTION SURGERIES FOR CHILDREN AND ADOLESCENTS UNDER RBSK PROGRAMME IN KODAVASAL BLOCK - THIRUVARUR HUD:

The Ministry of Health and Family Welfare Government of India under the National Health Mission have launched the Rashtriya Bal Swasthya Karyakram (RBSK) in Tamilnadu in the year 2015.

RBSK is a significant health initiative aiming at Early Identification and Early Intervention for children from birth to 18 years to cover 4D's such as defects of birth, deficiencies, diseases of childhood developmental delay including disability.

There is also provision of special care/ treatment to target beneficiaries through referral to District Early Intervention Centre (DEIC) the first referral centre of RBSK.

THE TARGET GROUP UNDER CHILD AND ADOLESCENT HEALTH SCREENING AND INTERVENTION SERVICES AREA:

1. Babies born at Public Health Facilities (Birth to 6 Years)
2. Pre-School Children in rural areas and Urban slums ICDS (6 Weeks to 6 Years)
3. Children enrolled in classes 1 to 12th in Government and Government aided Schools (6 to 18 years).

In our Block, RBSK Team visits Schools and ICDS centres and screen the children and adolescents. If any child is identified with the diseases, they are referred to higher hospital for treatment. If the district hospital is not able to take care of

the disease, the child is referred to a higher facility, where most of the heart, renal, other serious diseases are cured.

KODAVASAL BLOCK RBSK TEAM PERFORMANCE DETAILS AS FOLLOWS:

- Total number of Schools and ICDS Centre in Kodavasal Block - a) Schools – 108

  b) ICDS - 138
- Total number of children screened – a) Schools – 11260 b) ICDS - 12680
- Total number of children identified - 1481
- Total number of children needed surgical condition- 43
- Total number of children undergone surgeries- 43
  - **Congenial Heart Disease – 21 (Apollo Hospital, Chennai)**
  - **Cleft lip-2 (Meenatchi Mission Hospital Thanjavur & Madurai)**
  - **Cleft palate- 5 (Meenatchi Mission Hospital Thanjavur & Madurai)**
  - **Both–6 (Meenatchi Mission Hospital Thanjavur & Madurai)**
  - **Club foot-3 (Meenatchi Mission Hospital Thanjavur & Madurai)**
  - **Congenial cataract - 1 (TVMCH)**
  - **Congenital deafness-5 (Sri Ramachandra Medical College & MERF Chennai).**
- Total number of children under follow up- 79

Since the day one the RBSK programme has been started in state till now, our Kodavasal Block RBSK Team has achieved 100% coverage in Early Intervention surgeries for the identified Adolescents and Children successfully.

PREVENTION OF BLINDNESS IN PUBLIC HEALTH

Mr KALAIARASAN

Any effort that benefits the health of a community is considered a public health effort. Optometry is a public health profession,As an Ophthalmic Assistant ,I take this occasion to share my "challenge of work in public health".

SCREENING :

Eye camp's are regularly organized at schools and panchayats levels for all age groups people are screened for Cataract and Glaucoma. During one such event, Mrs. Kandhaiyi, 85 yrs old, from Kullampatti Village, Dharmapuri (Dt) was found to have both eye Hypermature Cataract.

MOTIVATION FOR SURGERY :

Patients are given a brief lecture on how they will get benefits under the Government implemented schemes for eye surgery was explained. Along with motivation, patients baseline investigations are done before referring to the higher health sector. As such, Mrs. Kandhaiyi's baseline investigations were done with the help of "Makalai Thedi Maruthuvam Mugaam (scheme)" and found to be a case of diabetic. Health workers of Makalai Thedi Maruthuvam Scheme, gave her proper medication and her blood sugar level was brought under control before shifting to the Government Dharmapuri Medical College and Hospital -Eye ward. She was then admitted and diagnosed as a case of "Morgagnian Cataract" (both eye hypermature). Surgery was done and she gained vision back. She wanted to thank the "Dr.Kalaignar Kannoli Kappom Thittam" for bringing her vision back.

POST-OP FOLLOW UP :

After discharging the patients a minimum of 3 house visits are made in 40 days to check the Visual acuity. Instructions on how to use the Medications are explained. This post-Op visit not

only benefits the patient but also attracts the other people in trusting the Government services.

AWARENESS AMONG THE PEOPLE:

To teach the public about importance of good eye health and the latest innovations in the treatment of eye disorders. Proper education and screening of Diabetic patients are done in preventing vision loss by Diabetic retinopathy.Importance of proper intake of vitamins and iodine are explained to the people in preventing night blindness. Eye donation rallies are conducted in order to motivate Eye donation. And Inspirational stories are shared to people about visually impaired people accomplishing incredible things .

SCHOOL SCREENING:

Identification of the Refractive errors

Eye camps are made often at school levels regularly. Free spectacles are issued according to their refractive error under the scheme of "Kannoli Kappom Thittam". Yearly twice, vision of every school child is checked, and spectacles are renewed once in a year. Teachers given training to use snellen chart for identification of defective vision among students

SCREENING OF OTHER EYE DISORDERS :

Other than identification of the refractive errors, students are also screened for Color Blindness, Congenital Cataract, Squint, Ptosis, Bitot spot, Conjunctivitis and Other eye disorders are also identified and referred to the higher health sectors. Likewise, During an Eye Screening Camp at Tribal village "Pudukottasardu " near Kottapatti, Dharmapuri. A 7 yr old school student, Ms. Rithika was detected with Right eye Congenital Cataract. Her parents were called and convinced to take the child for surgery. She was admitted in Government Dharmapuri Medical college and Hospital. IOL implantation surgery was done at free of cost under CMCHIS. Now Ms.Rithika's vision in Right eye is 6/6.

Providing Health Education for students

During School eye camps children are educated about good eye health practices including dietary practices to prevent vitamin A deficiencies, facial cleanliness to prevent trachoma, outdoor play for prevention of myopia. .

A TRIBUTE TO THE 75th INDEPENDENCE DAY

I am working in Theerthamalai, Dharmapuri district, and it is bounded by dense forest and hills of 3 districts- Kallakurichi, Salem, Thiruvanamalai. So many tribal groups are residing in these hilly landscapes. From these regions Cataract cases are identified either through Eye camps, post-Op follow up visits or they themselves come to the PHC. The Tribal people living in these

hilly regions have to walk nearly 15 Kilometers and then take Public transportation to reach the PHC. For patients living in the hills who are assessed for cataract, instructions, guidance and date of surgery are informed through their relatives who come down the hill for work. Patients posted for surgery used to come a night before surgery and will stay in the Temple. In the morning of admission I buy food for them and send them for Surgery. Proper Post-op care, follow up & house visits are done to ensure they are healthy. In the last 3 years, I have conducted a number of eye screening camps in all the interior villages and soon under guidance and surveillance of public health officers Sitheri and Sittling hills will be announced as Cataract free zones.

Apart from public health activity, patients who lost their work due to diminished vision following cataract, post-Operatively i help them get work in " Social forest scheme " as a daily wager. Motivated a number of dropped out grandchildren, of my tribal patients to continue their education. Help in receiving Old Age Pension to the beneficiaries through Revenue authority.

MY TRIBUTE :

As we are on our 76th Independence day Moment, and on this auspicious year, I have picked out 96 Cataract cases from (no-transportation facility) remote villages Tribal community, Lambadi group of people in the month of August 2022 alone. Among 96 cases, 76 of them were taken for surgery at Government Dharmapuri Medical College and Hospital.

76 Cataract cases for 76th Independence year

- Total No. of Cataract patients admitted - 96
- Total No. of IOL Surgery done - 76
- Beneficiaries - Tribals, Irulaers, Lambadis, Remote village people, Hard to reach areas (no availability of transport facility)

EYE DONATION AWARENESS AND MOTIVATION :

The most common complaint for which a patient visits the Eye-OPD is corneal ulcers due to injury from vegetative materials . With proper care and medication, consequences are eliminated for those who come early for treatment. Some people due to their carelessness lose their vision by neglecting it till corneal blindness. Such people are found out and listed for corneal transplantation. Patients with (corneal blindness), the only way of getting back their vision is through Corneal Transplantation.

We commonly see people living in urban areas actively come forward to donate their eyes. In the Rural side of Dharmapuri district on creating a proper motivation and awareness among people, a great number of donors came forward .Enucleation of the eye is done and sent to the recipient. Recently an old mother of age 78 donated her eyes, which benefited 2 patients in bringing their vision back.

SUCCESS STORY OF OPHTHALMIC ASSITANT

A.MUTHUCHAMY
OPHTHALMIC ASSISTANT

INTRODUCTION:

Coming from poor agriculture family near Mangalapatti in Dindigul District Complete Diploma in Ophthalmic Assistant in Thanjavur Medical College 1986. Joined as Ophthalmic Assistant in Alangayam Block from 1989. Paid his full attention and dedicated hard work for the improvement of the Vision of the Tribal Peoples & School Students belonging to Jawadu Hills at Pudurnadu and surrounding 40 Villages & Alangayam Rural.

Achievement:

1. Periodical Regular Eye Camps at outreach Hill Areas.
2. Screened Cataract patients transport from resident to PHC (IOP, DUCT, BP, RBS, Urine Sugar & ICTC investigation)
3. After investigation selected Cataract patients pre-operative counselling given & transport to GH.
4. Cataract patients are admitted at GH.
5. Cataract surgery patients provide free (food, dark Goggle, Eye drops, Drugs & advised post-operative counselling) given & transport to resident.
6. Regular follow-up for remote village patients.
7. From 476 Eye camps are conducted, 15282 Cataract Patients got vision through surgery.
8. Periodical School Screening program under PALLI SIRAR KANNOLI KAPPOM THITAM from 6th to 12th Students at Rural & Municipality.

9. Periodical attend VARUMUN KAPPOM THITTAM & Disability Medical Camp at Rural & Municipality.

Rewards:

He was honoured as Best Ophthalmic Assistant by the District Collectors of Vellore & Thirupathur continuously 27 Years in the Independent Day & Republic day Celebration by the Government of Tamil Nadu.

ROLE OF A HEALTH INSPECTOR IN PUBLIC HEALTH

Mr.Meshak Health Inspector
Kanyakumari

Not many common man are aware of the contributions of Health Inspectors in Government. prevention of communicable diseases is never complete without the contribution of HI. This is an attempt to share perspectives and experience of a health inspector.

HEALTH INTELLIGENCE :

Health Inspector plays a vital role in both active as well as passive surveillance. He is in many ways bridging the gap between who has information and who needs it. Information regarding communicable diseases and vital events are crucial for managerial and planning works of public health.

MONITORING/ ENSURING SAFE WATER SUPPLY AND SANITATION:

For the community to lead a healthy life and to be productive, basic amenities must be available in a hygienic manner. Health inspector coordinates with local bodies in ensuring periodic overhead water tank cleaning, detecting pipe line leakages, daily chlorination and hygienic waste disposal.

VECTOR BORNE DISEASE CONTROL :

Health Inspectors supervise breeding checkers in anti larval work and source reduction activities; arranges and executes fogging operations to kill adult mosquitoes.

HEALTH EDUCATION:

Health Inspectors educates people when they ignore early signs of illness and ensure early and proper health seeking behavior.

TEAM BUILDING AND INTERDEPARTMENTAL COORDINATION:

His role in arranging camps, facilitating events and disaster response by coordinating with staffs of Public Health and other departments is appreciable.

ENCOUNTERING EMERGING DISEASES AS A FIRST ROW SOLDIER:

During the COVID 19 pandemic when everyone was hesitant, Health Inspectors were getting involved in patient shifting for triage & hospitalization and dead body disposal.

INFRASTRUCTURE BUILDING AND MAINTENANCE:

Finding a suitable site for PHCs and HSCs, getting the estimates & monitoring and giving feedback to higher officials . We (Health Inspectors) don't count our benificiaries .we are happy to be a reason for their healthy life.

AND MILES TO GO BEFORE I SLEEP.....

Dr.G.Narayanasamy ,M.Sc (Medl.Ent),PhD

Realizing service to the needy is equal to service to God, stepped into the Department of Public Health & Preventive Medicine in early 1969.During my service of 36 years. I had varying experiences which may pave the way for youngsters to pick up good things.

My first visit to Ramanathapuram,as an Entomological Assistant along with Dr.Gokale(late) SSUO, Madurai.I was later referred by the Regional Director RCO,Bangalore to Mr.V.Ramadoss(Late),then Divisional Officer, Ramanathapuram to know the various aspects of N M E P and the responsibilities as an executive in the programme.With a good beginning I start to learn ,but I was soon shifted to Chidambaram N F C P Unit.From there I volunterly transferred to Coimbatore.

My service in the Regional Malaria Organisation, Coimbatore under the guidance of A.V.Ganesan late) helped me to learn about malaria entomology and to understand the field realities. During the field visits to Local Bodies to evaluate the Anti- Mosquito Scheme / Anti – filarial Scheme along with survey for microfilaria was a rewarding experience.

This period was followed by a hard time ie I was posted to a malarious Thiruvannamalai as Addl.Divisional Officer,in Thiruvannamalai NMEP Division. Thanks to God, I was made to learn various aspects of malaria control like case detection, treatment, IRS, anti larval work ,epidemiology of malaria from the riverine villages of Sathanur Dam and downstreams and to monitor the programme activities. The EDPT adopted in this area gave a confidence to me later.

This tempo in work was utilized by Kallakurichi (old South Arcot Dist) NMEP Division followed by MPO (NMEP). Kallakurichi division had most of the Vector Borne Diseases (VBDs) to mention Malaria, Lymphatic filariasis, Japanese

Encephalitis, Guinea worm and at a very insignificant load of Dengue The introduction of Multipurpose Health Workers scheme (MPHWS) in 1981 made public health work more complex. The implementation of this scheme through PHC was a challenging one initially since annual evaluation by the aiding agency(DANIDA) was also to be met with the Basic Health staff of NMEP at the sub-centre and PHC level. This resulted with outbreak of malaria in few places like Kalvarayan Hills.

Along with the routine malaria control activities, in an intensified way by establishing field laboratories, instituting weekly surveillance and ensuring good coverage in treating malaria cases ,a collaborative study with Vector Control Research Centre,(ICMR)Pondicherry on malaria prevalence in Thenpennaiyar system was carried out from1981 to1985.Also the effect of thermal fogging and cold aerosol (ULV) was studied. It was a good exposure to know about the bionomics of the rural malaria vector,An.culicifacies,which cause out door transmission of malaria.

The outbreak of JE in Kallakuruchi area during 1981 , later with seasonal cycle affected almost all Blocks of the division resulting a paralysis in routine surveillance / health care activities. With trial and error method by applying I R S / thermal fogging the JE season was managed,as no vaccination for JE available at that time.

Now the focus was turned towards eradication of guinea worm. Few places in Thirukovilur taluk and a good number of villages in Vridhachalam Taluk were reporting guinea worm infection. As a pioneer state in controlling guinea worm , intensified guinea worm search coupled with case detection ,treatment of the patient and water sources to free from cyclops, eradicated the guinea worm by 1981 ie even before the GOI turn towards eradication of the disease. In this activities my role was very limited, I am having the satisfaction of providing technical guidance to the Unit people.

Then I was shifted to Nilgiris where practically the problem of VB Disease were less except the fly nuisance. So the fly control measures assumed more importance during the seasons of a year While streamlining the activities ,the importance of passive surveillance under malaria and plague surveillance was felt. The result was encouraging in detection of more number of imported malaria cases specially from the Defence sector ie from the Station Health Organization (S H O) at Wellington. So a rapport was built with notification of malaria from the Defence hospital at Wellington Cantonment and required control measures were carried with the good cooperation of SHO. So also with the Hindustan Photo Films(HPF)Besides the Mission hospitals ,dispensaries in Tea Estates were involved in screening fever cases along with the immunisation activities. The zeal with which I worked made Dr.Jagadesh Ramasamy ,then D H O to advise me to go for M.Sc (Medl.Ent) in Vector Control Research Centre (ICMR) which materialised by the timely help of the Directorate.

A new chapter of learning started with my course at VCRC, where the interaction with the scientists of that centre gave me confidence to prepare scientific articles in later period ,mostly on the practical aspects of malaria control. Further my training in various premier Institutes like NVBDCP, NICD, NIMR, AIIMS, CRME,RCO, H&Fw training centre, Gandhigram, Filaria Centre at Calicut, helped me to face the outbreak situations in control of VBDs.

My stay in Institute of Vector Control & Zoonosis (IVCZ) ,Hosur had three spells. As Senior Entomologist to look after laboratory work (1st spell), to be in charge of training programmes with execution of a project work(2nd spell) and

finally holding the post of Reader in Public Health Entomology(Chief Entomologist). After 1st spell, I was working as District Malaria Officer,Dharmapuri, so again with the containment of riverine malaria of Cavery and Thenpennaiyar.I made use of the time to make a differential diagnosis of malaria and stratification of malaria in Dharmapuri area .The findings

of both studies was found to be more useful in all practical aspects and this was appreciated by Dr.(Mrs) K.V.Shantha (late),then DPH& PM.

After my 2nd spell in I V C Z,I had a chance to work in the virology lab,of Dept.of Microbiology , Madurai Medical College, Madurai. An entirely different atmosphere in which I had to work. Luckily I had good support of the HOD i/c , Dr.N.Chandrasekaran(late) which made me to go after each and every J E cases detected in the lab for entomological studies as well as for epidemiological investigation and reporting to DPH&PM. Also carried out" Aedes survey" in Madurai Corporation area though few dengue case were detected during 1995 & 96.By the grace of God I had an opportunity to take Ph.D (Part -time) and studied the "Bionomics of malaria vector and prevalence of malaria in urban area of Dindigul " Thanks to all my DPH&PM right from Dr.C.A.K.Shanmugham(late) upto Dr.S.Murugan(late) and all Officers , colleagues and technical staff of municipal service who encouraged, guided and helped me.The last part of my tenure was in I V C Z, Hosur, as Reader in Public Health Entomology(1998 -2005),Then I took the post of State Consultant, NVBDCP, Bangalore, Karnataka. In nutshell the experiences gained in Department of Public Health and Preventive medicine ,Tamil Nadu was a boon to me and I had the satisfaction of serving public in Department of public health and I feel that "still miles to go before I sleep."

- Formerly Reader in Public Health Entomology.
- Ps: This paper is dedicated to Dr.N.C.Appavoo,Formerly DPH&PM(M&F)

CHENNAI FLOOD -2015

S.NAGARAJAN
Deputy Director Leprosy, Chennai

FLOOD DISASTER BACK GROUND:

Chennai is the fourth largest Metropolitan in India having a total population of nearly 70 Lakhs with a growth rate of 13% and density of 26903 people per square kms. Within a century, Chennai has grown 8 folds in population .The city of Chennai and its suburb areas recorded multiple torrential rainfall events during November-December 2015. There was very heavy rainfall on November 8, 9, 12, 13, 15, 23, and December 1. During the 24 hours ending 8:30 a.m. on December 2, 2015, "extremely heavy rainfall" was reported in Chennai: 49 cm at Tambaram in Kanchipuram District, 47cm at Chembarambakkam in Tiruvallur district, 42cm at Marakkanam in Kanchipuram district, 39cm each in Chengalpattu (Kancheepuram district) and Ponneri (Tiruvallur district), and 38 cm each in Sriperumbudur and Cheyyur (both in Kancheepuram district), 35cm of rainfall at Chennai airport, and 34cm in Mamallapuram, Poonamallee, Red Hills and Chennai city. According to Skymet data, during the month of November, Chennai recorded a whopping 1218.6 mm of rain – three times its monthly rainfall. The normal rainfall figures for November stand at 407.4 mm. On the first day of December itself, Chennai recorded 374 mm.

PUBLIC HEALTH ACTIVITIES:

Several teams from various domains formed to check and control outbreaks in the flooded areas of Chennai. Along with IEC Team, Vector control team Chlorination monitoring team, Food safety team Public Health team (Surveillance of ADD cases) etc constituted by the Department of Public Health and Preventive Medicine and GCC with its effective implementation

of PH activities in and around Chennai city controlled post flood major outbreaks .

Details of activities in facts figures will be presented through PPT in original

(Key words; Disaster, Public Health, Chlorination, Vector Control, Food Safety)

MAKING A SHIFT FROM DISTRUST TO TRUST : A PHC MO PERSPECTIVE

Dr.N.Pradeepraj
Medical officer,Jolarpettai UGPHC
Thirupattur HUD

During the COVID curfew, I received my appointment letter as Medical Officer. It was nearly 440kms away from my hometown village. Getting a pass for travel during the Covid curfew period was a big battle and I begun my journey which was my first travel towards the south region of Tamil Nadu. I reached early morning after overnight travel with great expectations, but the reaction which I got in my work station wasn't too much positive. Due to Covid spreading situation, I didn't even get food & room for accomodation. I stayed in Hospital premises for the time being. After a few days first case of Covid was reported in my PHC area limit. I requested to send a vehicle to inspect the Covid reported area, but vehicle was not provided so I requested the local area people to arrange a vehicle , they weren't much supportive. I can understand the fear they had during the Covid time and they were against the PHC which I realized later. The outpatient performance and deliveries of my PHC was average when I joined my duty. After a few months with the full fledged involvement of all staffs we substantially increase the outpatient and delivery performance, finally we were able to change the view of local population .we made them understand the importance of PHC. We bought some important equipments like UPS, Ceiling fans, wheel chairs, CCTV cameras, digital wall clock, LED bulbs, Geyser with the help of some sponsors. Gradually we moved into a peaceful routine with the public and local bodies. Within 2 years of my service my superior recommended me for District collector's appreciation certificate. On 26 JAN 2022, I received appreciation Certificate from the District collector.I felt so

proud to receive this after facing a lot of challenges and oppositions. After a few weeks I voluntarily tranferred to my hometown districts because of my family situation. On my last day of working in my first station , a person who opposed PHC, dropped me in the railway station. After a few weeks, a call came from one of the staff nurse from my old station she told that people are expecting me at outpatient department. Now I think the people who opposed PHC started believing in public health Department.

MY JOURNEY IN PUBLIC HEALTH ...

Dr.N.Rajakumari Nadarajan
Medical Officer Government Primary Health centre Komal, Thiruvarur

I was once a little girl who was left alone in a boarding school in a hope of bright future by poor and hard working parents . It was very painful at that young age to get separated from loved ones, but all that sacrifices and hardworks of my parents has given me a chance to serve the marginalized and underprivileged section of the society. After completing my undergraduate degree in Kilpauk Medical college I entered government service through MRB on November 2019 hoping to serve people in rural backward region and joined as medical officer in komal government additional primary health centre thiruvarur. Within the next 6 months covid pandemic shook the world and lockdown was declared. People faced hard times in getting their daily essential needs fulfilled due to the restrictions existed in prevention of covid, inspite of that we were able to provide basic and emergency health care services to people reaching our facility with the guidance and support from our Directorate. Pregnant women were followed meticulously over phone (call/whatsapp) personally and delivered safely in nearby Government hospital and medical college. After lock down was revoked, it was very difficult to motivate pregnant women to get delivered in phc again due to the impact caused by referral to higher centre for delivery during covid lock down.

After The lock down with regular counselling and motivations given during PHC AN visits and additional phone call followup and with full assurance given that I (medical officer) will be the only person who will be conducting their delivery irrespective of my timing , soon Patients slowly started to trust and get delivered in my phc. And also my Interaction with the pregnant women helped to gain their trust. Poor compliant/uncooperative pregnant mothers and family also changed their attitude once I spoke to them during AN visits

and personally over phone and ensured them to call me anytime till their deliveries. As assurance given already, i was present and conducted deliveries, irrespective of my timings without proper sleep and food to keep my words which built their trust even stronger. Delivered mothers and their family also started to motivate and refer other pregnant mothers to get delivered in my phc. The small step taken to get connected with pregnant mothers over phone (call/whatsapp) brought a huge change in the attitude of pregnant mothers towards me and our facility and they trusted and preferred to get delivered in my phc. It all started with Nil delivery and then 1 or 2 deliveries per month. Within 6months, it was 8 deliveries and finally i was able to conduct 12 deliveries in the months of may and July 2021. After some sacrifices and hard times it gave me an immense pleasure and satisfaction while seeing a mother returning home happily as a family with a new life in her hand after each delivery from my phc. Their love and support made me to work more & to continue my service . I use this as an opportunity to sincerely thank all those who supported and guided me in my efforts.

- Single MO on call 24x7
- Nil Delivery to 12 deliveries per month
- Interpersonal communication over phone & watsapp call , gaining the trust of pergnant women post covid for delivery at primary health care institution

TAMIL NADU WITH A CHALLENGE OF MALNUTRITION AND ANAEMIA INNOVATIVE METHODS TO END

Dr Subramanian .C, Rtd Senior Civil Surgeon
UPHC Kelambakkam , Chengalpattu HUD

Good nutrition has the power to empower the present and future generation. Even after 75 years of independence, a majority of them do not get the required diet to meet their nutritional needs. A child's nutritional status is directly linked to their mother. Poor nutrition among pregnant women affects the nutritional status of the child and has a greater chance to affect future generations. Under nourished children are at risk of under performing in studies, also affected mentally and physically, has reduced work capacity. The national family health survey (NFHS-5) has shown marginal improvement in biomarkers like height, weight, and haemoglobin level. Undernourishment leads to stunting, wasting, under weight& low haemoglobin value reflects anemia. The stunting is defined as low height for age, the wasting is defined as low weight for height , under weight is low weight for age , the anemia is defined as the condition in which the haemoglobin level is lower than the normal. The cut off level of haemoglobin in the blood more than 11 gms/dl. The national family health survey – 5 has shown marginal improvement in rural part of the tamil nadu compare with the national family health survey – 4.

The national family health survey – 5 indicates more than 57% of the women age between 15 to 49 years and over 67% children six month to 50 months suffer from anemia. The prevalence of anemia is a huge & serious burden to the country.

The stunting, wasting, under weight, anemia are serious issues because it reduces the work capacity of individuals, in turns it impact the economy of the nation as well as national growth also. India loses approximately 12% GDP annually due to malnutrition & growing anemia. There is a greater need to

increase investment in children's and women health. The sustainable development and improvement of the quality of life & to ensure the nutrition. The Government's focus has been on the chief minister nutritional programme, mid day meal programme & Anemia mukth bharath programmes to improve the outcomes. For the prevention of the stunting, wasting, under weight, and growing anemia needs a holistic approach .An integrated programme for nutrition & anemia prevention should be adopted. It will cause awareness among each and every individual.The programme should focus on nutritionally challenging groups like the children, young children, adolescents, pregnant women. Holistic approach of nutritional programme needs proper planning, implementation at the grass roots levels, it should be addressed at the block level health unit district, all the district of the tamilnadu also state level.

To provide good education, balanced nutrition, and quality health care,we should moniter & evaluate the programmes systematically and review at grass root level challenges. To make policy decision, monitoring the schemes, and review nutritional status across the health unit district with anganwadi staff. The malnutrion, under weight, and growing anemia is critical, so every one take a step forward to end malnutrition & anemia

ANM TRAINING SCHOOL, POOVANTHI, SIVAGANGAI DISTRICT

ANM Training School is a Government institution under Directorate of Public Health & Preventive Medicine; Government of Tamilnadu established in the year 2014. Our School has been recognized under Indian Nursing Council and Tamilnadu Nurses & Midwives Council. It offers an excellent opportunity to become a community nurse. We are offering only 2years Certificate course Auxiliary Nurses & Midwifery course and we have an annual intake of 60students.

The onus being on holistic preparation of nurses, the ANM Training School, Poovanthi has an objective of empowering nurses with nursing education. Our nursing school strives to provide the best nursing education that contributes the development of cognitive, affective as well as psychomotor domains of learning by adapting to recent technology. We prepare and mould the students to be a good caregiver but also with the unique qualities of love, courage and mercy which are the hallmark of the nurse.

Nursing practice is focused on the care of individuals, families and communities. Nursing may be differentiated from other health care providers by their approach to patient care, family care, training and scope of practice. Education for the practice of nursing demands a substantial knowledge of nursing, drawing the foundation from behavioural and biological sciences.

We have qualified, meritorious and experienced faculty along with the best physical infrastructure, library and well laboratories.

Clinical training facilities are given to nursing students in community health field, Primary Health centers, Regional Health training centers and Medical College Hospitals. Board examinations are conducted by Directorate of Public Health & Preventive Medicine for I year and II year. Rs.500/month is provided as stipend to all ANM students throughout their study period.

ANM TRAINING SCHOOL KASTURBA HOSPITAL

GANDHIGRAM

THE PURPOSE OF THE ANM/ MPHW COURSE IS

To prepare an ANM/ MPHW to function at the community level / village with specific skills to fulfil the health needs of the community. She will be an active link between the community and health care system.

MILESTONE OF THE SCHOOL

ANM TRAINING SCHOOL started in 1954 by the well-known social worker

Late Dr.T.S. SOUNDARAM. In 1954 school was started as ANM Training School at Avvai Rural Medical Service (Kasturba Gandhi Maternity Home), Gandhigram, Madurai District, South India, as per Government of India, Ministry of Health, New Delhi Dated 19.07.1955 the duration of 24 months course.

Many Widows and deserted wives were rehabilitated by Gandhigram Trust, first by educating them and then giving the ANM Training. This Programme has all along been supported by Govt. of Tamil Nadu. From 1954 to 1978 during this period 370 students passed out.

As per the Govt. Of India, Ministry of Health and Family Welfare Department New Delhi dated 19.05.1978 the course duration was revised from 24 months to 18 months and the course name changed from ANM to MPHW.

In the Year 1979 ANM Training was converted to Multipurpose Health Worker (MPHW- Female). 30 Students are being selected once in 6 Months for this 18 Months course in three semesters. The training was stopped by the Government with effect from October 2004. The MPHW course was restarted

from October 2008 and again stopped on October 2010. During this period 1229 students were passed out.

Now we are conducting 2 years ANM Training under Indian nursing council norms. Public Health and Preventive Medicine department has sent us 30 trainees from 2013.

From – 2013 to 2019 during this period 318 students were passed out.

ANM TRAINING SCHOOL, VEERAPANDI, THENI DISTRICT.

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so that they may attain, maintain, or recover optimal health and quality of life.

ORIGIN:

The Department of Public Health and Preventive Medicine has extended its devotion to the aspirants of Village Health Nurse to realize their dream to come true. ANM Training school, Veerapandi, Theni District was established as per the G.O (M.S) (L1) No.254 Health and Family Welfare Department, dated 03.09.2014. In the year 2014, ANM Training school, Veerapandi has started running with 59 numbers of trainees at Block Primary Health centre premises, Veerapandi. The faculties were appointed as per the G.O (M.S) (N1) No.77 Health and Family Welfare Department, dated 13.03.2015.

PURPOSE:

To prepare an ANM to function under Maternal and Child Health services at the community level / village with specific skills to fulfill the health needs of the community. She will be an active link between the community and health care system. She is a co-coordinating person with nutrition and education department for the welfare of children and adolescents through implementing immunization and nutrition deficiency prophylaxis.

INFRASTRUCTURE:

Academic block consists of Principal room, Office room, staff room, MCH lab, Fundamentals of Nursing lab, Computer lab, Library, two class rooms and store room. Hostel block consists of ground floor and First floor. There is total 16 rooms in ground floor and 9 rooms in first floor. Academic block area is about 6866 Sq.ft and Hostel Block is about 9218 Sq.ft. There is a

separate Multipurpose Hall with 2182.25 square feet. One faculty and one examiner quarters is available within the campus.

TRAINEE'S DETAILS:

Till now 332 trainees were passed out from this institution. At present 43 trainees are undergoing training in I year (2021-2023) and 38 trainees in II year (2020-2022). 46 trainees got admitted for the academic year 2022-2024.

CURRICULAR ACTIVITIES:

Auxiliary Nursing and Midwifery (ANM) is a two-year certificate course with six months internship. I year programme have four theory subjects namely community Health nursing, Health promotion, Primary Health care Nursing and Child health nursing with two practicals. II year ANM program have two theory subjects namely Midwifery and Health centre Management and two practicals.

The ANM trainees are posted in Primary Health centres, Subcentres and villages for field training. The ANM Trainees are posted for thier clinical experience at Govt. Theni Medical college & Hospital as per the calendar plan of DPH & PM.

Trainees are encouraged to participate in National Health programs like National deworming day, Pulse Polio immunization, Vitamin A

supplementation programme etc. They were also involved in family surveys, medical camps and other field health activities. They are also encouraged to actively participate in co-curricular activities like sports day, annual day and other skill developing competitions.

OTHER TRAININGS:

Yoga and Naturopathy training for VHN was conducted in the year 2017.

MLHP training for staff nurses was conducted for two batches in the academic year 2022.

Computer skill lab training for the field staffs was conducted for VHNs, SHNs and CHNs.

"THIS INSTITUTION HAS ENTERED ON ITS NINTH YEAR OF PROGRESS AND PROMISES ITS COMMITMENT FOREVER" (Since 2014).

E-SANJEEVANI TELECONSULTATION (DINDIGUL DISTRICT)

Name : **Dr. B. Ahmed Paizal**
Post Graduate, institute of Community Medicine, Madras Medical College.

Previous Designation : Medical Officer, Kodaikanal Block, Palani Hud

INTRODUCTION :

The Centre for Development of Advanced Computing in Mohali created the Union Health Ministry's eSanjeevani platform. eSanjeevani Teleconsultation is a digital platform established by a Union government to provide health services virtually. Telemedicine is the delivery of health care services where distance is a critical factor by all health care professionals using IT for diagnosis, treatment, and prevention of disease and injuries, research and evaluation, and so on, all with the goal of advancing the health of individuals and communities.

eSanjeevani supports two types of telemedicine services:

1) In response to the COVID-19 pandemic, the Health Ministry launched 'eSanjeevaniOPD,' which enables patient-to-doctor telemedicine on 2019.
2) Doctor-to-Doctor (eSanjeevani AB HWC). A critical component of the Ayushman Bharat Health and Wellness Centres (AB-HWCs) programme. This was implemented in Tamil Nadu in April 2022. It intends to use a 'Hub and Spoke' model to implement teleconsultation in all Health and Wellness Centers

APPROACH:

Esanjeevaniopd (purely a patient to doctor constation)

Esanjeevani teleconsultations have become so popular in all districts especially here in dindigul districts ,throughout the COVID-19 pandemic is because it allows healthcare providers to deliver care to patients through phone or via a video visit.

According to the Tamilnadu state report, the Dindigul district consulation was 4192during the second wave of covid onFEBRUARY 14, 2021and ranked 26th in state performances.

District Wise Sanjeevani OPD Performance in Tamil Nadu as on 14.02.2021					
S.No.	District	Total No. of Consultations	S.No.	District	Total No. of Consultations
1	Salem	103217	20	Perambalur	7014
2	Madurai	50114	21	Krishnagiri	6689
3	Villupuram	32523	22	Kanchipuram	5233
4	Tiruvannamalai	27358	23	Tiruppur	4656
5	Chengalpattu	22444	24	Thiruvarur	4540
6	Erode	21546	25	Arivalur	4260
7	Ramanathapuram	20377	26	Dindigul	4192
8	Virudhunagar	17845	27	Theni"	3881
9	The Nilgiris	15799	28	Chennai	3348
10	Dharmapuri	15078	29	Pudukkottai	3184
11	Thanjavur	12692	30	Kallakurichi	3129
12	Karur	11678	31	Vellore	2874
13	Nagapattinam	11648	32	Namakkal	2091
14	Tirunelveli	11141	33	Sivaganga	1819
15	Thiruvallur	10267	34	Tirupathur	1795
16	Mayiladuthurai	8241	35	Cuddalore	1636
17	Ranipet	7891	36	Coimbatore	1565
18	Thoothukudi	7644	37	Tiruchirappalli	1223
19	Kanniyakumari	7053	38	Tenkasi	1090

According to the Tamilnadu state report, district consultation was increased to 47043 consultations on August 31,2021.andranked 7th in state performances:

District Wise Sanjeevani OPD Performance in Tamil Nadu as on 31.08.2021					
S.No.	District	Total No. of Consultations	S.No.	District	Total No. of Consultations
1	SALEM	238931	20	NAMAKKAL	23350
2	MADURAI	105687	21	VELLORE	21762
3	TIRUVANNAMALAI	82787	22	CUDDALORE	21452
4	PERAMBALUR	74297	23	KANCHIPURAM	20906
5	THANJAVUR	69171	24	TIRUPPUR	20092
6	VILLUPURAM	48602	25	NAGAPATTINAM	18761
7	DINDIGUL	47043	26	KARUR	18177
8	CHENGALPATTU	46848	27	KRISHNAGIRI	14240
9	ERODE	43904	28	TIRUNELVELI	13540
10	TIRUCHIRAPPALLI	41224	29	TENKASI	12918
11	THIRUVALLUR	40627	30	ARIYALUR	12025
12	DHARMAPURI	40410	31	PUDUKKOTTAI	10191
13	VIRUDHUNAGAR	40353	32	TIRUPATHUR	8623
14	THOOTHUKUDI	40232	33	MAYILADUTHURAI	8473
15	KANNIYAKUMARI	37731	34	COIMBATORE	7909
16	THE NILGIPIS	37457	35	THIRUVARUR	7465
17	SIVAGANGA	36845	36	KALLAKURICHI	6904
18	RAMANATHAPURAM	28833	37	CHENNAI	5068
19	RANIPET	24290	38	THENI	5013

The following ways are carried out in dindigul districts to improve patient consultation:

1) A Block Esanjeevani medical officers were appointed for each block, and their function is to appoint an I/C staff nurse for esanjaveeni at each PHC, and training was given to them regarding the usage of the esanjeevani app, as well as to train the patient for esanjeevaniopd consultation, while they are coming to the phc, so they can easily use at home at ease.

2) Pamphlets and notices are distributed to raise public awareness about the use of esanjeevaniopd consultation.

3) Health inspectors, vhn, and panchayat members are given esanjeevani training, they instead trained esanjeevani for both family members and people in containment zones during the covid pandemic, Health care is provided at the door, So people from the containment zone are no longer required to travel outside for minor ailments. Esanjeevani opd played a significant role in preventing disease transmission.

ADVANTAGES (STRENGTH AND OPPORTUNITIES) FOR PATIENTS :

1) Telemedicine eliminates the possibility of infectious diseases being transmitted between patients and healthcare professionals.

2) It saves lives in emergency situations where there is insufficient time to transport the patient to a hospital.

3) Consistent healthcare is unavailable in many rural communities or remote locations (inaccessible areas or isolated regions), as well as during disaster and post-disaster situations. Esanjeevani teleconsultation can be used in such places or situations to provide emergency healthcare from the comfort of their own home, eliminating the need for arduous travel to the hospital. As a result, the cost of health care has been reduced.

4) Modern information technology innovations, such as mobile collaboration, have made it possible for healthcare professionals from various locations to easily share information and discuss critical medical cases.

5) This system also aids health education by allowing primary level healthcare professionals to observe the working procedures of healthcare experts in their respective fields, as well as the experts themselves.

6) Many patients are apprehensive about going to the hospital or doctor's clinic . This system facilitates communication between patients and healthcare professionals while preserving convenience and commitment. Furthermore, medical information and images are kept confidential and safely transferred from one location to another via Telemedicine. As a result, people can have faith in this system and feel at ease seeking assistance from it.

PROBLEM (WEAKNESS) :

1) Due to difficulties in connecting virtual communication such as low internet speed or server problem, telemedicine may take longer. Furthermore, this system is incapable of providing immediate treatment, such as antibiotics.

2) Inadequate quality health informatics records, such as X-ray or other images, clinical progress reports, and so on, increase the risk of incorrect clinical treatment.

3) Virtual clinical treatment reduces human interaction between healthcare professionals and patients, which increases the risk of error in clinical services provided by inexperienced professionals. Furthermore, a faulty electronic system can allow confidential medical information to leak.

4) A virtual physical examination is not possible.

THE OVERWHELMING PERMUTATIONS OF COMMUNITY MEDICINE

Dr.Somasundaram
Director, Institute of Community Medicine
Madras Medical College

Dr.Abdul Rahman Dr.Tamilamudhan
Post Graduate, Institute of Community Medicine
Madras Medical College

The sky is the limit when it comes to everything we want to accomplish, and the same is true for goals that have no bounds to set them back. Community medicine is one field where it is possible to say that you know something about everything while also knowing something about everything properly.As great people once said, there are only two powers with the ability to prevent: one is god, and the other is a community physician. This is the only field that deals with prevention.No one is aware of what lurks in the ocean below the limits of what light can see, and no one is aware of what community medicine does not cover.For instance, statistics can be used to highlight how our impressions and thoughts can be ordered, measured, and qualified.Determining something so fundamental but common is never easy.For instance, what is behaviour, what is attitude, etc., but sociology addresses it.

In the field of research, community medicine has a huge part to play in providing better care and facilities to the general populace for their prosperity. In community medicine, there is no such thing as an individual (you, he, me, etc.); only the plural (people, population, etc.).a division that consistently works hard to provide the finest in all areas. All striving to achieve the enormously unattainable goal of universal health.

DPHICON 2022

TAMILNADU'S REMINISCENCE ON PUBLIC HEALTH - AN INTERNATIONAL CONFERENCE

THEME

EXCELLENCE IN PUBLIC HEALTH

PRE-CONFERENCE WORKSHOP
5th December 2022

CONFERENCE
6th, 7th & 8th December 2022

Venue

Radisson Blu Resort
Temple Bay, Mamallapuram,
East Coast,Road,
TamilNadu India

www.dphicon2022.com 100yearsdph@gmail.com / dphicon2022@gmail.com +91-99629 46444

DIRECTORATE OF PUBLIC HEALTH AND PREVENTIVE MEDICINE,
TAMIL NADU, INDIA

Welcome to DPHICON 2022!
An International Public Health Conference

Dear Friends and Colleagues,

We proudly announce that the Department of Public Health is organising International Conference on Public Health commemorating the 100 years of establishment of the Directorate of Public Health (1922-2022). Tamil Nadu is a forerunner for many public health initiatives in the country. It is the first state to have a distinctive Public Health Cadre and also first state to enact the Public Health Act in 1939.

On behalf of the Directorate we would like to officially invite you to participate and celebrate this Historical Milestone event. The 5 days event including the Pre conference, following the Torch Ceremony, is to bring together all the fraternity who directly or indirectly contributed to the welfare of the people of Tamil Nadu through various Public Health Policies and Strategies.

The conference will focus on Public Health Leadership and Governance, Health Financing, Public Health Challenges in Global, National and State context, Service Delivery, Health Workforce, Intersectoral coordination in delivering Primary Health Care services, Innovations in Public Health, Drugs, Vaccines & Logistics and Information Technology in Public Health.

The event will incorporate extensive discussions apart from workshops, Guest Speaker Plenary, Panel Discussions etc. It will be an excellent and exceptional opportunity which will enable students of Public Health and Community Medicine, showcase their research chance to debate pressing global issues, challenging them to take on new perspectives, and building strong new ideas in Public Health to become the world leaders of tomorrow to face any type of Public Health Challenges.

We look forward your valuable presence to make this Conference a successful event. Thanks for your support in advance.

Dr. A. Somasundaram M.B.B.S., M.D., DPH., M.A.E.,
Organising Secretary,
DPHICON 2022,
Chennai - 06

Dr. T.S. Selvavinayagam M.B.B.S., M.D., DPH., D.N.B.,
Chairperson,
DPHICON 2022,
Chennai - 06

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Social Media Committee:
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CONFERENCE SECRETARIAT

Dr. Vidhya V
Dr. Surendhiran K
Dr. S. Venkataramanan
Dr. Aravintharaj S
Dr. R. Avudai Selvi
Thiru. Vanthiyathevan. Pon
Thiru. Raja Mohammed. M
Thiru. N. Najimudeen
Thiru. Vishwabharathi R
Thiru. Ranjithkumar R
Dr. Chitrasena S
Dr. Senthil Kumar M
Dr. Sudharshini S
Dr. T. Sudhakar
Dr. Sarath Kumar V
Thiru. Rajendra Prasad R
Thiru. B. Arivuchelvan
Thiru. Bharanidharan K
Thiru. S. Anandan
Thiru. Silambarasan S
Thiru. Arun Karthik S

DPHICON 2022 PRE – CONFERENCE WORKSHOP 05.12.2022

HALL A
ISLE OF WIND

THEME : OPERATIONAL RESEARCH ON PUBLIC HEALTH

Chairperson: **Dr. G. Jerard Maria Selvam,** Additional Director of Public Health
Dr. S. Sudharshini, Associate Professor of Community Medicine, MMC

TIME	OPERATIONAL RESEARCH AND PROTOCOL DEVELOPMENT	SPEAKERS
09.30am - 9.35am	Welcome and Introduction about Academy for Public Health	**Dr. K. Shivaram Selvakumar** Senior Advisor, Academy for Public Health
09.35am - 10.00am	Operational Research: what, why and how? Operational Research into policy and practice	**Dr. DSA Karthickeyan** Founder and Chair, Academy for Public Health
10.00am - 10.30am	Research principles: determinants and outcomes	**Dr. Thaddeus Alfonso** Secretary General, Academy for Public Health
10.30am - 11.00am	Research terminology and definitions: Study design, Population, Sampling, and Variables	**Dr. Thaddeus Alfonso** Secretary General, Academy for Public Health
11.00am - 11.15am	Tea Break	
11.15am - 12.15pm	The research questions and Protocol development	**Dr. DSA Karthickeyan** Founder and Chair, Academy for Public Health
12.15pm - 12.40pm	How to do a literature search using, PUBMED and Demonstration of the use of a reference management tool Mendeley	**Dr. DSA Karthickeyan** Founder and Chair, Academy for Public Health
12.40pm - 01.00pm	Ethics Considerations of Research Protocols	**Dr. Thaddeus Alfonso** Secretary General, Academy for Public Health
01.00pm - 01.15pm	The role of investigators and authors and English Language for Medical Writing	**Dr Vanithapriyaa** Program Manager, Academy for Public Health
01.15pm - 02.00pm	Lunch Break	
	SCIENTIFIC PAPER WRITING	
02.00pm - 02.15pm	Publishing without perishing, Refreshing data analysis	**Dr. DSA Karthickeyan** Founder and Chair, Academy for Public Health
02.15pm - 02.40pm	Paper Narrative: Introduction, Methods, Results, Discussion	**Dr. Thaddeus Alfonso** Secretary General, Academy for Public Health
02.40pm - 02.55pm	Tables and figures	**Dr Vanithapriyaa** Program Manager, Academy for Public Health
02.55pm - 03.10pm	Abstract, Title, Funding, authorship	**Dr. DSA Karthickeyan** Founder and Chair, Academy for Public Health
03.10pm - 03.25pm	Tea Break	
03.25pm - 03.40pm	Submission of the paper and peer review, Dealing with peer review and Communication after publication	**Dr. Thaddeus Alfonso** Secretary General, Academy for Public Health
03.40pm - 04.00pm	English Language for Medical Writing publication	**Dr Vanithapriyaa** Program Manager, Academy for Public Health

HALL B
ISLE OF WATER

THEME : **IMPORTANCE OF CIVIL REGISTRATION AND VITAL STATISTICS IN PUBLIC HEALTH**

Chairperson: **Mr. Sajjan Singh R. Chavan, I.A.S.,** Director of Census Operations & Joint Registrar General of India
Mrs .VR Sumathi, Joint Director,State Bureau of Health Intelligence

TIME	TOPICS		SPEAKERS
09.15am – 09.30am	What is Civil Registration and Vital Statistics?		**Dr. Hilde De Graeve** Team Leader – Health System, WHO
09.30am – 09.45am	Birth and Death Registration - Turning all Stones		**Mr. Sajjan Singh R. Chavan IAS** Director of Census Operations & Joint Registrar General of India
09.45am – 10.00am	RBD act & processes for event registration in Tamil Nadu		**Mrs. VR Sumathi** Joint Director, SBHI, Tamil Nadu
10.00am – 11.30am	Ascertaining causes of death & group work	**Dr. Chalapati Rao** Associate Professor, Australian National University	**Dr. Anand Kumar Paulraj** State CRVS Officer, WHO – India
11.30am – 11.50am	Tea Break		
11.50am – 01.20pm	Digitizing cause of death information (e-Mor)	**Dr. Sukanya R** Scientist – E, NCDIR (ICMR)	**Dr. Abishek S** State Nosologist, State Bureau of Health Intelligence
01.20pm – 01.30pm	Feedback & Vote of thanks		

DPHICON 2022 PRE – CONFERENCE WORKSHOP 05.12.2022

HALL C
BALL ROOM 1

THEME : SOCIETAL DYNAMICS IN PUBLIC HEALTH

Chairperson: **Dr. K.S.T. Suresh,** Joint Director of Public Health (PHC)
Prof. Keith Gomez, Former professor of Social work, Loyola College, Psychotherapist, Chennai

TIME	TOPICS	SPEAKERS
9.30am - 10.00am	Role of Medical Social Work in Public Health Interventions Session Chairpersons: **Dr. K. Sekar,** DPSSDM Consultant - PWB, **Ms Uma Suresh,** Freelance Counselor and Trainer	**Dr. M.D.Rohini Krishnan** Former Social Welfare Officer **Mr.C. Augustine** Social Worker, LCECU, CMC
10.00am - 11.00am	Psychiatric Social Work - Solutions for Mental Health Challenges as Public Health Burden Session Chairpersons: **Dr. Sinu,** Dept of Social Work NIMHANS, **Dr. Kirubakaran,** Research Assistants Schizophrenia Reasearch Foundation	**Ms. Sangeetha** Research Officer (SCARF) **Dr. Kirubakaran** Prof. Social Work Loyola College **Prof. Preenu Ashok** Consultant Psychotherapist
11.00am - 11.15am	Tea Break	
11.15am - 12.15pm	Children and Family Social Work and Health Session Chairpersons: **Prof. Fr. Das,** Student Counsellor Arulanantham College	**Prof. Dr. Francis Adaikkalam AP** Faculty in Social Work Loyola College
12.15pm - 01.15pm	Social Work Research for Public Health- Beyond SDG Session Chairpersons: **Prof. Dr. Simon,** Managing Trustee Interdependent Compassion Trust (ICT) Health reforms in Special Groups Session Chairpersons: **Prof. Dr. Simon,** Managing Trustee Interdependent Compassion Trust (ICT)	**Dr. Lalitha** Faculty, RGNIYD, Sriperumbudur **Dr. K.Sekar** Consultant – DPSSDM Consultant - PWB
01.15pm - 01.45pm	Social Work & Public Health: Future Collaboration to Enhance Patient Care in Tamil Nadu	**Dr. Anish** Associate Professor Rajagiri Medical of Social Science

HALL D
BALL ROOM 2

THEME : HEALTH ECONOMICS IN PUBLIC HEALTH

Chairperson: **Dr. V. Satish Ragavan,** Joint Director of Public Health (TANSACS)
Dr. Muraleedharan. VR. Ph.D., Professor ,Department of Humanities and Social Sciences, IIT

TIME	TOPICS	SPEAKERS
10.00am - 10.30am	Quantifying Health benefits- Insurance and Public Health	**Prof. Mariappan** HOD Health Economics TISS, Mumbai.
10.30am - 11.00am	Economic Evaluation of data	**Dr. M. Muniyandi** Scientist C, NIRT
11.00am - 11.15am	Tea Break	
11.15am - 11.45am	Economic Modelling for Evidence Based Decision Making	**Dr. Antony Stanley** Senior Research Officer, SCTIMST
11.45am - 12.30pm	Need for Financial Navigation services to alleviate Financial distress	**Dr. Prasanna Thirunavukkarasu** Associate Professor, Department of Community and Family Medicine AIIMS Jodhpur

DPHICON 2022 PRE – CONFERENCE WORKSHOP 05.12.2022

HALL E NAUTICA Part 1

THEME : RECENT ADVANCES IN LEGISLATION RELATED TO PUBLIC HEALTH

Chairperson: **Dr. P. Sampath,** Joint Director of Public Health (Communicable Diseases)

TIME	TOPICS	SPEAKERS
09.30am - 10.15am	Public Health Act- Time to Amend	**Dr. Mathivanan** Retd. Deputy Director Public Health
10.15am - 11.00am	Safe food is a Public health Priority- Through The FSSAI	**Dr. T. A. Devaparthasarathy** Additional Commissioner Food Safety, Tamil Nadu
11.00am - 11.30am	Tea Break	
11.30am - 12.30pm	Challenges in Child Health- Protection of Children From Sexual Offences Act - POCSO	**Mr. Dhanasekara Pandiyan** Joint Director, Dept of Social Defence Govt of Tamil Nadu
12.30pm - 01.30pm	Lunch Break	
Part 2	Chairperson: 1. Dr. K. Krishnaraj, Joint Director of Public Health (Non - Communicable Diseases)	
01.30pm - 02.15pm	Legal support for Mental Health	**Dr. M. Malaiappan** HOD Psychiatry, Kilpauk Medical College and Hospital
02.15pm - 03.00pm	Ending Discrimination- HIV Act and Transgender act	**Dr. L. Ramakrishnan** Vice President SAATHII
03.00pm - 03.15pm	TEA BREAK	
03.15pm - 04.00pm	Ensuring tobacco Free generation - COTPA	**Mr. S.Cyril Alexander** Professional Social Worker, Founder, MACT

HALL F PORT HALL

THEME : COMPANION IN TAMIL NADU PUBLIC HEALTH JOURNEY

Chairperson: **Dr. C. Sekar,** Additional Director of Public Health and Preventive Medicine

TIME	TOPICS	SPEAKERS
9.30am - 10.00am	Social Welfare Support programs - Abuse against Orphaned, Children, Women and Geriatric groups	**Mrs.Valarmathi IAS** Director, Department of Social Defence
10.00am - 10.30am	Nutrition and Public health- Interdisciplinary Approach	**Ms. V. Amudhavalli IAS** Director ICDS, Department of Social Welfare
10.30am - 11.00am	Building the Future- School and Public Health	**Mrs. Anitha** Joint Director (NSS), Department of School Education
11.00am - 11.15am	Tea Break	
11.15am - 11.45am	Disaster Resilience - Joint hands of revenue and Public Health	**Dr. Rajamanikam Muruganandh** Capacity Building and Training Counsultant
11.45 am- 12.15pm	Challenges in delivering urban Health Services	**Dr. M. Jagadeesan** City Health Officer, GCC
12.15pm - 12.45pm	DRDA - For Healthy Villages- with Focus on WASH	**Dr. Narnaware Manish Shankarrao IAS** Additional Director Rural Development (General)
12.45pm - 02.00pm	Lunch Break	
02.00pm - 03.00pm	Comprehensive primary health care nurses as Trendsetters to combat NCD	**Ms. Anne Grace Kalaimathi** Registrar, Tamil Nadu Nursing Council
03.00pm – 03.45pm	Differently abled - Reflections	**Ms. Jacintha Lazarus I.A.S** Commissioner for welfare of the differently abled

Inauguration Ceremony @ 05.00pm

Date: 06.12.2022 **DPHICON 2022** **Day 1**

TIME	TOPICS	SPEAKERS — Hall A Ball Room
9.20am - 9.30am Purpose of the Conference	DPHICON 2022 : Conceptualization	**Dr. T.S. Selvavinayagam** Director of Public Health and Preventive Medicine
9.30am - 9.50am Plenary Session 1	Global Health Security Agenda	**Ms. Sangita Patel** Director, Health Office, USAID
9.50am - 10.50am Panel Discussion 1	Public Health Cadre & Effective Implementation of PH Act : An Introspection and Way forward Panelists: **Dr. Aarushi Bhatnagar** — Senior Economist, Health, World Bank **Dr. Sunil Nandraj** — Former Advisor, Government of India **Dr. P. Kuganantham** — Consultant, Social Medicine and Infectious Diseases, SIMS Hospital **Dr. Pankaj Badamilal Shah** — Head of the Department, Social and Preventive Medicine, SRMCH **Dr N.Chitra** — Officer on Special Duty (OSD) in the cadre of Director, DPH&PM	Chair cum Moderator **Dr. Girija Vaidyanathan IAS** Former Chief Secretary, Government of Tamil Nadu
10.50am - 11.10am	Tea Break	
11.10am - 12.20pm Panel Discussion 2	Climate Change and Human Health - The Unfinished Agenda Panelists: **Dr. Marion Jane Cros** — Senior Health Specialist, World Bank **Dr. Chitra Grace** — Assosciate Professor, Global Institute of Public Health, Trivandrum **Prof. Kalpana Balakrishnan** — Dean (Research) & Director, SRIHER **Dr. Poornima Prabhakaran** — Director, Centre for Environmental Health, Public Health Foundation of India **Dr. Rameshwar Sorokhaibam** — Deputy Director, National Programme on Climate Change and Human Health **Dr. K.C. Seran** — Additional Director, NHM	Chair cum Moderator **Mr. Deepak Srivastava IFS** Additional Principal Chief Conservator of Forest and Member Secretary, Tamil Nadu State Wetland Authority, Additional Principal Chief Conservator of Forest and Mission Director, Green Tamil Nadu Mission.
12.20pm - 12.40pm Plenary Session 2	UHC : Seamless integration of Primary, Secondary and Tertiary care services	**Dr. Manoj Jhalani** Director, Department of Health Systems Development, SEARO, World Health Organization
12.40pm - 1.00pm Plenary Session 3	Sustainable Development Goals and Tamil Nadu Health Systems, 2030	**Dr. Darez Ahamed IAS** Commissioner, Department of Rural Development and Panchayat Raj, Government of Tamil Nadu
1.00pm - 1.20pm Plenary Session 4	Nurse empowerment through regulations and policies	**Dr. Annie Grace Kalaimathi** Registrar, Tamil Nadu Nurses & Midwives Council
1.20pm - 2.00pm	Lunch Break	
2.00pm - 2.20pm Plenary Session 5	Public Health Challenges in Global, National and State Context	**Dr. Sudha Seshayyan M.S** Vice Chancellor, Tamil Nadu Dr MGR Medical University
2.20pm - 3.20pm Panel Discussion 3	Covid - 19 Spectrum and Continuing Challenges in Achieving SDGs Panelists: **Dr. Sitanshu Sekhar Kar** — Professor & Head, Preventive & Social Medicine, JIPMER **Thiru. M.S. Shanmugam IAS** — Secretary III to Chief Minister of Tamil Nadu **Dr. K. Surendhiran** — Surveillance Medical Officer, WHO - India, Chennai **Dr. A. Somasundaram** — Director, Institute of Community Medicine, MMC	Chair cum Moderator **Dr. Harivansh Chopra** National President, Indian Association of Preventive and Social Medicine
3.20pm - 3.40pm	Tea Break	
3.40pm - 4.50pm Panel Discussion 4	Financing Primary Health Care: Global Lessons to Identify Opportunities for Tamil Nadu Panelists: **Thiru. N. Muruganandam, IAS** — Additional Chief Secretary to Government of Tamil Nadu (Finance) **Dr. Valeria De Oliveira Cruz** — Regional Adviser for Health Financing and Governance, SEARO, WHO **Prof. Soonman Kwon** — Professor, School of Public Health, National University Seoul **Dr. Edson Correia Araujo** — Senior Economist, World Bank **Prof. V.R. Muraleedaran** — Faculty member, Department of Humanities and Social Sciences, IIT Madras **Dr. C. Sekar** — Additional Director UHC, DPH & PM	Chair cum Moderator **Dr. Trina Haque** Practice Manager, HNP SAR, World Bank
4.50pm - 5.10pm Plenary Session 6	Emerging NCDs Including NAFLD, Colon CA, CRDs etc	**Dr. Graeve Hilde Rene Susanne** Team Leader (Health Systems) WHO Country Office for India
5.10pm - 6.10pm Panel Discussion 5	Combating Challenges due to Lifestyle Changes, Substance Abuse and Cross Cutting Risk Factors Panelists: **Dr. M. Suresh Kumar** — Research & Development Director, Cities RISE **Dr. Rana J Singh** — Deputy Regional Director, The Union, South East Asia **Dr. V. Sabitha** — Prof. & Head of the Department, Psychiatry, Govt. Chengalpattu Medical College and Hospital **Dr. P.P. Kannan** — Professor of Psychiatry, RGGGH and MMC **Dr. V. Satish Raghavan** — Joint Director, Tamil Nadu State AIDS Control Society	Chair cum Moderator **Dr. Poorna Chadrika** Director (FAC), Institute of Mental Health
6.10pm - 6.30pm Plenary Session 7	Primary Health Care and NCD Control - Gaps and Challenges	**Dr. Tom Frieden** (Virtual) President & CEO, Resolve to Save Lives (RTSL)

TIME	HALL B ISLE OF WIND	HALL C ISLE OF WATER	HALL D PORT HALL	HALL E NAUTICA
2.00pm - 5.30pm	**Session 1** (* Session includes 20 Oral Presentations)	**Session 2** (* Session includes 20 Oral Presentations)	**Session 3** (* Session includes 20 Oral Presentations)	Quiz Prelims for **Post-Graduates** Quiz Prelims for **Medical Officers** Quiz Prelims for **Staff Nurses / VHN/SHN/CHN/ANM** Quiz Prelims for **Health Inspectors / BHS**

** Presentors will be allowed 7 mins for Presentation & 2 mins discussion

CULTURALS / BANQUET @06.30pm

DPHICON 2022

Date: 07.12.2022 DPHICON 2022 Day 2

TIME	TOPICS	SPEAKERS — Hall A Ball Room
9.30am - 9.50am Plenary Session 1	Integrating IT platform for Capacity Building for Public Health Interventions	**Thiru. Arun Kumar Selvaraj** Deputy General Manager, Projects, ECHO India
9.50am - 10.10am Plenary Session 2	Leveraging the Learnings from COVID Vaccination for Routine Immunization	**Dr. Pradeep Haldar** Former Expert Advisor, Government of India
10.10am - 10.30am Plenary Session 3	COVID 19 : Public Health Emergency - A Learning Experience from Tamil Nadu	**Dr. J. Radhakrishnan IAS** Principal Secretary to Government, Co-operation, Food and Consumer Protection Department, Govt. of T.N.
10.30am - 11.30am Panel Discussion 1	Disease Surveillance Panelists: **Capt. Michael Friedman** — Global Public Health Specialist, Center for Disease Control, CDC - USA (Retd.) **Dr. Venkata Raghava Mohan** — HOD and Professor, Community Health and Dev (CHAD), CMC, Vellore **Dr. Asha Raghavan** — Sub Regional Team Leader, WHO - India, Chennai **Dr. Govindarajulu Srinivas** — Professor & Head, Department of Epidemiology, The Tamil Nadu Dr MGR Medical University **Dr.S. Ragunanthanan** — Professor of Medicine, Chief, IMCU, RGGGH, Chennai	Chair cum Moderator **Dr. Runa H. Gokhale** Associate Director for Science and Programs, Division of Global Health Protection, CDC - India
11.30am - 11.50am	Tea Break	
11.50am - 12.10pm Plenary Session 4	Revisiting the Public Health Strategies for Incremental Reductionn of MMR & IMR beyond SDGs	**Dr Kaushik Ganguly** Social Policy Specialist (Child Survival), UNICEF India, Field Office for Tamil Nadu & Kerala
12.10pm - 12.30pm Plenary Session 5	Innovations in Primary Health Care - Learnings from Brazil	**Dr. Edson Correia Araujo** Senior Economist, World Bank
12.30pm - 1.30pm Panel Discussion 2	One Health Approach Panelists: **Dr. Dinesh Nair** — Senior Health Specialist, World Bank **Dr. Ashwani Kumar** — Scientist-G and Director, VCRC, Pondicherry **Dr. Reuben Swamickan** — Division Chief, TB & Infectious Diseases, USAID **Prof. Rahul Narang** — Dean and Head of the Department, Microbiology, All India Institute of Medical Sciences, Bibinagar **Dr. P. Manickam** — Scientist F (Epidemiology), Head, Division of Online Courses, NIE **Dr. Jerard Maria Selvam** — Additional Director, NHM	Chair cum Moderator **Maj Gen (Prof) Atul Kotwal, SM, VSM** Executive Director, National Health Systems Resource Centre
1.30pm - 2.10pm	Lunch Break	
2.10pm - 2.30pm Plenary Session 6	Enhancing managerial capacity and soft skills among Primary care professionals	**Dr. Sanju Thomas Abraham** Managing Director, Tamil Nadu Apex Skill Centre for Health Care
2.30pm - 2.50pm Plenary Session 7	Revisiting the need for Multi - Tasking / Task Shifting / Putting into Practice the Learnt Skills	**Dr. Himanshu Bhushan** Advisor, Public Health Administration, National Health System Resource Centre (NHSRC)
2.50pm - 3.50pm Panel Discussion 3	PPP Model in Public Health Panelists: **Dr. Vikram Rajan** — Senior Health Specialist, World Bank **Dr. Ramanana Rao** — President, GVK - EMRI **Mr. Kumar Varadhan** — HOD of HR, IOC, Tamil Nadu & Puducherry **Dr. R. Chandrashekhar** — Chairman IGBC, Consultant, World Bank **Dr. Suranjeen Prasad Pallipamula** — Director, Partnerships, Strategies and Programs, JHIPEGO **Dr. S. Bhavani Uma Devi** — Additional Director, TNHSRP	Chair cum Moderator **Dr. Sai Subhasree Raghavan** Founder President and Managing Trustee, SAATHI
3.50pm - 4.10pm	Tea Break	
4.10pm - 4.30pm Plenary Session 8	Galvanising Multi Sectoral Resources for Achieving Public Health Goals	**Dr (Tmt) Beela Rajesh IAS** Principal Secretary & Commissioner, Land Reforms, Government of Tamil Nadu
4.30pm - 4.50pm Plenary Session 9	THAIMAI - Tool for Effective Tracking of Mothers and Children	**Dr. R. Arulanand** State RMNCHA Consultant, UNICEF - India
4.50pm -5.50pm Panel Discussion 4	Achieving Disease Elimination as per SDGs (TB, Malaria, Filaria, Measles, Rubella, Tetanus, Rabies) Panelists: **Dr. ShyamKumar Sriram** — Assistant Professor (Tenure-Track), Ohio University, Athens **Dr. Nirmal Joe** — Senior Regional Director (H & FW), ROHFW, Government of India **Dr. Sriram Selvaraju** — Scientist D and Head, Department of Epidemiology, ICMR - NIRT, Chennai **Dr. Kannan** — Chairman of Academy of Medical Specialities, IMA **Dr. G. AmalRaj** — EB Member, IAPTNSC **Dr. P. Vadivelan** — Officer on Special Duty (OSD) in the cadre of Director, DPH&PM	Chair cum Moderator **Dr. Mohan D Gupte** Founder Director (Retd.), NIE & ICMR School of Public Health
5.50pm - 6.10pm Plenary Session 10	Building the future - School based Primary care interventions	**Dr. Kanchana Khan** Principal cum Research Director, Omayal Achi College of Nursing
6.10pm - 6.30pm	Community Mental Health for Staff Nurses - Need of the Hour	**Dr. Fabiola** Principal, Meenakshi College of Nursing

TIME	HALL B ISLE OF WIND	HALL C ISLE OF WATER	HALL D PORT HALL	HALL E NAUTICA
11.30am - 1.00pm	**Session 4** (* Session includes 10 Oral Presentations)	**Session 5** (* Session includes 10 Oral Presentations)	**Session 6** (* Session includes 10 Oral Presentations)	**Perspectives 1** (* Session includes 10 Oral Presentations)
2.00pm - 5.30pm	**Session 7** (* Session includes 20 Oral Presentations)	**Session 8** (* Session includes 20 Oral Presentations)	**Session 9** (* Session includes 20 Oral Presentations)	**Nursing Session 1** (* Session includes 22 Oral Presentations)

** Presentors will be allowed 7 mins for Presentation & 2 mins discussion

CULTURALS / BANQUET @06.30pm

DPHICON 2022

Date: 08.12.2022 **DPHICON 2022** **Day 3**

TIME	TOPICS	SPEAKERS — Hall A Ball Room
9.30am - 9.50am Plenary Session 1	Emerging & Re-emerging Infectious Diseases : Handling the Uninvited Visitors	**Dr. Soumya Swaminathan** Chief Scientist, World Health Organization
9.50am - 10.10am Plenary Session 2	Time Tested Drugs & Equipment Logistics System to reach the last mile health care delivery in Tamil Nadu	**Thiru. Deepak Jacob IAS** Managing Director, Tamil Nadu Medical Services Corporation
10.10am - 10.30am Plenary Session 3	Rational Prescribing/Anti-Microbial Resistance	**Dr. Daniel vander Ende** Medical Officer, Division of HealthCare Quality Program, Centre for Disease Control and Prevention, USA
10.30am - 10.50am Plenary Session 4	Support of COWIN in India's fight against COVID Pandemic and Repurposing this Technology through Digital Public Goods (DPGs) for Universal Immunization Programs	**Thiru. Abhimanyu Saxena** Officer in Charge, Health Systems Strengthening, UNDP, India Country Office
10.50am - 11.10am Plenary Session 5	Co-designing a Playway intervention for Teachers and Students on Handwashing importance and avoiding open air defecation	**Prof. Eric Gordon** (Virtual) Professor & Director, Engagement Lab Assistant Dean of Civic Partnerships, School of the Arts, Emerson College, USA
11.10am - 11.30am	Tea Break	
11.30am - 12.50pm Plenary Session 6	1. Tamil Nadu model of Public Health / Role of Public Health Department in Tamil Nadu Health system - A Centenary Journey	**Dr. P. Senthil Kumar IAS** Principal Secretary, Health and Family Welfare Department, Govt. of Tamil Nadu
	2. Role of Food Safety Department in Ensuring Public Health	**Thiru. R. Lalvena IAS** Commissioner, Food Safety and Drug Administration Department, Govt. of Tamil Nadu
	3. Journey of Public Health Care Delivery in control of HIV, AIDS and way forward	**Thiru. T.N. Hariharan IAS** Project Director, Tamil Nadu State AIDS Control Society
	4. Investing in Primary Health Care - A step towards Universal Health Coverage	**Tmt. Shilpa Prabhakar Satheesh IAS** Mission Director, National Health Mission
	5. Additive effects of AYUSH services in control of Non-communicable Diseases	**Dr. S. Ganesh IAS** Commissioner, Indian Medicine & Homeopathy
	6. Clean air, Water, Sanitation, General waste management in prevention of Non-Communicable & Communicable diseases	**Thiru. P. Ponniah IAS** Director of Municipal Administration
	7. Scope of Government Health Insurance schemes in Primary Health Care services	**Dr. S. Uma IAS** Project Director, Tamil Nadu Health Systems Project
	8. Human Resource Management in Primary Health Care - Role of Medical Services Recruitment Board (MSRB)	**Thiru. A.R. Gladstone Pushpa Raj IAS** Chairman, Medical Services Recruitment Board
12.50pm - 1.10pm Plenary Session 7	Artificial Intelligence and Machine Learning Systems In Public Health	**Ms. Aparna Krishnan** Project Director, J-Pal, South Asia
1.10pm - 1.50pm	Lunch Break	
1.50pm - 2.10pm Plenary Session 8	Ethical dilemma / Ethical considerations in decision making in implementing Public Health interventions	**Prof. Brogen Singh Akoijam** Dean, Regional Institute of Medical Sciences, Imphal, Manipur
2.10pm - 3.10pm	Special Session for Media	
3.10pm - 3.30pm Plenary Session 9	e-Lab Solutions for Community Health (LIMS)	**Dr. V.S. Dhruwey** (Virtual) Chief District Health Officer in Kheda district, Gujarat
3.30pm - 3.50pm Plenary Session 10	Baseline Assessment of Cold Chain Points in the State 2020-21	**Ms. Pooja Sanghvi** State Consultant, UNICEF - India, Field office for Tamil Nadu and Kerala
3.50pm - 4.10pm Plenary Session 11	Quality Improvement Interventions in Health Care Facilities through TNHSRP	**Dr. R.M. Meenakshi Sundari** Team Leader - Quality Improvement Wing, Tamil Nadu Health Systems Reform Program
4.10pm - 4.20pm	Tea Break	

TIME	HALL B ISLE OF WIND	HALL C ISLE OF WATER	HALL D PORT HALL	HALL E NAUTICA
11.00am - 2.00pm	**Session 10** (* Session includes 15 Oral Presentations)	**Session 11** (* Session includes 15 Oral Presentations)	Quiz for Post - Graduates Finals	Quiz Final for Staff Nurses / VHN/SHN/CHN/ANM
			Quiz for Medical Officers Finals	Quiz Final for Health Inspectors

** Presentors will be allowed 7 mins for Presentation & 2 mins discussion

5.00pm **VALEDICTORY FUNCTION**

REGISTRATION GUIDELINES

All participants, including authors, co-authors and presenters of accepted presentations must create an account and register via the Online Registration Form.

Please read the instructions below carefully:

- All participants must fill all the fields in the Registration form and click 'Submit' button to the payment gateway
- The preferred method of payment is UPI/Net banking/Debit card/Credit card payment

Registration Fee covers:

- Access to all scientific sessions.
- Conference kit
- Live interactive forums and opportunities for question time with speakers
- Sessions and platforms used within the online program
- Lunch and refreshments

DPH Delegates :

- This category includes all those who work under the Department of Public Health and Preventive Medicine, Govt of Tamil Nadu.
- You are mandatorily required to submit your departmental ID card with either CPS/GPF number or employee code

Under-Graduate student/Post-Graduate Student :

- You are mandatorily required to submit Bonafide certificate for registration.

Confirmation of Registration:

- Each participant will receive a registration overview and notification confirming receipt of payment in their registered e-mail.
- A participant cannot register more than once using the same Mail Id (or) Mobile Number.

Preconference Workshop: *

- Preconference Workshop fee of rupees 1000/- is in addition to the conference fee of the individual's category. However, one can register for either one of them or both - Preconference Workshop and the Conference - by making appropriate choice at "Registration type" in the registration form.

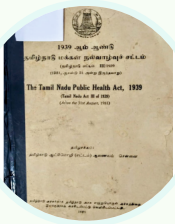
REGISTRATION FEES DETAILS

Category	Early Bird	Regular	Spot Registration
	Upto 31st October 2022	1st November – 30th November 2022	
Faculty / Health Professionals(India)	INR 6,000	INR 7,000	INR 8,000
Post-Graduate Students	INR 4,000	INR 4,500	INR 5,500
Foreign delegates	INR 12,000	INR 15,000	INR 20,000
Directorate of Public Health and Preventive Medicine Delegates (Tamilnadu)	INR 2,500	INR 3,000	INR 3,500

Category	For One Day	For Two Days	For Three Days
Under-Graduate Students	INR 1,500	INR 2,000	INR 3,000

* Preconference Workshop Fees	INR 1,000

Register @ www.dphicon2022.com



Have any queries?

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