Tamil Nadu Health Model – PHC Network, TNMSC Drug Model, CMCHIS, Makkalai Thedi Maruthuvam & Maternal-Child Health Outcomes | TNPSC Notes

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The **Tamil Nadu health model** is the name given to the public health system that has made Tamil Nadu one of the best-performing States in India on **infant and maternal mortality**. Its main pillars are a separate **Directorate of Public Health (1923 as per the Health Policy Note)** and the **Public Health Act (1939)**; a three-tier rural network of **Health Sub Centres (HSCs)**, **Primary Health Centres (PHCs)** and block-level hospitals; the **Tamil Nadu Medical Services Corporation (TNMSC, 1994)** and its drug passbook system; the **108 emergency ambulance service (2008)**; the **Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS, 2012)**; **Makkalai Thedi Maruthuvam (2021)**; **Innuyir Kaappom – Nammai Kaakkum 48 (2021)**; and the **Dr. Muthulakshmi Reddy Maternity Benefit Scheme**. As per the **Sample Registration System (SRS) 2024**, the State's infant mortality rate is **11** per 1,000 live births, against 24 for India.

தமிழில் படிக்க

These notes are written for TNPSC Group 1, 2/2A and 4 aspirants and are meant to be complete on their own. The topic belongs mainly to **Indian Economy and Development Administration in Tamil Nadu** (health schemes, social welfare, human development indicators of Tamil Nadu). New SRS and NFHS data, award news and scheme changes are asked under **Current Events**; public health as a State subject comes under **Indian Polity**; and Dr. Muthulakshmi Reddy and the social-reform roots of maternal care belong to **History, Culture, Heritage and Socio-Political Movements of Tamil Nadu**. Every number below is given with its source and year, because exam questions often depend on the year of the data.

Tamil Nadu Health Model at a Glance

Item	Fact (as per source, year)
Directorate of Public Health	Separate Directorate for public health formed in 1923 as per the Health Policy Note 2023-24 (some accounts give 1922; the Directorate marked its centenary in 2022)
Public Health Act	1939 – Tamil Nadu (then Madras) was the first State in India to enact a public health law (Health Policy Note 2023-24)
Health Sub Centres	8,713 (Health Policy Note 2023-24 and 2024-25)
Primary Health Centres (rural)	1,830, including 424 upgraded PHCs (Health Policy Note 2023-24); 1,832 (Health Policy Note 2024-25)
Urban PHCs	487, including those in Greater Chennai Corporation (Health Policy Note 2023-24 and 2024-25)
TNMSC	Incorporated 1 July 1994 under the Companies Act, 1956; operations from January 1995
108 ambulance	Started in September 2008; run with GVK EMRI as a public-private partnership
CMCHIS	From 11 January 2012; Rs 5 lakh per family per year in the 2022–27 policy; Rs 25 lakh announced on 19 August 2026
Makkalai Thedi Maruthuvam	Launched 5 August 2021, Samanapalli (Krishnagiri district); UNIATF award 2024
Innuyir Kaappom – Nammai Kaakkum 48	Launched 18 December 2021, Melmaruvathur; first 48 hours free; Rs 1 lakh, raised to Rs 2 lakh in late 2024
Infant mortality rate	11 (SRS 2024); India 24
Maternal mortality ratio	35 (SRS 2021-23); India 88
Total fertility rate	1.3 (SRS 2024)
Institutional births	99.6% (NFHS-5, 2019-21); 99.7% (NFHS-6, 2023-24)

Background: Why Tamil Nadu's Public Health System Is Different

Under the Constitution, **"public health and sanitation; hospitals and dispensaries"** is a subject in the **State List** (Seventh Schedule). Each State therefore designs much of its own health system, with Central support through the National Health Mission. Tamil Nadu began early.

- **1923 – separate Directorate of Public Health:** as per the Health Policy Note 2023-24, the Madras Government formed a Directorate only for public health in 1923; it is now the **Directorate of Public Health and Preventive Medicine (DPH)**. Some accounts date the change to 1922, and the Directorate marked its centenary in 2022.
- **1939 – Public Health Act:** the Madras Public Health Act, 1939 (now the Tamil Nadu Public Health Act) gave health officers legal powers over sanitation, water and the control of infectious diseases. As per

the Health Policy Note 2023-24, Tamil Nadu was the **first State in India to enact a law for public health**.

- **Two separate cadres:** doctors in the **public health cadre** (under the DPH) manage PHCs and preventive programmes, while the **medical services cadre** runs hospitals. This separate public health cadre is often cited as a reason for the State's strong management of primary care.
- **Village Health Nurse:** each HSC is run by a Village Health Nurse (VHN), who registers pregnant women and follows up immunisation.

The Three-Tier Rural Health Network

Primary health care in rural Tamil Nadu is delivered through three levels, followed by district headquarters hospitals and government medical college hospitals at the secondary and tertiary levels.

Level	Role	Number in Tamil Nadu (as per source, year)
Health Sub Centre (HSC)	First contact point in villages; antenatal registration, immunisation, family welfare; run by a Village Health Nurse	8,713 (Health Policy Note 2023-24 and 2024-25)
Primary Health Centre (PHC)	Medical officer, outpatient care, deliveries, national programmes; supervises several HSCs	1,830 rural PHCs (Health Policy Note 2023-24); 487 urban PHCs (Health Policy Notes 2023-24 and 2024-25)
Block PHC / upgraded PHC	Block-level referral centre; counted as Community Health Centres (CHCs) in national data	388 Block PHCs (Health Policy Note 2023-24)

National population norms (Indian Public Health Standards): one HSC for 5,000 people in the plains and 3,000 in hilly or tribal areas; one PHC for 30,000 (20,000 in hilly or tribal areas); one CHC for 1,20,000 (80,000 in hilly or tribal areas). Since 2023, HSCs and PHCs upgraded as Health and Wellness Centres under Ayushman Bharat are called **Ayushman Arogya Mandirs**.

Exam tip: the figure **8,713** for HSCs is stable across recent Policy Notes; PHC totals differ slightly from document to document because urban, rural, upgraded and block PHCs are counted differently. Always write the year and source with a PHC count.

Tamil Nadu Medical Services Corporation (TNMSC, 1994)

Before 1994, drugs for government hospitals were bought by many offices, often in small lots, and shortages were common. The State set up a government company to buy, test, store and supply drugs for the whole public health system.

- **Incorporated: 1 July 1994** under the **Companies Act, 1956**; it began buying and distributing drugs in **January 1995**. It is owned by the Government of Tamil Nadu through the Health and Family Welfare Department.
- **Central purchase:** drugs on an **essential drug list** are bought in bulk directly from manufacturers through an open, transparent tender.
- **District warehouses:** suppliers deliver to TNMSC warehouses in the districts, and hospitals and PHCs of each district collect their drugs from there.
- **Passbook system:** every hospital and PHC gets a **passbook** with a **money value** fixed according to its budget allocation. It can draw any drug on the approved list from the nearest warehouse until the

value is used up.

- **Quality testing:** every batch is tested in laboratories before it is issued to hospitals.
- **Other work:** TNMSC also buys medical equipment and supplies veterinary drugs to veterinary institutions.

Significance: the model lowered drug prices, cut shortages and brought more patients to government hospitals. An IIM Bangalore article and a World Bank blog note that several States, including **Rajasthan**, set up corporations on the lines of TNMSC; the World Bank blog calls it a cost-effective model.

Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS)

CMCHIS is the State's health insurance scheme for low-income families. It pays for costly treatments and surgeries on a **cashless** basis in empanelled government and private hospitals, and the State pays the full premium.

Year / date	Stage
2009	"Chief Minister Kalaignar's Insurance Scheme for Life Saving Treatments" begins – free treatment up to Rs 1 lakh per family
11 January 2012	Replaced by the **Chief Minister's Comprehensive Health Insurance Scheme**; United India Insurance Company as insurer; cover up to Rs 1 lakh per family per year
December 2021	Annual family income ceiling raised from Rs 72,000 to Rs 1.2 lakh
11 January 2022	New five-year policy (to 10 January 2027) with United India Insurance Company: **Rs 5 lakh per family per year**; premium Rs 849 per family a year (G.O. No. 16, Health and Family Welfare, 8 January 2022)
19 August 2026	Chief Minister C. Joseph Vijay announced in the Assembly (under Rule 110) that the annual cover would be raised from Rs 5 lakh to **Rs 25 lakh**

- **Implementing agency:** the Tamil Nadu Health Systems Project (TNHSP) of the Health and Family Welfare Department administers the scheme (World Bank case study, 2020).
- **Who can join:** families with annual income up to Rs 1.2 lakh, enrolled with an income certificate from the Village Administrative Officer, the family ration card and Aadhaar.
- **Link with Ayushman Bharat:** since 2018 Pradhan Mantri Jan Arogya Yojana (PM-JAY) has been implemented in Tamil Nadu together with CMCHIS, through the same scheme network.

Makkalai Thedi Maruthuvam (2021)

Makkalai Thedi Maruthuvam ("medicine in search of people") is a doorstep health-care scheme for **non-communicable diseases (NCDs)** such as diabetes and high blood pressure, which often go undetected in villages.

- **Launched: 5 August 2021** by Chief Minister M. K. Stalin at **Samanapalli** village, **Krishnagiri district**; it began at the same time in several other districts.
- **Target group:** people above 45 years of age and people who cannot easily travel to a hospital.
- **Services:** screening for **hypertension and diabetes** with medicines delivered home every month; screening for kidney disease and congenital defects in children with follow-up; **physiotherapy**; and dialysis support for kidney patients.
- **Workers:** women health volunteers, health workers, nurses and physiotherapists.

- **Reach:** it crossed one crore beneficiaries (Health Policy Note 2023-24), and the two-crore mark was marked in Erode district in **December 2024**.
- **Award:** on 25 September 2024 the **UN Interagency Task Force on NCDs (UNIATF)** gave its 2024 award, in the ministries-of-health category, to the Health and Family Welfare Department of Tamil Nadu for this programme.

Innuyir Kaappom – Nammai Kaakkum 48 (2021)

The first hours after a road accident (the "golden hour") decide whether a victim survives. This scheme removes cost as a reason for delay.

- **Launched: 18 December 2021** at **Melmaruvathur** (Chengalpattu district).
- **Benefit:** free treatment for the **first 48 hours** after a road accident in Tamil Nadu, in empanelled government and private hospitals.
- **Who is covered:** anyone injured in a road accident within the State – residents of other States and foreign nationals included, irrespective of income and whether or not they are CMCHIS members.
- **Ceiling at launch:** up to **Rs 1 lakh** per person for **81** listed life-saving procedures, in **609** hospitals (201 government and 408 private).
- **After 48 hours:** CMCHIS members continue under that scheme; others are stabilised and shifted to a government hospital for free treatment, or may continue in a private hospital at their own cost.
- **Enhancement:** the ceiling was raised from Rs 1 lakh to **Rs 2 lakh** in late 2024. By January 2025, over 3.2 lakh people had benefited, with 721 hospitals empanelled (news reports, January 2025).

108 Emergency Ambulance Service (2008)

- **Started: September 2008**, when about 200 ambulances were deployed; the service was introduced by Chief Minister M. Karunanidhi's government.
- **Model: public-private partnership** – the State funds and supervises, and **GVK EMRI** (Emergency Management and Research Institute) operates the service.
- **Free service:** anyone can dial 108 for medical, accident or pregnancy-related emergencies.
- **Fleet:** 1,353 emergency vehicles, as stated at the service's 15th-anniversary event in September 2023.
- **National link:** the 108 service was first started in Andhra Pradesh in 2005 and later adopted by many States.

Maternal and Child Health

Dr. Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS)

Named after **Dr. Muthulakshmi Reddy**, the first woman legislator of British India and a pioneer of women's health, this scheme gives cash and nutrition support to poor pregnant women so that they can rest, eat well and deliver in a hospital.

Year	Assistance
1987	State maternity assistance for poor women begins
2006	Raised to Rs 6,000
2011	Doubled to Rs 12,000
2018	Raised to **Rs 18,000**: Rs 14,000 in cash in five instalments + two nutrition kits worth Rs 2,000 each

- **Instalments:** linked to early registration (before 12 weeks), antenatal check-ups, delivery and the baby's immunisation, so the money also encourages use of health services.

Other maternal and child health measures

- **PICME** (Pregnancy and Infant Cohort Monitoring and Evaluation): online registration of every pregnancy with an RCH ID, used to track care and release benefits.
- **Round-the-clock PHCs** with delivery facilities, and blood storage in upgraded PHCs, reduce delays in obstetric emergencies.
- **Thaimaaman Thanga Mothiram Thittam (2026):** a one-gram gold ring for each baby born in a government hospital to a family permanently resident in Tamil Nadu, with an annual outlay of about Rs 755.83 crore (news reports, 2026).

Health Outcomes: What the Data Show

Sample Registration System (SRS) – Office of the Registrar General of India

Indicator	Tamil Nadu	India	Source, year
Infant mortality rate (per 1,000 live births)	12	25	SRS Statistical Report 2023 (released September 2025)
Infant mortality rate	**11**	24	SRS Statistical Report 2024 (released May 2026)
Total fertility rate	1.3	–	SRS Statistical Report 2024
Maternal mortality ratio (per 1,00,000 live births)	54	97	SRS special bulletin, 2018-20
Maternal mortality ratio	38	88	SRS special bulletin, 2020-22
Maternal mortality ratio	**35**	88	SRS special bulletin, 2021-23 (released September 2025)

With an MMR of 35 for 2021-23, Tamil Nadu is among the States with the lowest maternal mortality in India. The SRS bulletin for 2022-24, released in May 2026, puts India's MMR at about 87 and lists Tamil Nadu among the States already below the SDG target of 70. Tamil Nadu's TFR of 1.3 is well below the replacement level of 2.1.

National Family Health Survey – NFHS-5 (2019-21) and NFHS-6 (2023-24)

Indicator (Tamil Nadu)	NFHS-4 (2015-16)	NFHS-5 (2019-21)	NFHS-6 (2023-24)
Institutional births (%)	98.9	**99.6**	99.7
Children 12-23 months fully immunised (%)	69.7	**89.2**	–
Mothers with at least 4 antenatal visits (%)	81.1	–	87.6
Children under 5 stunted (%)	27.1	25.0	–
Children under 5 wasted (%)	19.7	14.6	17.4
Children under 5 underweight (%)	–	22.0	23.2
Children 6-59 months anaemic (%)	50.7	**57.4**	–
Caesarean deliveries (%)	–	44.9	–

Reading the table: access to care is almost universal (institutional births near 100 per cent), but **nutrition** is the weak area – child anaemia rose between NFHS-4 and NFHS-5, and wasting rose again in NFHS-6. More than half of women aged 15-49 were anaemic in NFHS-5.

Strengths and Challenges

Strengths	Challenges
Early public health law (1939) and a dedicated public health cadre	High and rising caesarean rates (44.9% in NFHS-5)
Dense HSC–PHC network with round-the-clock PHCs	Child anaemia (57.4%) and wasting – nutrition gaps
TNMSC – reliable, low-cost free drugs	Rising diabetes and obesity (NFHS-6) – the NCD burden
Free emergency transport (108) and the 48-hour accident scheme	Out-of-pocket spending on private care for those outside insurance
Insurance (CMCHIS) plus doorstep NCD care (Makkalai Thedi Maruthuvam)	Variation between districts, hilly and tribal areas

Key Health Schemes – Summary Table

Scheme	Year launched	Department / agency	Target group	Key benefit
TNMSC drug supply	1994	TNMSC (Health and Family Welfare Department)	All government hospitals and PHCs	Free essential drugs via passbook system
108 ambulance	2008	Health Department with GVK EMRI (PPP)	Everyone	Free emergency transport
CMCHIS	2012 (from the 2009 scheme)	Tamil Nadu Health Systems Project (Health and Family Welfare Department)	Families with income up to Rs 1.2 lakh	Rs 5 lakh cover a year (Rs 25 lakh announced in 2026)
Dr. Muthulakshmi Reddy Maternity Benefit Scheme	1987 (State maternity assistance); scheme from 15 September 2006 as per the Health Policy Note 2023-24; Rs 18,000 from 2018	Health and Family Welfare Department (through VHNs and PHCs)	Poor pregnant women	Rs 14,000 cash + Rs 4,000 nutrition kits
Makkalai Thedi Maruthuvam	2021	Health and Family Welfare Department	People above 45, bed-bound patients	Doorstep NCD screening and medicines
Innuyir Kaappom – Nammai Kaakkum 48	2021	Health and Family Welfare Department (via CMCHIS network)	All road-accident victims in TN	Free treatment for the first 48 hours

Writing Mains Answers on the Tamil Nadu Health Model (Group 1 / Group 2)

Descriptive papers ask about Tamil Nadu's health achievements, a particular scheme, or the challenges ahead. Support every point with a fact and its year.

"Tamil Nadu has achieved better health outcomes than most States." Discuss (about 200–250 words)

- **Introduction:** IMR 11 (SRS 2024) against India 24; MMR 35 (SRS 2021-23) against 88.
- **Institutions:** separate public health directorate (1923 as per the Health Policy Note), Public Health Act (1939), public health cadre.

- **Access:** 8,713 HSCs and round-the-clock PHCs; 108 ambulances since 2008; institutional births 99.6% (NFHS-5).
- **Drugs:** TNMSC (1994) – central purchase, passbook, quality testing.
- **Financial protection:** CMCHIS, maternity benefit of Rs 18,000.
- **New approaches:** Makkalai Thedi Maruthuvam (2021, UN award 2024); Innuyir Kaappom (2021).
- **Conclusion:** next focus – nutrition, anaemia, NCDs and C-section audit.

Explain the TNMSC model of drug procurement (about 150 words)

- Government company, 1 July 1994, Companies Act 1956; operations from January 1995.
- Essential drug list; bulk purchase from manufacturers by open tender.
- District warehouses; passbook with money value for each hospital.
- Batch-wise laboratory testing; computerised stock.
- Outcome: lower prices, fewer stock-outs, model for other States such as Rajasthan.

Evaluate Makkalai Thedi Maruthuvam (about 150 words)

- **Need:** undetected diabetes and hypertension in rural areas.
- **Design:** launched 5 August 2021 (Samanapalli, Krishnagiri); home screening, monthly medicines, physiotherapy.
- **Strengths:** two crore beneficiaries by December 2024; UNIATF award 2024.
- **Gaps:** follow-up and control of disease, staff workload, data quality.
- **Way forward:** link with PHC records and digital tracking.

Practice: Match the Following

Item	Match
1923 (Health Policy Note)	Separate Directorate of Public Health
1939	Public Health Act (first in India, as per the Health Policy Note)
1 July 1994	TNMSC incorporated
September 2008	108 ambulance service begins
11 January 2012	CMCHIS begins
5 August 2021	Makkalai Thedi Maruthuvam (Samanapalli)
18 December 2021	Innuyir Kaappom (Melmaruvathur)
2018	Maternity benefit raised to Rs 18,000
25 September 2024	UNIATF award for Makkalai Thedi Maruthuvam
19 August 2026	CMCHIS cover of Rs 25 lakh announced

Common Mistakes to Avoid

- **MMR vs IMR units:** MMR is per **1,00,000** live births; IMR is per **1,000** live births.
- **MMR period:** SRS gives MMR for a three-year period (for example 2021-23), while IMR is given for a single year.

- **CMCHIS dates:** the 2009 scheme was the Kalaignar insurance scheme; CMCHIS itself began on 11 January 2012.
- **Innuyir Kaappom** covers the first **48 hours** – not 24 or 72 – and covers non-residents too.
- **TNMSC** is a company under the Companies Act, 1956 – not a society or a department.
- **Rs 18,000** under the maternity scheme includes Rs 4,000 of nutrition kits – the cash part is Rs 14,000.
- **NFHS vs SRS:** NFHS is a sample survey (2019-21, 2023-24 rounds); SRS is the Registrar General's continuous registration system.

Quick Revision Table

Year / date	Event
1923 (Health Policy Note; some accounts 1922)	Separate Directorate of Public Health formed
1939	Madras (Tamil Nadu) Public Health Act
1987	State maternity assistance for poor women begins
1994 (1 July)	TNMSC incorporated; operations from January 1995
2006	Maternity assistance Rs 6,000
2008 (September)	108 ambulance service starts
2009	Kalaignar insurance scheme for life-saving treatments
2011	Maternity assistance Rs 12,000
2012 (11 January)	CMCHIS begins
2018	Maternity assistance Rs 18,000
2021 (5 August)	Makkalai Thedi Maruthuvam launched
2021 (December)	CMCHIS income limit Rs 1.2 lakh; Innuyir Kaappom launched (18 December)
2022 (11 January)	CMCHIS cover Rs 5 lakh per family per year
2024	UNIATF award (25 September); Innuyir Kaappom ceiling Rs 2 lakh; MTM two crore beneficiaries (December)
2025 (September)	SRS: TN MMR 35 (2021-23)
2026 (May)	SRS 2024: TN IMR 11, TFR 1.3; NFHS-6 released
2026 (19 August)	CMCHIS cover of Rs 25 lakh announced

TNPSC Key Points (PYQ-style facts)

- Public health is in the State List of the Seventh Schedule.
- Separate public health directorate in Madras: 1923 (as per the Health Policy Note); Public Health Act: 1939 (the first public health law in India, as per the Health Policy Note).
- HSCs: 8,713; urban PHCs: 487; rural PHCs 1,830 (Health Policy Note 2023-24).
- TNMSC: 1 July 1994; Companies Act 1956; passbook system; district warehouses; batch testing.
- 108 ambulance in TN: September 2008; PPP with GVK EMRI.

- CMCHIS: 11 January 2012; Rs 5 lakh per family per year (2022–27); income limit Rs 1.2 lakh (2021); Rs 25 lakh announced 19 August 2026.
- Makkalai Thedi Maruthuvam: 5 August 2021, Samanapalli, Krishnagiri; UNIATF award 2024.
- Innuyir Kaappom – Nammai Kaakkum 48: 18 December 2021, Melmaruvathur; 81 procedures; Rs 1 lakh, now Rs 2 lakh.
- Dr. Muthulakshmi Reddy Maternity Benefit Scheme: Rs 18,000 (Rs 14,000 cash + Rs 4,000 kits) since 2018.
- IMR: 11 (SRS 2024); MMR: 35 (SRS 2021-23); TFR: 1.3 (SRS 2024).
- NFHS-5: institutional births 99.6%; full immunisation 89.2%; stunting 25.0%; child anaemia 57.4%.

Frequently Asked Questions

What is meant by the "Tamil Nadu health model"?

It refers to the way Tamil Nadu built a strong public health system: a separate Directorate of Public Health from the early 1920s and the Public Health Act of 1939; a dense network of Health Sub Centres and 24-hour Primary Health Centres; low-cost drug supply through the Tamil Nadu Medical Services Corporation (1994); free emergency transport (108, from 2008); State health insurance (CMCHIS, from 2012); doorstep care for non-communicable diseases (Makkalai Thedi Maruthuvam, 2021); and cash support for mothers (Dr. Muthulakshmi Reddy Maternity Benefit Scheme). The results show in low infant and maternal mortality – an IMR of 11 as per SRS 2024 and an MMR of 35 as per the SRS bulletin for 2021-23.

What is the passbook system of the Tamil Nadu Medical Services Corporation?

TNMSC, incorporated on 1 July 1994 under the Companies Act, 1956, buys essential drugs centrally from manufacturers and stores them in district warehouses. Each government hospital or PHC gets a passbook with a money value fixed according to its budget allocation; it can draw any drug on the approved list from the nearest warehouse until that value is used up. Every batch is tested in laboratories before it is issued.

What does the Chief Minister's Comprehensive Health Insurance Scheme provide?

CMCHIS gives cashless treatment in empanelled government and private hospitals to low-income families. It began on 11 January 2012, replacing the Kalaignar insurance scheme of 2009. The 2022–27 policy (G.O. No. 16 of 2022, United India Insurance Company) gives Rs 5 lakh per family per year; the income ceiling was raised from Rs 72,000 to Rs 1.2 lakh in 2021. On 19 August 2026 the Chief Minister announced in the Assembly that the annual cover would be raised to Rs 25 lakh.

What are Makkalai Thedi Maruthuvam and Innuyir Kaappom – Nammai Kaakkum 48?

Makkalai Thedi Maruthuvam ("medicine in search of people") was launched on 5 August 2021 at Samanapalli in Krishnagiri district; health workers screen people at home for diabetes and hypertension and deliver medicines, physiotherapy and other care. It won the UN Interagency Task Force Award in 2024. Innuyir Kaappom – Nammai Kaakkum 48, launched on 18 December 2021 at Melmaruvathur,

gives free treatment to any road-accident victim in Tamil Nadu for the first 48 hours, up to Rs 1 lakh at first and Rs 2 lakh from late 2024.

What are Tamil Nadu's latest IMR and MMR figures?

As per the Sample Registration System, Tamil Nadu's infant mortality rate was 12 in 2023 and 11 in 2024 (India: 25 and 24). Its maternal mortality ratio was 38 for 2020-22 and 35 for 2021-23 (India: 88), among the lowest in the country; the SRS bulletin for 2022-24 (May 2026) puts India at about 87 and lists Tamil Nadu among the States below the SDG target of 70. NFHS-5 (2019-21) recorded 99.6 per cent institutional births and 89.2 per cent full immunisation in the State.

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Practice questions

1. When was the Tamil Nadu Medical Services Corporation (TNMSC) incorporated?

A. 1 July 1991
B. 1 July 1994
C. 1 January 2001
D. 15 September 2006

2. Under which Act was TNMSC incorporated?

A. Societies Registration Act, 1860
B. Tamil Nadu Public Health Act, 1939
C. Tamil Nadu Co-operative Societies Act, 1983
D. Companies Act, 1956

3. Which statement about the TNMSC "passbook system" is correct?

A. Patients show a passbook and pay for drugs
B. Pharmacies take loans through a passbook
C. Each hospital gets a passbook with a money value based on its budget and draws drugs from the warehouse against it
D. Doctors' salaries are paid through a passbook

4. As per the Tamil Nadu Health Policy Note 2023-24, in which year did the Madras Government form a separate Directorate exclusively for public health?

A. 1919
B. 1923
C. 1939
D. 1947

5. According to the Tamil Nadu Health Policy Note, Tamil Nadu (Madras) was the first State in India to enact a public health law. In which year was this Act passed?

A. 1923
B. 1935
C. 1939
D. 1956

6. "Public health and sanitation; hospitals and dispensaries" is in which list of the Seventh Schedule?

A. Union List
B. State List
C. Concurrent List
D. Residuary powers

7. As per recent Health Policy Notes, how many Health Sub Centres are there in Tamil Nadu?

A. 4,213
B. 6,450
C. 8,713
D. 10,839

8. Which scheme, launched in 2009, preceded the Chief Minister's Comprehensive Health Insurance Scheme?

A. Chief Minister Kalaignar's Insurance Scheme for Life Saving Treatments
B. Rashtriya Swasthya Bima Yojana
C. Amma Health Insurance Scheme
D. Pradhan Mantri Jan Arogya Yojana

9. Which insurer implements CMCHIS in the 2022–27 policy period?

A. New India Assurance
B. Star Health Insurance
C. United India Insurance Company
D. Life Insurance Corporation of India

10. In 2021 the annual family income limit for CMCHIS was raised from Rs 72,000 to how much?

A. Rs 1 lakh
B. Rs 1.2 lakh
C. Rs 2 lakh
D. Rs 2.5 lakh

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11. As announced in the Assembly on 19 August 2026, the annual CMCHIS cover is to be raised to:

A. Rs 10 lakh
B. Rs 15 lakh
C. Rs 20 lakh
D. Rs 25 lakh

12. In which district was Makkalai Thedi Maruthuvam launched on 5 August 2021?

A. Dharmapuri
B. Chengalpattu
C. Erode
D. Krishnagiri

13. Which international award did Tamil Nadu's Health Department receive in 2024 for Makkalai Thedi Maruthuvam?

A. WHO World Health Day Award
B. UNICEF Child Health Award
C. UN Interagency Task Force (UNIATF) Award on NCDs
D. Gates Foundation Health Award

14. Consider the statements on Makkalai Thedi Maruthuvam: 1. It is mainly a doorstep service for non-communicable diseases. 2. Patients with hypertension and diabetes get medicines at home every month. 3. It is the 48-hour road-accident treatment scheme. Which are correct?

A. 1 and 2 only
B. 2 and 3 only
C. 1 and 3 only
D. 1, 2 and 3

15. For how long after an accident does "Innuyir Kaappom – Nammai Kaakkum 48" give free treatment?

A. First 24 hours
B. First 48 hours
C. First 72 hours
D. First 7 days

16. Where was the Innuyir Kaappom scheme launched on 18 December 2021?

A. Melmaruvathur
B. Samanapalli
C. Ettayapuram
D. Nanjanapuram

17. The Innuyir Kaappom ceiling, Rs 1 lakh at launch, was raised in late 2024 to:

A. Rs 1.5 lakh

B. Rs 2 lakh

C. Rs 3 lakh

D. Rs 5 lakh

18. How many life-saving procedures were covered under Innuyir Kaappom at launch?

A. 48

B. 81

C. 108

D. 609

19. When did the 108 emergency ambulance service begin in Tamil Nadu?

A. 2005

B. 2008

C. 2012

D. 2016

20. Match (Dr. Muthulakshmi Reddy maternity assistance): a. 2006 b. 2011 c. 2018 — 1. Rs 18,000 2. Rs 6,000 3. Rs 12,000

A. a-2, b-3, c-1

B. a-3, b-2, c-1

C. a-2, b-1, c-3

D. a-1, b-3, c-2

21. As per the SRS Statistical Report 2024, what is Tamil Nadu's infant mortality rate (per 1,000 live births)?

A. 8

B. 11

C. 18

D. 24

22. As per the SRS special bulletin for 2021-23, what is Tamil Nadu's maternal mortality ratio (per 1,00,000 live births)?

A. 30

B. 35

C. 54

D. 88

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23. As per the SRS Statistical Report 2024, what is Tamil Nadu's total fertility rate?

A. 1.3
B. 1.7
C. 1.9
D. 2.1

24. As per NFHS-5 (2019-21), what share of births in Tamil Nadu were institutional?

A. 88.6%
B. 94.5%
C. 98.9%
D. 99.6%

25. Which Tamil Nadu indicator worsened between NFHS-4 and NFHS-5?

A. Institutional births
B. Full immunisation
C. Anaemia among children 6-59 months
D. Stunting

Answers with explanations

1. **B) 1 July 1994** – TNMSC was incorporated on 1 July 1994 and began operations in January 1995.
2. **D) Companies Act, 1956** – TNMSC is a government company incorporated under the Companies Act, 1956.
3. **C) Each hospital gets a passbook with a money value based on its budget and draws drugs from the warehouse against it** – Hospitals draw approved drugs from the nearest warehouse until the passbook value is used up.
4. **B) 1923** – The Health Policy Note 2023-24 gives 1923 (some accounts give 1922; the Directorate marked its centenary in 2022).
5. **C) 1939** – The Madras Public Health Act was enacted in 1939.
6. **B) State List** – It is a State List subject, so States largely design their health systems.
7. **C) 8,713** – Both the 2023-24 and 2024-25 Health Policy Notes give 8,713 HSCs.
8. **A) Chief Minister Kalaignar's Insurance Scheme for Life Saving Treatments** – CMCHIS replaced the 2009 Kalaignar insurance scheme on 11 January 2012.
9. **C) United India Insurance Company** – G.O. No. 16 of 2022 names United India Insurance Company for 11.01.2022 – 10.01.2027.
10. **B) Rs 1.2 lakh** – A December 2021 order raised the income limit to Rs 1.2 lakh.
11. **D) Rs 25 lakh** – The annual cover rises from Rs 5 lakh to Rs 25 lakh – a fivefold increase.
12. **D) Krishnagiri** – It was launched at Samanapalli village in Krishnagiri district.
13. **C) UN Interagency Task Force (UNIATF) Award on NCDs** – The UNIATF award was announced on 25 September 2024 in the ministries-of-health category.
14. **A) 1 and 2 only** – Statement 3 describes Innuyir Kaappom – Nammai Kaakkum 48, not this scheme.
15. **B) First 48 hours** – Any road-accident victim in Tamil Nadu gets free treatment for the first 48 hours.
16. **A) Melmaruvathur** – It was launched at a function at Melmaruvathur in Chengalpattu district.

17. **B) Rs 2 lakh** – The ceiling was raised from Rs 1 lakh to Rs 2 lakh.

18. **B) 81** – 81 procedures; 609 was the number of empanelled hospitals.

19. **B) 2008** – It began in September 2008 as a PPP with GVK EMRI; 2005 is when 108 began in Andhra Pradesh.

20. **A) a-2, b-3, c-1** – 2006 – Rs 6,000; 2011 – Rs 12,000; 2018 – Rs 18,000.

21. **B) 11** – Tamil Nadu 11; India 24.

22. **B) 35** – Tamil Nadu 35 (38 in 2020-22); India 88.

23. **A) 1.3** – Tamil Nadu's TFR is 1.3, well below the replacement level of 2.1.

24. **D) 99.6%** – 99.6% in NFHS-5; 98.9% was the NFHS-4 figure.

25. **C) Anaemia among children 6-59 months** – Child anaemia rose from 50.7% to 57.4%; the others improved.

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