



## ABSTRACT

Tamil Nadu Health Systems Reforms Project – To incur a non recurrent expenditure of Rs.93,12,156/- towards conducting WHO STEPS Survey to establish a baseline for the Non Communicable Diseases (NCDs) activity through the Institute of Community Medicine, a department of Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai - Orders -Issued .

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### HEALTH AND FAMILY WELFARE (EAPI-1) DEPARTMENT

G.O.(Ms).No.352

Dated: 08.08.2019  
Thiruvalluvar Aandu – 2050  
Vihari, Aadi– 24

Read :

From the Project Director, Tamil Nadu Health Systems Reforms Project,  
letter No. 4668/TNHSRP/E1/ 2015, dated: 30.11.2018.

ORDER:

In the letter read above, the Project Director, Tamil Nadu Health Systems Reforms Project has stated the WHO STEPS Survey (Stepwise approach to surveillance), a household based survey of adults aged 18 – 69 years will be used to establish a baseline for Non Communicable Diseases monitoring and will enable more efficient planning of activities for the prevention and control of Non Communicable Diseases (NCDs) especially Hypertension and Diabetes Mellitus.

**(a)The objectives of this survey are as follows:-**

- i. To determine the prevalence of behavioral risk factors for NCDs in the population aged 18 - 69 years;
- ii. To determine the prevalence of biological risk factor for NCDs– Hypertension, Hypercholesterolemia, and Hyperglycaemia – in the population aged 18 – 69 years; and
- iii. To determine the share of individuals with hypertension or diabetes whose blood pressure or glucose level is under control.
- iv. This survey is to be conducted during the 1<sup>st</sup> year of the Project and repeated during the 3<sup>rd</sup> and 5<sup>th</sup> year of the Project.

**(ii)Background**

The planning process for the preparation of the Tamil Nadu Health Systems Reforms Project to be implemented with funding support from World Bank has reached an advanced stage at present. The Project Negotiations with the Department of Economic Affairs and World Bank is scheduled for 17<sup>th</sup> and 18<sup>th</sup> December 2018. The World Bank Board approval is expected in February 2019 and the Project

Agreement is likely to be signed in March. The Project is expected to become effective from April 2019. The proposed total Project cost is estimated at Rs. 2685.91 crores and the Project implementation period will be for 5 years from FY 2019 to 2024. One of the Disbursement Linked Indicators for the Project is "Patients with Hypertension and Diabetes whose blood pressure and blood sugar are under control" as evidenced by STEPS Survey. Hence conducting the survey periodically is imperative in order to claim the Disbursement from the World Bank.

### **(iii)DEA Conditionality**

As per the Department of Economic Affairs Filters in order to consider this project for Negotiations during December 2018 the Request for Proposal (RFP) for conducting STEPS Survey should have been provided to the short listed consultancy firms after calling for Expression of Interest (EOI). Hence there is an urgent need for Government orders to conduct the STEPS Survey. However during the World Bank Missions it was agreed to, to conduct the STEPS Survey in house by engaging the "Institute of Community Medicine" of Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai. It was agreed that all the 3 rounds of survey i.e., survey during the 1<sup>st</sup> year, 3<sup>rd</sup> year and the 5<sup>th</sup> year will be conducted by the above Institute.

2. The Project Director, Tamil Nadu Health Systems Reforms Project has submitted the following proposals for approval:-

- i. To permit the Project Director, Tamil Nadu Health Systems Reforms Project to engage the Institute of Community Medicine, a department of Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai to conduct the WHO STEPS Survey during year 1, Year 3 and year 5 of the Project by means of a Terms of Reference (ToR).
- ii. The Terms of Reference shall contain the background and objective, scope of work, requirement for data collection, protocols for conducting the tests, reporting requirement, data analysis, deliverables and the skills & qualification of the interviewers, etc. The Institute of Community Medicine will conduct the survey without affecting the routine work of the department. The department may be advised to involve as many post graduates in this survey as possible as it will enrich their skills in conducting surveys.
- iii. The survey will be monitored and reported by the Independent Verification Agency (IVA) periodically who will be contracted by the Project for verification of all Disbursement Linked Indicators.
- iv. It is also proposed that the patients undergoing blood tests under this survey will be covered under 3rd party insurance from a Government Insurance Company for any claim for the complications attributed to drawal of blood for testing.
- v. The Ethical Committee clearance shall be obtained by the department before proceeding with the survey.

3. The Project Director, Tamil Nadu Health Systems Reforms Project has stated that the non recurrent lump sum cost involved in this proposal for the 1st year survey is given below. For the 3rd and 5th year surveys, the costs will be worked out during the 2nd and 4th years respectively and orders will be obtained at that time.

S.No	Activity	Cost in INR
1	Approximate Rough cost estimate for Conducting WHO STEPS survey by Institute of Community Medicine, MMC (Detailed costing sheet is in the Annexure – II)	Rs. 88,08,720
2	3 <sup>rd</sup> party Insurance for 5000 patients @ Rs. 12 per patient for one year	Rs. 60,000
3	Price and Physicare Contingencies @ 5%	Rs. 4,43,436
	<b>Total</b>	<b>Rs. 93,12,156</b>

4. The Project Director, Tamil Nadu Health Systems Reforms Project has further stated that the expenditure to be incurred under the above proposal shall be met out of TNHS Society funds and booked under the Government of Tamil Nadu part of Tamil Nadu Health Systems Reforms Project Funds.

5. The Project Director, Tamil Nadu Health Systems Reforms Project has therefore requested the Government to issue necessary orders in this regard.

6. The Government after careful consideration of the proposal of the Project Director, Tamil Nadu Health Systems Reforms Project have decided to accept the same and accordingly issue the following orders:

- i. The Project Director, Tamil Nadu Health Systems Reforms Project is permitted to conduct the WHO STEPS survey through the Institute of Community Medicine, Madras Medical College and Rajiv Gandhi Government General Hospital through a detailed Terms of Reference (ToR) vetted by World Bank as annexed-I to this Government Order.
- ii. The Project Director, Tamil Nadu Health Systems Reforms Project is permitted to incur a non recurrent expenditure of Rs. 93,12,156 (Rupees ninety three lakh twelve thousand one hundred and fifty six only) towards conducting WHO STEPS Survey to establish a baseline for the Non Communicable Diseases (NCDs) activity during the 1st year of the Project as mentioned below:

S.No	Activity	Cost in INR
1	Approximate Rough cost estimate for Conducting WHO STEPS survey by Institute of Community Medicine, MMC (Detailed costing sheet is in the Annexure – II)	Rs. 88,08,720
2	3 <sup>rd</sup> party Insurance for 5000 patients @ Rs. 12 per patient for one year	Rs. 60,000
3	Price and Physicare Contingencies @ 5%	Rs. 4,43,436
	<b>Total</b>	<b>Rs. 93,12,156</b>

- iii. The Project Director, Tamil Nadu Health Systems Reforms Project is permitted to transfer Rs. 93,12,156 (Rupees ninety three lakh twelve thousand one hundred and fifty six only) as sanctioned above to the account of Director, Institute of Community Medicine, Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai – 3.

- iv. The Director, Institute of Community Medicine, Madras Medical College shall
- a) conduct the above survey as per the Terms of Reference after getting the Ethical Committee clearance and due approval from Dean, Madras Medical College.
  - b) preserve the records, as they are required for comparison during the year 3 and year 5 rounds of the survey.
  - c) follow the ethical guidelines in respect of preserving/ disposing of blood samples.
  - d) provide periodical reports on the progress of the survey to the Project Director, Tamil Nadu Health Systems Reforms Project as well as to the Dean, Madras Medical College, Chennai.
  - e) provide the expenditure vouchers and to settle the account with the Project Director after returning the balance amount if any, after completion of the survey.
- v. The Project Director, Tamil Nadu Health Systems Reforms Project is permitted to reallocate the funds provided across the different components as per the need within the total amount sanctioned
- vi. The Project Director, Tamil Nadu Health Systems Reforms Project is directed to include the above said expenditure while sending the RE 2019 – 20 proposal to Government.
6. This order issues with the concurrence of the Finance Department vide its U.O.No.36774/Health-II/2019 dated: 05.08.2019

**(BY ORDER OF THE GOVERNOR)**

**BEELA RAJESH  
SECRETARY TO GOVERNMENT**

To  
 The Project Director, Tamil Nadu Health Systems Reforms Project, Chennai-6.  
 The Mission Director, NHM, Chennai-6.  
 The Director of Medical Education, Chennai-10.  
 The Director of Public Health and Preventive Medicine, Chennai-6.  
 The Director, Institute of Community Medicine, Madras Medical College, Chennai-3.  
 The Dean, Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai-3.  
 The Accountant General (A&E), Chennai- 18.

The Pay and Accounts Officer (South), Chennai-35.

Copy to The Finance (Health-II) Department,  
Chennai-9.

The Hon'ble Chief Minister Office,  
Chennai-9.

The Hon'ble Deputy Chief Minister Office,  
Chennai-9.

The Special Personal Assistant to Hon'ble  
Minister (Health and Family Welfare),  
Chennai-9.

The Health and Family Welfare (EAPII/P/ Data Cell) Department, Chennai-9.  
SF/SC.

**//FORWARDED BY ORDER //**

*B. Jayadev*  
**SECTION OFFICER**

*BB*

## Annexure – I

G.O.(Ms).No.352, Health & Family Welfare(EAPI-1) Department dated:08.08.2019

### WHO STEPS Survey - Scope of Work

The WHO STEPS Survey will consist of the following 3 steps including providing and using all appropriate supplies and equipment :

- Step 1 comprises of the WHO STEPS instrument for Chronic Disease Risk Factor Surveillance. This consists of a face to face interview, using a questionnaire to collect socio demographic and behavioral information, including information on tobacco use, alcohol consumption, diet, physical activity , history of high blood pressure and / or raised cholesterol, history of diabetes and of CVDs, lifestyle counseling , cervical cancer screening, and health care access. The firm will modify the instruments based on discussions with the DoHFW to reflect the local conditions and will translate them into Tamil.
- Step 2 comprises a series of physical measurements (body, weight, height, waist and hip circumference; blood pressure, and heart rate).
- Step 3 comprises a series of biochemical measurements in capillary blood, using wet chemical methods. Measurements include blood glucose, total cholesterol, and high- density lipoprotein (HDL) cholesterol.

According to preliminary sample calculation based on the WHO STEPS survey guide, the sample to be surveyed is approximately 4900 individuals (assuming a non – response rate of 0.8) to arrive at a final data sample of 3900. This is representative at the state level, stratified by urban / rural residence. The sample will be stratified by age and gender.

The first round of the survey should be conducted by December 2019. Electronic data collection would be preferred. WHO STEPS includes specific software and supporting materials to undertake data collection electronically (eSTEPS)

## TERMS OF REFERENCE

### IMPLEMENTATION OF WHO STEPS SURVEY<sup>1</sup>

#### BACKGROUND AND OBJECTIVES

The World Bank is supporting the Department of Health and Family Welfare (DoHFW), Government of Tamil Nadu (GoTN), in the implementation of the 'Tamil Nadu Health System Reform Program' (TNHSRP), through IBRD financing of US\$287 million across the state. Focusing on critical institutional strengthening, the project aims to improve quality of care, strengthen the management of non-communicable diseases (NCDs), and reduce the inequities in reproductive and child health (RCH). To assess the management of NCDs, the GoTN will implement the WHO STEPS (STEP-wise approach to surveillance) survey – a household-based survey of adults aged 18-69 years. The survey will be used to establish a baseline for NCD monitoring and will enable more efficient planning of activities for the prevention and control of NCDs. It is envisioned that the survey will be representative at the state level and will be stratified by urban/rural areas to account for differences in lifestyle and disease status between populations in urban and rural areas. The objectives of the survey are to: (i) determine the prevalence of behavioral risk factors for NCDs in the population aged 18–69 years; (ii) determine the prevalence of biological risk factors for NCDs – hypertension, hypercholesterolemia, and hyperglycaemia – in the population aged 18–69 years; and (iii) determine the share of individuals with hypertension or diabetes whose blood pressure or glucose level is under control.

#### PURPOSE OF CONSULTANCY

The purpose of this consultancy is to implement the STEPS survey in Tamil Nadu.

#### SCOPE OF WORK

The firm will implement the STEPS survey consisting of the following three steps, including providing and using all appropriate supplies and equipment:

- *Step 1* comprises of the WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance (Annex 1). This consists of a face-to-face interview, using a questionnaire to collect socio-demographic and behavioral information, including information on tobacco use, alcohol consumption, diet, physical activity, history of high blood pressure and/or raised cholesterol, history of diabetes and of CVDs, lifestyle counselling, cervical cancer screening, and health care access. The firm will modify the instruments based on discussions with the DoHFW to reflect the local conditions and will translate them into Tamil.
- *Step 2* comprises a series of physical measurements (body weight, height, waist and hip circumference; blood pressure, and heart rate).
- *Step 3* comprises a series of biochemical measurements in capillary blood, using wet chemical methods. Measurements include blood glucose, total cholesterol, and high-density lipoprotein (HDL) cholesterol.

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<sup>1</sup> More information available at <https://www.who.int/ncds/surveillance/steps/en/>

According to preliminary sample calculations based on the WHO STEPS survey guide, the sample to be surveyed is approximately 4900 individuals (assuming a non-response rate of 0.8) to arrive at a final data sample of 3900. This is Representative at the state level, stratified by urban/rural residence. The sample will be stratified by age and gender.

The first round of the survey should be conducted by December 2019. Electronic data collection would be preferred. WHO STEPS includes specific software and supporting materials to undertake data collection electronically (eSTEPS).<sup>2</sup>

#### ***Requirements for Data Collection***

***Gantt Chart and Ethical Clearance Documentation:*** The firm will develop a Gantt Chart outlining the timeline for all survey activities. In addition, the firm is responsible for acquiring all permissions necessary for conducting the survey. Where required, this may include relevant permissions from national and/or local authorities and Institutional Review Board (Protection of Human Subjects) permissions. The firm is also responsible for adhering to local formalities and obtaining any required permits related to the survey implementation, as well as survey team health and accident insurance, salary, taxes, and others as necessary.

***Adaptation, Translation, Back-Translation and Piloting of Questionnaires:*** The firm will be provided a standard set of base WHO questionnaires, in English. In consultation with the Evaluation Team, the Survey Firm will adapt survey modules to the country and state context, including phrasing of questions and adaptation of response codes so they are appropriate to the study context. Once the firm has adapted the base English questionnaire, the firm will translate this set of questionnaires to the local language(s) and pre-test the translated questionnaires, adapting any components that are necessary to accurately capture the intended information on the study populations. The final set of questionnaires used in the field will be re-translated into English by an independent translator contracted by the firm and formatted in the identical format used in the actual implementation.

A pilot survey should be conducted at least a month prior to beginning of data collection. The goal of the pilot survey is to test the acceptability of the questions in the instrument, the length, clarify any misunderstandings and/or wording (particularly in the translated version), and modify the instructions for interviewers. The pilot should consist of at least 10 households.

#### ***Preparation of Biomarker Data Collection Plan***

Develop a biomarker data collection plan in accordance with local guidelines. The plan should specify, among others:

- Protocol for specimen:
  - Collection
  - Labeling (individual ID code in order to match to household and individual data)
  - Handling
  - Delivery
- Any in-field specimen evaluation protocols must be specified

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<sup>2</sup> <http://www.who.int/ncds/surveillance/steps/esteps/en/>



#### *Final Field Work Plan*

The field procedure plan should outline in detail all aspects of the field work to be conducted by the firm, including:

- Sampling strategy
- Final updated Gantt Chart
- Composition of a field team
  - Number of enumerators
  - Number of field-supervisors
  - Number of biomarker data collectors
  - Number of field data entry agents
  - Qualifications, training of each
- Expected tasks, responsibilities and schedule of delivery of each member of the team
- Transportation and lodging logistics
- Supervision and spot check plans to ensure adherence to data collection protocols and confirm quality of data collection and entry, including a minimum of [10%] of re-visits to a random sample of the evaluation sample to confirm the validity of the data
- Protocols and procedures for addressing data inconsistencies/miss-reporting when identified
- If data is not collected electronically, Protocols for Computer Assisted Field Entry (CAFE), whereby questionnaires are captured and validated immediately following the paper and pencil survey, and the results transmitted back to the field teams to conduct quality checks as needed.
- If data is not collected electronically, paper questionnaire and data transmission protocols.

This Field Work Plan should be presented to the GoTN and Bank for comment and revised as necessary prior to commencing field work. The firm must then implement the survey, adhering as closely to the plan as conditions allow. If field conditions dictate significant changes to these plans, the firm's Field Supervisors are obliged to inform the GoTN, in the form of a written report or progress report.

#### *Final Data Entry Program (if data not collected electronically)*

The Survey Firm must develop (or adapt) a robust data entry program in CS-Pro or another suitable program approved by the Evaluation Team. The Survey Firm will be responsible for translating the user interface into appropriate local language if needed, adapting the program to reflect any changes from the base questionnaire, and adding modules for any additional data collection that is unique to the survey.

The adapted program must be robust:

- Adapt data entry range and consistency checks to values appropriate for the country context, based on existing HH survey data.
- To the greatest extent possible, the data entry program should conduct range and consistency checks, as the questionnaire is keypunched.
- Violations of these checks should lead to an immediate and transparent message sent to the keypuncher, along with a practical method for correcting keypunch errors, or over-riding and documenting any answers that violate the range and consistency check rules.

- The program should allow valid open-ended and “other” textual responses outside of the response options provided in the questionnaire
- Variable names generated by the program should correspond clearly and logically to the question labels used in the questionnaire.
- Coding strategy in order to maintain consistent, unique identifiers for households for matching longitudinal data

*HR requirements for data collection:*

- Survey coordinator: effectively manages all interviewer teams and is responsible for daily operations and logistics
- Interviewer team leader: forms groups of interviewers, supervises field works in his/her area, guarantees primary quality control of field documents completion and submission to the survey company
- Interviewers are responsible for collecting the data using the provided questionnaires. Prior to beginning data collection, interviewers must receive training on data collection using the appropriate instruments. Training/experience in blood collecting/handling blood products is required for interviewers conducting Step 3.
- Supervisors ensure field inspection of interviewers’ work

*Interviewer training.* Team leaders, supervisors, and interviewers are expected to receive training on data collection and the relevant questionnaires.

The firm will work closely with the GoTN and the World Bank before, during, and after the data collection.

**Reporting**

*Final Database:* Conduct final cleaning of data and final data delivery report

- Identify incomplete HHs and redundant observations
- Ensure all components are correctly linked – datasets can be merged cleanly
- Final completion numbers
- Completion inventory

*Data Analysis & Reporting:*

The firm will develop an analysis plan to analyze the data and verify the quality of data produced. This includes production of Stata (or other appropriate statistical software) code, descriptive tables and a report. The firm will:

- ✓ Review data files and conduct basic data cleaning to ensure all observations are uniquely identified and reported data is internally consistent
- ✓ Conduct merging across data files as needed to ensure clean merges
- ✓ Construct variables in accordance with international and local definitions (see WHO indicators definitions)
- ✓ Produce summary statistics of key outcome and covariate variables
- ✓ Produce a written descriptive report following WHO guidance on analysis of indicators

- ✓ Produce a summary factsheet based on the WHO factsheet template
- ✓ Produce a summary PPT

#### DELIVERABLES

1. Final data collection package: 1) sampling strategy; 2) biomarker data collection plan; 3) final field work plan; 4) final formatted questionnaire and translations (for electronic or paper-based data collection); 5) summary report of field testing; 6) training guidelines for enumerators (including data collection protocol); 7) ethical clearance; 8) timeline for data collection activities; and 9) data analysis plan.
2. Final database in Stata (or other appropriate statistical software) format. To ensure confidentiality for all collected and archived data, the firm is expected to assign unique identification numbers to each participant, with all data registries referencing only the unique ID numbers.
3. Data collection report, providing short summaries on the data collection for each wave of spot checks, including period of data collection, adherence to protocol, information on quality controls put in place (field and data entry), and problems encountered.
4. Data analysis package, including 1) the code (do file) for analysis; 2) a descriptive report with summary statistics following WHO guidance on analysis of indicators; 3) a summary factsheet based on the WHO factsheet template; and 4) a summary PPT.

#### QUALIFICATIONS OF CONSULTANT/ FIRM

The firm must demonstrate the following qualifications:

- Established track record and demonstrated experience in sample design, survey methodology, survey implementation, data entry, and measurement of biomarkers.
- Established track record of high quality data analysis as evidenced by analytical reports.
- Proven ability to plan, manage and execute complex projects and to ensure high quality delivery of results.
- Excellent written and oral communication skills in English
- High ethical standards and deep sense of integrity and commitment.
- The ability to collect data from approximately 4900 households in Tamil Nadu

The interviewers are expected to have extensive experience collecting survey data. The data entry team is expected to have extensive experience entering data and verifying their quality. The field supervisors and overall management team is expected to have extensive experience in the implementation and supervision of surveys related to health in India. The analytical team should have extensive experience in analyzing household survey data and strong writing skills in English.

BEELA RAJESH  
SECRETARY TO GOVERNMENT

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*B. Rajesh*  
SECTION OFFICER

**Annexure - II**

WHO STEPS survey for NCD Surveillance by Institute of Community Medicine, Madras Medical College,

Principal Investigator Dr T S Selvavinaygam, Prof and HOD, ICM, MMC

Regional Coordinators Dr Joy, Dr Arul Mozhi and Dr Jayanthi will coordinate all the activities in Chennai, Coimbatore and Madurai regions

Co Investigator Dr Sudarshini, Assistant Professor, ICM, MMC to coordinate

All other faculties of ICM are research associates in the project with specific assigned activity.

**BUDGET for WHO STEPS Survey**

S.NO	Activity	Unit cost in INR	Number of Units	Total cost in INR
<b>A</b>	<b>Tool Development in Tamil and m-STEPS app development</b>			
1	Tamil Translation of the STEPS instrument	25000	1	25000
2	Show Cards development	10000	1	10000
3	pilot testing of the Tamil tool and Show Cards	20000	1	20000
4	m- STEPS app development and pilot testing	300000	1	300000
5	linking of m-STEPS app and Laboratory portal of vendor	25000	1	25000
6	Maintenance fee for the app	25000	1	25000
<b>B</b>	<b>Setting up of Project implementing and Monitoring Unit</b>			
7	Research Assistants Recruitment advertisement and processing	10000	1	10000
8	Salary for 2 Research Assistants (Rs 25000/month for a period of 12 months)	25000	24	600000
9	Additional space /structure creation in ICM for PMU	50000	1	50000
10	Laptops, scanners and printers etc. for PMU	100000	2	200000
11	Broad band Internet Connection for 12 months	20000	1	20000
12	Xerox and consumables	200000	1	200000
<b>C</b>	<b>Sample design, frame, protocol development and approval</b>			
13	Protocol Development including honorarium for 3 researchers	50000	1	50000
14	Workshop on Protocol Presentation – Technical Expert for validation	50000	1	50000
15	Workshop on Protocol Presentation – Policy Approval from TNHSP/WB	50000	1	50000
<b>D</b>	<b>Training Module Development and printing</b>			
16	Development of Training Modules on a workshop mode ( Covering informed consent/ demographic information/ Behavioural Measurements - Tobacco, alcohol, Physical Inactivity, H/o DM,HTn/ Physical Measurements - Height, Weight, Waist, BP,Hip Circumference, Heart Rate/ Module on Referral and Clinic Card/ role description of nodal person and enumeration team/ sample collection/ROP and Legal Agreement preparation for vendors and partners ) with experts at ICM/TNHSP	300000	1	300000
17	Printing of Training Module	250	500	125000
<b>E</b>	<b>Laboratory Team identification and orientation</b>			
18	Biochemical Markers Analysis( Rs 250/ sample) and sharing of	250	5000	1250000
19	Fee for the partnering Laboratory including the LT salary and transport	200000	1	200000
20	External Quality Control of samples	25000	1	25000

<b>F</b>	<b>Field Study partner identification and orientation</b>			
21	Orientation Workshop towards STEPS survey for Participating Medical Colleges and signing of MOU.	200000	1	200000
22	TA (aveage 2000 per person) DA (average 1000 per person) for HOD and Nodal person from MCs from all districts to ICM Chennai	3000	64	192000
<b>G</b>	<b>Training for Field Teams for two days covering STEPS tool, mApp, measurements, sample collection, piloting of tool etc.( Trainings will be held at H&amp;FW training institutes in different Zones)</b>			
23	Consultation fee for 5 resource person from ICM for the training ( Rs 7000/ resource person/day. Including TA (aveage 2000 per person) DA (average 1000 per person), accomodation (Average Rs 2000 per person) and Honorioium (average 2000 per person)	7000	10	70000
24	Transport of participating field team to and fro from the districts to Training District( Rs 1000/ person for 250 people {7 persons from each district and resource persons}) in different districts	1000	250	250000
25	Perdiem cost ( Rs 1000/ person/day for food and refrshements etc. at training institue)( for 2 days for 250 persons) which will be organized through training institute	1000	500	500000
26	Training Kit (Rs 500/ person)	500	250	125000
27	Cost towards Pilot Survey in the field	20000	1	20000
28	Honararium for participants( Rs 500/ day/field supervisor and Rs 200/day/enumerator) Average about 250 participants per day	200	500	100000
<b>H</b>	<b>Sampling Frame preparation and selection of samples and tagging the household</b>			
29	Travel within district (Rs 2000/ district/team/6 days. Minimum 25 housholds per day)	12000	32	384000
30	Honarairum (Rs 100 )for the researchers for Mapping of the ward, primary sampling unit, houshold and tagging.	100	5000	500000
<b>I</b>	<b>Data Collection</b>			
31	Field Kit ( Seca digital weighing Machine, Seca Portable Stadiometer, Seca measuring tape, OMRON digital BP Apparatus, Batteries, Show Cards, Measuring Cups,feedback forms, Clinic Cards) (Rs 6000/kit ) which will be donated to participating institutions. Three kits for districts on average	6000	100	600000
32	Branding (Logo development, designing of the T-shirts, Designing of the Banner, Purchase of T-shirts,Cap, ID Card, Branding of the vehicle)	200000	1	200000
33	Honararium for field supervisor ( rs 500/ sample) for monitoring including travel cost and other related expenses for an avearge of 10 days	5000	32	160000
34	Honararium for enumerator team(Rs 200/sample) including travel cost. Average 4-5 samples per day per team, 3 teams per district and may take 10-15 days to complete. Avearge 150 - 200 samples per district	200	5000	1000000
35	Publicity Charge and media event to inform on survey	50000	1	

J	<b>Quality Control</b>			
36	Honararium for ICM supervisor/consultant ( rs 1000/ sample) for monitoring including travel cost and other related expenses for an avearge of 10 days. Maximum 5% of samples covering all the districts according to the sample size	1000	250	250000
K	<b>Data Analysis</b>			
37	Data Analysis Software	100000	1	100000
38	Data analysis with hired stastician and in house experts for 2 months	100000	1	100000
L	<b>Report Writing in Workshop mode with researchs</b>	100000	1	100000
39	Report Writing in Workshop mode with researchs			
M	<b>Dissemination Workshop - 1 day with all stakholders</b>	200000	1	200000
40	Dissemination Workshop - 1 day with all stakholders			
N	<b>Publication Charge to international journal</b>	50000	1	50000
41	Publication Charge to international journal			
	Subtotal			8636000
O	<b>Overhead Charges at 2% cost to ICM</b>			172720
	<b>Total Budget</b>			8808720

**BEELA RAJESH**  
**SECRETARY TO GOVERNMENT**

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*B. Rajesh*  
**SECTION OFFICER**