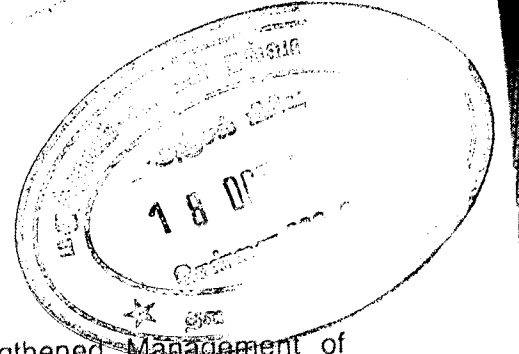
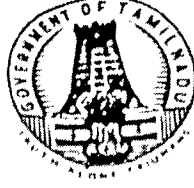


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ABSTRACT

Tamil Nadu Health System Reform Program – Strengthened Management of Non-Communicable Diseases - "Conduct of Process Evaluation of Makkalai Thedi Maruthuvam" - Proposal approved by State Empowered Committee - Sanctioned – Orders – Issued.

HEALTH AND FAMILY WELFARE (EAPI-1) DEPARTMENT

G.O.(Ms) No.360

Dated:10.10.2022

சுபகிருது, புரட்டாசி-23

திருவள்ளூர் ஆண்டு-2053

Read:

From the Project Director, Tamil Nadu Health System Reform Program
Ref.No.2456/NCD/TNHSRP/2022 Dated: 23.05.2022.

ORDER:

In the letter read above, the Project Director, Tamil Nadu Health System Reform Program has stated that, with a primary objective of reaching the Sustainable Development Goal (SDG) of reducing premature mortality from NCDs through prevention and treatment by one-third by 2030, the Chief Minister's flagship initiative of "Makkalai Thedi Maruthuvam" (MTM) was launched on 5th August 2021. The Scheme aims at strengthening the responsiveness of the State's health system by providing holistic home-based healthcare services. The MTM initiative offers a comprehensive set of healthcare services to ensure continuum of care, sustainability of services and takes health service delivery to the door steps of the people. The STEPS Survey 2020 conducted by Tamil Nadu Health System Reform Program in collaboration with ICMR – NIE indicated a community prevalence of 33.9% for Hypertension, 17.6% for Diabetes Mellitus and also specified very low community control rates for Hypertension (7.3%) and Diabetes (10.8%) among the patients put on treatment. The home-based drug delivery component of MTM Scheme is specifically designed and developed to address the issue of low control rates of Hypertension & Diabetes. The MTM scheme has been expanded in phased manner across 385 rural blocks covering 8713 Health Sub Centres and 21 Corporations covering 460 Urban Primary Health Centres.

2. The Project Director, Tamil Nadu Health System Reform Program has furnished the particulars regarding the amount claimable from World Bank on achieving the expected control rates as follows:-

DC
F-3375396
19/10/2022

DLI - 3	Cumulative Target Values	
	Year 1 (2019 - 2020)	Year 2 - Year 5 (2020 - 2024)
Increased share of adults with hypertension or diabetes whose blood pressure or blood sugar are under control	Based on Baseline STEPS survey 2019-2020 Control of Hypertension: 7.3% Diabetes: 10.8%	Expected Control of Hypertension: 10.3 % Diabetes: 16.8%
Disbursement Expected from World Bank for DLI (INR in Crore)	INR 34.74 Crore (Achieved)	INR 278.72 Crore

It has been agreed to engage the ICMR – National Institute of Epidemiology, Chennai and a Memorandum of Understanding has been signed between Tamil Nadu Health System Reform Program, National Health Mission and ICMR – NIE on 23.05.2022 with defined roles and responsibilities of the three parties. Also funds amounting to Rs.98.81 Crores has been sanctioned for procurement for BP Apparatus, Glucometer & Strips, Incentives for WHVs, Palliative Care Nurses & Physiotherapists, Purchase of MTM branded drug box, Transportation cost etc., The total funds released to National Health Mission by Tamil Nadu Health System Reform Program to meet out the expenses of MTM Scheme is detailed below:

S. No	Activity	Year 2020 – 2021 (in INR) (G.O.(Ms) No.424 H&FW (EAPI-1) Department, Dated:22.10.2021)	Year 2021 – 2022 (in INR) (G.O. (Ms) No.62 H&FW (EAPI-1) Department, Dated:21.02.2022)
1	MTM CONSUMABLES:		
	Glucometer & Strips	3,28,02,000	5,15,46,000
	BP Apparatus	46,86,000	2,61,39,000
2	INCENTIVES:		
	Women Health Volunteer		28,09,77,500
	Palliative Care Nurses		47,32,000
3	MTM BRANDED DRUG BOX:		
	Box with Sticker, Printing Cards, Paper Cover, Bag For WHV & Sticker for MTM Branded Vehicle	16,44,64,000	26,44,01,100
4	Transportation Cost	3,15,90,000	9,30,90,000
5	Signage Boards & Contingency	5,14,600	
6	IEC	2,66,66,130	
	Total	26,07,22,730	72,74,37,600
	Grand Total	98,81,60,330/-	

3. The Project Director, Tamil Nadu Health System Reform Program has further stated about the Study Description as follows:-

(i) **Objectives:**

- Under this project, the parties will conduct a collaborative process evaluation study of the MTM Scheme with the objectives specified below:

- To document and analyze the MTM Scheme's course of development, implementation of the strategies & management with reference to the desired objectives and the deliverables achieved in the field.
- To focus on the type of services delivered, the beneficiaries of those services, the resources used to deliver the services, the gaps encountered and the measures to be taken for addressing them.
- To establish the barriers/facilitators at the field level in order to strengthen the process monitoring of the initiative.
- To facilitate the stakeholders to understand the impact of the scheme.

(i) Project Locations:

The study is decided to be conducted in the 6 selected districts as follows:

S. No	District of study	No of HSCs to be studied	
		Urban	Rural
1	Chennai (Urban)	209	-
2	Madurai (Semi urban)	48	93
3	Virudhunagar (Aspirational District)	13	73
4	Ramanathapuram (Aspirational District)	2	73
5	The Nilgiris (Tribal / Hard to reach area)	4	58
6	Dharmapuri (Backward District)	2	65
TOTAL		640	

The number of Health Sub Centres (HSC) from each district is finalized proportionate to the urban-rural disaggregation of the total number of HSCs from each of the six districts.

(ii) Timeline of activities:

The completion of the data collection and the submission of preliminary draft of results by 10th October 2022 by ICMR-NIE will form the basis for achievement of the 4th year (2022-23) Disbursement Linked Result (DLR) of TNHSRP. Also it has been agreed upon to complete all the proposed activities including the final report submission by 31st October 2022 by ICMR-NIE.

(iii) Ethical Clearance:

The Ethical Committee clearance shall be obtained by ICMR – NIE before proceeding with the survey.

(iv) IVA Verification:

It is proposed that the study 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.

The further particulars are furnished as separate annexure to this order as follows:-

1. Annexure I : Roles and responsibilities of all 3 Parties
2. Annexure I : Timeline of activities
3. Annexure III : Component – wise budget for the Process Evaluation

4. The Project Director, Tamil Nadu Health System Reform Program has stated that the non – recurrent lump sum cost involved in this proposal for the conduct of the process evaluation is delineated component – wise as follows:-

S No	Component	Total Cost Proposed (INR)	Department	Disbursement expected (INR)
1	Salary for the field staff	14,25,000	Tamil Nadu Health System Reform Program	20,90,49,000/-
2	Contingency	78,000		
3	Travel, Accommodation & Publication Charges	5,56,700		
4	Dissemination Workshops	62,800		
TOTAL		21,22,500/-		

5. The Project Director, Tamil Nadu Health System Reform Program has further stated that the proposal has been approved by the State Empowered Committee and hence requested the Government to issue the orders in this regard.

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

- (i) Sanction is accorded for a sum of Rs.21,22,500/- (Twenty One Lakhs Twenty Two Thousand Five Hundred Only) towards conducting the Process Evaluation of Makkalai Thedi Maruthuvam Scheme to establish the strengths & gaps encountered and the measures to be taken for addressing them.
- (ii) The Project Director, Tamil Nadu Health System Reform Program is authorized to draw and deposit the above said sanctioned amount to the account of the Director, National Institute of Epidemiology, Chennai.
- (iii) The Project Director, Tamil Nadu Health System Reform Program is permitted to conduct the Process Evaluation of MTM Scheme through ICMR – National Institute of Epidemiology in coordination with National Health Mission.
- (iv) The Project Director, Tamil Nadu Health System Reform Program is permitted to reallocate the funds provided across the different components as per the need within the total amount sanctioned.

7. The expenditure sanction is para 6 (i) above shall be debited to the following head of account:-

"2210 – Medical and Public Health – 01 Urban Health Services - Allopathy – 110 Hospitals and Dispensaries – Externally Aided Project – PG – Tamil Nadu Health Systems Reform Project – 309 Grants in Aid – 03 Grants for specific schemes

(DPC 2210-01-110-PG-30903)"

8. This order issues with the concurrence of the Finance Department vide its U.O.No.45041/Finance (Health-II) Department, Dated:06.10.2022.

(BY ORDER OF THE GOVERNOR)

P.SENTHILKUMAR
PRINCIPAL SECRETARY TO GOVERNMENT

To

The Project Director, Tamil Nadu Urban Health Project, Chennai- 600 006.
The Mission Director, National Health Mission, Chennai – 600 006.
The Director of Medical Education, Chennai - 600 010.
The Director of Medical and Rural Health Services, Chennai- 600 006.
The Director of Public Health and Preventive Medicine, Chennai- 600 006.
The Accountant General (A&E), Chennai – 600 018.
The Pay and Accounts Officer (South), Chennai – 600 035.
The Commissioner of Treasuries and Accounts, Nandhanam, Chennai-600 0035.

Copy to:-

The Finance (Health-II) Department, Chennai – 600 009.
The Health and Family Welfare (Data Cell) Department, Chennai – 600 009.
Stock file / Spare copy.

//FORWARDED BY ORDER //

N. Latha
(N.LATHA)

UNDER SECRETARY TO GOVERNMENT

11/10/22

ANNEXURE-I

ROLES & RESPONSIBILITIES

S No	Activity	TNHSRP	NIE	NHM-TN
1.	Planning and preparing the Process Evaluation:			
	Development of an evaluation plan		✓	
	Tasks and Timeframe	✓		✓
	Recruitment of Survey staff and data collection staff		✓	
	Agreement on the key indicators, final methodology including the sample size and the tool	✓	✓	✓
	Approval & allocation of the budget	✓		
	Obtain ethical clearance for the study		✓	
	Overall survey plan with timelines		✓	
2.	Preparatory Phase activities:			
	Selection of the clusters		✓	
	Finalising the field work plan based on the maps		✓	
3.	HR & Training:			
	Hiring of field staff and other supportive staff		✓	
	Training on the Questionnaire		✓	
	Pilot Testing of the Questionnaire		✓	
4.	Data Collection:			
	Daily remote monitoring of the field staff		✓	
	Field visits for supervision	✓	✓	✓

P.SENTHILKUMAR
PRINCIPAL SECRETARY TO GOVERNMENT

/ True copy /

K. Ramana
11.10.2022
SECTION OFFICER
(Signature)

ANNEXURE - II**TIMELINES OF THE PROCESS EVALUATION**

S. No.	Proposed activity	To be undertaken	Date of commencement	Date of completion
1	Review of the protocol & organize meetings to discuss the revisions	TNHSRP / NHM - TN	01 April 2022	15 April 2022
2	Formation of core team	Jointly*	01 April 2022	14 April 2022
3	Signing of formal agreement of collaboration between the two institutions	Jointly	01 April 2022	20 May 2022
4	Incorporation of and finalization of protocol	Jointly	01 April 2022	25 May 2022
5	Development of data collection instruments	ICMR-NIE	20 April 2022	20 May 2022
6	Ethics approval	DPH&PM	20 May 2022	31 May 2022
7	Hiring/formation of field team	ICMR-NIE	01 June 2022	30 June 2022
8	Training of the field team	ICMR-NIE	01 July 2022	03 July 2022
9	Preparatory work for data collection	Jointly	04 July 2022	10 July 2022
10	Field work	Jointly	11 July 2022	10 September 2022
11	Analysis of data	ICMR-NIE	11 September 2022	25 September 2022
12	Draft report submission	ICMR-NIE	26 September 2022	10 October 2022
13	Internal peer review	ICMR-NIE	11 October 2022	15 October 2022
14	Review of evaluation report & organize joint meetings to discuss the revisions	Jointly	16 October 2022	22 September 2022
15	Revision, finalization & submission of the report	ICMR-NIE	23 October 2022	31 October 2022

P.SENTHILKUMAR
PRINCIPAL SECRETARY TO GOVERNMENT

/ True copy /

Kranmo
 11.10.2022

SECTION OFFICER

11/10/22

ANNECURE - III

No	Activity	Description	Salary per staff (INR)	No of staffs	No of months	Total (INR)	Remarks
1	Salary for field staff	Consultant (Medical/ Non-medical)	55,000	1	3	1,65,000	Recruitment for 3 months. Supervision and analysis implementation of the project. training, reporting and assisting in daily implementation
		Project Assistant (Field)	31,000	12	3	11,16,000	Recruitment for 3 months. Assist team in technical (data collection; data cleaning; query management; updation) and administrative aspects of the field operations of the project.
		Project Assistant (Statistician)	31,000	1	3	93,000	Recruitment for 3 months.
		Data entry Operator	17,000	1	3	51,000	Recruitment for 3 months. Responsible for entering paper-based data from the field and data management
Total						14,25,000	
2.	Contingency Recurring	Communications	500	12	3	18,000	Access of internet for field-based data collection using tablets by 1 Consultant & 10 Project Assistants for 3 months.
		Training of district level staff for data collection related activity	10,000	6	1	60,000	Training for strengthening activities, and five trainings of staff at District Level (one each for each district).
Total						78,000	

3	Travel, Accommodation & Publication Charges	Travel costs of project staff for local travel within Districts	15,000	1	6	90,000	Travel costs-- Local travel within Districts for meeting and data collection [for 1 team to visit 5 Districts; 1 visit per team per Site]
		Travel costs of project staff from NIE to data collection sites	20,000	1	6	1,20,000	Travel by project team from NIE or from other district for meetings and data collection at study sites
		TA/DA for supervisory visits by NIE PI/CoPI to study sites	5,000	3	6	90,000	TA/DA for supervisory visits by NIE PI/Co-PI to study sites (1 PI & 2 Co-PI) (one visit per district)
		Accommodation cost for the project staff	2,250	3	6	40,500	Accommodation cost for the 3 project staff during the field visits for 60 working days
		DA for project staff during the field visits	900	3	6	16,200	DA for NIE field supervisors during the field visits for 60 working days
	Publication Fees (after approval from GoTN)		1,00,000	2		2,00,000	Processing Fee for 2 papers
TOTAL						5,56,700	
4.	Dissemination Workshops					62,800	
GRAND TOTAL						21,22,500	

P.SENTHILKUMAR
PRINCIPAL SECRETARY TO GOVERNMENT

/ True copy /

LVanna
11.10.2022
SECTION OFFICER

(S)
11/10/22

