



## Tamil Nadu Health System Reform Program (P166373)

SOUTH ASIA | India | Health, Nutrition & Population Global Practice | Requesting Unit: SACIN | Responsible Unit: HSAHN  
IBRD/IDA | Program-for-Results Financing | FY 2019 | Team Leader(s): Rifat Afifa Hasan

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### Program Development Objectives

Program Development Objective (from Program Appraisal Document)

The Program Development Objective (PDO) is to improve quality of care, strengthen management of non-communicable diseases and injuries, and reduce inequities in reproductive and child health services in Tamil Nadu.

### Overall Ratings

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Moderately Satisfactory
Overall Implementation Progress (IP)	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Moderately Satisfactory

### Implementation Status and Key Decisions

There has been some progress in a few activities of the Tamil Nadu Health System Reform Program (TNHSRP), but limited progress on many other key activities in the last eight months is likely to make achievement of Year 2 Disbursement-Linked Results difficult, especially those which are timebound. The following describes the status under each of the results area:

- Results Area #1 - Improved Quality of Care:** A phased rollout plan for NQAS facility certification for the entire Program period was shared, and progress will be accelerated in the upcoming months. The Tamil Nadu Quality of Care Strategy (QoCS), approved in March 2020, is yet to be launched. There has been a significant delay in developing an operational plan, including a governance structure, for both the QoCS and the Policy for Continuous Professional Development for the health workforce (TAN-QuEST).
- Results Area #2 - Strengthened Management of NCDs and Injuries:** The GoTN has made significant achievements in trauma care, having procured 745 ambulances, initiated training of personnel to implement Canadian Triage and Acuity Scoring system (CTAS) and of Emergency Medical Technicians in Advanced Trauma Life Support for Advanced Life Support ambulances. Revisions on priority dispatch protocols and implementation of the regional trauma and emergency care system are progressing well overall, and implementation of the IT-based trauma registry is being expedited. The GoTN is also commended for finalizing the STEPS survey during the pandemic. Preliminary analysis of the STEPS survey has been completed and a final report will be available by end of February 2021. However, the Tamil Nadu NCD Strategy, approved in March 2020, is yet to be launched. An operational plan for it needs to be finalized and the NCD Strategy implemented in earnest.
- Results Area #3 - Reduced Inequities in Reproductive and Child Health (RCH):** Utilization of RCH services are rebounding after initial COVID-19-related setbacks. The ongoing RCH constraints assessment is expected to be completed by June 2021 and will inform the development of an appropriate social and behavior change communication (SBCC) strategy and other interventions to strengthen RCH service delivery, especially in the priority districts.
- Cross-Cutting Initiatives to achieve results across the results areas:** The GoTN has made progress in developing an environment strategy which is expected to be finalized and adopted by March 2021. While satisfactory progress has been made on procurement-related activities of the Program Action Plan (PAP), financial management-related actions have not progressed as much. All policies and strategies developed in Year 1 of the Program need to be launched. While the operational plan for the Operational Research Program Guidelines has been developed, the same needs to be done for the remaining policies and strategies. There has been no progress on developing a detailed data model and detailed design specifications for an integrated Health Management Information System (HMIS), and there has been very limited progress on the district and state health assemblies.

While progress has been impeded understandably by COVID-19 related challenges, inadequate institutional and implementation arrangements have also contributed to its stagnation. The Task Forces and Working Groups that had been constituted are no longer functional, and the reforms encapsulated in the TNHSRP are not effectively overlaid onto the Department of Health and Family Welfare's own program. In order for TNHSRP to



get back on track and achieve the expected results during the remainder of the Program period, strong leadership, close coordination and effective management is required..

### Data on Financial Performance

#### Disbursements (by loan)

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P166373	IBRD-89340	Effective	USD	287.00	287.00	0.00	52.74	234.26	18%

#### Key Dates (by loan)

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P166373	IBRD-89340	Effective	19-Mar-2019	04-Jun-2019	29-Jul-2019	31-May-2024	31-May-2024

#### DLI Disbursement

DLI ID	DLI Type	Description	Coc	DLI Amount	Achievement Status	Disbursed amount in Coc	Disbursement % for DLI
<b>Loan: IBRD89340-001</b>							
1	Regular	DLI1 Impl of imr in Pri Sec Tert fac	USD	43,732,000.00	Partially Achieved	11,000,000.00	25 %
2	Regular	DLI2 Inc no of Pub Fac with Certifi	USD	38,200,000.00	Partially Achieved	11,253,000.00	29 %
3	Regular	DLI3 Inc Shr of adult Hyp Diab under Cnt	USD	48,885,500.00	Partially Achieved	8,985,500.00	18 %
4	Regular	DLI4 Impr Prov of Trauma Care Serv	USD	17,715,000.00	Partially Achieved	2,035,000.00	11 %
5	Regular	DLI5 Inc Util Reprod Child Serv Prio Dis	USD	56,500,000.00	Not Achieved	0.00	
6	Regular	DLI6 Strgn Cont, Qual, Access Dec Mak	USD	36,500,000.00	Partially Achieved	6,000,000.00	16 %
7	Regular	DLI7 Strgn Coord, Integ, Perf bas Mgt Le	USD	30,750,000.00	Partially Achieved	8,750,000.00	28 %
8	Regular	DLI8 Inc transp, account, Citi Eng	USD	14,000,000.00	Partially Achieved	4,000,000.00	29 %

#### Program Action Plan

<b>Action Description</b>	Increase bidder participation: (i) establish procurement complaint redressal system; and (ii) organize annual supplier forum/conferences				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems		TNMSC, ELCOT, PWD	Recurrent	Continuous	Completed



<b>Completion Measurement</b>	(i) procurement complaint redressal system established; (ii) annual supplier forum/conferences organized
<b>Comments</b>	(i) completed by all three procurement agencies - TNMSC, TNPWD and ELCOT (ii) completed by all three procurement agencies - TNMSC, TNPWD and ELCOT

<b>Action Description</b>	Strengthen FM capacity in NHM: (i) assessment to identify gaps in staffing and policies; (ii) training programs for accounting staff; (iii) greater use of expenditure module of PFMS; (iv) strengthen concurrent audit system.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems		NHM Society	Recurrent	Continuous	Delayed
<b>Completion Measurement</b>	(i) gap assessment report; (ii) training programs organized; (iii) PFMS usage report; and (iv) concurrent audit report				
<b>Comments</b>	(i) Virtual training program on accounting and PFMS to be organized during Q2&Q3 is yet to start. (ii) NHM State Society was supposed to initiate the process to develop audit manuals / detailed audit checklists and audit ToRs-this is also delayed				

<b>Action Description</b>	Enhance transparency: (i) publicly disclose contract awards of value greater than INR 20 Million (approx. US\$ 285,720); and (ii) collate information on fraud and corruption-related complaints and provide information to WB on a quarterly basis				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems		TNMSC, ELCOT, PWD; Secretariat, DOHFW	Recurrent	Continuous	Completed
<b>Completion Measurement</b>	(i) report on disclosure by the procurement agencies; and (ii) quarterly report on fraud and corruption-related complaints				
<b>Comments</b>	(i) completed by all three procurement agencies - TNMSC, TNPWD and ELCOT (ii) Information shared till the last quarter.				

<b>Action Description</b>	BMWM: performance audits for the CTFs have to be undertaken				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		TNHSRP PMU	Recurrent	Yearly	Completed
<b>Completion Measurement</b>	Annual performance audit conducted and reports publicly disclosed by the competent authority				
<b>Comments</b>	TN Pollution Control Board has completed audit from 2016-2019 for CTFs and shared				

<b>Action Description</b>	Introduce continuous refresher trainings on biomedical and other waste management				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>



Environmental and Social Systems		TNSHRP PMU and DME	Recurrent	Continuous	In Progress
<b>Completion Measurement</b>	New refresher training course rolled out for healthcare staff across all healthcare facilities				
<b>Comments</b>	The DoHFW has provided trainings to health workers on COVID-19 waste management, infection control and PPE management. However, regular biomedical waste management, especially related to liquid wastes, needs more attention.				

## Risks

### Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	☐ Moderate	☐ Moderate	☐ Moderate
Macroeconomic	☐ Low	☐ Moderate	☐ Moderate
Sector Strategies and Policies	☐ Moderate	☐ Moderate	☐ Moderate
Technical Design of Project or Program	☐ Moderate	☐ Moderate	☐ Moderate
Institutional Capacity for Implementation and Sustainability	☐ Low	☐ Moderate	☐ Moderate
Fiduciary	☐ Moderate	☐ Moderate	☐ Moderate
Environment and Social	☐ Moderate	☐ Moderate	☐ Moderate
Stakeholders	☐ Low	☐ Low	☐ Low
Other	☐ Low	☐ High	☐ High
Overall	☐ Moderate	☐ Moderate	☐ Moderate

#### Comments

The risks have been reassessed and confirmed to remain the same.

## Results

### PDO Indicators by Objectives / Outcomes

Improved Quality of Care and Reduced Equity Gaps in Reproductive and Child Health				
► Increased number of public facilities with quality certification (primary, secondary, and tertiary) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	(i) Tertiary facilities with entry level NABH accreditation: 0 (ii) Secondary facilities with NQAS	(i) Tertiary facilities with entry level NABH accreditation: 0 (ii) Secondary facilities with NQAS	(i) Tertiary facilities with entry level NABH accreditation: 0 (ii) Secondary facilities with NQAS	(i) Tertiary facilities with entry level NABH certification: 7 (ii) Secondary facilities with NQAS



	(ii) Secondary facilities with NQAS certification: 3 (iii) Primary facilities with NQAS certification: 4	certification: 27 out of which 8 are in priority districts (iii) Primary facilities with NQAS certification: 36 out of which 11 are in priority districts	certification: 29 out of which 8 are in priority districts (iii) Primary facilities with NQAS certification: 36 out of which 11 are in priority districts	certification: 70 of which 14 are in the priority districts (iii) Primary facilities with NQAS certification: 300 of which 60 are in the priority districts
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
Comments	This indicator measures the number of facilities receiving quality certification during the Program period. Specifically, it monitors the: • number of medical colleges (tertiary facilities) with entry level NABH certification; • number of District Head Quarter, Taluk and non-Taluk Hospitals (secondary facilities) with full NQAS certification; • number of CHCs and PHCs (primary facilities) with full NQAS certification. The indicator also monitors the number of facilities of each level receiving quality certification in priority districts. The priority districts are: Ariyalur, Dharmapuri, Ramanathapuram, The Nilgris, Theni, Thoothukkudi, Tirunelveli, Tiruvannamalai, Virudhunagar.			
<input type="checkbox"/> Tertiary facilities with entry level NABH certification (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	7.00
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
<input type="checkbox"/> Secondary facilities with NQAS certification (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	3.00	27 out of which 8 are in priority districts	29 out of which 8 are in priority districts	70 of which 14 are in the priority districts
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
<input type="checkbox"/> Primary facilities with NQAS certification (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	4.00	36 out of which 11 are in priority districts	36 out of which 11 are in priority districts	300 of which 60 are in the priority districts
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
<b>Improved Quality of Care</b>				
<input checked="" type="checkbox"/> Improved scores in quality dashboard for primary, secondary, and tertiary level facilities (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	NA – to be measured after quality dashboard is established	to be measured after quality dashboard is established.	to be measured after quality scorecard is established – piloting in progress	To be established
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
Comments	A quality dashboard will be developed for primary, secondary, and tertiary level facilities in Year 1. This indicator will track the improvement on the quality dashboard score of these facilities on an annual basis. The baseline and target scores will be established once the dashboard is developed.			



Strengthened Management of Non-Communicable Diseases and Injuries				
▶ Increased screening in public sector facilities for cervical and breast cancers (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Cervical cancer: 15.8% Breast cancer: 19.5%	Cervical cancer: 13.47% Breast cancer: 17.25%  Date reported for Apr-19 to Mar-20	Cervical cancer: 3.8% Breast cancer: 5.8%  Data reported for Apr-20 to Nov-20	Cervical cancer: 30% Breast cancer: 30%
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
Comments	% of women age 30+ screened for cervical and breast cancer in public sector facilities Numerator: number of women age 30+ screened for cervical/breast cancers in public sector facilities Denominator: number of women age 30+			
<input type="checkbox"/> Cervical cancer (Percentage, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	15.80	13.47	3.80	30.00
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
<input type="checkbox"/> Breast cancer (Percentage, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	19.50	17.25	5.80	30.00
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
Improved Quality of Care and Strengthened Management of Non-Communicable Diseases and Injuries				
▶ Increased share of adults with hypertension or diabetes whose blood pressure or blood sugar are under control (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	NA - to be established after STEPS is implemented in 2019	to be measured after STEPS is implemented	to be measured after STEPS is implemented – final report of the STEPS survey will be submitted by January, 2021 which will be used as the baseline for NCDs in Tamil Nadu	Hypertension under control: 3 percentage point increase from baseline Diabetes under control: 6 percentage point increase from baseline
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
Comments	(i) % of individuals age 30+ with hypertension whose blood pressure is under control;(ii) % of individuals age 30+ with diabetes whose blood glucose level is under control. Numerators and denominators specified in the DLI verification protocol.			
<input type="checkbox"/> Hypertension under control (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target



Value	NA - to best established after STEPS is implemented in 2019	to be measured after STEPS is implemented	to be measured after STEPS is implemented	3 percentage point increase from baseline
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
☐Diabetes under control (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	NA - to best established after STEPS is implemented in 2019	to be measured after STEPS is implemented	to be measured after STEPS is implemented	6 percentage point increase from baseline
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
▶ Improved provision of quality trauma care services (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	(i) # of trauma centers using trauma registry: 0 (ii) % of surgical ED admissions: 6.7% (iii) % of IFT calls as a % of total 108 system calls: 41.1%	(i) # of trauma centers using trauma registry: 2 (ii) % of surgical ED admissions: 6.7% (iii) % of IFT calls as a % of total 108 system calls: 41.1%	(i) # of trauma centers using trauma registry: 2 (ii) % of surgical ED admissions: 6.7% (iii) % of IFT calls as a % of total 108 system calls: 41.1%	(i) # of trauma centers using trauma registry: 54 (ii) % of surgical ED admissions: 15% (iii) % of IFT calls as a % of total 108 system calls: 30%
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
Comments	(i) Number of trauma centers using trauma registry (ii) % of surgical ER admissions in Group A and B facilities* who received surgery within 6 hours in the same institution Numerator and denominator specified in the DLI verification protocol. *Group A surgeries include general, orthopedic, plastic, vascular and neuro surgeries; Group B surgeries are limited to general and orthopedic. (iii) % of inter-facility transfer calls as a % of total 108 system calls Numerator and denominator specified in the DLI verification protocol.			
☐# of trauma centers using trauma registry (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	2.00	2.00	54.00
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
☐% of surgical ED admissions (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	6.7%	6.7%	6.7%	15%
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
☐% of IFT calls as % of total 108 system calls (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	41.1%	41.1%	41.1%	30%
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024



Reduced Equity Gaps in Reproductive and Child Health

► Increased utilization of reproductive and child health services in priority districts (Text, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	(i) Full ANC: 28.8% (ii) Fully immunized: 57.9% (iii) mCPR: 38.5%	(i) Full ANC: 28.8% (ii) Fully immunized: 57.9% (iii) mCPR: 38.5%  To be reported after the new round of NFHS data is available	(i) Full ANC: 28.8% (ii) Fully immunized: 57.9% (iii) mCPR: 38.5%  To be reported after the new round of NFHS data is available	(i) Full ANC: 41.3% (ii) Fully immunized: 70.4% (iii) mCPR: 43.5%
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
Comments	This indicator monitors the utilization of select RCH services in the 9 priority districts: Ariyalur, Dharmapuri, Ramanathapuram, The Nilgris, Theni, Thoothukkudi, Tirunelveli, Tiruvannamalai, Virudhunagar. The priority districts were identified based on their performance on RCH indicators and proportion of ST population. Three RCH indicators will be monitored: full immunization, full antenatal care, and use of modern methods of contraception. Numerators and denominators specified in the DLI verification protocol. Full antenatal care (ANC): Pregnant women receiving at least four ANC visits, at least one TT injection, and taken IFA tablets or syrup for 100 or more days. Full immunization: Children 12-23 months receiving vaccinations against tuberculosis, diphtheria, pertussis, tetanus, polio, and measles. Modern contraceptive prevalence rate (mCPR). Modern methods include male and female sterilization, injectables, intrauterine devices (IUDs/PPIUDs), contraceptive pills, implants, female and male condoms, diaphragm, foam/jelly, the standard days method, the lactational amenorrhoea method, and emergency contraception.			
□ Full ANC (Percentage, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	28.80	28.80	28.80	41.30
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
□ Fully immunized (Percentage, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	57.90	57.90	57.90	70.40
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
□ mCPR (Percentage, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	38.50	38.50	38.50	43.50
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024

Intermediate Results Indicators by Results Areas

Result #1: Improved Quality of Care





► Implementation of quality improvement interventions in primary, secondary, and tertiary care facilities (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	(i) Number of primary, secondary, and tertiary level facilities implementing at least 1 endorsed quality improvement initiative from the list of evidence-based interventions specified in the QoC Strategy: 0 ..... (ii) Number of primary, secondary, and tertiary facilities reporting on quality dashboard quarterly: 0	(i) Number of primary, secondary, and tertiary level facilities implementing at least 1 endorsed quality improvement initiative from the list of evidence-based interventions specified in the QoC Strategy: 0 ..... (ii) Number of primary, secondary, and tertiary facilities reporting on quality dashboard quarterly: 0	(i) Number of primary, secondary, and tertiary level facilities implementing at least 1 endorsed quality improvement initiative from the list of evidence-based interventions specified in the QoC Strategy: 0  (ii) Number of primary, secondary, and tertiary facilities reporting on quality dashboard quarterly: 0	(i) Number of facilities implementing at least 1 endorsed quality improvement initiative from the list of evidence-based interventions specified in the QoC Strategy: Primary: 570 and Secondary and tertiary:248 ..... (ii) Number of facilities reporting on quality dashboard quarterly: Primary: 570 and Secondary and tertiary: 248
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
Comments	This indicator tracks the implementation of at least one endorsed quality improvement initiative from the list of evidence-based interventions specified in the QoC Strategy and the number of facilities reporting on the quality dashboard quarterly. The indicator monitors each intervention at the primary and secondary/tertiary facilities. The quality dashboard will include indicators to measure quality of care along the three dimensions of quality: structural inputs, clinical processes, and patient outcomes. The GoTN and the World Bank will develop this dashboard jointly. The indicators will vary by level of facility. Following development of the dashboard, primary, secondary, and tertiary facilities will be monitored for quarterly reporting on the quality dashboard. Numerators and denominators specified in the DLI verification protocol.			
► Piloting of patient experience questionnaire for secondary & tertiary care facilities (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	10.00
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
Comments	A detailed patient experience questionnaire – expanding the concept of the Mera Aspatal survey to measure patient satisfaction – will be developed for patients visiting secondary & tertiary facilities. This indicator will track the % of secondary & tertiary facilities piloting this patient experience questionnaire. Numerator: number of secondary & tertiary facilities piloting the patient experience questionnaire. Denominator: total number of secondary & tertiary facilities			

Result #2: Strengthened Management of Non-Communicable Diseases and Injuries				
► Increased share of primary & secondary facilities with at least one staff trained on mental health (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	40.00
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
Comments	This indicator measures the % of primary & secondary facilities with at least one staff trained on mental health. Numerator: number of primary & secondary facilities with at least one staff receiving face-to-face			



training on mental health. Denominator: total number of primary & secondary facilities. The indicator would be reported once the training on mental health starts in this FY (Apr 2020-Mar 2021)

► Establishment of suicide hotline (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No	No	No	Yes
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2021
Comments	TN has a functional toll-free number (104) for counselling on health issues and grievances related to health services. Under the Program, a hotline linked to the 104 health helpline will be developed for counselling related to suicide contemplation and attempts.			

► Better equipped ambulance system to improve pre-hospital care -number of ATLS ambulances providing Level 1 care (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	64.00	122.00	122.00	164.00
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
Comments	Number of ATLS ambulances providing Level 1 care during the year.			

► Improved capacity of trauma care providers - number of emergency department providers that received Level 3 (BTLS) and Level 4 training (ATLS) (Text, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Level 3: Nurses - 165; Doctors - 100. Level 4: Nurses - 0; Doctors - 0.	Level 3: Nurses - 1548; Doctors - 883. Level 4: Nurses - 156; Doctors - 119.	Level 3: Nurses - 1548; Doctors - 883. Level 4: Nurses - 181; Doctors - 134.	Level 3: Nurses - 9000; Doctors - 6000. Level 4: Nurses - 900; Doctors - 600.
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
Comments	This indicator measures the number of emergency department providers that received Level 3 (BTLS) and Level 4 training (ATLS) during the year.			

Result #3: Reduced Equity Gaps in Reproductive and Child Health

► Implementation of updated social and behavior change communication (SBCC) strategy (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No	No	No	Yes
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
Comments	This indicator tracks progress on the implementation of annual workplans developed as part of a comprehensive SBCC Strategy. The SBCC strategy will include messages on NCDs and their risk factors (including mental health), road safety, and RCH in priority districts			

► People who have received essential health, nutrition, and population (HNP) services (Number, Corporate)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	922,179.00	722,344.00	3,600,000.00



Date	29-Mar-2019	31-Mar-2020	31-Dec-2020	01-Jul-2024
Comments	This indicator tracks number of children who have received immunization services (BCG) in the state.			
<input type="checkbox"/> Number of children immunized (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	922,179.00	722,344.00	3,600,000.00
Date	29-Mar-2019	31-Mar-2020	31-Dec-2020	01-Jul-2024

Cross-Cutting Results

► Strengthened content, quality, accessibility, and use of data for decision making (Text, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Conceptual Model and Operational Plan for a strengthened and integrated Health Management Information System (HMIS) : No	Conceptual Model and Operational Plan for a strengthened and integrated Health Management Information System (HMIS): developed and approved	A detailed model and detailed design specifications for integrated Health Management Information System (HMIS): not completed and expected to be delayed	Integrated system implemented in all the health facilities in 9 districts: Yes
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
Comments	A Conceptual Model and Operational Plan for a strengthened Health Management Information System (HMIS) covering all data sources, data users and data channels including integration with electronic medical records and patient tracking for NCDs will be developed in Year 1. In Year 2, a detailed model and detailed design specifications will be completed based on the Conceptual Model and Operational Plan. In Year 3, a contract will be awarded for development of integrated HMIS, and key modules (electronic health record and reporting) will be piloted in at least 1 primary, 1 secondary, and 1 tertiary facility in a district. In Year 4, the indicator will monitor the implementation of an integrated system in all the health facilities of at least one district (as determined by a GoTN order). In Year 5, the integrated system will be implemented in all the health facilities of up to an additional 8 districts of Tamil Nadu.			

► Strengthened coordination, integration, performance-based management, learning, and other cross-cutting functions for better results (Text, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Policies/Strategies: No	TN Health Policy Developed & adopted	(i) Operational research program launched with 1 annual call for research proposals issued and selected proposal awarded: not completed, GO awaited. (ii) Deploying e-procurement system in TNMSC and 20% of value of total contracts of TNMSC under the Program done through e-procurement: system developed, 20% contract value being ascertained	(i) 1 annual call for research proposals issued and selected proposal awarded. (ii) Development & adoption of performance-based incentive strategy for PHCs: Yes.



Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
Comments	This indicator tracks development and adoption of the following policies, strategies, and activities. Year 1: • TN Health Policy/ Strategy for Vision 2030; • Development and adoption of an Environment Strategy for the Health Sector in Tamil Nadu. Year 2: • Launch of the operational research program with 1 annual call for research proposals issued and selected proposal awarded. • Deploying e-procurement system in TNMSC and 20% of value of total contracts of TNMSC under the Program done through e-procurement. Year 5: • Development and adoption of performance-based incentive strategy for PHCs. Year 3-5: One annual call for research proposals issues and selected proposals awarded.			
► Increased transparency and accountability through citizen engagement (voice, agency, and social accountability) (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Districts conducting Health Assembly: 0%. State Health Assembly: 0	Guideline for state & District Health Assembly developed & adopted	Districts conducting Health Assembly: 0%. State Health Assembly: 0	Districts conducting Health Assembly: 60%. State Health Assembly: 1
Date	01-Nov-2018	31-Mar-2020	31-Dec-2020	01-Jul-2024
Comments	Year 2 onward, the indicator will monitor the share of districts conducting health assemblies/forums and whether an annual State Health Assembly was convened. District health assemblies are expected to occur before the State Health Assembly. Numerator and denominator specified in the DLI verification protocol.			
□ Districts conducting Health Assembly (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0%	0%	0%	60%
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024
□ State Health Assembly (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	1.00
Date	01-Nov-2018	24-Jul-2020	31-Dec-2020	01-Jul-2024

#### Disbursement Linked Indicators

► DLI 1 Implementation of quality improvement interventions in primary, secondary, and tertiary care facilities (Output, 43,732,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	Ad hoc implementation of quality improvement initiatives by hospitals	Ad hoc implementation of quality improvement initiatives by hospitals	No progress reported	(i) At least 1 health facility implementing at least 1 endorsed quality improvement initiative from the list of evidence-based interventions specified in the QoC



				<p>Strategy: US\$20,000 for each primary care facility up to 143 facilities and US\$30,000 for each secondary and tertiary care facility up to 62 facilities.....(ii) At least 1 health facility reporting on quality dashboard during each quarter of the reporting year: US\$14,800 for each additional primary care facility up to 190 facilities and US\$22,000 for each additional secondary and tertiary care facility up to 82 facilities from the previous year</p>
Date	--	14-Jun-2019	31-Dec-2020	--
<b>Comments</b>				

► DLI 2 Increased number of public facilities with quality certification (primary, secondary and tertiary) (Outcome, 38,200,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	<p>(i) Tertiary: 0 (ii) Secondary: 3 (iii) Primary: 4 Tertiary = medical colleges Secondary = district, taluk, and non-taluk hospitals Primary = PHCs and CHCs</p>	<p>(i) Tertiary: 0 (ii) Secondary: 7 (iii) Primary: 21 Tertiary = medical colleges Secondary = district, taluk, and non-taluk hospitals Primary = PHCs and CHCs</p>	<p>(i) Tertiary: 0 (ii) Secondary: 7 (iii) Primary: 21 Tertiary = medical colleges Secondary = district, taluk, and non-taluk hospitals Primary = PHCs and CHCs</p>	<p>(i) US\$850,000 for every tertiary care facility certified (up to 2 such facilities).....(ii) US\$160,000 for every additional secondary care facility certified (up to 21 facilities), with an additional US\$75,000 for each of the first 2 that are in the priority districts.....(iii) US\$37,000 for every additional primary care facility certified (up to 79 facilities), with an additional US\$15,000 for each of the first 10 that are in the priority districts</p>
Date	--	14-Feb-2020	14-Feb-2020	--



**Comments**

► DLI 3 Increased share of adults with hypertension or diabetes whose blood pressure or blood sugar are under control (Outcome, 48,885,500.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	Baseline to be established after STEPS is implemented in 2019	Baseline to be established after STEPS is implemented in 2019	Baseline to be established after STEPS is implemented – STEPS fact sheet generated; however, full report yet to be prepared	(i) The percentage point increase in the share of hypertensive adults whose blood pressure is under control over the previous survey (with statistical significance) up to 1.5 percentage points increase - US\$7.3 million for every percentage point increase ..... (ii) The percentage point increase in the share of diabetic adults whose blood glucose is under control over the previous survey (with statistical significance) up to 3 percentage points increase - US\$3 million for every percentage point increase
Date	--	14-Jun-2019	31-Dec-2020	--
<b>Comments</b>				

► DLI 4 Improved provision of quality trauma care services (Outcome, 17,715,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	(i) # of trauma centers using trauma registry: 0 .....(ii) % of surgical emergency department admissions in Group A and B facilities who received surgery within 6 hours of admission in the same institution: 6.7% .....(iii) % of IFT calls as a % of total 108 system calls: 41.1%	(i) # of trauma centers using trauma registry: 2 .....(ii) % of surgical emergency department admissions in Group A and B facilities who received surgery within 6 hours of admission in the same institution: 6.7% .....(iii) % of IFT calls as a % of total 108 system calls: 41.1%	(i) # of trauma centers using trauma registry: 2 .....(ii) % of surgical emergency department admissions in Group A and B facilities who received surgery within 6 hours of admission in the same institution: 6.7% .....(iii) % of IFT calls as a % of total 108 system calls: 41.1%	(i) Increase in the number of trauma centers where the trauma registry is in use - US\$35,000 for each additional trauma center from the previous year operating a trauma registry up to 14 trauma centers ..... (ii) Percentage point



				increase in surgical emergency department admissions in Group A and B facilities who received surgery within 6 hours of admission - US\$600,000 for every percentage point increase up to 3 percentage points ..... (iii) Percentage point decrease in IFT calls as a percent of total 108 system calls - US\$800,000 for every percentage point decrease up to 2 percentage points
Date	--	14-Feb-2020	14-Feb-2020	--
<b>Comments</b>				

► DLI 5 Increased utilization of reproductive and child health services in priority districts (Outcome, 56,500,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	(i) Women receiving full ANC: 28.8% ..... (ii) Children 12–23 months fully immunized: 57.9% ..... (iii) Modern contraception prev. rate: 38.5%  Definitions: (a) Full ANC means at least four ANC visits, at least one tetanus toxoid injection, and having taken IFA tablets or syrup for 100 or more days. (b) Full immunization means vaccinations against tuberculosis, diphtheria, pertussis, tetanus, polio, and measles	(i) Women receiving full ANC: 28.8% ..... (ii) Children 12–23 months fully immunized: 57.9% ..... (iii) Modern contraception prev. rate: 38.5%	(i) Women receiving full ANC: 28.8% ..... (ii) Children 12–23 months fully immunized: 57.9% ..... (iii) Modern contraception prev. rate: 38.5%	(i) Percentage point increase in women receiving full ANC compared to the previous survey (with statistical significance) - US\$1,600,000 for every percentage point increase from baseline up to 5 percentage points ..... .. (ii) Percentage point increase in full immunization of children 12–23 months compared to the previous survey (with statistical significance) - US\$1,600,000 for every percentage point increase from baseline up to 5 percentage points ..... ..... (iii) Percentage point increase in modern contraceptive prevalence rate



				compared to the previous survey (with statistical significance) - US\$3,300,000 for every percentage point increase from baseline up to 2 percentage points
Date	--	14-Jun-2019	14-Jun-2019	--
<b>Comments</b>				

► DLI 6 Strengthened content, quality, accessibility, and use of data for decision-making (Output, 36,500,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	HMIS in place but fragmented across data streams/ databases	HMIS in place but fragmented across data streams/ databases	Detailed Conceptual Model and Operational Plan developed for a strengthened HMIS covering all data sources, data users and data channels including integration with electronic medical records and patient tracking for NCDs. No progress reported on the next DRL on detailed data model and detailed design specifications for integrated HMIS completed	Integrated HMIS implemented in all the health facilities in at least 1 additional district of Tamil Nadu - US\$1,000,000 per district up to a maximum of 8 districts
Date	--	14-Jun-2019	31-Dec-2020	--
<b>Comments</b>				

► DLI 7 Strengthened coordination, integration, performance-based management, learning, and other cross-cutting functions for better results (Process, 30,750,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	NA	NA	(i) TN Health Policy developed and adopted (ii) Operational Rsearch Program developed and adopted (iii) Environment Strategy developed; however, needs to be adopted (iv) e-procurement system for TNMSC developed; however, 20% of value of total contracts yet to be processed using this system (v) ORP not yet launched with call for proposals	Annual call for research proposals issued and selected proposal awarded - US\$ 3,000,000





Date	--	14-Jun-2019	31-Dec-2020	--
<b>Comments</b>				

<b>► DLI 8 Increased transparency and accountability through citizen engagement (voice, agency, and social accountability) (Output, 14,000,000.00, 0%)</b>				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	NO	No	Guidelines on district and state health assemblies developed and adopted; however, no progress reported in organizing health assemblies at district and state levels	(i) At least 40% of all districts conducted health assembly during the year - US\$3,000,000 ..... (ii) Tamil Nadu conducted state health assembly during the year - US\$250,000
Date	--	14-Jun-2019	31-Dec-2020	--
<b>Comments</b>				