



## Tamil Nadu Health System Reform Program (P166373)

SOUTH ASIA | India | Health, Nutrition & Population Global Practice | Requesting Unit: SACIN | Responsible Unit: GHN06  
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	--	● Satisfactory
Overall Implementation Progress (IP)	--	● Satisfactory

### Implementation Status and Key Decisions

The Tamil Nadu Health System Reform Program (TNHSRP) – scheduled to be implemented between 2019 and 2014 – was approved by the World Bank Board of Directors on March 19, 2019. The Loan Agreement and Program Agreement were signed by the Government of India, Government of Tamil Nadu and World Bank on June 4, 2019. The TNHSRP is expected to be declared effective in July 2019 following the issuance of the legal opinion, after which disbursements can begin. Since the TNHSRP uses a Program-for-Results (PforR) instrument, it is imperative that implementation begins promptly to ensure that timebound disbursement-linked results (DLRs) are met so that the associated financing is not forfeited. The PforR is a new approach that pays for results rather than inputs and will require a mindset change among implementers to maintain focus on achieving the results. The priorities at this stage are to ensure that (i) institutional mechanisms are immediately put in place and administrative actions taken to enable prompt implementation, and (ii) develop roll-out plans for implementation of year 1 activities.

### Data on Financial Performance

#### Disbursements (by loan)

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P166373	IBRD-89340	Not Effective	USD	287.00	287.00	0.00	0.00	287.00	0%

#### Key Dates (by loan)

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P166373	IBRD-89340	Not Effective	19-Mar-2019	04-Jun-2019	--	31-May-2024	31-May-2024

## 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	Not Yet Due
<b>Completion Measurement</b>	(i) procurement complaint redressal system established; (ii) annual supplier forum/conferences organized				
<b>Comments</b>					

<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	Not Yet Due
<b>Completion Measurement</b>	(i) gap assessment report; (ii) training programs organized; (iii) PFMS usage report; and (iv) concurrent audit report				
<b>Comments</b>					

<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	Not Yet Due
<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>					

<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	Not Yet Due
<b>Completion Measurement</b>	Annual performance audit conducted and reports publicly disclosed by the competent authority				

Comments					
<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	Not Yet Due
<b>Completion Measurement</b>	New refresher training course rolled out for healthcare staff across all healthcare facilities				
Comments					

## Risks

### Systematic Operations Risk-rating Tool

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

## 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 certification: 3 (iii) Primary facilities with NQAS certification: 4	--	(i) Tertiary facilities with entry level NABH accreditation: 0 (ii) Secondary facilities with NQAS certification: 3 (iii) Primary facilities with NQAS certification: 4	(i) Tertiary facilities with entry level NABH certification: 7 (ii) Secondary facilities with NQAS 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	--	14-Jun-2019	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.			
<b>▲Tertiary facilities with entry level NABH certification (Text, Custom Breakdown)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	7.00
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
<b>▲Secondary facilities with NQAS certification (Text, Custom Breakdown)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	3.00	--	3.00	70 of which 14 are in the priority districts
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
<b>▲Primary facilities with NQAS certification (Text, Custom Breakdown)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	4.00	--	4.00	300 of which 60 are in the priority districts
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
<b>Improved Quality of Care</b>				
<b>►Improved scores in quality dashboard for primary, secondary, and tertiary level facilities (Text, Custom)</b>				
	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 established
Date	01-Nov-2018	--	14-Jun-2019	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: 15.8% Breast cancer: 19.5%	Cervical cancer: 30% Breast cancer: 30%
Date	01-Nov-2018	--	14-Jun-2019	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+			

#### ▲ Cervical cancer (Percentage, Custom Breakdown)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	15.80	--	15.80	30.00
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024

#### ▲ Breast cancer (Percentage, Custom Breakdown)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	19.50	--	19.50	30.00
Date	01-Nov-2018	--	14-Jun-2019	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	Hypertension under control: 3 percentage point increase from baseline Diabetes under control: 6 percentage point increase from baseline
Date	01-Nov-2018	--	14-Jun-2019	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.			

#### ▲ 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	3 percentage point increase from baseline
Date	01-Nov-2018	--	14-Jun-2019	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	6 percentage point increase from baseline
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
<b>► Improved provision of quality trauma care services (Text, Custom)</b>				
	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: 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: 54 (ii) % of surgical ED admissions: 15% (iii) % of IFT calls as a % of total 108 system calls: 30%
Date	01-Nov-2018	--	14-Jun-2019	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.			
<b>▲ # of trauma centers using trauma registry (Text, Custom Breakdown)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	54.00
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
<b>▲ % of surgical ED admissions (Text, Custom Breakdown)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	6.7%	--	6.7%	15%
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
<b>▲ % of IFT calls as % of total 108 system calls (Text, Custom Breakdown)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	41.1%	--	41.1%	30%
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
<b>Reduced Equity Gaps in Reproductive and Child Health</b>				
<b>► Increased utilization of reproductive and child health services in priority districts (Text, Custom)</b>				
	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%	(i) Full ANC: 41.3% (ii) Fully immunized: 70.4% (iii) mCPR: 43.5%



Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
Comments	<p>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.</p>			
<b>▲Full ANC (Percentage, Custom Breakdown)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	28.80	--	28.80	41.30
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
<b>▲Fully immunized (Percentage, Custom Breakdown)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	57.90	--	57.90	70.40
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
<b>▲mCPR (Percentage, Custom Breakdown)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	38.50	--	38.50	43.50
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024

### Intermediate Results Indicators by Results Areas

<b>Result #1: Improved Quality of Care</b>				
<b>▶Implementation of quality improvement interventions in primary, secondary, and tertiary care facilities (Text, Custom)</b>				
	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	--	(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	(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: 0		reporting on quality dashboard quarterly: 0	quality dashboard quarterly: Primary: 570 and Secondary and tertiary: 248
Date	01-Nov-2018	--	14-Jun-2019	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.			
<b>►Piloting of patient experience questionnaire for secondary &amp; tertiary care facilities (Percentage, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	10.00
Date	01-Nov-2018	--	14-Jun-2019	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			

<b>Result #2: Strengthened Management of Non-Communicable Diseases and Injuries</b>				
<b>►Increased share of primary &amp; secondary facilities with at least one staff trained on mental health (Percentage, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	40.00
Date	01-Nov-2018	--	14-Jun-2019	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.			
<b>►Establishment of suicide hotline (Yes/No, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No	--	No	Yes
Date	01-Nov-2018	--	14-Jun-2019	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.			
<b>►Better equipped ambulance system to improve pre-hospital care -number of ATLS ambulances providing Level 1 care (Number, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target





Value	64.00	--	64.00	164.00
Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
Comments	Number of ATLS ambulances providing Level 1 care during the year.			
<b>►Improved capacity of trauma care providers - number of emergency department providers that received Level 3 (BTLS) and Level 4 training (ATLS) (Text, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Level 3: Nurses - 165; Doctors - 100. Level 4: Nurses - 0; Doctors - 0.	--	Level 3: Nurses - 165; Doctors - 100. Level 4: Nurses - 0; Doctors - 0.	Level 3: Nurses - 9000; Doctors - 6000. Level 4: Nurses - 900; Doctors - 600.
Date	01-Nov-2018	--	14-Jun-2019	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	Yes
Date	01-Nov-2018	--	14-Jun-2019	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	--	0.00	3,600,000.00
Date	29-Mar-2019	--	29-Mar-2019	01-Jul-2024
Comments	This indicator tracks number of children who have received immunization services in the state.			

#### ▲Number of children immunized (Number, Corporate Breakdown)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	3,600,000.00
Date	29-Mar-2019	--	29-Mar-2019	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
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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) : No	Integrated system implemented in all the health facilities in 9 districts: Yes
Date	01-Nov-2018	--	14-Jun-2019	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	--	Policies/Strategies: No	(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	--	14-Jun-2019	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	--	Districts conducting Health Assembly: 0%. State Health Assembly: 0	Districts conducting Health Assembly: 60%. State Health Assembly: 1
Date	01-Nov-2018	--	14-Jun-2019	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%	60%



Date	01-Nov-2018	--	14-Jun-2019	01-Jul-2024
▲State Health Assembly (Text, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	1.00
Date	01-Nov-2018	--	14-Jun-2019	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	(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 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
Date	--	--	14-Jun-2019	--
<b>Comments</b>				

▶DLI 2 Increased number of public facilities with quality certification (primary, secondary and tertiary) (Outcome, 38,200,000.00, 0%)				
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	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	(i) Tertiary: 0 (ii) Secondary: 3 (iii) Primary: 4 Tertiary = medical colleges Secondary = district, taluk, and non-taluk hospitals Primary = PHCs and CHCs	--	(i) Tertiary: 0 (ii) Secondary: 3 (iii) Primary: 4 Tertiary = medical colleges Secondary = district, taluk, and non-taluk hospitals Primary = PHCs and CHCs	(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
Date	--	--	14-Jun-2019	--
<b>Comments</b>				

►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	(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	--
<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: 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) 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-Jun-2019	--
<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	<p>(i) Women receiving full ANC: 28.8% .....</p> <p>(ii) Children 12–23 months fully immunized: 57.9% .....</p> <p>(iii) Modern contraception prev. rate: 38.5%</p> <p>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</p>	--	<p>(i) Women receiving full ANC: 28.8% .....</p> <p>(ii) Children 12–23 months fully immunized: 57.9% .....</p> <p>(iii) Modern contraception prev. rate: 38.5%</p>	<p>(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 .....</p> <p>.. (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 .....</p> <p>..... (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</p>
Date	--	--	14-Jun-2019	--
<b>Comments</b>				

<b>►DLI 6 Strengthened content, quality, accessibility, and use of data for decision-making (Output, 36,500,000.00, 0%)</b>				
	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	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	--



**Comments**

►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	Annual call for research proposals issued and selected proposal awarded - US\$ 3,000,000
Date	--	--	14-Jun-2019	--

**Comments**

►DLI 8 Increased transparency and accountability through citizen engagement (voice, agency, and social accountability) (Output, 14,000,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	NO	--	No	(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	--

**Comments**