Terms of Reference (ToR) for Evaluation of *Madilu* Programme of *Samagra Mathru Aarogya Palane (Thayi Bhagya) Yojane*, implemented by Health & Family Welfare Department of Government of Karnataka.

1. Title of the Study

"Impact of *Madilu* Programme of *Samagra Mathru Aarogya Palane (Thayi Bhagya) Yojane* of institutional Deliveries in Government Hospitals and reduction of Maternal & Neo-natal deaths in Karnataka"

2. Background information

When the National Rural Health Mission was launched during 2005-06 throughout the country, maternal and infant mortality rates were very high in most of the States, including Karnataka. In Karnataka, Maternal Mortality Rate (MMR) was about 228 per one lakh live births and Infant Mortality Rate (IMR) was 63 per thousand live births. A few of the main reasons for this high MMR and IMR at that time was, a high proportion of home deliveries (about 33 %) occurring in Karnataka and health services for pregnant women and children not being available and accessible. It was found that there was lack of equitable distribution of health facilities and services too. Further the then, Mother Child Health (MCH) data across the State was collected, and disaggregated data was analyzed, and it was found that, high out of pocket expenditure for delivery services was one of the main reasons for the Below Poverty Line (BPL), SC and ST pregnant women opting for home deliveries instead of institutional deliveries. It was also found out that the newly delivered mothers, in addition to incurring expenditure during delivery were required to incur appreciable expenditure for buying essential items for themselves and their newborns, which they were not buying or buying as less as possible, as they could ill afford them.

The Government of Karnataka, to ensure reduction of home deliveries and to promote institutional deliveries, promoted various programmes to make MCH services available and accessible with equitable distribution of health facilities and health services. Among the various demand generation schemes that are

implemented by health department, "*Madilu*" programme is a very unique programme, which has the potential to drastically improve institutional deliveries, particularly amongst the BPL, SC and ST pregnant women. On 15th September 2007, the Government of Karnataka launched the "Madilu" programme throughout the State, the main objectives of the said programme was to promote institutional deliveries amongst, BPL, SC and ST pregnant women and reduction of MMR and IMR of the State.

"*Madilu Kits*" are issued to BPL, SC and ST pregnant women who deliver in government hospitals and for first two live births after 48 hours' stay in the Government hospitals, starting from PHC to Government Hospitals and Medical College Hospitals for normal deliveries and after 5 days' of stay in cases of Cesarean Section deliveries along with other cash incentives like Janani Suraksha Yojane and Prasoothi Aaraike scheme, since2007-08 under the programme. The pre-condition of issuing Madilu Kits to BPL, SC and ST pregnant women for first only two live births has been relaxed since the middle of 2014-15 in High Priority Districts of Bidar, Kalaburgi, Yadgir, Koppal, Raichur, Bellary, Gadag, Vijayapura, Bagalkote and Chamarajanagar, and they are being issued to BPL, SC and ST pregnant women for all deliveries. Linen items of the Madilu Kit are procured from Karnataka Handloom Development Corporation (KHDC) and the soap and other items from Karnataka Soaps and Detergents Ltd (KSDL). Government of India is bears 50 % of the cost of Madilu kits under National Health Mission (NHM), and Karnataka Government bears the balance cost. The unit cost of each kit is Rs. 1374/-.Till 2014-15, 2.39 Lakh beneficiaries have availed the benefit of *Madilu* Scheme.

Each "*Madilu Kit*" consists of the following 19 items:

Sl No	Items	Sl No	Items
1	Mosquito Net-1	11	Tooth paste with brush-1 each
2	Cotton Carpet-1	12	Bed sheet for the baby-1
3	Bed Sheet-1	13	Blanket for the baby-1
4	Cotton blanket for the mother-1	14	Baby Soaps-2

5	Bathing soap for the mother-2	15	Rubber sheet for the baby-1
6	Detergent soaps-4	16	Diapers for the baby-1 Packet
7	Abdomen tying cloth-1	17	'*Jubla*' for the baby-1
8	Sanitary Pads-1 Packet	18	Woolen Sweater, Cap & Socks for the baby-1 each
9	Comb with Coconut oil 200 ml-1 each	19	A plastic bag to hold all the 18 items-1
10	Towel for the mother-1		

The year-wise district-wise details of Madilu Kits distributed to BPL, SC and ST mothers who have delivered in Government hospitals from 2007-08 to 2014-15 is provided in ***Annexure-I***.

In the year 2011-12 a sample survey check of the programme was done by the Department of Economics and Statistics (DES) wing of the Planning department of government of Karnataka. Its main findings are-

a) 1% of beneficiaries selected were above poverty line.
b) 13% beneficiaries were covered under *Madilu* without having the bonafide cards.
c) 4.4% of the beneficiaries received less than the specified 19 items in of the kit.
d) 29% beneficiaries received the Medical kit in time.
e) There were cases were some money was charged for the kits.

3. Evaluation Scope, purpose and objectives

The Scope of the study is all the 30 districts of the State, where "*Madilu Kits*" are being distributed to BPL, SC and ST pregnant women who deliver in Government Hospitals, both in rural and urban areas, from the level of Primary Health Centers up to the level of Government and Medical College Hospitals.

The objectives of the study are:

a. To know whether all the BPL, SC and ST pregnant women who deliver in Government Hospitals are receiving "*Madilu Kits*" as per the programme guidelines.
b. To know whether "*Madilu*" programme has/is motivating BPL, SC and ST pregnant women to deliver in Government Health Institutions.
c. To know whether the target population, like pregnant women and mothers as well as their family members are aware of *Madilu* Programme.
d. Whether "*Madilu kits*" containing all 19 items are distributed to eligible pregnant women within the prescribed time after delivery.
e. Whether implementation of Madilu Programme has led to appreciable increase of institutional deliveries and reduction of Maternal and infant deaths.
f. Whether the items constituting the "*Madilu kit*" are useful and of good quality. Does the kit need any local/specific change?
g. Has the programme reached the isolated and remote villages inhabiting very poor people and/or primitive tribes who need to be covered under the programme first?

The study should be conducted by appropriate research methods by tracer interviews of BPL, SC and ST pregnant women who are currently pregnant and mothers who have delivered in Government Health Institutions of the State during the last four financial years. The reason for confining the study to previous four financial years is that (a) the yearly distribution of kits increased from 2008-09 to 2010-11 but after that has been falling, and, (b) we need to know as to how is the programme doing now and what needs to be done now to improve the programme further. The study should also focus on ASHA, ANMs, Staff Nurses and Doctors, to obtain their views, whether *Madilu* programme is motivating the eligible pregnant women to deliver in Government Hospitals.

4. Evaluation Questions (inclusive not exhaustive)

1. Are the selection of beneficiaries under the programme correct i.e. whether Madilu kits were given to only BPL mothers and that too in case

of two live births (except in the case of the ten districts where exception has been made for no restriction on the number of live births after a particular date as detailed before)? What has been the district wise, year wise wrong selections and type of deviations which took place?

2. How many of the **eligible** BPL SC, BPL ST and BPL other than SC/ST mothers received Madilu Kits-
   a) Later than 48 hours of delivery in case of normal deliveries later than 5 days' of hospital stay in cases of Cesarean Section deliveries.
   b) Did not receive the kit at all.
   c) Within the time prescribed in the programme (cases other than sub cases 'a' and 'b' above).
3. How many of the BPL SC, BPL ST and BPL other than SC/ST mothers (irrespective of whether the she was eligible or not and the time of distribution after delivery) received Madilu Kits after the payment of some money to any employee of the hospital or non-employee of the hospital (it may then be specified who)?What is the year wise percentage incidence of such cases in each district in the evaluation period?
4. Did the Madilu Kits distributed (irrespective of whether the beneficiary was eligible or not, whether money was paid or not and the time of distribution after delivery) contain all the 19 items in correct quantity/number/size? What is the year wise percentage incidence of incomplete distribution of Madilu kit in each district in the evaluation period?
5. Is there a pattern in the items of the kit that were missing or less/short in quantity/number/size? If there is indeed a pattern, it may be reported district wise.
6. What is the system of quality control of the items that comprise the Madilu kit at (a) Karnataka Handloom Development Corporation and the Karnataka Soaps and Detergents Limited level, and (b) Programme implementation department level? In case there is none or not a satisfactory one, what should be the systems of quality control at these levels?
7. What is the opinion of the beneficiaries regarding the quality and utility of items of Madilu Kits? Based upon the opinion what suggestions of

changing the quantity or quality of some existing items of the kit, adding some items to the kit and deleting some items in the kit can be given? (Additions and deletions may be suggested district wise).

8. What proportion of the Madilu beneficiaries received the benefits of *Prasoothi Araike* and *Janani Suraksha* schemes too? How many of them received the financial component through (a) Cash, and (b) Direct credit to their bank accounts?
9. What has been the institution wise Maternal and Infant deaths before (2007) after implementation (2014) of *Madilu* programme? In which districts has this worsened in the 2007-2014 period?
10. What could be the reasons for consistent increase in beneficiaries in the period 2007-08 to 2010-11 and the later continuous decline?
11. In the year 2014-15, whereas there has been a consistent decline in the number of *Madilu* beneficiaries in all districts except for Bellary? What is the reason for Bellary being the exception?
12. What are the difficulties in issuing complete Madilu kits to beneficiaries in time expressed by the heads of hospitals? How can these be set right?
13. As per the guidelines of the Madilu a cash assistance of Rs. 2000 is to be given under *Prasoothi Araike*(including*Janani Suraksha* scheme) to beneficiariesat the time of delivery for getting their nutritional requirement within 48 hours of the delivery. Has the cash assistance been provided within 48 hours of the delivery? If not, give reasons.
14. What is the actual use made of the financial benefit/incentive provided to the beneficiaries?
15. Has the programme penetrated the isolated and remote villages inhabiting very poor people and/or primitive tribes who need to be covered under the programme first?
16. What are the opinions and suggestions for improvement of the Madilu Programme given by beneficiaries, Staff Nurses and Doctors of Government and Medical College hospitals?
17. Based upon the instances of deviation from guidelines detailed in questions2, 3 and 4 above as against the total number of beneficiaries covered in the evaluation period i.e. 2011-12 to 2014-15, what is the ranking of –

a) PHC.
b) CHC.
c) Taluk Hospitals.
d) District Hospital.
e) Medical College Hospital.

in terms of proper/perfect implementation of "*Madilu*" programme in each district?

5. Sampling and Evaluation Methodology

Since it is important in the study to have a clear picture of how the programme is performing in each district of the state, the samples will be drawn randomly from the beneficiary population data at the state or district level; it may be available in district offices, but not in an asso0rted and formal from. Data but will be available in the hospitals of the state, showing who all were given a "Madilu Kit". With this constraint in data known, it becomes practical and feasible to draw samples of hospitals in the district, and then, from the population data of the beneficiaries of "Madilu" available in the hospital sampled, to draw the samples of beneficiaries.

It is therefore decided to select for each district, the district hospital, two Taluk hospital or Community Health Centers (CHC) and three Primary Health Centers (PHC) as the hospital sample. Where available, one Medical College Hospital is to be taken as a part of hospital sample. All the PHCs selected will be in taluks other than the taluk in which the district headquarter is located. And, it will be imperative that one PHC will be such that it is located at the farthest/next to farthest distance from the taluk headquarters.

From this district hospitals sample, beneficiary lists of SC BPL, ST BPL and other case CLP mothers who benefitted from the "Madilu" programme will be drawn in the form of three different lists, one corresponding to each category so mentioned, for each year from 2011-12 to 2014-15 (four years for each district). From there lists, 20 beneficiary names may be selected at random in each category. The beneficiaries may be "traced" located and interviewed individually for evaluation of the programme. Once 10 beneficiaries are traced and interviewed in each category, the sample will be deemed to have been met

with. In a nut shell, the sample will comprise of 10 beneficiaries each under SC BPL, ST BPL and other case BPL category for every years from 2011-12 to 2014-15 in each district.

In order to answer question number 12 of evaluation question, the head of the hospital selected in the hospital sample will be personally interviewed, whereas for answering question number 15 of evaluation question, Focus Group Discussions can be done.

In order to find an indicative answer for question number 14, two tribal near tribal settlements located inside forests and away from taluk headquarters are to be selected in Chamarajanagar/Kollegal taluk of Chamarajanagar district, Virajpet taluk of Kodagu district, Joida/Ankola taluk of Uttar Kannada district, HD Kote taluk of Mysore district and Koppal/Sringeri taluk of Chickamagalur district. The evaluator should visit these settlements and find out as to (a) how many live births took place in the settlements in the period 2011-12 to 2014-15, and of them, (b) how many deliveries were covered by "Madilu" programme. The ratio bis to a will give an indication of penetration of the programme amongst eligible but district/isolated located would be mothers.

Though not intended as an essential part of the study, but it would be welcomed if it could be done' districts too may be ranked based upon their performance in "Madilu" implementation. It will be done on the basis of negative scores allotted for each deviation mentioned in evaluation questions 1 to 4 above. For each deviation of each type, a negative score may be allotted to the district. The sum of all negative scores given to the district in the evaluation period will be the basis of ranking of the district. Obviously, but worthy of expressing is the fact that the district with lowest (negative) score will be first, the one having second lowest (negative) score will be second and so on and so forth.

6. Deliverables and Time Schedule

The Project Director (RCH), IPP Building, 1st Floor, Directorate of Health & Family Services will provide year wise district wise details of the Madilu beneficiaries/IMR & MMR details to the Evaluator. The Director (RCH) H&FW Department will issue necessary instruction to the Deputy

Directors of the district and others concerned to co-operate and facilitate for collection of necessary data during the course of study. The Evaluator is to design formats for collecting information from Beneficiaries, Staff Nurses, Doctors and Family members of the Pregnant Women/mothers.FGDs to be held with all the stakeholders in the districts. It is expected to complete the study in 3months' time excluding the time taken for approval. The evaluating agency is expected to adhere to the following timelines and deliverables.

The evaluating agency should adhere to the following timelines and deliverables:

a. Work plan submission : 15 days after signing the agreement
b. Field Data Collection : 45 days from the date of work plan approval.
c. Draft report submission : 15 days from the field data collection
d. Final report submission : 15 after draft report submission
e. Total duration : 3 months

7. Qualifications of the Consultants

The Consultant Evaluation Organization should have the evaluation team comprising of-

a. Doctor expert with at least 10 years' experience in Health Research,
b. Woman Social Scientist having experience in conducting studies related to health.
c. Statistician and Research assistants (Mostly women).

And in such numbers that the study is completed in the prescribed time.

8. Selection of Consultant Agency for Evaluation

The selection of evaluation agency should be finalized as per provisions of KTPP Act and rules without compromising on the quality.

9. Qualities expected from the evaluation Report

The following are the points only inclusive and not exhaustive, which need to be mandatory followed in preparations of the evaluation report.

1. By the very look of the evaluation report it should be evident that the study is that of Health & Family Department of the Government of Karnataka, and Karnataka Evaluation Authority (KEA) which has been done by the Consultant. It should not intend to convey that the study was the initiative and work of the Consultant, merely financed by the Karnataka Evaluation Authority (KEA) and the Health and Family Welfare department of Karnataka.
2. Evaluation is a serious professional task and its presentation should exhibit it accordingly.
3. The Terms of Reference (ToR) of the study should form the first Appendix or Addenda of the report.
4. The results should first correspond to the ToR. In the results chapter, each question of the ToR should be answered, and if possible, put up in a match the pair's kind of table, or equivalent. It is only after all questions framed in the ToR that is answered, that results over and above these be detailed.
5. In the matter of recommendations, the number of recommendations is no measure of the quality of evaluation. Evaluation has to be donewith a purpose to be practicable to implement the recommendations.

10.Cost and schedule of budget releases

Output based budget release will be as follows-

a. The **first installment** of Consultation fee amounting to 30% of the total fee shall be payable as advance to the Consultant after the approval of the inception report, but only on execution of a bank guarantee of a scheduled nationalized bank valid for a period of at least 12 months from the date of issuance of advance.
b. The **second installment** of Consultation fee amounting to 50% of the total fee shall be payable to the Consultant after the approval of the Draft report.
c. The **third and final installment** of Consultation fee amounting to 20% of the total fee shall be payable to the Consultant after the receipt of the hard and soft copies of the final report in such format and number as prescribed in the agreement, along with all original documents containing primary and

secondary data, processed data outputs, study report and soft copies of all literature used to the final report.

Taxes will be deducted from each payment as per rates in force. In addition, the evaluating agency/consultant is expected to pay services tax at their end.

11. Contact person for further details:

a. Dr. H. C. Ramesh,
Project Director (RCH)
IPP Building, 1st Floor,
Directorate of Health & Family Welfare Services
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b. Dr. R. Narayana
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The entire process of evaluation shall be subject to and conform to the letter and spirit of the contents of the government of Karnataka order no. PD/8/EVN (2)/2011 dated 11th July 2011 and orders made there under.

The Terms of Reference were approved by the Technical Committee of KEA in its 18th Meeting held on 04th May 2015.

18/05/15

Chief Evaluation Officer
Karnataka Evaluation Authority