NATIONAL SUMMIT ON GOOD AND REPLICABLE PRACTICE AND INNOVATIONS IN PUBLIC HEALTH CARE SYSTEMS IN INDIA – 2022

MAKKALAI THEDI MARUTHUVAM

Need /Rationale

The CoVID-19 Pandemic has brought several alterations and challenges to the delivery of health care services and highlighted the frailties of our public health system. The adverse impact of the Pandemic was particularly felt in the area of NCDs as the Pandemic resulted in the disruption of treatment, increased mortality and morbidity in patients with co-morbid conditions like Hypertension and Diabetes. The situation called for putting systems in place to reach Medicines for Hypertension and Diabetes patients at their doorsteps and paved the way for envisaging **a 'Comprehensive Home-based Health Care Services'** as a sustainable model for future initiatives. The Government of Tamil Nadu took up an innovative measure to introduce the "Makkalai Thedi Maruthuvam (MTM)" scheme to deliver Home-based health care services through a set of field functionaries.

Description of the Model – Makkalai Thedi Maruthuvam (MTM) which literally means "Reaching out Health services to people"

The Government of Tamil Nadu launched the **"Makkalai Thedi Maruthuvam (MTM)"** Scheme to address the increasing burden due to Non-Communicable Diseases by focusing on two approaches namely

- **Community-based** and **Institution-based** interventions to improve compliance and control of the disease.
- Another important feature of the scheme is that every line-listed beneficiary under the scheme is being brought under the **Population Health Registry (PHR)** as it forms the common denominator for continuous monitoring and follow-up of the patients.

HUMAN RESOURCES - In terms of delivery of services the model rests on a core field level team consisting of Women Health Volunteers (WHV), Palliative Staff Nurses and Physiotherapists with supervisory support of concerned area level Village Health Nurse (VHN) and Health Inspectors. At the institutional level, all the NCD clinics in operation at PHCs, UPHCs, UCHCs, GHs and MCHS has been designated as **MTM NCD clinics** and all-female NCD Staff Nurses posted in health facilities have been designated as **MTM Staff Nurses.**

Home-Based Healthcare services

Each of the field-level team has been assigned specific Home-based healthcare services for line-listed beneficiaries as detailed below;

I. Screening and follow up for Non-Communicable Diseases
II. Home Delivery of HT/DM drugs to Hypertension and Diabetes patients aged 45 years & above and to patients with restricted mobility. Annexure I - Home-based Drug delivery Workflow of Women Health Volunteers
III. Palliative Care Services
IV. Physiotherapy Services
V. CAPD services
VI. Referral for Essential Services, identification of children with congenital problems or any other health needs in the family which needs to be informed and followed up.

Institution-based MTM services:

The existing NCD services provided at Public Health Facilities in the State are brought under the umbrella of MTM for strengthening the referral and follow-up services. Palliative care, Physiotherapy, and CAPD services at Institutions are provided under the MTM scheme and the Patients eligible for Home-based MTM services are referred to respective PHC.

PARTNERS INVOLVED IN IMPLEMENTATION:

1. Directorate of Public Health and Preventive Medicine (DPH) covering PHCs
2. Directorate of Medical Education (DME) covering Medical College Hospitals
3. Directorate of Medical and Rural Health Services (DMS) covering District Head Quarter Hospitals and Sub District Hospitals
4. Tamil Nadu Corporation for Development of Women (TNCDW) - Self Help Group network – Women Health Volunteers (WHVs)
5. Tamil Nadu Medical Services Corporation (TNMSC)
6. Tamil Nadu Health System Reform Program (TNHSRP)
7. Greater Chennai Corporation (GCC)
8. Social Welfare Department

EVIDENCE OF EFFECTIVENESS:

Strengths / evidence of effectiveness

- Household drug delivery: Breaking the access barriers experienced during lockdown due to the Pandemic.
- Strengthen Community Participation in the NCD management: Communitization efforts like group counselling and patient support groups by WHVs.
- Creation of a Cadre of Health Volunteers from the Community for NCDs by linkage with another Government department (public-public partnership).
- Women Empowerment — involving Women Health Volunteers from Self Help Groups (SHGs)

As on 27.08.2022, **86,40,324** patients were provided services for the first time and **1,70,07,497** patients were provided repeat services under the Makkalai Thedi Maruthuvam scheme.

Cumulative MTM Services till 27.08.2022

DIRECTORATE	SERVICE	DRUG DISTRIBUTION			OTHER SERVICES PROVIDED			TOTAL
		Hypertension (HT)	Diabetes (DM)	BOTH HT & DM	Palliative Care	Physiotherapy	CAPD	
DPH	First Time	2752822	1911945	1429564	268753	349015	548	6712647
	Repeat Service	5005566	3559243	2827566	397260	424397	979	12215011
DMS	First Time	495484	304947	243040	37651	147241	0	1228363
	Repeat Service	1413226	869402	813483	32417	188485	1	3317014
DME	First Time	173933	168516	68233	46843	241408	381	699314
	Repeat Service	405991	460802	220455	75050	311339	1835	1475472
Total	First Time	3422239	2385408	1740837	353247	737664	929	8640324
	Repeat Service	6824783	4889447	3861504	504727	924221	2815	17007497

COST:

The cost towards the implementation of the "Makkalai Thedi Maruthuvam" scheme involves NCD drugs, CAPD bags, Glucometer, BP apparatus, Incentives for Women Health Volunteers (WHVs); Salary for MTM staff Nurse, Palliative Care Nurse, Physiotherapist, Hiring of vehicle (MTM branded) for mobility support, Drug boxes provided to the patients, Kit bags required for the field team and IEC. The cost is being met out from NHM funds and other sources.

SUMMARY OF LESSONS AND CHALLENGES:

The lessons learned out of Covid – 19 Pandemic has paved way for taking services to households and also brought to light the strengths in considering each household as the basic and potential unit for the Health care delivery system.

NCD control rate depends on treatment compliance of the patient and also lost to follow-up is a big challenge that is expected to be improved effectively by Home-based drug delivery and follows up services.

Palliation, Physiotherapy services and especially CAPD services are the major unmet needs, people have no proper access to such services which is being addressed by this scheme.

Delivery of drugs, providing Physiotherapy, Palliative care, CAPD services at doorstep can be beneficial in improving the continuum of care.

The challenges involve

- The referral linkages and integration between the field level team and the Public health Institution-based HR.
- Handling stakeholders from other departments involved in the implementation and functioning of the scheme
- Monitoring the quality of services provided under the scheme

POTENTIAL FOR EMULATING AS A MODEL

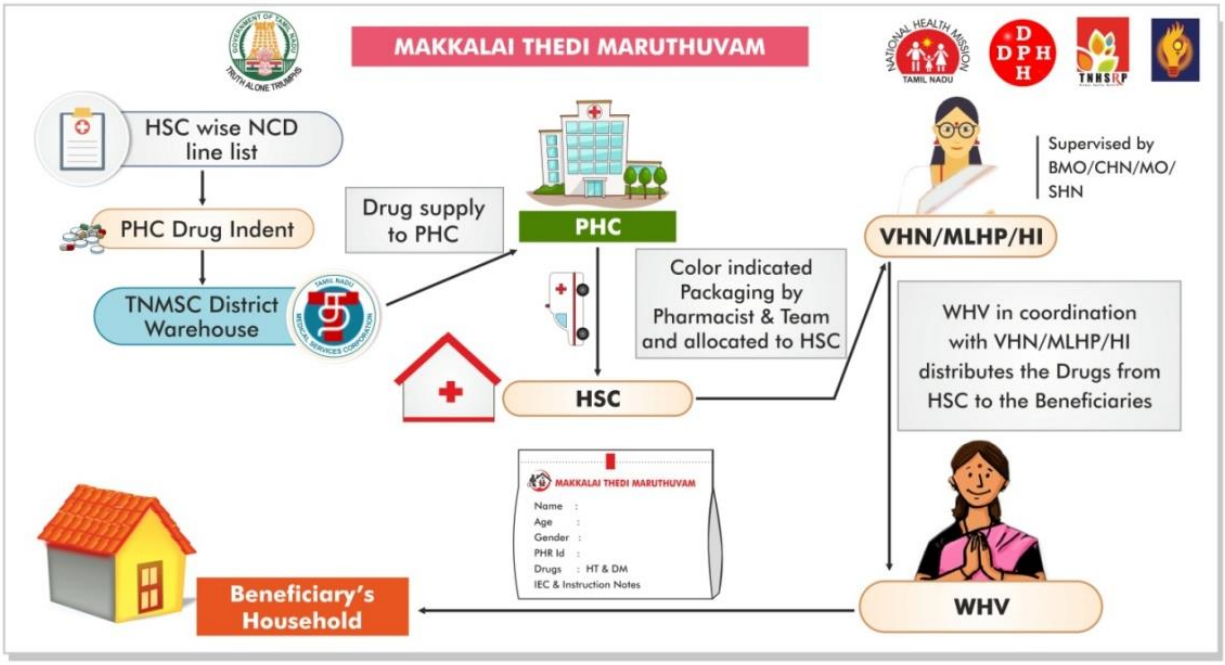
1. The other states can emulate this model of involving other Government departments like Rural development Department, involving Urban Local Bodies, Differently Abled department, etc,.

CONCLUDING REMARKS

Makkalai Thedi Maruthuvam scheme is an innovation developed in the wake of Covid-19. Structural and process improvements in the Health Care Delivery system with co-ordinated mechanism and proper governance will pave a way for introducing the Household based delivery of services. This model can be emulated by other states by involving the Line departments through inter departmental co-ordination to achieve continuum of care, timely referral and also to achieve disease control and prevent premature mortality due to NCDs.

Annexure I

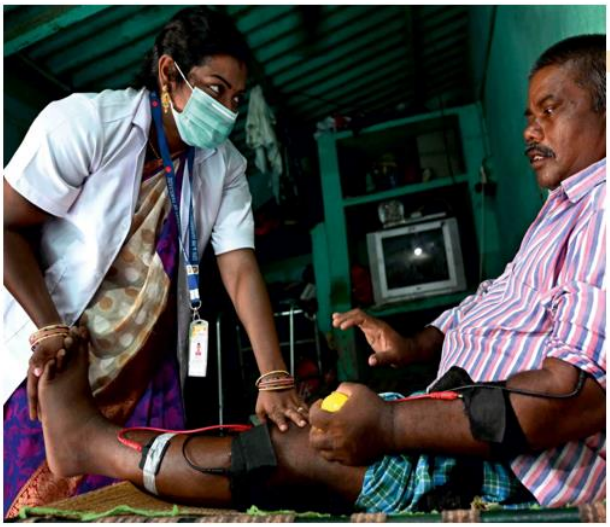
Home-based Drug delivery Workflow of Women Health Volunteers under the scheme



Annexure II

Services under MTM scheme

Home-based Drug Delivery



Physiotherapy services

Palliative care services

Peritoneal Dialysis services