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ABSTRACT

Establishment - Web based notification system for integrated Cancer Registry in Tamil Nadu under Directorate of Public Health and Preventive Medicine - Under TANII 2018-2019 - Administrative and Financial sanction accorded - Orders Issued.

HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(D).No.994

Dated: 14.06.2019
Vihari, Vaigasi - 31
Thiruvalluvar Aandu - 2050.

Read :

From the Director of Public Health and Preventive Medicine Letter No.51098/EPI/S1/2018, dated 24.01.2019.

ORDER :

The Director of Public Health and Preventive Medicine in his letter read above has sent a proposal recommended by State Planning Commission under TANII (Second Round) 2018-2019 as follows:-

a) Introduction

Cancer is a major cause of morbidity and mortality in India. In many developed countries, notification of cancer cases is compulsory. Developing countries including India accounts for more than half of new cancer cases in the world, however notification of cancer is not yet mandatory. The primary purpose of notification is to effect prevention, control, and better utilization of resources. It is also a valuable source for incidence, prevalence, mortality and morbidity of the disease. Notification of cancer will lead to improved awareness of common etiologic agents, better understanding of common preventable causes and better utilization of health resources with better monitoring and evaluation of the effectiveness of health programs such as cancer screening and cancer treatment programs.

The whole of Tamil Nadu state came under cancer registration coverage through The Tamil Nadu Cancer Registry Project (TNCRP), a collaborative joint program of the department of Health and Family Welfare, government of Tamil Nadu and the Cancer Institute (W.I.A), Chennai. In 2012, Government of Tamil Nadu issued order for establishing 'Tamil Nadu Cancer Registry Project' in which, the Cancer Institute Adayar is permitted to collect information about cancer from the institutions under the control of Directorate of Medical Education, Directorate of Medical and Rural Health Services and Directorate of Public Health and Preventive Medicine. The private hospitals, laboratories, nursing homes and private practioners were also requested to share the information with the Tamil Nadu Cancer Registry Project.

b) Present Status of Tamilnadu Cancer Registry

The registry had collected information from 2012 of more than 3 lakh cancer patients till date. This information are being collected from 1498 centres of Government / Private Institutions, Laboratories and nursing homes all over Tamilnadu. The field investigators of the Cancer institute Adayar go to the hospitals and labs, collect the information about the cancer patients, and send the same to Tamil Nadu Cancer Registry Project at Adayar. This paper-based information is then

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120

81000
processed in Tamil Nadu Cancer Registry Project at Adayar for data entry, cleaning and data analysis.

Each patient record is given one unique identifier and the details are entered in computer of their basic demographic characters and the disease information. These are then checked for duplication and if any duplicates are found, they are removed. This information is then analysed for district wise and cancer wise trends and are shared with Public Health Department.

Such continuing cancer surveillance till date, through population-based cancer registries has provided significant leads for cancer control and led to pioneering state-wide population-based cancer screening and early detection programs and formulation of cancer policy for diagnosis and treatment of cancer by the government. Hence government decided to make cancer as a compulsorily 'Notifiable Disease' under Tamil Nadu Public Health Act 1939. The Government order No.66, dated 22.02.2018 mandates notification of cancer for government and private institutions all over the state.

c) Problem Statement and Rationale

Under the circumstances, that cancer is a compulsorily notifiable disease, the Directorate of Public Health and Preventive Medicine is designated as the nodal office with Joint Director (Epidemics) as the nodal officer at the state and Deputy Director of Health Services at the district level. The following challenges arise while a hospital tries to notify the cancer to the government. With the existing mechanism, information sharing by the hospitals with TNCRP is a time consuming one that needs considerable work force to collect the information and it is a paper based. The very nature of paper-based information poses challenges such as, reduced quality of information, longer time for data entry, data cleaning and data analysis. These can be resolved by making the decentralized data collection through a data collection portal with analysis and reports made easier to reach public health authorities. There is a need for communication mechanism for sharing the information by the different government and private institutions to the government through a centralized information portal.

Under the Tamil Nadu Innovative Initiatives, a web-based notification system for Communicable Diseases in 12 corporations has been sanctioned and a data collection portal has been developed and put in place for collecting the communicable disease information. This portal has been built on a platform that has mapped all locations in Tamil Nadu using GIS in collaboration with Tamil Nadu Governance Agency and this has been linked to all Government and Private Health institution of Tamil Nadu. This platform dynamically gives information about the communicable disease all at all levels of public health functionaries and it is used as a tool for better decision-making with respect to outbreaks.

A module for data collection related to cancer can be developed and integrated with the disease notification system for better surveillance and decisions for programs related to cancer control in Tamil Nadu.

d) Challenges in the Existing System

i. Data Collection:

At present personnel of Adayar Cancer Institute, through active surveillance, collect the institution-based cancer information, of which the mode data collection is a paper-based one. There are chances of committing errors in entry of demographic information, disease information and when committed, needs correction after verifying with the source. There is possibility of entering partial information, which may hinder the data processing and analysis.

ii. Data Processing and Analysis:

The large time delay due to lack of centralized data management related to collection, compilation and deduplication leads to delay in data processing. The

reports generated could not be dynamically shared between the public health authorities and academicians that may be used for control and preventive measures.

c) Objective of the proposed project:

- To develop a web module for collecting information to cancer from government and private health institutions as a part of existing web-based disease notification system.

d) Expected benefits:

- Availability of dedicated portal for collection of cancer related information for Tamil Nadu
- Dynamic updating of cancer registry that will help to understand the patterns and trends related to cancer, which will used for control programs.
- The information related to cancer will be readily available with academicians for further epidemiological research.

e) Sustainability

- The portal is an online platform and does not requires any recurrent expenditure.
- The State Project Management Unit for Communicable Disease Surveillance Project under State Surveillance Officer in this directorate will monitor, train and supervise the utilization of portal related to Cancer in Tamil Nadu.

Break up details of the project:-

S.No	Component	Total Cost (Lakhs)
1	Software Development	
1.1	Development of Cancer Notification Module	5.0
1.2	Web Integration of all Cancer Notification Module with Web-based Disease Notification System.	5.0
2	Training	
2.1	State level workshop and training on module development and use	1.2
2.2	Training to district level Health personnel	4.8
3	Assessment Survey and other contingencies	1.0
	TOTAL	17.00

2) He has requested the Government to sanction of sum of Rs.17.00 lakhs for establishing web based notification system for integrated Cancer Registry in Tamil Nadu under Directorate of Public Health and Preventive Medicine.

3) After detailed examination, the Government have decided to accept the proposal of the Director of Public Health and Preventive Medicine recommended under TANII 2018-2019 (Second Round) and accord sanction for a sum of Rs.17.00 lakhs (Rupees seventeen lakhs only) for establishing web based notification system for integrated Cancer Registry in Tamil Nadu under Directorate of Public Health and Preventive Medicine as detailed below:-

S.No	Description	Amount Rs. In lakh
i	2210 06 001 AO 305 office expenses 02 other contingencies (DPC 2210 06 001 AO 30502)	1.00
ii	376 Computer and Accessories 01 purchase (DPC 2201 06 001 AO 37601)	10.00
iii	372 Training 01 Training DPC (2210 06 001 AO 3720)	6.00
	Total	17.00

4) The amount sanctioned in para 3 above shall be met from the State innovation fund and debited to the following head of account:

- "2210-Medical and Public Health-06- Public Health – 001 Direction and Administration –State’s Expenditure – AO Web based notification system for integrated Cancer Registry (ICR) in Tamil Nadu under Director of Public Health (DPH), Chennai under State Innovation Fund 305 office expenses–02 other contingencies”– Rs.1.00 lakhs (DPC 2210 06 001 AO 30502)
- 2) 372 Training 01 Training – 6.00 lakhs (DPC 2210-06-001-AO 37201)
- 3) "76 Computers and Accessories -01. Purchase – Rs.10.00 lakhs (DPC 2210 06 001 AO 37601)"

The above expenditure shall be adjusted by deducting under the following head of account:-

"2210-Medical and Public Health-06 Public Health - 902. Deduct Amount met from State Innovation Fund – State’s Expenditure – JA. Deduct – Amount met from State Innovation Fund – 330. Inter – Account Transfers” (D.P.C.01 Inter – Account Transfers : 2210 – 06 – 902 – JA – 33001)

By contra debiting from

"J. Reserve Fund–(b) Reserve Funds not bearing interest -- 8229-00. Development and Welfare Funds – 200. Other Development and Welfare Funds – BE. State Innovation Fund” (D.P.C.8229-00-200 BE-0006 (Outgo)

5) Necessary additional funds will be provided in Revised Estimate / Final Modified Appropriation 2019 – 2010. However, this expenditure shall be brought to the notice of the legislature by Specific Inclusion in the Supplementary estimates 2019-2010. Pending provision of funds in the Revised Estimate 2019-2010, the Director, Public Health and Preventive Medicine, is authorized to incur the amount sanctioned in para 3 above. The Director, Public Health and Preventive Medicine, is requested to send draft explanatory notes for Supplementary Estimates 2019-2020 to Government in Finance (BG-1) Department and also to include the expenditure while sending the budget proposals for Revised Estimate / Final modified appropriation 2019-2010 to Government in Finance (Health-I) Department without fail

6) This order issues with the concurrence of the Planning Development and Special Initiatives Department its U.O.No.864/SP.1/2019/PD&SI (SP.1) Department, Dated 07.03.2019 and Finance Department ASL No.421 (Four hundred and twenty one)

(BY ORDER OF THE GOVERNOR)

**Dr. BEELA RAJESH
SECRETARY TO GOVERNMENT**

To

The Director of Public Health and Preventive Medicine, Chennai – 600 006.

The Principal Account General, Chennai – 600 035.

✓ The Pay and Accounts Officer, (South), Chennai - 600 015.

Copy to:

The Planning Development and Special Initiatives Department, Chennai - 600 009.

✓ The State Planning Commission, Chepauk, Chennai- 600 005.

The Finance (Health-1/BG-II) Department, Chennai- 600 009.

The Health and Family Welfare (Data Cell) Department, Chennai – 600 009.

Stock file, Spare copy

//FORWARDED BY ORDER//

SECTION OFFICER

Handwritten signature and date: 14.06.2019

Handwritten initials: 113/460