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India: Supporting National Urban Health Mission

Project Name

Supporting National Urban Health Mission

Project Number

47354-003

Country / Economy

- India

Project Status

Closed

Project Type / Modality of Assistance

- Loan
- Technical Assistance

Source of Funding / Amount

Loan 3257-IND: Supporting National Urban Health Mission

Source

Amount

Ordinary capital resources US\$ 300.00 million

TA 8899-IND: Strengthening Capacity of the National Urban Health Mission

Source

Amount

Japan Fund for Prosperous and Resilient Asia and the Pacific US\$ 2.00 million

TA 8899-IND: Strengthening Capacity of the National Urban Health Mission
(Supplementary)

Source

Amount

Technical Assistance Special Fund US\$ 500,000.00

TA 8899-IND: Strengthening Capacity of the National Urban Health Mission
(Supplementary)

Source

Amount

Technical Assistance Special Fund US\$ 375,000.00

TA 8899-IND: Strengthening Capacity of the National Urban Health Mission
(Supplementary)

Source

Amount

Technical Assistance Special Fund US\$ 1.00 million

Strategic Agendas

- Inclusive economic growth

Drivers of Change

- Gender Equity and Mainstreaming
- Governance and capacity development
- Knowledge solutions

- Partnerships
- Private sector development

Sector / Subsector

- **Health** / Health system development

Gender

Gender equity theme

Description

ADB is reinforcing the efforts of Government of India to improve the health of people who live in cities, especially the poor. The project is strengthening broadly-defined urban health systems across cities and towns to deliver quality essential health services for all, with a particular focus on the poor and vulnerable. The project is improving the networks of primary health facilities in urban areas and introducing a quality assurance mechanism for them. It is also helping to improve planning, management, and innovation, in order to bring best practices to city clinics and health centers. The financing for the project is being disbursed based on the achievement of results, including more births in health facilities and higher childhood immunization rates.

Project Rationale and Linkage to Country/Regional Strategy

India has made significant progress toward improving health services but more than 77 million poor and vulnerable people in cities still have limited access to basic health services such as child immunization. India's rapid urbanization has accompanied massive growth in the number of urban poor and large health disparities. For example, studies have found poor city children under the age of 5 are almost twice as likely to die as children in more prosperous situations. This is due to adverse living conditions and limited access to health services, despite the fact that these children may often live close to many hospitals. This vulnerable segment of the population cannot afford the private health providers that dominate urban areas and often incur out-of-pocket health expenses that drive them even deeper into poverty. There is also limited health promotion services.

Impact

Improved health status of the urban population, particularly the poor and vulnerable, across India

Project Outcome

Description of Outcome

Increased access to equitable and quality urban health system

Progress Toward Outcome

Outcome for DLI 1 (Increased institutional deliveries in Urban areas) and DLI2 (Increased complete immunization) for 2016 and 2017 is achieved. The data obtained from the HMIS of the Statistics Division of MoHFW shows an achievement of 72.1% & 64.7% for the period 1 October 2016 - 30 September 2017 compared to the previous year achievement of 62.9% and 60% indicating an increase of 9.2% & 4.7% points

registered from FY 2016 achievement.

Implementation Progress

Description of Project Outputs

3. Capacity for planning, management, and innovation and knowledge sharing strengthened
2. Quality of urban health services improved
1. Urban primary health care delivery system strengthened

Status of Implementation Progress (Outputs, Activities, and Issues)

Output 1:

The Guideline for vulnerability mapping shared with states in July 2017.

Workshops have been organized initially in 6 states (UP, MP, Odisha, Haryana, Assam, Maharashtra) and thereafter in 4 other States (Jharkhand, Karnataka, Tripura and Bihar) to provide hand holding support to states in Vulnerability mapping.

The states have completed vulnerability exercises as observed during field visits and mentioned in meetings. Documentation being prepared accordingly.

The ASHA functionality information based on agreed protocol (minimum incentive package) was found to be 93% for 35 States and UTs/ULBs

Output 2:

(i) Baseline assessments in states including patient Satisfaction undertaken . As against a target of 50% of UPHCs, 980 UPHCs (78.7%) out of the approved and functional 1245 UPHCs (as per 2016 -17 approvals) have so far undertaken baseline assessment in those 15 states where organizational arrangements for quality assurance have been established.

(ii) Baseline QA assessments including patient Satisfaction undertaken for 20 states. As against a target of 80% of UPHCs, 80.1% out of the approved and functional 2,157 UPHCs (as per 2016 -17 approvals) have so far undertaken baseline assessments.

Output 3:

(i) With reference to the Capacity Building Framework State wise approvals accorded for training /Capacity building activities being tabulated and will be shared thereafter. Information on the type of training, training completed/held etc. obtained from states/UTs/ULBs being compiled. In addition, information on the trainings/capacity building conducted at the National Level also being compiled.

(ii) The innovations and partnerships approved in the ROPs and implemented by the States/UTs/ULBs is being compiled.

Geographical Location

Nation-wide

Safeguard Categories

Environment

B

Involuntary Resettlement

C

Indigenous Peoples

C

Summary of Environmental and Social Aspects

Environmental Aspects

An assessment is expected to ensure that the upgrading of urban primary health centers do not result in any adverse environmental impact.

[Potential environmental impacts of the program will not be significant or irreversible during the site specific activities, including construction and operations of the PHCs. The mitigation measures can be built into the program safeguard system. The program's initial categorization of environmental impacts is Category B.]

Involuntary Resettlement

An assessment is expected to ensure that the upgrading of urban primary health centers do not result in any adverse impact on involuntary resettlement or indigenous people.

[The program's initial categorization of social impacts is Category C. No adverse social impacts are expected or will be supported under the program.]

Indigenous Peoples

An assessment is expected to ensure that the upgrading of urban primary health centers do not result in any adverse impact on involuntary resettlement or indigenous people.

[The program's initial categorization of social impacts is Category C. No adverse social impacts are expected or will be supported under the program.]

Stakeholder Communication, Participation, and Consultation

During Project Design

The development of National Urban Health Mission (NUHM) and Framework for Implementation by the Ministry of Health and Family Welfare involved extensive consultations across all levels of Government and civil society. The NUHM Technical Resource Group (TRG) further guided on key issues of reaching vulnerable sections of the society, main strategies and institutional design of NUHM, and organization of

urban health service delivery and governance based on series of consultations with experts and a range of vulnerable urban poor groups and field visits to 30 cities. The ADB team also conducted stakeholder consultations and detailed field assessment of NUHM implementation in West Bengal, Madhya Pradesh, and Tamil Nadu, which gave important insights into NUHM implementation challenges and capacity building requirements.

During Project Implementation

For stakeholder participation, the NUHM emphasizes community participation and processes, reaching of vulnerable groups, and capacity building of stakeholders (urban local bodies, health workers, private providers, community structures, and functionaries of other related departments) in managerial, technical, and public health competencies

Business Opportunities

Consulting Services

A total of 113 person-months of consulting inputs, comprising (i) individual consultants, totaling 20 person-months inputs (10 person-months of international, and 10 person-months of national inputs); and (ii) a firm, totaling 93 person-months inputs (41 person-months international and 52 person-months national inputs). are provided under the CDTA. The firm's contract is ongoing. Four national consultants have been recruited (M&E, Financial Management, Program Management, and Program Planning and Monitoring Specialists), and 2 are underway (Field Implementation Support Coordinator and Capacity Development Implementation Specialist).

Procurement

The procurement scope under the NUHM will include renovation of existing public health centers, construction of new public health centers, procurement of medicines, consumables, medical equipment, and ICT equipment and other office and laboratory facilities, engagement of consulting services for project and financial management, medical consultants, community workers, and NGOs. Procurement will be undertaken following the country procurement systems as spelt out in the General Financial Rules, 2005 (GFR) of the GOI and its amendments and the State Financial Rules/ Procurement Law/ Procurement Policy developed by the States within the frame work of the national GFR.

Contact

Responsible ADB Officer

Sonalini Khetrupal

Responsible ADB Department

South Asia Department

Responsible ADB Division

India Resident Mission (INRM)

Executing Agencies

Ministry of Health and Family Welfare

Timetable

Concept Clearance

25 Aug 2014
 Fact Finding
 18 Sep 2014 to 24 Sep 2014
 MRM
 11 Dec 2014
 Approval
 28 May 2015
 Last Review Mission
 -
 Last PDS Update
 29 Jun 2021

Funding

Loan 3257-IND

Milestones

| Approval | Signing Date | Effectivity Date | Closing | | |
|-------------|--------------|------------------|-------------|-------------|-------------|
| | | | Original | Revised | Actual |
| 28 May 2015 | 28 Jul 2015 | 01 Sep 2015 | 30 Sep 2018 | 30 Sep 2019 | 06 Feb 2020 |

Financing Plan

| Total (Amount in US\$ million) | |
|--------------------------------|----------|
| Project Cost | 1,954.90 |
| ADB | 300.00 |
| Counterpart | 1,654.90 |
| Cofinancing | 0.00 |

Loan Utilization

| | Date | ADB | Others | Net Percentage |
|----------------------------|-------------|--------|--------|----------------|
| Cumulative Contract Awards | 27 Oct 2022 | 300.00 | 0.00 | 100% |
| Cumulative Disbursements | 27 Oct 2022 | 300.00 | 0.00 | 100% |

Status of Covenants

| Category | Sector | Safeguards | Social | Financial | Economic | Others |
|----------|--------------|------------|--------------|--------------|----------|--------|
| Rating | Satisfactory | - | Satisfactory | Satisfactory | - | - |

TA 8899-IND

Milestones

| Approval | Signing Date | Effectivity Date | Closing | | |
|-------------|--------------|------------------|-------------|-------------|-------------|
| | | | Original | Revised | Actual |
| 28 May 2015 | 30 Jul 2015 | 30 Jul 2015 | 30 Jun 2018 | 27 Nov 2021 | 21 Oct 2022 |

Financing Plan/TA Utilization

| ADB | Cofinancing | Counterpart | | | | Total |
|--------------|--------------|-------------|---------------|-----------------|--------|--------------|
| | | Gov | Beneficiaries | Project Sponsor | Others | |
| 1,875,000.00 | 2,000,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,875,000.00 |

Cumulative Disbursements

| Date | Amount |
|-------------|--------------|
| 27 Oct 2022 | 3,695,730.79 |

Status of Covenants

| Category | Sector | Safeguards | Social | Financial | Economic | Others |
|----------|----------------|------------|----------------|----------------|----------|--------|
| Rating | Unsatisfactory | - | Unsatisfactory | Unsatisfactory | - | - |

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