# Technical Assistance Report

Project Number: 55262-001
Transaction Technical Assistance Facility (F-TRTA)
September 2021

# India: Supporting Health Systems Strengthening Projects



Asian Development Bank

## CURRENCY EQUIVALENTS

(as of 7 September 2021)

| | | |
|---|---|---|
| Currency unit | – | Indian rupee/s (₹) |
| ₹1.00 | = | $0.01364 |
| $1.00 | = | ₹73.3002 |

## ABBREVIATIONS

| | | |
|---|---|---|
| ADB | – | Asian Development Bank |
| COBP | – | country operations business plan |
| COVID-19 | – | coronavirus disease |
| DEA | – | Department of Economic Affairs |
| MOHFW | – | Ministry of Health and Family Welfare |
| NCD | – | noncommunicable disease |
| NHM | – | National Health Mission |
| PM-ASBY | – | Pradhan Mantri Atmanirbhar Swasth Bharat Yojana |
| TA | – | technical assistance |

## NOTES

(i) The fiscal year (FY) of the Government of India and its agencies end on 31 March. "FY" before a calendar year denotes the year in which the fiscal year ends, e.g., FY2021 ends on 31 March 2021.

(ii) In this report, "$" refers to United States dollars.

| | |
|---|---|
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**CONTENTS**

# TRANSACTION TECHNICAL ASSISTANCE AT A GLANCE

**1. Basic Data** — **Project Number:** 55262-001

| | | | |
|---|---|---|---|
| **Project Name** | Supporting Health Systems Strengthening Projects | **Department/Division** | SARD/SAHS |
| **Nature of Activity** | Project Preparation, Capacity Development, Policy Advice | **Executing Agency** | Department of Economic Affairs, Ministry of Finance |
| **Modality** | Facility | | |
| **Country** | India | | |

| **2. Sector** | **Subsector(s)** | **ADB Financing ($ million)** |
|---|---|---|
| ✓ Health | Disease control of communicable disease | 1.00 |
| | Health system development | 1.00 |
| | **Total** | **2.00** |

**3. Operational Priorities**

- ✓ Addressing remaining poverty and reducing inequalities
- ✓ Accelerating progress in gender equality
- ✓ Strengthening governance and institutional capacity

**Climate Change Information**

| | |
|---|---|
| GHG Reductions (tons per annum) | 0.000 |
| Climate Change impact on the Project | Low |
| **ADB Financing** | |
| Adaptation ($ million) | 0.00 |
| Mitigation ($ million) | 0.00 |
| **Cofinancing** | |
| Adaptation ($ million) | 0.00 |
| Mitigation ($ million) | 0.00 |

**Sustainable Development Goals**

SDG 1.4
SDG 3.4, 3.8
SDG 5.5
SDG 10.3

**Gender Equity and Mainstreaming**

Effective gender mainstreaming (EGM) ✓

**Poverty Targeting**

General Intervention on Poverty ✓

**4. Risk Categorization** Complex

**5. Safeguard Categorization** Safeguard Policy Statement does not apply

**6. Financing**

| Modality and Sources | Amount ($ million) |
|---|---|
| **ADB** | **2.00** |
| Transaction technical assistance: Technical Assistance Special Fund | 2.00 |
| **Cofinancing** | **0.00** |
| None | 0.00 |
| **Counterpart** | **0.00** |
| None | 0.00 |
| **Total** | **2.00** |

**Currency of ADB Financing:** US Dollar

# I. THE TECHNICAL ASSISTANCE FACILITY

## A. Justification

1. The coronavirus disease (COVID-19) pandemic has taken a high toll on India. The country has reported over 33.5 million confirmed cases, second largest after the United States as of 21 September 2021.[1] The country faced a devastating second wave starting March 2021, with a record high of 414,188 new COVID-19 cases on 7 May 2021. Despite the containment measures, increased testing capacity (over 2.2 million samples per day) to detect and isolate cases, and national vaccination drive, the possibility of a third wave looms high due to highly contagious variants.

2. The pandemic affected the poor and vulnerable population disproportionally, not only economically but also in terms of health and well-being. Due to the pandemic, access to several health services declined because of diversion of resources to pandemic response and fear of infection and mobility restrictions. Facility-based outpatient care declined by 33% and inpatient by 21% when compared to pre-pandemic levels.[2] There was a staggering 22% decline in the number of institutional deliveries elevating the risk from infection and maternal complications from unsafe delivery methods.[3] Social distancing measures and closure of social services such as for education also caused high burden, especially on women. During the pandemic, women's share of unpaid care work grew by nearly 30%.[4] Further, its negative mental and physical health impacts, especially on vulnerable population groups such as migrant population and old persons, will require longer-term health system responses.

3. **COVID-19 impact on the health system.** The COVID-19 pandemic has placed enormous strain on the health care delivery system in India, exposing long-standing gaps and exacerbating chronic inequities. These include (i) ongoing challenges in dealing with rising noncommunicable diseases (NCDs) in addition to persisting and emerging communicable diseases like cardiovascular diseases, respiratory diseases, and diabetes are the major NCDs in India that kills around 4 million Indians annually, and most of these deaths are premature,[5] given the ongoing COVID-19 pandemic, those with underlying conditions, particularly NCDs, are also at increased risk of mortality during hospitalization; (ii) insufficient good quality primary care services and lack of effective referral systems for identifying and triaging potential COVID-19 cases, ensuring early diagnosis, helping cope with their anxiety, and reducing the hospital service demand; (iii) difficulty in leveraging private sector capacity at affordable costs, especially for the poor—the pandemic exposed exorbitant and inconsistent billing in the private sector;[6] and (iv) disparity in health system capacity across different states with lack in public health facilities and human resources. With five hospital beds and nine physicians per 10,000 population,[7] the

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[1] Government of India, Ministry of Health and Family Welfare (MOHFW). COVID-19 Statewise Status (accessed 22 September 2021).

[2] National Health Mission (NHM) Health Management Information System data for the period April to June. The comparison presented is between April to June 2019 (pre-pandemic) and April to June 2021.

[3] NHM Health Management Information System data for the period April to June. The comparison presented is between April to June 2019 (pre-pandemic) and April to June 2021.

[4] UN Women. 2021. Women and COVID-19 in India. https://www.unwomen.org/en/news/stories/2021/7/faq-women-and-covid-19-in-india.

[5] P. Arokiasamy. 2018. India's Escalating Burden on Noncommunicable Diseases. *The Lancet Global Health*. 6 (12). page E1262–E1263.

[6] BMJ. 2020. *COVID-19 exposes the high cost of India's reliance on private healthcare*. https://www.bmj.com/content/370/bmj.m3506

[7] World Bank. Data. Hospital beds (per 1,000 people) – India (accessed 11 August 2021); and The World Bank. Data. Physicians (per 1,000 people) – India (accessed 11 August 2021).

country's health care sector was not equipped for such a crisis. The sudden unprecedented surge in cases, particularly during the second wave resulted in an acute shortage of medical oxygen, the single most important intervention for moderate and severe cases of COVID-19—with several Indian states reporting dire shortage.[8]

4. **Government initiatives.** The National Health Policy 2017 envisages the attainment of the highest possible level of health and well-being and universal access to good quality health care services.[9] The National Health Mission (NHM) aims to strengthen the public sector service delivery systems since 2005, and it has been instrumental in improving state level health systems as per the national norms while encouraging innovations and performance of states moving towards the achievement of universal access to equitable, affordable, and quality health care services that are accountable and responsive to people's needs.[10] In 2018, to drive forth the universal health coverage agenda, the government operationalized Ayushman Bharat Yojana with two sub-components—health and wellness centers (aimed to provide comprehensive primary health care) and Pradhan Mantri Jan Arogya Yojana (aimed to provide health insurance coverage for secondary and tertiary care needs among the poor). However, interstate variations in capacity, fiscal space, and governance quality have led to varying impacts of these initiatives.[11]

5. Specific for pandemic response, the government announced the COVID-19 emergency response and health system preparedness packages. Phase 1 was approved in March 2020 for $2.05 billion and Phase 2 in July 2021 for $3.17 billion.[12] Several development partners, including the Asian Development Bank (ADB), have supported Phase 1 of the project.[13] In addition, the continued pandemic has led the government to take a longer-term approach for system strengthening. The government launched the Pradhan Mantri Atmanirbhar Swasth Bharat Yojana (PM-ASBY) in May 2020 to develop capacities of health systems and institutions across the continuum of care at primary, secondary, and tertiary levels to respond effectively to the current pandemic while building resilience for future emergencies. The PM-ASBY will be implemented from FY2021 to FY2026 and will cover (i) continued COVID-19 emergency responses; (ii) strengthening public health infrastructure for pandemic preparedness at the state level; and (iii) strengthening national systems for pandemic and health emergencies.[14] These components have ambitious outcomes, which can only be achieved with substantial progress in states, and therefore, the capacities of the states must be strengthened by creating relevant policy conditions and undertaking a strategic approach towards implementation.

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[8] Government of India, MOHFW. 2021. Union Government Takes Steps to Boost Supply of Oxygen to Hospitals. Press Release. 18 April.

[9] Government of India, MOHFW. 2017. *National Health Policy 2017*. New Delhi.

[10] Government of India, MOHFW. 2021. National Rural Health Mission. New Delhi.

[11] Government of India, National Health Authority. About Pradhan Mantri Jan Arogya Yojana. Ayushman Bharat.

[12] The focus of this support includes emergency commodity needs, enhanced surveillance, improved health facilities equipped with intensive care unit beds, training and insurance of health workers, testing and tracking for the containment of COVID-19, including genome testing capacity, setting up of pediatric units in all districts, telemedicine, ambulances, additional human resources, and other national and state health system strengthening efforts.

[13] ADB. 2020. *Report and Recommendation of the President to the Board of Directors: Proposed Countercyclical Support Facility Loans and Technical Assistance Grant to India for COVID-19 Active Response and Expenditure Support Program*. Manila. More details are available in the Development Coordination (accessible from the list of linked documents in Appendix 2 of the Report and Recommendation of the President).

[14] Key elements of strengthening public health infrastructure include setting up rural and urban health and wellness centers, block public health units in economically weaker states, and integrated public health laboratories in all the districts and critical care hospital blocks in high burden districts and government medical colleges. In addition, the scheme has specific support to national systems including bio-security preparedness and research, strengthening ports of entry, health emergency operation centers and mobile hospitals, surveillance of Infectious diseases, and outbreak response and critical care hospital blocks in central hospitals. The government requested ADB to support PM-ASBY with $1 billion, to be processed in four phases, with the first phase approved in December 2020.

6. **ADB support to the health sector in India.** ADB has been a key partner in supporting pandemic response and strengthening health systems. ADB's country partnership strategy, 2018–2022[15] supports expansion of public health service delivery in urban areas with a focus on the poor and vulnerable. In December 2020, ADB approved a $300 million loan to strengthen comprehensive primary health care in urban areas under PM-ASBY.[16] In addition to the loan, a $2.9 million technical assistance (TA) grant from ADB's Japan Fund for Poverty Reduction ($2.0 million) and High-Level Technology Fund ($900,000) will support program implementation and coordination, capacity building, and innovation, especially in states with lower performance. This support builds on ADB's previous support to urban health system strengthening under NHM amounting to $300 million.[17] ADB was a key partner in supporting COVID-19 response efforts through a COVID-19 Pandemic Response Option with a loan of $1.5 billion (footnote 13). ADB also extended a $3 million grant to support strengthening of points of entry and enhance disease surveillance under the Asia Pacific Disaster Response Fund.[18] In July 2021, ADB approved a TA of $7 million to strengthen availability of oxygen supplies and vaccine deployment. The government also requested ADB to support vaccine procurement efforts with $1.5 billion under the Asia Pacific Vaccine Access Facility.[19]

7. **Lessons and value addition**. The government has appreciated the design and implementation of ADB's prior TA,[20] which provided strategic technical inputs through resource persons and expert consultants. Two key lessons emanated from the previous TA implementation. First, it is important to enhance the capacity of executing and implementing agencies in ensuring quality project design, effective project implementation, and overall portfolio performance. ADB can add value in terms of sharing lessons across projects, introducing innovative approaches, strategic planning, and implementation support in selected states. Second, ADB is in a strategic position to provide integrated and coordinated technical inputs to enhance multisectoral engagement, in line with the vision laid out in ADB Strategy 2030 and bringing in financing plus element in ADB operations. ADB can promote synergy, effective implementation, expanded private sector participation, and enhanced relevance and quality of health services, all of which will lead to the outcome of a stronger and healthy workforce to support national economic goals.

8. **Rationale for a transaction technical assistance facility.** ADB is expanding its health sector portfolio in India. The proposed transaction TA facility will support policy dialogue, project preparation, capacity building, due diligence, and improved readiness for pipeline projects that are included in the indicative country pipeline, or other possible future pipeline projects as agreed with the Department of Economic Affairs (DEA), Government of India.[21] The TA facility will support strategic policy advisory and technical inputs on a range of health issues, strategy development, policy formulation, financial management, engineering and procurement, quality assurance, and evaluation of ongoing implementation efforts. It will build on the finance plus element by bridging capability gaps, applying best practices, and fostering innovative solutions

[15] ADB. 2017. *Country Partnership Strategy: India, 2018–2022—Accelerating inclusive Economic Transformation*. Manila.
[16] ADB. 2020. *India: Strengthening Comprehensive Primary Health Care in Urban Areas Program under Pradhan Mantri Atmanirbhar Swasth Bharat Yojana*. Manila.
[17] ADB. 2015. *India: Supporting National Urban Health Mission*. Manila.
[18] ADB. 2021. *Technical Assistance to India for Supporting COVID-19 Response and Vaccination Program*. Manila, and ADB. 2020. *ADB Provides $3 Million Grant to India to Combat COVID-19*. News Release. 28 July.
[19] ADB. 2020. *ADB's Support to Enhance COVID-19 Vaccine Access*. Manila.
[20] ADB. 2015. *Strengthening Capacity of National Urban Health Mission*. Manila.
[21] ADB. 2020. *Country Operations Business Plan (COBP): India, 2021–2023*. Manila.

for common challenges in the sector. The TA facility is aligned with (i) ADB's Strategy 2030;[22] (ii) government's National Health Policy;[23] and (iii) Sustainable Development Goals 1, 3, 5, and 10.[24] The TA facility is included in the country operations business plan (COBP) for India, 2021–2023, with the title, "Supporting State Health Sector Development."[25] The TA facility approach is suitable as it will enhance project preparation efficiency and improve project implementation readiness by (i) allowing the same experts to be mobilized for similar due diligence activities for different projects, (ii) facilitating learning on project processing and implementation across different projects, (iii) creating synergies from working with common expertise and improving knowledge transfer, and (iv) strengthening coordination and synergy among various technical inputs and capacity building efforts both during preparation and implementation. The TA facility will also support in scaling up innovations, dissemination of best practices, and filling of knowledge gaps in emergency response operations to build long term pandemic preparedness through system strengthening. In addition, by supporting the strengthening of a regional public good such as health surveillance and systems, the facility will also contribute to regional cooperation efforts. Overall, this TA facility will reduce transaction costs compared to resources required for separate stand-alone transaction TA projects. Initially, the TA facility will support the following ensuing projects as listed in the COBP, 2021–2023 (footnote 25):

(i) $250 million policy-based lending on Supporting Health Systems Development Program (PM-ASBY) (Subprogram 1);
(ii) $250 million policy-based lending on Supporting Health Systems Development Program (PM-ASBY) (Subprogram 2); and
(iii) $200 million results-based lending on Strengthening Comprehensive Primary Health Care in Urban Areas under PM-ASBY (Additional Financing).

## B. Outputs and Activities

9. **Output 1: Improved quality of program and project design in health sector operations.** This output will support the preparation of selected programs and/or projects for potential ADB financing. The scope of activities will include (i) policy and analytical studies such as policy review and formulation, sector assessments, technical assessments on pandemic response initiatives, and stakeholder analysis as appropriate for each ensuing project; (ii) feasibility studies as required for the ensuing project; (iii) development of policy matrix or results frameworks and/or design and monitoring frameworks; (iv) economic and financial assessments, and social, gender, and poverty analyses; (v) safeguard assessments, including environment and social safeguards; (vi) due diligence in financial management, procurement, plus other institutional arrangements for executing and implementing agencies; (vii) conduct of climate risk and adaptation assessment and identification of appropriate climate adaptation and mitigation measures (for possible inclusion into the design of the ensuing projects based on discussion with implementing agencies); and (viii) gender and poverty analysis, socioeconomic baseline data gathering, and gender action plans preparation. The output will also support projects to achieve readiness through advance procurement activities, where required.

10. **Output 2: Strengthened project management capacity for achieving quality results in health sector operations.** Technical expertise and capacity building support will be provided to executing and implementing agencies for the successful implementation of health projects. Selective, high-quality inputs will support the achievement of results in health system

[22] ADB. 2018. *Strategy 2030. Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific.* Manila.
[23] Government of India, MOHFW. 2017. *National Health Policy 2017*. New Delhi.
[24] United Nations, Department of Economic and Social Affairs. Sustainable Development Goals.
[25] ADB. 2020. *COBP: India, 2021–2023*. Manila.

strengthening efforts and pandemic response. At the same time, the TA will support quality assurance mechanisms and systems, such as monitoring and evaluation approaches and systems, financial management, and procurement. Through the TA facility, ADB will be able to provide coordinated and integrated support across the various projects to create synergy of results across different projects.

11. **Output 3: Evidence-based approaches for effective operations in health sector promoted.** This output will support production and exchange of knowledge in health sector gathered from ongoing responses to COVID-19. Assessments of ongoing operations will be supported to inform ensuing projects, and country-specific design and implementation of accelerated actions to mitigate the outbreak's impact and strengthen systems against future shocks. Knowledge exchange activities will be encouraged through seminars, workshops, and policy dialogues in developing member countries, as appropriate.

## C. Cost and Financing

12. The TA facility is estimated to cost $2,200,000, of which $2,000,000 will be financed on a grant basis by ADB's TA Special Fund (TASF-other sources). The key expenditure items are listed in Appendix 1. The government agencies and state departments responsible for each project will provide counterpart support in the form of counterpart staff, office space, office supplies, project-related information, and other in-kind contributions. The government was informed that approval of the TA does not commit ADB to finance any ensuing project.

## D. Implementation Arrangements

13. The DEA, Ministry of Finance will be the executing agency of the TA facility. Government department or agencies responsible for each project will be the implementing agencies for the TA facility, subject to the approvals of DEA and ADB. ADB, through the Human and Social Development Division, South Asia Department, will administer the TA and will work closely with the executing and implementing agencies of the pipelined projects. ADB will be responsible for the recruitment, management, and administration of all consultants financed by the TA facility. It will work with the relevant line departments for all activities related to the TA. The TA facility will be implemented over 3 years, from December 2021 to December 2024. Disbursements under the TA facility will be in accordance with ADB's *Technical Assistance Disbursement Handbook* (2020, as amended from time to time).

14. The implementation arrangements are summarized in the table.

**Implementation Arrangements**

| **Aspects** | **Arrangements** | | |
|---|---|---|---|
| Indicative implementation period | December 2021–December 2024 | | |
| Executing agency | Department of Economic Affairs, Ministry of Finance | | |
| Implementing agencies | Central level Ministry of Health and Family Welfare, State level Ministry of Health and Family Welfare and other agencies involved in implementing projects | | |
| Consultants | To be selected and engaged by ADB | | |
| | Firm: QCBS | Strengthening Health System and Pandemic Response | $518,800 |
| | Individual: ICS | International and national (110 person-months) | $1,368,000 |

| | |
|---|---|
| Disbursement | The TA resources will be disbursed following ADB's *Technical Assistance Disbursement Handbook* (2020, as amended from time to time). |

ADB = Asian Development Bank, ICS = individual consultant selection, QCBS = quality- and cost-based selection, TA = technical assistance.
Source: Asian Development Bank.

15. **Consulting services.** ADB will engage the consultants following ADB's Procurement Policy (2017, as amended from time to time), Guidance Notes on Consulting Services in light of COVID-19, and its associated project administration instructions and/or staff instructions.[26] The TA facility will provide an initial 141 person-months of consulting services (63 person-months international and 78 person-months national) to support the preparation of ensuing projects.[27] The consultants will be recruited using individual consultant selection method for the proposed policy-based and results-based loans and a consulting firm will be recruited following quality- and cost-based selection (90:10 quality cost ratio) using biodata technical proposal for the ensuing results-based loan.

## II. THE PRESIDENT'S DECISION

16. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of $2,000,000 on a grant basis to the Government of India for Supporting Health Systems Strengthening Projects, and hereby reports this action to the Board.

[26] ADB (Procurement, Portfolio and Financial Management Department). 2020. Guidance Notes on Consulting Services in light of COVID-19. Memorandum. 19 March (internal).
[27] Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 3).

## COST ESTIMATES AND FINANCING PLAN
($'000)

| Item | Amount |
|---|---|
| **Asian Development Bank**[a] | |
| 1. Consultants | |
| a. Remuneration and per diem | |
| i. International consultants | 910.64 |
| ii. National consultants | 777.05 |
| b. Out-of-pocket expenditures | |
| i. International and local travel | 119.70 |
| 2. Studies, surveys, and reports | 15.60 |
| 3. Training, seminars, and conferences | 79.01 |
| 4. Miscellaneous administration and support costs | 3.00 |
| 5. Contingencies | 95.00 |
| **Total** | 2,000.00 |

Note: The technical assistance (TA) is estimated to cost $2,200,000, of which contributions from the Asian Development Bank are presented in the table. The government will provide counterpart support in the form of counterpart staff, office accommodation, and other in-kind contributions. The value of the government contribution is estimated to account for 10% of the total TA cost.

[a] Financed by the Asian Development Bank's Technical Assistance Special Fund-other sources.

Source: Asian Development Bank estimates.

## PROJECTS UNDER TECHNICAL ASSISTANCE FACILITY

**Table A2.1: Indicative Consultants' Input Allocation** (person-month)

| Item | Total | Project 1[a] Complex | Project 2[b] Complex | Project 3[c] Complex |
|---|---|---|---|---|
| **FIRM** | | | | |
| **International** | | | | |
| Team leader/senior public health specialist | 6 | | | 6 |
| One health expert | 1 | | | 1 |
| Epidemiologist | 1 | | | 1 |
| Private sector expert | 1 | | | 1 |
| Hospital design and management expert | 1 | | | 1 |
| Surveillance expert | 1 | | | 1 |
| Health economist | 5 | | | 5 |
| **National** | | | | |
| Public financial management expert | 1 | | | 1 |
| Procurement expert | 1 | | | 1 |
| Environmental safeguards expert | 1 | | | 1 |
| Social safeguards expert | 1 | | | 1 |
| Gender and development expert | 1 | | | 1 |
| Health and service delivery expert | 1 | | | 1 |
| Laboratory services expert | 1 | | | 1 |
| One health expert | 1 | | | 1 |
| Epidemiologist | 1 | | | 1 |
| Private sector expert | 1 | | | 1 |
| Human resources for health expert | 1 | | | 1 |
| Surveillance expert | 1 | | | 1 |
| Supply chain management expert | 1 | | | 1 |
| Legal expert | 2 | | | 2 |
| **INDIVIDUAL** | | | | |
| **International** | | | | |
| Team leader/senior public health specialist | 4 | 2 | 2 | |
| Health economist | 4 | 2 | 2 | |
| Monitoring and evaluation specialist | 6 | 2 | 2 | 2 |
| Public health expert | 6 | 2 | 2 | 2 |
| Senior data scientist | 6 | 2 | 2 | 2 |
| Health security expert | 6 | 2 | 2 | 2 |
| Climate change specialist | 3 | 1 | 1 | 1 |
| Pool of experts | 12 | 2 | 2 | 8 |
| **National** | | | | |
| Public health expert | 6 | 2 | 2 | 2 |
| Capacity development expert | 6 | 2 | 2 | 2 |
| Convergence expert | 6 | 2 | 2 | 2 |
| Health information technology expert | 6 | 2 | 2 | 2 |
| Health infrastructure expert | 6 | 2 | 2 | 2 |
| Behavior change and community mobilization expert | 6 | 2 | 2 | 2 |
| Senior data scientist | 6 | 2 | 2 | 2 |
| Health security experts | 6 | 2 | 2 | 2 |
| Climate change specialist | 3 | 1 | 1 | 1 |
| Pool of experts | 12 | 2 | 2 | 8 |

[a] Project 1: Supporting Health Systems Development Program (PM-ASBY) (Subprogram 1).
[b] Project 2: Supporting Health Systems Development Program (PM-ASBY) (Subprogram 2).
[c] Project 3: Strengthening Comprehensive Primary Health Care in Urban Areas under PM-ASBY (Additional Financing).

Source: Asian Development Bank.

**Table A2.2: Indicative Technical Assistance Budget Allocation**
($'000)

| Item | Total | Project 1 Complex | Project 2 Complex | Project 3 Complex |
|---|---|---|---|---|
| Consultants | 1,807.39 | 452.33 | 452.34 | 902.72 |
| Studies, surveys, and reports | 15.60 | 3.50 | 3.50 | 8.60 |
| Training, seminars, and conferences | 79.01 | 25.00 | 25.00 | 29.01 |
| Miscellaneous administration and support costs | 3.00 | 1.00 | 1.00 | 1.00 |
| Contingencies | 95.00 | 25.81 | 26.00 | 43.19 |

[a] Project 1: Supporting Health Systems Development Program (PM-ASBY) (Subprogram 1).
[b] Project 2: Supporting Health Systems Development Program (PM-ASBY) (Subprogram 2).
[c] Project 3: Strengthening Comprehensive Primary Health Care in Urban Areas under PM-ASBY (Additional Financing).
Source: Asian Development Bank estimates.

**LIST OF LINKED DOCUMENTS**

http://www.adb.org/Documents/LinkedDocs/?id=55262-001-TAReport

1. Terms of Reference for Consultants