



India: Supporting National Urban Health Mission

Project Name	Supporting National Urban Health Mission								
Project Number	47354-003								
Country	India								
Project Status	Active								
Project Type / Modality of Assistance	Loan Technical Assistance								
Source of Funding / Amount	<table border="1"> <tr> <td colspan="2">Loan 3257-IND: Supporting National Urban Health Mission</td> </tr> <tr> <td>Ordinary capital resources</td> <td>US\$ 300.00 million</td> </tr> <tr> <td colspan="2">TA 8899-IND: Strengthening Capacity of the National Urban Health Mission</td> </tr> <tr> <td>Japan Fund for Poverty Reduction</td> <td>US\$ 2.00 million</td> </tr> </table>	Loan 3257-IND: Supporting National Urban Health Mission		Ordinary capital resources	US\$ 300.00 million	TA 8899-IND: Strengthening Capacity of the National Urban Health Mission		Japan Fund for Poverty Reduction	US\$ 2.00 million
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Japan Fund for Poverty Reduction	US\$ 2.00 million								
Strategic Agendas	Inclusive economic growth								
Drivers of Change	Governance and capacity development Knowledge solutions Partnerships Private sector development								
Sector / Subsector	Health - Health system development								
Gender Equity and Mainstreaming	Gender equity								
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	Increased institutional deliveries in urban areas (from 2015 baseline) Increased complete immunization among children below 12 months of age in urban areas (from 2015 baseline)

Implementation Progress

Description of Project Outputs	<ol style="list-style-type: none"> 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
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Status of Implementation Progress (Outputs, Activities, and Issues)	<p>1. (i) At least 280 cities (about 31% of cities with approved PIPs in FY 2014-15) have completed mapping of slums and health facilities on GIS platform. (ii) Urban ASHA training module developed and translated into at least ten local languages for use in training of urban ASHAs; over 50,000 urban ASHAs have been recruited under NUHM and nearly 30,000 trained in the induction module.</p> <p>2. (i) QA guidelines for UPHCs finalized in October 2015 and uploaded on NHM website. 31 states have SQACs place that include NUHM nodal officers. So far 584 facilities assessed to establish QA baseline and identifying issues for gap closure. (ii) Capacity development framework finalized for publication and it is under implementation. (iii) HMIS is able to provide urban-disaggregated data and to identify facilities serving slum populations. (iv) 69% of sanctioned positions for SPMUs, DPMUs and CPMUs were filled as of September 2016. (v) Draft innovation framework and PPP menu options/ models developed by consultants; National healthcare innovations portal and annual best practice forums being strengthened for guiding and sharing innovations in urban health.</p>
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Geographical Location

Safeguard Categories

Environment	B
Involuntary Resettlement	C
Indigenous Peoples	C

Summary of Environmental and Social Aspects

Environmental Aspects	<p>An assessment is expected to ensure that the upgrading of urban primary health centers do not result in any adverse environmental impact.</p> <p>[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.]</p>
Involuntary Resettlement	<p>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.</p> <p>[The program's initial categorization of social impacts is Category C. No adverse social impacts are expected or will be supported under the program.]</p>
Indigenous Peoples	<p>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.</p> <p>[The program's initial categorization of social impacts is Category C. No adverse social impacts are expected or will be supported under the program.]</p>

Stakeholder Communication, Participation, and Consultation

During Project Design	<p>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.</p>
During Project Implementation	<p>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</p>

Business Opportunities

Consulting Services	<p>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).</p>
Procurement	<p>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.</p>

Responsible Staff

Responsible ADB Officer	Dasgupta, Saugata
Responsible ADB Department	South Asia Department
Responsible ADB Division	India Resident Mission
Executing Agencies	<i>Ministry of Health and Family Welfare 150 A Nirman Bhawan New Delhi - 110 011 India</i>

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	20 Mar 2017

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	-	-

Financing Plan		Loan Utilization			
	Total (Amount in US\$ million)	Date	ADB	Others	Net Percentage
Project Cost	1,954.90	Cumulative Contract Awards			
ADB	300.00	28 May 2015	115.00	0.00	38%
Counterpart	1,654.90	Cumulative Disbursements			
Cofinancing	0.00	28 May 2015	115.00	0.00	38%

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	31 Dec 2018	-

Financing Plan/TA Utilization						Cumulative Disbursements		
ADB	Cofinancing	Counterpart				Total	Date	Amount
		Gov	Beneficiaries	Project Sponsor	Others			
0.00	2,000,000.00	0.00	0.00	0.00	0.00	2,000,000.00	28 May 2015	254,454.25

Project Page	https://www.adb.org/projects/47354-003/main
Request for Information	http://www.adb.org/forms/request-information-form?subject=47354-003
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