# ATTACHED TECHNICAL ASSISTANCE

## A. Introduction

1. The government has requested capacity development technical assistance (TA) to support the Ministry of Health and Family Welfare (MOHFW), states, and urban local bodies (ULBs) to implement the National Urban Health Mission (NUHM). During Asian Development Bank (ADB) missions to design the proposed results-based lending (RBL) program to support NUHM, the government and ADB agreed on the results, implementation arrangements, cost estimate, financing arrangements, and terms of reference of the proposed capacity development TA.[1]

2. The proposed capacity development TA for Strengthening Capacity of the NUHM aims to support MOHFW to strengthen implementation of NUHM and achieve key program results agreed under the RBL program to meet the health care needs of the urban population, particularly the poor. It will assist states and ULBs to assess their institutional capacities in urban health, including for achieving inter-sectoral convergence in planning and management of public health functions, and develop capacity development plans accordingly. It will also support MOHFW to build urban health knowledge and capacity at the national level. The proposed TA will further support MOHFW, the states, and ULBs in progress monitoring of achievement of disbursement-linked indicators (DLIs), and in related data verification and reporting. It will also assist states and ULBs to design and evaluate innovative solutions in critical areas such as community outreach and participation in health promotion, and public health and disease surveillance. Although the TA will support NUHM as a national program, it will target its support to MOHFW and a few states and ULBs. The states and ULBs will be selected so that TA results can provide four or five different models for NUHM implementation, which can be replicated for the remaining states under the RBL.

## B. Outputs and Key Activities

3. **Output 1: Institutional capacity development plans in urban health developed.** The TA will support about five states or ULBs in formulating institutional capacity development plans in urban health, including for achieving inter-sectoral convergence in planning and management of critical public health functions (e.g., water and sanitation, and health care delivery). First, the TA will help states and/or ULBs conduct an institutional capacity gap analysis, focusing on their capacity to deliver quality primary health services for the urban poor and in public health management. It will review NUHM implementation and assess their planning, coordination, monitoring, procurement, and financial management capacities and arrangements, as well as related human resource capacity issues. It will review plans for primary health care (including disease prevention and health promotion) financing, governance, service delivery, community outreach, and referral linkages; health management information systems; and quality assurance. Based on the institutional capacity gap analysis, the TA will assist states and/or ULBs in formulating institutional capacity development plans to strengthen NUHM implementation. Selection criteria for the states or ULBs include: (i) lagging states identified by the Government of India as "high focus"; (ii) the presence of a large urban population, and high proportional share of urban poor; (iii) poor performance with regard to key urban health indicators; (iv) a strong ADB presence in the urban sector to facilitate inter-sectoral

[1] The TA first appeared in the business opportunities section of ADB website on 15 April 2014.

convergence; (iv) location along economic corridors, where Japanese industries are located; and (v) a strong commitment to NUHM implementation.[2]

4. The TA will support strengthening of the urban health knowledge base and capacity at the national level by (i) focusing on human resources development, such as through international twinning arrangements between schools of public health in India and reputable schools abroad; and (ii) advocacy and knowledge development activities, such as national forums for interstate knowledge sharing, and international forums for global research and training activities in urban health.

5. **Output 2: Results monitoring, achievement, and reporting improved.** The TA will support MOHFW to monitor progress of program results, particularly DLI progress, achievement, verification, and reporting. It will help strengthen the national health management information system to enable reliable reporting on outcome DLIs such as child immunization rates. Particular emphasis will be given to supporting system integration and capturing intrastate disparities in key health indicators. The TA will also help plan and organize third-party validation surveys for selected DLIs as required. The TA will also help to develop the capacity of units in charge of planning and monitoring and evaluation in MOHFW and selected states and/or ULBs, to plan, monitor, and report on output-level DLIs.

6. **Output 3: Innovations for urban health developed.** The TA will support selected states and/or ULBs in designing innovations.[3] These include the use of information and communication technology for disease surveillance, public–private partnerships to improve health care quality and access, and models of community participation and inter-sectoral convergence. The TA will help document best practices and innovations across the country. It will develop tools and implementation guidelines to help in expanding successful models across other states and ULBs. It will help states and/or ULBs in designing city-specific innovations that include financing plans, partnerships arrangements, and monitoring and evaluation plans. These innovations will be financed through NUHM funds under the RBL program.

## C. Cost and Financing

7. The TA is estimated to cost $2.2 million, of which $2 million will be financed on a grant basis by the Japan Fund for Poverty Reduction. The government will support the TA in the form of counterpart staff, office accommodation, and meeting space.

**Cost Estimates and Financing Plan**
($'000)

| Item | Amount |
|---|---|
| **Japan Fund for Poverty Reduction**[a] | |
| 1. Consultants | 1,490.0 |
| a. Remuneration and per diem | 1,290.0 |
| i. International consultants | 790.0 |
| ii. National consultants | 500.0 |
| b. International and local travel | 150.0 |
| c. Reports and communications | 50.0 |

[2] The following states have been identified indicatively: West Bengal, Madya Pradesh, Karnataka, Orissa, and Rajasthan. The selection will be confirmed during the TA inception, in consultation with the government and other stakeholders.
[3] The selection of states and/or ULBs will be confirmed at TA inception in consultation with stakeholders.

| Item | Amount |
|---|---|
| 2. Equipment[b] | 50.0 |
| 3. Training, seminars, and conferences[c] | 100.0 |
| a. Conferences | 50.0 |
| b. Training program | 50.0 |
| 4. Surveys | 100.0 |
| 5. Miscellaneous administration and support costs | 60.0 |
| 7. Contingencies | 200.0 |
| **Total** | **2,000.0** |

Note: The technical assistance is estimated to cost $2.2 million, of which contributions from the Japan Fund for Poverty Reduction are presented in the table above. The government will provide counterpart support in the form of counterpart staff, office accommodation, and meeting space. The value of the government's contribution is estimated to account for about 10% of the total technical assistance cost.

[a] Administered by ADB.

[b] This may include computers and other office appliances. Equipment will be turned over to the implementing agencies at the end of the project.

[c] This may include venues and other logistics for participants, consumables, resource persons and facilitators, and reporting.

Source: Asian Development Bank estimates.

## D. Implementation Arrangements

8. MOHFW will be the executing agency and the selected states and ULBs will be the implementing agencies. TA activities will be monitored by the MOHFW Urban Health Division. Consultants engaged under the TA will also work closely with the National Health System Resource Center and other designated state-level technical support agencies.

9. ADB will engage a total of 113 person-months of consulting inputs, comprising (i) two individual consultants totaling 20 person-months (10 person-months of international and 10 person-months of national inputs); and (ii) a firm totaling 93 person-months of consulting inputs (41 person-months of international and 52 person-months of national inputs). The selection and engagement of the consulting inputs will be carried out in accordance with ADB's Guidelines on the Use of Consultants (2013, as amended from time to time). The consulting firm will be selected on the basis of a full technical proposal in accordance with quality- and cost-based selection procedures. Given the highly specialized nature of some of the tasks proposed under the capacity development TA, a quality to cost ratio of 90:10 will be followed. All disbursements under the TA will be in accordance with ADB's Technical Assistance Disbursement Handbook (2010, as amended from time to time). All TA-financed goods and equipment such as office equipment will be procured in accordance with ADB's Procurement Guidelines (2013, as amended from time to time). The equipment will be handed over to MOHFW upon TA completion. The TA will be implemented over 36 months from the fielding of the consultants, which is anticipated in July 2015; the TA is expected to be completed in June 2018.