DEVELOPMENT COORDINATION

A.   Major Development Partners: Strategic Foci and Key Activities

1.   Many of India's development partners have focused on the health sector; the table highlights some major health sector projects through which development partners have supported national and state-level public interventions. These projects have helped build institutional capacity, train staff, strengthen monitoring systems, and share best practices.

Major Development Partners

Development Partner	Name of Operations	Duration	Amount (million)
World Bank	Accelerating Universal Access to Early and Effective TB Care	2014–2017	$100
	National AIDS Control Support Project	2013–2017	$255
	Karnataka Health Systems	2006–2016	$141.83
	Reproductive and Child Health Second Phase	2006–2013	$360
	Uttar Pradesh Health Systems Strengthening Project	2011–2017	$152
	Tamil Nadu Health Systems Project	2004–2015	$110.83
	NVBDCP & Polio Eradication Support Project	2008–2013	$521
	ICDS Systems Strengthening and Nutrition Improvement Program	2012–2019	$106
DFID	Program on Reproductive and Child Health Phase II Technical Assistance	2005–2012	£242.5 £9.5
	Kolkata Urban Services for the Poor Program	2004–2011	£93.5
	Support to Odisha Health and Nutrition Program	2012–2015	£49.50
	Support to Madhya Pradesh Health and Nutrition Program	2012–2015	£60
USAID	Health of the Urban Poor	2009–2015	$10.8
	Innovations in Family Planning Services, IFPS Phases I-III	1992–2012	$325
	AIDS Prevention and Control Project	1992–2012	$47.5
EU	Sector Investment Program	1998–2006	€240
	Sector Policy and Support Program	2008–2013	€110

AIDS = acquired immune deficiency syndrome, DFID = Department for International Development, EU = European Union, ICDS = Integrated Child Development Services, IFPS = Innovations in Family Planning Services, NVBDCP = National Vector Borne Disease Control Program, TB = tuberculosis, USAID = United States Agency for International Development.
Source: Asian Development Bank.

2.   The World Bank has supported national disease control programs to combat AIDS, tuberculosis, malaria, polio, leprosy, and blindness. It has also helped states such as Karnataka, Tamil Nadu, and Uttar Pradesh in strengthening their public health systems by improving the physical infrastructure, equipment, and provision of drugs. The United Nations Development Programme has also supported the government's HIV/AIDS prevention efforts. India is the second-largest recipient of funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Universal Immunization Program was supported by the United Nations Children's Fund and a consortium of donors that provided inputs for cold chain and associated infrastructure, which led to infrastructure upgrading, enabling campaigns against vaccine preventable diseases and significantly reducing the disease load among children. This effort greatly contributed towards eradication of polio from the country. The United Nations Children's Fund also supports the Integrated Management of Neonatal and Childhood Illnesses program.

The United Nations Population Fund and World Health Organization also provide technical assistance (TA) to the Ministry of Health and Family Welfare (MOHFW) for the Reproductive and Child Health Phase-II (RCH-II) project on human resources and development of health accounts.

3.   The Department for International Development (DFID) has supported HIV/AIDS and tuberculosis control, and four state programs (health, education, water and sanitation, and reduction of urban poverty). It is providing technical and management support to MOHFW for the RCH-II project. As part of its support for the National Rural Health Mission (NRHM), the European Union has provided TA to the National Institute of Health and Family Welfare and eight state Institutes of Health and Family Welfare. The Canadian International Development Agency supported India's national health and nutrition programming, including communicable disease prevention. The Danish International Development Agency provided assistance for basic health care in Madhya Pradesh, Tamil Nadu, and Chattisgarh, and assistance for polio, tuberculosis, leprosy, and blindness.

4.   The United States Agency for International Development supports RCH-II and NRHM; control of HIV/AIDS, tuberculosis, and polio; and health service delivery for the urban poor in eight states under the Health of the Urban Poor Program. Until recently, Deutsche Gesellschaft für Internationale Zusammenarbeit provided TA for capacity building for policy development, health financing and social security, quality management, accreditation, and partnerships with the private sector. KfW provided financial cooperation for polio eradication social marketing and infrastructure development. The Norway–India Partnership Initiative for Millennium Development Goal 4 is currently being implemented in Bihar, Madhya Pradesh, Rajasthan, and Odisha. The Japan International Cooperation Agency has conducted an assessment on the health sector in India and is considering support for tertiary urban health care in Tamil Nadu. Private foundations such as the Bill and Melinda Gates Foundation are also supporting health sector projects in the areas of HIV, polio, nutrition, maternal, child, and newborn health, as well as the Urban Health Initiative, which focuses on family planning in 11 cities of Uttar Pradesh.

B.   Institutional Arrangements and Processes for Development Coordination

5.   The National Urban Health Mission (NUHM) is a program of the Government of India that has an implementation framework, detailed organizational arrangements, key result indicators, and an expenditure framework. Any external aid to NUHM will be coordinated and monitored by the Department of Economic Affairs. Implementation support will be provided by the National Program Management Unit for Urban Health within MOHFW. The Department of Economic Affairs and the Donor Coordination Division of MOHFW will coordinate with development partners and ensure alignment of their investment activities with the overall NUHM framework. Once NUHM is fully operational, a development partner consortium may be established as a forum to channel development partner support in the form of technical advice and other support to NUHM.[1]

6.   The Supporting National Urban Health Mission program is fully aligned with the NUHM implementation framework, and will add value by strengthening quality service delivery, community outreach, and management capacity to complement ongoing NUHM investments to establish urban primary health infrastructure as the backbone of urban health systems. The program uses ADB's results-based lending (RBL), which links disbursement with achievement

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[1] Presently, the existing development partner consortiums are for the (i) Urban Health Initiative India, and (ii) Universal Health Coverage.

of key indicators selected from the NUHM results framework, and follows existing NUHM systems (e.g., for planning, financial management, procurement, and monitoring and evaluation). The RBL approach (i) enhances government ownership, (ii) strengthens implementation systems and capacity in a sustainable way, and (iii) promotes government leadership in development partner coordination. Consultations were held with agencies such as the World Bank, DFID, Japan International Cooperation Agency, and European Union during program design. ADB will keep all development partners informed regarding implementation of the RBL, and continue to coordinate as required, while ensuring full alignment with the NUHM implementation framework.

C. Achievements and Issues

7. Until 2014, India lacked an integrated, unified urban health framework, which resulted in fragmented urban health services across cities. Development partner-supported projects and approaches—such as the World Bank-supported India Population Project V and VIII, United States Agency for International Development's Health of the Urban Poor Program, and DFID-supported urban services program—were limited to towns and cities in selected states. The overarching strategies of NRHM, with an urban RCH component, could not successfully address urban health issues because of limitations in its distinctive normative framework. This led to considerable gaps in the urban public health service delivery system affecting the poor and vulnerable. Despite system accountability, responsiveness has lagged in terms of meeting urban health needs or similar government policy objectives. The development of the NUHM framework and subsequent program launch in January 2014 has led to a single plan focused on urban health, enabling related agencies to align their work programs and activities. The development of a performance monitoring mechanism for urban health indicators, with a delineated role and accountability for institutions within MOHFW, the states and other converging ministries for achieving results will lead to a coordinated effort to effectively address the health concerns of the urban poor.

D. Summary and Recommendations

8. Development partners have supported the urban health sector for many years, but the support has been project-driven and fragmented. The Government of India has shifted to a sector approach that focuses on sector-wide reforms and achievement of results. ADB will support the NUHM by linking disbursement to the achievement of specific results that have been agreed upon with MOHFW. This will substantially reduce government transaction costs by applying existing program systems and joint monitoring and reporting. It is recommended that the government continue the sector-wide approach and encourage development coordination by (i) engaging development partners to support NUHM result areas; and (ii) enhancing management information systems, monitoring, and reporting between NUHM agencies and ministries within the NUHM results framework. It is further recommended that MOHFW establish knowledge platforms for sharing of experience, ideas, and good practices with key development partners to strengthen implementation and urban health strategy development.