PROGRAM ACTION PLAN

Actions	Responsible Agency	Time Frame for Implementation
Area 1: Program Technical Aspects		
1.1 (i) Analyze NFHS (2014–2015) results related to urban health and strengthen implementation strategies for NUHM; (ii) monitor health outcomes related to diarrhea and ARI using NFHS (2014–2015) data; and (iii) analyze NFHS (2014–2015) data to assess equity and compare trends in achievement for DLIs 1 and 2 during the midterm review.	MOHFW	2016 (after NFHS results become available)
1.2 Study and document structure and activities of MAS and other community institutions that have shown effective convergence and improved health-seeking behavior of the poor and vulnerable, from at least two settlements.	MOHFW	March 2016
1.3 (i) Conduct private health sector assessment in selected states, including existing experience of PPPs in primary health care and for improving referral linkages; and (ii) develop a framework, guidelines, and contract templates for implementing health PPPs in the urban context.	MOHFW	March 2016
1.4 Participating states will (i) have state health societies that include members from Urban Development and Housing and Urban Poverty Alleviation departments; and (ii) issue joint circulars signed by secretaries of Health and Family Welfare, Urban Development, and Housing and Urban Poverty Alleviation for joint planning, monitoring, and reporting in urban areas. MOHFW will facilitate policy-level inter-sectoral convergence through relevant NUHM guidelines and consultations with participating states.	MOHFW and participating states	March 2016
1.5 Where ULBs are not directly implementing the NUHM, MOHFW will facilitate, through the PIP guidelines and other relevant mechanisms, active participation of ULBs in state-level planning processes, including mapping of slums and vulnerable populations and location of health facilities.	MOHFW, participating states, and ULBs	From date of loan effectiveness onwards (align with ULB and state planning cycles)
1.6 Study and document experiences of adoption of Clinical Establishments Act, 2010 and other regulatory efforts to improve the quality of private sector health services.	MOHFW	March 2018
1.7 Ensure the quality assurance mechanism (supported under DLI 5) addresses the quality of institutional deliveries and antenatal care, including through (i) an assessment of antenatal care quality at the PHC level (e.g., in screening for complications); (ii) use of safe birth checklists and perinatal and maternal death audits at facilities to be referred by UPHCs for childbirth delivery; and (iii) a review of the adequacy of JSY accreditation requirements for ensuring quality care.	MOHFW	March 2017
Area 2: Financial Management		
2.1 Submit annual audited financial statements in accordance with the detailed statement of audit needs.	MOHFW, FMG	By 31 Dec annually
2.2 Review and follow-up on resolution of statutory and concurrent auditor recommendations.	MOHFW, FMG	Annually
2.3 Develop a detailed fund flow mechanism for cities and districts after consideration of individual states' institutional	MOHFW, FMG	By loan inception mission

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arrangements, requirements, and capacity.		
2.4 (i) Provide input to the TORs for the CRM financial management component, and (ii) participate in annual CRMs.	ADB	(i) By loan inception mission (ii) annually
2.5 Update and monitor key financial management indicators annually for all states and union territories, which shall also be verified on a sample basis during the annual CRMs.	MOHFW, FMG	Annually
2.6 Recruit additional accountants in states, including at ULB levels, based on the recruitment plan.	MOHFW, states, ULBs	By 2015
2.7 Continue to undertake training and capacity building for all states and union territories in the use of the PFM System, as well as Integrated Tally software.	MOHFW, FMG	Annually
2.8 Monitor unspent advances.	MOHFW, FMG	Annually
Area 3: Procurement		
3.1 Prepare annual procurement plans along with PIPs in prescribed format.	State PMUs	By December each year
3.2 Establish a procurement oversight and contract management framework in the state PMUs. Under overall supervision of the national PMU, engage specialized agencies and/or individuals to provide procurement training to staff responsible for procurement, especially civil works.	State PMUs	From January 2016
3.3 Conduct independent pre- and post-delivery drug quality audits, covering a sample of at least three states per year.	National PMU with third-party (independent) agencies	From January 2016
3.4 Conduct independent procurement and contract management audits, covering a sample of at least three states each year.	National PMU with third-party (independent) agencies	From January 2016
3.5 (i) Monitor implementation of the NHM Governance and Accountability Framework in NUHM, (ii) assess the effectiveness of community and facility-based GRMs, and (iii) strengthen community and facility-based GRMs.	MOHFW and states	From January 2016
Area 4: Safeguards		
4.1 Engage a qualified and experienced social and environmental safeguard monitoring consultant to: (i) screen state PIPs to identify sites that may have social and environmental impacts; and (ii) monitor implementation of IMEP on sample basis. The consultant will provide an independent report to MOHFW and ADB on the findings and recommendations for each site.	MOHFW	From loan effectiveness
4.2 Provide awareness and capacity-building training to staff of the infrastructure wing of state Health Departments through well-developed modules on social and environmental safeguard aspects.	MOHFW, with state PMUs	From loan effectiveness
4.3 Review and update IMEP and/or quality assurance guidelines, including issuing detailed tools to strengthen and monitor compliance of environmental regulations.	MOHFW	March 2016
4.4 Assess and build capacity of states, ULBs and facilities to ensure compliance with IMEP and/or quality assurance guidelines.	MOHFW	March 2016
4.5 Strengthen existing GRMs at the state and community levels.	MOHFW, states	June 2016

Area 5: Monitoring and Evaluation		
5.1 Review and strengthen HMIS and MIS indicators to adequately capture key processes and outcomes related to urban health and the NUHM implementation framework (e.g., referrals and diarrhea).	MOHFW	By March 2016
5.2 Include a quality assurance module in HMIS formats to reflect quality aspects of health services delivery, as per Quality Assurance Guidelines, 2013.[1]	MOHFW	From December 2015
5.3 CRM reports of NHM will substantively review NUHM and urban health issues, and provide recommendations and action plans to address any gaps.	MOHFW	Annually, from loan effectiveness
5.4 (i) Develop a NUHM MIS by adapting NRHM MIS formats to meet NUHM program reporting requirements, including on key indicators, components, and processes; and (ii) generate NUHM program quarterly and annual progress reports.	MOHFW	(i) By loan inception mission (ii) from April 2015
Area 6: Gender and Social Equity		
6.1 Engage a qualified and experienced consultant to (i) provide gender and social equity-related inputs to PIP appraisal, guidelines, and frameworks on community processes; capacity building; and innovations and partnerships; (ii) monitor and report on community processes and gender and social equity actions under NUHM; and (iii) mainstream gender considerations in various NUHM training sessions.	MOHFW	By August 2015
6.2 Through regular training programs, sensitize and train frontline and clinical health workers to be responsive to the specific needs and concerns of women and girls and to improve interactions with poor and marginalized communities.	MOHFW and states	From March 2016
6.3 Incorporate gender-based violence prevention and actions to address its consequences within the scope of sexual and reproductive health services, including community outreach and awareness-raising, and social service referrals	MOHFW and states	From March 2016
6.4 Promote skill up-grading and training opportunities for career progression of community and link workers, and monitor progress.	MOHFW and states	From March 2016
6.5 Promote equal opportunity measures in recruitment of new staff across state, city, and district PMUs. Collect baseline data on existing staff to set an appropriate gender target for new staff recruitment. Maintain sex-disaggregated data on new and existing staff dedicated to NUHM.	MOHFW and states	From March 2016

ADB = Asian Development Bank, ARI = acute respiratory infections, CRM = Common Review Mission, DLI = disbursement-linked indicator, FMG = Financial Management Group, GRM = grievance redressal mechanism, HMIS = Health Management Information System, IMEP = Infection Management and Environment Plan, JSY = Janani Suraksha Yojana, MAS = Mahila Arogya Samitis (community collectives comprising local women), MIS = management information system, MOHFW = Ministry of Health and Family Welfare, NFHS = National Family Health Survey, NHM = National Health Mission, NUHM = National Urban Health Mission, NRHM = National Rural Health Mission, PFM = public financial management, PHC = primary health center, PIP = program implementation plan, PPP = public–private partnership, PMU = program management unit, TOR = terms of reference, ULB = urban local body, UPHC = urban primary health center, UT = union territory.
Source: Asian Development Bank.

[1] Government of India, Ministry of Health and Family Welfare. 2013. *Operational Guidelines for Quality Assurance in Public Health Facilities, 2013*. Delhi.