



RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
UTTARAKHAND HEALTH SYSTEMS DEVELOPMENT PROJECT
APPROVED ON JANUARY 26, 2017
TO
REPUBLIC OF INDIA

HEALTH, NUTRITION & POPULATION

SOUTH ASIA

Regional Vice President:	Hartwig Schafer
Country Director:	Junaid Kamal Ahmad
Regional Director:	Lynne D. Sherburne-Benz
Practice Manager/Manager:	Trina S. Haque
Task Team Leader(s):	Sheena Chhabra, Rahul Pandey



ABBREVIATIONS AND ACRONYMS

AAUY	Atal Ayushman Uttarakhand Yojana
BSL	Biosafety Level
DEA	Department of Economic Affairs
DFIL	Disbursement and Financial Information Letter
EMP	Environmental Management Plan
GoI	Government of India
GoUK	Government of Uttarakhand
ICU	Intensive Care Unit
IDA	International Development Association
IUFR	Interim Unaudited Financial Report
MoF	Ministry of Finance
MTR	Mid-term Review
NABH	National Accreditation Board for Hospitals and Healthcare Providers
PDO	Project Development Objective
PIT	Project Implementation Team
PM-JAY	Pradhan Mantri Jan Arogya Yojana
PPE	Personal Protective Equipment
PPP	Public Private Partnerships
RF	Results Framework
RT-PCR	Reverse Transcription-Polymerase Chain Reaction
SOPs	Standard Operating Procedures
TPRM	Tripartite Project Review Meeting
UKHSDP	Uttarakhand Health Systems Development Project
WHO	World Health Organization



BASIC DATA

Product Information

Project ID P148531	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 26-Jan-2017	Current Closing Date 30-Sep-2023

Organizations

Borrower Republic of India	Responsible Agency Department of Medical Health and Family Welfare, Government of Uttarakhand
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Project Development Objective (PDO)

Original PDO

The Project Development Objective (PDO) is to improve access to quality health services, particularly in the hilly districts of thestate, and to expand health financial risk protection for the residents of Uttarakhand

Summary Status of Financing (US\$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IDA-59480	26-Jan-2017	23-Mar-2017	23-May-2017	30-Sep-2023	70.00	12.86	57.14

Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No



I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

1. Background: The Uttarakhand Health Systems Development Project (UKHSDP) was approved by the World Bank Board of Executive Directors on January 26, 2017 with the estimated total cost of US\$125 million of which US\$100.0 million was IDA-17 financing credit and US\$25.0 million counterpart financing by the Government of Uttarakhand (GoUK). The Financing Agreement was signed on March 23, 2017 and effectiveness declared on May 23, 2017 with a closing date of September 30, 2023.
2. Based on the request of Department of Economic Affairs (DEA), Ministry of Finance (MoF), Government of India (GoI) emanating from GoUK, the project was restructured for a partial cancellation of US\$30 million of IDA financing credit due to identified savings. The restructuring effective September 23, 2020 reduced the IDA financing to US\$70 million and the corresponding counterpart financing to US\$17.5 million.
3. Implementation Status: The October 2020 MTR determined that despite the myriad challenges posed by COVID-19, the UKHSDP has made substantial implementation progress over the previous six months. Given the progress, the project ratings were upgraded to “Moderately Satisfactory” for “Achievement of the PDO” and “Implementation Progress”.
4. Since the last Tripartite Project Review Meeting (TPRM) between DEA, GoUK and the World Bank in September 2020, disbursements increased from US\$3.91 million in September 2020 to US\$ 11.09 million (16 percent of IDA financing) in March 2021. The Project has gained considerable momentum in the recent months, as in the first three years, only 28% of Project funds were committed and 3.9 % were disbursed. Procurement was the biggest bottleneck at the start of the project, but commitments have increased substantially from 20% in April 2020 to 79.2% to date and by June 2021 the commitments are estimated at over 95%. Given the nature of the project - innovative activities and complex procurement packages, disbursements were expected to be slow in the first two years and then steadily pick up pace. The disbursements are expected to steadily increase as the vast majority of complex procurements were recently completed and most of the contracts are for recurrent service delivery expenditures.
5. After long delays, project management capacity has finally improved significantly over the past year with nearly 75% of the Project Implementation Team (PIT) and verification agencies in place, which are critical enablers for vigilant contract and project management to ensure steady disbursements, coupled with growing ownership and stewardship.
6. Component 1. Innovations in Engaging the Private Sector has two sub-components. On the sub-component 1.1 (innovations in integrated delivery of health care services), the implementation of all three public private partnership (PPP) clusters for integrated service delivery are well on its way with strengthened technical leadership and management capacity in the PIT. On sub-component 1.2 on Innovations in Healthcare Financing, the recent MTR noted that this is no longer relevant as the landscape in Uttarakhand has changed drastically in terms of rollout of government programs and schemes related to financial risk protection since project preparation. The state has decided to



universalize Atal Ayushman Uttarakhand Yojana (AAUY) (state health insurance scheme that expands the federal insurance scheme (PM-JAY) to cover much larger population). In addition, the primary care and preventive and promotive packages related to non-communicable diseases are being covered through on-going initiatives such as the Health and Wellness Centers supported under Ayushman Bharat comprehensive primary care initiative.

7. Component 2. Stewardship and System Improvement: The Component 2 activities have also progressed, including support to five facilities to attain National Accreditation Board for Hospitals and Healthcare Providers (NABH) pre-certification accreditation, which is a key intervention to improve the quality of services. This component also showed good progress in terms of other activities such as training, hiring of verification agencies for contract monitoring, etc. In addition, emergency COVID-19 activities have been added recently, with rapid progress on reimbursements for private sector testing, Intensive Care Unit (ICU) capacity strengthening in four medical colleges and five district hospitals, and the establishment of a telemedicine network of 400 facilities across the state. The project is also moving to strengthen and establish laboratories under COVID-19 response.
8. Out of the five Project Development Objective (PDO) indicators, two have surpassed the project end targets, two are at the expected level of achievement at mid-term, and no progress reported against remaining indicator on health helpline due to change in state's plans for utilizing alternate channels for population outreach . In addition, with respect to the intermediate indicators, four of the thirteen indicators have met expected levels of achievement, five have made some progress but are lagging behind the expected achievement, and the remaining four need to be revised/deleted due to policy/contextual changes.
9. Rationale for Restructuring: In light of the changing health context in the state, the state's request to support its COVID-19 response and the recent US\$30 million cancellation of the IDA credit, the Government has requested a project restructuring on March 2, 2021. The restructuring proposes to address five key issues:
 - (i) Revise PDO to focus on access to and quality of services, expand the scope of the project to the entire state and remove reference to financial risk protection, as no longer relevant.
 - (ii) Revise components and component costs: drop subcomponent 1.2 on Innovations in Healthcare Financing as inclusion of health insurance activities is no longer relevant (aligned with the PDO revision) and revise component 2 to include the COVID-19 activities as part of the COVID emergency response.
 - (iii) Revise the Results Framework indicators to reflect the proposed revisions in PDO, adjust baselines and targets to update the baseline scenarios due to the time lag between project preparation and project approval , and add indicators to account for COVID-19 activities.
 - (iv) Adjust implementation arrangements – the Project Implementation Team (PIT) structure and staffing – to reflect the restructured project needs and to address implementation challenges.
 - (v) Reallocate financing between disbursement categories and revise the disbursement estimates based on dropping of component 1.2 and recently adjusted expenditure calculations.

The proposed restructuring is expected to further improve the project's implementation pace and disbursements.



II. DESCRIPTION OF PROPOSED CHANGES

10. The proposed restructuring introduces changes to the (i) PDO formulation, (ii) project components and component costs, (iii) allocation between disbursement categories, (iv) results framework, and (v) implementation arrangements- PIT structure and staffing.
11. PDO: The PDO is proposed to be revised to focus on access to and quality of services; reference to financial risk protection will be removed as it is no longer relevant and component 1.2 on health financing innovations will be dropped. Also, to capture that the activities related to the COVID-19 Emergency Response will improve access statewide, it is proposed that the PDO be revised to cover entire state instead of particular focus on hilly districts of Uttarakhand. The proposed revised PDO is *“To improve access to quality health services, in the State of Uttarakhand”*.
12. Project components and component costs and disbursement categories: It is proposed that sub-component 1.2 on Innovations in Healthcare Financing be dropped. It is also proposed that component 2 includes activities related to the COVID-19 Emergency Response of the state and supports activities related to private sector reimbursement of COVID-19 tests to expand testing capacity, strengthen ICU capacity in select hospitals and strengthen and establish laboratories in strategic locations.
13. The package of COVID-19 activities includes: a) reimbursement of an estimated 500,000 Reverse Transcription-Polymerase Chain Reaction (RT-PCR) Tests for detection of COVID-19 conducted by the private sector laboratories (empaneled by the State Director General Health Services); b) strengthening of ICU capacity in nine hospitals (four medical college and five district hospitals) to provide additional 170 ICU beds; and c) strengthening and establishment of one Biosafety Level 3 (BSL-3) and two BSL-2 laboratories in the state of Uttarakhand.
14. It is proposed that the IDA financing allocated for Component 1 (innovations in engaging the private sector) be reduced by US\$6.38 million – i.e. from US\$48.88 million to US\$42.5 million. It is also proposed that the IDA financing allocated for Component 2 (stewardship and system improvement) be increased correspondingly from US\$38.62 million to US\$45.0 million. As described above, the proposed changes are resulting from a combination of reasons including dropping of sub-component 1.2 on innovations in healthcare financing and inclusion of COVID-19 activities under component 2.
15. Accordingly, a reallocation between disbursement categories will be necessary. Since the project would no more focus on sub-component 1.2 on health financing, it is proposed to drop category-2 on “Medical Insurance Claim, Medical Insurance Premium”. Table 1 below summarizes the proposed Government Contribution, IDA Financing and total project cost for each of the components and sub-components. Total project cost is also reflected for each component under Section IV on Detailed Changes. Table 2 reflects the proposed revised withdrawal table.



Table 1: Proposed Revisions in Component Costs

Project Components	Current Component Cost			Proposed Revised Component Cost		
	Government US\$, million	IDA US\$, million	Total, US\$, million	Government US\$, million	IDA US\$, million	Total, US\$, million
Component 1. Innovations in Engaging the Private Sector						
Sub-component 1.1. Innovations in integrated delivery of health care services	7.08	28.30	35.38	8.50	34.00	42.50
Sub-component 1.2. Innovations in healthcare financing	2.70	10.80	13.50	0.00	0.00	0.00
Component 2. Stewardship and System Improvement	7.72	30.90	38.62	9.00	36.00	45.00
TOTAL	17.50	70.00	87.50	17.50	70.00	87.50

As there will be no disbursements against sub-component 1.2 on innovations in healthcare financing as it is proposed to be dropped, the Interim Unaudited Financial Report (IUFR) format will be revised to reflect this and an amended Disbursement and Financial Information Letter (DFIL) will be issued (with the updated IUFR format), once the restructuring is processed.

Table 2: Proposed Revised Withdrawal Table

Category	Original Amount of the Credit Allocated (expressed in USD)	September 2020 Restructuring * (expressed in USD)	Revised Amount of the Credit Allocated (expressed in USD)	Percentage of Expenditures to be Financed (inclusive of Taxes)
(1) Goods, non-consulting services, consultants' services, Training and Incremental Operating Costs for the Project	74,000,000	56,500,000	70,000,000	80%
(2) Medical Insurance Claims and Medical Insurance Premiums	26,000,000	13,500,000	–	80%



TOTAL AMOUNT	100,000,000	70,000,000	70,000,000	
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* Note: US\$30 million was cancelled effective September 23, 2020.

16. Results framework: The revisions in the results framework are proposed as follows: (i) drop PDO and intermediate results indicators related to health insurance as the innovation in health financing component is no longer relevant; (ii) modify the baseline and targets of some of the intermediate indicators to reflect updated baseline scenarios given the timelag between Project Preparation and Project Approval ; (iii) add new intermediate indicators to track progress on the COVID-19 emergency response related to testing capacity and ICU capacity; and (iv) include new and drop/modify PDO and intermediate indicators to better capture project activities (e.g. patient satisfaction for the PPP cluster, coverage of health care services including tele consultations and process and clinical quality). It is proposed that three of the five PDO indicators including the two on health insurance be dropped while the remaining two be revised. One additional PDO indicator is proposed to be added to reflect coverage. In addition, of the 13 intermediate result indicators, it is proposed that seven be dropped, and six revised (including revision in targets, as necessary). To better capture the project activities, including COVID-19 related interventions, eight new indicators are proposed (one at PDO level and 7 at intermediate level). Overall, eight indicators are proposed to be revised, ten dropped and eight new indicators added.

17. Implementation arrangements- PIT structure and staffing: The PIT structure and staffing will be modified to align with the proposed restructured project needs and implementation challenges. This will include the elimination of the Rashtriya Swasthya Bima Yojana (RSBY)/ Mukhyamantri Swasthya Bima Yojana (MSBY) Primary Care cell as component 1.2 on Innovations in Healthcare Financing is proposed to be dropped. In addition, considering many large and complex contract under implementation and proposed roll-out of several training activities , staff position/s related to contract management and monitoring training activities will need to be augmented. This would help to increase focus on monitoring of project activities and results and strengthen operational capacity of the PIT to monitor, supervise and manage project activities.

18. Environmental safeguards: Implementation progress on environmental safeguards over the past two implementation missions has substantially improved. Adequate capacity is in place in the project management unit with a safeguards specialist and bio medical waste specialist in place for supervision, monitoring and technical advisory support. A mid-term environmental audit was conducted for the project and audit reports were shared and reviewed by the Bank team to take stock of the current implementation progress on environment health and safety aspects, and there were no major non compliances observed. In light of the proposed upgradation of laboratories to BSL-2 and BSL-3 level, the project safeguards oversight functions have been enhanced to cover these activities so that public health and environment risks can be managed in line with the Banks safeguards requirements. These laboratories are included in existing public healthcare facilities in the State.

19. The environmental screening checklist for the project has been updated to include identification of risks related to refurbishment and operational aspects of BSL-2 and BSL-3 laboratories. Environmental Management Plans (EMPs) will be developed by the PIT based on this screening, and this will cover the mitigation and management measures for:



(i) dust, noise and waste management; (ii) personnel decontamination and personal protective equipment (PPE); (iii) occupational health and safety protocols; (iv) management of liquid effluents; (v) management of equipment, glassware, and work surfaces; (vi) appropriate servicing and maintenance of bio-safety cabinets; (vii) signage on safety; (viii) protocols to ensure all work is performed in bio-contained environments using appropriate engineering design/controls; and; (ix) worker trainings in handling infectious agents. This will also be supported by an emergency preparedness plan with Standard Operating Procedures (SOPs) for good laboratory practices.

20. World Health Organization (WHO) biosafety guidelines will be utilized in the laboratory upgradation so their management is in sync with the latest international practices. These guidelines outline the engineering and safety requirements that are to be followed, especially for BSL-3 labs which are for highly infectious agents.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Project's Development Objectives	✓	
Results Framework	✓	
Components and Cost	✓	
Reallocation between Disbursement Categories	✓	
Overall Risk Rating	✓	
Institutional Arrangements	✓	
Implementing Agency		✓
DDO Status		✓
PBCs		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Disbursements Arrangements		✓
Disbursement Estimates		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓



Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)

PROJECT DEVELOPMENT OBJECTIVE

Current PDO

The Project Development Objective (PDO) is to improve access to quality health services, particularly in the hilly districts of thestate, and to expand health financial risk protection for the residents of Uttarakhand

Proposed New PDO

To improve access to quality health services in the State of Uttarakhand.

COMPONENTS

Current Component Name	Current Cost (US\$M)	Action	Proposed Component Name	Proposed Cost (US\$M)
Innovations in engaging the private sector	48.88	Revised	Innovations in engaging the private sector	42.50
Stewardship and system improvement component	38.62	Revised	Stewardship and system improvement component	45.00
TOTAL	87.50			87.50

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed

IDA-59480-001 | Currency: USD

iLap Category Sequence No: 1

Current Expenditure Category: Gds, CS,NCS,Trng IOC



	56,500,000.00	12,864,499.61	70,000,000.00	80.00	80.00
iLap Category Sequence No: 2			Current Expenditure Category: Med Ins Claim, Med Ins Prem		
	13,500,000.00	0.00	0.00	80.00	80.00
Total	70,000,000.00	12,864,499.61	70,000,000.00		

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating at Approval	Current Rating
Political and Governance		● Moderate
Macroeconomic		● Moderate
Sector Strategies and Policies		● Moderate
Technical Design of Project or Program		● Moderate
Institutional Capacity for Implementation and Sustainability		● Moderate
Fiduciary		● Substantial
Environment and Social		● Moderate
Stakeholders		● Moderate
Other		
Overall		● Moderate



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
disaggregated by gender (Number)									
Action: This indicator has been Marked for Deletion	Rationale: Health insurance sub-component is being dropped								
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		139,855.00				149,166.00	164,083.00	180,491.00	180,491.00
Action: This indicator is New	Rationale: A new corporate indicator is being added to measure health facility specific service delivery i.e. number of deliveries attended by skilled health personnel								
Number of deliveries attended by skilled health personnel (CRI, Number)		139,855.00				149,166.00	164,083.00	180,491.00	180,491.00
Action: This indicator is New	Rationale: A new corporate indicator is being added to measure health facility specific service delivery i.e. number of deliveries attended by skilled health personnel								
Stewardship and system improvement component									
Number of persons who used the Health Helpline to receive information or lodge grievances, disaggregated by gender (Number)		81,192.00	0.00	0.00	5,000.00	10,000.00	30,000.00	50,000.00	160,000.00



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
<p>Rationale: Action: This indicator has been Marked for Deletion Health helpline indicator is being dropped since the state has now alternate channels for population outreach. Another reason is that this indicator was specifically designed at the preparation stage of the project; however, as there was a time lag between project preparation and approval, the project didn't contribute to the design and implementation of the helpline and the scenario has changed.</p>									
Patients contacted by the Health Helpline that are satisfied with the health services provided to them (per year, disaggregated by gender) (Percentage)		0.00	0.00	0.00	60.00	60.00	70.00	70.00	70.00
<p>Rationale: Action: This indicator has been Marked for Deletion Health helpline indicator is being dropped since the state has now alternate channels for population outreach. Another reason is that this indicator was specifically designed at the preparation stage of the project; however, as there was a time lag between project preparation and approval, the project didn't contribute to the design and implementation of the helpline and the scenario has changed.</p>									
Number of Government healthcare facilities in the state issued with an entry (or higher) level certification by the National Accreditation Board for Hospitals (Number)		0.00					7.00	9.00	9.00
<p>Rationale: Action: This indicator has been Revised Revision is proposed since UKHSDP is only supporting public sector accreditation and not the private sector</p>									



Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
Innovations in engaging the private sector									
People with access to any form of health insurance in the state during the year, disaggregated by gender (Number)		921,584.00	900,000.00	1,500,000.00	2,000,000.00	2,000,000.00	3,000,000.00	3,000,000.00	3,000,000.00
Action: This indicator has been Marked for Deletion		Rationale: Health insurance sub-component is being dropped							
Number of children covered under the expanded health insurance program who received an annual health assessment during the year, disaggregated by gender (Number)		0.00	0.00	50,000.00	100,000.00	200,000.00	200,000.00		200,000.00
Action: This indicator has been Marked for Deletion		Rationale: Health insurance sub-component is being dropped							
No. of OPDs done by MHVs under PPP clusters, disaggregated by gender (Number)		0.00	0.00	0.00	12,247.00	16,875.00	18,000.00	20,000.00	20,000.00



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
Action: This indicator has been Revised	Rationale: <i>The indicator has been revised to reflect the progress under project intervention districts</i>								
Number of mobile medical units complying with the requirement of having at least one female doctor with sonology certification (>90% compliance on a day-to-day basis) (Number)	0.00	15.00	15.00	20.00	25.00	25.00	25.00	25.00	9.00
Action: This indicator has been Marked for Deletion	Rationale: <i>This indicator is no longer pertinent due to change in the legal provisions related to provision of ultrasounds through mobile health units. Keeping in view the original intent of the indicator to capture key services for women, the following indicator was proposed.</i>								
Proportion of female patients availed MHV services for Hb testing under PPP clusters (Percentage)	0.00				70.00	80.00	90.00	90.00	90.00
Action: This indicator is New	Rationale: <i>This indicator has been included to reflect services rendered to females through MHVs under PPP cluster</i>								
No. of PPP health facilities operational on 24*7 basis for	0.00	0.00	0.00	2.00	6.00	9.00	9.00	9.00	9.00



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
consultation, admission and referral (Number)									
Action: This indicator has been Revised	Rationale: <i>The definition and target of this indicator have been revised to reflect services being provided by the facilities under the PPP clusters.</i>								
Number of outsourced CHCs where at least one emergency caesarean section was reported during each quarter (Number)		0.00	0.00	0.00	2.00	4.00	6.00	6.00	6.00
Action: This indicator has been Revised	Rationale: <i>Definitions and targets have been updated</i>								
Number of specialists working in facilities supported by UKHSDP (Number)		0.00	0.00	0.00	19.00	112.00	112.00	112.00	112.00
Action: This indicator has been Revised	Rationale: <i>Indicator has been revised to reflect contribution of the project</i>								
Benefit package of child health services finalized and piloted (Text)		0.00	0.00	1.00	1.00	1.00	1.00	1.00	'yes' from year 2
Action: This indicator has been Marked for Deletion	Rationale: <i>The health insurance sub-component is being dropped</i>								



Indicator Name	PBC	Baseline	Intermediate Targets						End Target	
			1	2	3	4	5	6		
Action: This indicator has been Marked for Deletion	Rationale: Another corporate indicator has been added									
No of patients using telemedicine consultation in the state (Number)		0.00						120,000.00	4,800,000.00	4,800,000.00
Action: This indicator is New	Rationale: This indicator has been added to reflect the coverage of telemedicine intervention in the state									
Stewardship and system improvement component										
Health personnel receiving training financed by the project-cumulative (Number)		0.00	500.00	2,000.00	4,000.00	8,865.00	9,965.00	11,065.00	11,065.00	
Action: This indicator has been Revised	Rationale: Targets have been revised.									
Development and periodical update of a comprehensive disaster response plan at the state level (Text)		No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Action: This indicator has been Revised	Rationale: Definition has been updated									



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
Number of functional ICU beds in the state [cumulative] (Number)		216.00				216.00	836.00	900.00	900.00
Action: This indicator is New	Rationale: <i>This indicator would capture state's preparedness for pandemic response</i>								
Number of health facilities using e-hospital online platform for service delivery, data collection and reporting (Number)		0.00				0.00	50.00	100.00	100.00
Action: This indicator is New	Rationale: <i>A new indicator has been added to measure coverage of the e-hospital solution across different levels of health facilities in the state.</i>								
Proportion of facilities supported by the project under PPP and NABH cluster with at least 80% adherence to Standard Treatment Protocols (STPs) (Percentage)		10.00				50.00	65.00	80.00	80.00
Action: This indicator is New	Rationale: <i>This indicator has been added to measure the process-related quality of health facilities under PPP and NABh clusters.</i>								



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
Number of COVID-19 testing labs in the state [cumulative] (Months)		0.00				7.00	7.00	7.00	7.00
Action: This indicator is New	Rationale: <i>This indicator would capture state's preparedness for pandemic response</i>								
Proportion of families covered under Family Health Survey (FHS) and their record digitized (Percentage)		0.00				50.00	90.00	90.00	90.00
Action: This indicator is New	Rationale: <i>This intervention has been supported under the project to digitize records of all families in the state of Uttarakhand. This would help in rolling out insurance programs and other direct benefit transfers.</i>								



The World Bank

Uttarakhand Health Systems Development Project (P148531)
