

Health and Family Welfare Department - Implementation of 'Kerala Health Systems Improvement Program' with the assistance of World Bank - In Principle Sanction- Accorded - Orders issued

HEALTH AND FAMILY WELFARE (P) DEPARTMENT

G.O.(Ms)No.150/2023/H&FWD Dated,Thiruvananthapuram, 01-07-2023

Read G.O(Ms) No.101/2023/FIN dated 25.06.2023

<u>ORDER</u>

The state of Kerala, with the objective to improve the quality of healthcare and the efficiency of the healthcare delivery systems in the state and to support the people of Kerala to attain high quality and longer lives free of preventable disease, injury, and premature death has intended to implement the State Sector Project 'Kerala Health Systems Improvement Programme' with the assistance of World bank. The project envisages to build a resilient health systems to deliver valueadvanced based healthcare addressing the demographic and epidemiological transition in Kerala. It will also enhance inter sectoral collaboration to effectively respond to emerging threats including climate change. It is intended to develop a comprehensive ecosystem to prevent and care for NCDs, prevent and respond to emerging health threats by and improved climate change strategies, strengthening systems strengthen emergency and trauma care services by creating a network of 24x7 urgent care facilities including ambulance and trauma registry, reengineer health systems to address persisting challenges and new emerging issues especially in RMNCAH and elderly services through local self-government engagement, strengthening human resource; scaling up digital health applications and augmenting resource; scaling up digital health applications and augmenting public financing for health.

2) The proposed project "Kerala Health Systems Improvement program" is proposed to be implemented in all 14 districts of Kerala with a project duration of 5 years with the external assistance of World- bank-

IBRD. The total project estimate is Rs.3000 crores out of which Rs.2100 crores will be external assistance and 900 crores to be funded by State Government. The institutional structure for delivery is SPV/PMU.

1st year
(in crore)2nd year
(in crore)3rd year
(in crore)4th year
(in crore)5th year
(in crore)562.5750750750187.5

The proposed year wise expenditure is as as follows

3) Government have examined the matter in detail and are pleased to accord in-Principle sanction for implementing 'Kerala Health Systems Improvement Program' with a total project cost of Rs.3000 crores subject to the condition that the project should be accommodated within the overall normal plan allocation of Health Sector for the entire project implementation period as this has to be accommodated within the borrowing ceiling of each year. Of the total project amount, Rs.2100 crore will be met through financial assistance from World Bank and the balance Rs.900 crore as state share. The project is envisaged to be implemented in all 14 districts of Kerala with a project duration of 5 years.

4) The Preliminary Project proposal for the project 'Kerala Health Systems Improvement Program' as approved by Government is annexed to this order. The project proposal shall be uploaded through the DEA portal for the consideration and approval by Department of Economic Affairs, Government of India.

> (By order of the Governor) A P M MOHAMMED HANISH PRINCIPAL SECRETARY

To:

The Director of Medical Education

The Director of Health Services

The Joint Secretary, Department of Economic Affairs, Ministry of Finance, Government of India(With C/L)

The Principal Accountant General, Audit) / (A&E), Kerala, Thiruvananthapuram

The Finance Department (E-2366713):HLT-A1/32/2023-Fin dated 15.06.2023) Information Officer, Web & New Media Stock File/ Office copy

Forwarded /By order

Signed by P K Sar**Shosti**on Officer

Copy to:- PS to Hon'ble Minister for Health, Women^{Dated}^{OCH}Th²⁰²³ ^{10:22:09} Development PS to Principal Secretary, Health Department PS to Principal Secretary, Finance Department

PRELIMINARY PROJECT PROPOSAL REPORT FORMAT

1	Name of the Project	Kerala Health Systems Improvement	Program					
1 .	Name of the Project	Kerala Health Systems improvement	Program					
2.	Sectoral Area (Indicate from the list at Annexure A)	Health and Nutrition						
3.	Central Line Ministry or Department for the Project	Ministry of Health and Family Welfare	,					
4	State Line Department for the Project	Department of Health and Family We of Kerala	lfare, Government					
5.	Proposed Project Implementation Agency	Department of Health and Family We of Kerala	lfare, Government					
6.	Institutional Structure for Delivery (SPV/PMU/Any other)	SPV/PMU						
7.	Basic Design of the Project							
		The overarching goal of this program is to support the people of Kerala to attain high-quality and longer lives free of preventable disease, injury, and premature death. It aims to build resilient health systems to deliver value-based healthcare addressing the advanced demographic and epidemiological transition in Kerala. It will also enhance intersectoral collaboration to effectively respond to emerging threats including climate change. The objective is to improve the quality of healthcare services and the efficiency of the healthcare delivery systems in the State of Kerala.						
		Activities Involved						
		(max 100 words)						
			ecosystem to prevent and					
			care for NCDsbydeliveringvalue-basedhealth care anddemand sideinterventionsincluding workingwith the privatesector;(ii)Prevent andrespond toemerginghealth threatsby strengthening					

	systems and
	improved climate
	change strategies; (iii)
	Strengthen
	emergency and
	trauma care
	services by
	creating a
	network of 24x7
	urgent care
	facilities including
	ambulance and
	trauma registry;
	and (iv)
	Reengineer
	health systems
	to address
	persisting
	challenges and
	new emerging
	issues especially
	in RMNCAH and
	elderly services
	through local self-
	government
	engagement;
	strengthening
	human resource;
	scaling up digital
	health
	applications and
	augmenting
	public financing
	for health.
Outputs of the Project (max 100 words)	 Improved delivery of high quality NCD care at primary and secondary levels including home-based geriatric, and mental health care. Increased compliance of private sector with NCD clinical decision support protocols.
	 Early diagnosis and response through One Health coordination and strengthened surveillance. Increase in districts implementing the District Climate Mitigation and Adaptation plans. Improved timeliness and quality of emergency care and through effective pre-hospital and in-hospital Emergency Medical Services. Increase in districts with full-time public health professionals and improved availability of specialists

Innovations in Financing

Leveraging (max 100 words)

I	3 HEALTH-P1/27/2023-HEALTH
3/HEALTH (P)	
	in underserved districts.
	 Increased use of real-time data and dashboards for decision making. Enhanced Tele Medicine for populations in remote areas.
Outcome of the Project (max 100 words)	 Improved management of NCD care at primary and secondary levels through high quality care including private sector engagement. Panchayats implementing comprehensive approaches for prevention and care of NCDs.
	 Early diagnosis and response through One Health coordination and strengthened surveillance. Districts implementing the District Climate Mitigation and Adaptation plans. Improved timeliness and quality of emergency care and through effective pre-hospital and in-hospital Emergency Medical Services. Increase in districts with full-time public health professionals and improved availability of specialists in underserved districts. Increased use of real-time data for decision making including telemedicine for underserved populations.
. Finance Plus Element	
Systemic and Transformational Impact (max 100 words)	health care by better enabling: (a) the individual to undertake primary and secondary prevention for NCDs; (b) the community to manage the health of its people focusing on the vulnerable especially mothers, children and elderly, (c) the health care system to ensure high quality care and satisfying experience leveraging on integrated health teams and technology; and (d) ensuring governance and management systems to promote the multisectoral and whole of society underpinnings of health.
Innovations and Piloting of New Approaches (max 100 words)	

coordinated emergency care system; and (vi) create a public health cadre to support public health action.

(a) establishing partnerships with the private sector

including pharmacies to improve access to NCD treatments; (b) strategic purchase of advanced NCD care through KASP including incentives for improved prevention care by private insurers; (c) leverage on allocations under the Fifteenth Finance Commission by

		building on the lessons from Kerala's experience in decentralization of powers and functions to local governments; and (d) introduce an initiative to provide immediate financial protection to accident and trauma victims.
	International Best Practices Proposed to be Adopted (max 100 words)	The project builds on the global and in-country learnings in value-based healthcare value. Implementation lessons from countries including Israel, Poland and China where similar demographic and epidemiological shifts have underpinned health system transformation have been prioritized. Further global best practices in promoting One Health approaches and Anti Microbial Resistance programming have been a key driver. Digital technologies from countries that have created integrated health information systems (Estonia and South Korea) have helped as guideposts. Learnings have also been incorporated from building up of the Trauma Care System in the state of Tamil Nadu.
9	Other Elements (if any)	
	Private Sector Engagement (Financing, Supply Side Involvement, Provision Of Services) (max 100 words)	Given the high level of dependance of Kerala on the private sector, effectively regulating private healthcare facilities by ensuring that they are all registered and provide quality care and costs are rational is key. The program will support: (a) the implementation of the Kerala Clinical Establishment Act, 2018; (b) establish innovative partnerships with private sector including pharmacies to improve access to NCD treatments; and (c) support strategic purchase of advanced NCD care through KASP including incentives for improved preventive care behavior by private insurers.
	Climate Mitigation / Adaptation (max 100 words)	A state policy on one health and climate change will be developed building on a comprehensive vulnerability assessment at district and local levels. It will support to make healthcare facilities and communities climate resilient by developing mitigation and adaptation plans (including for green buildings, energy audits, air quality monitors at district etc) and for climate resilient infrastructure and equipment including optimal solar systems. It will support data analytics, including big data analysis for zoonotic and climate disease surveillance and air quality to mitigate the increased risks to public health due to climate change.
	Beneficiary Engagement / Community Involvement / Community Monitoring (max 100 words)	Almost 40% of the state resources are managed through local self-governments. During COVID-19 communities engaged in government sensitization campaigns, <i>Jagritha Samithis</i> and other forums to deliver innovative community-level approaches and control measures. Recognizing that effective health care relies on action on social and environmental determinants, community engagement, ownership and social accountability mechanisms will be strengthened with involvement of PRIs, front line workers, women

	Mainstreaming of Gender (max 100 words)	SHGs like Kudumbashree especially for the care of women, children and elderly and pandemic preparedness activities. For the implementation of 15 FC grants, PRIs will be involved through capacity building for participation in existing platforms. The program will ensure health system provides opportunity to ensure girls and women especially elderly women have access to preventive, promotive and curative care to care not just to reproductive health services, but also for the newer elements focusing on non-communicable diseases including hypertension, diabetes, cancers and mental illnesses. Teleconsultation services shall reduce access barriers for women and will facilitate gender equity. Further investments will be made in the female health workforce both at the primary and secondary health care level.					
10	Name / Names of the State / States Involved	Kerala					
	Name / Names of the District / Districts Involved	All 14 districts in Kerala					
12	Proposed Project Duration	From	2024				
		То	2029				
		Years	5				
		Months					
13	Type of Project	Central Sector					
	(Please tick)	State Sector	State				
	Category of State	General	General				
	(Please tick)	Special Category					
		Both					
15	Counterpart Funding by the Centre or State or Both	Central Sector (min 50%)					
	(Specify %)	State Sector (min 30%) for General Category	\checkmark				
		State Sector (min 20%)					
		for Special Category					

16	Fina	ancial Arrang		Fill details below (both in INR crores and USD million)					
Tra e					part funding being made available by				
		Sought	Impleme ng Ageno		State Governme	Central Governme	Others ,		

IN IN Tranc	R			1								1
							n	L	1	nt	if any	
	h											
e 1												
Tranc	h											
e 2												
Tranc e 3	n											
	e 3 TOTAL 2100				900					3000		
IN USD (One USD = 75 INR) as on \dots							(Date)		3000			
									1		1	1
Tranc e 1	n											
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e 2												
Tranc	h											
e 3		200					100					400
ΤΟΤΑ		280					120					400
17.		1		anc	ial projec	1	ns of		utili	i		
Year		1	2		3	4		5	_	6	7	TOTAL
INR		562.5	750		750	75		187.	5			3000
		75	100		100 eral Deve	10		25	14/-	 orld-Bank-I		400
A 19. D O	ssis eta bse	itance is	soug earan s abo	ght ces	ich Exter / Comme he projec	ent	-	2				
Centr	'al											
	-	Aayog									NA	
					Departm I Projects		: (for		NA			
					irs (MHA islature)		Gol (fo	r all	NA			
			g No	rth	Eastern	n St	tates)				
N	ITI	Aayog									, if require	
	Proposed Central Line Ministry or Department								Yes,	, if require	ed	
fc	or th	ne Projec	ct									
	ebt tate		inabi	lity	Self-Cert	ifica	ation	by		Propose	ed for Ap	proval
Fi	nar	nce Depa	artme	ent								

Sta	te (North Eastern States)	
	NITI Aayog	NA
	Proposed Central Line Ministry or Department for the	NA
	Project, GOI	
	Ministry of External Affairs, GOI	NA
	Ministry of Home Affairs, GOI	NA
	Ministry of Development of North Eastern Region, GOI	NA
	Debt – Sustainability Self-Certification by State Finance Department	NA
20.	Whether Feasibility Study for the project is available?	No
21.	Whether Detailed Project Report (DPR) or Detailed Engineering Design for the project is available?	No

22.	Whether following clearances are involved in the	
	Project	
	Environment	No
	Coastal Regulation Zone	No
	Forest	No
	Heritage	No
	Any other (Please specify)	No
23.	Current status of clearances mentioned in Point 22	Not Applicable

	Environment(max 100 words)	
	Coastal regulation Zone(max 100 words)	
	Forest(max 100 words)	
	Heritage(max 100 words)	
	Any other (Please specify)(max 100 words)	
24.	Whether any court or tribunal proceedings	No
	are pending that could impact the project?	
25.	Current Status of court or tribunal proceedings if	Not Applicable
	pending (max 100 words)	
26.	Whether Land pooling / land acquisition / Resettlement and Rehabilitation is involved	
	in the project? Land Pooling	No
	Land Acquisition	No
	Resettlement & Rehabilitation	No

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	Any Other (Please specify)		
27.	Current Status of Land pooling / land acquisition / Resettlement and Rehabilitation	Not Applicable	
	involved in the		
	project		
	Land Pooling (max 100 words)		
	Land acquisition (max 100 words)		
	Resettlement & Rehabilitation (max 100		
	words)		
	Any Other (Please specify) (max 100 words)		
28	Whether External Assistance has been	Yes	
20	availed in		
	the past for similar project (i.e., earlier		
	phase		
	etc.)? If yes, Name of the Project:	Resilient Kerala Program for	
		Results –	
		Results 2.1: Resilient Public	
		Health	
		Systems	
	Project period:	5 years	
	Start Date	24 June 2021	
	Completion Date:	30 June 2026	
	Loan/Credit Amount (in INR crores and USD million):	35 million	
29.	Details of externally aided projects (comple		
	examination) since 01.04.2008 undertaken		al
	line Ministry / Department / Central PSU/ St	ate Government)	
	Not Applicable		

Name of the secto r	Name of the MDB/ IFI which provided Loan assistance	Name of the Ministr y/ Dept.	Name of the projec t	Start date	Close date		Project cost		Expenditur e Incurred (in INR crores and USD million)
					Origina I	Revise d	Origina I	Revise d	
DM- Disas ter Mana geme nt	ADB-Asian Developm ent Bank	<u>KL-</u> <u>Kerala</u>	Kerala Sustai nable Urban Devel opme nt Projec t (KSU D	<u>8/12</u> /200 6	<u>30/06/2</u> 012	<u>30/06/2</u> 012	221.2	<u>123.4</u>	767.89 Rs 113.88 USD
Rural Water Suppl Y	<u>WB-World</u> <u>Bank-</u> <u>IBRD</u>	<u>KL-</u> <u>Kerala</u>	Kerala Rural Water Suppl y and Enviro nmen tal Sanita	7/11 /200 0	<u>31/12/2</u> 006	<u>30/09/2</u> 008	<u>65.5</u>	<u>61.5</u>	<u>418.2 Cr</u> <u>61.5</u> <u>USD</u>
Rural Water Suppl Y	<u>WB-World</u> <u>Bank-</u> <u>IBRD</u>	<u>KL-</u> <u>Kerala</u>	Secon dKeral a Rural Water Suppl y and Enviro nmen tal Sanita	<u>15/1</u> <u>2/20</u> <u>11</u>	<u>30/06/2</u> <u>017</u>	<u>28/06/2</u> <u>019</u>	<u>155.3</u>	<u>155.3</u>	810.832 Cr 119.24 USD
TL- Trans port and Logist ics	<u>WB-World</u> <u>Bank-</u> <u>IBRD</u>	<u>KL-</u> <u>Kerala</u>	Secon d Kerala State Trans port Projec t	14/0 5/20 13	<u>30/04/2</u> <u>019</u>	<u>30/04/2</u> 019	<u>445.0</u>	<u>445.0</u>	2925.329 Cr 400.73 USD
<u>DM-</u> <u>Disas</u> <u>ter</u>	<u>WB-World</u> <u>Bank-</u> <u>IBRD</u>	<u>KL-</u> <u>Kerala</u>	<u>Natio</u> <u>nal</u> Cyclo	<u>28/0</u> <u>5/20</u> <u>15</u>	<u>15/03/2</u> <u>021</u>	<u>15/03/2</u> <u>021</u>	<u>22.5</u>	<u>22.5</u>	<u>0.2183 Cr</u> <u>0.0295</u> <u>USD</u>

1	1/30	

Mana geme nt NR-	WB-World	KL-	ne Risk Mitiga tion Projec t l	20.00	29/06/2	29/06/2	24.8	24.8	<u>53.428 Cr</u>
Natur al Reso urces	Bank- IBRD	<u>Kerala</u>	Dam Rehab ilitatio n and Impro veme nt Projec t	29/0 6/20 10	<u>020</u>	<u>020</u>	24.0	24.0	<u>7.22 USD</u>
G- ISD- Gover nanc e_ (inclu des servic e_ deliv ery)	<u>WB-World</u> <u>Bank-</u> <u>IBRD</u>	<u>KL-</u> <u>Kerala</u>	Kerala Local Gover nmen t And Servic e Delive ry Proje	29/0 3/20 11	<u>31/12/2</u> 015	<u>29/12/2</u> 017	200.0	<u>179.93</u>	<u>1257.926</u> <u>Cr</u> <u>169.99</u> <u>USD</u>
ESD- Educ ation and Skill Devel opme nt	<u>WB-World</u> <u>Bank-</u> <u>IBRD</u>	<u>KL-</u> <u>Kerala</u>	Suppo rting Kerala Additi onal Skill Acqui sition Pro	1/07 /201 4	<u>30/06/2</u> 019	<u>30/06/2</u> 019	<u>147.0</u>	<u>147.0</u>	<u>473.6 Cr</u> <u>64.0 USD</u>
TL- Trans port and Logist ics	<u>AFC-</u> <u>Alliance</u> <u>francaise</u> <u>De Delhi</u>	<u>KL-</u> <u>Kerala</u>	<u>Kochi</u> <u>Metro</u> <u>Rail</u> <u>Projec</u> <u>t e</u> <u>Projec</u> <u>t</u>	<u>2/08</u> / <u>201</u> <u>1</u>	<u>17/06/2</u> <u>017</u>	<u>3/10/20</u> <u>17</u>	204.9	204.9	<u>1387.3 Cr</u> <u>190.11</u> <u>USD</u>
TL- Trans port and Logist ics	<u>GFC-</u> <u>Green</u> <u>Climate</u> <u>Fund</u>	<u>KL-</u> <u>Kerala</u>	<u>Kochi</u> <u>Water</u> <u>Metro</u> <u>Projec</u> <u>t</u>	<u>18/0</u> <u>6/20</u> <u>16</u>	<u>30/06/2</u> <u>020</u>	<u>30/06/2</u> 020	<u>85.0</u>	<u>85.0</u>	3.33 Cr 24.642 USD
<u>DM-</u> <u>Disas</u> <u>ter</u> <u>Mana</u>	<u>WB-World</u> <u>Bank-</u> IBRD	<u>KL-</u> <u>Kerala</u>	<u>Resili</u> <u>ent</u> <u>Kerala</u> <u>Devel</u>	<u>1/04</u> /201 9	<u>30/06/2</u> <u>021</u>	<u>30/06/2</u> <u>021</u>	<u>5137.3</u> <u>4</u>	<u>5137.3</u> <u>4</u>	<u>175.65</u> <u>1300</u>

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Annex A

Sectoral Area

- 1. Agriculture (including Crop Insurance) and Allied Sector (including Dairy, Fisheries, Poultry and Horticulture)
- 2. Disaster Management
- 3. Education & Skill Development
- 4. Energy (including Renewables)
- 5. Environment and Climate Change
- 6. Finance (includes Public Finance Management and Financial Institutions)
- 7. Governance (includes service delivery)
- 8. Health and Nutrition
- 9. Irrigation/Water Resources (including Rural Water and Watershed)
- 10. Rural Development (including rural roads and rural sanitation), Livelihoods and Panchayati Raj Institutions (PRI)
- 11. Tourism & Culture
- 12. Transport and Logistics (including Airports, Ports, Railways, Inland Waterways, Metros, Bus Service, National Highways, State Highways)
- 13. Urban Development (including Urban roads and Urban Water/Sanitation)
- 14. Social Safety Net programmes/Initiatives
- 15. Telecom, Media, Technology and Venture Capital
- 16. Manufacturing, Agribusiness and Services
- 17. Natural Resources
- 18. Others (Please Specify)

Annex B

Name of MDB/IFI from which external assistance is sought

- 1. World Bank IBRD
- 2. World Bank IFC
- 3. Asian Development Bank (ADB)
- 4. IFAD

- 5. NDB
- 6. Others (Please specify)