

## Management Response

<b>Evaluation Title</b>	<b>Country Office Evaluation: India</b>
<b>Commissioning Unit</b>	<b>WHO Evaluation Office</b>
<b>Link to the evaluation</b>	<a href="https://www.who.int/docs/default-source/pain-management-documents/report-coe-india-july-2019.pdf?sfvrsn=22078cc0_2">https://www.who.int/docs/default-source/pain-management-documents/report-coe-india-july-2019.pdf?sfvrsn=22078cc0_2</a>
<b>Evaluation Plan</b>	<b>WHO Organization-wide evaluation workplan for 2018-2019</b>
<b>Unit Responsible for providing the management response</b>	<b>WHO Country Office, India</b>
<p><b>Overall Management Response:</b> Overall all the recommendations are well noted and accepted.</p> <ul style="list-style-type: none"> <li>• Several of the Recommendations have been addressed (eg.: Mid-term Assessment of NPSP, development of a Resource Mobilization Strategy).</li> <li>• Further, as recommended, ongoing support is also being provided to Govt. of India's flagship programmes like Ayushman Bharat and TB Programme</li> <li>• In reference to alignment of CCS in all planning and implementation activities - WHO CCS, Regional Flagship areas and SDGs targets are actively considered in discussions with Ministry of Health and Family Welfare and aligned Ministries while defining the priorities during the biennial planning process and formulation of the country-level workplans. Consequently, the above process is also followed during mid-term and end-of-biennium programme technical and budget reviews.</li> <li>• However, some of the recommendations, e.g. developing theory of change for Country Cooperation Strategy, and development of strategy for engagement with states are yet to be initiated.</li> </ul>	
<b>First Management Response Status</b> <i>In Progress.</i> Several of the recommendations have been implemented or in progress. A few of the recommendations have not been initiated	<b>Updated Management Response Status:</b> <i>In Progress</i> Several of the recommendations have been implemented or in progress. A few of the recommendations have not been initiated and delayed due to COVID-19 related exigencies. Our entire team including field personnel of more than 2600 are repurposed to support the Government of India in responding to COVID19.
<b>First Management Response Date</b> 25 September 2020	<b>Updated Management Response Date:</b> 30 April 2021
<b>Overall update on the actions taken since September 2020</b>	<ul style="list-style-type: none"> <li>- Several of the recommendations have been addressed, ongoing support is also being provided to Govt. of India's flagship programmes like Ayushman Bharat, TB elimination and NTD elimination Programmes since September 2020.</li> <li>- Further support is also being provided to Govt. of India in digital health technology, including the nationwide roll-out of the integrated disease surveillance programme on a near real time web enabled Integrated Health Information Platform</li> <li>- Mid term assessment report for the NPSP is now available and internal planning and action plan is being developed through consultative process.</li> <li>- The output scorecard has been reported as a part of the mid term assessment of 202-21 workplan. The priorities identified with MoH have been duly considered while planning for 2022-23 in Value for money tool.</li> <li>- Some of the activities have been delayed due to COVID-19 exigencies, such as CCS review, action plan for NPSP transition based on recommendation of mid term review.</li> </ul>

## Recommendations and Action Plan

<p><b>Recommendation 1:</b> The head of the WHO Country Office and the Country Office should maximise the effectiveness and impact of Country Cooperation Strategy 2019-2023 as a key strategic instrument. It is recommended to:</p> <ul style="list-style-type: none"> <li>i. ensure close alignment of all planning and implementation activities with the Country Cooperation Strategy, including mid-term and end-of-biennium programme budget reviews and during the formulation of country-level workplans;</li> <li>ii. develop a theory of change which shows the anticipated causal path from all country-level activities and outputs specified in the Country Cooperation Strategy to expected outcomes and impact (in relation to achieving WHO's 'triple billion' goals);</li> <li>iii. seek to strategically use the Country Cooperation Strategy in its engagement with the Government of India and development partners; and</li> </ul> <p>set up a monitoring and evaluation framework to measure WHO's progress towards targets over the Country Cooperation Strategy implementation period, including a mid-term evaluation of the Strategy. The framework should also consider the role of gender, equity and human rights as social determinants of health.</p>					
<b>Management response</b>		<p>Well noted and accepted</p> <p>In reference to alignment of CCS in all planning and implementation activities - WHO CCS priorities are aligned with Regional Flagship areas, priorities of the Government of India and SDGs targets. The CCS priorities are taken into account during the biennial planning process and formulation of country-level workplans. Consequently, the above process is also followed during mid-term and end-of-biennium programme technical and budget reviews.</p> <p>As outlined in the Monitoring and Evaluation Framework in the CCS the following parameters will be taken into account for monitoring and evaluation:</p> <ul style="list-style-type: none"> <li>I. Monitoring of India's disability-adjusted life years (DALYs) over time</li> <li>II. Measuring outputs and impact targets for the four CCS strategic priorities</li> <li>III. Implementing biennial Country Support Plans</li> <li>IV. Programmatic evaluations</li> <li>V. Qualitative reports of health impact and WHO's contribution</li> <li>VI. Progress and achievement in enhancing India's global leadership in health as outlined in the WHO CCS</li> </ul> <p>However this will revised to include GER parameters.</p>			
<b>Status</b>		<i>In progress; (Recommendation 1.ii - not initiated)</i>			
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Update since September 2020</b>
Alignment of all planning and implementation activities with the Country Cooperation Strategy, including mid-term and end-of-biennium programme budget reviews and during the formulation of country-level workplans	Deputy WR/ Planning Unit	Planning for biennial Programme Budget and workplans (PB 2020-21 and PB 22-23] implemented	<i>Implemented</i>	<i>Nil</i>	No update required.

Theory of change including causal path for all country-level activities and outputs and aligned with GPW 13 – Triple Billion Goals developed	Deputy WR / Planning Unit	Will be defined	<i>To be initiated</i>	Due to exigencies created by the COVID-19 pandemic this activity has not yet been initiated	Due to exigencies created by the COVID-19 pandemic this activity has not yet been initiated
CCS Monitoring and Evaluation framework reviewed and revised	Deputy WR / Planning Unit	March 2021	<i>In progress</i>	The M&E framework is a part of the CCS. However, this will be reviewed and revised to include GER and used for internal monitoring purposes	The activity has been delayed due to ongoing COVID-19 exigencies. The M&E framework is a part of the CCS. However, this will be reviewed and revised to include GER and used for internal monitoring purposes.

**Recommendation 2:** To enhance the relevance and effectiveness of WHO's involvement in India, it is recommended that the WHO Country Office with support from the Regional Office for South-East Asia and headquarters as appropriate:

- i. continue to support the Government of India's efforts within the framework of universal health coverage, such as *Ayushman Bharat*, and promote inclusion of neglected health issues, such as noncommunicable diseases;
- ii. support implementation research studies with respect to implementation of universal health coverage/*Ayushman Bharat* and provide necessary expertise to facilitate emerging Government priorities, such as digital health;
- iii. develop a strategy, in consultation with Ministry of Health and Family Welfare and other Union and state government agencies as appropriate, for working with state government counterparts and contributing to state-level health issues; and

develop a strategy for collaboration with private sector and civil society organisations, as appropriate to support the Government of India, guided by the Framework for Engagement with Non-State Actors.

<b>Management response</b>	<p>Well noted and accepted, with exception of sub-recommendation iii (see below)</p> <p>Further responses to specific recommendations are stated below:</p> <ul style="list-style-type: none"> <li>Continued technical support is being provided to Govt. of India's flagship programmes like Ayushman Bharat with its two complementary components for strengthening service delivery and PMJAY (Health Financing)</li> <li>WHO India is also supporting Government of India to implement cost effective interventions for prevention and control of NCDs for operationalizing the National Multisectoral Action Plan for NCDs (2017-2022).</li> <li>Further support is also being provided to Govt. of India in digital health technology, including the development and nationwide roll-out of the Integrated Health Information Platform.</li> <li>WCO is supporting MOHFW to enhance the existing online training platform (swasth e-gurukul) for conducting trainings on TB and other health programmes</li> <li>Various studies including operational research to inform PMJAY implementation challenges are underway</li> <li>As part of the Resource Mobilization Strategy and Donor Coordination, several options are being explored for collaborative engagement with private sector (directly or through platforms like the UN SDG Trust), in adherence to FENSA guidelines</li> </ul> <p>Regarding sub-recommendation (iii) on the development of a strategy, for working with state government counterparts and contributing to state-level health issues was not pursued further due to political sensitivities. WHO mandate is to support Union Government. However,</p>
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	on request by the state government, WHO India continues to provide technical support and health sector leadership in several priority areas like NPSP, elimination of Tuberculosis, elimination of lymphatic filariasis and visceral leishmaniasis, Universal Health Coverage, Antimicrobial Resistance, Measles and Rubella Elimination, India Hypertension Control Initiative etc.				
<b>Status</b>	<i>In progress (However sub-recommendation iii – not implemented)</i>				
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Update since September 2020</b>
Operational research supported to promote Universal Health Coverage (service delivery and health financing components) recommendations	Health Systems Unit	Ongoing – to be completed by end of biennium 2020-21	<i>In progress</i>	<i>Nil</i>	The activity is ongoing and there has been some delay due to COVID-19 situation.
Strategy for collaboration with private sector and civil society organisations, as appropriate to support the Government of India, guided by FENSA	Deputy WR / Planning Unit	December 2019	<i>Implemented</i>	<p>The strategy for collaboration with private sector and civil society organisations, as appropriate to support the Government of India, guided by FENSA is a part of the Resource Mobilization Strategy developed in 2019</p> <p>Advocacy on UHC was conducted for CSO groups for the first time jointly with UNAIDs.</p>	No update required.

<p><b>Recommendation 3:</b> The WHO Secretariat should ensure adequate and sustainable human and financial resources to implement WHO's work in India and respond to the specific emerging needs of India. It is recommended to:</p> <ul style="list-style-type: none"> <li>i. develop a resource mobilisation strategy which assesses future funding needs and identifies specific actions to address any potential shortfalls and improve donor relationships;</li> <li>ii. conduct a functional review of the WHO Country Office and ensure that the new Country Cooperation Strategy priorities and the emerging needs of the Government of India are adequately supported in a timely manner with the necessary financial and human resources (including through short-term external high-level expertise); and</li> </ul> <p>assess the current WHO Country Office staffing and skills mix in the light of the new Country Cooperation Strategy priorities, addressing gaps for relevant areas and providing capacity building opportunities to existing staff in order to be better prepared and respond more effectively to the needs of the country.</p>	
<b>Management response</b>	Well noted and accepted.

	<ul style="list-style-type: none"> <li>WHO India Resource Mobilization Strategy (RMS) developed and advocated in May 2019. A Donor Landscaping exercise was also conducted</li> <li>A functional review of WHO Country Office was undertaken, including HR scoping and mapping in the Value for Money Toolkit to develop the Country Support Plan while planning for GPW 13 transition and PB 2020-21 and recently for PB 2022-23 planning in VFM tool. The country has also reported on the output scorecard to assess the selected outputs on key domains.</li> </ul> <p>An HR Strategic Plan is being drafted</p>				
<b>Status</b>	<i>Implemented</i>				
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Update since September 2020</b>
WHO India Resource Mobilization Strategy developed and advocated	Deputy WR / Resource Mobilization and Donor Coordination	December 2019	<i>Implemented</i>	<i>Nil</i>	No update required.
Health Sector in India: Resource Allocation Landscape: WHO Country Office for India	Deputy WR / Resource Mobilization and Donor Coordination	December 2019	<i>Implemented</i>	<i>Nil</i>	No update required.
Resource Mobilization and Donor Coordination function established under WRs Secretariat	Deputy WR / Resource Mobilization and Donor Coordination	December 2019	<i>Implemented</i>	<i>Nil</i>	No update required.
Functional Review of the WHO India	WR and AO	March 2021	<i>Implemented</i>	A functional review of WHO India Country Office including HR scoping and Output mapping within the framework of GPW 13 Triple Billion Goals will be completed for planning for PB 2022-23.	In April 2021, a functional review of WHO Country Office was undertaken, including HR scoping and mapping in the Value for Money Toolkit to develop the Country Support Plan while planning for PB 2022-23. The high and medium priority outputs as identified with MoH were prioritised. The WHO country office has also participated in the output scorecard as a mid term review of the 2020-21 biennial plan, in accordance to GPW 13.

**Recommendation 4:** As part of the planned joint consultation for the National Polio Surveillance Project transition plan and mid-term review of the Country Cooperation Strategy during the second half of 2020, the following should be considered in the terms of reference:

- i. lessons learned from polio transition;
- ii. relevance of current and planned activities beyond polio transition;
- iii. the management and funding of the National Polio Surveillance Project, including the engagement of SSAs; and

recommendations for the way forward.

<b>Management response</b>	<p>Well noted and accepted</p> <p>In context of the above the objectives of the NPSP Mid-term Assessment were as follows:</p> <ol style="list-style-type: none"> <li>1. To review and update key elements of India's national polio transition plan.</li> <li>2. To review progress and timelines of the implementation of agreed NPSP transitioning activities at national and sub-national levels.</li> <li>3. To review country/state level opportunities and involvement of NPSP in management of Immunization and other Public Health Programs, including emergency response.</li> <li>4. To recommend future NPSP transition opportunities to strengthen various components of national immunization program and other national and sub-national health priorities.</li> </ol> <p>Although management of HR and financial resources were not part of the general objectives above, these areas were addressed in the assessment and recommendations made accordingly. The above will also be addressed in the planned Mid-term Review of the WHO CCS 2019-2023</p>				
<b>Status</b>	<i>Not initiated - planned in 2021</i>				
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Update since September 2020</b>
Conduct Mid-term Review of WHO CCS 2019-23	Deputy WR / Planning Unit	Q3 2021	<i>Not initiated</i>	<i>Nil</i>	The planning for the CCS review is underway, and aimed to be undertaken later in 2021.
Develop Action Plan to address recommendation of the Mid-term Review of WHO CCS 2019-23	Deputy WR / Planning Unit	Q4 2021	<i>Not initiated</i>	<i>Nil</i>	This will be undertaken post the CCS review, as planned in later part of 2021

<b>Recommendation 5:</b> The planned corporate mid-term evaluation of the polio transition plan to be conducted by the WHO Evaluation Office should consider lessons learned and best practices from the National Polio Surveillance Project model.					
<b>Management response</b>	Well noted and accepted. WHO India has conducted an independent Mid-term Assessment of NPSP 1 May- 31 August 2020. Report of the assessment is now available				
<b>Status</b>	<i>In progress</i>				
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Update since September 2020</b>
Develop action plan based on the recommendation of Independent Mid-term Assessment of WHO India's NPSP Transition from Polio to Public Health	Dr Pankaj Bhatnagar, Ag. Team Lead, NPSP	Mid-2020	<i>In progress</i>	Recommendations being reviewed and an Action Plan will be developed to address any mid-course corrections as required in discussion with Ministry of Health and Family Welfare	The report of the independent mid term assessment of NPSP is now available. In discussion with MoH, the NPSP has been renamed as National Public Health Support Program. There have been internal deliberations to draft an action plan. Internal stakeholder discussions were planned in April 2021 but had to be postponed due to evolving COVID exigencies. The process is therefore, delayed.