# Chapter-V: Goal 3: Good Health and Well Being

## 5.1 Introduction

As part of the audit of preparedness, Goal 3 "ensure healthy lives and promote well-being for all at all ages" which covers the Health sector, was selected for detailed examination to assess preparedness at the sectoral level. This Goal was selected as it is key to protecting individuals, families and societies. In addition, the new National Health Policy (NHP) 2017 is set in the context of SDGs and central outlay on health is envisaged to increase to ₹ one lakh crore by 2019-20. Audit examination of preparedness in the Health sector broadly addresses the same aspects as discussed in previous chapters with respect to SDGs in general.

## 5.2 Institutional Arrangement for Integrating Goal 3 in Government Planning

One of the issues checked during audit was whether mechanisms had been established for leading and coordinating preparedness activities with respect to Goal 3. Audit observed that action has been initiated for creation of nodal agencies and working groups for Goal 3 both at the Central and State levels. Details are given below.

### Central Level

In NITI Aayog's mapping document released in August 2017, Ministry of Health and Family Welfare (MoH&FW) has been identified as the nodal Ministry along with nine other implementing Ministries with respect to Goal 3[17]. In the revised mapping document (August 2018), Targets across Goal 3 along with related interventions and schemes to be undertaken by these Ministries, had been delineated. However, regular monitoring of roles and tasks needs to be done.

In MoH&FW, the task of overall policy with regard to SDGs has been specifically allotted to a Joint Secretary. Ministry stated (March 2018) that the implementation of Goal 3 has been entrusted to National Health Mission (NHM) and other Programme Divisions of MoH&FW.

A National Task Force specific to Goal 3 with representation from MoH&FW, NITI Aayog and MoSPI, States, agencies and experts, has been constituted along with working groups/sub-groups on specific items of work. Ministries identified as implementing for Goal 3 were, however, not represented on the Task Force and the working groups and sub-groups.

[17] The mapping document was revised in August 2018 which lists 19 "concerned Ministries" with respect to SDG including MoH&FW, without distinguishing between nodal and other implementing Ministries.

The Mission Steering Group (MSG) was an apex level inter-ministerial and inter-governmental group for implementation of NHM and was critical for implementing SDGs. However, no specific tasks relating to SDGs had been assigned to the MSG despite suggestions made during national consultations.

### State Level

Audit noted that a nodal department for Goal 3 was identified in five out of the seven selected States *viz.* **Assam**, **Chhattisgarh**, **Kerala**, **Maharashtra** and **Uttar Pradesh**. In **Haryana**, a working group subsuming three Goals (2, 3 and 6) has been constituted. In **West Bengal**, Goal 3 formed part of two of the eight Sectoral Groups set up for SDGs *viz.* the Health Welfare and Rural Development. In **Kerala**, 22 Groups had been constituted for developing state specific health targets. In **Uttar Pradesh**, a State Task Force for inter-departmental coordination was constituted for Goal 3. In **Maharashtra**, two departments *i.e.*, Women & Child Development and Water Supply & Sanitation, though related to Goal 3 had not been identified as associated departments.

## 5.3 Reviewing Plans and Adapting Goal 3

Audit examined steps taken at the Central and State levels to dovetail plans for the Health Sector with Goal 3 and for mapping of schemes, programmes and initiatives with Goal 3. Observations and findings on this aspect are given in the following paragraphs.

### Central Level

### 5.3.1 Dovetailing Plans with Goal 3

Based on the inputs of MoH&FW and other stakeholders, NITI Aayog prepared a draft titled "A Vision for a Healthy India" covering the Vision, Strategy and Action Agenda for the health sector for consultation with stakeholders including the Ministry.

NITI Aayog has brought out the "Three Year Action Agenda" (August 2017) and the Strategy Document titled "Strategy for New India @75" (December 2018). The Action Agenda does not specifically refer to SDG targets but it covers planned interventions in the key areas relating to the health sector and spells out specific health targets to be achieved by 2020. The Strategy document details the strategy with respect to Health and Nutrition and deals with Public Health Management; Human Resources for Health, Universal Health Coverage, and Nutrition. However, while this document shows the association of the above mentioned aspects with SDGs, these have not been dealt with in detail.

The National Health Policy, 2017 (NHP) issued by the MoH&FW also recognizes the pivotal importance of SDGs, and provides for time bound quantitative goals which were aligned both to ongoing national efforts as well as to Goal 3.

### 5.3.2 Mapping of Schemes

NITI Aayog had undertaken an exercise of mapping SDGs and Targets with Ministries, schemes and initiatives, mapping the National Health Mission with Goal 3 which the MoH&FW has identified as the primary vehicle to achieve this Goal. The MoH&FW intimated (March 2018) that after undertaking a review, the Ministry has specifically aligned different interventions/initiatives/schemes and targets with Goal 3 in the 2017-2020 phase of NHM. It was however noted that, Ministry of Railways which implements road safety measures at railway crossings, had not been mapped with Target 3.6 dealing with road safety.

## State Level

### 5.3.3 Adapting Goal 3 in selected States

Observations on adapting Goal 3 in selected States are given in **Table 5.1**:

**Table 5.1: Adapting Goal 3 in selected States**

| State | Vision/Strategy/Action Plan | Mapping |
|---|---|---|
| **Assam** | The Health and Family Welfare Department prepared (December 2017) the Departmental Strategic Plan and Action Plan targeting implementation of the SDG in three phases[18]. | Four[19] State sponsored Health Schemes not mapped with the Goal 3. |
| **Chhattisgarh** | Draft Strategy and Action plan for Goal 3 prepared but not sent for approval (March 2018). | Six departments *viz.* AYUSH, Medical Education, Public Health Engineering, Home, Commerce & Industry and Environment though linked were not mapped with Goal 3. Besides, four State Health Schemes[20] were not mapped with Goal 3. |

[18] 2016-17 to 2019-20; 2020-21 to 2023-24 and 2024-25 to 2030-31.

[19] *Sanjeebani*, Operation Smile, Accredited Social Health Activist Assam (ASHA), *Susrusha*.

[20] CM Medicine Kit, *Mukhyamantri Shahri Swasthya Karyakram*, Universal Immunization Programme, and *Sanjeevani Sahayata Kosh*.

| | | |
|---|---|---|
| **Haryana** | Vision document deals only with Health department and seven targets/interventions under Goal 3 whereas the budget document shows linkage with 88 schemes of 12 departments under Goal 3. | No separate mapping document was prepared and mapping was done through the vision and budget documents which were not in sync. |
| **Kerala** | The nodal department for Goal 3 conducted a review of strategies plans and schemes keeping in view SDG targets, so that gaps could be identified. | The Expert Groups constituted to develop State specific targets had identified indicators and performed responsibility mapping. |
| **Maharashtra** | The State's Vision 2030 document did not address Targets 3.6, 3.9, 3.a, 3.c under Goal 3. | Two departments (Women and Child, Water Supply and Sanitation) and two State schemes[21] though linked with Health were not mapped with Goal 3. |
| **Uttar Pradesh** | The State Government was yet to formulate any new policy/plan as per SDG targets. Preparation of a State Health Policy aligned to SDG targets and the National Health Policy 2017 was reported to be underway. | Eight schemes[22] though connected to health were not mapped with it. |
| **West Bengal** | Sectoral plan documents for the Sectoral Groups covering Goal 3 had been submitted in July 2018 but was awaiting approval. | Sectoral Report for Health and Welfare aligned Goal 3 with Goals 1, 2,4,5,8 and 16 for achieving health targets. Target 3.6, 3a and 3d were not included and aligned with Key Performance Indicators and the scheme 'Safe Drive Save Life' was not aligned with the Target 3.6 in the absence of measurable indices. |

## 5.4 Promoting Awareness and Stakeholder Involvement

Initiatives for raising awareness and enhancing stake-holder engagement in respect of Goal 3, both at the Central and State levels were not comprehensive, as discussed below.

### Central Level

The MoH&FW organised a national consultation on transitioning from MDGs to SDGs (May 2016) which was attended by participants from the Central Ministries, States and

[21] Village Child Development Centres for Severely Malnourished Children and *Pradhan Mantri Matru Vandana Yojana*

[22] *Nyuntam Avashyakta Karyakram; Rashtriya* AYUSH *Mission; Rashtriya Mansik Swasthya Karyakram; Zila Yojana; Kishori Swasthya Suraksha Yojana;* Uttar Pradesh Health System Strengthening Project*; Bal Sanjeevan tatha Surakshit Matritva Yojana; Pradhan Mantri Matru Vandana Yojana*

Union Territories, international organisations, institutions and experts. In 2017, the MoH&FW organised five State level conferences on Goal 3. The Ministry has also used electronic media and social media for increasing awareness about Goal 3.

### State Level

**Table 5.2: Awareness raising initiatives by States in respect of Goal 3**

| | |
|---|---|
| **Assam** | • The nodal Agency for Goal 3 *viz.* 'Health and Family Welfare Department' was involved with awareness programme in only one out of the 17 Districts covered under the awareness programme.<br>• In the Health Sector, stakeholders like hospitals, nursing homes, diagnostic centers were not involved during awareness programme. |
| **Chhattisgarh** | • Draft Vision document for Health identifies several initiatives for IEC activities and awareness programmes against various targets under Goal 3. |
| **Haryana** | • The SDG Coordination Centre has been set up to take action for increasing public awareness, *etc.*, for SDGs including Goal 3. |
| **Kerala** | • The Health and Family Welfare Department had taken action for raising awareness regarding the 2030 Agenda among Government officials and other stakeholders through workshops, trainings and review meetings.<br>• The Information and Public Relation Department will be entrusted with the responsibility to conduct specific awareness generation programme for SDGs among general public. |
| **Maharashtra** | • The State has not taken any action regarding raising public awareness.<br>• The State Government intends to assign funds out of the District Annual Plan to conduct training programme for the Municipal Councillor and *Zila Parishad* members *etc.*, for creating greater awareness of the importance of SDGs by March 2019. |
| **Uttar Pradesh** | • In respect of Goal 3, the State Health Ministry did not undertake public awareness programmes and workshops/meetings to engage with civil society organizations and other stakeholders. The Ministry however, held inter-departmental/sectoral meetings involving different levels of Government officials.<br>• The Medical Health & Family Welfare (MH&FW) Department did not earmark budget for publicity of the 2030 Agenda and did not plan to incorporate awareness raising issues of the Agenda. |
| **West Bengal** | • Although various health awareness programmes were held in the State, in the absence of sectoral papers on SDGs, their linkage with SDGs were not established. |

## 5.5 Policy Coherence

### Central Level

MoH&FW informed audit (April 2018) about several initiatives taken by it that supported both vertical and horizontal coherence with respect to Goal 3. These include

adoption of "Delhi Commitment on SDG for Health" after a National Consultation of Health secretaries; constitution of an Inter-Ministerial committee to support the Full Immunization Programme; approval of State Programme Implementation Plans (PIP) under NHM and convergence between Central agencies with respect to targets relating to non-communicable diseases and the *Rashtriya Bal Swasthya Karyakram*.

However, audit examination of the aspect of policy coherence with respect to Goal 3 disclosed that important agencies such as Indian Council of Medical Research and Central Health Education Bureau were not formally associated with the implementation of Goal 3[23]. In addition, three Ministries linked with Goal 3 *viz.* AYUSH, Tribal Affairs and Home Affairs were not associated during the National Consultation on Transitioning from MDGs to SDGs. Moreover, as pointed out in Para 5.2, other Ministries connected with Goal 3 had not been made part of the Task Force constituted by the MoH&FW. With respect to vertical coherence, a Working Group set up by the MoH&FW for implementing Goal 3 in the States and UTs had not held any meeting.

## State Level

Observations on policy coherence in States in respect of Goal 3 are given in **Table 5.3**:

**Table 5.3: Policy coherence in selected States**

| | |
|---|---|
| **Assam** | Nodal Department had not identified other associated departments under Goal 3 such as Public Health Engineering Department (PHED), Transport Department, Environment and Forests, etc. |
| **Chhattisgarh** | As reported under para 5.3.3, six departments *viz.* AYUSH, Medical Education, Public Health Engineering, Home, Commerce & Industry, Environment though linked to Goal 3 were not mapped with it. |
| **Haryana** | In the Vision document, only one department has been linked with Goal 3 even though 11 other departments *viz.* Ayush, Medical Education and Research, Rural Development, Women and Child Development, etc. are also linked with this SDG. The nodal department (SDGCC) stated that, detailed sector wise plan will be prepared for better implementation of SDGs. |
| **Kerala** | The Department of Health and Family Welfare had taken up issues relating to road safety and deaths due to road accidents; health education and pollution, with the concerned departments. |
| **Maharashtra** | There was no evidence on any specific steps having been taken with respect to Goal 3 for horizontal mapping and identifying interconnections between SDGs. |
| **Uttar Pradesh** | The State Government had selected (October 2016) MH&FW as a nodal department for Goal 3 but specific roles for related entities and for different levels of administration had not been defined. Department (MH&FW) |

[23] Under MoH&FW, Indian Council of Medical Research is the apex body for biomedical and health research and Central Health Education Bureau deals with promotion of health education in the country.

| | |
|---|---|
| | explained (May 2018) that these aspects would be addressed in the proposed State Health Policy and *Gram Panchayat* Development Plan after the approval of the Department's Vision Document. |
| **West Bengal** | No institutional links at the local/district/block levels for promoting vertical coherence and integration were identified in the absence of approval for sectoral plans. |

## 5.6 Resource Mobilisation for Goal 3

The 2030 Agenda reaffirms a strong commitment to its implementation, which requires the effective mobilisation of resources. Issues related to availability and allocation of financial resources for Goal 3 are discussed in subsequent paragraphs;

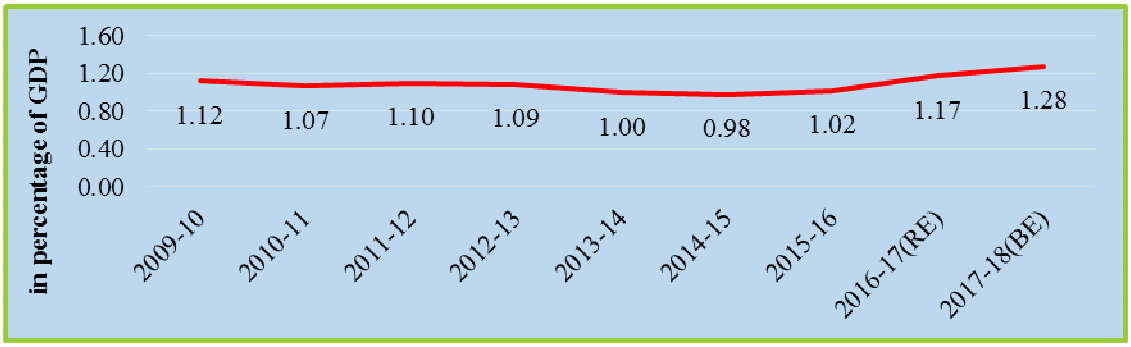
### 5.6.1 Mobilisation of Financial Resources and Budget Allocation

#### 5.6.1.1 Expenditure under National Health Policy

Goal 3 envisages substantial increases in health financing to meet various targets under the Goal. NHP, 2017 released by the MoH&FW proposes raising public health expenditure in a time bound manner from around one *per cent* (2015-16) to 2.5 *per cent* of GDP (at current price) by 2025. The Ministry affirmed its commitment to audit to increase the public health expenditure in a time bound manner and intimated (September 2018) that under NHM, States are mandated to increase health spending on primary care by at least 10 *per cent* every year. It also highlighted steps taken at a policy level for augmenting resources for the health sector such as levy of a combined four *per cent* health and education cess and provision of funds for health education infrastructure through the Higher Education Financing Agency.

The trend in public expenditure on health as percentage of GDP during 2009-18 is shown in **Graph 5.1**:

**Graph 5.1: Trend in Public Expenditure on Health**




*Note: Public Health Expenditure as percentage of GDP, BE= Budget Estimates & RE= Revised Estimates.*
*Source: National Health Profile, 2018 published by Central Bureau of Health Intelligence.*

Though Public Health Expenditure as a percentage of GDP has been increasing since 2015-16, it has remained within a narrow band of 1.02- 1.28 *per cent* of GDP. A study of data on trend of spending in the States and budget allocations at the Central level as

given in subsequent paras would show that concerted efforts would be needed to reach the target levels of spending on Public Health by 2025.

### 5.6.1.2 Budget Allocation for Health Sector at the Centre

#### a) Financial allocation for Health at Centre

Following projections of the Three Year Action Agenda (2017-20) to increase the Central allocation for the health sector to ₹ one lakh crore by 2019-20, GoI allocated ₹ 54,852.00 crore in 2017-18 (RE), ₹ 57,671.60 crore in 2018-19 (RE) and ₹ 65,037.88 crore in 2019-20 (BE) to the MoH&FW[24] and AYUSH, which is far short of the target.

#### b) Allocation for National Health Mission

The MoH&FW intimated that NHM is the primary vehicle for achieving Goal 3. The budget projection and allocation for NHM during 2017-18 and 2018-19 is depicted in **Table 5.4** and shows a shortfall in allocations in both the years:

**Table 5.4: Budget Allocation for NHM** *(₹ in crore)*

| Financial Year | Projection | Allocation | Shortfall | |
|---|---|---|---|---|
| | | | Amount | Percentage |
| **2017-18** | 34,315.7 | 26,690.7 | 7,625.0 | 22.2 |
| **2018-19** | 34,882.3 | 30,129.6 | 4,752.7 | 13.6 |

*Source: Report of the Parliamentary Standing Committee*

The Standing Committee of Parliament on Health while examining the allocations had observed that these shortfalls would affect strengthening of Health facilities.

### 5.6.1.3 Mobilisation of Funds and allocation for Health Sector in States

The National Health Policy prescribes increasing health spending to more than eight *per cent* of State's Budget by the year 2020. Audit examination of records in the seven selected States revealed that the achievement ranged between 3.29 to 5.32 *per cent* as detailed in **Table 5.5**:

**Table 5.5: Average Health Expenditure in selected States**

| State | Assam | Chhattisgarh | Haryana | Kerala | Maharashtra | Uttar Pradesh | West Bengal |
|---|---|---|---|---|---|---|---|
| **Average Health Expenditure*** | 5.32 | 4.78 | 3.29 | 5.24 | 4.15 | 4.74 | 4.47 |

*As percentage of average State Expenditure for the period 2012-17
*Source: CAG's Reports on Finance Accounts of the State*

[24] Including Department of Health Research.

In respect of action taken for assessment and mobilisation of financial resources for Goal 3, audit noted that none of the States except **Assam** had undertaken an assessment of financial requirements for the medium to long term. **Assam** had prepared an Outcome Budget for three years linked to SDGs including Goal 3.

### 5.6.2 Physical Infrastructure and Human Resources in Health Sector

NHP, 2017 focuses on closing of infrastructure and human resource gaps, optimum use of existing manpower and infrastructure as available in the health sector. Examination of budget items that support physical infrastructure and human resources in the health sector[25] shows augmentation in financial allocations in the last three years for ensuring availability of required infrastructure and human resources. MoH&FW (September 2018) has highlighted initiatives to upgrade existing Sub-Centres and Primary Health Centres to Health and Wellness Centres so as to ensure comprehensive primary care. In addition, it intimated that several measures such as increased recruitment of medical personnel and augmenting capacity of medical educational institutions were being undertaken to improve availability of human resources in the health sector.

The Performance Audit Report of the Comptroller and Auditor General of India (Report No. 25 of 2017), on National Rural Health Mission (NRHM[26]) which seeks to strengthen the delivery of public health services in the rural areas, highlighted shortfalls (ranging between 24 and 38 *per cent*) in the availability of SCs, PHCs and Community Health Centres in 28 States/UTs. The report also disclosed shortages of doctors and paramedical staff in almost all centres selected by audit. The annual report of the MoH&FW (2016-17) also accepts that health care service delivery requires intensive human resource inputs. The position with respect to availability of physical infrastructure (PHCs) and human resources (doctors) in selected States is provided in **Table 5.6**:

**Table 5.6: Distribution of Health Resources (Infrastructure and Human)**

| States | Infrastructure | | | Human | |
|---|---|---|---|---|---|
| | PHCs required as per population norms* | PHCs Functioning | Shortfall | Total number of Doctors in PHCs | Availability of Doctors per PHC[27] |
| A | B | C | D =(B-C) | E | F =(E/C) |
| Assam | 1,112 | 1,014 | 98 | 1,048 | 1.03 |
| Chhattisgarh | 870 | 785 | 85 | 341 | 0.43 |

[25] *Pradhan Mantri Swasthya Suraksha Yojana* (PMSSY) for new AIIMs; Health System strengthening under NRHM; Infrastructure Maintenance; Human Resources for Health and Medical Education

[26] NRHM is a sub-mission of NHM

[27] According to Indian Public Health Standards, one Medical Officer is required under each PHC with delivery load of less than 20 deliveries in a month (Type A PHCs), while for high load of deliveries (Type B PHCs) one more Medical Officer is desirable.

| | | | | | |
|---|---|---|---|---|---|
| **Haryana** | 501 | 366 | 135 | 429 | 1.17 |
| **Kerala** | 1,141 | 849 | 292 | 1,169 | 1.38 |
| **Maharashtra** | 2,461 | 1,814 | 647 | 2,929 | 1.62 |
| **Uttar Pradesh** | 5,183 | 3,621 | 1,562 | 2,209 | 0.61 |
| **West Bengal** | 3,046 | 914 | 2,132 | 918 | 1.00 |

*Source: National Health Profile 2018 issued by the Ministry of Health and Family Welfare*
**as on 31st March 2016 sourced from Report of CAG (No. 25 of 2017)*

Thus, despite existence of plans/policies and increased allocations for augmenting physical and human resources, significant shortages persist in physical resources in all seven states. In respect of human resources, there were considerable shortages in the States of **Chhattisgarh** and **Uttar Pradesh**.

## 5.7 Monitoring for Goal 3

Follow up and review of the implementation process is a core component of the 2030 Agenda to ensure that data systems, capacities, methodologies and mechanisms are in place to track progress. Issues related to availability of data for monitoring progress of Goal 3 and their reliability are discussed below.

### 5.7.1 Framework and Data for Monitoring at Central Level

The MoH&FW set up a Working Group for formulating a monitoring framework, identifying data sources, developing metadata for indicators, recommending targets for each indicator and development of a dashboard for Goal 3. In addition, two sub-groups were set up for fixing Universal Health Care indicators and strengthen the Health Information Systems for SDGs.

With regard to the monitoring framework, audit noted that the MoH&FW commenced (November 2016) developing the Health Indicator Framework (HIF) and in August 2017 identified 47 health indicators out of 232 indicators from the Global Indicator Framework (GIF). After deliberations and refinements, this was expanded to 73 indicators and also included health related indicators pertaining to other SDGs. In comparison, the NIF prepared by the MoSPI consists of 50 indicators relating to Health/MoH&FW.

The difference in the number of indicators covered by the two frameworks *i.e.,* HIF and NIF was due to exclusion of 23 indicators from NIF due to non-availability of data/data sources. Despite this, MoSPI included five indicators[28] in the NIF, for which data were not available and some important indicators such as maternal mortality ratio, under-five child mortality rate and neonatal mortality rate, for which according to MoH&FW, data were not regularly or uniformly available.

[28] According to Baseline Data Report, for indicators such as hepatitis incidence, adults consuming alcohol, number of HIV infections, women screened for cervical cancer and official development assistance for health research data is not yet available.

### 5.7.2 Framework and Data for Monitoring at State Level

State wise observations on formulation of monitoring framework and data identification with respect to Goal 3 are given in **Table 5.7**:

**Table 5.7: Monitoring of Goal 3 in selected States**

| | |
|---|---|
| **Chhattisgarh** | No separate framework was designed for monitoring and evaluation of data collection, transmission and coordination. |
| **Kerala** | Health and Family Department stated that it had initiated action regarding mainstreaming of the 2030 Agenda by identification of agencies for development of indicators, production of disaggregated data, collection, monitoring, follow-up, reporting and reviewing the progress achieved in implementation of SDGs. |
| **Maharashtra** | Data sources for 13 global health indicators were not available with the State Government. |
| **Uttar Pradesh** | MH&FW neither took any action for identification of agencies for indicators development, data collection, and production of disaggregated data and for reviewing the progress of SDGs nor assessed gaps in the existing monitoring mechanism for corrective actions. |
| **West Bengal** | Department of Planning, Statistics and Programme Monitoring set 80 Key Performance Indicators (KPIs) for measuring health targets. However, in respect of 25 KPIs, data source was not mentioned. In respect of four KPIs, baseline data were outdated and the data availability /data source/methodology was yet to be devised by the H&FW department. |

Thus, both at the Central and State levels there was evidence of insufficient efforts at putting in place a comprehensive indicator framework, identification of data sources, production of disaggregated data for Goal 3 which was essential for creating a robust monitoring and reporting framework.

### 5.7.3 Data Reliability

A Health Management Information System (HMIS) was introduced by the MoH&FW for obtaining information on inputs, outputs and outcome indicators for monitoring achievement of objectives of NRHM. This system was studied as part of a Performance Audit of NRHM (Report no. 25 of 2017) and gaps such as non-reporting of data by a large number of facilities, reporting of incomplete data, mis-match between reported data and basic records and absence of validation checks on data were reported. In its Action Taken Report on the Report of CAG, MoH&FW has intimated reporting by over 97 *per cent* facilities on HMIS and several other measures taken for ensuring data verifications and validation.

## 5.8 Audit Summation

MoH&FW is one of the key Ministry responsible for implementing Goal 3, and a National Task Force has been created for multi-stakeholder coordination. The National Health Policy, 2017 provides for time bound quantitative targets aligned to Goal 3. The MoH&FW also taken several steps for raising public awareness, stakeholder engagement and promoting both horizontal and vertical coherence. However, some linked Ministries have not been included in the Task Force and Working Groups. Annual financial allocations for the health sector has been rising but targets for outlays in 2019-20 had been missed which indicated that there is a long way to go before the goal of raising Public Health Expenditure to 2.5 *per cent* of GDP by 2025 could be met. Besides, providing adequate physical infrastructure and human resources critical for achievement of Goal 3 targets would be an area of challenge.