പതിനാലാം കേരള നിയമസഭ
പതിനൊന്നാം സമ്മേളനം

നക്ഷത്ര ചിഹ്നമിടാത്ത ചോദ്യം
നം. 3355.

20.06.2018 ലെ മറുപടിയ്ക്ക്

സുസ്ഥിര വികസന ലക്ഷ്യം

ചോദ്യം

ശ്രീ. കെ. ദാസൻ

ഉത്തരം

പിണറായി വിജയൻ

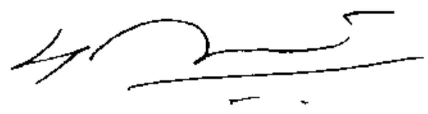
(മുഖ്യമന്ത്രി)

(എ) സുസ്ഥിര വികസന ലക്ഷ്യങ്ങൾ കൈവരിക്കുന്നതുമായി ബന്ധപ്പെട്ട് നാളിതുവരെ സംസ്ഥാന സർക്കാർ നടപ്പിലാക്കിയ പരിപാടികളും നടപടിക്രമങ്ങളും വിശദമാക്കാമോ;

(എ) 2030 - ൽ എല്ലാ രാജ്യങ്ങളിലും വികസനം ലക്ഷ്യമിട്ടുകൊണ്ട് ഐക്യരാഷ്ട്ര സംഘടന വിഭാവനം ചെയ്തിട്ടുള്ള സുസ്ഥിര വികസന ലക്ഷ്യങ്ങൾ (Sustainable Development Goals) എന്ന പദ്ധതിക്ക് ഭാരത സർക്കാരിന്റെ നീതി ആയോഗും സ്റ്റാറ്റിസ്റ്റിക്സ് ആന്റ് പ്രോഗ്രാം ഇംപ്ലിമെന്റേഷൻ മന്ത്രാലയവും ചേർന്ന് ദേശീയതലത്തിൽ ഒരു ചട്ടക്കൂട് രൂപകല്പന ചെയ്തിട്ടുണ്ട്. ആയതിന്റെ അടിസ്ഥാനത്തിൽ വിവിധ സംസ്ഥാനങ്ങളിൽ സുസ്ഥിരവികസന ലക്ഷ്യങ്ങൾ കൈവരിക്കുന്നതിന് ആവശ്യമായ പ്രവർത്തനങ്ങൾ നടന്നു വരുന്നു. കേരള സംസ്ഥാനത്തിൽ ഇതിലേയ്ക്കായി ആസൂത്രണ സാമ്പത്തികകാര്യ (സി.പി.എം.യു) വകുപ്പിനെ നോഡൽ വകുപ്പായും വകുപ്പ് ഡയറക്ടറെ നോഡൽ ഓഫീസറായും ചുമതലപ്പെടുത്തിയിട്ടുണ്ട്. സുസ്ഥിര വികസന ലക്ഷ്യങ്ങൾ നടപ്പാക്കുന്നതുമായി ബന്ധപ്പെട്ട് ചീഫ് സെക്രട്ടറി അദ്ധ്യക്ഷനായുള്ള State Level Steering Committee യും, സംസ്ഥാന ആസൂത്രണ ബോർഡ്, സാമ്പത്തിക സ്ഥിതി വിവരകണക്ക് വകുപ്പ്, തുടങ്ങിയ വിവിധ സാങ്കേതിക വകുപ്പുകളിലെ ഉന്നത ഉദ്യോഗസ്ഥരെ ഉൾപ്പെടുത്തി പ്ലാനിംഗ് സെക്രട്ടറി അദ്ധ്യക്ഷനായി Sustainable Development

Goals മോണിറ്ററിംഗ് ഗ്രൂപ്പും രൂപീകരിച്ചിട്ടുണ്ട്. കൂടാതെ സി.പി.എം.യു വകുപ്പിൽ അസിസ്റ്റന്റ് ഡയറക്ടറുടെ നേരിട്ടുള്ള മേൽനോട്ടത്തിൽ നാല് റിസർച്ച് അസോസിയേറ്റുകളെ ഉൾപ്പെടുത്തി SDG സെൽ രൂപീകരിച്ചിട്ടുണ്ട്. പദ്ധതിയുടെ സുഗമമായ നടത്തിപ്പിനു വേണ്ടിയും Sustainable Development Goals കൈവരിക്കുന്നതിനു വേണ്ട സൂചകങ്ങൾ തയ്യാറാക്കുന്നതിനുമായി Central Plan Monitoring Unit ഉം Kerala Institute of Local Administration ഉം ചേർന്ന് ബന്ധപ്പെട്ട വകുപ്പുകളിലെ ഓഫീസർമാരെ ഉൾപ്പെടുത്തി 16.02.2018 ൽ ശില്പശാല സംഘടിപ്പിക്കുകയുണ്ടായി. ആയതിന്റെ അടിസ്ഥാനത്തിൽ SDG യുടെ ലക്ഷ്യങ്ങൾ കൈവരിക്കുന്നതിന് ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥരെ ഉൾപ്പെടുത്തി തുടർ ചർച്ചകൾ 2018 ഫെബ്രുവരി, മാർച്ച്, ഏപ്രിൽ മാസങ്ങളിൽ സി.പി.എം.യു തലത്തിൽ നടത്തപ്പെടുകയുണ്ടായി. സംസ്ഥാന തലത്തിൽ ഓരോ സൂചികകൾക്കുമുള്ള വിവരങ്ങളുടെ ലഭ്യതയും സൂചികകളുടെ പ്രാധാന്യവും ഈ യോഗങ്ങളിൽ ചർച്ചചെയ്യപ്പെടുകയുണ്ടായി. ഈ പറയുന്ന ചർച്ചകളുടെ അടിസ്ഥാനത്തിലും നാളിതുവരെ നടന്ന പ്രവർത്തനങ്ങളെ അടിസ്ഥാനപ്പെടുത്തിയും ഒരു സ്റ്റാറ്റസ് റിപ്പോർട്ട് തയ്യാറാക്കി വരുന്നു. സംസ്ഥാന തലത്തിൽ 2018-19 സാമ്പത്തിക വർഷത്തിൽ നടപ്പാക്കി വരുന്ന പദ്ധതികളെ സുസ്ഥിര വികസന ലക്ഷ്യങ്ങളുമായി ബന്ധപ്പെടുത്തുവാനും അവയ്ക്കായി മാറ്റിവച്ച തുകയുടെ വിശദാംശങ്ങൾ അറിയുന്നതിനുമായി ഒരു സംസ്ഥാനതല ശില്പശാല 19.06.2018 ൽ നടത്തുവാൻ തീരുമാനിച്ചിട്ടുണ്ട്.

ചോദ്യം	ഉത്തരം
(ബി) ഇത് സംബന്ധിച്ച് ഓഡിറ്റർ ജനറൽ ഏതെങ്കിലും തരത്തിലുള്ള പരിശോധന നടത്തി റിപ്പോർട്ട് സമർപ്പിച്ചിട്ടുണ്ടോ; ഉണ്ടെങ്കിൽ ആയതിന്റെ പകർപ്പ് ലഭ്യമാക്കാമോ;	(ബി) ഉണ്ട്, പകർപ്പ് അനുബന്ധമായി ചേർത്തിരിക്കുന്നു.
(സി) മുൻ സർക്കാരിന്റെ പെഴ്സ്പെക്ടീവ് പ്ലാനിനോട് ചേർന്ന നിൽക്കുന്ന സമീപന രേഖ വികസിപ്പിക്കുന്നതിന് ഏതെങ്കിലും ഏജൻസി നിർദ്ദേശിച്ചിട്ടുണ്ടോ;	(സി) & (ഡി) മുൻ സർക്കാരിന്റെ പെഴ്സ്പെക്ടീവ് പ്ലാനിനോട് ചേർന്നു നിൽക്കുന്ന സമീപന രേഖ വികസിപ്പിക്കുന്നതിന് ഏതെങ്കിലും ഏജൻസി ഈ സർക്കാർ നിർദ്ദേശിച്ചിട്ടില്ല.
(ഡി) ആയത് മാറ്റമില്ലാതെ നടപ്പിലാക്കുന്നതിന് എന്തെല്ലാം നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ട് എന്ന് അറിയിക്കാമോ;	
(ഇ) ഈ സർക്കാരിന്റെ വികസന കാഴ്ചപ്പാടിനനുസൃതമായ സമീപനരേഖ തയ്യാറാക്കുന്നതിൽ എന്തെല്ലാം നടപടികൾ കൈക്കൊള്ളുമെന്ന് വ്യക്തമാക്കാമോ?	(ഇ) ഈ സർക്കാരിന്റെ വികസന കാഴ്ചപ്പാടിനനുസൃതമായ സമീപനരേഖ പതിമൂന്നാം പഞ്ചവത്സര പദ്ധതിയിൽ ഉൾപ്പെടുത്തി തയ്യാറാക്കിയിട്ടുണ്ട്.



Joint

Annexure

Draft Report on All India performance audit on 'Preparedness for implementation of Sustainable Development Goals'

Chapter 1 - Overview

1.1 Background

The heads of the Member States[1] adopted the resolution titled '*Transforming our World*' at the United Nations General Assembly Summit in September 2015. The *2030 Agenda for Sustainable Development* consisting of 17 Sustainable Development Goals (SDGs) to be achieved by the year 2030 was outlined in the Summit.

The 2030 Agenda evolved from eight earlier Millennium Development Goals (MDGs), which were adopted in the year 2000 and concluded in 2015. MDGs provided goal-oriented global results framework focusing on social development and poverty eradication. Many countries made significant progress towards achieving the MDGs. However, additional efforts were considered necessary for the development beyond 2015.

The SDGs were put together on the experience of MDGs, but represent a significant change compared to the previous global results framework. SDGs are expected to set up the development agenda and policies to eradicate poverty, protect the planet, foster peace and promoting prosperity for all. The central principle of the Agenda is '*leaving no one behind*' by reaching the farthest first.

1.2 Introduction to SDGs

The 2030 Agenda for sustainable development came into effect from January 2016 with 17 Goals and 169 Targets.

NITI Aayog[2] has categorized the Goals according to their emphasis in following dimensions/sectors:

Social

- Goal 1- No poverty,
- Goal 2- Zero Hunger,

[1] 193 countries are in the list of Member States of United Nations

[2] The National Institution for Transforming India, also called NITI Aayog, was formed via a resolution of the Union Cabinet on January 1, 2015. NITI Aayog is the premier policy 'Think Tank' of the Government of India, providing both directional and policy inputs.

- Goal 3- Good Health and Well Being,
- Goal 4- Quality Education,
- Goal 5- Gender Equality and
- Goal 6- Clean Water and Sanitation.

Economic

- Goal 7- Affordable and Clean Energy,
- Goal 8- Decent Work and Economic Growth,
- Goal 9- Industry, Innovation and Infrastructure,
- Goal 10- Reduced Inequalities,
- Goal 11- Sustainable Cities and Communities.

Environmental

- Goal 12- Responsible Consumption and Production ,
- Goal 13- Climate Action,
- Goal 14- Life Below Water and
- Goal 15- Life on Land,

Fostering Peace and Partnership -

- Goal 16- Peace, Justice and Strong Institutions and
- Goal 17- Partnerships for the Goals.

1.3 Structure of the 2030 Agenda

The 2030 Agenda integrates, in a balanced way, five components of development to be implemented by all countries and stakeholders in a collaborative partnership:

People	To end poverty and hunger in all forms and dimensions and to ensure that all people can fulfil their potential in dignity and equality in a healthy environment.
Planet	To protect the planet from degradation, including through sustainable consumption and production, sustainably managing its natural resources and taking urgent action on climate change, so that it can support the needs of the present and future generation.
Prosperity	To ensure that all people enjoy prosperous and fulfilling lives and economic, social and technological progress occurs in harmony with nature.
Peace	To foster peaceful, just and inclusive societies which are free from fear and violence
Partnership	To mobilize the means required to implement the Agenda through a revitalized Global Partnership for Sustainable Development based on a spirit of strengthened global solidarity, focused in particular on the needs of the poorest and most vulnerable with the participation of all countries, stakeholders and people.

Although the SDGs are not binding, the governments are expected to assume ownership and establish national frameworks for achieving them. Based on the guidelines developed by the United Nations Development Group (UNDG) to support Member States, following stages/practice areas have been prescribed for mainstreaming the 2030 Agenda at the country level.

i. Raising awareness
ii. Multi-stakeholder approaches - Reviewing plans and adapting SDGs
iii. Horizontal policy coherence
iv. Vertical policy coherence
v. Financing and budgeting for the future
vi. Monitoring, reporting and accountability
vii. Assessing risk and fostering adaptability

Introduction to framework of the 2030 Agenda *viz.* Vision and Principles, Results Framework, Implementation, Follow-up, Monitoring and Review

1.4 Institutional arrangements for implementation of SDGs

Designation of Nodal Department and Nodal Officer

Kerala State Planning Board (KSPB), Planning & Economic Affairs (Central Planning and Monitoring Unit -CPMU) Department, Department of Economics and Statistics (DES) and Kerala Institute of Local Administration (KILA)[3] were responsible for the implementation of SDGs in the State.

For the implementation and monitoring of SDGs in the State, the Planning & Economic Affairs (CPMU) Department has been designated as the Nodal Department.

The Director, CPMU, Planning and Economic Affairs Department, Government of Kerala has been nominated as the Nodal Officer for handling SDGs in Kerala.

SDG cell was constituted under the Director, CPMU. Four Research Associates were posted in CPMU for developing measurement framework for tracking/monitoring the progress of SDGs, associated targets and indicators pertaining to the State.

Government of Kerala had identified (December 2017) 12 Departments as nodal departments for implementation of 17 SDGs in the State. Nodal officers were also designated for each Goal detailed in **Appendix 1.**

[3] An autonomous institution functioning for the Local governments in Kerala engaged in myriad of capacity building interventions on local governance and decentralization; including training, action-research, publications, seminars and workshops, consultancy, documentation, handholding and information services.

A State Level Steering Committee headed by Chief Secretary and an SDG Monitoring Group headed by Secretary Planning and Economic Affairs were constituted (November 2017) to review the progress of implementation and monitoring of SDGs in Kerala.

Chapter 2: Audit Approach and Methodology

2.1 Audit Approach

In line with whole of government approach, an all-India Performance Audit is being conducted from December 2017 to March 2018. During the audit process focus will be on the results and systems of the government responsible for the implementation of the 2030 Agenda.

2.2 Audit Objectives

The performance audit is being taken up with the following objectives:

i. to what extent has the government adapted the 2030 agenda into its national context;
ii. has the government identified and secured resources and capacities needed to implement the 2030 Agenda;
iii. to assess the robustness and accuracy of procedures put in place to track allocation of resources against targets within the SDG.
iv. has the government established a mechanism to monitor, follow-up, review and report on the progress towards the implementation of the 2030 Agenda.

2.3 Scope and Coverage

Performance Audit on Preparedness for implementation of sustainable Development Goals is being conducted on all India basis for inclusion in the CAG's Audit Report for presentation to the Parliament. In the Performance Audit, the status of leading preparedness activities for implementation of the SDGs with special emphasis for a detailed analysis on **Goal 3** (Good Health and Well being) regarding mainstreaming with the 2030 Agenda also to be assessed. The Audit will involve scrutiny of records and other evidence in the Nodal department and other concerned Departments associated with SDGs at the state level. The performance audit will cover the preparedness for the implementation of SDGs and will not cover the analysis of results of implementation of SDGs.

The audit was conducted to assess the status of Preparedness for implementation of Sustainable Development Goals in the State. Audit was conducted in Planning &

Economic Affairs (CPMU) Department, Health and Family Welfare Department, Finance Department, Directorate of Health Services, State Health System Resource Centre (SHSRC), Kerala State Planning Board (KSPB), Department of Economics and Statistics (DES) and Kerala Institute of Local Administration (KILA). An entry conference was conducted with the Addl. Chief Secretary, Department of Health & Family Welfare and Director, CPMU, Planning & Economic Affairs Department, Kerala on 23.01.2018.

2.4 Audit Criteria

The main source of audit criteria would be derived from the following documents:

- The 2030 Agenda for Sustainable Development;
- Reference Guidelines to UN Country Teams- Mainstreaming the 2030 Agenda for Sustainable Development issued by UNDG;
- Instructions/orders/circulars issued by the Central/State governments regarding preparedness and implementation of the SDGs.

2.5 Acknowledgement

No files and documents were available in any of the departments test checked. So the report was prepared mainly depending on the reply furnished by the departments for the audit enquiries.

Chapter 3 Implementation of SDGs in National Context

Dealt with Separately by Hqrs. Office

Chapter 4 Implementation of SDGs at Sub-National levels

4.1 Adoption of 2030 Agenda

4.1.1. Action plan for implementation of SDGs

- Institutional arrangements set up for the implementation of SDGs are given in Para 1.4. Though the Nodal Officer was designated as early in November 2016, the Nodal Department for the implementation of SDGs was designated only in December 2017. The Nodal department for each goal was also identified in December 2017 only. Six[4] out of twelve nodal departments are not designated nodal officers for the implementation of the activities of SDGs. The delay in

[4] General Education, Power, Labour &Skills, Industries & Commerce, Home & Vigilance, Finance departments

designating nodal department and nodal officers had delayed the commencement of preparedness activities for SDG in the State.

- The SDG Monitoring Group at its meeting held on 16.1.2018 had approved the roadmap for the implementation of SDGs in the State.
- NITI AAYOG directed (August 2016) the State governments to prepare the following documents and sent to NITI AAYOG:

1. A vision document keeping in view the social goals set and/or proposed and SDGs for about 15 years ie., up to 2030 which is co-terminus with the period to achieve the SDGs.
2. A seven year strategy from 2017-18 to 2023-24 to convert the long term vision into implementable policy and action as a part of "National Development Agenda" with midterm review after three years ie., the year ending March 2020.
3. A three year Action document for 2017-18 to 2019-20 aligned to the predictability of financial resources during the 14th Financial Commission Award period.

But audit noticed that the State Government had not prepared the above documents and sent to NITI AAYOG till date.

- In the Voluntary National Review Report of India, while highlighting the state level initiatives on SDGs it was reported that Kerala has sector specific plans upto 2030 with emphasis on encouraging entrepreneurship in production, Science & Technology etc., and ensuring environmental and social sustainability. Audit noticed that the state had prepared Kerala Perspective Plan 2030[5] in 2014 before the announcement of SDGs by UN, but this 15 year vision document was not realigned with the SDG goals.

Recommendation 1: *Nodal departments may designate nodal officers for implementation of SDGs so as to ensure timely implementation of the scheme. Government may initiate action to realign Kerala Perspective Plan 2030 and for the preparation of seven year strategy, three year Action document.*

4.1.2. Mapping of Goals and Targets

According to the UNDG guidelines, Member States may undertake a process of comparing the content of existing national, sub-national and local development strategies and plans

[5] A Vision document for the next fifteen years prepared by Kerala State Planning Board

with the SDGs. Identifying gaps, mapping SDGs interconnections, making initial recommendations to the leadership, setting nationally-relevant targets, formulating strategy and plans are suggested in the guidelines. This includes,

1. **Reviewing existing strategies and plans and identifying gaps:** to scan and detail the landscape of existing strategies and plans at the national, sub-national and local levels and then compare against the global SDGs and targets to identify gaps and provide the basis for recommending areas for adjustment;
2. **Mapping SDG interconnections:** for identifying and understanding potential co-benefits and trade-offs to inform strategies and priorities;
3. **Making initial recommendations to the leadership of the national government:** for addressing SDG gaps in existing strategies and plans whilst recognizing that the SDGs "*...are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental.*"
4. **Setting nationally-relevant targets:** for nationally-adapted and inclusive SDGs that are achievable, yet ambitious; and
5. **Formulating strategy and plans using foresight and systems thinking:** to incorporate the recommendations and the insights from the above steps into strategies and plans and matching ambition and commitments with resources and capacities.

The following observations are made.

- Based on the decision taken by the SDG Monitoring Group (January 2018), the state government conducted review of existing strategies, policies and plans and mapping of existing government schemes and plan outlay with SDG goals were completed. The state had identified 143 schemes having a plan outlay of Rs 11023.50 crore and these were mapped with 15 goals as detailed in **Appendix 2.**
- No Schemes were mapped with Goal 10 and Goal 17. Similarly target wise mapping of schemes were also not done.
- Government had not identified the areas of conflict or compatibility.

Recommendation 2: *Government may initiate action for target wise mapping of schemes in all goals.*

4.1.3. Involvement of stakeholders

The core to the quality and legitimacy of a society-wide agenda is the application of multi-stakeholder approaches for policy development and implementation to encourage

and facilitate partnerships between government and nationally and sub-nationally active stakeholder networks of civil society, universities, think tanks, the private sector and other development actors. Multi stakeholder approaches includes

1. Initial multi-stakeholder engagement for increasing public awareness of the 2030 Agenda;
2. Working with national multi-stakeholder bodies or forums for reviewing existing schemes;
3. Guidance for multi-stakeholder dialogue to assist with the process of engagement; and
4. Fostering public-private partnerships to leverage the ingenuity, scaling-up ability and investment potential business.

However audit observed the following:

- Government had not taken appropriate actions for raising awareness regarding the 2030 Agenda among government officials and other stakeholders through publicity/awareness programmes like workshops, meetings, seminars, training etc. Government replied that they are planned to hold an interdepartmental consultation group in mid February where the concerned departmental nodal officers, State Planning Board, CPMU, KILA will brainstorm to reach a strategy for coherent implementation of 2030 Agenda.
- Government had not set up any structure to create multi-stakeholder council or forum or a similar body to encourage partnerships between government and state level active stakeholders.
- The inputs of the stakeholders were not incorporated effectively in formulation of SDG policies and plans.
- Government had not organised any special events and disseminated information about SDGs through audio/visual/print media.
- Government had not included any activities for 'raising awareness of 2030 Agenda and multi-stakeholder participation' in the state policies, plans and programmes.
- No action was taken by the government to identify private entities which can invest in government projects, can provide job opportunities, resources etc.

Recommendations 3: *Government may take steps to set up a multi stakeholder council or a body to encourage partnership between government and state level stakeholders.*

Action may also be initiated for raising awareness regarding the 2030 Agenda among government officials and other stakeholders through publicity/awareness programmes

4.1.4 Integrated approach

The 2030 Agenda recognizes that different dimensions of development are interconnected and commits to an integrated and balanced approach to achieve sustainable development. The interrelations between the goals and targets are complex. Targets related to one goal appear under other goals. In some cases, targets under one goal support the realization of other targets. In other cases, two targets may work at cross purpose and trade-offs have to be made. Integrated approach includes

1. Integrated policy analysis to ensure that proposed policies, programmes and targets are supportive of nationally adapted SDGs;
2. Coordinated institutional mechanism to create formal partnerships arose sectoral line ministries and agencies; and
3. Integrated modelling to clarify and articulate the interconnected system of goals and targets and to analyse and inform key policies, programmes and projects for their impact on nationally adapted SDGs.

In this regard audit observed the following:

- Government had constituted State Level Steering Committee for periodical meeting involving all levels of government.
- No action was taken by the state government to integrate the 2030 Agenda.
- Government had not created institutional links (Central focal point) at the local, district level for promoting vertical coherence and integration.
- Roles and responsibilities at various levels of the government were not clearly defined.
- No mechanism was established by the state government for periodical submission of progress reports regarding mainstreaming of 2030 Agenda and implementation of SDGs to Centre/NITI Aayog.
- The State Government had not established any mechanism for linking the performance of local governments towards SDGs to the funds being devolved to them and grants being provided under various programmes.

***Recommendations 4: Government** may initiate action to integrate 2030 Agenda in to policies, programmes and targets. A mechanism for linking the performance of local*

governments towards SDGs to the funds being devolved to them and grant being provided under various programmes may be created.

4.1.5 Awareness activities

Building public awareness and engaging national, sub-national and local stakeholders in the 2030 Agenda for Sustainable development and SDGs is a critical and initial and ongoing step in successful implementation. Beyond just awareness, achieving a similar level of understanding among governmental and non-governmental stakeholders is critical. Awareness activities include:

i) An introductory workshop series to sensitize government officials and stakeholders to the 2030 Agenda and SDGs,

ii) Public Awareness campaign to communicate the 2030 Agenda and SDGs to the general public including women, children, youth and others such as internally displaced persons and non-nationals such as refugees, stateless persons and economic migrants and;

iii) Opportunity management to leverage other government and UN-sponsored meetings and forums to sensitize government officials and stakeholders to the 2030 Agenda and SDGs.

In this regard Audit observed that:

- Publicity/awareness programmes like camps/advertising through print media/ radio/television etc., for general public including women, marginalised groups, internally displaced persons, refugees, migrants etc were not conducted. Government replied that Information and Public Relations Department (IPRD) will be requested to do the same.
- Government planned to conduct Workshop with civil society organisations, universities, think tanks, the private sector and national human right institutions in mid-February 2018.
- An inter ministerial/Sectorial meetings involving different levels of government was not conducted in the State. It was replied that such a meeting would be held in mid of February.
- Government identified National Foundation of India (NFI) for mobilizing and sharing knowledge, expertise, technologies and financial resources. NFI support the State in facilitating the SDG with state policies and schemes/programmes with a financial support of Rs 60 lakh. Kerala Institute of Local Administration, the

nodal agency to GoK for capacity development of local self-governments, was entrusted to act as the lead implementing partner of the project financed by NFI. I[st] instalment of Rs 30 lakh was received in October 2017 of which Rs 7.19 lakh was utilised so far and Rs 22.81 lakh is still available.

***Recommendations 5:** Government may initiate action to give publicity and awareness programmes through print media/radio/television etc., for various categories of public.*

4.1.6 Gaps in the mapping

State had mapped 162 existing schemes with 15 goals. 49 existing schemes were mapped with Goal – 3 Good Health & Well being. Scrutiny of annual plan document, budget documents and other documents for 2017-18 revealed that all schemes related to SDGs were not mapped with the corresponding goals and targets. The lone existing scheme on SDG ie., 'State specific Sustainable Development Goals (SDG) based interventions and special campaign' (Rupees 2 crore) was not seen mapped. Many schemes directly related to various targets under Goal 3 were also not mapped. Instances are given in **Appendix 3.**

- Local Self Government Institutions are implementing various projects relating to various SDG targets. However, these were also not seen mapped by the State Government/Nodal Department.

4.2 Mobilization of resources

The 2030 Agenda requires effective mobilization of financial resources and partnerships. The agenda emphasizes that "cohesive nationally owned sustainable development strategies, supported by integrated national financing frameworks" will be the mainstay of sustainable development efforts. The state Government had to establish a mechanism/ procedure to tract allocation of financial resources against specific targets. The financing and budget is three folded. They are:

1. Taking stock of the array of financing sources for the 2030 Agenda by considering all sources of financing as outlined in the Addis Ababa Action Agenda (AAAA);
2. Taking stock of the array of financing instruments by considering the financing instrument outlined in the AAAA and the relevant section of the Paris Agreement on Climate Finance; and
3. A review of strategies for more effective financing through reforms of harmful subsidies and other strategies and policies to reduce future needs and expenditure.

The following observations are made:

- Government had set up a State Monitoring Group (SMG) and State Level Steering Committee (SLSC) to review the actual progress towards targets and expenditure incurred on achieving those targets in order to examine the excess and savings.
- In Kerala, the Government had not allocated funds for specific targets under SDGs except Rupees two crore for "Special Campaign activities" under Goal 3.
- Government had not done outcome-based/ result- based budgeting for effective use of finance by allocation of fiscal resources along the lines of high priority/level targets keeping in view expenditure priorities.
- No mechanism was established by the Government to identify high priority/level targets.
- No action was taken by the Government for organizing government's allocation of fiscal resources along the lines of high level targets. Government replied that it was planned to do in the budget for the year 2019-20.
- Government had not adopted robust procedures for using financial resources effectively and strategies to keep more systematic track of the alignment of fiscal resources with agreed goals and targets.
- Government had not evolved any strategies to manage budget, keeping in view interconnections between targets and by adopting whole of government approach.
- Government had not integrated SDGs into budgets.

Recommendation 6: *Government may take action to integrate SDG into budget and allocate fiscal resources along the lines of high priority targets.*

4.3 Follow-up, Monitoring and Review

Follow-up and review are the key aspects of the 2030 Agenda for SDG. Ensuring that the statistical systems, capacities, methodologies and mechanisms are in place to track the progress and ensure accountability with the engagement of citizens, Parliament and other national stakeholders. Monitoring, reporting and accountability include the following specific aspects.

1. **Indicator development and data collection** to undertake comparative assessment between existing national statistics and the data needs of the global set of SDG indicators proposed by the Inter-agency and Expert Group on SDG Indicators

2. **Disaggregating data** by sex, age and other salient socio-economic characteristics, including income/wealth, location, class, ethnicity, age, disability status and other relevant characteristics as a means for 'leaving no one behind;
3. **Participatory monitoring and data collection** for involving citizens directly in the measurement process, for example through citizen science;
4. **Monitoring and reporting systems** to work with existing data and metadata reporting systems and to create online systems for information exchanges, including reporting on key indicators and providing opportunities for both horizontal and vertical coordination;
5. **Follow-up and review through Voluntary National Reviews (VNRs)** to provides Member States with a mechanism to share their progress toward implementing the 2030 Agenda and achieving the SDGs, and represents an important mainstreaming opportunity in and of itself;
6. **SDG country reporting guidelines** which act as a reference for UNCTs supporting country-level SDG reporting; and
7. **Other review processes and mechanisms** for reviewing progress on nationally and sub-nationally adapted SDGs.

4.3.1. Development of indicators

The Ministry of Statistics and Programme Implementation (MoSPI), Government of India had been assigned with the task of development of measurement framework for tracking/monitoring the progress of nationally defined SDGs and associated targets with the support of the Ministries/Developments implementing various targets. Based on the inputs received from the subject matter Ministries and Departments, MoSPI had prepared (March 2017) initial Draft National Indicator Framework for monitoring of nationally defined SDGs. But No action was taken by the State Government to review the revised National Indicators. Government replied (February 2018) that data had been compiled for 153 indicators and the rest are under process.

4.3.2. Data to monitor progress

- State Government had designated Economic and Statistics Department as the nodal department for collection, compilation and dissemination of data.
- No action was taken by the government for imparting specific training for survey enumerators and recording officers.

- Government had not taken any action for holding technical meetings. The Nodal Department replied that a thematic work shop was proposed to be conducted during February 2018.
- No action was taken by the government to establish processes for 'special surveys' where data related to marginalised peoples/groups were not available as per the current data collection methodologies.

4.3.3. Report and review mechanism

- Government had set up a State Monitoring Group (SMG) and State Level Steering Committee (SLSC) to review the actual progress towards targets and expenditure incurred on achieving those targets in order to examine the excess and savings.
- Government stated (February 2018) that CPMU had taken action for strengthening monitoring and reporting system.
- SDG Monitoring Group at its meeting held on 16.01.2018 directed DES to develop a data management system including dash board for SDG and also directed KILA to impart training programme to DES officials for development of data management system in tune with the requirement of SDG. But the training was not arranged by the KILA and no action was taken by the DES to develop the data management system.

Recommendations 7: ***Government** may take steps to impart training for survey enumerators and recording officers. Action may also be initiated to develop the Data Management System.*

Chapter 5 SDG 3 – Good Health and Well-Being

5.1 Introduction

Under Goal -3 – Good Health and Well being had 13 targets with an aim to promote physical and mental health and well being, extending life expectancy to all, achieving universal health care and access to quality health care to all. The 13 targets fixed by the UN under Goal -3 are given in **Appendix 4.**

5.1.1. Status of implementation of Millennium Development Goals in the State

Director of Health Services failed to furnish the status of Kerala in attaining the MDG targets relating health. As per the Millennium Development Goals India Country Report 2015 prepared by Ministry of Statistics and Programme Implementation, the position of Kerala in achieving the MDG targets related to health was given in **Appendix 5.**

5.2 Preparedness in implementation of the Goal -3 in the State

The Health and Family Welfare Department was selected as the Nodal department for the implementation of Goal 3 in the State. Additional Secretary – I, Health & Family Welfare Department was designated (January 2018) as Nodal Officer. Nodal officers for targets and group of targets were not designated so far.

5.2.1. Preparation of framework for implementation of Health Policy

No implementation frameworks were put in place for the National Health Policy in the State.

5.2.2. Reviewing existing strategies and plans and identifying gaps

Reviews were conducted by the Department of Health & Family Welfare in order to compare existing strategies, polices, plan and schemes and their comparison with global SDGs and targets for identification of gaps. The department stated that plan programmes addressed the targets of SDGs.

5.2.3. Awareness Activities

Audit noticed that the Health &Family Welfare Department had not conducted standalone awareness generators for SDG to create awareness among general public. However, Department had taken action for raising awareness regarding the 2030 Agenda among government officials and other stakeholders through workshops, training and review meetings. The Department had also conducted workshops/meetings with different stakeholders in different units such as Non Communicable Diseases, Communicable diseases etc.

It was further stated that The Panchayat Presidents and Standing Committee Chairpersons have been sensitized on the SDGs and involved in training and meeting for inclusion into

their project planning and activities for SDGs through Ardram Mission[6] and Family Health Centres. Though a session for sensitizing the Members of Legislative Assembly was planned, it could not be materialized due to lack of convenient date and time.

5.2.4. Involvement of stakeholders

- The Department of Health &Family Welfare had taken up the matter of devising the means for reducing the deaths due to road accidents with Motor Vehicles Department.
- Department of Health &Family Welfare had taken up the matter of Nirbhay Nari, Health Education (including AYUSH and introduction of Yoga in education) and Pollution with the connected departments' *viz.* Women and Child, Social Justice and Forest and Wildlife.
- It was replied that the Department had not taken up the matter of taking action against gender violence with Department of Social Justice/Women and Child Development & department of Home.
- The Department had not taken up the matter of taking action for reducing narcotic drug abuse with department of Home Affairs.
- Involvement of private health care sector and medical technologies were ensured in reduction of IMR and MMR.
- Department of Health & Family Welfare had a mechanism for competitive procurement of drugs which provided access to affordable essential medicines and vaccines.

5.2.5. Identified and secured resources and capacities

- Health & Family Welfare Department stated that the action for reducing catastrophic household health care expenditure is under process.
- Department of Health & Family Welfare had taken action for optimum utilization of existing manpower and infrastructure as available in health sector but collaboration with non government sector was not involved.

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[6] Mission AARDRAM aims at creating "People Friendly" Health Delivery System in Kerala. Through the state of the art investigation and intervention protocols it envisages transforming all Primary Health Centers into Family Health Centres as a first level Health delivery point. The mission envisages ensuring quality care at Primary Health Centres. All high footfall hospitals will be transformed to patient friendly Out Patient service providers.

- The Department had taken action for ensuring improved access of quality primary secondary and tertiary care services through a combination of public hospitals and private care providers.
- No exercise for estimation of resources/additional resources for fulfilment of 2030 Agenda was conducted.

5.2.6. Mobilization of resources and budgeting

Audit observed that the Health Department had not done outcome-based/ result- based budgeting for effective use of finance by allocation of fiscal resources along the lines of high priority targets keeping in view of expenditure priorities. A robust procedure for using financial resources effectively and strategies to keep more systematic track of the alignment of fiscal resources with agreed goals and targets had also not been adopted by the Department. Similarly, the Department had not established a mechanism to review actual progress towards targets and expenditure incurred on achieving those targets in order to examine the excess or savings so that future requirement of budget under specific target can be assessed. Strategies to manage budget, keeping in view interconnections between targets and by adopting whole of government approach, has also not been evolved at the Department level.

Even though budget was not integrated with SDGs, GoK earmarked Rupees two crore for the scheme 'State specific Sustainable Development Goal (SDG) based interventions and special campaign' during 2017-18. As per the Annual plan write up for the year 2017-18, the fund was set apart for launching special campaigns at the LSGI level. Community level and intersectional interventions intended for prevention and control of communicable diseases, non-communicable diseases, mental health, trauma, maternal and child health issues, elderly health care, palliative care etc. would be covered through this campaign. However, administrative sanction was accorded (September 2017) for the fund set apart under the scheme for the following purposes.

I. Equipment purchase for Trauma care centre	Rs 51.31 lakh
II. Malaria-Filaria elimination	
a) Sensitization/training programme	Rs 29.60 lakh
b) Manpower and equipment for control activities	Rs 10.40 lakh
III. Purchase of dental chair and accessories for new dental units	Rs 10.00 lakh

IV. AIDS control society

a) Lab Technician Training — Rs 7.68 lakh

b) Consumables — Rs 14.00 lakh

V. Adolescent health programme

a) Infrastructure development of adolescent health centres — Rs 14.00 lakh

b) Salary of counsellors — Rs 60.48 lakh

c) Training of new counsellor — Rs 2.25 lakh

Audit observed that as per the plan proposal of DHS the fund was to be utilized for various training, preparation of handbooks and various campaigns. However, Rs 160.19 lakh of the above fund was being allotted for the purchase of equipments/consumables/furniture or for manpower which defeated the purpose of introduction of a new scheme for awareness activities. The fund was also utilised for dental health which was not a target under Goal-3.

5.2.7 Human resources

An outcome-based/result- based allocation of human and Information and communication technology (ICT) resources along the lines of high priority/level for effective utilization of available resources has not been done by the Health Department. Further, a robust procedure for using human and ICT resources effectively and strategies to keep more systematic track of the alignment of these resources with agreed goals and targets were also not been done by the Department.

5.2.8 Monitoring

- It was stated that the Department has partly initiated action regarding mainstreaming of 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. However, audit could not verify the extent of activities done by the department in this regard due to non availability of records.
- Department had not taken any action to set up an institutional mechanism for ensuring co-ordination between statistical agency, planning agency and different sectors and level of the government.

- Department had not taken any action to identify agencies for conducting/facilitating reviews regarding 'progress on the 2030 Agenda.

5.2.9 Base line data

Based on the reply furnished to audit the following observations were made:

- Health & Family Department had taken action to fill data gap by conducting surveys, holding technical meeting, devising methods to improve and use administrative data.
- Department had not taken any action for imparting specific training for survey enumerators and recording officers.
- Department had not taken any action to establish processes for 'specialised surveys' where data related to marginalized people / groups is not available as per the current data collection methodologies.

5.2.10 Activities done by the Health Department in connection with preparedness for the implementation of Goal -3

Kerala had already progressed ahead of the following targets set in the global targets in Goal- 3.

Global target	Status of the state	New target set by the state
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 1,00,000 live births	66 per 1,00,000 live births	To reduce MMR to 30 per 1,00,000 by 2020 and to reduce MMR to 20 per 1,00,000 by 2030
3.2 By 2030, end preventable deaths of new-borns and children under five years of age with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under – 5 mortality to at least as low as 25 per 1,000 live births.	IMR : 12 per 1000 live births NMR : seven per 1000 live births Under –5 mortality : 14 per 1000 mortality	To reduce IMR from 12 to 8 by 2020 and to six by 2030. To reduce NMR from seven to five by 2020 and three by 2030. To reduce Under – 5 mortality from 14 to nine by 2020 and to seven by 2030.

As per directions from Additional Chief Secretary (H&FW), State Health System Resource Centre (SHSRC) has coordinated the activities in connection with development of Goal - 3 specifically for the state. Twenty two groups were formulated to develop state specific targets in sync with the targets under SDGs for 2030. Each group consist of academicians

and experts working in the concerned area who charted out the State's agenda in the health sector for the next five years, with specific goals and targets. Strategies and activities for each target were also developed. All groups suggested strategies to strengthen Public health care system which include interventions in primary, secondary & tertiary levels, interventions to address social determinants of health and marginalised population. A new Mission called 'Aardram' was introduced by the Government which envisages transformation in the Health system of Kerala to achieve the goals of the state. While the SDGs have set 2030 as the time target, Kerala, through Mission Aardram will primarily focus on what it can achieve in the next five years, by 2020.

Targets announced by the UN were examined by working groups for their relevance to the state and were adapted to suit the state's current epidemiological status and capacity. In addition to the targets listed in the UN documents Kerala has included targets in Dental, Ophthalmic and Palliative care as they were considered important by the state. The groups also recommended key strategies to achieve these targets. The twenty two Expert groups formed for the achievement of targets under Goal 3 were listed in **Appendix 6.**

The details of report furnished for each targets of Goal – 3 and subsequent action taken by the department are as shown below:

Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 1,00,000 live births

Kerala has already achieved SDG target 3.1 of "Reducing MMR to 70". The status of Kerala was 61 per 1,00,000 live births. But still there are lacunae in the maternal and new born care. If these lacunae are addressed, the State will be able to bring down the Maternal Mortality Rate further to even single digit. For each maternal mortality, it is assumed that 20 maternal severe morbidity exists, which is negatively affecting the health and productivity of the society. Maternal mortality is the tip of the iceberg of submerged morbidity. With 98 *per cent* institutional delivery and 97 *per cent* of mothers availing antenatal care services, the State has set a revised target which will address mortality and morbidity.

Global target	MMR in India as per SRS Report	MMR in Kerala as per SRS Report	Target set by Kerala
70/1,00,000 live birth	167	66	To reduce MMR to 30 by 2020 To reduce MMR to 20 by 2030

To work out strategies for achieving the target an expert group was formed. The Expert Group worked out strategies and identified indicators and responsibility mapping was

done. The Expert group submitted its report to Director of Health Services on December 2016. Details of awareness camps conducted and mobilization of financial resources were not furnished by the Directorate of Health Services.

Target 3.2 By 2030, end preventable deaths of new-borns and children under five years of age with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

Kerala had achieved low levels of mortality in comparison to other states of the country. Kerala was well ahead of SDG global target also. So Kerala had set revised targets. The details are given below:

Global target	IMR in Kerala as per SRS Report	Target set by Kerala
Reduce Neo natal mortality to at least as low as 12 per 1,000 live births and under-5 mortality by 25 per 1,000 live births.	IMR: 12 per 1000 live births. NMR: seven per 1000 live births. Under – 5 mortality: 14 per 1000 mortality.	To reduce IMR from 12 to 8 by 2020 and to 6 by 2030. To reduce NMR from 7 to 5 by 2020 and to 3 by 2030. To reduce under 5 MR from 14 to 9 by 2020 and to 7 by 2030

Target 3.3 By 2030, end the epidemics of AIDS, tuberculosis malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

To develop strategies and indicators for reducing communicable diseases, Experts Groups were formed and they submitted report for the following diseases:

1. **Hepatitis and other water borne diseases**

Hepatitis denotes an inflammatory disease of the liver cells (hepatocytes) consequent to an acute, sub acute or chronic viral infection caused by the 4 major types of hepatitis viruses, A,B,C and E. Of these, Hepatitis A and E are predominantly water borne infections and B and C are transmitted through contaminated blood and body fluids. Hepatitis A has become a high endemic disease in our state, while the other three types have varying but significant incidences.

The Expert group setup state specific targets for 2020 and 2030 as detailed below.

Target: 2020 and 2030

1. Achieve low endemic status for Hepatitis A infection by 2020 and very low status by 2030.
2. Ensure 100 *per cent* immunisation coverage for new born against Hepatitis B by 2020.
3. Ensure 100 *per cent* vaccination of all high risk occupational group against Hepatitis B by 2020.
4. Ensure complete therapeutic intervention against Hepatitis C by 2030.
5. Reduction by 50 *per cent* of water borne communicable disease like Diarrhoea.
6. Control of Typhoid and paratyphoid fever from Kerala, by 2020.

Strategies and Activities to achieve these targets were also proposed by the Expert group. Stakeholders were not identified and Indicators to monitor these targets were also not proposed by the Expert group. Details of awareness camps conducted and mobilization of financial resources were not furnished by the Directorate of Health Services.

2. Leprosy

Combating with communicable diseases is one of the targets set by the UN under goal 3 "Good Heath and well being for all". Accordingly Government of Kerala has setup the target to reduce prevalence rate to less than 0.1/10000 population step by step at different levels ie., district, block and then to panchayath by concentrating the activities in respective level in the successive years.

The Expert group setup state specific targets for 2020 and 2030 as detailed below:

- Reduce child cases of leprosy from 1.17 million to <0.6 million
- Rate of child cases with zero disability to be sustained
- Grade 2 deformity from 1.2 million to <1 million

The following strategies and activities were developed by the department:

1. Awareness campaign and IEC – among Representatives of LSGI Headmasters, teachers and educated youngsters among tribal population,
2. Training- Medical officers, MPW and other supervisors, School health nurses, ASHA, AWA, tribal promoters,
3. Specific group approach (high risk group) such as screening in Tribal, migrants. Coastal and urban slums,

4. School/Anganwadi level campaign for new cases detection,
5. Disability prevention and medical rehabilitation.

Stakeholders identified

Education, Social justice, Tribal, Urban Affairs, LSGIs were identified as stakeholders. NGO viz. St. Jones Health Service, Pirappancode for constructive surgeries to patients.

Activities for Leprosy eradication under SDG

i) Two State level workshops regarding preparation of micro plan in selected blocks were conducted under the leadership of Addl. Chief Secretary, H&FWD during August 2016.
ii) State level inauguration on 2/10/2016 by Minister of Health
iii) State level Anti Leprosy Fortnight & SPARSH[7] was conducted on January 2017.
iv) IEC activities in the 1st phase (District level).

(A) Sensitization of various levels of peoples representatives & Officials

Sl No	Activities	Number of meetings/ campaigns/activities conducted
1	District level Inter sectoral Coordination meeting of various departments	14
2	Block level Inter sectoral Coordination meeting of various departments	343
3	No of village level awareness campaigns	751
4	No of Urban awareness campaigns conducted	88
5	Students awareness campaigns conducted	2821
6	ASHA sensitization	161

(B) Surveys and screening camps

The first phase of SDG-Leprosy activities covered 40 blocks in 14 districts and 44 new leprosy cases were detected as detailed below:

[7] 'Sparsh is Leprosy Awareness Campaign conducted every year

Sl. No.	Activities	No of surveys/ camps	No of beneficiaries examined	No of cases detected
1	Schools level surveys	6860	222833 children	21
2	Anganwadi/pre primary schools surveyed	13559	190901 children	1
3	Migrant screening camps		22926 migrants	8
4	Urban/Slum survey		68596	5
5	Skin camp	91	9785	9
	Total new cases detected			44

(C) Publications

1. Training Manual for Medical Officers & Multi Purpose Workers
2. Hand out for ASHAs Training

Mobilization of resources

Government accorded administrative sanction for an amount of Rs 36.69 lakh and Rs 32.32 lakh in October 2016 and January 2017 respectively for conducting activities under SDG-leprosy Phase I and Phase II.

3. Filariasis

In Kerala Mass Drug administration for lymphatic filariasis was started in 2004 in 11 districts. Now the prevalence of filariasis was more than one *per cent* only in three districts[8]. The Expert Group proposed State Specific targets, strategies, areas of implementation and indicators to evaluate the implementation of SDG as detailed below:

Strategies	Areas of implementation	Target	Indicators for evaluation
Mf[9] Survey	Mf survey in Kasargod, Malappuram, Pathanamthitta, Waynnad, Idukki	Less than 1 *per cent* by 2020	Microfilaria rate
Mass Drug Administration in areas with Mf>1 *per cent* and TAS in areas <1 *per cent*	Based on results of Mf survey		
Mass Dug Administration	Palakkad and later Mf survey	80 *per cent* coverage	

[8] Malappuram, Palakkad and Kasargod

[9] Micro filaria

Post MDA Survaillance	Kollam,Alappuzha,Kottayam,Ernakulam,Trissur,Thiruvananthapuram,Kozhikode, Kannur		Antigenemia
Migrant specific plan	Microfilaria survey among migrants If Mf>1 *per cent* MDA among migrants Screening camps for migrants	Less than 1 *per cent* MF among migrant population	Mf rate among migrants
Ensuring availability of recommended minimum package of care for all patients by 2020	Sensitizing health workers to identify and general public in high risk areas Provision of minimum package of care for all patients approaching at primary and sub center level To bring in the private providers of that area into the loop		
Integrated Vector Management against culex and mansonia			

Details of awareness camps conducted and mobilization of financial resources were not furnished by the Directorate of Health Services.

4. Malaria

The scheme Control of Communicable diseases was being implemented by DHS with the aim to achieve rapid control of outbreaks of communicable diseases including Malaria and thereby reducing morbidity and mortality. The activities included pre epidemic preparedness, improve decease surveillance, epidemic control activities, prevention & control of communicable decease in connection with fairs/festivals, vector control measures, disaster management, IEC/BCC activities, conducting training programmes etc.

Constitution of expert group:

An expert group was constituted (July 2016) to prepare an elimination frame work for malaria and its implementation. The group submitted its report to SHSRC in December 2016.

Targets, indicators and baseline date:

The target was to eliminate malaria (zero indigenous case) from Kerala By 2020 & sustained efforts to prevent reintroduction. The objectives were to-

1. Reduce incidence of indigenous malaria to zero by 2020.

2. Establish malaria mortality to zero by 2018 &

3. Prevent the occurrence of introduced malaria by 2020.

Twenty eight indicators were developed for monitoring the targets. No baseline survey was conducted for setting the state specific targets but data available at National Vector borne Disease Control Programme (NVBDCP) was taken and analyzed to prepare the document by the Expert group.

Identification of gaps:

The gaps in existing activities were identified and activities planned to fill up the gaps were also developed.

Identification of stakeholders:

Important stake holders are LSGD especially urban affairs, Labour department, PWD, Water Resource department, Education, Social Justice, Kudumbasree, Fisheries, Harbour department etc,.

Funding:

During 2017-18, an amount of Rs 40 lakh was allotted for SDG based IEC/BCC activities.

During 2017-18 GOI earmarked an amount of Rs 181.51 lakh from the NVBDCP funds for the malaria programme of the State.

Outcome:

Based on the report of the Expert group malaria was declared as notifiable disease in the entire Kerala since December 9th 2016 (Previously it was notifiable only in the Travancore Cochin areas).

Malaria elimination frame work in the state is planned to be launched on April 24th 2018 on the "World Mosquito Day".

During September 2017, three zonal entomology units were established for south, central and northern regions. Immigrant screening were conducted by special teams in eight[10] high priority districts for malaria (October -November 2017).

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[10] Thiruvananthapuram, Pathanamthitta, Ernakulam, Thrissur, Malappuram, Kozhikode, Kannur & Kasargod

Awareness activities conducted

- Sensitisation of elected representatives, Medical Officers and Supervisors of indi genous malaria prone areas was done in April 2017. A consultative meeting on malaria elimination was conducted for the Health Standing committee chairpersons, Medical Officers and Health Inspectors of 60 high risk Grama Panchayaths/Municipalities on April 2017.
- During 2016-17, WHO protocol based Malaria microscopic training was given to 150 Lab technicians. Trained on treatment protocol and case management was given to Clinicians of major hospitals. MOs of PHC/CHCs were trained for control of malaria and elimination process. Field functionaries were trained at district level.
- IMA representatives were sensitised regarding elimination efforts.
- Private Doctors were sensitised at district level.
- World malaria day observation on April.24th 2017- Procession, rally, exhibitions, essay competitions for students etc., is being done.
- Anti malaria month observation done in the month of June 2017- Health awareness classes for students, public etc., were done. Essay competitions, painting competitions, source reduction activities, netting of wells/OHTs etc being done.
- During January 2018, Virtual class room training given to Presidents, Health Standing committee chair persons and Secretaries of all Grama Panchayaths.
- Arogya Sandesa Yathra from one end of the district to the other end touching all vulnerable areas/hot spots like urban slums, coastal and tribal areas was conducted in all districts during March 2017.

5. Tuberculosis

Kerala has the lowest TB prevalence among the states of India, however the number of TB deaths in Kerala is still high and the number of TB deaths is much higher than death due to all other infectious diseases reported.

The Expert group fixed targets for 2020 and 2030 and strategies were developed and activities were proposed to achieve these targets as detailed below:

Targets, indicators and baseline data:

The target set for tuberculosis was as follows:

- Reduce mortality by 35 *per cent* by 2020

- Reduce incidence by 20 *per cent* by 2020
- Zero catastrophic costs due to TB

  Indicators developed were

- Reduction in number of TB deaths compared with 2015
- Reduction in TB incidence rate compared with 2015
- TB affected families facing catastrophic costs due to TB

Base line survey to assess TB vulnerability status was in progress and would be completed by March 2018. National TB Prevalence study will start soon.

Identification of gaps:

The gaps identified in the existing schemes and new activities were introduced as detailed below:

1. Vulnerability survey and Active Case Finding through House to House Survey.
2. IMA END TB Project.
3. Sputum Transportation using Kudumbasree/self help groups/ASHA.

Identification of stakeholders:

LSGD, Revenue Department etc were identified as stakeholders.

Funding

GOI in the Supplementary Record of Proceedings (RoP) Kerala – 2017-18 a total amount of Rs 440.95 lakh has been approved for the following activities.

Sl. No.	Amount sanctioned	Purpose
1.	Rs 100 Lakh	ASHA/Volunteers incentive as part of carrying out the house to house visit as part of TB Elimination Campaign field level House to House visits.
2.	Rs 200 Lakh	CXR support to patients
3.	Rs 13.95 lakh	Special Tribal Plan for Wayanad District.
4.	Rs 120 Lakh	Civil works of 80 Drug Sensitive TB wards and 20 drug resistant TB ward in Districts.
5.	Rs 7 Lakh	Sputum sample collection and transportation

Outcome:

Private Hospitals Consortium formed in districts like Ernakulam and Thrissur. Workshops/Sensitization was conducted for private sector regarding TB Elimination and Stockage of RNTCP Drugs in Private Hospitals initiated.

Awareness activities:

Training to RNTCP key staff, sensitization of major LSGI heads, District Program Officers (Health)/PHI medical officers/supervisory health staff/PH staff, Medical College Core Committee Members and faculty/IMA state Officials and DTF chairpersons/IMA branch officials/IMA members etc., were completed. House to house campaign, Vulnerability data compilation, Co-morbidity screening of all TB patients, Special initiative for migrant support etc., are going on.

An international workshop on sustainable development goals to end TB in Kerala was jointly organized by Department of Health and Family Welfare, Government of Kerala with the support of Central TB Division, Government of India and WHO Country Office for India to further elaborate on the End TB strategy, on 6th and 7th of February 2017. As part of TB Elimination Mission door to door campaign, audio messages on All India Radio are being broad casted, video messages in visual media and various print and IEC campaigns planned and budgeted in PIP 2018-19.

6. End the epidemics of AIDS

HIV response all over the world is going through a face of transformation in the recent years as a result of the universal availability of Anti Retroviral Therapy, newer technologies like Viral load, newer prevention strategies like Pre exposure prophylaxis and the changes in the availability of funding pattern. The Expert group fixed targets for 2020 and 2030 and strategies were developed and activities were proposed to achieve these targets as detailed below:

Targets 2020

- No new Infections in Registered CSW (Commercial Sex Worker),
- Reduce new infection in MSM (men who have sex with men) by 75 *per cent*,
- Reduce new infection in IVDU (intravenous drug users) by 75 *per cent*,

- Ensure that 90 *per cent* of young people have the skills, knowledge and capacity to protect them from HIV and have access to sexual and reproductive health services by 2020,
- Behaviour change messages and communication should be available from all Health care facilities and 100 *per cent* travel facilities,
- 90 *per cent* of people with HIV knowing their HIV status,
- 90 *per cent* of people with HIV on antiretroviral therapy by 2020,
- 100 *per cent* children and pregnant ladies initiated on ART within 1 month of detection,
- 70 *per cent* on ART has VL (viral load) done at least once,
- 100 *per cent* on ART has at least one CD4 per year and 80 *per cent* two CD4,
- 90 *per cent* lost to follow up is retrieved back/status known within 6 months of LFU,
- 70 *per cent* eligible for second line/third line ART is initiated on second line/third line ART within 2 months of eligibility,
- All ART centers have facilities for C D4, VL, second line and third line ART,
- All HIV positives get Hep B and C tested. All patients with hepatitis B get appropriate ART,
- Strengthen and re enforce existing systems by integrating care with existing system,
- 100 *per cent* of PLHIVs (people living with HIV) get BPL status, free treatment, pension 100 *per cent* of patients are counselled regarding rights and legal remedies available.

Target 2030

- No new Infections in High Risk Groups and general population,
- No new cases of infants infected with HIV, no unplanned pregnancy among Women living with HIV,
- All pregnant ladies tested in the first trimester,
- Zero Occupational transmission,
- Reduce occupational exposure by 100 *per cent*,
- Document 100 *per cent* occupational exposures at Heath care facilities,
- Zero blood/injection related transmission,
- Eliminate gender Inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2030,

- Make PEP available in 100 *per cent* cases of gender based violence,
- 100 *per cent* of people with HIV knowing their HIV status.

Strategies and activities to achieve these targets were also developed by the Expert group. The indicators to monitor these targets were not developed. Details of awareness camps conducted and mobilization of financial resources were not furnished by the Directorate of Health Services.

7. Kala Azar

Kala-azar or Visceral leishmanaiasis is a protozoal disease caused by Leishmania donovani which is prevalent in most impoverished regions of the world such as sub- Saharan Africa and few backward states of Indian sub-continent such as Bihar, West Bengal, Odisha, Chathisgarh, and parts of Nepal and Bangladesh. Kala-azar is not a major public health problem in Kerala. There is no endemic pocket in Kerala. However, isolated cases of Kala-azar have been reported from across the State since 2003.

The Expert group fixed targets for 2020 and strategies were developed and activities were proposed to achieve these targets. Indicators were developed to monitoring the implementation. Details of awareness camps conducted and mobilization of financial resources were not furnished by the Directorate of Health Services.

Target 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being

To develop strategies and indicators for reducing communicable diseases Experts Groups were formed and they submitted report for the following diseases:

1. Prevention and control of Non-communicable diseases

Non communicable diseases (NCD) are chronic conditions of non contagious origin having prolonged course and leading to functional impairment, disability or death. NCD constitute a set of diseases (cardiovascular diseases, cancers, chronic respiratory diseases, diabetes) responsible for substantial proportion of premature deaths, particularly in developing countries like India. In Kerala, the major NCD such as cardiovascular diseases, cancers, diabetes and chronic lung diseases are increasing. The Expert group fixed targets for 2020 and 2030 as detailed in **Appendix 7**. Strategies and activities to achieve the targets were also proposed. The following indicators to monitor these targets were also developed.

Sl. No.	Target Topic	Outcome
1	Premature mortality from NCD	*Per cent* reduction in deaths from major NCD before 70 years of age
2	Alcohol use	*Per cent* reduction in use
		Per cent reduction in harmful use
		Per cent reduction of use among youth below 25 years
3	Diabetes	*Per cent* screened above 30 years of age
		Per cent on treatment among detected
		Per cent on proper control among on treatment
4	Obesity	*Per cent* having over weight and obese
		Per cent having over weight and obese among children and adolescents
5	Physical inactivity	*Per cent* reduction in prevalence of physical inactivity
6	Raised blood pressure	*Per cent* screened above 30 years of age
		Per cent on treatment among detected
		Per cent on proper control among on treatment
7	Healthy diet	*Per cent* of people consuming ≥5 servings of fruits & vegetables
		Per cent reduction in mean population intake of salt ≤ 5g/day
8	Tobacco use	Relative reduction in prevalence of tobacco use
9	Drug therapy to prevent heart attacks & strokes	*Per cent* of eligible people receiving drug therapy to prevent heart attacks and strokes

Awareness camps

Public awareness campaign and workshops were not directly done under the banner SDS but the components based programme started from September 2017. An amount of Rs 2.3 crore was received under NPCDCS from NHM for NCD programme under SDG.

New Programmes proposed under SDG

a) Stroke units in District Hospitals
b) Tobacco cessation centre in all districts

Gaps identified

- Stakeholders were identified.
- Primordial prevention and Alcohol reduction and salt reduction were not addressed.

2. Comprehensive Cancer Control

Cancer control encompasses all measures taken to reduce the incidence, mortality and the economic costs of cancer in addition to improving the quality of life and longevity. A cancer control program conceptually defines measures planned and implemented to achieve the goals of cancer control and provides the means to monitor and evaluate the outcomes of specific activities. Comprehensive cancer control consists of the following core components – prevention, early diagnosis and screening, treatment, palliative and supportive care and survivorship care.

Goal:

To reduce the burden of common cancers and enhance the quality of life of cancer patients by providing universal health care at affordable cost.

To fulfill this goal, the Expert committee on cancer prevention and control has envisaged seven targets to be achieved by the year 2020 and another two targets by 2030. They are as under:

1. Reduction of male smoking to ≤20 *per cent*, tobacco chewing by 5 *per cent* among males and females aged 15 years and above.
2. 100 *per cent* coverage of Hepatitis B Vaccination and introduce vaccination against Human Papilloma Virus (HPV) infection.
3. 50 *per cent* of oral, breast and cervical cancers will be diagnosed in localized stages (stages I and II for oral cancer; stages I and IIA for breast and cervix cancers) and a fifth of colorectal cancers will be diagnosed in localized stages (A and B1 modified Duke's stages for large bowel cancer).
4. More than 90 *per cent* of the above cancer cases will have completed the prescribed course of treatment during the first year following the date of diagnosis.
5. At least one District Cancer Centre in each district.
6. Expenditure incurred on cancer chemotherapy to be reduced by 20 *per cent*.
7. Reduce catastrophic health expenditure to 15 *per cent*, out of the pocket expenditure to 50 *per cent*,
8. Reduce incidence rate of cancers amenable for primary and secondary prevention to 15 *per cent* by 2030 (This include tobacco related cancers among males, breast and cervical cancers among females and colorectal cancers among both groups).

9. Increase survival from Cancers. Improve five year survival to 75 *per cent* for breast cancer, 60 *per cent* for oral cancer, 70 *per cent* for cervix cancer, 50 *per cent* for colorectal cancers and at least 5-10 *per cent* for other cancers in general.

Strategies were developed and plan of action was proposed (December 2016) by the Expert Group. Indicators were not developed to monitor the targets. Details of awareness camps conducted and mobilization of financial resources were not furnished by the Directorate of Health Services.

3. Mental Health

The Expert group setup the following state specific targets under Mental Health:

- To reduce the emotional and behavioural problems in school children from 30 *per cent* to <10 *per cent.*
- To reduce the suicide rate from 24.9/- per lakh (2014) to <16 per lakh.
- To reduce morbidity due to depression from 5.8 *per cent* for men and 9.5 *per cent* for women to <3 *per cent* in men and <5 *per cent* in women.
- To achieve 50 *per cent* of rehabilitation for mental patients in remission.
- To expand community mental health program to block and Panchayat levels.

Strategies and activities for achieving these targets were also proposed. Indicators to monitor these targets were not finalized. Details of awareness camps conducted and mobilization of financial resources were not furnished by the Directorate of Health Services.

4. Chronic Obstructive Pulmonary Disorder (COPD)

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment is one of the targets set under Goal 3. Health Department constituted an Expert Group for Chronic Obstructive Pulmonary Disease (COPD) in June 2016 with following targets:

a 100 *per cent* diagnosis of COPD

b. COPD treatment made available in PHCs

c, 10 *per cent* reduction in COPD mortality

It was reported that no Baseline survey has been conducted for setting up the State specific target on COPD and hence planning was done based on available data.

Since no public health programme for COPD exists, a new Programme called 'SWAAS' was launched in 7/2/2017. It was linked with existing programmes like NCD and tobacco control programme.

Gap identification in COPD

a) Infrastructure weakness like non availability of diagnostic facilities such as spirometry, lack of drugs, lack of structured mechanism for pulmonary rehabilitation etc., was noticed.
b) Training deficiency
c) Lack of mechanism for supervision, monitoring and evaluation.

Stake Holders identified

National Health Mission is the major stakeholder. Association of Pulmonary and Critical Care Medicine provides technical support in preparing guidelines, module development & trainings. LSG department for primary care and community level interventions, for clean air and clean fuel. AYUSH for developing pulmonary rehabilitation programe (integrating yoga).

Awareness campaign

Official launching of SWAAS[11] programme was done by Hon. Health Minister during WHO-TB conference on 7/2/2017.

Medical camp and sensitization of public were conducted at PHC Chemmaruthy on 2/5/2017 and in PHC Kuttinchal on 13/11/2017 in connection with world Asthma day.

Medical camp and sensitization of public were held at Kalliyur Grama panchayat and in Thiruvananthapuram on 15/11/2017 in connection world COPD day.

Training and sensitization programmes for doctors, staff nurse pharmacists etc., were conducted during the period June 2017 to November 2017.

[11] 'SWAAS' is Kerala's programme for prevention and management of obstructive airway diseases.

Target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

To fix state specific targets and to develop strategies and indicators for strengthening the prevention and treatment of substance abuse including narcotic drug abuse and harmful use of alcohol the Experts Group submitted the report on January 2017.

Strengthening the Prevention and Treatment of Harmful Use of Alcohol & Narcotic Drug Use

A. Alcohol

Approximately 30 *per cent* of male consume alcohol in Kerala. A half of them use alcohol heavily and it causes consequences like Road Traffic Accident (RTA), Suicide and Suicidal Attempt, Domestic Violence, Impact on children & Adolescents and long term medical complications like non Communicable Diseases and malignancies. These heavy consumers are called Harmful alcohol users. Among them, another sizable majority, ie., four *per cent* has the behavioural syndrome of alcohol addiction with its own additional medical social and personal consequences. Interventions can be tailored for these different groups of consumers. For example, the first group, the low risk group needs more of primordial or preventive interventions preventing the initiation of consumption of alcohol or helping reduce their level of consumption. The Second group ie., harmful drinkers need specific, man power intensive public health intervention geared towards reducing their consumption or total abstinence. Those with addiction need specialized care in de-addiction centres and often multidisciplinary care.

Targets by 2020 & 2030

1. Reduction in per capita consumption of spirits by 10 *per cent* and 20 *per cent* by 2030

2. Reduction in percentage of people with harmful drinking by 2 *per cent* and 4 *per cent* by 2030.

B. Narcotic Drug Abuse

Injecting Drug Users (IDUs) is a high risk group showing more than five *per cent* HIV prevalence. Opioid Substitution Therapy (OST) is important element of HIV prevention among IDUs. The process of initiating OST within the HIV program began during NACP III. There are currently about 150 OST centres in the country catering to about 15000 IDUs. OST remains an important intervention strategy in the NACP. In Kerala, under

KSACS there are 10 OST centres across the State. Among the 10 centres, seven OST centres are in Government Hospitals and three are in NGO Targeted Intervention settings.

Targets by 2020 & 2030

1. Reduction in the number of IV drug users (Baseline data lacking)

2. Reduction in the number of NDPS cases

Strategies and activities to achieve these targets were also proposed by the Expert group. An evaluation indicator was also developed to monitor the target. Details of awareness camps conducted and mobilization of financial resources were not furnished by the Directorate of Health Services.

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accident

To fix state specific targets and to develop strategies and indicators for reducing deaths and injuries from road traffic accident the Experts Group submitted their report in February 2017.

Road Traffic accident

Kerala has one of the highest motor vehicle crash rates in the country. Over 4000 Road Transport Accident (RTA) deaths are reported annually in the state. Studies across the globe reiterates that people with life-threatening, but potentially treatable injuries and emergencies are up to six times more likely to die in a state with no organized emergency care system than in one with an organized, resourced trauma system. Historically until 2005, the number of accidents per thousand vehicles in the State remained as one of the highest compared to the National average. The formation of Kerala Road Safety Authority (KRSA) in 2007, along with the concerted efforts of Police and Motor Vehicle Department has lead to a reduction in the incidence of road traffic accidents. However, the mortality due to RTAs did not show a proportionate decline, or rather has shown an upward trend. One of the major reasons cited for this is the poor health system preparedness for increasing need for emergency trauma care. The need of the hour is a state of art trauma care system which should include an efficient Pre- hospital care system, a well equipped ambulance network manned by trained paramedics, designated trauma care centers with adequate infra structure manned by trained specialists & health workers and an efficient referral system.

Target 2020

1. To reduce the deaths due to Road Traffic Accidents by 50 *per cent*
2. To impart BLS training to all the advanced First Responders
3. To setup a team of Advanced Cardiac Life Support trained Emergency Medical Technicians to man the trauma care ambulances
4. To make at least one Level III center functional in each district
5. To make 50 *per cent* Level II centers functional
6. To establish trauma training centers at Thiruvananthapuram, Ernakulam and Kozhikode capable of imparting training to all categories of staff
7. To establish a team of ACLS and ATLS certified trainers in district
8. To impart ACLS and ATLS training to all CMOs and staff posted in Emergency Departments
9. To incorporate ACLS training in the MBBS curriculum.

Strategies and activities were developed by the group. 35 potential hospitals were identified which can be realistically upgraded to trauma care centres and proposed to analysis gap in infrastructure, equipment and human resources in each of these institutions which is to be followed by allocation of funds for modifying these gaps.

Indicators against Target

Following indicators were identified

1. Percentage reduction in death due to RTA against target of 50 *per cent* reduction
2. No. of advanced first responders trained against decision to train all advanced first responders
3. No. of districts in which at least one Level III center is made functional against 14 districts
4. Percentage of Level II centers made functional against 50 percent
5. No. of training centers established against 3
6. No. of CMOs trained in ACLS & ATLS against No. of existing posts
7. No. of Staff in various categories working in Emergency Departments who have received training against total posts
8. No. of BLS Ambulances made available against the required 315.

Monitoring

The team proposed to conduct monthly review in SMO conference, High Level Inter – Stakeholder convergence meeting every 6 months and monthly review of data procured from the state-wide injury surveillance system.

Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes

To fix state specific targets and to develop strategies and indicators to ensure universal access to sexual and reproductive health care services including for family planning the Experts group submitted the report in November 2016.

Ensure universal access to Reproductive and Sexual health

Sexual and reproductive health (SRH) is very important for the economic development of the country and improving health indicators particularly maternal mortality, morbidity, perinatal and infant mortality. Sexual and reproductive health includes access to a range of comprehensive SRH services with main emphasis on continuum of care which includes integrated services delivery in various life stages from foetus to old age. Main focus for – adolescence, pre-pregnancy, pregnancy, intra partum and post partum care, reproductive health of women of past child bearing, premenopausal age, post menopausal and elderly women. The Expert group fixed state specific targets, work out strategise to achieve these targets and identified indicators as detailed in **Appendix 8.**

Details of awareness camps conducted and mobilization of financial resources were not furnished by the Directorate of Health Services.

Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

No Expert Groups were formed for this target. But a group under the supervision of Additional Chief Secretary (H&FW) had developed the following state specific targets:

1 Ensure that 80 *per cent* of the population is covered under a prepaid scheme for financial protection by 2020.

2 By 2020 the percentage of persons availing health care from Government hospitals is increased by 50 *per cent*.

3 Ensuring availability of essential medicines and diagnostics in all public health facilities.

But Strategies and indicators for the targets were not developed.

Target 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

An Expert Group for fixing the state targets against SDG target -3.9 was not formed as it does not purely come under the purview of health system. The target was fixed for COPD which comes under target – 3.4. It was repeated in target 3.9 because it is applicable to both targets.

Target 3.a Strengthen the implementation of the World Health organisation Framework Convention on Tobacco Control in all countries, as appropriate

No Expert Group was formed for target 3.a. The target fixed under 3.4 NCD was repeated here. The department replied that these were repeated because they were applicable to this target also.

Target 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

No Expert Group was formed for target 3.b. The target fixed under 3.4 NCD and 3.8 Universal health coverage were repeated here also. The department replied that these were repeated because they were applicable to this target also.

Target 3.c **Substantially increase health financing and the recruitment, development training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States and**

Target 3.d **Strengthen the capacity of all countries, in particular developing countries, for early warning risk reduction and management of national and global health risks**

No expert groups were formed for these targets. No targets were also developed for these targets. Government stated that no separate targets were taken for the state. But the strategies and activities in each of the targets were set in general aims at reducing out of pocket expenditure and inclusion into government schemes and focus on capacity building of health staff and risk reduction in the preventive and promotive aspect.

6 Conclusion

Integration of 2030 Agenda in to State policies and programmes was not done. Though Kerala Perspective Plan 2030 was prepared in 2014, it was not realigned with SDG and a 7-year strategy with 3-year Action document were also not prepared. It was observed that Target wise mapping of schemes was not done in all the 17 goals. Similarly, a multi stakeholder council to encourage partnership between government and state level stakeholders has not been formed in the State. Publicity and awareness programmes through print media/radio/television etc., for various categories of public, stakeholders etc., were not conducted by the government. A Data Management System has not been developed in the State.

Deputy Accountant General (SGS-III)

Appendix 1

Details of nodal department/officer designated for each goal

(Reference: paragraph 1.4, page: 3)

Goals	Initiatives	Name of Nodal Department	Name of Nodal Officer
1.	End poverty in all its forms everywhere	LSGD	Joint Secretary to Government, LSGD.
2.	End hunger, achieve food security and improved nutrition and promote sustainable agriculture	Agriculture	Deputy Secretary, Agriculture (PA) Department
3.	Ensure healthy lives and promote well-being for all at all ages	Health & Family Welfare Department	Sri K.B. Bahuleyan, Additional Secretary – I, Health & Family Welfare Department
4.	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	General Education	
5.	Achieve gender equality and empower all women and girls	Social Justice	Deputy Secretary, Social Justice Department
6.	Ensure availability and sustainable management of water and sanitation for all	Water Resources	Joint Secretary, Water Resources (MI/A) Department
7.	Ensure access to affordable, reliable, sustainable and modern energy for all	Power	
8.	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Labour& Skills	
9.	Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	Industries and Commerce	
10.	Reduce inequality within and among countries	Social Justice	Deputy Secretary, Social Justice Department
11.	Make cities and human settlements inclusive, safe, resilient and sustainable	LSGD	Joint Secretary to Government, LSGD
12.	Ensure sustainable consumption and production patterns	Environment	Under Secretary, Environment Department
13.	Take urgent action to combat climate change and its impact	Environment	Under Secretary, Environment Department
14.	Conserve and sustainably use the oceans, seas and marine resources for sustainable development	Environment	Under Secretary, Environment Department
15.	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss	Environment	Under Secretary, Environment Department
16.	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	Home & vigilance	
17.	Strengthen the means of implementation and revitalize the Global partnership for Sustainable Development	Finance	

AO/DP cell (C)

Appendix 2

Details of mapping and targets

(Reference: Paragraph 4.1.2., page 7)

Name of Goal	No. of Schemes mapped	Plan outlay (Rupees in lakh)
1	9	44850
2	7	322835
3	49	91552
4	12	113009
5	10	30970
6	10	75289
7	1	3065
8	12	235223
9	2	134506
11	6	19606
12	3	6180
13	3	2500
14	4	11278
15	10	9161
16	5	2326
Total	143	1102350

No schemes were mapped for goals 10 &17

Appendix 3

Details of gaps in mapping

(Reference: Paragraph 4.1.6 page 11)

Target	Schemes yet to be mapped	Department
3.4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being	Establishing CVTS and CATH lab in MC Parippally	Medical Education
	Psycho Social programme for orphaned mentally ill persons	Social Security & Welfare
	Social support scheme for Children affected with Juvenile Diabetes	
	State nutritional & diet related intervention programme	
3.7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes	Rajiv Gandhi scheme for Empowerment of Adolescent Girls	Social Security & Welfare
3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Health Transport	Health Services
	Starting quality assessment of drugs in colleges	Medical Education
	Niramaya Health Insurance scheme	Social Security & Welfare
	Comprehensive Insurance scheme for persons with disabilities	
	Comprehensive Tribal Health Care	Scheduled Tribes Development Department
3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.	International level Laboratory and Education Centre for research linking Ayurveda to modern Bio technology	Ayurveda Education

3.c. Substantially increase health financing and the recruitment, development training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.	State Institute of H&FW	Health services

Appendix 4

Targets under Goal – 3

(Reference: Paragraph 5.1, page 14)

Targets	Initiatives
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 1,00,000 live births
3.2	By 2030, end preventable deaths of new-borns and children under 5 years of age with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
3.3	By 2030, end the epidemics of AIDS, tuberculosis malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6	By 2020, halve the number of global deaths and injuries from road traffic accident
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3.a	Strengthen the implementation of the World Health organisation Framework Convention on Tobacco Control in all countries, as appropriate
3.b	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.c	Substantially increase health financing and the recruitment, development training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning risk reduction and management of national and global health risks

Ao/DP all(c)

Appendix 5

Status of implementation of Millennium Development Goals in the state

(Reference: Paragraph 5.1.1, page 15)

Goal 4: Reduce Child Mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five Mortality Rate	In 2013, the lowest U5MR was registered in Kerala (12) and has already crossed the national level target (42 deaths per 1000 live births) of U5MR. Also Kerala have already reached the State level target for U5MR. *Infant Mortality Rate*: Against the national target of 27 infant deaths per 1000 live birth in 2015, IMR was lowest in Kerala (12) in 2013. Rural – urban gap in IMR was also low in Kerala. The States of Arunachal Pradesh, Goa, Maharashtra, Sikkim, Punjab, Kerala, West Bengal, Karnataka, Odisha and Tripura are likely to be close (<=10 points) to their respective MDG targets.
Goal 5: Improve Maternal Health	
Target 6: Reduce by three quarters between 1990 and 2015, the Maternal Mortality Ratio	MMR is as low as 61 in Kerala and had crossed the national MDG target. The Life Time Risk is also as low as 0.1 *per cent* in Kerala. Kerala has already achieved nearly 100 *per cent* coverage of births attended by skilled health personnel.
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases	
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS **Target 8: Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases**	No detailed analysis was made about Kerala in the report regarding its status in achieving goal 6. As per the statistics presented in the document, the estimated HIV prevalence among adults of 15-49 years of age for the year 2011 was 0.12 *per cent* in Kerala whereas that was 0.27 *per cent* in India. Estimated HIV prevalence among adults in the age group of 15-24 years was also less in Kerala (0.05 *per cent*) compared to the national status (0.11 *per cent*). Of the 116731 estimated new HIV infections in India, 10299 were from Kerala. In the case of malaria, though death toll and annual parasite incidence rate in Kerala reduced to zero in 2013 compared to the position in 2011, *Plasmodium falciparum* cases increased from 13.6 *per cent* to 14.9 *per cent* during the period.

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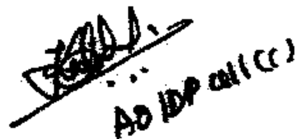
Appendix 6

Expert Groups formed for targets under Goal 3

(Reference: Paragraph 5.2.10, page 20)

1. Maternal Mortality Rate
2. Reproductive and Sexual Health
3. Peadiatrics
4. Malaria
5. Filariasis
6. Tuberculosis
7. Leprosy
8. Alcohol
9. Mental health
10. Non Communicable Diseases-BP/HTN/DM/diet
11. Disability
12. Palliative Care
13. Cancer
14. Road traffic Accidents
15. Dental Health
16. Ophthalmology
17. Physical Activity
18. HIV/AIDS
19. COPD
20. Kala Azar
21. Hepatitis and other water borne diseases
22. Gender and Equity in SDGs



Appendix 7

Targets fixed for the prevention and control of Non-communicable diseases

(Reference: Target 3.4, page 31)

Target 2020 and 2030:

Sl. No.	Target Topic	Outcome	Target by 2020	Target by 2030
1	Premature mortality from NCD	Relative reduction in deaths from major NCD before 70 years of age	5 *per cent*	10 *per cent*
2	Alcohol use	Relative reduction in use	5 *per cent*	20 *per cent*
		Relative reduction in harmful use	15 *per cent*	40 *per cent*
		Relative reduction of use among youth below 25 years	25 *per cent*	50 *per cent*
3	Diabetes	Relative reduction in prevalence	No target	Halt the rise
4	Obesity	Relative reduction in prevalence among adults	No target	Halt the rise
		Relative reduction in prevalence among children and adolescents	Halt the rise	20 *per cent*
5	Physical inactivity	Relative reduction in prevalence of physical inactivity	10 percent	20 *per cent*
6	Raised blood pressure	Detection of Raised blood pressure	60 *per cent*	90 *per cent*
		Proper control of Raised blood pressure among detected	50 *per cent*	50 *per cent*
7	Healthy diet	Relative reduction in mean population intake of salt ≤ 5g/day	10 *per cent*	20 *per cent*
		Relative increase in mean population intake of fruits & vegetables ≥ 5 servings / day	10 *per cent*	25 *per cent*
8	Tobacco use	Relative reduction in prevalence of tobacco use	10 *per cent*	30 *per cent*
9	Drug therapy to prevent heart attacks & strokes	Eligible people receiving drug therapy to prevent heart attacks and strokes	30 *per cent*	50 *per cent*
10	Essential drugs & basic technologies to treat major NCD	Availability of Essential drugs & basic technologies to treat major NCD in public and private	50 *per cent*	80 *per cent*
11	Household indoor air pollution	Relative reduction in household use of solid fuel as primary energy source of cooking	25 *per cent*	50 *per cent*

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Appendix 8

Targets fixed to ensure universal access to sexual and Reproductive health-care services
(Reference: Target 3.7, page 39)

Target	Present status	By 2020	Strategy with activities	Evaluation indicator
Adolescent pregnancy Reduction	1.8 *per cent*	*0 per cent*	1. Increasing community based awareness among tribal and hi priority districts. 2. Special adolescent friendlily services for out of school adolescents 3. Ensuring contraceptive availability in all primary health centers	Birth under 19 years of age
Adolescent Anemia Reduction	56 *per cent*	<5 *per cent*	1. Increasing IFA utilization to 100 *per cent* 2. De worming twice a year 3. Community based nutrition 4. supplementation in tribal areas and high priority districts 5. Model adolescent friendly clinics in selected PHCs (50 *per cent*) 6. Preventive health checks up in all schools. 7. Screening for low BMI and BMI based correction.	Proportion of anemia among adolescents Availability of weight and height measuring machines.
Reducing low birth weight	14 *per cent*	<10 *per cent*	1. Reducing anaemia prevalence among adolescent and pregnant women 2. IV iron sucrose for anaemic mothers 3. Community based nutrition supplementation in tribal areas and high priority districts for all pregnant women 4.Strengthening routine screening for hypertension and pre eclampsia and gestational diabetes 5.Rubella vaccination for adolescent and young adults	1. Per centage of low birth weight percentage of girls immunized
Reducing primary caesarean section	39 *per cent*	<25 *per cent*	1. Model antenatal clinics 2. Model antenatal classes 3. Companionship in labour 4. Pain relief in labour 5. Delivery points with 24 hours anesthesia support	Percentage of primary CS section
Unmet need for spacing	11.6 *per cent*	8 *per cent*	1. Post partum IUCD promotion 2. Couple friendly family planning clinics	
SRH of elderly women	no data available	60 *per cent* coverage	1. Screening for genito - urinary tract symptoms at all PHCs with referral linkages 2. Well women clinics with facilities for Screening cervical and breast cancer, and osteoporosis at major district hospitals 3. Tertiary care centres to have specialized geriatric care centres with surgical care facilities.	percentage of elderly women care services availability

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