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PROGRAM-FOR-RESULTS INFORMATION DOCUMENT (PID)
APPRAISAL STAGE

Report No.:PIDA0106298

Program Name	Health, Nutrition and Population Program-for-Results
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Country	Bangladesh
Sector	Health, Nutrition and Population Global Practice
Lending Instrument	Program for Results
Program ID	P160846
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Borrower(s)	People's Republic of Bangladesh
Implementing Agency	Ministry of Health and Family Welfare
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I. Country Context

1. Bangladesh, with a population of 160 million and gross domestic product (GDP) per capita in 2015 of US$1,211, has benefited from annual economic growth of over 6 percent during the past decade. Bangladesh has experienced substantial improvements in key health, nutrition and population (HNP) outcomes, including several HNP-related Millennium Development Goal (MDG) targets. Between 2000 and 2014, under-5 mortality declined from 94 to 46 per 1,000, while the maternal mortality ratio decreased from 399 to 188 per 100,000 births. Child undernutrition also declined, but at a slower rate, as 51.1 percent of under-5 children were stunted in 2000, compared to 36.1 percent in 2014. Inequalities persist, as for example, 49.2 percent of under-5 children were stunted among the lowest quintile of socio-economic status.

2. In 2014, Bangladesh crossed the per capita income threshold for World Bank classification as a lower middle income country. Bangladesh has embraced the Sustainable Development Goals (SDGs) for 2030, including SDG 3 which focuses on ensuring health and promoting well-being. A specific objective is to achieve universal health coverage, which encompasses assuring access to HNP services without causing financial hardship.

II. Sectoral (or multi-sectoral) and Institutional Context

3. The HNP service delivery system in Bangladesh is composed of community-level and facility-based services delivered by the government, non-governmental organizations (NGOs), and private for-profit providers. This pluralism is thought to have contributed to Bangladesh's successes in improving HNP outcomes. Each part of the system has largely distinct sources of financing: private providers are mostly financed by household out-of-pocket payments, NGO

providers are supported by international funding as well as out-of-pocket payments, and government services depend on the government budget, including on-budget international financing. Government retains its overall stewardship role, particularly through monitoring and evaluation of overall outcomes and service delivery indicators.

4. At the same time, government financing and attention are largely focused on the government service delivery system, encompassing around 225,000 staff, 18,000 primary health care facilities, 430 local-level (*Upazila*) facilities offering inpatient care, and 130 secondary and tertiary hospitals across the country. The Directorate General of Health Services and the Directorate General of Family Planning under the Ministry of Health and Family Welfare are each responsible for different types of services and facilities.

5. The government and partners have pursued a sector-wide approach (SWAp) since 1990, adopting a series of multi-year strategies, programs and budgets (1998-2003, 2003-11, and 2011-16) for management and development of the sector, with support from both domestic and international financing. The government is currently implementing its third HNP sector program and is in the latter stages of planning its Fourth HNP Program, covering the 5.5 year period between January 2017 and June 2022. The program’s objectives, results framework, and strategies are described in a Strategic Investment Plan that was developed on the basis of wide consultation of stakeholders and is operationalized by a Program Implementation Plan and 29 Operational Plans (OPs). The Fourth HNP Program’s overall objective is, “To ensure that all citizens of Bangladesh enjoy health and well-being by expanding access to quality and equitable healthcare in a healthy and safe living environment.” The Ministry of Health and Family Welfare considers it as a first, foundational, program towards the achievement of the SDGs by 2030.

III. Program-for-Results Scope

6. As Bangladesh builds on significant progress in the HNP sector and pursues progress towards the SDGs, it will face important challenges. These can be characterized in three ways: (i) foundational financing and system development priorities; (ii) the unfinished MDG agenda; and (iii) emerging challenges. The PforR will support the government in meeting these challenges through relevant parts of its Fourth HNP Sector Program. The PforR Results Areas are aligned with the government program components with a focus on those aspects that will contribute to meeting these challenges.

Results Area 1. Governance and Stewardship

7. ***Foundational Priorities***. As Bangladesh transitions to a middle-income economy, there are a number of governance and financing challenges that need to be addressed in order to set the foundation for progress towards the SDGs. A key foundational priority is to improve governance and accountability systems, including for citizen engagement, and this area is a priority for the government's Fourth HNP Sector Program. The Ministry of Health and Family Welfare has put in place a system for patients and their families to communicate complaints,

including a web-based mechanism, and the PforR will support its further development.

8. Government health spending as a proportion of gross domestic product has remained under one percent over the past decade, among the lowest in the world. The 2016-17 HNP budget of about US$2.24 billion is equivalent to US$14 per capita. As part of setting the foundation for increased government health spending in the medium term in order to achieve progress towards the SDGs, the PforR will support improvements in budget efficiency and allocation. This will include support to enhancing the planning and budgeting process, as well as funds flow and budget execution. In addition, the PforR will support an increase in the budget allocation and execution towards repair and maintenance complementing the desired improvement in basic service delivery, but also to establish the basis for increasing the delegation of the budget authority in the effective execution of this budget.

Results Area 2. Health, Nutrition and Population Systems Strengthening

9. ***Foundational Priorities***. Crucial to effective utilization of public resources allocated to the HNP sector are core systems for management of the government service delivery system. Further development of these systems will contribute to the necessary foundation for the government health system to contribute to achieving the SDGs. A major area of focus for the PforR will therefore be reform and development of financial management, procurement, supply chain management, and asset management systems. The PforR will also support further development of the health management information system, a critical management tool which currently suffers from fragmentation and duplication. Human resource management is critical to effective service delivery and challenges include poor retention in rural areas, absenteeism and lack of accountability. The government has expanded its HNP workforce in recent years, and the PforR will provide support to address further gaps, including shortages of qualified staff in hard-to-reach rural areas, lack of specialist physicians, and insufficient numbers of qualified midwives.

Results Area 3. Provision of Quality Health, Nutrition and Population Services

10. ***Unfinished Agenda***. The HNP-related MDGs were focused on maternal and child health and nutrition, as well as communicable disease control. Bangladesh has made substantial progress, but important parts of that agenda present ongoing challenges. While a number of service utilization indicators have shown substantial improvement, significant gaps and inequalities in coverage remain. In the context of this unfinished agenda, the PforR will provide support to maintain gains, achieve still higher levels of utilization, improve quality, and reduce inequalities. Support will focus on essential services at the primary and first-referral levels for reproductive (including family planning), maternal, neonatal, child, and adolescent health and nutrition, as well as communicable disease control. These have long been areas of focus for the government's HNP sector programs. Strategies for reproductive health services, including family planning, as well as maternal and child health services, are well-developed, including through an Essential HNP Service Package. The PforR will support improvements in nutrition services delivered through the government system. The PforR will support further program

development and implementation of school-based adolescent health and nutrition services in coordination with the education sector.

11. ***Emerging Challenges***. Results Area 3 (and the component of the government's Fourth HNP Sector Program with which it is aligned) also includes activities to address several challenges that are emerging in the sense that their importance is expected to grow over time and that government responses are largely at the stage of policy and program development. Bangladesh is experiencing an epidemiological transition whereby non-communicable diseases represent a growing proportion of the causes of death and disability. The government's Fourth HNP Sector Program envisions development and implementation of a strategy, including behavior-change communication, surveillance, diagnosis, treatment and management. The PforR will support initial work in this area. At the same time, the population of Bangladesh is becoming increasingly urbanized. The government's Fourth HNP Sector Program emphasizes the need to expand access to basic HNP services in urban areas. The PfoR will support coordination in this area. Due to its geographic location, population density, and system and resource constraints, Bangladesh is among the countries most vulnerable to climate change, including its health impacts. The government's Fourth HNP Sector Program includes an intention to start addressing the health impacts of climate change. The PforR will encompass initial work in this area through monitoring of an intermediate results indicator included in the operation's results framework.

IV. Program Development Objective(s)

12. The Program Development Objective (PDO) of the PforR is to strengthen the HNP sector's core management systems and improve delivery and utilization of essential HNP services, with a focus on selected geographical areas.

V. Environmental and Social Effects

1. ***Environmental***. Potential adverse environmental effects of the activities to be supported by the PforR are likely to be due to relatively weak health care waste management practices. Overall, the quality of policy and regulatory documents related to health care waste management are adequate, having improved in recent years, but there are gaps, particularly in addressing the requirements of generators of health care waste. Similarly, the environmental assessment system is considered generally corresponding to World Bank requirements. At the same time, based on previous experience in the HNP sector, there remain concerns about operational practices and compliance with existing systems including: poor practices related to infection control, lack of awareness, lack of clear responsibilities for waste management among staff, involvement of unauthorized and untrained staff, and lack of allocation and execution of resources to address these issues. It is necessary to address these risks associated with awareness, training, and allocation of financial and human resources part of the proposed Program Action Plan.

2. Significant civil works will not be supported by the PforR, although budgets for minor repairs and maintenance at the level of primary health care facilities are included in the

expenditure framework to be supported. There will be no acquisition of land or resettlement as part of activities supported by the PforR.

3. ***Climate and Disaster Risk***. The proposed PforR has been screened for climate and disaster risk. The findings of the screening indicate risks caused by sea-level rise, storm surge and flooding. The potential impact due to exposure from hazards is low to moderate with the exception of sea-level rise and storm surge where the risk is high.

4. ***Social***. The PforR will likely have positive social impacts through its support to citizen feedback, increasing voice and accountability, as part of the proposed Results Area 1. It will also strengthen the focus on improving equity by linking disbursement with improved results in the poorest performing areas of the country, some of which are also home to Bangladesh's small ethnic and vulnerable communities (tribal groups). Gender will be addressed through the collection and analysis of gender-disaggregated data on service delivery, as well as gender-specific interventions, such as improving the coverage of midwife services and nutrition counseling for mothers and children.

5. Certain areas of the PforR require attention to ensure the greatest potential social development and beneficiary impact. For instance, there is a need to further develop consensus and strategies for greater local management autonomy and budget delegation. Facility management committees ensuring community representation should be monitored to ensure proper inclusion in terms of gender, ethnic minorities, disabled groups and other marginalized/vulnerable groups. There are currently funtioning mechanisms at the community level, but applying these models to higher and more complex facilities may require experimentation such as with citizen reporting cards and other stakeholder feedback mechanisms. Improving maternal health and adolescent nutrition, especially for girls, and preventing communicable diseases particularly in hard to reach areas, require sustained awareness raising campaigns and systems of community consultation to understand both needs and barriers to access. Activities affecting small ethnic and vulnerable communities (tribal groups) should be thoroughly assessed. Attention should be applied to operationalizing the government’s Tribal HNP Plan and Gender, Equity, Voice and Accountability Strategy. For instance, while deploying female health workers in remote areas it is necessary to consider the safety of their living and working conditions. In general, the government's participatory consultation processes should be assessed to ensure that service delivery is aligned with needs and acceptable to the beneficiaries.

6. The nature of the activities to be supported by the PforR will exclude certain risks (i.e. health care waste at large health facilities or new/large construction). Some risks will be addressed directly through the Results Areas to be supported by the PforR and the choice of DLIs.

7. A complete Environmental and Social Systems Assessment (ESSA) has been carried out. This includes an assessment of: (i) existing regulations and policies; (ii) institutional capacity; and (iii) record of implementation.

8. Given the above issues, assessment of the environment and social risk level of the PforR, after mitigation, is "Moderate."

9. ***Gender***. Despite much progress made in the sector, access to HNP services remains an issue with facility-based delivery rate of 37% in 2014. The health and nutrition of adolescents are not adequately addressed, with a variety of repercussions for young women in particular. Compared to overall averages, young women have higher fertility, experience higher infant mortality, and are more likely to be under-nourished. Maternal and child nutrition also present continuing challenges. In 2004, 32 percent of women aged 15-49 were under-nourished and this declined significantly to 18 percent in 2014, although greater progress is needed. (NIPORT *et al*., 2016)

10. The PforR will support gender inclusiveness. This support will take forward the government's Gender Equity Strategy and Action Plan (2014–2024) that has strategic objectives to strengthen gender aspects of the HNP sector program, including the health sector response to victims of gender-based violence. The strategy aims to introduce gender-sensitive policies, plans and evidence-based approaches; ensure equitable access to and utilization of services using a life-cycle approach aiming to protect the health of young girls, adolescents and elderly women within a rights-based approach; and mainstream gender in all programs of the Ministry of Health and Family Welfare with a specific focus on gender-sensitive planning and ensuring gender-balanced human resources. The proposed PforR will support implementation of the government's strategy by ensuring that gender-disaggregated data are reported to the health information system from the community clinic level. This DLI has the potential to improve monitoring and awareness, ultimately influencing gender-related discussions and policy decisions. A number of DLIs will help increase access to health services for women. One supports deployment of female midwives at *Upazila* Health Complexes, which will contribute to the expected result of making services more woman-friendly. A further DLI will support improvement in the capacity of health facilities to provide emergency obstetric care, reducing the risk of maternal mortality. Another DLI will increase readiness of health facilities to provide family planning services to married couples immediately after their child's birth. A DLI aims at developing a school-based adolescent girl health program, while another will improve nutrition services for mothers and pregnant women.

11. ***Citizen Engagement***. The PforR will support the Ministry of Health and Family Welfare to develop guidelines for its grievance redressal system to ensure greater responsiveness and transparency to the public. The ministry uses a web, short message service (SMS), and phone-based platform for citizen engagement. Under Results Area 1, a DLI focuses on further enhancement of the system to improve the handling of complaints, both in terms of time and process, according to clear established guidelines.

12. Communities and individuals who believe that they are adversely affected as a result of a Bank supported PforR operation, as defined by the applicable policy and procedures, may submit complaints to the existing program grievance redress mechanism or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in

order to address pertinent concerns. Affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit http://www.worldbank.org/GRS. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

VI. Financing

13. The total budget over the 5.5 year period of the government's Fourth HNP Sector Program is estimated at US$ 14.8 billion. Focused on the Results Areas described above, the part of the government program supported by the PforR totals approximately US$640 million over the same period (indicated in the table below).

Table 2. PforR Financing (US$, millions)

Source	*Amount*
IDA	300
Global Financing Facility	15
Other development partners (anticipated)	200
Government	125
Total	640

VII. Program Institutional and Implementation Arrangements

14. The Ministry of Health and Family Welfare is responsible for implementation of the HNP sector program as a whole, including the part of the sector program to be supported by the PforR. The ministry encompasses a number of entities, including those that will implement the part of the sector program to be supported by the PforR: the Directorate General of Health Services, Directorate General of Family Planning and Directorate General of Health Economics Unit. Line Directors are responsible for development and implementation of the 29 Operational Plans, including budgets that together constitute the Program Implementation Plan that is to be approved by the Executive Committee of the National Economic Council, chaired by the Prime Minister. The PforR will support Operational Plans that will contribute to the results measured by the DLIs; that is, those that are largely focused on system planning and management and on basic HNP service delivery (at the *Upazila* level and below).

15. The SWAp arrangements include a Local Consultative Sub-Group for Health that meets every six months and is jointly chaired by the Secretary of the Ministry of Health and Family Welfare and the Chair of the HNP Development Partner Consortium. The HNP Development Partner Consortium is the forum for coordination of development partners in the sector, with a Chair and Co-Chair elected every two years. The Ministry of Health and Family Welfare, in

collaboration with development partners, leads an Annual Program Review in the third quarter of every calendar year. Thematic task groups, with membership from the Ministry of Health and Family Welfare and from development partners, review implementation progress of the sector program in a variety of technical areas, and this will include monitoring DLIs and the Program Action Plan of the PforR. A Planning Working Committee, chaired by the Joint Chief of the Planning Wing of the Ministry of Health and Family Welfare, was set up to support preparation of the Fourth HNP Sector Program and will continue to function as a DLI Monitoring Committee tasked with monitoring achievement of the DLIs and supporting Line Directors in implementation.

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