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

Report No.:PIDC0095968

Program Name	Health, Nutrition and Population Program-for-Results
Region	South Asia
Country	Bangladesh
Sector	Health, Nutrition and Population
Lending Instrument	Program-for-Results
Program ID	P160846
Borrower(s)	The People's Republic of Bangladesh
Implementing Agency	The Ministry of Health and Family Welfare, Government of Bangladesh
Date PID Prepared	October 26, 2016
Estimated Date of Appraisal Completion	December 18, 2016
Estimated Date of Board Approval	February 28, 2017
Concept Review Decision	Following the review of the concept, the decision was taken to proceed with the preparation of the operation.

I. Introduction and Context

1. Bangladesh, with a population of 160 million and gross national income per capita in 2015 of US$1,190, has benefited from annual economic growth of over 6 percent during the past decade. (World Bank, 2016b) The country has achieved a number of Millennium Development Goal (MDG) targets. Similarly, Bangladesh has experienced substantial improvements in key health, nutrition and population (HNP) outcomes, including several HNP-related MDG targets. Child and maternal mortality, as well as fertility rates, have decreased substantially since 2000, while progress on child undernutrition has been evident but slower.

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.

3. The HNP system in Bangladesh can be characterized as "pluralistic" in that community-level and facility-based services are delivered by the government, non-governmental organizations (NGOs), and private for-profit providers. At the same time, the government service delivery system is the most important instrument for the government to work towards its development goals in the HNP sector, 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.

4. The government and partners have pursued a sector-wide approach (SWAp) since 1998, adopting a series of multi-year strategies, programs and budgets 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 preparing its fourth HNP program, covering the period January 2017 to June 2022. The fourth HNP program's objective is to "ensure quality and equitable healthcare for all citizens of Bangladesh by gradually achieving Universal Health Coverage" with a higher level goal of improving the health and well-being of all Bangladeshi citizens (echoing SDG 3). The Ministry of Health and Family Welfare considers it as a first, foundational, program towards the achievement of the SDGs by 2030.

5. As Bangladesh builds on significant progress in the HNP sector and pursues progress towards the SDGs, including the target of universal health coverage, it will face significant challenges. These can be characterized in three ways: (i) foundational financing and system development priorities; (ii) the unfinished MDG agenda; and (iii) emerging challenges.

II. Program Development Objective

6. The Program Development Objective (PDO) is *to strengthen the HNP sector's core management systems and delivery of essential HNP services, with a focus on disadvantaged areas of Bangladesh*.

Key Program Results

7. The proposed PforR operation will support a part of the government's fourth HNP sector program, covering the period 2017-22, selectively focusing on foundational priorities, elements of the unfinished MDG agenda, and emerging challenges, as Bangladesh builds the foundation for achieving the SDGs.

Results Area 1. Foundational Priorities

8. The overall focus of this Results Area is to support the government's core systems to improve its capacity to efficiently allocate and manage domestic and international resources applied to the sector. World Bank and other co-financing for the PforR will be implemented through government systems in order to achieve the agreed results. At the same time, improvements in these systems will leverage the effectiveness of domestic funding, which accounts for the bulk of financing for the sector.

a. The proposed PforR would support improvements in planning, budgeting, financing flows, and resource allocation to the service delivery level.

b. Improving governance of the HNP sector is a priority for the government's fourth HNP sector program and includes increasing accountability through strengthening the role of citizens and their representatives in oversight of HNP services. The PforR would support strengthening of these structures and their oversight role at the community and national

levels.

c. A major area of focus for the proposed PforR would be reform and development of financial management, procurement, supply chain management, and asset management systems.

d. In the area of human resource management, the PforR would support staffing improvements, including midwives and medical specialists in order to improve maternal care.

e. The PforR would also support improvements in the health management information system.

Results Area 2. Unfinished Agenda

9. The overall focus of this Results Area is to selectively support the government in addressing important unfinished elements of its MDG agenda focusing on reproductive, maternal, neonatal, child, and adolescent health and nutrition, as well as communicable disease control. The government's fourth HNP sector program is grounded in development and implementation of an Essential HNP Service Package that encompass all of the necessary interventions and specify service standards for different levels of health services.

a. In order to address equity gaps, the proposed PforR would support improvements in HNP service provision and utilization in underserved areas of the country. This would include development and implementation of single annual district-level work plans for reproductive (including family planning), maternal, neonatal, child and adolescent health and nutrition services. Service delivery improvements would also be supported.

b. The policy basis for interventions to improve adolescent health and nutrition is in the initial stages of development. A strategy has been drafted, while implementation of relevant interventions (i.e. school health program) is nascent. The proposed PforR would focus on further work, emphasizing coordination with the education sector.

c. Maternal and child nutrition has long been an area of focus for the government and partners, with the current strategy focused on developing cross-sectoral coordination while mainstreaming nutrition services in the government health and family planning service delivery system. The Pfor R would support improvements in the effectiveness of nutrition services delivered through the government system.

d. In the areas of communicable disease control, the Pfor R would support detection of a higher proportion of incident tuberculosis cases, disaggregated by urban and rural populations.

Results Area 3. Emerging Challenges

10. Under this Results Area, the PforR would support the government in starting to address

selected emerging challenges in the HNP sector.

a. Increasing urbanization of the population will lead to greater demand for government services, including HNP services delivered at the primary level. The PforR would support improved collaboration between the Ministry of Health and Family Welfare and urban local governments in order to set the foundation for effective action in the medium term.

b. Another emerging challenge is to start to address through the government service delivery system, particularly at the primary level, the large burden of non-communicable diseases. The PforR would support development and initial implementation of services for management of hypertension and diabetes at the primary level, along with a system for referral to higher-level facilities.

c. Included under this Results Area will be scope for possible future support to Bangladesh's response to the threat of a pandemic emergency.

d. The government's fourth HNP sector program includes an intention to start addressing the health impacts of climate change, and staff capacity has been put in place in the Ministry of Health and Family Welfare. The PforR will support foundational work on this issue.

III. Initial Environmental and Social Screening

11. 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, especially those approved in recent years. 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 the capacity for implementing environmental policies, funding adequacy, and monitoring and enforcement capacity of the responsible government entities.

12. 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 may be 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.

13. With regard to social safeguards, the PforR will likely have positive impacts through its support to civic engagement, 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. The Program does impact on a wide range of stakeholders from local level service delivery to supporting restructuring of core parts of the MOHFW. In

addition to the internal stakeholders, it also includes a wide range of external stakeholder as the development partners. There are inherent risks, given the diversity of stakeholder interests. Hence, despite the positive impact on the target beneficiaries, there are potential substantial social risks to the operation.

14. 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 may be addressed directly through the Results Areas to be supported by the PforR. The Program Action Plan will include important complementary actions, while technical assistance will be available with the support of development partners under mechanisms outside of the PforR.

15. A complete Environmental and Social Systems Assessment (ESSA) will be carried out as part of PforR preparation. This will include an assessment of: (a) existing regulations and policies; (b) institutional capacity; and (c) effectiveness the demonstrated record of implementation. It is expected that the ESSA will inform actions to be included in the Program Action Plan in order to strengthen institutional capacity to minimize identified environmental and social risks. The ESSA report will be publicly available and subject to consultation before appraisal.

16. Given the above issues, initial assessment of the environment and social risk of the PforR operation, after expected mitigation, is rated as moderate.

IV. Tentative financing

Source:	($m.)
Borrower/Recipient	1,500
IBRD	
IDA	300
Other development partners	200
Total	2,000

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