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Report No: PAD2849

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL GRANT FROM THE IDA18 REGIONAL SUB-WINDOW FOR REFUGEES AND HOST COMMUNITIES

IN THE AMOUNT OF SDR 29.5 MILLION
(US$41.67 MILLION EQUIVALENT)

AND A

PROPOSED ADDITIONAL CREDIT

IN THE AMOUNT OF SDR 5.9 MILLION
(US$8.33 MILLION EQUIVALENT)

TO THE

PEOPLE'S REPUBLIC OF BANGLADESH

FOR THE

HEALTH SECTOR SUPPORT PROJECT

June 15, 2018

Health, Nutrition & Population Global Practice
South Asia Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective May 31, 2018)

Currency Unit =	Bangladesh Taka (BDT)
BDT 84.50 =	US$1
US$ 1.42 =	SDR 1

FISCAL YEAR
July 1 – June 30

Regional Vice President:	Ethel Sennhauser
Country Director:	Qimiao Fan
Senior Global Practice Director:	Timothy Grant Evans
Practice Manager:	E. Gail Richardson
Task Team Leader(s):	Patrick M. Mullen, Bushra Binte Alam

ABBREVIATIONS AND ACRONYMS

AMS	Asset Management System
CPF	Country Partnership Framework
DALY	Disability-adjusted Life Year
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DLIs	Disbursement-linked Indicators
e-GP	Electronic Government Procurement
EMF	Environmental Management Framework
FMAU	Financial Management and Audit Unit
FTPP	Framework for Tribal Peoples Plan
HNP	Health, Nutrition and Population
HSSP	Health Sector Support Project
IDA	International Development Association
IOM	International Organization for Migration
MOHFW	Ministry of Health and Family Welfare
MOPA	Ministry of Public Administration
MWM	Medical Waste Management
NCT	National Competitive Tender
NGO	Non-governmental Organization
OP	Operational Policy
PDO	Project Development Objective
SMF	Social Management Framework
SWAp	Sector-wide Approach
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

BASIC INFORMATION – PARENT (Health Sector Support Project - P160846)

Country	Product Line	Team Leader(s)		
Bangladesh	IBRD/IDA	Patrick M. Mullen		
Project ID	**Financing Instrument**	**Resp CC**	**Req CC**	**Practice Area (Lead)**
P160846	Investment Project Financing	GHN19 (9543)	SACBD (7028)	Health, Nutrition & Population

Implementing Agency: Ministry of Health and Family Welfare

Is this a regionally tagged project?
No

Bank/IFC Collaboration
No

Approval Date	Closing Date		Original Environmental Assessment Category	Current EA Category
28-Jul-2017	31-Dec-2022		Partial Assessment (B)	Partial Assessment (B)

[ ] Situations of Urgent Need or Capacity Constraints	[ ] Financial Intermediaries (FI)
[ ] Series of Projects (SOP)	[ ] Project-Based Guarantees

Development Objective(s)

The Project Development Objective (PDO) is to strengthen the health, nutrition and population (HNP) sector's core management systems and delivery of essential HNP services with a focus on selected geographical areas.

Ratings (from Parent ISR)

	Implementation	Latest ISR

	19-Sep-2017	05-Apr-2018
Progress towards achievement of PDO	S	S
Overall Implementation Progress (IP)	S	S
Overall Safeguards Rating	S	S
Overall Risk	S	S

BASIC INFORMATION – ADDITIONAL FINANCING (Additional Financing for Health Sector Support Project - P167672)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P167672	Additional Financing for Health Sector Support Project	Scale Up	Yes
Financing instrument	Product line	Approval Date	
Investment Project Financing	IBRD/IDA	28-Jun-2018	
Projected Date of Full Disbursement	Bank/IFC Collaboration		
31-May-2023	No		

Is this a regionally tagged project?	
No	
[✓] Situations of Urgent Need or Capacity Constraints	[ ] Financial Intermediaries (FI)
[ ] Series of Projects (SOP)	[ ] Project-Based Guarantees
[ ] Disbursement-linked Indicators (DLIs)	[ ] Contingent Emergency Response Component (CERC)
[ ] Alternative Procurement Arrangements (APA)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	500.00	65.10	448.23	13 %
Grants	15.00		15.00	0 %

PROJECT FINANCING DATA – ADDITIONAL FINANCING (Additional Financing for Health Sector Support Project - P167672)

FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	50.00
Total Financing	50.00
of which IBRD/IDA	50.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	50.00
IDA Credit	8.33
IDA Grant	41.67

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

[ ] Yes [✓] No

Does the project require any other Policy waiver(s)?

[ ] Yes [✓] No

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

Gender Tag

Does the project plan to undertake any of the following?

a. Analysis to identify Project-relevant gaps between males and females, especially in light of country gaps identified through SCD and CPF

Yes

b. Specific action(s) to address the gender gaps identified in (a) and/or to improve women or men's empowerment

Yes

c. Include Indicators in results framework to monitor outcomes from actions identified in (b)

Yes

PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Patrick M. Mullen	Team Leader (ADM Responsible)		GHN19
Bushra Binte Alam	Team Leader		GHN19
Ishtiak Siddique	Procurement Specialist (ADM Responsible)	Procurement	GGOPZ
Richard Olowo	Procurement Specialist	Procurement	GGOPZ

Suraiya Zannath	Financial Management Specialist	Financial Management	GGOES
Amani Haque	Team Member	Operations	SACBD
Anu Bakshi	Counsel	Legal	LEGES
Deepika Nayar Chaudhery	Team Member	Nutrition	GHN06
Evarist F. Baimu	Counsel	Legal	LEGES
Fatima El Kadiri El Yamani	Team Member	Public Health	GHN05
Hasib Ehsan Chowdhury	Team Member	Financial Management	GGOES
Hui Sin Teo	Team Member	Health Financing	GHN02
Iffat Mahmud	Team Member	Operations	GHN19
Iqbal Ahmed	Environmental Safeguards Specialist	Environmental Safeguards	GEN06
Jorge Luis Alva-Luperdi	Counsel	Legal	LEGES
Lori A. Geurts	Team Member	Operations	GHN19
Muhammod Abdus Sabur	Team Member	Public Health	GHN19
Nazma Sultana	Team Member	Administrative Support	SACBD
Rianna L. Mohammed-Roberts	Team Member	Public Health	GHN19
S M Asib Nasim	Team Member	Public Health	GHN19
Sabah Moyeen	Social Safeguards Specialist	Social Safeguards	GSU06
Satish Kumar Shivakumar	Team Member	Disbursements	WFACS
Shabnam Sharmin	Team Member	Administrative support	GHN19
Shakil Ahmed	Team Member	Health Financing	GHN19

Extended Team

Name	Title	Organization	Location
Gilbert Burnham	Professor	Johns Hopkins University	Baltimore

BANGLADESH

ADDITIONAL FINANCING FOR HEALTH SECTOR SUPPORT PROJECT

TABLE OF CONTENTS

I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

A. Introduction

1. This Project Paper seeks the approval of the Executive Directors of the International Development Association (IDA) for additional financing for the Bangladesh Health Sector Support Project (HSSP, P160846), comprising an IDA grant of SDR 29.5 million (US$ 41.67 million equivalent) from the IDA18 Regional Sub-Window for Refugees and Host Communities and an IDA credit of SDR 5.9 million (US$ 8.33 million equivalent) from Bangladesh's IDA18 country allocation. The proposed additional financing will support the Government of Bangladesh in responding to an emergency in Cox's Bazar District caused by an influx of displaced Rohingya population from Myanmar. The Government of Canada has expressed its intent to provide funding for the purpose of meeting the repayment obligations of Bangladesh to IDA stemming from the proposed additional credit.

2. **Bangladesh is eligible to access financing under the IDA18 Regional Sub-window for Refugees and Host Communities.**[1] First, as of May 2018, Bangladesh is hosting an estimated 915,000 displaced Rohingya people and people living in refugee-like situations from Myanmar's Rohingya community.[2, 3] Second, the World Bank in consultation with the United Nations High Commissioner for Refugees (UNHCR), the United Nations (UN) Refugee Agency, has determined that Bangladesh adheres to a framework for the protection of refugees that is adequate for the purpose of the IDA18 Regional Sub-window for Refugees and Host Communities based on practices consistent with international refugee protection standards. The World Bank's assessment recognizes Bangladesh's ratification of a number of human rights instruments, its 2014 strategy covering humanitarian and repatriation issues, and the recent memorandum of understanding with the UNHCR, the UN Refugee Agency, on voluntary repatriation, which have provided the basis for the government's treatment of this population since the start of the current crisis.[4] Third, the government has shared with the World Bank a preliminary plan outlining a series of actions it intends to pursue to respond to the current crisis. The government plans to develop a multi-sectoral coordination mechanism and adapt the action plan to respond to the situation as it evolves.

3. **Since August 2017, about 700,000 people have crossed into Bangladesh from Myanmar**, most taking shelter in congested camps, with some living amongst host communities. They join over 200,000 people displaced from Myanmar in previous years, for a total displaced population of around one million

[1] A country is eligible if: (i) the number of UNHCR-registered refugees, including persons in refugee-like situations, it hosts is at least 25,000 or 0.1 percent of the country's population; (ii) the country adheres to an adequate framework for the protection of refugees; and (iii) the country has an action plan, strategy, or similar document that describes concrete steps, including possible policy reforms that the country will undertake towards long-term solutions that benefit refugees and host communities, consistent with the overall purpose of the window.

[2] The Government of Bangladesh uses the term "Forcibly Displaced Myanmar Nationals."

[3] The Government of Bangladesh reports biometric registration of 1.17 million. (Inter Sector Coordination Group, Situation Report: Rohingya Refugee Crisis, Cox's Bazar, 24 May 2018).

[4] Adequacy is determined based on adherence to international or regional instruments such as the 1951 Refugee Convention or its 1967 Protocol, or the adoption of national policies and/or practices consistent with international refugee protection standards.

in Cox's Bazar District of Bangladesh. This population has enormous needs for HNP services, placing an immense strain on an already resource-constrained service delivery system. Given uncertainties and expected delays in repatriation, the Government of Bangladesh will continue to deliver humanitarian aid directly and through UN agencies and local/international non-governmental organizations (NGOs).

4. **The proposed additional financing for HSSP will support the Ministry of Health and Family Welfare (MOHFW) in planning, coordinating, managing and providing HNP services for the displaced Rohingya population.** The proposed additional financing will support a fourth component to be added to the HSSP to encompass new activities to support MOHFW in responding to the crisis in Cox's Bazar District. In view of the emergency situation, the proposed additional financing has been prepared under the processing requirements covered by paragraph 12 of Section III of the Investment Project Financing Policy (Projects in Situations of Urgent Need of Assistance or Capacity Constraints) of the World Bank.

5. **The following changes to the HSSP are proposed through a project restructuring**:

a) A new component to develop HNP services for the displaced Rohingya population in Cox's Bazar District to be supported by the proposed additional financing;

b) Two new Project Development Objective (PDO)-level indicators and three new intermediate outcome level indicators to monitor progress of activities to be supported by the proposed additional financing;

c) Modified procurement arrangements to include provision for agreements between the MOHFW and UN agencies; and

d) One new disbursement category for the proposed additional financing.

B. Project Background

6. **The HSSP supports the MOHFW's Fourth Health, Population and Nutrition Sector Program, which covers the 5.5 years between January 2017 and June 2022 with an estimated total cost of US$14.7 billion.** The Fourth Sector Program is implemented using a sector-wide approach (SWAp) with pooled financing and parallel support from development partners. The HSSP supports the government's program through three components: (a) governance and stewardship; (b) HNP systems strengthening; and (c) provision of quality HNP services. The HSSP was approved by the IDA Board of Executive Directors on July 28, 2017, with a closing date of December 31, 2022.

7. **The HSSP's PDO is to strengthen the HNP sector's core management systems and delivery of essential HNP services with a focus on selected geographical areas (that is, Chittagong and Sylhet divisions)**. The HSSP is co-financed by: (a) an IDA Credit of US$500 million equivalent (IDA Cr. 6127-BD); (b) a grant from the Global Financing Facility of US$15 million (TF0A4355-BD); and (c) a World Bank-managed Multi-Donor Trust Fund (TF0A6941-BD) of US$94 million with contributions to-date from the Netherlands, Sweden and the United Kingdom.[5]

[5] Contributions are US$13 million from the Netherlands, US$21.9 million equivalent from Sweden and US$59.9

8. **The HSSP supports achievement of a set of results, measured by disbursement-linked indicators (DLIs), the verified achievement of which determines disbursement.** These results contribute to the government's priorities and form an integral part of the MOHFW's sector program.

C. Project Performance

9. **The project has been under implementation since October 2017, and progress with respect to the development objective and implementation performance are satisfactory.** The government is financing and implementing its Fourth Sector Program, including activities that are contributing to the results supported through the HSSP DLIs. A total of US$65 million has been disbursed for achievement of year 1 results, while activities required for year 2 results are progressing satisfactorily.

D. Rationale for Additional Financing

10. **The proposed additional financing of HSSP will enhance the capacity of the MOHFW to respond to the crisis and support it in extending HNP services to the displaced Rohingya population in Cox's Bazar District.** The proposed additional financing will complement, and not replace, life-saving HNP services that are currently being supported by humanitarian programs. At the same time, the original project, the HSSP, will continue to support HNP services for the local population (including the host communities) through achievement of results in Chittagong Division, including in Cox's Bazar District.

11. **The 2.6 million population[6] of Cox's Bazar District has poorer HNP indicators than national averages.** In 2016, the estimated total fertility rate of 3.2 in the district can compare with the national rate of 2.1. Estimated mortality among under-five children in the district, at 81.6 per 1,000 in 2016, was more than double the national estimate of 35.0.[7] With regard to service delivery, in 2012-13, the proportion of births that were delivered in health facilities in Cox's Bazar District was 24.2 percent, compared to 31.0 percent in Bangladesh as a whole.[8] In 2015, coverage of essential immunization among under-two-year-old children in the district was 78.0 percent, compared to 86.5 percent nationally.[9] While Bangladesh as a whole made good progress towards the HNP targets of the Millennium Development Goals, it is evident that Cox's Bazar District has lagged behind.

12. **HNP services in Cox's Bazar District are under-resourced, particularly with regard to personnel.** Along with demand-side constraints, low levels of service utilization for some of the indicators reflect an under-resourced system. Nationally, limitations in government HNP service delivery stem from the low level of public funding for HNP in the country, at less than one percent of gross domestic product. Effects on service delivery include inadequate supply of medicines and consumables and especially under-staffing. In Cox's Bazar District, only about half of the posts for specialists and physicians are filled,

million equivalent from the United Kingdom.
[6] Projection for 2018 from 2011 census.
[7] 2016 Sample Vital Registration Survey.
[8] 2012-13 Multiple Indicator Cluster Survey.
[9] 2015 Expanded Program on Immunization Coverage Evaluation Survey.

although the staffing level is higher for community health workers.[10] A general description of the HNP sector in Bangladesh, including the service delivery system, can be found in the HSSP Project Appraisal Document (Report No: PAD2355).

Table 1. Demographic composition of the displaced population (Percent of total)

	Male	Female	Total
0-4 years	9.4	9.1	18.5
5-11 years	11.6	10.9	22.5
12-17 years	6.9	6.8	13.7
18-59 years	18.5	23.6	42.1
60+ years	1.6	1.8	3.4
Total	48.0	52.0	100.0

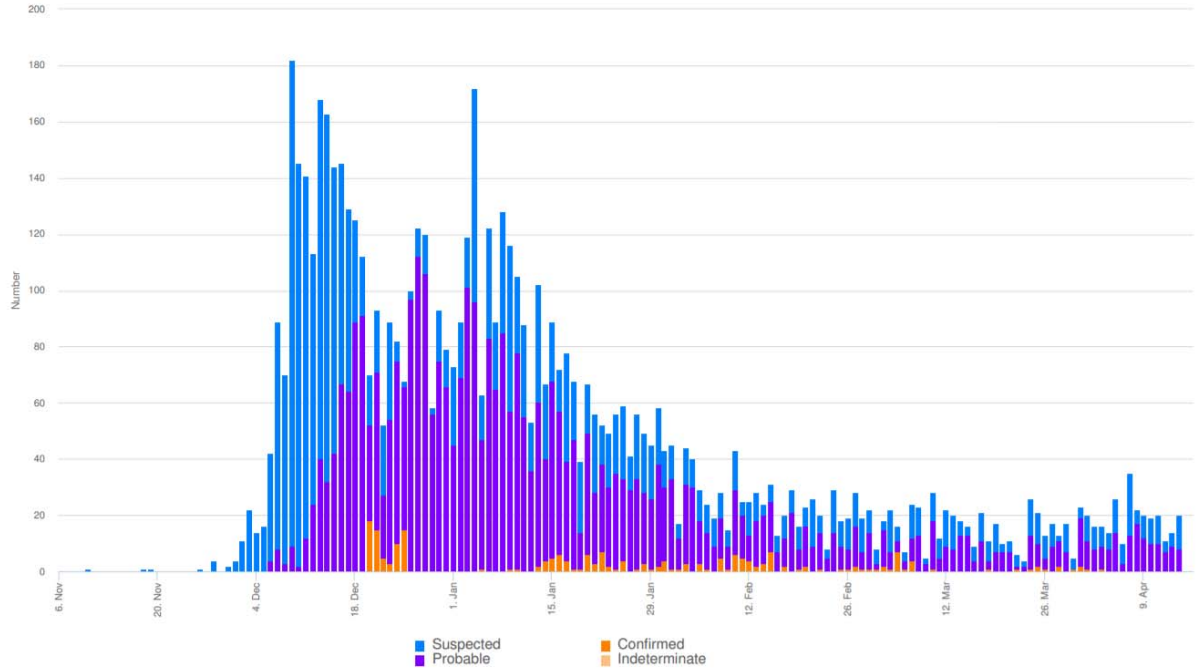
Source: International Organization for Migration (IOM) Bangladesh, Needs and Population Monitoring Site Assessment: Round 9, March 2018.

13. **The displaced Rohingya population of around one million has enormous needs for HNP services.** Since August 2017, about 700,000 people crossed the border into Bangladesh from Myanmar, joining over 200,000 people who had been displaced in previous years. Of these, the great majority, over 600,000, have taken shelter in the large and congested Kutupalong-Balukhali site in Ukhia Upazila,[11] with almost 300,000 in other settlements in both Ukhia and Teknaf Upazilas.[12] Some are living dispersed within local communities across Cox's Bazar District.[13] The displaced Rohingya population includes large numbers of women, children and other vulnerable groups who require basic HNP services. Children under five years old are 18.5 percent of the population, older children and adolescents compose a further 36.2 percent of the population, and around 20 percent of the population are women of reproductive age. (Table 1) This population has large requirements for reproductive, maternal, neonatal, child and adolescent HNP services, particularly as they reportedly had poor access to such services in the past. Demand is hampered by a lack of knowledge about the benefits of basic services such as maternal care, and the population came to Bangladesh with very low essential immunization coverage.

14. **The displaced Rohingya population is highly vulnerable to disease outbreaks.** Low coverage of routine immunization has exposed the displaced population to infectious diseases that have largely been controlled in Bangladesh. In particular, the displaced Rohingya population has experienced outbreaks of diphtheria (Figure 1) and measles. Risk of cholera, endemic to the area, is high due to very poor water and sanitation conditions in the settlements. In these conditions, the population suffers from high incidence of diarrhea which undermines nutritional status and increases mortality risks, particularly among children. In the first four months of 2018, 145,000 cases of acute watery diarrhea and other types of diarrhea were reported. (Table 2) In addition to water-borne diseases, there are seasonal risks of dengue and malaria, transmitted by mosquitos. Congestion, poor hygiene, inadequate housing, and indoor air pollution, also contribute to high incidence of skin diseases and respiratory infections.

[10] MOHFW, Health Bulletin 2016, Cox's Bazar Civil Surgeon Office.
[11] Upazilas are the sub-district administrative units. Unions are sub-Upazila administrative units.
[12] The local population of Ukhia and Teknaf Upazilas is about 550,000.
[13] Inter Sector Coordination Group, Situation Report: Rohingya Refugee Crisis, Cox's Bazar, 24 May 2018.

Figure 1. Diphtheria cases, 2017-18 (Number)



Source: WHO and MOHFW, Bangladesh, Rohingya Emergency Response, Diphtheria Outbreak, Update 2018-04-14.

15. **The prevalence of child malnutrition is high.** An anthropometric survey in the Kutupalong camp in October 2017 revealed malnutrition rates that exceeded generally-accepted thresholds for an emergency. Among children aged 6 to 59 months, 24.3 percent suffered from acute malnutrition (wasting) while 43.4 percent suffered from chronic malnutrition (stunting).[14] Other surveys in displaced settlements measured acute malnutrition rates of around 20 percent.[15]

16. **The displaced Rohingya population is vulnerable to other serious health risks.** Vulnerable groups among the displaced population include an estimated 16 percent of households headed by single mothers, 4 percent headed by children, 2 percent that include separated children, 4 percent that include an older person at risk, and 5 percent that include household members with serious medical conditions.[16] It is expected that violence experienced by the displaced population has caused psychosocial trauma and mental health issues. Many women from the displaced population are survivors of gender-based violence and many are currently at risk in the camps. Chronic conditions, including non-communicable diseases such as diabetes and cardiac conditions, are not being managed. Seasonal rains and possible cyclones, causing flooding and landslides, will have important health impacts, including injuries, drowning, exacerbation of water-borne diseases, and reduced access to health services. It is estimated that 200,000

[14] Emergency Nutrition and Health Assessment, Kutupalong Refugee Camp, October 22nd-28th 2017, Preliminary Results.
[15] UN Joint Response Plan for Rohingya Humanitarian Crisis, March-December 2018.
[16] International Organization for Migration Bangladesh, Needs and Population Monitoring Site Assessment: Round 9, March 2018.

people are at risk of landslides and floods during the monsoon season.[17]

Table 2. Reported cases, January-April 2018

Disease	Number of cases	Percent of Total
Acute watery diarrhea	81,479	5.3
Bloody diarrhea	30,705	2.0
Other diarrhea	33,238	2.2
Acute respiratory infection	179,754	11.8
Measles/rubella	1,222	0.1
Acute flaccid paralysis	20	0.0
Suspected meningitis	46	0.0
Acute jaundice syndrome	1,927	0.1
Suspected hemorrhagic fever	70	0.0
Neonatal tetanus	3	0.0
Adult tetanus	22	0.0
Malaria (confirmed)	47	0.0
Malaria (suspected)	14,745	1.0
Unexplained fever	182,882	12.0
Severe malnutrition	2,991	0.2
Injuries/wounds	24,433	1.6
Other	971,450	63.7
Total	**1,525,039**	**100.0**

Source: WHO and MOHFW, Early Warning, Alert and Response System, Epidemiological Bulletin, Week 17, 1 May 2018.

17. **The crisis has had a severe impact on the local population and the government HNP system in Cox's Bazar District.** The local population of the district has been affected by exposure to infectious diseases, by increased poverty undermining nutritional status and access to services, and by the strain on government HNP services including diversion of management attention, personnel and resources. For example, due to high coverage of routine immunization in Bangladesh, diphtheria has been unknown in the country for many years. The recent outbreak among the displaced Rohingya population, involving over 6,800 cases and 42 deaths, caused 52 cases among the local population as well.[18] The MOHFW's administrative capacity, both at the district and national levels, has been stretched by the influx. The limited human resources available to the district administration are almost entirely focused on the crisis, while a significant portion of the attention of national-level policy-makers and administrators has been diverted to Cox's Bazar District. MOHFW has temporarily assigned health care professionals to work in the district, which has affected services elsewhere in the country.

[17] Inter Sector Coordination Group, Emergency Preparedness and Response, Cox's Bazar Rohingya Refugee Crisis, 14 May 2018.
[18] WHO and MOHFW, Early Warning, Alert and Response System (EWARS), Epidemiological Bulletin, Week 17, 1 May 2018.

18. **The proposed additional financing and restructuring of HSSP are appropriate mechanisms to support the government's response to the crisis in the HNP sector.** The HSSP provides support to the government's Fourth Sector Program, with a focus on system development and improvements in service delivery in Sylhet and Chittagong Divisions, where HNP indicators lag national averages. Within Chittagong Division, Cox's Bazar District, as described above, has low HNP indicators, so that supporting the government system in that district will greatly help in responding to the crisis while also contributing to the broader objectives of HSSP. At the same time, situating World Bank support within HSSP will advance the objective of strengthening government stewardship, management and capacities as it responds to the crisis. The proposed additional financing will support scaled-up activities for the displaced Rohingya population to respond to the crisis created by the huge influx.

19. **The proposed additional financing will directly support the Government of Bangladesh's preliminary action plan shared with the World Bank, which outlines a series of actions it intends to pursue to respond to the current crisis.** The government has noted that diplomatic discussions with Myanmar to enable a rapid process of safe, dignified, and voluntary repatriation remains its highest priority. In the meantime, the government proposes to further engage with international partners to help the displaced Rohingya population and the host communities by providing basic services during their stay in Bangladesh. These include HNP services, water and sanitation, social protection, environment protection, access roads, disaster risk management, and support for learning centers and life skills.

20. **The proposed additional financing will contribute to the objectives the IDA18 Regional Sub-Window for Refugees and Host Communities.** The IDA18 Regional Sub-window's purpose is to help refugee-hosting countries to: (a) mitigate the shocks caused by an influx of refugees, and create social and economic development opportunities for refugees and host communities; (b) facilitate sustainable solutions to protracted refugee situations, including through the socioeconomic inclusion of refugees in the host country and/or their return to their country of origin; and (c) strengthen preparedness for increased or potential new refugee flows. The proposed additional financing will contribute to a program of support across several priority sectors that will complement humanitarian efforts and support the government in developing a broader strategic response to the socio-economic dimensions of the ongoing crisis. This will support a response that is rooted in government leadership and country systems, building on short-term humanitarian programs with a medium-term perspective. In the HNP sector, the proposed additional financing will support the government to enhance its capacity to manage the crisis as well as extend government systems and standards to HNP service delivery for the displaced Rohingya population. Based on Bangladesh's experience with coordinated planning and financing in support the government's national program in the HNP sector, the proposed additional financing will also catalyze the government's development of a single plan for HNP service development in Cox's Bazar District that will provide the basis for prioritizing needs and channeling potential sources of support.

21. **The proposed additional financing will enhance the contribution of the HSSP to the World Bank's 2016–2020 Country Partnership Framework (CPF) for Bangladesh.** (Report No. 103723-BD) The primary focus of the CPF is to remove constraints to growth and competitiveness to accelerate poverty reduction. Social inclusion is one of three focus areas for the CPF, because human development provides a foundation for economic growth while protection of the poor is necessary for inclusive growth. The strategy aims to consolidate HNP gains while continuing to improve equity and addressing the next

generation of challenges. The proposed additional financing will contribute to these objectives by mitigating the impact of the crisis on the government HNP system and access to services by the population of Cox's Bazar District while contributing to equity through supporting HNP services for the displaced Rohingya population.

II. DESCRIPTION OF ADDITIONAL FINANCING

A. Project Development Objectives

22. The PDO for the HSSP will remain unchanged: to strengthen the HNP sector's core management systems and delivery of essential HNP services with a focus on selected geographical areas.

B. PDO and Intermediate Level Indicators

23. The HSSP's results are measured by 5 PDO indicators and 12 intermediate level indicators, as well as 5 IDA corporate indicators. Results of the new activities to be supported by the proposed additional financing will be reflected by the following additional indicators. (Table 3) Data on these indicators will be provided through HNP service delivery reporting systems. In addition, household surveys will provide supplementary data on population coverage.

Table 3. Additional PDO and intermediate level indicators

PDO indicators
6. Among the displaced Rohingya population in Cox's Bazar District, the number of children (ages 0-11 months) who have received three doses of Pentavalent immunization, disaggregated by gender (annual)
7. Among the displaced Rohingya population in Cox's Bazar District, the number of births delivered in HNP facilities (annual)
Intermediate level indicators
12. The number of HNP facilities providing an appropriate mix of family planning methods to the displaced Rohingya population in Cox's Bazar District (cumulative)
13. Among the displaced Rohingya population in Cox's Bazar District, the number of pregnant women and lactating mothers reached with social and behavior change interventions on infant and young child feeding (annual)
14. Among the displaced Rohingya population Cox's Bazar District, the number of women and girls who have received through women-friendly services information on sexual and reproductive health and rights/gender-based violence (annual)

C. Project Beneficiaries

24. The proposed additional financing will benefit the approximately one million displaced Rohingya population in Cox's Bazar District.

D. Project Components and Financing

25. The total proposed additional financing is US$50 million equivalent. The IDA18 Regional Sub-

Window for Refugees and Host Communities will provide 5/6 of the total, or US$41.67 million. On an exceptional basis, this amount will be extended on grant terms for support to the displaced Rohingya population. The remaining 1/6, or US$8.33 million, will be a credit from the IDA18 country allocation for Bangladesh. The Government of Canada has expressed its intent to provide funding for the purpose of meeting the repayment obligations of Bangladesh to IDA stemming from the credit portion of the financing extended by IDA to Bangladesh for this proposed additional financing.

Table 4. Project cost and financing (US$, millions)

	Component 1	Component 2	Component 3	Component 4 (new)	Total
Government financing	62.0	131.0	192.0	0.0	385.0
Original IDA credit	81.0	170.5	248.5	0.0	500.0
Additional financing (IDA)	0.0	0.0	0.0	50.0	50.0
Global Financing Facility (pooled with original IDA credit)	0.0	0.0	15.0	0.0	15.0
Confirmed co-financing from other development partners (pooled with original IDA credit)	15.0	32.0	47.0	0.0	94.0
Anticipated co-financing from other development partners (pooled with original IDA credit)	17.0	36.0	53.0	0.0	106.0
Total Cost	**175.0**	**369.5**	**555.5**	**50.0**	**1,150.0**

26. The proposed additional financing will support a new fourth component of the HSSP, which in turn will be organized into three sub-components as described below. The original components of HSSP will remain unchanged. (Table 4)

Table 5. HNP facilities currently providing services to the displaced population (Number)

Primary and outpatient services	
Nutrition services of different types	231
Community Clinics, Health Posts and others of different types	226
Primary Health Centers (analogous to Union-level)	32
Referral and inpatient services	
Field Hospitals	8
Upazila Health Complexes	2
District Hospital	1

Source: WHO and MOHFW facility mapping data.

27. **Building on experience with the SWAp since 1998, the MOHFW and partners are developing a single three-year plan for developing, maintaining and improving HNP services according to government standards in Cox's Bazar District, including services provided to the displaced Rohingya population.** The proposed additional financing for HSSP will contribute to this plan through the government budget. Other sources of financing will be the government budget (from domestic sources) and other on- and off-budget support from development partners, including humanitarian programs. The plan will allow MOHFW to identify priorities for continued essential humanitarian assistance in the context of development of

government capacities and services with the support of the proposed additional financing as well as other possible medium-term support from partners.

Table 6. MOHFW facilities in Ukhia and Teknaf Upazilas (Number)

Community clinics	28
Union-level facilities	11
Upazila Health Complexes	2
District Hospital (Cox's Bazar town)	1

Source: MOHFW District Health Information System version 2.

28. **Overall, the proposed additional financing will support development of capacities for coordination, management and delivery of the MOHFW Essential Service Package to the displaced Rohingya population in two contexts:** (a) new and temporary HNP services in the displaced camps; and (b) existing MOHFW facilities that provide services to the displaced population, primarily the Sadar District Hospital and MOHFW facilities in Ukhia and Teknaf Upazilas. Table 5 provides the current numbers of different types of HNP facilities providing services to the displaced population in and near the camps. These include MOHFW facilities as well as services managed by partners. The capacities of the new and temporary NGO-operated facilities vary widely, ranging from one person dispensing medicines to fully functional field hospitals where surgical interventions are performed. The numbers and types of service delivery points in and near the camps will change as MOHFW rationalizes and standardizes service delivery. Table 6 provides the numbers of different types of HNP facilities in Ukhia and Teknaf Upazilas that are providing services to the displaced Rohingya population.

Component 4. Develop HNP Services for the displaced Rohingya population in Cox's Bazar District *(US$50 million)*

29. While the closing date of the proposed additional financing will align with that of the original credit (December 31, 2022), implementation of the new component, and disbursement of the additional financing, is planned for a period of three years, that is, July 2018 to June 2021.

Sub-Component 4.1 Support government stewardship (*estimated US$10 million*)

30. **Government planning, coordination and monitoring capacities will be enhanced.** In Bangladesh, the MOHFW is responsible for stewardship of the HNP sector, including governmental and non-governmental service providers. The MOHFW policy-makers and managers in Dhaka are responsible for managing the response to the crisis and coordinating with the different stakeholders as well as the Civil Surgeon in Cox's Bazar District as the MOHFW field level official. Since the start of the crisis in August 2017, with support from partners, MOHFW has effectively led coordination of the HNP sector response that involves six UN agencies and over 100 national and international NGOs.[19] Building on the mechanisms that have been put in place, this sub-component will support MOHFW in further strengthening planning and coordination capacity, both at the district and central levels. Similarly, MOHFW is putting in place reporting and monitoring systems, including extension of the online District Health Information System

[19] See https://www.humanitarianresponse.info/en/operations/bangladesh/health.

version 2 to NGO-implemented services for the displaced population.[20] This sub-component will strengthen reporting and monitoring, including capacity building (on data collection and entry) of the different stakeholders involved in service provision, as well as effective analysis, use and feedback of data. MOHFW has strengthened its capacity for field monitoring and supportive supervision of both government- and NGO-implemented services in the district; this sub-component will support maintaining and further developing these essential functions.[21]

31. **Disease surveillance and outbreak response capacities will be further developed.** With support from partners, an effective disease surveillance system has been put in place that has contributed to so-far successful prevention and response to disease outbreaks among the displaced population, notably cholera, measles and diphtheria. Outbreak response coordinated by MOHFW has included vaccination campaigns and disease-specific diagnosis and treatment services. MOHFW and partners are also developing mechanisms for responding to the health impacts of possible natural disasters, specifically cyclones, landslides and flooding. This sub-component will support further development of these systems and capacity.

32. **Service management systems will be supported.** While the Civil Surgeon and other MOHFW administrators have faced the demands of coordinating the response to the crisis, routine management of the government HNP service delivery system continues to require their attention. Additional management requirements are raised by existing and new MOHFW-managed HNP services that have been scaled up to contribute to meeting the needs of the displaced population. This sub-component will support the MOHFW's service management structures in the various technical areas as they contribute to the response to the crisis.

33. **Other systems requiring coordination, including referral and medical waste management (MWM), will be put in place.** Currently, there are several evident gaps in systems that require coordination between the partners supporting HNP service delivery in Cox's Bazar District. A centrally-coordinated referral system is needed, including communications and administrative systems, to facilitate access to referral care, particularly in the displaced camps. An MWM system is similarly needed to effectively handle the waste generated by the scaled-up and new HNP services providing care to the displaced population. This sub-component will support development of these and other systems that require central coordination as needs become apparent.

Sub-component 4.2 Enhance community and primary HNP services *(estimated US$30 million)*

34. **This sub-component will support delivery of the Essential Service Package of household- and community-level interventions to the displaced Rohingya population following the standards for Community Clinics.** The Essential Service Package includes services that are delivered at household and community levels by community health workers based in Community Clinics. These include outreach services through home visits, basic curative care, reproductive health services, and maternal and child

[20] See http://103.247.238.81/webportal/pages/rohingya_situation.php.
[21] Current support by partners to strengthening MOHFW coordination and monitoring capacity in response to the crisis includes World Bank-managed trust funds (financed by Canada, Germany, the Netherlands, Sweden, the United Kingdom, the United Nations Population Fund and the United States) implemented through WHO.

health services. The policy for Bangladesh as a whole is that, if present, a trained community skilled birth attendant may attend deliveries if there is poor access to a higher-level facility. (Table 7) This sub-component will support and improve the capacity of existing MOHFW Community Clinics to deliver the Essential Service Package to the displaced population, with a focus on the 28 Community Clinics in Ukhia and Teknaf Upazilas. This sub-component will also support the MOHFW in coordinating, ensuring quality, and filling gaps in NGO-provided household- and community-level services in and near the displaced camps, including in the areas of service standards and quality, human resource standards, training and remuneration, and social and behavior change strategies and materials (adapted and translated in the Myanmar language). There are currently more than 200 service delivery points of widely varying capacities in and near the displaced camps that provide a wide range of services. (Table 5).

Table 7. Essential Service Package delivered by Community Clinics

Essential services
Maternal and neonatal care: ante-natal and post-natal care
Child care: integrated management of childhood illnesses, routine immunization
Adolescent health: counselling, nutrition
Family planning
Nutrition: counselling and assessment
Non-communicable diseases: screening for risk factors
Limited curative care
Social and behavior change interventions
Additional services
Normal deliveries (if human resources available)
Program interventions (that is, malaria, tuberculosis)

Source: MOHFW, Essential Health Service Package (ESP), August 2016.

35. **This sub-component will also support delivery of the Essential Service Package of primary HNP services for the displaced Rohingya population, applying the standards for Union-level facilities.** At the next level of services – Union-level facilities – more comprehensive preventive and curative interventions are delivered by staff with clinical training, including deliveries attended by trained staff including midwives. (Table 8) This sub-component will support and improve the capacity of existing MOHFW Union-level facilities to deliver the Essential Service Package to the displaced population in Ukhia and Teknaf Upazilas. This sub-component will also support MOHFW in coordinating, ensuring quality, and filling gaps in NGO-provided services at this level in and near the displaced camps, including in the areas of service standards and quality and human resource standards. There are currently 32 such NGO-managed facilities at this level in and near the displaced camps. (Table 5).

36. **This sub-component will support social and behavior change communication interventions on key issues, to be delivered to the displaced Rohingya population through facility- and community-based strategies.** This sub-component will support integrated communication and outreach strategies focused on improving household knowledge and behaviors relating to maternal and child health, reproductive health and family planning, nutrition, and gender-based violence and psychosocial needs. Specific strategies and materials will be adapted to the needs of the displaced population, including use of the

appropriate language of communication.

Table 8. Essential Service Package delivered by Union-level facilities

Essential services
Maternal and neonatal care: ante-natal and post-natal care, normal delivery
Newborn care: essential newborn care, infant and young child feeding practices, newborn resuscitation, sepsis
Child care: integrated management of childhood illnesses, routine immunization
Adolescent health and nutrition: counselling, nutrition, care of sexually-transmitted infections
Family planning
Nutrition: counselling, assessment, treatment of uncomplicated severe acute malnutrition
Non-communicable diseases: screening, diagnosis and management, mental health care
Expanded curative care
Social and behavior change interventions
Additional services
Basic emergency obstetric and neonatal care
Enhanced diagnosis with laboratory

Source: MOHFW, Essential Health Service Package (ESP), August 2016.

37. **The Essential Service Package at the household, community and primary levels includes key maternal, neonatal and child health services.** Social and behavior change communication aims to improve household knowledge and behaviors for the care of pregnant and lactating mothers, care of newborns, and prevention, recognition and care of child illness. Services delivered at the Community Clinic and Union levels include family planning services, ante-natal and post-natal care, delivery care when access to a higher-level facility is limited, routine immunization, and adolescent health services.

38. **Preventive and curative nutrition services for the displaced Rohingya population will be strengthened as part of the Essential Service Package.** Generally, in Bangladesh, as part of the Essential Service Package, nutrition services are mainstreamed in the HNP service delivery system, delivered at the community and primary levels by Community Clinics and Union-level facilities. As in other technical areas, this sub-component will strengthen nutrition services delivered by MOHFW through its HNP service delivery system for the benefit of the displaced population. Given the emergency situation among the displaced population, stand-alone humanitarian nutrition services of different types, focusing on prevention, diagnosis and treatment of severe acute malnutrition are being delivered under the coordination of the Institute of Public Health Nutrition of the MOHFW. To date, over 30,000 under-five children have received care.[22] Given the precarious situation of the displaced Rohingya population, this life-saving humanitarian support is likely to continue to be required. Along with screening and treatment, services include social and behavior change communication, counselling on infant and young child feeding, counselling on maternal and adolescent nutrition, micro-nutrient supplementation and deworming.

39. **Sexual and reproductive health services, including family planning, are delivered at the**

[22] See https://www.humanitarianresponse.info/en/operations/bangladesh/nutrition.

household and community levels. While social and behavior change interventions aim to improve household knowledge and behaviors in the area of sexual and reproductive health, a range of family planning services are provided as part of the Essential Service Package at the community and primary levels. As in other technical areas, this sub-component will strengthen the capacity of the MOHFW to deliver sexual and reproductive health services to the displaced Rohingya population as part of the Essential Service Package, as well as support the MOHFW in providing oversight and support to NGO-provided services.

40. **On the basis of current humanitarian interventions, programs to address gender-based violence and psychosocial needs will continue to be supported.** Many displaced have been victims of sexual and gender-based violence and remain at risk in the camps, including the risks of trafficking and rape. More generally, the violence and flight experienced by the displaced population increase vulnerability to psychosocial and mental health disorders. This sub-component will support MOHFW in providing oversight and any necessary support to continued interventions to address gender-based violence as well as psychosocial and mental health needs. HNP services are often the first point of contact for survivors of gender-based violence. On the basis of existing programs, this sub-component will provide necessary support to MOHFW and partners in building the capacities of HNP services to provide immediate care for survivors of such violence, including training service providers on gender-based violence treatment protocols. Interventions include Women Friendly Centers that deliver psychosocial interventions, counselling services and referral as needed to sexual and reproductive health and mental health services, as well as community-level social and behavior change communication. The Women Friendly Centers have capacity to provide basic counselling; for more severe cases, the patients will be referred to higher level services for clinical diagnosis and treatment. To-date, it is reported that 115,000 people have been reached by these interventions, while 6,000 women and girls have received care.[23] On the basis of current programs, following international best-practice and technical standards,[24] this sub-component will support MOHFW in providing oversight and necessary support to continued interventions to address gender-based violence as well as psychosocial and mental health needs of the displaced population, including ensuring referral pathways from community-level to clinical services.

Sub-component 4.3 Develop referral and inpatient HNP services (estimated US$10 million)

41. **Referral and inpatient services are delivered by Upazila Health Complexes, maternal and child welfare centers and the District Hospital in Cox's Bazar District.** The Essential Service Package delivered at the referral level includes emergency obstetric and neonatal care, curative care, including surgical and inpatient, expanded diagnostic capacity, and specialized services. (Table 9) The Upazila Health Complex, staffed by physicians, and providing 24-hour maternity and emergency services, acts as the first-referral and nodal institution for the network of Union-level facilities and Community Clinics in the Upazila. The District Hospital, staffed by physicians and specialists, acts as a secondary- and tertiary-level service provider for referral from the Upazila Health Complexes in the district.

Table 9. Essential Service Package delivered by Upazila Health Complexes and District Hospitals

[23] See https://www.humanitarianresponse.info/en/operations/bangladesh/gender-based-violence-gbv.
[24] Inter-Agency Standing Committee, 2015.*Thematic Area Guide for Health: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*.

Essential services
Maternal and neonatal care: ante-natal and post-natal care, normal delivery, basic emergency obstetric and neonatal care, comprehensive emergency obstetric and neonatal care (District Hospitals)
Newborn care: essential newborn care, infant and young child feeding practices, care of low birthweight babies, newborn resuscitation, sepsis
Child care: integrated management of childhood illnesses, routine immunization
Adolescent health and nutrition: counselling, nutrition, care of sexually-transmitted infections
Family planning
Nutrition: counselling, assessment, treatment of severe acute malnutrition with complications
Non-communicable diseases: screening, diagnosis and management, mental health care
Expanded curative care, including inpatient
Expanded diagnostic capacity, including laboratory, X-ray, ultrasound
Social and behavior change interventions
Additional services
Specialized care

Source: MOHFW, Essential Health Service Package (ESP), August 2016.

42. **This sub-component will support development of referral and inpatient services for the displaced Rohingya population.** Currently, referral and inpatient services for the displaced population are being provided by the MOHFW Sadar District Hospital, the two MOHFW Upazila Health Complexes in Ukhia and Teknaf, and eight temporary field hospitals run by a variety of partners. Going forward, this sub-component will support MOHFW in further developing the capacities of the District Hospital and the Ukhia and Teknaf Upazila Health Complexes, contributing to a single investment plan that will coordinate support to these facilities by different partners. Human resources, equipment, laboratory capacity, surgical capacity, water and sanitation, infection control and MWM, are evident areas requiring investment.[25] The single plan will consider the need for continued humanitarian support to temporary field hospitals in and near the displaced camps to supplement the referral capacity of MOHFW facilities. There are currently a large number of births taking place in household shelters made of bamboo and plastic sheeting in the displaced camps, particularly as HNP services in the camps do not operate after nightfall. Strategies will need to be developed to improve this situation which heightens the risks of maternal and neonatal mortality. For example, as noted above, while various partners are operating ambulances for referral, a coordinated system, including communications and administrative and medical records system, is required.

E. Lessons Learned and Reflected in Project Design

43. **Experience has shown that it is important to adopt a medium-term perspective that supports existing national service delivery systems.** The proposed additional financing reflects lessons learned from World Bank support to governments in responding to forced displacement crises in a variety of situations. This experience has shown that, building on the immediate humanitarian response, it is important to take a medium-term perspective that supports existing national service delivery systems,

[25] WHO, United Nations High Commissioner for Refugees, IOM, Swiss Development Cooperation and United Nations Population Fund, Available Services in Sadar Hospital, Ukhia and Teknaf Health Complexes, December 2017.

starting with strengthening the government's capacity for stewardship of the sector and extending to technical planning, coordination and service delivery management.

44. **Support to the government can include improving its capacity for both direct management of HNP services and oversight and coordination of services delivered by partners.** A variety of other situations have shown that supporting governments to respond to such crises over the medium term can include both scale-up of HNP services directly managed by the government and enhancing the government's oversight, quality assurance and standardization of services delivered by partners, including through government financing. In fact, the government often has an opportunity to leverage the surge of capacity that comes with the initial humanitarian response. Indeed, in general, as Bangladesh moves towards middle income status, the government will increasingly be called upon to increasingly shift towards stewardship and financing roles.

45. **It is important for government to assume leadership through effective coordination of different sources of humanitarian and medium-term assistance in the HNP sector.** Other crises have shown the risks of following an ad hoc approach to accepting assistance, which can lead to poor geographic distribution of services, wide disparities in service delivery standards and quality, disparities and inflation in remuneration as well as distortion of the labor market for health workers, and large capital investments made without planning for staffing and recurrent costs. Bangladesh is well-placed to coordinate support under a single plan for Cox's Bazar District given its long and successful experience with a SWAp whereby government and international financing, both on- and off-budget, support a single national sector program.

46. **Work in the HNP sector should be part of a coordinated program involving improvements in sectors that have impacts on HNP outcomes.** Water and sanitation, household food security, household knowledge, and gender roles, have clear effects on health and nutrition outcomes, so that the impact of improvements in HNP services alone will be undermined without progress in other sectors. For this reason, the proposed support to the HNP sector is part of a coordinated program across priority sectors.

47. **World Bank support to the government's capacity and service delivery over the medium term does not replace life-saving humanitarian programs that will continue to be required by the highly-vulnerable displaced population.** The displaced population, the majority living in highly-congested and unhygienic settlements and dependent on food aid, will remain highly vulnerable to HNP risks, including malnutrition, maternal mortality and infectious diseases. While government capacities will be developed over the medium term, humanitarian support in the HNP sector will continue to be required for life-saving services; examples can include diagnosis and treatment of severe acute malnutrition, emergency surgery and interventions to address gender-based violence.

48. **Finally, other situations have shown that forcibly displaced populations can have distinct needs, requiring adaptation of standard service packages and delivery mechanisms.** Support to national service delivery capacity and standards needs to include adaptations to respond to the particular needs of vulnerable displaced populations. The displaced Rohingya population in Cox's Bazar District has special needs due to their previous poor access to HNP services, which requires particular efforts in the areas of immunization, family planning and social and behavior change communication. In addition, as noted above, high vulnerability to malnutrition will require continued nutrition-specific services. This displaced

population has been exposed to high levels of violence, including gender-based violence, requiring appropriate psychosocial and medical services following international best practices and standards.

F. Implementation Arrangements

49. **Like the original project, the proposed Additional Financing will be implemented by the MOHFW.** The responsible MOHFW field official in Cox's Bazar District is currently the Civil Surgeon. Across Bangladesh, MOHFW services and programs are the responsibility of Line Directors who implement 29 Operational Plans that detail activities, implementation plans and budgets. The Operational Plans constitute the Program Implementation Plan for the Fourth Sector Program for the period 2017-2022 that was approved by the Executive Committee of National Economic Council in March 2017. Line Directors report to the Director General of the Directorate General of Health Services (DGHS) and the Director General of the Directorate General of Family Planning (DGFP) who in turn report to the Secretaries of the Health Services Division and the Medical Education and Family Welfare Division under the overall responsibility of the Minister of Health and Family Welfare.

Table 10. Summary of the sub-components to be supported by the proposed additional financing

Sub-component	Implemented by	Inputs required
4.1 Support government stewardship	All three sub-components will be implemented by the MOHFW in partnership with UN agencies as suppliers and providers of services including technical assistance	Salaries and allowances of government officials; and technical assistance and services provided under agreements with UN agencies
4.2 Enhance community and primary HNP services		Salaries and allowances of government officials; and technical assistance, services and supplies (medicines and consumables, equipment, etc.) under agreements with UN agencies
4.3 Develop referral and inpatient HNP services		Salaries and allowances of government officials; and technical assistance, services and supplies (medicines and consumables, equipment, etc.) under agreements with UN agencies

50. **Under Sub-component 4.1, the Cox's Bazar District Civil Surgeon as well as the DGHS and DGFP at the Dhaka level will be provided with technical assistance.** The Planning Wing of the Health Services Division and the Planning Branch of the Medical Education and Family Welfare Division are responsible for planning, monitoring, and reporting on the progress of the Fourth Sector Program and serve as the primary points of contact for monitoring and communicating to the World Bank on the project, including the proposed additional financing.

51. **Implementation arrangements and required inputs.** Table 10 summarizes the implementation arrangements for the three sub-components. The proposed additional financing will support costs for

salaries and allowances[26] under specific codes as specified in the Financing Agreement[27] incurred by MOHFW to respond to the crisis in Cox's Bazar District. Expenditures incurred by the MOHFW for salaries and allowances since the start of the emergency in August 2017 will be eligible for reimbursement, up to a maximum of US$10 million as retroactive financing. In addition, the proposed additional financing will fund MOHFW agreements with UN agencies (that will include provision for sub-contracting NGOs) that will encompass the required technical assistance, human resources, equipment, small infrastructure rehabilitation and maintenance, medicines and consumables, and other operating costs.

52. **Disbursement table**. Table 11 provides projected disbursement of the proposed additional financing by expenditure category.

Table 11. Disbursement table

Expenditure category	Estimated amount (US$, millions)
MOHFW salaries and allowances	15.0
Goods, works, services, training and incremental operating costs under UN agency contracts	35.0
Total	**50.0**

III. KEY RISKS

53. **There are several project risks that are rated as High or Substantial related to (a) political and governance, (b) fiduciary, (c) environmental and social, and (d) stakeholders.** Political and governance risks are rated as **Substantial** due to the possibility of events with potential adverse consequences relating to the displaced Rohingya population. Fiduciary-related risks of the sector are rated as **High** as identified through audits undertaken by the MOHFW and the World Bank in the HNP sector. There are issues related to the transparency and efficiency of procurement processes, raising concerns about value for money. There are also risks related to the government capacity in Cox's Bazar District in contract monitoring and management, financial management, and internal control mechanisms. For the proposed additional financing, these risks will be mitigated through World Bank support to the MOHFW to engage UN agencies to deliver services, including supply of required inputs. The fiduciary risks inherent to the sector will continue to be mitigated through the HSSP DLIs that focus on the strengthening of fiduciary management systems as well as through the complementary Fiduciary Action Plan, which are currently under implementation. Environmental and social risks are **Substantial**, given the vulnerabilities of the displaced Rohingya population and the potential impact of natural disasters on the precarious camps, as described in section IV. **Substantial** stakeholder risks reflect the wide and diverse range of stakeholders active in Cox's Bazar District. These will be mitigated through activities under Sub-component 4.1 on institutional capacity strengthening for coordination.

[26] Under codes 4500, 4600 and 4700. Allowances including "dearness allowance," "house rent allowance," "medical allowance," "conveyance allowance," "festival allowance" and "leave allowance."
[27] These codes have been excluded from the definition of Eligible Expenditures under the original IDA credit and trust fund financing for HSSP.

54. **An additional risk is related to the protection framework for the displaced Rohingya population.** These risks are **High** for the overall program of World Bank engagement in this situation supported by the IDA18 Regional Sub-Window for Refugees and Host Communities, including this proposed additional financing in the HNP sector. In the context of the overall program, a communication and stakeholder consultation strategy will be developed and implemented. In the HNP sector, partial mitigation of this risk through project design comes from targeting exclusively the geographic area of Cox's Bazar District, the current location of the displaced Rohingya population. In addition, the proposed additional financing will support social and behavior change communication and other interventions to reduce the vulnerability of the displaced Rohingya population. Further, mechanisms for beneficiary feedback will be extended through HNP services for the displaced Rohingya population. As the crisis further unfolds, the World Bank will closely monitor the protection situation of the displaced Rohingya population and reassess its engagement should the situation significantly change.

55. Based on the above risk assessment, and given the importance of these risks relative to other risks rated as Moderate, the overall risk of the proposed additional financing, is therefore, rated **Substantial**.

IV. APPRAISAL SUMMARY

A. Economic and Financial Analysis

56. **Improving access to HNP services can boost economic growth by promoting human capital formation as well as increasing labor supply and productivity.** HNP interventions and health systems strengthening have been shown to provide health benefits as well as reduced costs of poor health. Better health outcomes also have a very high intrinsic value. The research literature estimates very high rates of return in this regard.

57. **The proposed additional financing is expected to contribute to reduce morbidity and mortality among the displaced Rohingya population in Cox's Bazar District through the delivery of cost-effective HNP interventions at the primary and secondary levels and through equitably increased access to health care services.** The benefits from the proposed additional financing are both direct and indirect as well as short and longer-term. The cost-effectiveness of HNP interventions has been established in the research literature, using as a standard measure cost per Disability-adjusted Life Year (DALY) averted. For example, the cost-effectiveness of a standard maternal and child health service package is estimated to range between US$24 and US$585 per DALY averted, while that of a standard package of prenatal and delivery care ranges from US$92 to US$148 per DALY averted. Immunization is highly cost-effective, at US$8 per DALY averted.[28] Immunizations are among the most cost-effective activities provided by government in the time of crisis without additional financial burden to families. With effective coverage of the target population, the proposed additional financing is expected to directly implement cost-effective interventions in the target areas through the package of maternal, child, nutrition and family planning services. The proposed activities to address gender-based violence will contribute to improvements in

[28] Laxminarayan, Ramanan, Anne J. Mills, Joel G. Breman, Anthony R. Measham, George Alleyne, Mariam Claeson, Prabhat Jha et al. 2006. "Advancement of Global Health: Key Messages from the Disease Control Priorities Project." *The Lancet* 367 (9517): 1193–1208.

health outcomes, poverty reduction, and social inclusion.

58. **Modeling of the cost-benefit ratio of the proposed additional financing assumes that the interventions in Cox's Bazar District will directly prevent maternal and infant mortality of the target population, with effects accounted for over a ten-year perspective.** Direct benefit was computed as reduced household out-of-pocket expenditure on medicines. Data on per capita out-of-pocket expenditure from the Bangladesh National Health Accounts 1997–2012 were used. The savings in expenditures were calculated as the total number of cases of treatment averted multiplied by the cost of treatment. Unit cost was taken from the Millennium Development Goals Needs Assessment and Costing 2009–2015 Bangladesh. Indirect benefit was calculated as the increase in productivity due to fewer days lost from illness, premature death, and caring for the sick. The gains were calculated as the reduction in the total days of morbidity and/or mortality multiplied by the average daily per capita gross domestic product.

59. **The proposed additional financing is expected to benefit one million displaced people with support to essential HNP services. Economic analysis indicates that the proposed additional financing of US$50 million is a worthwhile investment.** Adopting a very conservative assumption for the Cox's Bazar District context yields a net present value of the proposed additional financing of US$160 million accruing over a ten-year period. These estimated benefits do not include potential benefits on economic productivity and welfare. The internal rate of return is expected to be around 60 percent, and the benefit-cost ratio is 3.4. This means that for each dollar spent under the proposed additional financing, an expected US$3.40 will be gained (as a benefit) or saved (as an averted cost).

C. Technical

60. **Coordination and implementation of the HNP sector response to the crisis in Cox's Bazar District have so far been largely successful in averting a large-scale health disaster.** Under the MOHFW Civil Surgeon, with the support of partners, coordination of the humanitarian response in the HNP sector in Cox's Bazar District has put in place reporting, monitoring and disease surveillance systems, has effectively monitored and overseen service delivery, and has successfully responded to potential and actual disease outbreaks, limiting the number of deaths. Overall, with important gaps and challenges remaining, the humanitarian operation is currently providing basic life-saving primary and referral services to the displaced population. The proposed additional financing will build on this progress.

61. **The Essential Service Package includes highly cost-effective interventions, reflects the latest technical knowledge and standards, and is adapted to the Bangladesh context.** The government's Fourth Sector Program includes implementation of the updated Essential Service Package described above. Development of this package involved substantial technical work and consultation, making reference to the latest technical knowledge, standards, and cost-effectiveness analysis, as well as the substantial experience with implementation in Bangladesh.

62. **Development of a single HNP sector plan for Cox's Bazar District will build on Bangladesh's successful experience with the SWAp.** MOHFW has long experience with successfully coordinating development partners in support of its national sector program. Detailed planning and costing for a single development plan for Cox's Bazar District will build on existing objectives, technical standards and implementation mechanisms encompassed by the sector program that is already a subject of consensus

among development partners and other stakeholders.

63. Based on the above, technical risk is appraised as **Moderate.**

D. Financial Management

64. **The overall financial management risk for the proposed additional financing is rated as High given the weak capacity of the implementing agency especially at the Civil Surgeon's Office in Cox's Bazar District.** The risks will be mitigated through the arrangements detailed in the following paragraphs.

65. **As the planned activities will be undertaken by the MOHFW in partnership with UN agencies, which require the direct selection procurement method, the majority of payments will be made directly by the World Bank through UN commitment.** For UN agencies, the IDA's financial management requirements are met as each agency receives, manages, expends, reports on, and performs audits of the funds in accordance with its own financial regulations, fiduciary framework, and accountability and oversight framework. Standard templates agreed with UN agencies, and reflected in World Bank-approved standard forms of agreement between the government and the UN agencies, will be used for the purposes of financial management reporting and disbursement. The MOHFW already has a good track record of contracting the services of UN agencies. The terms and conditions agreed between the MOHFW and UN agencies will specify the reporting obligations, including any audit requirements, under the proposed additional financing.

66. **Reporting:** The MOHFW will submit quarterly Interim Unaudited Financial Reports on eligible expenditures for reimbursement. A consolidated Interim Unaudited Financial Reports will be developed to report expenditures related to the original proceeds under the HSSP as well as the proposed additional financing (in a separate column for the portion that will be spent by the MOHFW) to support services for the displaced Rohingya population. In addition, the UN agencies will submit to the World Bank and the MOHFW quarterly utilization reports showing receipts and expenditures. The UN agencies will also submit annual financial statements within six months of the closing of the accounts of the financial year to which the statement relates.

67. **Budgeting and Accounting:** The government's accounting classification and accounting and budgeting system (Integrated Budget and Accounting System, iBAS++) will be relied on to produce eligible expenditure data. Financial information, generated from the Integrated Budget and Accounting System(iBAS++) will be verified and reconciled by the Chief Accounts Officer of the MOHFW prior to finalization.

68. **Flow of funds:** Funds will be channeled to the government treasury against all eligible expenditure categories except payments for the UN contracts. Disbursement to the UN agencies for payments related to services provided to the MOHFW will be made by the World Bank, using UN commitments, upon requests submitted by the MOHFW.

69. **Auditing:** There are no overdue audit reports of the MOHFW. Like the arrangements under the original project, the Comptroller and Auditor General will be the independent auditor for preparing and submitting annual audit reports for the proposed additional financing. A consolidated audited financial statement combining the original credit and the proposed additional financing (covering expenditures incurred by the MOHFW) will be submitted each year, six months after the end of the fiscal year. The

Office of the Comptroller and Auditor General will be requested to include the audit requirement of the proposed additional financing in due course. In the case of UN agencies, MOHFW may require their audited financial statements, which the MOHFW may share with the World Bank.

70. **The Fiduciary Action Plan agreed under the original project will continue to provide support in financial management capacity building and mitigate integrity risks.** The MOHFW with technical assistance from development partners, is implementing the Fiduciary Action Plan. Satisfactory progress has been made on the actions agreed at appraisal of the original project. Annex 2 provides an update on implementation of the Fiduciary Action Plan. Any other issues, arising out of capacity constraints and requiring fiduciary safeguards, will be addressed through actions agreed upon at the periodic Financial Management Task Group meetings during implementation.

A. Procurement

71. **All goods, works, non-consulting services and consulting services under the proposed additional financing shall be procured in accordance with the requirements set forth or referred to in the World Bank's Procurement Regulations for Borrowers under Investment Project Financing, dated July 1, 2016 (Revised November 2017) (Procurement Regulations).** Further, paragraph 12 of section III of the Investment Project Financing policy of the World Bank has been triggered.

72. **As elaborated above, the procurement risk under the proposed additional financing is rated as High due to low procurement and contract management capacity of the MOHFW including integrity issues.** The high procurement risk is exacerbated by the emergency nature of the HNP services needed by the displaced Rohingya population. Therefore, the high procurement risk will be mitigated under the proposed additional financing by limiting the procurement activity of the MOHFW to engaging with UN agencies. Further, due to the situation of urgent need and capacity constraint, the following procurement arrangements will be applied: (a) the World Bank team will assist the MOHFW to prepare a simplified Project Procurement Strategy for Development along with a procurement plan to be completed during project implementation; (b) a quick disbursing component including retroactive financing will be used to reimburse eligible expenditures in the form of salaries and allowances paid by the MOHFW in Cox's Bazar District since August 2017. The reimbursements will be made against Interim Unaudited Financial Reports; (c) the MOHFW will use appropriate standard form(s) of agreement designed for used by recipients to contract UN agency(ies) as suppliers and providers of service including technical assistance. UN agencies with comparative advantages in delivering the interventions proposed under the additional financing and having proven capacity in Cox's Bazar District will be directly selected by the MOHFW. The UN agencies would subcontract local/international NGOs that are mobilized and engaged in similar interventions in Cox's Bazar District

73. **The World Bank will provide support to the MOHFW in preparing the terms of reference and other documentation and agreements with relevant and mobilized UN agencies.** These agreements will be cleared by the World Bank. UN agencies currently implementing activities in the HNP sector in Cox's Bazar District include the IOM, the United Nations Children's Fund, the United Nations Population Fund, the United Nations High Commission for Refugees and the WHO. The following activities are among those that may be implemented through agreements with the UN agencies.

a) Technical assistance to provide support needed to provide immunization services as and when necessary to prevent the spread of preventable diseases;

b) Translation and publication of materials and support to implementation of the behavioral change communication program;

c) Technical assistance and operation of the Women Friendly Centers, including recruitment of NGOs experienced in working with the displaced populations to operate the Centers;

d) Technical assistance for planning and coordination of the provision of HNP services to the displaced populations. This will include building capacity of the government and NGOs and creating awareness as well as providing necessary devices like tablets and laptops needed for monitoring and disease surveillance of the project area;

e) Provision of human resources, equipment, medicines and consumables as well as small infrastructure rehabilitation and maintenance; and

f) Building capacity and supporting delivery of the Essential Service Package at the community, primary and referral levels through MOHFW and other facilities for the benefit of the displaced Rohingya population.

B. Social (including Safeguards)

74. **As described in section II, the proposed additional financing will address the HNP needs of the displaced Rohingya population in Cox's Bazar District under Chittagong Division, which is one of the two geographical areas of focus of the original project.** As the proposed additional financing will focus on the displaced population, it will continue to have positive social impacts through its support to beneficiary feedback, promoting gender, equity, voice and accountability, and promoting inclusion of community groups by gender, ethnicity, age and physical and mental challenges. An assessment of social issues and safeguards triggers was carried out under the original project. Implementation progress of social safeguards has been rated satisfactory under the original project. Expenditures being supported by the original project do not include civil works and the World Bank team noted no adverse social issues related to original project.

75. **Like the original project, the proposed additional financing will not support any civil works requiring land acquisition, displacement of people, or adverse livelihood impacts for people with or without title on public or private lands.** The proposed additional financing may support small scale construction of temporary structures to serve as community clinics or health service delivery points within the camps; some scale up of existing facilities outside the camps that serve both local people and the displaced population may also be required. Such civil works, if required, will be commissioned by the UN agencies contracted by MOHFW. All civil works will be within public lands or lands which have been allocated for camps for the displaced population. Therefore, no land acquisition or involuntary resettlement is expected. If any shifting of structures within the camps is required to optimize use of space for upgrade of existing facilities and/or building new ones, this will be done on a purely voluntary basis, after a documented consultation process is put in place. The World Bank's OP 4.12 (Involuntary Resettlement) is not triggered because: (a) no private land acquisition will be permitted; (b) screening will be done for any land that is utilized to ensure there are no squatters present (although it can be confirmed that there are no squatters living in the camps; all refugees are registered and entry/exit in and out of the

camps is monitored); (c) in case any existing structures within the camps need to be shifted to make way for health service delivery points/clinics, the process will be strictly guided by the provisions to be incorporated in the Social Management Framework (SMF) to ensure that any shifting takes place purely on a voluntary basis; (d) the implementing agency will ensure that appropriate and adequate institutional arrangements are in place (as per the guidance to be detailed out in the SMF) to monitor and supervise any land related issue that may ensue due to upgrade/construction/shifting of structures. The proposed additional financing will attempt to address impacts of the displaced population on the host communities that include small ethnic and vulnerable communities (tribal people) with distinct characteristics of indigenous peoples. The proposed additional financing, therefore, triggers World Bank's OP 4.10 (Indigenous Peoples) as was the case with the HSSP.

76. **The SMF and the Framework for Tribal People's Plan (FTPP) adopted for the HSSP in March 2017 will be updated for the proposed additional financing before its effectiveness.** For this purpose, a Safeguards Action Plan with a timeline has been prepared and cleared (Annex 1). The updated SMF will provide guidance on issues of gender, equity, voice, and accountability initiatives, while the FTPP will guide social screening, and preparation and implementation of site specific tribal peoples plans, as and when required. The updated SMF will include guidance to address issues of temporary shifting of structures that may be built/expanded by work commissioned by the UN agencies, if at all required, (any shifting will be voluntary in nature and undertaken based on detailed consultation with affected parties) within camps to make efficient use of available space for the service delivery points; the preference will be to utilize available spaces.

77. **Gender:** The proposed additional financing will support activities that specifically address the needs of women through the provision of psychosocial services to respond to the needs relating to sexual and reproductive health and rights as well as gender based violence; ensuring availability of family planning options; ensuring availability of required services for making deliveries safer for pregnant women; and provision of essential maternal and child health services. Provision of the Essential Service Package through the HNP facilities and services like nutrition and immunization will benefit both males and females. The proposed additional financing will support services to survivors of gender based violence and address the elevated risk for such violence in the camps. In addition to the provision of immediate care to survivors of violence, the proposed additional financing will provide necessary support the delivery of psychosocial counseling through Women Friendly Centers that are being operated by partners in and near the displaced camps. Capacities to address this issue will improve through training of service providers following international best practice and technical standards. The proposed additional financing includes indicators to specifically track provision of services to women and female children and thus, contribute to reducing any disparity that may exist.

78. **Along with the activities to be supported by the proposed additional financing, the ongoing interventions under HSSP will continue.** HSSP supports increased coverage of facility-based deliveries, family planning services and emergency obstetric care, reducing the risk of maternal mortality in Chittagong Division, including Cox's Bazar District. Activities focused on maternal and adolescent health and nutrition include the development of a school-based adolescent health program that will include both boys and girls, targeted communications and behavior change interventions to improve nutrition services for mothers and pregnant women, and the deployment of female midwives, which will contribute to making services more woman-friendly. The recruitment process of approximately 3,000 midwives is

underway and the first batch of 600 midwives is expected to be posted in HNP facilities nationwide by the end of 2018.

79. **Beneficiary Feedback/Engagement:** The MOHFW's platform for beneficiary feedback/engagement uses the internet, text messages and the telephone to obtain feedback. This is being further strengthened under the HSSP to improve the handling of complaints, both with regard to time and process, according to clearly established guidelines. This grievance redressal system is accessible by all including the displaced population. The existing system will be expanded and enhanced to fully address and respond to any project-related grievances from the targeted population. The MOHFW's citizen charter, available on its website, identifies services to be provided by the MOHFW along with contact details of the officials responsible for the services. There is also a citizen charter for facilities (listing the services available at the particular facility) usually on display at MOHFW service delivery points.

C. Environment

80. **The environmental category B for the original project is retained for the proposed additional financing since the same nature of HNP services would be provided to the displaced population.** The original project has been rated satisfactory for the activities undertaken since implementation started in October 2017. As per agreed measures of the Environment Management framework (EMF) prepared and disclosed by the MOHFW in March 2017, an MWM Monitoring Cell is being constituted at DGHS. A Program Manager and a Deputy Program Manager have been assigned for MWM under the operational plan of Hospital Services Management. The MOHFW has provided approval for hiring two consultants to support the MWM Monitoring Cell. For the proposed additional financing, the EMF will be updated to cover all the relevant activities to be implemented and the lessons learnt from the existing operations. For this purpose, a Safeguards Action Plan with timeline has been prepared and cleared (Annex 1).

81. **Climate Change and Disaster Risks**: The proposed additional financing was screened for climate and disaster risks on May 16, 2018. Bangladesh is frequently affected by seasonal floods and flash floods and is periodically hit by cyclones and storm surges. Because of its geographical location and other environmental reasons, Bangladesh is one of the countries that is most vulnerable countries in terms of exposure to risks of climate change, being ranked sixth on the 2011 UN national disaster risk index. The potential impact on the proposed additional financing due to exposure to climate- and disaster-related risks was assessed as high. Most of the displaced population resides in camps that are precarious and are at a high risk of being adversely affected by potential cyclones, heavy rainfall, storm surges and landslides. Direct health impacts of climate and disaster risks could include the spread of cholera and diarrhea as well as other water- and vector-borne diseases and an increased risk of drowning and injuries associated with storms and flooding. Although the government and partner agencies are actively monitoring the situation and have developed a joint action plan to manage potential hazards, the high vulnerability of the displaced camps means that the level of risk to the objectives of the proposed additional financing remains **High**.

V. WORLD BANK GRIEVANCE REDRESS

82. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed

in order to address project-related concerns. Project 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/en/projects-operations/products-and-services/grievance-redress-service*. For information on how to submit complaints to the World Bank Inspection Panel, please visit *www.inspectionpanel.org*

VI. SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Change in Results Framework	✓	
Change in Components and Cost	✓	
Change in Disbursements Arrangements	✓	
Change in Procurement	✓	
Change in Implementing Agency		✓
Change in Project's Development Objectives		✓
Change in Loan Closing Date(s)		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Change in Safeguard Policies Triggered		✓
Change of EA category		✓
Change in Legal Covenants		✓
Change in APA Reliance		✓
Change in Implementation Schedule		✓
Other Change(s)		✓

VII. DETAILED CHANGE(S)

RESULTS FRAMEWORK

Project Development Objective Indicators

Among the displaced Rohingya population in Cox's Bazar District, the number of children (ages 0-11 months) who have received three doses of Pentavalent immunization, disaggregated by gender (annual)
Unit of Measure: Number
Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	221.00		20,000.00	New
Date	22-May-2018		31-Dec-2021	

Among the displaced Rohingya population in Cox's Bazar District, the number of births delivered in HNP facilities (annual)
Unit of Measure: Number
Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	5,427.00		10,000.00	New
Date	22-May-2018		31-Dec-2021	

Intermediate Indicators

The number of HNP facilities providing an appropriate mix of family planning methods to the displaced Rohingya population in Cox's Bazar District (cumulative)
Unit of Measure: Number
Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	4.00		15.00	New
Date	22-May-2018		31-Dec-2021	

Among the displaced Rohingya population in Cox's Bazar District, the number of pregnant women and lactating mothers reached with social and behavior change interventions on infant and young child feed
Unit of Measure: Number
Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	32,000.00		67,000.00	New
Date	22-May-2018		31-Dec-2021	

Among the displaced Rohingya population Cox's Bazar District, the number of women and girls who have received through women-friendly services information on sexual and reproductive health and rights
Unit of Measure: Number
Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action

Value	90,311.00	138,000.00	New
Date	22-May-2018	31-Dec-2021	

COMPONENTS

Current Component Name	Current Cost (US$, millions)	Action	Proposed Component Name	Proposed Cost (US$, millions)
Component 1. Governance and Stewardship	175.00	No Change	Component 1. Governance and Stewardship	175.00
Component 2. Health, Nutrition and Population Systems Strengthening	369.50	No Change	Component 2. Health, Nutrition and Population Systems Strengthening	369.50
Component 3. Provision of Quality Health, Nutrition and Population Services	555.50	No Change	Component 3. Provision of Quality Health, Nutrition and Population Services	555.50
	0.00	New	Component 4. Develop Health, Nutrition and Population Services for the displaced Rohingya population in Cox's Bazar District	50.00
TOTAL	**1,100.00**			**1,150.00**

DISBURSEMENT ARRANGEMENTS

Change in Disbursement Arrangements

Yes

Expected Disbursements (in US$)

Fiscal Year	Annual	Cumulative
2018	42,422,500.00	42,422,500.00
2019	120,214,500.00	162,637,000.00
2020	156,795,000.00	319,432,000.00
2021	123,983,500.00	443,415,500.00

2022	86,747,000.00	530,162,500.00
2023	19,837,500.00	550,000,000.00

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	Substantial	Substantial
Macroeconomic	Moderate	Moderate
Sector Strategies and Policies	Moderate	Moderate
Technical Design of Project or Program	Moderate	Moderate
Institutional Capacity for Implementation and Sustainability	Moderate	Moderate
Fiduciary	High	High
Environment and Social	Moderate	Substantial
Stakeholders	Substantial	Substantial
Other		High
Overall	Substantial	Substantial

LEGAL COVENANTS – Additional Financing for Health Sector Support Project (P167672)

Sections and Description
No information available

Conditions

Type	Description
Effectiveness	The Association is satisfied that the Member Country has an adequate refugee protection framework.
Effectiveness	The Recipient has: (i) prepared updates on Environmental Management Framework, the Social Management Framework and the Framework for Tribal People's Plan; (ii) carried out adequate public consultation on such updates with people affected by the Project as per the framework documents; (iii) submitted the draft updated framework documents to the Association for its review and approval; and (iv) adopted and publicly disclosed the updated framework documents as approved by the Association, all in the form and substance satisfactory to the Association.

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework
COUNTRY : Bangladesh
Additional Financing for Health Sector Support Project

Project Development Objectives

The Project Development Objective (PDO) is to strengthen the health, nutrition and population (HNP) sector's core management systems and delivery of essential HNP services with a focus on selected geographical areas.

Project Development Objective Indicators

Action	Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source / Methodology	Responsibility for Data Collection
No Change	Name: Increase in the number of Community Clinics providing complete essential data on service delivery, including gender-disaggregated (DLI 8)		Number	0.00	7,000.00	Annual	DGHS records	DGHS
Description: Indicative indicator for progress towards part 1 of the development objective.								

No Change	**Name:** Increase in the number of Upazila Health Complexes with at least 2 accredited diploma midwives (DLI 7)		Number	0.00	150.00	Annual	MOHFW records	MOHFW
Description: Indicative indicator for progress towards part 1 of the development objective.								
No Change	**Name:** Increase in the number of normal deliveries in public health facilities in Sylhet and Chittagong divisions (DLI 10)		Number	128,805.00	146,000.00	Annual	DGHS records	DGHS
Description: Indicative indicator for progress towards part 2 of the development objective.								
No Change	**Name:** Increase in the number of District Hospitals with improved capacity to provide comprehensive emergency obstetric and neonatal care (CEmONC) services in Sylhet and Chittagong divisions (DLI 11)		Number	0.00	10.00	Annual	DGHS records	DGHS

Description: Indicative indicator for progress towards part 2 of the development objective.								
No Change	**Name:** Increase in the percentage of registered children aged under 2 years receiving specified nutrition services in Sylhet and Chittagong divisions (DLI 14)		Percentage	0.00	35.00	Annual	DGHS records	MOHFW
Description: Indicative indicator for progress towards part 2 of the development objective.								
New	**Name:** Among the displaced Rohingya population in Cox's Bazar District, the number of children (ages 0-11 months) who have received three doses of Pentavalent immunization, disaggregated by gender (annual)		Number	221.00	20,000.00	Annual	DGHS records	MOHFW
Description:								
New	**Name:** Among the displaced Rohingya population in Cox's Bazar District, the number of births		Number	5,427.00	10,000.00	Annual	MOHFW records	MOHFW

	delivered in HNP facilities (annual)							
Description:								

Intermediate Results Indicators

Action	Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source / Methodology	Responsibility for Data Collection
No Change	**Name:** Annual GRS performance report for previous CY is published (DLI 1)		Yes/No	No	Yes	One-off	DGHS records	DGHS
Description: To measure implementation progress of component 1.								
No Change	**Name:** Increase in percentage from FY16 baseline in repair and maintenance expenditure at the levels of Upazila and below (DLI 2)		Percentage	0.00	100.00	Annual	MOHFW records	MOHFW
Description: To measure implementation progress of component 1.								
No Change	**Name:** MOHFW FMAU completes internal audit for the previous fiscal year (DLI 3)		Yes/No	No	Yes	One-off	MOHFW records	MOHFW

Description: To measure implementation progress of component 2.								
No Change	**Name:** Increase in the number of district-level referral facilities in which AMS is implemented (DLI 4)		Number	1.00	15.00	Annual	MOHFW records	MOHFW
Description: To measure implementation progress of component 2.								
No Change	**Name:** Increase in percentage of NCTs using e-GP issued by MOHFW (DLI 5)		Percentage	0.00	75.00	Annual	MOHFW records	MOHFW
Description: To measure implementation progress of component 2. The indicator is defined as the National Competitive Tenders (NCTs) using e-GP system as a percentage of all specified NCT issued by the MOHFW.								
No Change	**Name:** MOPA approves CMSD restructuring proposal (DLI 6)		Yes/No	No	Yes	One-off	MOHFW records	MOHFW
Description: To measure implementation progress of component 2.								
No Change	**Name:** Increase in percentage of targeted public health facilities meeting readiness criteria for delivery of PPFP services in Sylhet and Chittagong divisions, reported for the previous CY (DLI 9)		Percentage	0.00	35.00	Annual	MOHFW records	MOHFW
Description: To measure implementation progress of component 3.								

No Change	**Name:** Increase in the number of districts reaching at least 85% coverage of measles-rubella vaccination among children aged 0-12 months in Sylhet and Chittagong divisions (DLI 12)		Number	14.00	15.00	Annual	Coverage Evaluation Survey	Expanded Program on Immunization (EPI), DGHS
Description: To measure implementation progress of component 3.								
No Change	**Name:** Increase in the percentage of registered pregnant women receiving specified maternal nutrition services in Sylhet and Chittagong divisions, reported for the previous CY (DLI 13)		Percentage	0.00	25.00	Annual	DGHS records	DGHS
Description: To measure implementation progress of component 3.								
No Change	**Name:** Increase in percentage of registered infants and children aged under 2 years receiving specified nutrition services in Sylhet and Chittagong divisions, reported for the		Percentage	0.00	35.00	Annual	DGHS records	DGHS

	previous CY (DLI 14)							
Description: To measure implementation progress of component 3.								
No Change	**Name:** Orientation of teachers and peer girl students is completed in at least 30% of public secondary schools in each targeted district in Sylhet and Chittagong divisions (DLI 15)		Yes/No	No	Yes	One-off	DGHS records	DGHS
Description: To measure implementation progress of component 3.								
No Change	**Name:** Assessment is completed of hypertension diagnosis and referral services at the primary level in at least 2 Upazilas (DLI 16)		Yes/No	No	Yes	One-off	DGHS records	DGHS
Description: To measure implementation progress of component 3.								
No Change	**Name:** People who have received essential health, nutrition, and population (HNP) services	✓	Number	0.00	7,805,455.00	Annual	DHIS	MOHFW
No Change	People who have received essential health, nutrition, and population (HNP) services - Female	✓	Number	0.00	5,029,254.00	Annual	DGHS	DGHS

	(RMS requirement)							
No Change	Number of children immunized	✓	Number	0.00	5,608,505.00	Annual	DGHS	DGHS
No Change	Number of women and children who have received basic nutrition services	✓	Number	0.00	3,314,070.00	Annual	DGHS	DGHS
No Change	Number of deliveries attended by skilled health personnel	✓	Number	0.00	385,580.00	Annual	MOHFW	MOHFW
Description:								
New	**Name:** The number of HNP facilities providing an appropriate mix of family planning methods to the displaced Rohingya population in Cox's Bazar District (cumulative)		Number	4.00	15.00	Annual	DGFP records	MOHFW
Description:								
New	**Name:** Among the displaced Rohingya population in Cox's Bazar District, the number of pregnant		Number	32,000.00	67,000.00	Annual	MOHFW records	MOHFW

	women and lactating mothers reached with social and behavior change interventions on infant and young child feed							
Description:								
New	**Name:** Among the displaced Rohingya population Cox's Bazar District, the number of women and girls who have received through women-friendly services information on sexual and reproductive health and rights		Number	90,311.00	138,000.00	Annual	DGFP records	MOHFW
Description:								

Target Values

Project Development Objective Indicators

Action	Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
No Change	Increase in the number of Community Clinics providing complete essential data on service delivery, including gender-disaggregated (DLI 8)	0.00		1,000.00	2,000.00	4,000.00	6,000.00	7,000.00
No Change	Increase in the number of Upazila Health Complexes with at least 2 accredited diploma midwives (DLI 7)	0.00		150.00	150.00	150.00	150.00	150.00
No Change	Increase in the number of normal deliveries in public health facilities in Sylhet and Chittagong divisions (DLI 10)	128,805.00	130,000.00	132,000.00	135,000.00	138,000.00	142,000.00	146,000.00
No Change	Increase in the number of District Hospitals with improved capacity to provide comprehensive emergency obstetric and neonatal care (CEmONC) services in Sylhet and Chittagong divisions (DLI 11)	0.00	5.00	6.00	7.00	8.00	9.00	10.00

No Change	Increase in the percentage of registered children aged under 2 years receiving specified nutrition services in Sylhet and Chittagong divisions (DLI 14)	0.00	10.00	15.00	20.00	25.00	30.00	35.00
New	Among the displaced Rohingya population in Cox's Bazar District, the number of children (ages 0-11 months) who have received three doses of Pentavalent immunization, disaggregated by gender (annual)	221.00						20,000.00
New	Among the displaced Rohingya population in Cox's Bazar District, the number of births delivered in HNP facilities (annual)	5,427.00						10,000.00

Intermediate Results Indicators

Action	Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
No Change	Annual GRS performance report for previous CY is published (DLI 1)	No	N	N	N	Y	Y	Y
No Change	Increase in percentage from	0.00	0.00	20.00	40.00	60.00	80.00	100.00

	FY16 baseline in repair and maintenance expenditure at the levels of Upazila and below (DLI 2)							
No Change	MOHFW FMAU completes internal audit for the previous fiscal year (DLI 3)	No	N	N	N	Y	Y	Y
No Change	Increase in the number of district-level referral facilities in which AMS is implemented (DLI 4)	1.00	1.00	3.00	6.00	9.00	12.00	15.00
No Change	Increase in percentage of NCTs using e-GP issued by MOHFW (DLI 5)	0.00	0.00	0.00	25.00	35.00	50.00	75.00
No Change	MOPA approves CMSD restructuring proposal (DLI 6)	No	N	N	Y	Y	Y	Y
No Change	Increase in percentage of targeted public health facilities meeting readiness criteria for delivery of PPFP services in Sylhet and Chittagong divisions, reported for the previous CY (DLI 9)	0.00	0.00	0.00	5.00	15.00	25.00	35.00
No Change	Increase in the number of districts reaching at least 85% coverage of measles-	14.00	15.00	15.00	15.00	15.00	15.00	15.00

	rubella vaccination among children aged 0-12 months in Sylhet and Chittagong divisions (DLI 12)							
No Change	Increase in the percentage of registered pregnant women receiving specified maternal nutrition services in Sylhet and Chittagong divisions, reported for the previous CY (DLI 13)	0.00	0.00	5.00	10.00	15.00	20.00	25.00
No Change	Increase in percentage of registered infants and children aged under 2 years receiving specified nutrition services in Sylhet and Chittagong divisions, reported for the previous CY (DLI 14)	0.00	10.00	15.00	20.00	25.00	30.00	35.00
No Change	Orientation of teachers and peer girl students is completed in at least 30% of public secondary schools in each targeted district in Sylhet and Chittagong divisions (DLI 15)	No	N	N	N	N	N	Y
No Change	Assessment is completed of hypertension diagnosis and	No	N	N	N	N	N	Y

	referral services at the primary level in at least 2 Upazilas (DLI 16)							
No Change	People who have received essential health, nutrition, and population (HNP) services	0.00	904,000.00	1,834,000.00	2,781,000.00	3,756,000.00	4,759,000.00	7,805,455.00
No Change	People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)	0.00	515,000.00	1,049,000.00	1,586,000.00	2,130,000.00	2,684,000.00	5,029,254.00
No Change	Number of children immunized	0.00	770,000.00	1,550,000.00	2,330,000.00	3,120,000.00	3,920,000.00	5,608,505.00
No Change	Number of women and children who have received basic nutrition services	0.00	4,000.00	22,000.00	54,000.00	101,000.00	162,000.00	3,314,070.00
No Change	Number of deliveries attended by skilled health personnel	0.00	130,000.00	262,000.00	397,000.00	535,000.00	677,000.00	385,580.00
New	The number of HNP facilities providing an appropriate mix of family planning methods to the displaced Rohingya population in Cox's Bazar District (cumulative)	4.00						15.00
New	Among the displaced	32,000.00						67,000.00

	Rohingya population in Cox's Bazar District, the number of pregnant women and lactating mothers reached with social and behavior change interventions on infant and young child feed							
New	Among the displaced Rohingya population Cox's Bazar District, the number of women and girls who have received through women-friendly services information on sexual and reproductive health and rights	90,311.00						138,000.00

ANNEX 1. SAFEGUARDS ACTION PLAN

I. Background and Rationale

1. The proposed additional financing for the Health Sector Support Project (HSSP) was prepared and will be implemented according to Paragraph 12 of the World Bank's Investment Policy, which allows for certain exceptions to the Investment Project Financing policy requirements, including deferral of safeguards requirements, as the recipient is in a situation of urgent need of assistance. Since August 2017, about 700,000 people have crossed into Bangladesh from Myanmar. The majority took shelter in a large congested camp, along with other camps across Cox's Bazar District where over 200,000 people live displaced in previous years. The displaced population of around one million in the district of Cox's Bazar has enormous needs for HNP services. Low coverage of routine immunization has exposed the displaced population to infectious diseases that have largely been controlled in Bangladesh. Malnutrition rates in the displaced population has exceeded generally-accepted thresholds for an emergency. The displaced population is also vulnerable to other serious health risks. The proposed additional financing for and restructuring of HSSP are appropriate mechanisms to support the government's emergency response to the crisis in the Cox's Bazar District.

2. An exception allowing for deferral of environmental and social requirements was provided for the proposed additional financing. Accordingly, the World Bank has prepared, in accordance with its policies, the Safeguards Action Plan, a project-level safeguards planning document that provides a time-bound plan setting forth the steps and the sequential planning and coordination for project activities and the preparation of the relevant safeguards instruments by the Ministry of Health and Family Welfare (MOHFW) to ensure compliance with the World Bank safeguards requirements.

II. Objectives

3. The Safeguards Action Plan is guided by the dual objective of ensuring that there is a roadmap for safeguards compliance during project implementation and providing clear guidance to the MOHFW on the types of actions and instruments required to facilitate speedy implementation of emergency HNP services to the displaced population in Cox's Bazar District. This Safeguards Action Plan provides an overview of the general requirement and guidelines that need to be adhered to and actions to be completed for the proposed additional financing. It complies with the World Bank Policies, specifically the Investment Project Financing Policy (paragraph 12) and Safeguards Policies OP 4.01 and OP 4.10 in addition to the national legal and regulatory framework on environmental and social issues. Any revision required to the existing environmental and social safeguard instruments of HSSP will be completed and disclosed before effectiveness of the proposed additional financing.

III. Project Scope and Context

4. The scope of the proposed additional financing is described in detail in Section II of the Project Paper. In summary, the proposed additional financing will support development of MOHFW's capacities for coordination, management and delivery of an Essential Service Package to the displaced Rohingya

population in two contexts: a) new and temporary HNP services in the displaced camps; and b) existing MOHFW facilities that provide services to displaced population, primarily the Sadar District Hospital and MOHFW facilities in Ukhia and Teknaf Upazilas. A fourth component is proposed to be added to the HSSP to encompass new activities to support MOHFW in responding to the crisis in Cox's Bazar District.

IV. Compliance with World Bank Safeguards Policies

5. Considering the nature, magnitude, and interventions of the proposed additional financing, the environmental category is retained as **'B'**. The World Bank's policy on Environmental Assessment (OP/BP 4.01) is triggered for the proposed additional financing.

6. **OP 4.01 Environmental Assessment:** The MOHFW prepared and disclosed an Environment Management Framework (EMF) in March 2017 for the original project (HSSP). The EMF was designed in an effort to control medical waste and to be implemented on hospital/health facilities premises and improve environmental performance. The EMF 2017 provides a template for screening these facilities, designing suitable medical waste management (MWM) protocols and a format for monitoring and record-keeping. It includes a gap analysis of the existing systems relating to waste management and an action plan for the period 2017–2022, including a tentative budget. For the proposed additional financing, the EMF 2017 will be updated as necessary to include the scope of new activities and identify required mitigation measures.

7. **Social Safeguards:** Bank policies relating to Involuntary Resettlement (OP/BP 4.12) are not triggered since the proposed additional financing will not entail land acquisition, restriction to access and/or impact on livelihood of beneficiaries. Like HSSP, the proposed additional financing will have broad social benefits given the scope of services provided and the target population. However, the proposed additional financing will be implemented in the Cox's Bazar District covering the displaced Rohingya population who may have an effect on the host communities. The host communities in Cox's Bazar District may comprise a few of the small ethnic communities with distinct characteristics of indigenous peoples. And, therefore, the World Bank's policy relating to Indigenous Peoples has been triggered for the proposed additional financing, like HSSP.

8. In March 2017, the MOHFW prepared and disclosed a Social Management Framework (SMF) and a Framework for Tribal Peoples Planning (FTPP) for HSSP. The SMF 2017 is intended to provide the necessary basis to determine applicability of the World Bank safeguard policies, identify the safeguards impacts, and prepare mitigation plans as and when required. The core principle behind the SMF is to avoid, minimize and mitigate issues relating to gender, social inclusion, and impacts on small ethnic and vulnerable communities (tribal people). The SMF seeks to address the inadequacy of the existing legal and policy provisions to meet the requirements of the World Bank for social inclusion, citizen engagement, promotion of gender, equity, voice and accountability. The objective of the SMF 2017 is to help MOHFW to ensure that the HSSP activities:

- Enhance social outcomes of the activities implemented;

- Identify and mitigate adverse impacts that the selected development interventions might cause on people, including protection against loss of livelihood activities, with culturally, socially and economically appropriate measures; and
- Are prepared and implemented in compliance with the World Bank's social safeguards policies.

9. The FTPP 2017 is adopted for HSSP for ensuring inclusion of the small ethnic vulnerable communities in the project process using free, prior and information consultation approaches. The FTPP guides screening of all project interventions to determine the presence of small ethnic communities and, if so, ensure their direct participation in selection, design and implementation of the project's activities to ensure they are socially and culturally appropriate to the ethnic communities. Wherever feasible, FTPP requires to adopt special measures to reinforce and promote any available opportunities for community enhancements. No facility site will be selected, even at the preliminary stage, based only on official land records, which may not represent ground reality in terms of current uses by the small vulnerable and ethnic communities.

10. The SMF 2017 and FTPP 2017 were prepared based on a social assessment carried out through literature review and stakeholder consultation. Literature review included desk review of existing project documents, government policies, World Bank policies and all available secondary documents. It also comprised collection of secondary information, field level observation and stakeholder consultation. For the proposed additional financing, the SMF and the FTPP of 2017 will be updated as necessary to include the scope of new activities and identify required mitigation for the displaced population, paying particular attention to issues like gender-based violence that these people have been subjected to. The SMF will include guidance to address issues of temporary shifting of structures that may be built/expanded, if at all required, (any shifting will be voluntary in nature and undertaken based on detailed consultation with affected parties) within camps to make efficient use of available space for the service delivery points; the preference will be to utilize available spaces.

V. Roles and Responsibilities, including Supervision Arrangement for Safeguards Preparation, Implementation, and Monitoring

11. The implementation and monitoring arrangements agreed under HSSP will be continued for the proposed additional financing.

12. The Directorate General of Health Services (DGHS) has the responsibility to provide technical support to Medical Waste Management (MWM) at all government facilities. It provides MWM-related logistics to all healthcare facilities, facilitation of training and dissemination of information, education and communication material.

13. In-house MWM is the responsibility of MOHFW while out-sourced MWM (collection, transportation and final disposal of medical waste) is the responsibility of Ministry of Local Government, Rural Development and Cooperatives (by City Corporation/Pouroshova). City corporation/Pouroshovas can contract out-house management through NGOs. Government hospitals pay service charges to the City Corporation/Pourashova for MWM. At the central level, a National Implementation Coordination

Committee (NICC) and committee for different administrative level for out-sourced MWM has been formed.

14. For the Upazila-level government health care facilities, the current directives state that out-sourced MWM will be conducted by the hospital authority within the hospital premises by pit method till Pourashovas develop sufficient capacity for MWM or NGOs are available to be contracted for MWM.

VI. Sequencing and Tentative Implementation Schedule for Safeguards Processing

15. The following time-bound steps describe the schedule for preparing, reviewing, clearing and implementing the environmental and social safeguards documents, which is anticipated to help manage and mitigate the potential limited impact that may result from the proposed interventions.

16. The SMF, FTPP and EMF 2017, as required, will be revised by effectiveness of the proposed additional financing. The draft revisions will be submitted to the World Bank for clearance, after which the documents will be finalized and disclosed in-country.

Step	Responsibility	Timeline
Revise SMF, FTPP and EMF	MOHFW	July 31, 2018
Revised documents cleared	World Bank	August 7, 2018

VII. Disclosure

17. The Safeguards Action Plan is subject to public disclosure as part of the Project Paper. The Action Plan will be shared with all relevant stakeholders.

ANNEX 2. UPDATE ON THE FIDUCIARY ACTION PLAN

1. The Health Sector Support Project (HSSP) aims to strengthen core systems of the health, nutrition and population (HNP) sector and delivery of HNP services. Given the priority of strengthening the country systems and in order to address some of the issues identified as part of the World Bank's fiduciary systems assessment undertaken during preparation of HSSP, a Fiduciary Action Plan was agreed that would further complement the disbursement-linked indicators (DLIs) on systems strengthening under component 2 of HSSP. Besides highlighting these priority actions, the purpose of the Action Plan is to make measurable progress, in the areas agreed upon, over the project implementation period through monitoring and reporting on the progress. The World Bank, as well as other development partners, are contributing to the progress of the actions through technical and other support.

2. Since the start of project implementation in October 2017, satisfactory progress has been made with respect to the Fiduciary Action Plan as summarized in the following table.

Action Description	Target Dates	Status
1. Preparation of detailed (code-wise) Annual Development Plan (ADP) budgets for submission to the Planning Wing, HS Division, and Planning Branch, ME&FW Division	July 22 each year starting from July 22, 2017	ADP has been prepared and is being implemented
2. Capacity building of MOHFW financial management staff and Line Directorates based on the financial management course module prepared by the Financial Management and Audit Unit of the MOHFW	Module developed by June 2018; training throughout the implementation period starting from July 2018 as per the new module	Training module has been prepared and training conducted in 3 batches for Line Directors, Program Managers, Deputy Program Managers, Civil Surgeons, and Union Health and Family Planning Officers.
3. Develop an Asset Management Guideline	June 2018	Asset Management Guideline has been drafted and will be finalized by the MOHFW.
4. Training manual developed for asset management and training implemented	Manual developed by December 2017; training throughout the implementation period starting from January 2018	Training manual will be developed after testing the asset management system in targeted tertiary level hospital.
5. Outsource annual internal audit to an external audit firm until such time as the Financial Management and Audit Unit of the MOHFW is able to conduct internal audit and roll-out of internal audit	Auditor(s) hired by June 2018 and continued annually; training of MOHFW staff in 2018 and continually	The recruitment of the firms is ongoing.

Action Description	Target Dates	Status
manual of the Ministry of Finance and train the MOHFW staff		
6. Develop and follow-up on implementation of an action plan based on the recommendations of the annual internal audit report	Action Plan developed based on Internal Audit report for FY2019 and implementation followed-up	Action plan to be developed after conducting outsourced internal audit.
7. Follow-up resolution of material audit observations from the external audit report	Annually, with majority of audit observations resolved on the previous year's audit before the next audit report is due	In process
8. Work with the Ministry of Finance to roll out the integrated budgeting and accounting systems (iBAS++) to the required cost-centers of the MOHFW	By December 2019	The MOHFW is coordinating with the Ministry of Finance on the roll-out and two orientation workshops on the system have been completed for operational staff.
9. Contract management guidelines are adopted and staff of the Central Medical Stores Depot and the Directorate General of Family Planning are trained	Guidelines adopted by December 2018; training will be throughout the implementation period	Preparatory work is ongoing.
10. Develop generic technical specifications, targeted for major medical equipment required at the DH according to the list of equipment at the health facility	Starting by June 2018, expanded and updated through the implementation period	Preparatory work is ongoing.