Document up-dated in May 2009

Country: Bangladesh

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget App. by Board: USD	Approval Track	Total Amt Disb-ed up to last date	Last Disburse-ment Date
		HSS Prop.	Nat. Health Plan				
BGD	6	2008-2010	2003-2010	13,671,500	**First Submitted**: *06.03.08* **App. W conditions**: *n.a.* **Not approved**: *April 2008* **Resubmitted**: *12.09.08* **Final Approval**: *25.11.08*	None yet	n.a.

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

To achieve sustainable improvement in health, nutrition and reproductive health, including family planning status of the people, particularly of vulnerable groups (e.g. women, children, the elderly, & the poor. Important tasks:

- Increasing the availability (decentralisation & diversification of service provision) of, and utilization of effective, efficient, equitable, user-centred facilities;
- Providing affordable quality services for a defined Essential Services Delivery (ESD) package, which includes immunization.
- Expanding demand-side financing initiatives; improved local planning.

Proposal Goals

To provide MCH services delivery by

- Strengthening human resources management;
- Improving the quality and availability of staff through recruitment and development,
- Improving logistics management, community participation; and
- Enhanced surveillance systems.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• Reduce infant and under-five mortality rates by 65 percent, and eliminate gender disparities in child mortality; • Reduce maternal mortality by 75 percent; • Speed up the transition from outreach-based to facility-based provision of MCH, immunization and other PHC services; • Explore innovative ways to recruit, develop and retain staff in Community Clinics; and • Increase awareness of and demand for MCH and other PHC services by communities and household.	• Accelerate the development of an effective, community-based public health infrastructure and motivated workforce capable of providing universal and equitable access to the ESD. • Increase the motivation and effectiveness of VHWs to increase demand for and utilization of facility-based services; • Strengthen health system components common to other public health efforts, such as combating HIV/AIDS, Malaria, TB and other communicable and NCDs.

Document up-dated in May 2009

SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Management structures (including financial management) are weak and need rationalisation; • Delays in needs-identification, & needs forecasting; • Lack of coordination & delays in procurement, requisition & delivery of logistic equipment & materials; • Ineffective health communication prog.	• CC management committee (10 + HA + FWA) semi-annual 2-day workshop on CC management; Also, monthly management review meetings; • Update 2001 transition plan to phase in CCs; • Use Local Level Planning (LLP) at union level to implement anaemia prevention strategy in 13 districts. • Disseminate IEC messages for MCH, nutrition and IMCI to generate demand for SBAs and other safe motherhood services; • Hold semi-annual Health Promotion days to raise community awareness of the need for MCH services.	1,488,363	3.9
Human Resource Development/Performance Management. • Inadequate staff (especially at lower levels), logistics and funds → difficult to sustaining outreach visits; • High staff turnover in some districts • Inadequate training for newly employed or deployed logistics / cold chain staff; • Unsatisfactory coverage by FHWs & SBAs; inadequate post and ante-natal care; • Inadequate incentive fund for volunteers	• Train HA and FWA & fill vacant posts in targeted 13 districts; • MCH training curriculum for CC staff ; • Train VHW to increase community demand for MCH services; • Establish pay incentive scheme for each HA and FWA; • Pilot a scheme to recruit additional vaccine porters; • Annual orientation for Upazila and front-line supervisors on how to use the tools for supervising MCH services; • Supply materials for training HA, FWA & other staff on MCH best practices; • Train Upazila and front-line supervisors on how to improve CC utilization rates; • Provide incentive to FPI to verify accuracy of birth registrars; • Institute routine 6-month training program for upgrading eligible FWAs into SBAs at the 13 district hospitals;	21,774,651	57.6
Drugs, Equipment, Supplies, Facilities • Inadequate waste disposal system • Biomedical equipment & buildings meeting basic standards often non-existent.	• All CCs receive required renovation to enable the provision of MCH services; • 2 sets (computer/printer/UPS) per district and 1 set for each Upazila; • Provide CCs with facilities for one male and one female exam room; • Solar powered electrical supply for all operational CCs; Also vehicles, boats, bikes; • CCs constructed, to provide appropriate MCH services.	12,276,390	32.4
Monitoring and Evaluation • Weak monitoring, evaluation, performance & quality review and incentive systems; • Inadequate EPI surveillance system;	• Develop supervisory tools for each administrative level for monitoring supply of and access to MCH services; • Pilot joint monthly reporting, on performance of CCs;	634,147	1.7
Other: Operational Research	Cost effectiveness; health worker motivation strategies; evaluation of CCs; poor HS use.	800,000	2.1
Overheads	Management of HSS	872,000	2.3
TOTALS		**37,835,551**	**100.00**

Document up-dated in May 2009

***** These figures are based on the Budgets provided by the country.***

Health financing Gap: Not stated

Health financing Gap: The collapse of the Soviet Union left a financing gap that has been filled by out-of-pocket payments; by 2005 this constituted 62% of total health expenditure.

Document up-dated in May 2009

SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2007	Final Targets 2010	Expected Source of Data/Information
Outcomes/Outputs:			Data available from:
• National DTP3 coverage (%)	87%	90%	• DGFP & DGHS
• % of districts achieving ≥80% DTP3 coverage	75% (2006)	80%	• Monthly supervisory reports
• Under five mortality rate (per 1000)	65	<52	• Monthly District level Surveillance reports
• Vitamin A coverage among post partum women (%);	35%	<55%	• Health facility survey
• TT1 and TT5 coverage rate (%)	TT1-87%; TT5-36%	TT1> 90% TT5> 45%	
• % of reproductive aged married couples use any contraceptives;	55.8%	70%	
• 90% of monthly supervisory and performance reports are 100% complete and are available at the district level by the 15th of the following month;	Not available	1/month	
• % of women receiving post-natal care and information on childhood immunization schedules;	21.3	40%	
• Number of CCs that are fully equipped;	1821 (2008)	1821	
• No of CCs renovated and/or constructed per year	0	1821	
• % of deliveries with SBA attending;	17.8%(2006)	40%	
• % of HAs and FWAs posts that are filled in each district.	Not clear (2008)	95% of HA and of FWA posts	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: Line Director Essential Services Delivery, Director PHC of the DGHS will be responsible for the programme management under the direct guidance of the GAVI HSS PIC chair; HNP Forum

Channelling/Management of funds: In accordance with GOB regulations; funds deposited in a dedicated foreign exchange a/c; Disbursements will be made against programme based requisitions from line Directors; Joint signatories for release of funds = Joint Chiefs, Planning and LD Essential Service Delivery. Audited annually by the Foreign Aided Project Audit Department.

Strategies proposed for sustainability of activities: To increase govt support (purchase of vaccines) by 10% each year. Will seek other financial support; Tech. sustainability through "institutionalisation of lessons learned from this project."

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: World Bank; Local Consultative Group[Development Partners]; Federation of NGOs; Private Practitioners' Association; Medical Association, Pharmaceutical Industries Association

ii) *Proposal Management*: UNICEF, Helen Keller / NGO

iii) *Proposal Implementation:* none stated.