Annex 6

Joint Project Proposal
For

Analysis of Investment Case, Use of Pool Fund and Current Local Level Planning for Improvement of Maternal and Child Health Care in Bangladesh

Prepared by:
Institute of Health Economics
University of Dhaka
and
The United Nations Children’s Fund (UNICEF)
UNICEF Dhaka

June, 2014
Analysis of Investment Case, Use of Pool Fund and Current Local Level Planning for Improvement of Maternal and Child Health Care in Bangladesh

Collaborating Parties: UNICEF (Dhaka Mission) and Institute of Health Economics (IHE), University of Dhaka

Expected Results of The Collaboration: Enhancement of capacity of managers and providers of primary and secondary level facilities through implementation of recommendations from Investment Case Analysis (ICA) and Local Level Planning (LLP) assessments and use of pool fund to provide quality health care to the children and pregnant women, so as to rapidly increase the utilization rate of maternal and child health care and, thereby, to achieve Millennium Development Goals (MDGs) 4 and 5.

Total Estimated Expenditure: BDT 17,752,510 (USD 228,328)
UNICEF Contribution : BDT 15,760,510 (USD 202,708)
IHE Contribution : BDT 1,992,000 (USD 25,621)
Duration of the Agreement : Twenty Four months
Table of Contents

Acronyms ................................................................................................................................. 4
1. Executive Summary .................................................................................................................. 5
2. Situation Analysis .................................................................................................................... 6
3. Proposed Project .................................................................................................................... 7
4. Lessons Learnt on Investment Case in Bangladesh ................................................................. 9
5. Strategies, Objectives and Tasks of the Proposed Project .................................................. 10
6. Results Framework ............................................................................................................... 13
7. Management, Coordination and Network ............................................................................ 14
8. Implementation Strategies .................................................................................................... 16
   8.1. IC analysis and Project on Utilization of Pool Fund ..................................................... 16
   8.2. Assessment of Impact of LLP on MNCH Services ..................................................... 18
   8.3. Strategies for Baseline, Mid-term and End-line Assessments ..................................... 20
9. Fund Management ................................................................................................................ 23
10. Monitoring, Evaluation and Reporting ............................................................................... 27
11. Sustainability ....................................................................................................................... 27
12. Risk Mitigation ..................................................................................................................... 28
13. Project Team ......................................................................................................................... 29
References.................................................................................................................................. 31
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>Antenatal care</td>
</tr>
<tr>
<td>BBS</td>
<td>Bangladesh Bureau of Statistics</td>
</tr>
<tr>
<td>BDHS</td>
<td>Bangladesh Demographic and Health Survey</td>
</tr>
<tr>
<td>BDInfo</td>
<td>BangladeshInfo</td>
</tr>
<tr>
<td>BHW</td>
<td>Bangladesh Health Watch</td>
</tr>
<tr>
<td>CC</td>
<td>Community Clinic</td>
</tr>
<tr>
<td>CEA</td>
<td>Cost Effectiveness Analysis</td>
</tr>
<tr>
<td>CMA</td>
<td>Cost Minimization Analysis</td>
</tr>
<tr>
<td>CSBA</td>
<td>Community Skilled Birth attendant</td>
</tr>
<tr>
<td>DALY</td>
<td>Disability-adjusted life year</td>
</tr>
<tr>
<td>DGFP</td>
<td>Directorate General of Family Planning</td>
</tr>
<tr>
<td>DGHS</td>
<td>Directorate General of Health Services</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>GoB</td>
<td>Government of Bangladesh</td>
</tr>
<tr>
<td>HEU</td>
<td>Health Economics Unit</td>
</tr>
<tr>
<td>HIES</td>
<td>Household Income and Expenditure Survey</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
<tr>
<td>HNPSP</td>
<td>Health, Nutrition and Population Sector Program</td>
</tr>
<tr>
<td>HPNSSP</td>
<td>Health Population &amp; Nutrition Sector Strategic Plan</td>
</tr>
<tr>
<td>IC</td>
<td>Investment Case</td>
</tr>
<tr>
<td>ICDDR,B</td>
<td>International Centre for Diarrheal Disease Research, Bangladesh</td>
</tr>
<tr>
<td>IHE</td>
<td>Institute of Health Economics</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>LiST</td>
<td>Life Saved Tool</td>
</tr>
<tr>
<td>LLP</td>
<td>Local Level Planning</td>
</tr>
<tr>
<td>LMS</td>
<td>Learning Management System</td>
</tr>
<tr>
<td>MBB</td>
<td>Marginal Budgeting for Bottlenecks</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information System</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal mortality ratio</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal, neo-natal and child health</td>
</tr>
<tr>
<td>MoF</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>MoHFW</td>
<td>Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td>LGRDC</td>
<td>Local Government and Rural Development</td>
</tr>
<tr>
<td>MoRES</td>
<td>Monitoring Results for Equity Systems</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organization</td>
</tr>
<tr>
<td>NIPORT</td>
<td>National Institute of Population Research and Training</td>
</tr>
<tr>
<td>PNC</td>
<td>Postnatal care</td>
</tr>
<tr>
<td>SBA</td>
<td>Skilled birth attendants</td>
</tr>
<tr>
<td>SMPP</td>
<td>Safe motherhood promotion projects</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities and Threats</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of reference</td>
</tr>
<tr>
<td>TFIPP</td>
<td>Thana functional improvement Pilot project</td>
</tr>
<tr>
<td>UHC</td>
<td>Upazila Health Complex</td>
</tr>
<tr>
<td>UHFWC</td>
<td>Upazila Health and Family Welfare Centre</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
</tbody>
</table>
1. Executive Summary

It is widely recognized that the Health and Population sector of Bangladesh has accomplished commendable success in respect of many crucial indicators. Despite this, achievement of the Millennium Development Goals (MDGs) still remains a serious challenge if the rate of neonatal mortality is not drastically reduced. Improvement in neonatal and maternal health is urgently needed and to accomplish that rapid increase in the use rate of maternal and neonatal healthcare services is required.

The use of Marginal Budgeting for Bottleneck (MBB) approach and Equity Platform tool, developed jointly by UNICEF and World Bank, can significantly contribute to this end. A bottleneck analysis using MBB to improve Maternal, Neonatal and Child Health Interventions and the preparation of the Investment Cases of one urban slum and two districts will be a step towards cost effective resource allocation and utilization in the country.

The managers and experts of the health and population sector maintain that some obstacles exist on both supply and demand side and measures are needed to adequately increase utilization of the two services. Shortage of fund, inter alia, appears as a major constraint on the supply side. The stakeholders of the sector believe that adequate use of the pool fund can overcome the fund constraint to a great extent; at present the pool fund is not fully utilized. On the other hand, as many experts have been arguing, proper implementation of Local Level Planning (LLP) can increase demand for services and thereby the use rate, by way of involving the primary users and the community in the process of planning as well as implementation. Given these it is imperative to conduct a project using a broader framework embodying an Investment Case Analysis of Maternal Neonatal and Child Health (MNCH) services, use of pool fund and effect of implementation of LLP.

UNICEF is piloting Local Level Planning (LLP) in three districts and planning to implement Investment Case (IC) ingrained LLP. Besides, the GoB is also piloting LLP in some selected districts. It is argued that implementation of LLP improves supply of services, increases demand for services, raises economic efficiency of resource use through enhancement of providers’ accountability, and improves quality of services.

Institute of Health Economics (IHE) of the University of Dhaka and UNICEF Dhaka are planning to conduct a joint Assignment including the three broad activities including Investment Case Analysis, utilization of pool fund and assessment of LLP. This proposal discusses the main aspects of the Assignment including the objectives and method of accomplishing the activities. The proposal follows the Program Cooperation Agreement (PCA) guidelines of UNICEF and in addition to other necessary aspects of the assignment.

The partnership will conduct advocacy meetings, and conduct monitoring of implementation of the recommendations for the micro-level planning thereafter the experiences of the micro-level planning will be used for effective implementation of LLP. Besides the partnership will monitor implementation of LLP in the intervention areas and finally it will evaluate the impact of LLP and deduce the measures for recommendations.
2. Situation Analysis

It is widely recognized that the Health and Population sector of Bangladesh has accomplished commendable success in respect of many crucial indicators. Bangladesh has made significant progress in reducing child mortality over the last few decades, and this trend has continued in recent years. According to the Bangladesh Demographic and Health Survey (BDHS) of 2011, Infant Mortality Rate (IMR) has reduced from 87 in 1990 to 43 in 2011; under-five mortality rate has declined from 133 in 1991 to 53 in 2011. Despite this, achievement of the Millennium Development Goals (MDGs) still remains a serious challenge if the rate of neonatal mortality is not drastically reduced. The latest Bangladesh Demographic and Health Survey (BDHS) data shows that, one of every nineteen children born in Bangladesh dies before reaching the age of five. Among them, infant and neonatal mortality rates remain high. On the other hand, neonatal and maternal health is highly correlated, and high neonatal mortality rate indicates existence of high maternal mortality. The reason behind the country’s failure to reduce the neonatal mortality at a satisfactory level is the existing disparities in accessing essential maternal, new-born and child health services especially by the poor and disadvantaged population of hard to reach areas.

The allocation for the Health and Population sector is much less than required and, unfortunately, the proportion of allocation is declining in the recent years. A possible measure to reduce the financial gap could be the utilization of resources from the pool fund lying with the development partners for the Health and Population sector. It may be noted that pool fund money has been remaining seriously underutilized for the last 10 years and so. The underutilization of the pool fund money is allegedly caused by the existence of certain constraints rigidity in the financial rules and mechanism. In this situation, it is highly pertinent to find the mechanism for increasing use of the pool fund money.

It is known that lack of sufficient fund is a major constraint in the Health and Population sector. The allocation for the Health and Population sector is much less than required. A potential measure to reduce the financing gap can be the full utilization of resources from the pool fund. It may be noted that pool fund money has been remaining seriously underutilized. Hence, it is imperative in this Assignment to identify the constraints of the use of pool fund. A major objective of this research will be to assess the situation regarding the use of pool fund, to identify the constraints/bottlenecks to the use of these funds, and find the mechanisms for increasing utilization of pooled fund.

Area specific investment cases can be prepared to rapidly improve the situation. The investment case should assist the government and other stakeholders to identify the bottlenecks in the service delivery, estimation of costs of removing the bottlenecks, assessments of the impacts of investments on the neonatal and maternal health. This will help the government in investment decision in the health sector. The use of Marginal Budgeting for Bottleneck (MBB) approach and Equity Platform tool, developed jointly by UNICEF and World Bank, can significantly contribute to this end. A bottleneck analysis using MBB to improve Maternal, Neonatal and Child Health Interventions and the preparation of the Investment Cases of one urban slum and two districts will be a step towards cost effective resource allocation and utilization in the country. In recent years MBB has emerged as a very useful tool for identifying the constraints in the sector and assessment of the required investment to identify the bottlenecks to rapidly achieve the set targets of the sector.
The managers and experts of the health and population sector maintain that some obstacles exist on both supply and demand side and measures are needed to adequately increase utilization of the two services. Shortage of fund, inter alia, appears as a major constraint on the supply side. The stakeholders of the sector believe that adequate use of the pool fund can overcome the fund constraint to a great extent; at present the pool fund is not fully utilized. On the other hand, as many experts have been arguing, proper implementation of Local Level Planning (LLP) can increase demand for services and thereby the use rate, by way of involving the primary users and the community in the process of planning as well as implementation. Structure of the local level planning teams at Upazila and District are prescribed in the Toolkit which also suggests the role and responsibility of the supervisory structures at the Directorate and the Ministry-level. Unfortunately, these structures are restricted to line officials only. The Toolkits however allow LLP to identify local needs and within the constraints of local resources, to set targets for activities and estimate budget needs for achieving the targets (HPNSSP 2010). UNICEF is piloting Local Level Planning (LLP) in three districts and planning to implement Investment Case (IC) ingrained LLP. Besides, the GoB is also piloting LLP in some selected districts. It is argued that implementation of LLP improves supply of services, increases demand for services, raises economic efficiency of resource use through enhancement of providers’ accountability, and improves quality of services. Given these it is imperative to conduct a project using a broader framework embodying an Investment Case Analysis of Maternal Neonatal and Child Health (MNCH) services, use of pool fund and effect of implementation of LLP.

3. Proposed Project

3.1. An Investment Case (IC) Analysis had been conducted in Bangladesh’s three districts in 2010. However, a follow up rapid self-assessment of the investment case suggested that the implementation of IC failed due to ineffective and insufficient training provided to the managers at central and local level, high turnover of trained personnel, and inadequate advocacy for formulation and implementation of Local Level Planning (LLP). The assessment recommended that hand-holding support should be provided to the implementers in form of technical guidance/assistance. Against this backdrop, a strategic partnership between Institute of Health Economics (IHE) and UNICEF has been discussed and IHE is ready to support as technical agency the relevant stakeholders for implementing the policy implications of the investment case.

In Bangladesh considerable amount of absenteeism of the providers in the primary and secondary level facilities, non-existence of auxiliary inputs, in some cases shortage of drugs and other inputs, and out of order/ malfunctioning equipment are the major bottlenecks on the supply side. Low accessibility of household to the facilities due to lack of transport, lack of awareness, fear of losing privacy etc. are the constraints on the demand side. Removal of these constraints and proper use of the inputs such as- time of providers and staffs, equipments, drugs and logistics etc. will drastically increase health services so as to reduce neonatal and maternal mortality and morbidity. Besides, the input-mix is not appropriate for many services. Evidence suggests that it will require low amount of investments to wipe out these constraints. As such the benefit-cost ratio of overcoming the constraints will be very high to the sector and society. A bottleneck analysis using MBB tool to improve Maternal, Neonatal and Child Health Interventions and the
preparation of the Investment Cases of one urban slum and two districts will be a step towards cost effective resource allocation and utilization of services in the sector.

3.2. It is known that lack of sufficient fund is a major constraint to implement many important interventions and undertaking of certain crucial activities. The allocation for the Health and Population sector is much less than required and, unfortunately, the proportion of allocation is declining in the recent years by about 0.7 percentage points, from around 6% to 5.3% (MoF 2012). A possible measure to reduce the financial gap could be the utilization of resources from the pool fund lying with the development partners for the Health and Population sector. It may be noted that pool fund money has been remaining seriously underutilized for the last 10 years and so. The underutilization of the pool fund money is allegedly caused by the existence of certain constraints and rigidity in the financial rules and mechanism. In this situation, it is highly pertinent to find the mechanism for increasing use of the pool fund money. Hence, it is imperative in this Assignment to identify the constraints of the use of pool fund and determine the approach and the method of increased utilization of fund, so as to increase availability of resources for the sector as a whole, with special emphasis on the MNCH. One objective of this analysis will be to assess the situation regarding the use of pool fund, to identify the constraints/bottlenecks to the use of these funds, and find out the mechanisms for increasing utilization of pooled fund.

3.3. In the health sector of Bangladesh the importance of implementing LLP can hardly be exaggerated. The public sector role in health sector is increasing, especially in respect of access to and use of services traditionally, in the case of public sector services the role of the primary stakeholders is negligible; the decision of the centralized management system authority are predominant. As a result, the sector cannot achieve effectiveness and efficiency. In other words, involvement of the primary stakeholder in the sector is needed to ensure the adequate role of the demand side agents (which automatically exists in the case of goods and services being transacted through the markets) because the buyers are equally dominant there. Local level planning requires ‘functional community organization’ to ensure popular participation both in formulation and implementation of planning processes. At present, the forefront of public policy regarding democratic participation is local level planning. It is intended to institutionalize participatory planning at the village, union, thana and district levels (Banglapedia 2003).

With the current Governments’ interest to support decentralization as a policy, which is also reflected in the draft Health Policy 2010 and the draft Population Policy, in the dialogue as part of the APR 2009, decentralized planning had found greater acceptance. It was suggested that over the short to medium term, LLP processes would need to be effectively linked with the budget process for better accountability at District and Upazila levels (Aide Memoire 2009).

The proposed project component comprises three areas:
- IC analysis using MBB tool in rural and urban area. The project intends to widely disseminate the policy implications among the policy makers so that the relevant policies and measures are implemented properly and rapidly.
- Identification and development of mechanisms to utilize available pool fund for achieving MDG 4 and 5.
- Conduct advocacy based on the analysis of existing LLP.
Institute of Health Economics (IHE) of the University of Dhaka and UNICEF Dhaka are planning to conduct a joint Assignment including the three broad activities mentioned earlier. This proposal discusses the main aspects of the Assignment including the objectives and method of accomplishing the activities. The proposal follows the Program Cooperation Agreement (PCA) guidelines of UNICEF and in addition to other necessary aspects of the assignment.

The partnership will continue for implementation of recommendations of ICA as well as LLP. The partnership will conduct advocacy meetings, and conduct monitoring of implementation of the recommendations for the micro-level planning thereafter the experiences of the micro-level planning will be used for effective implementation of LLP.

Besides the partnership will monitor implementation of LLP in the intervention areas and finally it will evaluate the impact of LLP and deduce the measures for recommendations. We also feel that even after completion of LLP for one year the partnership will remain prepared continue to orient the local level managers and community about LLP and participate in implementation of the recommendations of LLP evaluation for further improvement in the intervention.

4. Lessons Learnt on Investment Case in Bangladesh

The earlier Investment Case Analysis identified several bottlenecks in the selected three districts. An Investment Case Analysis was conducted in Bangladesh by UNICEF in 2010. It proposed different evidence-based scenarios on how to overcome the constraints to achieve health related MDGs with special focus on increasing use of Maternal Neonatal and Child Health (MNCH) services. Remedial measures to overcome these bottlenecks were also addressed in Investment Case report (UNICEF 2010).

However, looking back at the project to assess its effectiveness, some inadequacies were recognized at the subsequent implementation level. Although there were improvements detected in the MNCH services, upon review no strong link between this improvement and the IC process was found. Moreover, due to structural changes, who were actually trained in the IC process and its operations in Bangladesh, has already left Bangladesh. Also, there is a high stuff turnover in the Ministry of Health and other stakeholder institutions who were involved with the whole process at the initial level. Hence the implementation and follow up process has been sufficiently hampered. It was no surprise that the follow up at the district and institutional level was non-existent. In addition to this, upon review it was found that the personnel, who had received trainings on the IC process, couldn’t recall much of their acquired knowledge on the matter and hence the whole process was a bit vague to them. One major problem with the whole process was the final report was not properly disseminated, hence the usefulness of the process, albeit very high, couldn’t be fully appreciated by the relevant stakeholders and policy makers (UNICEF 2012).

Stewardship and Governance as a component of health sector program addressed the issue of decentralization and Local Level Planning in the Health Population & Nutrition Sector Strategic Plan (HPN SSP) 2011 – 2016 by Ministry of Health and Family Welfare, GoB (2010). In this report, lessons from the review of a number of case studies of local level planning were cited. Case studies such as, (i) Chougachha model, (ii) Thana functional improvement Pilot project
(TFIPP), which pre-dated the Sector-Wide Approach, (iii) LLP- Health and Population Sector Programme (HPSP), (iv) JICA’s Safe motherhood promotion projects (SMPP), and (v) the joint GOB-UN project ‘Accelerating Progress towards Maternal and Neonatal Mortality and Morbidity Reduction ’, revealed that a combination of central facilitation and guidance, resource augmentation – both physical and human, logistic support, additional training, supervision and monitoring and concentrated managerial attention contribute to improved outcome. However, in the absence of their institutionalization, these positive experiences remained unsustainable. Considerable experience had been gained in developing local level plans with guidance of the LLP Toolkit. The LLP Toolkit suggested the preparation of Upazila plan on the basis of five principles: (i) consider local needs, (ii) participatory, (iii) feasible to implement with available resources and skill, and (iv) effective and sustainable.

5. Strategies, Objectives and Tasks of the Proposed Project

5.1 The objectives of the project:

- To build capacity of service provider for delivery of maternal and child health care
- To increase effective coverage of high-impact MNCH
- To improve quality of services and client satisfaction
- To increase use of maternal and child health care services

5.2 The expected outcomes of the projects:

1. The capacity of central health planners and local level health managers on evidence based planning is improved.
2. Evidence based planning for improving performance of MNCH is operationalized
3. Scaled up key selected MNCH interventions
4. Increased utilization of pool fund compared to previous year.
5. Local level health managers and stakeholders are using revised LLP tool for improvements in MNCH

5.3 The outputs and strategies of this project:

Output 1: Report, with list of selected key health interventions, identified bottleneck and marginal cost/budget to remove bottlenecks, prepared and disseminated

- Strategy I. MBB will be used to identify key health interventions with high impact in reduction of maternal and child mortality and improvement of nutrition/WASH indicators.
- Strategy II. Other health planning tool (such as LiST) will be used to complement and compare
- Strategy III. Sensitize decision makers and key stakeholders on the importance of evidence based planning and result based budget allocation
- Strategy IV. Capacity building of key planners /professionals on evidence based planning with different health planning tool including MBB.
- Strategy V. Continuous advocacy with DGHS&DGFP /MOHFW planning units on the results of IC.
Output 2: Evidence based planning on MNCH completed in 2 districts and 1 city corporation

- Strategy I. Linking the outputs of IC exercise in 2 districts and 1 city corporation with local level planning process through use of existing LLP tool

Output 3: Monitoring and Evaluation reports will be prepared and shared

- Strategy I. Comprehensive evaluation will be conducted one year after the implementation of project.
- Strategy II. Assessment of the outcome of the interventions and identification of new constraints, if any, and recommendation for improvement of implementation, scaling up and sustainability

Output 4: Development of mechanisms of utilization of pool fund and Capacity of Line Directors (LDs) and managers and program managers increased to utilize pool fund as per the suggested mechanism

- Strategy I. Bottlenecks will be identified for underutilization of pool fund and measures will be suggested to overcome the constraints
- Strategy II. Convince the relevant stakeholders for implementation of the recommendations
- Strategy III. Corrective measures will be suggested and advocacy will be done comprehensively for increased utilization of pool fund.
- Strategy IV. Evaluation of utilization of pool fund using data

Output 5: Baseline assessment on LLP, Midterm assessment on LLP, End-line assessment on LLP and Revised tool on LLP for local level health managers

- Strategy I. Assessment of the impact of LLP
- Strategy II. Advocacy of decentralized planning and implementation process
- Strategy III. Critical appraisal and comparison of two LLP tools (MOHFW and UNICEF)

5.4 The tasks of the project are:

- To conduct an extensive situation analysis
  The project will examine the existing epidemiological and demographic data of the selected regions. It will thoroughly assess the existing health system including infrastructure and the coverage of existing health interventions.
- To identify the high impact interventions to achieve the health related MDGs in the selected regions
  A package of high impact interventions will be identified through series of consultation meetings and expert inputs.
- To identify the existing bottlenecks using the MBB tool
The MBB tool will be used to identify the bottlenecks and an IC methodology will be established through series of consultations with Government and other stakeholders.

- To prepare a report on mechanisms to utilize pool fund effectively and efficiently to finance secondary and primary level facility.
- To gather information on the use of pool fund and identify the constraints to full use of the fund through Key Informant Interviews (KII s) selected from among the policy makers and managers of Ministry of Health and Family Welfare (MoHFW) and the development partners.
- To assess the additional resource requirements to overcome the constraints
  The project will conduct Budget and Financial Cost Analysis making use of the MBB tools that would include identification of budgetary requirements, pipeline resources, available/pipeline fiscal space, etc. Based on the financial analysis it will also develop different options with varying targets.
- To disseminate the findings among the managers, policy makers and other stakeholders at national and subnational level.
- To prepare the final report of the IC for two districts.
- To prepare the final report of the IC separately for one urban slum.
- To provide technical assistance to MoHFW along with UNICEF in implementation of the recommendations of the IC.
- To monitor the implementation of the recommendations of IC.
- To evaluate the life-cycle of IC on MNCH in the piloted areas.
- To examine the impact of IC ingrained LLP on utilization of MNCH services.
- To assess the impact of other LLP models on utilization of MNCH services.
- To examine and compare the cost implications of the different LLP models.
- To conduct Cost Minimization Analysis (CMA) and Cost Effectiveness Analysis (CEA) as appropriate of some selected MNCH interventions like newborn care, immunization, community skilled birth attendants (SBAs), antenatal care (ANC), treatment of pneumonia, treatment of diarrhea etc. in different LLP pilots.
  - To gather evidence through baseline assessment, midterm assessment and end-line assessment to conduct cost-effectiveness analysis and SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis on impact of LLP on use of MNCH services.
- To suggest appropriate policies and measures for successful expansion of IC ingrained LLP in other districts.

Under this assignment, Investment Case Analysis and follow-up evaluation will be conducted in 2 Districts (Sylhet and Chittagong) and in one urban slum in Dhaka or Sylhet city.

The project will be conducted using the data collected from the secondary sources and some key informant interviews for all areas. The findings of the project will be widely disseminated and advocated among the relevant stakeholders so that the recommendations are transformed into policies and actions. The implementation of the recommendations in the pilot sights will be regularly monitored by the central level managers of Ministry of Health and Family Welfare (MoHFW) and Institute of Health Economics (IHE) will provide the necessary technical assistance to both implementation and monitoring activities in the form of imparting meetings, consultation and inline evaluations.
Time series data on use of pool fund will be collected and bottlenecks to sufficient use of pool fund will be identified through discussion with the development partners and MoHFW officials. In addition, impact of LLP will be evaluated through three assessments; one in the baseline period one at the end of six months and the end-line after one year.

6. Results Framework

The results framework can neatly show the activity to be undertaken and the outcomes to be achieved. The following table exhibits the results framework for this Assignment.

Table 1: Results Framework

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Output</th>
<th>Strategies</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Component 1. IC analysis using MBB tool to improve Maternal, Neonatal and Child Health Interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The capacity of central health planners and local level health managers on evidence based planning is improved.</td>
<td>1. Report, with list of selected key health interventions, identified bottleneck and marginal cost/budget to remove bottlenecks, prepared and disseminated</td>
<td>I. MBB will be used to identify key health interventions with high impact in reduction of maternal and child mortality and improvement of nutrition/WASH indicators. II. Other health planning tool (such as LiST) will be used to complement and compare III. Sensitize decision makers and key stakeholders on the importance of evidence based planning and result based budget allocation IV. Capacity building of key planners/professionals on evidence based planning with different health planning tool including MBB. V. Continuous advocacy with DGHS &amp; DGFP/MOHFW planning units on the results of IC.</td>
<td>I. Preparation of inception report, recruitment and training of system analysts, workshop organizers, and research assistants ii. Launching of IC (introduction of IC methodology to stakeholders) iii. Review of literature, mapping out and review of data sources, Collection of service statistics, organize data collection workshops, and discussions with the policy makers iv. Preparation of report for Investment Case Analysis (ICA) v. Dissemination conference of Investment Case Analysis (ICA)</td>
</tr>
<tr>
<td>2. Evidence based planning for improving performance of MNCH is operationalized</td>
<td>2.1 Evidence based planning on MNCH completed in 2 districts and 1 city corporation.</td>
<td>I. Linking the outputs of IC exercise in 2 districts and 1 city corporation with local level planning process through use of existing LLP tool</td>
<td>i. Conduct workshops in 2 districts and 1 city corporation. ii. Develop monitoring plan of LLP iii. Conduct consultation meeting with stakeholders, sharing the activities with claim holders/beneficiaries. iv. Three central level advocacy meetings.</td>
</tr>
<tr>
<td>3. Scaled up key selected MNCH</td>
<td>3.1 Monitoring and Evaluation reports will be prepared</td>
<td>I. Comprehensive evaluation will be conducted one year after the implementation of project.</td>
<td>i. Conduct quarterly monitoring of LLP implementation in 2 districts</td>
</tr>
</tbody>
</table>
II. Assessment of the outcome of the interventions and identification of new constraints, if any, and recommendation for improvement of implementation, scaling up and sustainability.

Programme Component 2. Identification and development of mechanisms to utilize available pool fund for achieving MDGs 4 and 5

<table>
<thead>
<tr>
<th>Programme Component</th>
<th>Actions</th>
</tr>
</thead>
</table>
| 4. Increased utilization of pool fund compared to previous year. | 4.1 Development of mechanisms of utilization of pool fund  
4.2 Capacity of Line Directors (LDs) and managers and program managers increased to utilize pool fund as per the suggested mechanism |
| 5. Local level health managers and stakeholders are using revised LLP tool for improvements in MNCH | 5.1 Baseline assessment on LLP  
5.2 Midterm assessment on LLP  
5.3 End-line assessment on LLP  
5.4 Revised tool on LLP for local level health managers |
| I. Bottlenecks will be identified for underutilization of pool fund and measures will be suggested to overcome the constraints  
II. Convince the relevant stakeholders for implementation of the recommendations  
III. Corrective measures will be suggested and advocacy will be done comprehensively for increased utilization of pool fund.  
IV. Evaluation of utilization of pool fund using data |
| I. Preparation of guidelines for discussions  
ii. Conduct Key informant interviews with DGHS/DGFP and international stakeholders  
iii. Analysis of bottlenecks  
iv. Preparation of final report on pool fund  
v. Dissemination workshops and meetings. |
| I. Assessment of the impact of LLP  
II. Advocacy of decentralized planning and implementation process  
III. Critical appraisal and comparison of two LLP tools (MOHFW and UNICEF) |
| i. Baseline compilation of service statistics,  
ii. Discussion with the managers and providers in the facilities using Key Informant interviews (KII)  
iii. Discussion with the exit clients  
iv. Field visits, data collection, data processing, data analysis  
v. Review HMIS data |

Programme Component 3. Evaluation of the impact of IC and LLP for scale up of evidence based planning

7. Management, Coordination and Network

A steering committee will be formed involving the Health Economics Unit (HEU), Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP), Ministry of Health and family welfare (MoHFW), UNICEF and Institute of Health Economics (IHE). The DG of HEU, MoHFW, will be the chief of the committee. The Secretary of the MOHFW will be requested to kindly become the respected advisor to the committee. The committee will oversee activities under the Assignment, provide guidelines to the research team as regards carrying out the project, suggest measures for properly undertaking proposed interventions and pursue with the highest authority of the MoHFW for proper implementation of the
recommendations (see annex 1). The committee will also discuss the situation regarding the use of pool fund and suggest the measures to be adopted for increasing use of pool fund, which will be submitted to the planning wing of the MoHFW so that they can include it in the midterm review report of 2014.

The coordination committee will meet at different stages of the process. Coordination meetings will be held at the beginning and then quarterly and then once after the final report is submitted.

UNICEF, apart from providing the financial support for the Assignment, will provide technical assistance to the research team and inputs in analysis and other activities as and when both parties consider necessary. On behalf of MoHFW, HEU will overview and coordinate at the broader level of the activities. It is also proposed that HEU personnel will directly participate in both research and advocacy activities. HEU will also report to the highest Steering Committee of the Ministry and pursue with MoHFW for implementation of the recommendations and allocation of necessary fund for implementation.

IHE was established through a tri-partite agreement among the MoHFW, University of Dhaka and DFID/World Bank under the project titled Health Economic Capacity Building in Bangladesh and the support for IHE was stated in the work plan of the HEU. The agreement was successfully and satisfactorily implemented during 1998-2003. Under the agreement the Institute, apart from conducting teaching program, has undertaken several activities to impart knowledge on health economic theories and tools to a large number of professionals in the country, and pursued with policy makers and managers about the importance of learning and applying health economic theories and tools for improvement of the performances of the sector and enhancement of the financial sustainability.

The link between and IHE and HEU strongly persists to date, and will continue to exist for long in future. It is already mentioned that IHE was established under operational plan of Health Economics Unit (HEU) and worked for the Health Economics Capacity Building Project of the DFID together. IHE still remains in the operational plan of HEU, although a small of fund is allocated. Despite this, IHE has been jointly conducting training/conference/symposium at IHE as well as at HEU for long. IHE is involving HEU personnel as well as taking support in research activities. Moreover, IHE is working together for National Health Accounts where HEU provides both technical and financial support. Most importantly, IHE members are involved in different committees of HEU and contribute to the policy formulation in Health Economics. The HEU personnel will be involved in the activities of this project as much as appropriate and feasible.

The IHE members are specially equipped in addressing the issues related to economic efficiency, financing and health insurance, planning and budgeting, health project appraisal, monitoring and evaluation. It may be noted that IHE is the only organization in the whole of South West and Middle Asia to specialize in health economics. Under the agreement of the DFID, a large number studies on health economics were conducted and training courses were ran. After 2003 IHE entered into short term contract with several development partners including GIZ, WHO and population council to undertake research, organized training programs and manage the national and international events including workshops and conferences. In the recent years IHE has organized a workshop on urban health care financing sponsored by ADB, organized symposium
of health care financing sponsored by GIZ, and conducted important studies sponsored by KfW. Besides, it has conducted a large number of evaluation and project planning for several NGOs.

8. Implementation Strategies

8.1. IC analysis and Project on Utilization of Pool Fund

The project would prepare area-wise investment case using MBB tool and advocate the results to the policy makers and managers for implementing the policy recommendations of the investment case.

Collection of data sets: Arrangements will be made to establish contact between Institute of Health Economics (IHE) and the relevant sources of information for collecting data.

Launching: All the relevant managers, especially those in charge of the data sets, will be first informed through a launching program of the assignment. The aim of arranging the launching program will be to sensitize the participants of the project issue, to explain the concept of Marginal Budgeting for Bottlenecks (MBB) tool, and to inform the specific information requirement for the project. It is expected that the program will help creating contact among the stakeholders so that they provide necessary support to the IHE team and participate in identifying information sources and data gaps.

Secondary Sources of Data: Data for Divisions and Dhaka slum will be collected from all the important secondary sources including Multiple Indicator Cluster Survey (MICS), Bangladesh Demographic and Health Survey (BDHS) 2011, Learning Management System (LMS), and Bangladesh Info (BDInfo). Baseline survey reports, census and different annual status reports of UNICEF, UNDP, WHO, World Bank, Household Income and Expenditure Survey (HIES), Health Economics Unit (HEU), International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B) and reports prepared by national and international organizations will also be collected.

Workshops for data Collection: A one day workshop will be arranged to assess the amount of data already gathered, to identify the gaps and to find out appropriate method to fill the gaps. This will be followed by a series of workshops both at central and divisional level with the relevant managers, experts and key informants. The main participants of these workshops will be – policy makers, Joint Secretary HEU, Line Director from Directorate General of Health Services (DGHS), Line Director from Directorate General of Family Planning (DGFP), experts from National Institute of Population Research and Training (NIPORT), City corporation (north and south), Research organizations like- ICDDR,B, Non-Government Organization (NGOs), other organizations and academicians. Another workshop will be organized involving senior level manager/ policy makers/ development partners to suggest the mechanisms of rapidly increasing use of pool fund for LLP and other important activities of the sector. Besides the workshops, a number of one-to-one small meetings will take place between the policy makers and the research team for collecting data and parameters, if necessary.

Processing and Analysis of Data:

- Compilation of existing data collected from the secondary sources.
- Entering of additional data collected from the workshops for fill in the gap.
- Cleaning and consistency check of the data.
- Conversions of the data into the MBB format.
- Conduct MBB exercise.
- Identify bottlenecks to achieving MDG 4 and 5, and assess the required amount of investment to overcome the bottlenecks.
- Simulation under different alternative scenarios.
- Economic evaluation will be conducted using the appropriate techniques such as Disability-adjusted life year (DALY), LiST, Cost Effectiveness analysis.
- Attempt will be made to identify explanatory variables and to assess the values of the elasticity of the parameters so that prioritization of intervention can be clearly done.
- Deduce the specific policy implications for rapidly removing the bottlenecks and improving the performances in respective MDGs.
- Finally area-wise Investment Case Report will be prepared- one for urban slum of Dhaka city or Sylhet (depending on agreement with stakeholders) and two for two districts (Sylhet, Chittagong).
- A time series analysis of pool fund and to identify in which activities the fund could not be sufficiently utilized. To conduct in-depth interview with the senior manager/planners of the sector and the DPs to know the reasons for the fund remaining unutilized.
- To examine and analyze the rules and instructions regarding use of the pool fund. Their views on the need for use of the fund for improvement of the performances of the sector rules and instructions about the use of the pull fund and their suggestions as regards how to make the rules more user friendly.
- To review the rules and regulations of the pool fund money of the sector and level of utilization of that money in a selected developing countries.

**Dissemination:** The earlier report found that one reason for the failure of the earlier IC implementation was that the report was not adequately and intensively disseminated. We therefore propose that under the assignment, the report will be fully and effectively disseminated among the stakeholders. A number of prolonged workshops will be held to share the Investment Case Reports.

**Advocacy using the results of MBB exercises:**

**Advocacy meetings at the Central level:** Three advocacy meetings will also be arranged at the central level in Dhaka city for implementation of the recommendations of Investment Cases. The main participants will be from- (1) Parliament Members, (2) Ministry of Health and Family Welfare, (3) Development Partners (4) DGHS, (5) DGFP, (6) Dhaka City Corporation (North and South) (7) NIPORT (8) Civil Society, (9) Academicians, and (10) NGOs.

**Advocacy meetings at the District level:** Three advocacy meetings with different groups will be arranged in 2 districts (Sylhet and Chittagong) for implementation of the recommendations of Investment Cases. The groups will involve managers and providers of DGHS and DGFP, NGO and civil society members. Two advocacy meetings will be conducted with the relevant personnel of the MOHFW and DPs for implementation of the recommendations for the pool fund use.
**Involvement in Implementation of Recommendations:** The earlier report found that the major problems of implementation were that the amount of training provided to the managers at central and local level was neither effective nor sufficient. The trained person could not recall their knowledge. In many cases, the trained persons were transferred to other departments. The failure was especially pronounced in the use of IC costing method in LLP. It appears that discussion on this method was much less than sufficient. Given this, we propose that under this assignment, the LLP cells of two DG offices will establish a group of trained trainers and these trainers, upon receiving training themselves and using the support of Institute of Health Economics (IHE), will provide rigorous training to the local level stakeholders on LLP, IC costing and budgeting through both basic and refresher courses. A mechanism will also be devised in collaboration with the highest level policy makers so that the trained person will not be transferred within three years from the date of training.

The Assignment will conduct the following activities to implement the recommendations:
- To provide technical assistance relevant departments of MoHFW as to how recommendations can be implemented.
- To support the MoHFW in implementing training to the local level managers, providers and other stakeholders in selected districts about preparation of local plan including costing and budgeting, implementation of the plan.
- To support selected secondary and primary facilities to finalize the local level plan documents so that their documents may be submitted to the appropriate authorities for financing.
- To provide support to selected secondary and primary facilities and participate as experts in implementation of the local plans through local level training and technical assistance.

8.2. **Assessment of Impact of LLP on MNCH Services**

We will assess the impact of the LLP from five different angles – effectiveness, efficiency, economies of scale, equity and sustainability – to broaden the scope of assessment with clear focus at each dimension (Table 2).

**Table 2: Assessment tool– Five dimensions of assessment of LLP**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Process</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Effectiveness (To assess whether and to what extent health care has improved health status – proven beneficial impact of health care in a health condition.)</td>
<td>- Quantity of output – measure the effective coverage of essential MNCH service delivery. Assess changes in the use of service by demand side. Quantity of effect - improvements in key MNCH indicators.&lt;br&gt;- Measurement of the impact that has been achieved (either quantitative or qualitative) – improvement in maternal and child health&lt;br&gt;- Quality – Change in actual quality of inputs and service provision; and change in client satisfaction;</td>
<td>✓ Predetermined objectives are met&lt;br&gt;✓ Improvements in key MNCH indicators including effective coverage&lt;br&gt;✓ Utilization of essential MNCH service.&lt;br&gt;✓ Quality of services and client satisfaction&lt;br&gt;✓ Active participation of community representatives in the planning, monitoring and supervision&lt;br&gt;✓ Local level managers have adequate skill and knowledge</td>
</tr>
</tbody>
</table>
**II. Efficiency**
(To assess whether best use is made of scarce resources to meet the programs’ objectives)

| Measure of productivity i.e., how much you get out in relation to what is put in |
| Concerned with the output (a particular good or service) achieved for a set of inputs |
| Cost effectiveness analysis using appropriate technique |

✔ Results achieved in relation to resources expended
✔ Physical progress (input provision, activities undertaken and results delivered)
✔ Financial progress (budget and expenditure)

**III. Economies of scale**
(change in cost as a scale of output increases – size of the inputs which are fixed in the short run)

| Measure the input of LLP by varying angles of resources |
| Comparison of resources taken among districts for a unit period and population |

✔ Classification of resources taken to implement LLP
✔ Measurement of the quality and quantity of resources
✔ Cost analysis of LLP per unit time and population for scalability

**IV. Equity**
(To assess whether program leads to equal access, equal utilization and equal health for equal need)

| Evaluate the level of equity achieved among the areas, and among the groups of population including age group, gender and income group. |
| Assess the changes in the attitudes of people and the practices of institutions and society, which discriminate against, and marginalize people |

✔ Closing gaps in health and nutrition indicators among areas, gender, age and income groups.
✔ Prioritization of service delivery in hard-to-reach areas and low performing areas.

**V. Sustainability**
(To assess institutional, operational and financial sustainability in the long run)

| Assess whether sufficient institutional setup and efficient management has been created to carrying forward over time the activities done under the program. |
| To estimate expenditure of the program, resource envelop, financing |

✔ Lessons from LLP is shared among stakeholders and exercised
✔ Level of cooperation between central and local health authorities
✔ Standardized LLP tool is available and ready to use
✔ LLP is being exercised by local
The design of assessment of impact of LLP on MNCH services

The project will be conducted in 8 districts, 4 will be ‘intervention’ which follows LLP process (2 districts with ‘UNICEF-LLP’ and 2 districts with ‘MOHFW-LLP’), while 4 districts will be ‘control’ without LLP. Out of 4 intervention districts, 2 will be MoHFW initiated LLP districts while 2 will be UNICEF areas implementing LLP. The following table presents the project design.

Table 3: Project design

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MoHFW LLP</td>
<td>UNICEF LLP</td>
</tr>
<tr>
<td>Number of District</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Number of UHC</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Number of UHFWC</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Number of CC</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

The project will be conducted in three linked phases.

Phase I: A baseline survey will be conducted in phase one.
Phase II: Intervention: UNICEF is going to implement IC ingrained LLP in pilot districts.
Phase III: Evaluation: Mid-term evaluation and the final evaluation will be carried out within two years of project initiation.

A total of 8 upazilas and then 8 unions will be randomly selected from the 8 districts. From each union, a ward will be selected randomly, leading to a total of 8 wards.

The Union Health and Family Welfare Centres (UHFWC) from each union, and one Community Clinic (CC) from each ward will be randomly selected with a total of 8 UFHWCs and 8 CCs.

8.3. Strategies for Baseline, Mid-term and End-line Assessments

Meetings with the managers/providers and collection of service statistics: The evaluation will conduct discussion meetings and key informant interviews in three types of facilities: Upazila Health Complex (UHC), UHFWC, and CC. In each facility, the manager and the providers will be interviewed on access, and the level of health care use by gender, age, area and income group; the availability of inputs including provider’s time, condition of inputs and
efficacy and quality of health care. Similarly discussion and meetings with managers and the
providers in the UHFWCs and CCs will be conducted. The first stage of the project will involve
collecting service statistics from 8 UHFWCs and 8 CCs from the selected wards. The utilization
of services for last one year by symptoms/disease, gender and age will be collected from existing
patient registers, monthly reports and management information system (MIS) record.

**Discussion with Exit client:** Discussion with a total of 240 exit clients will be hold at different
tiers to assess the perceived quality of care at the facilities. From each facility, 10 exit clients will
be randomly selected for interview.

<table>
<thead>
<tr>
<th>Table 4: Exit Client Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>UHC</td>
</tr>
<tr>
<td>UHFWC</td>
</tr>
<tr>
<td>CC</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Quality of care will be assessed in terms of availability of doctors, nurses, technicians,
availability of drugs and other supplies, availability of equipments, staff attitude, confidentiality,
cleanliness and waiting time. A five-way rating scale (such as, excellent, good, average, bad and
very bad) will be used. The inclusion criteria of exit clients will be as follows:

- Clients seeking antenatal care (ANC), postnatal care (PNC) or delivery care
- Clients seeking child health services including immunization
- Clients seeking care for selected communicable diseases including malaria, tuberculosis (TB)
- Adult female patients aged between 18 and 59
- Patients who are willing to participate

**Discussion meetings with managers, providers and community representatives:** Sixteen
discussion meetings will be conducted in 4 intervention areas to explore the process of preparing
LLP, whether and to what extent community representatives are involved in the planning
process, the process of selecting the representatives, orientation and training need, overall
challenges faced, feasibility to scale up the LLP and how the process can be strengthened. Out of
16 discussion meetings, four meetings will be arranged with the upazila LLP teams who are
responsible to prepare LLP Toolkit. Four discussion meetings will be conducted with the patients
at upazila level. Each meeting will involve 8 to 10 participants. A guideline will be prepared to
conduct the discussion. In addition, four discussion meetings at UHFWC level and four
discussion meetings at CC level will be conducted.

Twelve discussion meetings will be conducted in 4 control areas to assess the current planning
process, the drawbacks of the existing process, knowledge of stakeholders regarding LLP, the
participation of local representatives in the planning process, and the ways to involve community
in the planning process. Out of 12 discussion meetings, four will be conducted at upazila level
with patients. Four discussion meetings at UHFWC and four discussion meetings at CC will be
conducted.

<p>| Table 5: Data collection plan |</p>
<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention area</td>
<td>Control group</td>
</tr>
<tr>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>4 UHFWC and 4 CC</td>
<td>4 UHFWC and 4 CC</td>
</tr>
</tbody>
</table>

**Data Analysis:** Bi-variate and multivariate analysis will be done. In addition, economic analysis will be conducted on the services provided by the facilities. The economic analysis will include analysis of cost and analysis of outcome, and of cost effectiveness analysis of the LLP interventions.
**9. Fund Management**

Needless to mention that smooth and proper flow of fund is a crucial precondition of effective implementation of this Assignment (and for that matter any assignment). It is expected that the fund will be disbursed to the IHE in following installments.

Table 6: Fund management

<table>
<thead>
<tr>
<th>Installment no.</th>
<th>Proportion of UNICEF contribution</th>
<th>Activities</th>
<th>Deliverables</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Installment</td>
<td>13.74%</td>
<td>To conduct literature review and preparatory activities, launching, data collection workshop for ICA. Preparation of guidelines and discussion meetings for use of pool fund. Procurement of logistics. Steering committee meeting.</td>
<td>• Inception Report</td>
<td>Payment in advance</td>
</tr>
<tr>
<td>2nd Installment</td>
<td>10.94%</td>
<td>Data analysis for ICA, preparation and dissemination of draft report. Preparation and dissemination of draft report on Pool fund. Preparation of guidelines for LLP assessment. Steering committee meeting.</td>
<td>• Progress Report: Description of the activities carried out by the project team; problem faced, if any; measures to be taken to overcome the constraints and actions to be undertaken in the next phase; and expenditure statement for the quarter. • Draft Report on the use of Pool fund: Describing the trend of use of pool fund over time, reasons for insufficient use of pool fund, and measures needed to adequately use pool fund for improvement of MNCH. • Draft report on ICA: Description of bottlenecks identified using MBB tool, recommendation for the key interventions needed to overcome the bottlenecks, especially as regards capacity, to sufficient delivery of MNCH services; and assessment of the additional resources to be invested by activity to enhance delivery of MNCH services.</td>
<td>Payment in advance</td>
</tr>
<tr>
<td>3rd Installment</td>
<td>17.65%</td>
<td>Preparation of Final Report of ICA. Data collection for Baseline assessment for LLP, data analysis and preparation of baseline report on LLP, conduct 2 workshops at district level and 1 in city corporation for advocacy on evidence</td>
<td>• Progress Report: Description of the activities carried out by the project team; problem faced, if any; measures to be taken to overcome the constraints and actions to be undertaken in the next phase; and expenditure statement for the quarter. • Final Report of ICA: Description of bottlenecks identified</td>
<td>Payment in advance</td>
</tr>
<tr>
<td>Installment no.</td>
<td>Proportion of UNICEF contribution</td>
<td>Activities</td>
<td>Deliverables</td>
<td>Payment</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------</td>
<td>------------</td>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>based planning, Steering committee meeting.</td>
<td>using MBB tool, recommendation for the key interventions needed to overcome the bottlenecks, especially as regards capacity, to sufficient delivery of MNCH services; assessment of the additional resources to be invested by activity to enhance delivery of MNCH services and suggestion for improvement of capacity and use of services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Central level advocacy meeting for the recommendations of ICA on evidence based planning, Steering committee meeting.</td>
<td>Final Report on Pool Fund: Describing the trend of use of pool fund over time, reasons for insufficient use of pool fund, measures needed to adequately use pool fund resources for MNCH and suggestions for improvement of the use of pool fund; Baseline report on LLP: Situation analysis about the capacity and the level of use of and quality of services, client satisfaction and constraints; suggested measures for improvement.</td>
<td></td>
</tr>
<tr>
<td>4th Installment</td>
<td>11.10%</td>
<td>Data collection for Midterm assessment for LLP and preparation of draft report for midterm assessment, preparation of quarterly monitoring report on assessment, Steering committee meeting.</td>
<td>Progress Report: Description of the activities carried out by the project team; problem faced, if any; measures to be taken to overcome the constraints and actions to be undertaken in the next phase; and expenditure statement for the quarter.</td>
<td>Payment in advance</td>
</tr>
<tr>
<td>5th Installment</td>
<td>14.83%</td>
<td>Preparation of quarterly monitoring report on assessment, Steering committee meeting.</td>
<td>Progress Report: Description of the activities carried out by the project team; problem faced, if any; measures to be taken to overcome the constraints and actions to be undertaken in the next phase; and expenditure statement for the quarter. Report on midterm assessment: Presentation of results of a rapid monitoring survey to assess whether the suggested measures have been implemented; constraints, if any, to implementation of measures; changes in the capacity and the use of quality of services and client satisfaction and suggestion for further improvement.</td>
<td>Payment in advance</td>
</tr>
<tr>
<td>6th Installment</td>
<td>9.41%</td>
<td>Preparation of monitoring report: Description of implementation of the recommendations, constraints, if any, to implementation, and impact of implementation of the capacity and use of MNCH services, and suggestions for improvement.</td>
<td></td>
<td>Payment in advance</td>
</tr>
<tr>
<td>Installment no.</td>
<td>Proportion of UNICEF contribution</td>
<td>Activities</td>
<td>Deliverables</td>
<td>Payment</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------</td>
<td>------------</td>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td>7th Installment</td>
<td>14.39%</td>
<td>Monitoring of implementation of ICA recommendation. Data collection for endline assessment of LLP. Steering committee meeting.</td>
<td>• Progress Report: Description of the activities carried out by the project team; problem faced, if any; measures to be taken to overcome the constraints and actions to be undertaken in the next phase; and expenditure statement for the quarter.</td>
<td>Payment in advance</td>
</tr>
<tr>
<td>8th Installment (90% of the payment against 8th quarter)</td>
<td>7.15%</td>
<td>Dissemination on LLP endline draft report and preparation of final report on LLP. Steering committee meeting.</td>
<td>• Progress Report: Description of the activities carried out by the project team; problem faced, if any; measures to be taken to overcome the constraints and actions to be undertaken in the next phase; and expenditure statement for the quarter. • Report on endline assessment showing the effect of IC ingrained LLP on the capacity and the level of use of and quality of services, client satisfaction and constraints; and suggested measures for further improvement.</td>
<td>Payment in advance</td>
</tr>
<tr>
<td>Final Installment (10% of the payment against 8th quarter)</td>
<td>0.79%</td>
<td></td>
<td>• Statement of expenditure of the entire project period</td>
<td>Reimbursement</td>
</tr>
</tbody>
</table>

All the installments will be deposited to the current account of the Institute of Health Economics, Dhaka University. The Principal Investigator (PI) will be responsible for and have the authority to withdraw money using cheque. The PI will draw money in consultation with the core team members as and when needed. The vouchers will be maintained at IHE. Any money unspent in the earlier installment will be included in the financial statement of the next installment. A full-time accountant will be employed for the project period to assist the PI in conducting the activities related to finance. Each and every voucher will be signed by three persons: accountant, one member of the core team assigned by the core team, and the PI. The accounts for this assignment will be subject to regular audit by the University authority and the sponsors. It may be noted that the IHE will always remain prepared for any
inspection, investigation, and or query from the sponsor regarding financial matters. It may be noted that in so far as fund management is concerned the standard rules and regulations of UNICEF will ultimately prevail.
10. Monitoring, Evaluation and Reporting

Monitoring Results for Equity Systems (MoRES) is a monitoring conceptual framework that enables effective planning, programming, implementation, monitoring and managing results. In this assignment MoRES will be used to ensure smooth functioning of the project activities. The following development framework will be used at the initial stage, and will be refined periodically through stakeholder consultation.

This project will use MoRES for effective planning, implementation and monitoring of proposed activities in order to ensure effective and equitable use of pool fund, and thereby accelerating progress towards MDGs. The process will systematically use data to identify bottlenecks, assess how these bottlenecks are being removed and track whether proposed activities are leading to improved outcomes for the most disadvantaged children and pregnant women in Bangladesh. There are following action to be taken to ensure monitoring and reporting are in place:

- To monitor implementation at regular interval, identify the problems in implementation, and suggest corrective measures for quick adoption.
- During monitoring special care will be taken so as to ensure that the local level managers prepare the local plan using the IC costing methods and also implement the plan properly taking corrective measures as and when needed.
- To conduct the final evaluation after two years of implementation.
- Under this Assignment, several reports will be prepared and submitted including: Investment Case Report, one report on use of pool fund, three monitoring reports, and one final evaluation report.
- Comparison for monitoring the impact of LLP, a baseline and end-line assessments will be conducted. Comparison of the two will reveal the impact of LLP in addition, a midterm monitoring will be conducted to assess whether LLP is being implemented as planned and it is creating the expected impact.
- Besides the core research team will conduct additional field visits to observe the process of implementation of ICA and of LLP, to review the implementation process, and suggest corrective measures, if needed.
- The PI will submit a progress report on the project activities at the end of each quarter.

11. Sustainability

The outcome of a project is usually judged using a number of criteria: efficacy, effectiveness, efficiency, replicability and sustainability. As such sustainability is a major indicator of the success of a project. Considered from this view point this project appears to have high value to the capacity of the Institute of Health Economics (IHE) and Ministry of Health and Family Welfare (MoHFW). The training on MBB imparted at the onset of the project period to and the experience gathered in the course of implementation of the project by the IHE members will improve the capacity of IHE and, through it, the relevant departments of MoHFW and other organizations to use the MBB tool to analyze the situation, identify the bottlenecks and deduce the needed measures for increasing the use rate of MNCH.
The project has three components: Investment case Analysis (ICA), use of pool fund and impact of Local Level Planning (LLP). Each component will also significantly contribute to sustainability of the sectoral performances. ICA will identify serious bottlenecks to the Maternal and Neonatal Child Health and derive important policy measures for recovering the bottlenecks. The managers and providers in selected areas will be oriented about the recommendations through disseminations and workshops and their capacity to remove the bottlenecks will greatly increase, leading to the improvement of the considerable development of the performances of the sector. Interestingly this capacity of managers and providers will continue to be used overtime. This will also enhance the capacity of their colleagues and co-workers in their areas, as well as will have multiplier effect in that the capacity and performances of the trained providers will spread to the adjacent areas first and to other areas through demonstration effect.

In the same fashion, experiences of implementing LLP component will enhance sustainability of the performances of the sector. The assessment of LLP impact will identify the constraints to its implementation and assess the impact of LLP when it is properly implemented. Adoption of the measures recommended in the project report will drastically improve the performances of the sector at the local level in the intervention areas by way of rapidly raising demand for Maternal and Neonatal Child Health services, strengthening the supply of the services, and improving the management through increased interaction and coordination between the demand and supply sides. As in the case of ICA this will also have multiplier effect, since the experience in the intervention areas will have spillover effect in the future years and will spread to the other areas through demonstration.

As mentioned at the outset of the proposal proper use of the pool fund resource will considerably reduce the financing gap of the sector and thereby will enormously enhance the supply side capacity of the sector, so that the sector will be able to provide Maternal and Neonatal Child Health services to a much greater number of the clients of the services. The full utilization of the pool fund will contribute to the sectoral performances in two ways. First, even if it is used for only few years it will create spillover effect, improving capacity of the managers and providers and increase supply of the impacts through ICA and analysis of LLP impact. Second, continuous utilization of pool fund resources will contribute to the same overtime.

12. Risk Mitigation
The possible risks for this Assignment are:

1. Political disturbances
2. Lack of trained manpower
3. Constant transfer of trained manpower
4. Delay in procurement of inputs
5. Lack of demand for the delivery care at the facilities or from Community Skilled Birth Attendants (SBAs). The entire implementation process may be seriously hampered due to the lack of sufficient demand for those cares.

Activities under this Assignment are social welfare oriented and a clear census seems to exist among the major political organizations on the issue of rapid reduction of IMR and MMR. Therefore, no political disturbances will affect the activities and the project can be carried out under any political situation. Even then special arrangements will be made to conduct the activities during any stringent political program. The IHE has proven experiences of conducting similar assignments even under very difficult situation. Immediately after the MBB report is prepared, measures will be taken to impart training to the trainers on LLP. Steps will be taken to ensure that a sufficiently sizable manpower is trained. Through the advocacy activities the policy makers will be pursued to take steps for keeping the trained manpower in the same faculties for at least three years from the date of initiation of implementation. Under this Assignment, the providers and managers at the facility level will be advised through the Coordination Committee to strengthen the Behavioral Change Communication (BCC) activities for the households, community leaders and also the Local Government and Rural Development (LGRD) Ministry will be requested to improve the roads and transports in the remote areas.

13. Project Team

The Institute of Health Economics will involve in this project the faculty members who have considerable expertise and long experience in the activities related to evaluation, monitoring and assessment of health sector interventions. Ms. Nahid Akhter Jahan, the Director of the Institute of the Health Economics, will work as the Principal Investigator (PI) and lead the team at all stages of the work. Ms. Jahan obtained her Master degree in Health Economics with distinctions securing the first position from the University of York, UK. She has considerable experiences of research in the fields of health care financing, health economics, economic evaluation of health care, health systems, and budgeting. She has worked as a consultant in the preparation of the first Health Care Financing Strategy of Bangladesh and its’ Implementation Plan. She is well known in the field of health economics in this country for her work. Ms. Rumana Huque formerly an Assistant Professor of IHE and currently an Associate Professor of the Department of Economics, University of Dhaka, studied at the University of Leeds, UK and obtained her Masters and Ph. D. degree from there in the specialized field of Health Sector Management. She has carried out huge research and evaluation activities on numerous issues including health sector management, health care financing, budgeting, local level planning and investment in the health sector interventions. Rumana Huque will work as the main Co-Principal Investigator (Co-PI) and assist the PI of the project. Shamsuddin Ahmad, Ph. D. is a senior Professor of the University of Dhaka. He is the former Chairman of the Department of Economics and former Director of IHE. His fields of expertise and research experiences widely vary, ranging from microeconomics and development economics to population and health sector economics. He worked with various departments of GoB including MoHFW and development partners. He has a large number of publications including several books and articles on economic and health
economic issues. Sushil Ranjan Howlader, Ph. D., is a senior Professor and founder Director of IHE. His field of expertise and research experiences ranges from economics of rural development and health economics. He also worked with various departments of GoB including MoHFW and development partners. He has a large number of publications including several books and articles on different economic and health economic issues. Ms. Sharmeen Mobin Bhuiyan, Assistant Professor of the IHE for more than 10 years, is a brilliant faculty member with demonstrated high capacity to conduct research on economic and health economic issues. She has a brilliant academic career, obtained her Masters with excellent grade from Department of Economics, University of Dhaka and currently pursuing her doctoral study on a very robust and important issue of the health sector (Level and determinants of Economic Efficiency of Primary Health Care Facilities). She has already published several articles and papers in different journals. Professor Shamsuddin Ahmad, Professor Sushil Ranjan Howlader and Ms. Sharmeen Mobin Bhuiyan will contribute to the design of the components of the project, guide the team in preparation of the guidelines for collection of information, analysis of data, contribute in the workshops, and participate in the fieldwork and preparation of the report (see Annex 1 for detailed information).

The members of the core team for this project are the teachers of the University of Dhaka. As in all public Universities of the country, the teachers are required to devote one-third of their time to teaching and two-third time in the activities related to research and faculty development, more importantly, according to the Statute 12 of the University of Dhaka, by which IHE was established. The IHE has been fully authorized to negotiate with and engage in activities with any international organization and development partners. The Director of IHE is also the Principal Investigator of this project and hence, fully empowered by the University to engage herself and permit other colleagues to engage in this type of activities.

The IHE teachers will have ample time- about 66% of total time- to do this activity in addition to carrying out their normal duties in the Institute. The amount of time committed by the teachers for this project, as mentioned in the project proposal, is much lower than the total time available to the teachers for this type of activities (only 20% on average).

It has also been shown in the proposal that, some research assistants and staffs will be recruited for this project on full-time basis. For this, no permission from the University is needed, because as already noted that the Director is empowered to permit this employment.
References:
DHS (2007), Bangladesh Demographic and Health Survey, 2007
Banglapedia (2003), National Encyclopedia of Bangladesh, Asiatic Society Bangladesh.
BDHS (2011), Bangladesh Demographic and Health Survey, 2011
UNICEF (2010), Bangladesh Investment Case, Moving from ‘Coverage’ to ‘Results’.
UNICEF and MoHFW (2012), Rapid Self-Assessment of Investment Case Process in Bangladesh.