USAID - WORLD BANK PUBLIC INTERNATIONAL ORGANIZATION (PIO) GRANT FUNDING ANALYSIS

October 2014
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ACRONYMS

AA	Administrative Agreement
AAA	Analytical and Advisory Assistance
AHI	Assistant Health Inspector
ANC	Ante Natal Care
BCC	Behavior Change Communication
BDHS	Bangladesh Demographic and Health Survey
CEmOC	Comprehensive Emergency Obstetric Care
CHCP	Community Health Care Provider
CHT	Chittagong Hills Tracts
CMAM	Community Management of Acute Malnutrition
CMSD	Central Medical Stores Depot
CSBA	Community Skilled Birth Attendant
DGDA	Directorate General of Drug Administration
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DNS	Directorate of Nursing Services
DP	Development Partner
DPA	Direct Project Aid
EmOC	Emergency Obstetric Care
EPI	Expanded Program on Immunizations
ERD	Economic Relations Division (MoF)
ESD	Essential Service Delivery
FOREX	Foreign Exchange Account
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
GA	Grant Agreement
GMP	Good Manufacturing Practices
GOB	Government of Bangladesh
HA	Health Assistant
HFG	Health Finance and Governance Project

HI	Health Inspector
HIS EH	Health Information System e-Health
HPNSDP	Health, Population and Nutrition Sector Development Program
ICB	International Competitive Bidding
IDA	International Development Association
IMCI	Integrated Management of Childhood Illnesses
IPHN	Institute of Public Health Nutrition
IURF	Interim Unaudited Financial Reports
IYCF	Infant and Young Child Feeding
JICA	Japan International Cooperation Agency
LD	Line Director
LLP	Local Level Planning
MDG	Millennium Development Goals
MDR	Multi Drug Resistant
MDTF	Multi Donor Trust Fund
MIS	Management Information System
MNCAH	Maternal, Neonatal, Child and Adolescent Health
MNCH	Maternal, Neonatal, Child Health
MOHFW	Ministry of Health and Family Welfare
MR	Measles Rubella
MSR	Medical Surgical Requisites
NCB	National Competitive Bidding
NCD	Non-Communicable Diseases
NICC	Nutrition Implementation Coordination Committee
NNS	National Nutrition Service
NSC	National Steering Committee
NT	Neonatal Tetanus
OP	Operational Plan
PIO	Public International Organization
PLSM	Procurement, Logistics, Supplies Management
PMMU	Program Management and Monitoring Unit
PMR	Planning, Monitoring Research
PNC	Post Natal Care
QMS	Quality Management System

RPA	Reimbursable Project Aid
SAM	Severe Acute Malnutrition
SDAM	Strengthening Drugs Administration and Management
SDTF	Single Donor Trust Fund
SOP	Standard Operating Procedures
SRHR	Sexual and Reproductive Health Rights
STD	Standard Tender Documents
TB-LC	Tuberculosis and Leprosy Control
TT	Tetanus Toxoid
UESD	Utilization of Essential Service Delivery Survey
UHC	Upazila Health Complex
USAID	United States Agency for International Development
XDR	Extremely Drug Resistant

EXECUTIVE SUMMARY

USAID/Bangladesh requested the Health Finance and Governance (HFG) project to undertake an analysis of USAID's contribution of $40 million to the World Bank managed sector support program. USAID's contribution is being administered by the World Bank in a separate Single Donor Trust Fund (SDTF) account. In addition to the SDTF, the World Bank maintains a Multi-Donor Trust Fund (MDTF) account into which other donors contribute, and also manages the International Development Association (IDA) credit for sector support. The SDTF and MDTF are part of a multi-donor collaborative effort between USAID, the World Bank, and other international donor partners towards achievement of the Government of Bangladesh's (GOB) Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016 goals and objectives as implemented under 32 specific Operational Plans (OPs).

This document explains the flow of funds from USAID/Washington to the designated HPNSDP Foreign Exchange Account (FOREX) held at the central bank of Bangladesh, including the various steps to disbursement. The FOREX account is a single account and it is from this account that the World Bank authorizes the GOB to drawn down funds to reimburse its development budget expenditures under HPNSDP. To replenish the FOREX account, the Bank follows the agreed upon ratios of 51% from IDA, 46% from the MDTF, and 3% from the SDTF (USAID funds). The amount to disburse takes into consideration the position of the available balance in the FOREX account and the amount of funding forecasted for the subsequent six months. The FOREX account is a revolving fund.

The World Bank Public International Organization (PIO) agreement has identified eight OPs that are the beneficiaries of the USAID funds, which are:

1. OP1: Maternal, Neonatal, Child and Adolescent Health – Component 2: EPI in support of immunization
2. OP2: Essential Services Delivery
3. OP4: Tuberculosis and Leprosy Control
4. OP13: Planning, Monitoring and Research
5. OP14: Health Information Systems and E-Health
6. OP16: Procurement, Logistics and Supplies Management
7. OP17: National Nutrition Service
8. OP27: Strengthening of Drug Administration and Management

As of May 2014, USAID has transferred $22 million to the World Bank, incurring $1,094,478 of administrative and other charges; $15,941,795 has been disbursed from the SDTF to the FOREX account. This represents the most recent date to which USAID funds can be traced (see Table 1 for details). From a programmatic perspective, the funds can be attributed to the individual OPs and Table 2 illustrates of the importance of USAID resources for the eight (8) eligible OPs. USAID contributes significantly to the resources available to these OPs ranging from 45% to 1.5%, with an average of 21%. This report details the results (outputs) of each eligible OP during specified periods of performance, and summarizes USAID contribution to OP goals and objectives.

1. BACKGROUND

USAID/Bangladesh requested the Health Finance and Governance (HFG) project to undertake an analysis of USAID's contribution of $40 million to World Bank managed sector support program. USAID's contribution is being administered by the World Bank in a separate Single Donor Trust Fund (SDTF) account. In addition to the SDTF, the World Bank maintains a Multi-Donor Trust Fund (MDTF) account into which other donors contribute, and also manages the International Development Association (IDA) credit for sector support. The SDTF and the MDTF are part of a multi-donor collaborative effort between USAID, the World Bank, and other international donor partners towards achievement of the Government of Bangladesh's (GOB) Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016 goals and objectives as implemented under 32 specific Operational Plans (OPs). The Public International Organization (PIO) grant is a mechanism to provide direct government-to-government assistance from USAID to the GOB in the fulfillment of the goals and objectives of USAID's reform program known as USAID Forward, and is the first of its kind among USAID missions worldwide. USAID Forward aims to build the capacity of the GOB and local Bangladesh partners; increase USAID direct funding of these organizations; promote innovation; and practice rigorous monitoring and evaluation of the HPNSDP activities. USAID Bangladesh's decision to fund the PIO activity was based on the following rationale:

- Enhances USAID influence and integration/coordination with GOB and donors, providing a "seat at the table" in support of the GOB led HPNSDP;
- Increases the relevance and linkage of USAID's technical assistance through parallel funded projects aligned with the HPNSDP;
- Allows direct financing of 8 of the 32 OPs based on USAID Bangladesh's health and development priorities;
- USAID Bangladesh's participation in the HPNSDP was never a substitute for providing government to government assistance;
- The HPNSDP is implemented through GOB managed service delivery, financial and procurement systems; and
- The World Bank assumes financial risk for unallowable expenses, reviewing invoices and reimbursing the GoB from the account for allowable expenses.

2. USAID/BANGLADESH - PUBLIC INTERNATIONAL ORGANIZATION GRANT FLOW OF FUNDS AND ALLOCATION

The following section describes the flow of funds and allocation of USAID's $40 million, 5-year public international organization (PIO) cost-type grant to the World Bank.

2.1 The SDTF, MDTF, and International Development Assistance (IDA) Financing Mechanism and Accounts

USAID and the World Bank have an Administrative Agreement (AA) where the World Bank administers USAID funds in conjunction with other donor funding to the GOB's HPNSDP. After the World Bank receives funds from USAID, it signs/amends a Grant Agreement (GA) with the Economic Relations Division (ERD) of the Ministry of Finance of GOB which enables the World Bank to make funds available to the Ministry of Health and Family Welfare (MOHFW), GOB through either advances and reimbursement for expenditures incurred by the GOB for its OPs.

The following is a step-by-step process of the administration of USAID funds by the World Bank to be disbursed to the GOB, as also depicted in Figures 1 and 2.

- **Step one**: As per the agreed-upon disbursement schedule between USAID/Bangladesh and the World Bank, and when available, funds are transferred from USAID/Bangladesh to the World Bank in a general USAID account held by the World Bank in Washington, DC.
- **Step two**: The World Bank transfers the funds to the USAID HPNSDP SDTF account in Washington, DC.
- **Step three**: The GOB finances the expenditures incurred of its 32 OPs, as reflected in the quarterly Interim Unaudited Financial Reports (IUFRs). The IUFRs detail the expenditures incurred for the previous three months as well as requests advances for the subsequent two quarters based on projected expenditures. Advances are held at a Foreign Exchange (FOREX) account maintained with the Central Bank of the GOB. The World Bank, after considering the position of the available balance in the FOREX account and the amount of forecasted funding needed for the subsequent six months, decides on the amount of funds to be transferred into the FOREX account using all the three sources of funds at the agreed ratio of 51% IDA, 4% MDTF, and 3% SDTF.
- **Step four:** The GOB then submits the expenditures to the World Bank for reimbursement or for advance requests. The World Bank is responsible for examining and approving all expenditures submitted by the GOB. Once the World Bank approves the eligible expenditures an equivalent amount is drawn down from the FOREX account. Note that The FOREX account balance, in fact, works as a guarantee for the Government to pre-finance the expenditures related to each OP. So when the FOREX account balance is depleted considerably as a result of draw down by the Government for reimbursement, the Bank transfers funds to the FOREX account, based on the forecast. This enables the Government to proceed with pre-financing expenditure being assured that they can get reimbursement for the equivalent amount of expenditure, at the end of the quarter, from the FOREX account.

It is important to note that the ratios of 51%, 476%, and 3% are used to supply the FOREX account and cannot be used at the individual OP level (refer to Table 2).

Figure 1: USAID Flow of Funds

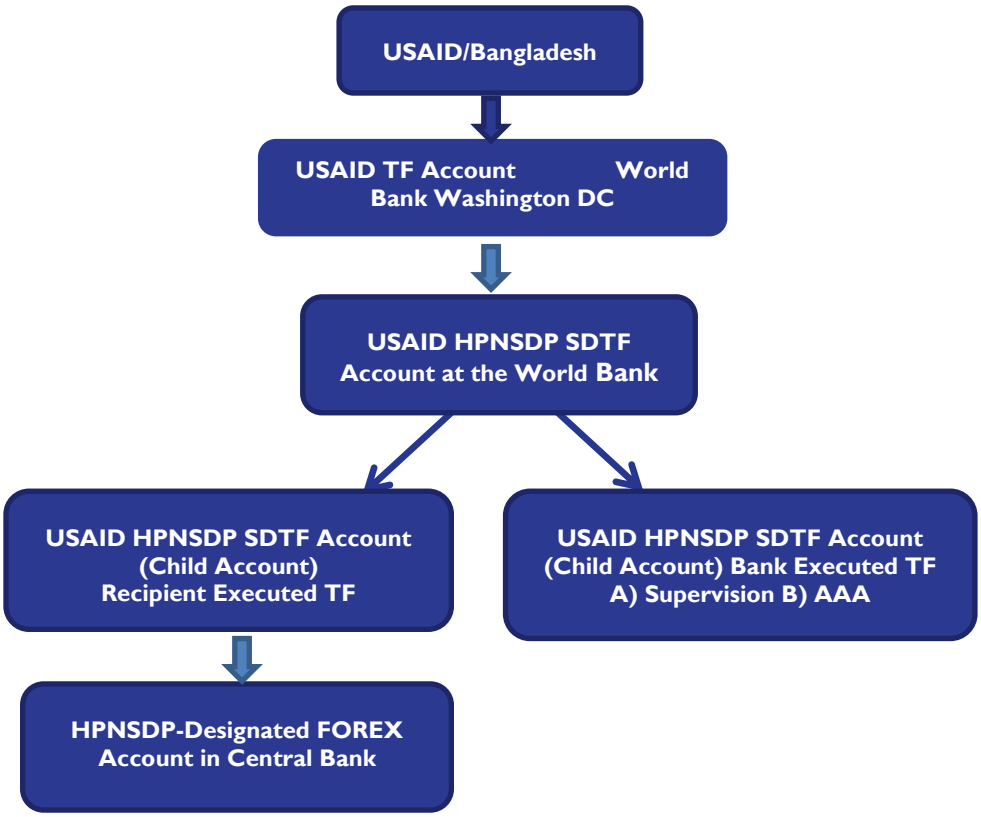
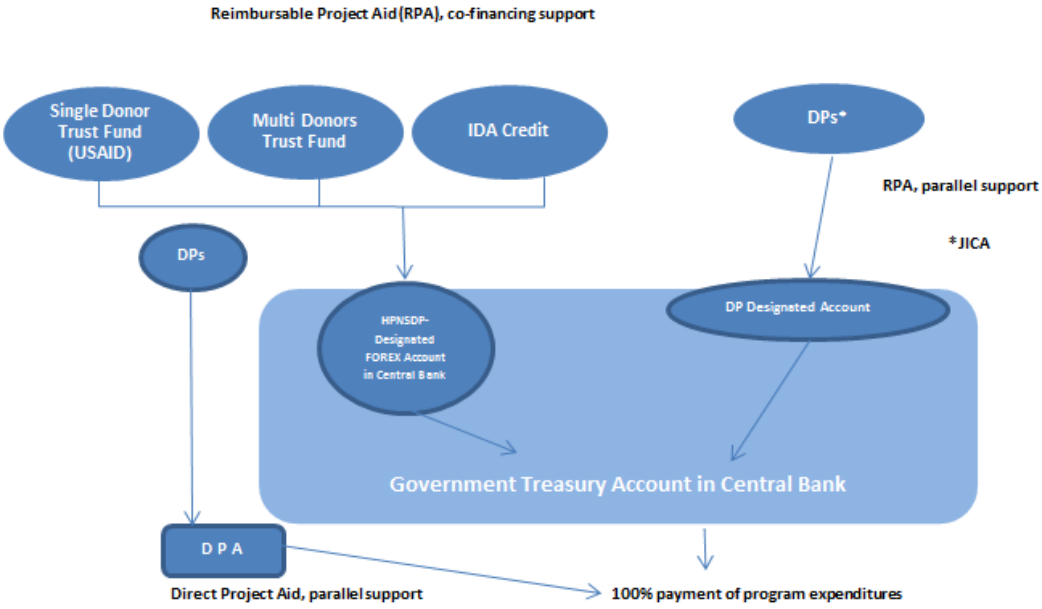


Figure 2: Flow of Funds for the Program



3. USAID FUNDING

This section summarizes the use of USAID's funding. The agreement between USAID/Bangladesh and the World Bank was signed on February 5, 2012; and $8 million was provided by USAID/Bangladesh to the World Bank on March 30, 2012 and another $14million was provided in 2013 (by modifying the agreement for $12 million in January-February 2013 and for $2 million in September-October 2013). Thus, USAID/Bangladesh has provided $22 million and, of this, $15.9 has been disbursed to the HPNSDP. Table 1 details disbursements of USAID/Bangladesh funds to the HPNSDP as of May 2014.

Table 1: Contribution and Disbursement of USAID Bangladesh Funds for HPNSDP

Financial Year	Date of transfer	Transfer amount to the SDTF (US $)	Date of Disbursement to HPNSDP FOREX Account	Amount of Disbursement to HPNSDP FOREX Account (US $)	Remarks
FY 2013	March 30, 2012	**8,000,000**	Oct22, 2012	6,800,000	
	March 20, 2013	**12,000,000**	June 3, 2013	1,880,211	
	Dec5, 2013	**2,000,000**	June 13, 2013	1,806,059	Vaccine procurement
FY 2014			Nov5, 2013	3,270,131	
			Jan27, 2014	503,924	Vaccine procurement
			May 5, 2014	1,681,470	
Total Contribution Amount		**22,000,000**	**Total Disbursement Amount**	**15,941,795**	
Bank Admin & Oversight Charge*		**1,094,478**			On 22 million
Balance in the SDTF as May 2014		**4,963,727**			

*On the amount contributed, not disbursed

3.1 Methodology for collecting information for the individual OP analyses

The PIO agreement has identified eight OPs that are the beneficiaries of the USAID funds, which are:

1. OP1: Maternal, Neonatal, Child and Adolescent Health – Component 2: EPI in support of immunization
2. OP2: Essential Services Delivery
3. OP4: Tuberculosis and Leprosy Control
4. OP13: Planning, Monitoring and Research
5. OP14: Health Information Systems and E-Health
6. OP16: Procurement, Logistics and Supplies Management
7. OP17: National Nutrition Service
8. OP27: Strengthening of Drug Administration and Management

The following methodology was used for collecting information for the individual OP analyses:

- USAID/Bangladesh provided HFG with the reporting template. HFG met with USAID to clarify any questions on what data would be reported.
- Information was gathered from the USAID/Bangladesh and the World Bank on the amount of funds transferred by USAID Bangladesh to the World Bank as per Figure 1 above.
- From the World Bank the amount of USAID/Bangladesh funds disbursed of by the World Bank for HPNSDP was compiled.
- From the IUFRs, OP-related total expenditure data from October 2012 to March 2014 was collected.
- From the World Bank disbursement of USAID/Bangladesh funds compared to OP-related allocation was ascertained considering USAID's Funding Tracker, total OP expenditures, etc.
- From the respective Line Directors and Program Management and Monitoring Unit (PMMU) of the MOHFW OP-wise GOB financial contribution and progress data for July 2012 to June 2014 was collected.
- From the final reports of the recently completed HPNSDP Mid Term Review[1], results and challenges for the appropriate OPs[2]
- Attribution results to USAID funding was ascertained from comparing the proportion of USAID funding against total expenditure in relation to progress made by respective OP.

[1] Mid Term Implementation Report of the PMMU, Mid Term Review Report of the Independent Review Team and Joint Aide Memoir

[2] The HPNSDP mid-term review covered areas that covered several OPs and thus the findings had to be parceled out to the appropriate OP

3.2 Estimated GOB contribution

OP-related expenditures from GOB fund for financial years of 2012-2013 and 2013-2014 are cited below as GOB contribution for the respective OP. However, it is to be noted that GOB has two types of funding sources – revenue and development. The revenue fund comes from GOB's own resources and the development fund is shared by GOB and donors. Only the development fund is considered here and not the revenue. HPNSDP is 61% funded through the revenue funds and 39% funded through the development funds, so our analysis considers the impact of 39% of the overall funding. The GOB contribution listed below captures only those coming from the development funds. The overall government contribution to the OPs is much higher.

Notes:

- The GOB contribution to the HPNSDP is substantially greater (61% plus) than that provided by individual donors into the programs. As a result, USAID is likely to achieve more results per dollar invested than would be expected from its bilateral programs due to the greater GOB contribution and the higher level of donor coordination (as a result of the pooled mechanism).
- USAID brings its particular areas of expertise to the Sector Program through parallel (project aid) funding, especially focused on monitoring and evaluation, operations research, and logistics management. This funding leverages USAID's contribution to the pool through USAID's active involvement in HPNSDP coordination efforts potentially increasing its impact.
- The limitation of the agreed upon methodology in this report is that the OP results were taken from the programmatic reporting system of the HPNSDP; from the respective Line Directors and PMMU of the MOHFW, and thus reflects it strengths and weakness; this reporting system provides incomplete results not broken down into sufficient detail.

As mentioned above, USAID funds can only be traced into the HPNSDP FOREX account. Therefore, the attribution of USAID resources to individual OPs as found in Table 2 is indicative, and has been prepared by the authors of this report. However, as Table 2 shows, the contribution of USAID funding to each OP, and thus to results, is significant, ranging from 45% to 1.5% with an average of 21%.

Table 2: Indicative allocation of USAID funds to the 8 OPs as of May 2014

Grant Activity	Total Amount of Pooled Funds (RPA)	Total USAID Planned Contribution (FY 2011-FY 2015)	USAID Fund Disbursed to May 2014	USAID Funds in % of Total	GOB Contribution	GOB Contribution in % of Total	IDA + MDTF Funds Used	IDA + MDTF % of Total	Total
Improving Health Service									
1. OP1: Maternal, Neonatal, Child and Adolescent Health - Component 2: EPI in support of immunization	$ 127,727,938	$ 14,000,000	$ 4,840,157	21.88%	$ 7,605,295	34.37%	$ 9,680,313	43.75%	$ 22,125,765
2. OP2: Essential Services Delivery	36,583,200	4,764,841	1,504,241	19.47%	3,060,167	39.62%	3,159,879	40.91%	7,724,287
3. OP4: Tuberculosis and Leprosy Control	5,793,925	4,500,000	749,782	42.44%	767,051	43.42%	249,948	14.15%	1,766,781
4. OP17: National Nutrition Service	106,319,225	6,000,000	3,017,726	45.03%	1,768,962	26.40%	1,915,144	28.58%	6,701,832
Sub Total	**276,424,288**	**29,264,841**	**10,111,906**	**26%**	**13,201,475**	**34.45%**	**15,005,284**	**39.16%**	38,318,665
Strengthening Health Systems									
1. OP13: Planning, Monitoring and Research	3,875,000	2,373,323	534,495	37.00%	375,526	26.00%	534,495	37.00%	1,444,516
2. OP14: Health Information Systems and E-Health	28,716,188	3,600,000	4,960,465	27.27%	8,268,897	45.46%	4,960,825	27.27%	18,190,187
3. OP16: Procurement, Logistics and Supplies Management	1,625,000	1,571,876	286,975	1.59%	17,504,090	96.83%	286,975	1.59%	18,078,040
4. OP27: Strengthening of Drug Administration and Management	1,908,750	1,200,000	47,954	40.96%	56,936	48.64%	12,176	10.40%	117,066
Sub Total	**36,124,938**	**8,745,199**	**5,829,889**	**15%**	**26,205,449**	**69.27%**	**5,794,471**	**15.32%**	37,829,809
Total	**312,549,226**	**38,010,040**	**15,941,795**	**21%**	**39,406,924**	**51.75%**	**20,799,755**	**27.31%**	**76,148,474**
Admin & Oversight									
Project Supervision		791,492							
Trust Fund Management		199,234							
Trust Fund Administration		199,234							
Administration Fee (2%)		800,000							
Sub-Total		**1,989,960**							
Grand Total	**$ 312,549,226**	**$ 40,000,000**							

4. INDIVIDUAL OP ANALYSES

Individual analyses for the eight requested OPs are as follows, per the template provided by USAID/Bangladesh.

4.1 OP1: Maternal, Neonatal, Child and Adolescent Health – Component 2: EPI in Support of Immunization

4.1.1 Activity

USAID/Bangladesh provided $22 million to the World Bank for the Bangladesh HPNSDP. World Bank disbursed $15,941,795 from USAID/Bangladesh to HPNSDP, including $2,309,983 which was for vaccine procurement (ref Table 1) and $2,530,174 was allocated to the Maternal, Neonatal, Child and Adolescent Health (OP1) – Component 2: EPI in Support of Immunization; thus, totaling $4,840,157 of USAID funds.

4.1.2 Contribution Approach

USAID/Bangladesh uses a results framework, with outputs and outcomes along with overall program results achieved to organize and account for its monetary contribution and its share of overall Sector Program funding.

1. Objective of GoB Maternal, Neonatal, Child and Adolescent Health(MNCAH)program, particularly immunization: to improve maternal, newborn and child health (MNCH) status of the population in Bangladesh through increased coverage and utilization of the quality MNCH services at facility and community, particularly ensuring 24/7 emergency obstetrical and neonatal care (EmONC) services at the upazila level in phases and to establish a functional referral system from community level to health facility level and also continuation and strengthening immunization program.
2. Objective of USAID MNCAH assistance: substantially the same with extra focus on continuation and strengthening immunization program.
3. Key USAID MNCAH indicators: proportion of women age 15-49 years received TT-5 doses of TT during their last pregnancy; proportion of children aged 12-23 months completely vaccinated according to schedule by 12 months of age and number of upazila health complex providing 24/7 comprehensive EmOC services
4. The performance period of the USAID contribution: $4,840,157 of USAID fund for MCNAH was made available to the GoB/MOHFW during October 2012 to May 2014 as part of a larger tranche ($15,941,795) of USAID funds. These funds were used to reimburse MOHFW expenses incurred in support of the HPNSDP during the period of July 1, 2012 to June 30, 2014 (the period of performance).

5. The total amount of all funds for the MNCAH OP: including the World Bank's credit, other donors money from MDTF and USAID's SDTF the total money disbursed by the World Bank for the MNCAH OP during the performance period (as ascertained from the IUFRs OP-wise total expenditure for October 2012 to March 2014) is $14,520,470
6. Percent of all donor funding provided by USAID to the MNCAH OP for the performance period: 33%
7. Estimated GoB contribution expenditure in support of the MNCAH OP for the performance period: $7,605,295
8. Describe the results (outputs) achieved by the MNCAH OP in the performance period:
    - Final draft of Standard Operating Procedures (SOP) on ANC, PNC, Delivery, Neonatal Health, EmOC protocol prepared which includes immunization.
    - Total 8,932 Community Skilled Birth Attendants trained (1,242 trained in FY13-14).
    - First draft of Bangladesh National Strategy for Maternal Health prepared and now waiting for consultation.
    - National Strategy for Obstetric Fistula is approved.
    - Comprehensive EmOC (CEmOC) services have been implemented in 101 (75 in 2013) Upazila Health Complexes (UHC), while the remaining UHCs provide Basic EmOC services.
    - Routine EPI strengthened in low performing 32 districts and 4 city corporations through special activities in light of Reach Every Community strategy.
    - First round of 21st National Immunization Days conducted in December 2013 and 2nd round completed with Measles-Rubella (MR) campaign in January-February 2014, one of the largest ever held in the world and which vaccinated 53.6 million children (9 months to 15 years old).
    - Neonatal Tetanus (NT) surveillance intensified and NT elimination status maintained (less than 1/1000 live birth/year/district).
    - In total 3,895 doctors and 10,562 paramedics were trained on Integrated Management of Childhood Illnes (IMCI) clinical management (155 doctors and 367 paramedics were trained in 2013-14)
    - Facility IMCI has been expanded to all UHCs (57 new upazilas in 2013-14)
    - Expansion of community IMCI has been completed in 212 upazilas and 5,952 basic health workers (HA, FWA, AHI, HI, FPI) received training on IMCI community case management package
9. Changes in MNCAH outcomes:
    - Bangladesh was certified Polio Free on March 27, 2014 by WHO South East Asia Region (SEAR).
    - Maintaining validation of NT elimination status since 2008.
    - 80.8% of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth.

- The child immunization level has been maintained above 80%
- Measles immunization coverage by 12 months 81.9 %
- Coverage of Post Natal Care (PNC) has improved slightly

10. Key challenges:
    - Increase coverage and utilization of the quality MNCH services in hard-to-reach areas.
    - Innovative strategies to ensure increase in the utilization of 4 Ante Natal Care (ANC) services
    - The slow pace of CSBAs training and limited mentoring and supervision support
    - Retention of pair of obstetrician and anesthesiologist at upazila health complex, particularly in hard-to-reach areas to provide 24/7 comprehensive EmOC services.
    - Establishment of referral linkages for referral of patients by CSBA to CEmOC facilities in case of emergencies
    - Strengthening immunization program in hard-to-reach areas including urban slums and for homeless population and in pockets of low coverage in some high performing areas
    - Slower progress in neonatal moratlity that is proving harder to reduce
    - Materilaizing the need for more adolescent friendly health services and Sexual and Reproductive Health and Rights (SRHR) for adolescents.

4.1.3 Summary Statement of Attribution/Contribution

The MNCAH OP achieved the following major outputs: 8,932 CSBA trained; 101 upazila health complexes providing CEmOC services; and the immunization program strengthened to continue to maintain NT elimination status and vaccinated 53.6 million children during MR campaign in 2014. These outputs resulted in the following changed outcomes: Bangladesh is certified as Polio Free in 2014 and very high immunization coverage (near 81 percent TT and 82 percent measles). USAID provided 33% of the donor funding for the MNCAH OP. Thus, based on the above, it is plausible that USAID MNCAH assistance played a substantial role in improving the following MNCAH outcomes: improvement in coverage and utilization of MNCH services with high immunization coverage including achievement of polio free status.

4.2 OP2: Essential Service Delivery

4.2.1 Activity

USAID Bangladesh provided $22 million to the World Bank for the Bangladesh HPNSDP. The World Bank disbursed $15,941,795 from the USAID/Bangladesh to HPNSDP, among which $1,504,241 was allocated to the Essential Service Delivery (ESD) OP.

4.2.2 Contribution Approach

USAID Bangladesh describes its monetary contribution and its share of overall Sector Program funding, as well as the overall results achieved in the form of outputs and outcomes.

1. Objective of GoB Essential Service Delivery (ESD) program: to provide health care to the un-served and underserved population as far as possible, at their door steps, at an affordable cost.
2. Objective of USAID ESD assistance: substantially the same with extra focus on strengthening upazila health system.
3. Key USAID ESD indicators: improvement of upazila health system; ensuring essential health care services at grass-root level; promoting mental health and strengthening health services delivery at Chittagong Hill Tracts.
4. The performance period of the USAID contribution: $1,504,241 of USAID fund for ESD was made available to the GoB/MOHFW during October 2012 to May 2014 as part of a larger tranche ($15,941,795) of USAID funds. These funds were used to reimburse MOHFW expenses incurred in support of the HPNSDP during the period of 01 July 2012 to 30 June 2014 (the period of performance).
5. The total amount of all funds: including the World Bank's credit, other donors money from MDTF and USAID's SDTF the total money disbursed by the World Bank for the ESD OP during the performance period (as ascertained from the IUFRs OP-wise total expenditure for October 2012 to March 2014) is $4,664,120.
6. Percent of all donor funding provided by USAID to the ESD OP for the performance period: 32%
7. Estimated GoB contribution expenditure in support of the ESD OP for the performance period: $3,060,167
8. Describe the results (outputs) achieved by the ESD OP in the performance period:
    - 201 service providers (working at upazila health complex, union sub centre, union health and family welfare centers and community clinics) trained on hospital management standard operating procedures in 6 batches in 3 upazilas.
    - Development and printing of 2,000 copies of Training Manual on Hospital Management Standard Operating Procedures.
    - Procurement and supply of medicines, equipment and other logistics to different upazila health complexes.
    - Strengthening emergency medical services at 40 upazila health complexes.
    - Training of trainers of 20 upazila health complex done for capacity building of resource person.
    - Training of service providers done in 12 batches for capacity building of health service providers.
    - Nurses, pharmacists and medical assistants trained in mental health in 36 batches.
    - 8 workshops conducted with professionals for proper attitude and behavior to mental health patients.

- 8 workshops conducted with different stakeholders for coordination about tribal health in Chittagong Hill Tracts (CHT).
- 408 participated in 8 workshops for advocacy and coordination with traditional healers in CHT.
- 68 satellite clinics have been conducted on essential service delivery in the three CHT districts during 2013-14

9. Changes in ESD outcomes:
    - Upazila health system is under development and efforts to ensure essential health care service delivery at grass-root level have taken-off.
    - Awareness of mental health is developing.
    - Increased awareness for strengthening health care service delivery at CHT.
10. Key challenges:
    - Development and functioning of a upazila health system when its components are fragmented and controlled by at least three different authorities (health department, family planning department and community clinic project).
    - Retention of key health workforce particularly in hard-to-reach areas for ensuring essential health care delivery.
    - Social stigma attached to mental health in addition to very low awareness.
    - Delineation of roles and responsibilities among different stakeholders with appropriate authorities for delivering health care at CHT.
    - The OP's scope of work includes a number of critical service delivery issues like mental health, tribal health, and urban health, etc. Tribal health and urban health involve inter-ministerial and inter-agency coordination, and are complicated issues in terms of both administrative coordination and policy decisions. None of the three issues have strong constituency, which therefore demand policy guidance from the Ministry so that meaningful progress can be made.

4.2.3 Summary Statement of Attribution/Contribution

The ESD OP achieved the following major outputs: development and printing manual together with conduct of training on hospital management standard operating procedures; procurement and supply of medicines, equipment and other logistics to different upazila health complexes; strengthening of emergency services of certain upazila health complexes; awareness about mental health among different types of service providers; and improved understanding among different stakeholders about CHT health. These outputs resulted in the following changed outcomes: upazila health system is being developed; efforts to ensure essential health care service delivery at grass-roots level; developing awareness on mental health; and increased awareness for strengthening health care service delivery at CHT. USAID provided 32% of the donor funding for the ESD OP. Thus, based on the above, it is plausible that USAID ESD assistance played a substantial role in improving the following ESD outcomes: improvement of upazila health system; ensuring essential health care services at grassroots level; promoting mental health and strengthening health services delivery at Chittagong Hill Tracts.

4.3 OP4: Tuberculosis and Leprosy Control

4.3.1 Activity

USAID/Bangladesh provided $22 million to the World Bank for the Bangladesh HPNSDP. World Bank disbursed $15,941,795 from the USAID Bangladesh to HPNSDP, among which $749,782 was allocated to the Tuberculosis and Leprosy Control (TB-LC) OP.

4.3.2 Contribution Approach

USAID/Bangladesh describes its monetary contribution and its share of overall Sector Program funding, as well as the overall results achieved in the form of outputs and outcomes.

1. Objective of GoB Tuberculosis and Leprosy Control (TB-LC)program: to sustain and surpass the targets of achieving at least 70% case notification and 90% treatment success among smear-positive TB cases under Directly Observed Treatment Short course (DOTS) for the country in order to reach the target of halving the TB deaths and TB prevalence rates by 2015, towards achieving a reduction of incidence of TB as per the MDG by 2015; and also sustaining leprosy elimination at the national level with elimination in the remaining five districts.
2. Objective of USAID TB-LC assistance: substantially the same with extra focus on detecting and treating multi-drug resistant (MDR) TB.
3. Key USAID TB-LC indicators: notification rate of all forms of TB increased; number of MDR TB cases detected and initiated on treatment increased; and leprosy elimination from remaining five districts.
4. The performance Period of the USAID contribution: $749,782 of USAID fund for TB-LC was made available to the GoB/MOHFW during October 2012 to May 2014 as part of a larger tranche ($15,941,795) of USAID funds. These funds were used to reimburse MOHFW expenses incurred in support of the HPNSDP during the period of July 1, 2012 to June 30, 2014 (the period of performance).
5. The total amount of all funds: including the World Bank's credit, other donors money from MDTF and USAID's SDTF the total money disbursed by the World Bank for the TB-LC OP during the performance period (as ascertained from the IUFRs OP-wise total expenditure for October 2012 to March 2014) is $999,730.
6. Percent of all donors funding provided by USAID to the TB-LC OP for the performance period: 75%.
7. Estimated GoB contribution expenditure in support of the TB-LC OP for the performance period: $767,051.
8. Describe the results (outputs) achieved by the TB-LC OP in the performance period:
    - Training of different durations – 14 days, 6 days, 5 days, 3 days, 2 days and 1 day and workshops/ seminars/orientations of 1 day duration were organized (24,630 participated in 2013) for TB program.
    - Drugs (in 2013 – 29,260 boxes of first line, 17,792 boxes of second line and 32,935 boxes of pediatric), consumable kits (2,000 boxes in 2013) and other logistics (in 2012 auto-disable syringes 230,000, sputum container 6,000,000, glass slides 60,000) procured for TB program.

- Orientation training (32 batches in 2013, workshops and seminars for leprosy program).
- Researchconducted (5 in 2012 and 6 in 2013 on TB; 3 in 2012 and 4 in 2013 on leprosy programs).

9. Changes in TB-LC outcomes:
    - The detection rate of new smear-positive TB cases was estimated 70%.
    - 93% of the detected New Smear Positive TB cases have been successfully treated.
    - The proportion of MDR-TB among the new TB cases and retreatment cases was 1.4% and 29% respectively.
    - Only one district remain endemic with leprosy in Bangladesh.
10. Key challenges:
    - Strengthening institutional and infrastructural capacity to combat increase in mult-drug resistant (MDR) and extremely drug resistant (XDR) TB
    - Slow decline in prevalence rate of leprosy with 0.22 cases per 10,000 people both in 2011 and 2012.
    - Involvement of private care providers, particularly those of informal sectors for TB control and leprosy elimination programs.

4.3.3 Summary Statement of Attribution/Contribution

The TB-LC OP achieved the following major outputs: conduct of trainings/workshops/seminars/ orientation of different level of health workforce; procurement and distribution of drugs and other required logistics; and conduct of research. These outputs resulted in the following changed outcomes: sustain 70% case notification and improve to 92% treatment success among smear-positive TB cases under DOTS, thus contributing to achieving a reduction of incidence of TB as per the MDG; and also sustaining leprosy elimination at the national level with elimination in remaining four (out of five) districts. USAID provided 75% of the donor funding for the TB-LC OP. Thus, based on the above, it is highly plausible that USAID TB-LC assistance played a substantial role in improving the following TB-LC outcomes: a reduction of incidence of TB as per the MDG through sustaining 70% case notification; improvement to 92% treatment success among smear-positive TB cases under DOTS; and further progress in leprosy elimination in Bangladesh.

4.4 OP13: Planning, Monitoring and Research

4.4.1 Activity

USAID Bangladesh provided $22 million to the World Bank for the Bangladesh HPNSDP. World Bank disbursed $15,941,795 from the USAID Bangladesh to HPNSDP, among which $534,495 was allocated to the Planning, Monitoring and Research (PMR) OP.

4.4.2 Contribution Approach

USAID Bangladesh describes its monetary contribution and its share of overall Sector Program funding, as well as the overall results achieved in the form of outputs and outcomes.

1. Objective of GoB Planning, Monitoring and Research (PMR)program: to develop capacity of health personnel at district level in respect of planning, monitoring and evaluation; develop and conduct local level planning (LLP) at selected district and upazila level; implementation and dissemination of health related researches; and build capacity in health research field.
2. Objective of USAID PMR assistance: substantially the same with extra focus on LLP.
3. Key USAID PMR indicators: number of LLP workshops conducted in pilot districts with all upazilas, number of upazila plans prepared and functional, number of training batches (# of trainees per batch) for health personnel in planning, monitoring at district and below, number of training batches for health personnel in research methodology, number of research conducted and number of dissemination workshops held on research activity.
4. The performance Period of the USAID contribution: $534,495 of USAID fund for PMR was made available to the GoB/MOHFW during October 2012 to May 2014 as part of a larger tranche ($15,941,795) of USAID funds. These funds were used to reimburse MOHFW expenses incurred in support of the HPNSDP during the period of July 1, 2012 to June 30, 2014 (the period of performance).
5. The total amount of all funds: including the World Bank's credit, other donors money from MDTF and USAID's SDTF the total money disbursed by the World Bank for the PMR OP during the performance period (as ascertained from the IUFRs OP-wise total expenditure for October 2012 to March 2014) is $1,068,990.
6. Percent of all donor funding provided by USAID to the PMR OP for the performance period: 50 percent
7. Estimated GoB contribution expenditure in support of the PMR OP for the performance period: $375,526.
8. Describe the results (outputs) achieved by the PMR OP in the performance period:
   - 15 LLP district orientation, 28 upazila task delegation and 28 upazila stakeholders consultation meetings in 2013.
   - Updating of LLP tool kit and upazila plan preparation and implementation in 28 upazilas of 4 districts in 2013.
   - 14 batches training on planning and management in 2013.
   - 103 workshops and 13 monitoring meetings in 2013.
   - 39 batches training of health professionals on research methodology in 2013.
   - 15 batches workshops/seminars on research activities in 2013.
   - 203 research studies conducted (102 in 2012; and 101in 2013).
   - 4 batches dissemination workshops on research activities(2 in 2012; and 2 in 2013).

9. Changes in PMR outcomes:
    - Capacity development of health personnel at selected district and upazilas for LLP preparation resulting LLP formulation in those areas.
    - Capacity development of health personnel in health research.
    - Conduction and dissemination of health related research.
10. Key challenges:
    - Allocation of budgets according to LLP for implementation of the same in the environment of centralized planning and budgeting.
    - Conduct of appropriate research studies for using research findings to design, implement and monitor health sector activities with the aim of efficiency gain.
    - Coordination of research activities to avoid duplication and wastages.

4.4.3 Summary Statement of Attribution/Contribution

The PMR OP achieved the following major outputs: conduct of trainings/orientations/stakeholders consultations for LLP formulation; updating of LLP tool-kit; preparation of LLP at selected districts and upazilas; research capacity development; and conduct of research with disseminations. These outputs resulted in the following changed outcomes: capacity development of LLP preparation and conduct of health research; conduct of health research and disseminations. USAID provided 50% of the donor funding for the PMR OP. Thus, based on the above, it is highly plausible that USAID PMR assistance played a significant role in improving the following PMR outcomes: capacity development for LLP preparation and health research; and undertaking of 203 health research together with disseminations.

4.5 OP14: Health Information Systems and E-Health

4.5.1 Activity

USAID/Bangladesh provided $22 million to the World Bank for the Bangladesh HPNSDP. World Bank disbursed $15,941,795 from the USAID Bangladesh to HPNSDP, among which $4,960,465 was allocated to the Health Information Systems and E-Health (HIS-EH) OP.

4.5.2 Contribution Approach

USAID Bangladesh describes its monetary contribution and its share of overall Sector Program funding, as well as the overall results achieved in the form of outputs and outcomes.

1. Objective of GoB Health Information Systems and E-Health (HIS-EH) program: to improve health information system; e-health; and introduce newer medical biotechnology.
2. Objective of USAID HIS-EH assistance: substantially the same with extra focus on improvement of health information system.

3. Key USAID HIS-EH indicators: health facilities submitting timely and adequate report as specified by MIS-Health; MIS reports on health service delivery published and disseminated; vacancy statements on major staff categories in government health facilities available; community clinics providing mobile phone health service; health facilities having specifically designed telemedicine centers; and medical biotechnology situation analysis report and plan prepared.
4. The performance Period of the USAID contribution: $4,960,465 of USAID fund for HIS-EH was made available to the GoB/MOHFW during October 2012 to May 2014 as part of a larger tranche ($15,941,795) of USAID funds. These funds were used to reimburse MOHFW expenses incurred in support of the HPNSDP during the period of July 1, 2012 to June 30, 2014 (the period of performance).
5. The total amount of all funds: including the World Bank's credit, other donors money from MDTF and USAID's SDTF the total money disbursed by the World Bank for the HIS-EH OP during the performance period (as ascertained from the IUFRs OP-wise total expenditure for October 2012 to March 2014) is $9,921,290.
6. Percent of all donors funding provided by USAID to the HIS-EH OP for the performance period: 50%.
7. Estimated GoB contribution expenditure in support of the HIS-EH OP for the performance period: $8,268,897.
8. Describe the results (outputs) achieved by the HIS-EH OP in the performance period:
   - 90% of government health facilities submitted timely and adequate report as specified by HIS &EH.
   - Routine publications, like Health Bulletin, IMCI Newsletter, EmOC Newsletter (Voice of MIS), etc. have been continuing. In FY 2013-14, 1 MIS report on health service delivery was published and disseminated and 1 Annual MIS Conference was held to improve data quality.
   - A separate menu on "Citizens' Right to Information" to promote the casue of "Right to Information Act 2009" has been added to the website
   - Vacancy statements on major staff categories in government health facilities available – both local and national level.
   - The mobile phone health service, being provided by each upazila health complex and each district hospital has been continuing as a sustainable service.
   - Current number of telemedicine centers is 42.
   - Automation has started in 6 district hospitals
   - 56 books on medical biotechnology, 8 numbers for each of 7 types were supplied to medical college libraries.
9. Changes in HIS-EH outcomes:
   - Health information system has improved substantially – more facilities are providing information timely; HIS is providing more information through regular publications and web-site data availability.
   - E-health is getting momentum.
   - Introduction of medical biotechnology.

10. Key challenges:
    - Information still remains segregated into administrative boxes like DGHS, DGFP, DNS, DGDA, etc. Availability of complete picture from collation of all information remains a challenge.
    - Utilizing e-health for improving access and utilization of services in hard-to-reach areas particularly for the poorest and marginalized.

4.5.3 Summary Statement of Attribution/Contribution

The HIS-EH OP achieved the following major outputs: most of the government health facilities submitting timely and adequate reports; HIS published different bulletins, reports and newsletter for easy availability of information; mobile phone services being rendered by all the upazila health complexes and district hospitals; telemedicine centers are 42; and medical biotechnology being introduced. These outputs resulted in the following changed outcomes: improvement in health information system; e-health getting momentum; and medical biotechnology introduced. USAID provided 50% of the donor funding for the HIS-EH OP. Thus, based on the above, it is highly plausible that USAID HIS-EH assistance played a significant role in improving the following HIS-EH outcomes: improvement in health information system; use and expansion of e-health; and introduction of medical biotechnology.

4.6 OP16: Procurement, Logistics and Supplies Management

4.6.1 Activity

USAID/Bangladesh provided $22 million to the World Bank for the Bangladesh HPNSDP. World Bank disbursed $15,941,795 from the USAID Bangladesh to HPNSDP, among which $286,975 was allocated to the Procurement, Logistics and Supplies Management (PLSM) OP.

4.6.2 Contribution Approach

USAID/Bangladesh describes its monetary contribution and its share of overall Sector Program funding, as well as the overall results achieved in the form of outputs and outcomes.

1. Objective of GoB Procurement, Logistics and Supplies Management (PLSM) program: to procure goods for all LDs in time; ensure proper storage and distribution of the procured goods; implement e-procurement and on-line procurement system; and improve operational capability of the Central Medical Stores Depot (CMSD).
2. Objective of USAID PLSM assistance: substantially the same with extra focus on proper storage and distribution of the procured goods.
3. Key USAID PLSM indicators: computerized storage and distribution system developed and functional; number of packages procured against target; number of personnel trained on procurement; percentage of procurement done within timeframe after receiving requests from LDs; percentage of contracts awarded within initial bid validity periods for ICB and NCB; and online procurement system developed and functional.

4. The performance period of the USAID contribution: $286,675 of USAID fund for PLSM was made available to the GoB/MOHFW during October 2012 to May 2014 as part of a larger tranche ($15,941,795) of USAID funds. These funds were used to reimburse MOHFW expenses incurred in support of the HPNSDP during the period of July 1, 2012 to June 30, 2014 (the period of performance).
5. The total amount of all funds: including the World Bank's credit, other donors money from MDTF, and USAID's SDTF, the total money disbursed by the World Bank for the PLSM OP during the performance period (as ascertained from the IUFRs OP-wise total expenditure for October 2012 to March 2014) is $573,950.
6. Percent of all donors funding provided by USAID to the PLSM OP for the performance period: 50%.
7. Estimated GoB contribution expenditure in support of the PLSM OP for the performance period: $17,504,090.
8. Describe the results (outputs) achieved by the PLSM OP in the performance period:
    - During the FY 2013-14, procurement of a total of 36 packages under RPA (reimbursable project aid) fund, 12 packages under GoB fund and 2 packages under DPA (direct project aid) fund was in process. Tender of these packages has already been completed. Moreover, the technical evaluation of these packages is underway.
    - In FY 2013-14, 100% procurement has been completed of medicine and MSR for TB control. Procurement of 2,500 language lab instruments was also completed for nursing institutes.
    - During FY 2013-14, 100 % training was completed of 21 batches in procurement management. 16 people completed foreign training in procurement.
    - The procurement portal of MOHFW, built with technical assistance from USAID, is in full use by now. All procurements under HPNSDP (2011-16), beginning from FY 2013-14 is being done by the online procurement portal through shared use by LDs, MOHFW, Central Medical Stores Department (CMSD), and the World Bank. The initial experience shows significant speeding up of different steps of procurement processes, resulting in reduced time for processing.
    - Standard Tender Document (STD) for framework contract developed; CMSD initiated procurement of 01 package using this STD.
    - On-line logistics tracking system at District and Upazilla levels health facilities stores under process that would be linked with CMSD in phases.
    - 80% of contracts awarded within initial bid validity period for ICB and NCB
    - 100% of items monitored (from receiving to distribution) through the Electronic Inventory System at CMSD.
9. Changes in PLSM outcomes:
    - Capacity for procurement, storage and distribution together with their monitoring have improved.
    - E-procurement has started.

10. Key challenges:
    - To minimize the existing high risk of misuse, waste and misappropraition establishment of a system to track the acquisition, utilization, maintenance, repair and dispensing of assests and or equipments
    - Procurement of right things in right time with proper storage and distribution so that service delivery is properly accomplished.
    - Rolling out online procurement with proper participation of all concerned to ensure efficiency.

4.6.3 Summary Statement of Attribution/Contribution

The PLSM OP achieved the following major outputs: in time procurement; most of the contracts awarded within initial bid validity period; capacity development through training; development of STD for framework contract; initiation of online procurement; and electronic inventory system monitoring receiving to distribution at CMSD. These outputs resulted in the following changed outcomes: capacity for procurement, storage and distribution together with their monitoring have improved and online procurement has started. USAID provided 50% of the donor funding for the PLSM OP. Thus, based on the above, it is highly plausible that USAID PLSM assistance played a significant role in improving the following PLSM outcomes: improvement in capacity for procurement, storage and distribution together with their monitoring, and the initiation of e-procurement.

4.7 OP17: National Nutrition Service

4.7.1 Activity

USAID/Bangladesh provided $22 million to the World Bank for the Bangladesh HPNSDP. World Bank disbursed $15,941,795 from the USAID Bangladesh to HPNSDP, among which $3,017,726 was allocated to the National Nutrition Service (NNS) OP.

4.7.2 Contribution Approach

USAID Bangladesh describes its monetary contribution and its share of overall Sector Program funding, as well as the overall results achieved in the form of outputs and outcomes.

1. Objective of GoB National Nutrition Service (NNS) program: to implement a mainstreamed, comprehensive package of nutrition services to reduce maternal and child nutrition; and to develop and strengthen coordination mechanisms with key sectors to ensure a multi-sectoral response to malnutrition.
2. Objective of USAID NNS assistance: substantially the same with extra focus on mainstreaming nutrition service delivery.
3. Key USAID NNS indicators: prevalence of stunting among children under 5 years of age; prevalence of underweight among children under 5 years of age; exclusive breast feeding for 6 months; vitamin A capsule distribution among 6-59 months children; community clinic workers trained in nutrition service delivery; health service providers trained in nutrition service delivery; and upazila health complexes having a functional nutrition corner.

4. The performance Period of the USAID contribution: $3,017, 726 of USAID fund for NNS was made available to the GoB/MOHFW during October 2012 to May 2014 as part of a larger tranche ($15,941,795) of USAID funds. These funds were used to reimburse MOHFW expenses incurred in support of the HPNSDP during the period of July 1, 2012 to June 30, 2014 (the period of performance).
5. The total amount of all funds: including the World Bank's credit, other donors money from MDTF and USAID's SDTF the total money disbursed by the World Bank for the NNS OP during the performance period (as ascertained from the IUFRs OP-wise total expenditure for October 2012 to March 2014) is $4,932,870.
6. Percent of all donors funding provided by USAID to the NNS OP for the performance period: 61%.
7. Estimated GoB contribution expenditure in support of the NNS OP for the performance period: $1,768,962.
8. Describe the results (outputs) achieved by the NNS OP in the performance period:
   - 150 upazila health complexes have nutrition corners with training of health workers and provision of logistics coupled with integrated management of childhood illness (IMCI) corners.
   - Rolled-out facility based management of severe acute malnutrition (SAM) in 39 health facilities including 10 district and 18 tertiary level hospitals
   - Nutrition services integrated with FP activities are being provided in 17 upazilas of 8 districts and a register has also been developed for this purpose during FY 2013-14.
   - 26,382 Community Clinic workers (CHCP, HA, FWA) have been trained on nutrition services.
   - Training has been provided to 410 participants on SAM management, 6,894 participants on CMAM, 4,175 on IYCF, 11,090 on basic nutrition.
   - Job description for CHCP, HA, FWA and their supervisors in DGHS and DGFP has been drafted and shared with the stakeholders through consultation.
   - During 2013-14, basic nutrition modules and job-aid on infant and young child feeding (IYCF) have been developed. Modules have been developed on school-nutrition education, nutrition information system, intern-doctors, nutrition in emergencies and nutrition and NCD
   - NNS has formed collaboration with Alive and Thrive, BCC Forum for media campaign, Bangladesh Breastfeeding Foundation for baby-friendly hospitals.
   - 7 meetings of Nutrition Steering Committee held during July 2012 to June 2014.
   - National Nutrition Policy has been drafted.
9. Changes in NNS outcomes:
   - Prevalence of stunting among children under 5 years of age 38.7% (UESD 2013 with 41.3% BDHS 2011 and target in 2016 is 38%).
   - Prevalence of underweight among children under 5 years of age 35.1% (UESD 2013 with 36.4% BDHS 2011 and target in 2016 is 33%).

- 74.8% of children (6-59 months) receiving vitamin A supplementation in the last 6 months (82.6% UESD 2010 and target in 2016 is 90%).
- Exclusive breast feeding in infants up to 6 months 59.7% (43% BDHS 2007 and target in 2016 is 50 %).

10. Key challenges:

- Slow progress of NNS OP being a new initiative and requiring a different modality of operation with intensive coordination amongother six OPs.
- Capacity of Institute of Public Health Nutrition (IPHN) to lead the NNS and frequent changes in leadership of NNS
- Concentrating focus on few priority interventions with scale up for better visibility than struggling with comprehensive packages of interventions with very limited scale up and thus suffer from criticism of less visibility.
- Ungent activation and continuous follow-up of structured coordination mechanisms with other OPs through Nutrition Implementation Coordination Committee (NICC) and with other relevant ministries through National Steering Committee (NSC)
- Managing "Double Burden" situation in nutrition with high percentages of children with underweight and adult women with overweight

4.7.3 Summary Statement of Attribution/Contribution

The NNS OP achieved the following major outputs: nutrition corner is present in 150 upazila health complex; integrated nutrition services with family planning program being offered in 17 upazilas of 8 districts; 26,382 community clinic workers trained in nutrition service delivery; health service providers trained in nutrition service delivery like SAM management, CMAM, IYCF, basic nutrition; NNS has collaborated with others; nutrition steering committee met almost once in every quarter and national nutrition policy is drafted. These outputs resulted in the following changed outcomes: improvement in stunting and underweight situation, vitamin A supplementation and exclusive breast feeding. USAID provided 61% of the donor funding for the NNS OP. Thus, based on the above, it is highly plausible that USAID NNS assistance played a significant role in improving the following NSS outcomes: improvement in nutrition indicators like stunting, underweight and exclusive breast feeding situation along with vitamin A supplementation.

4.8 OP27: Strengthening of Drug Administration and Management

4.8.1 Activity

USAID/Bangladesh provided $22 million to the World Bank for the Bangladesh HPNSDP. World Bank disbursed $15,941,795 from the USAID Bangladesh to HPNSDP, among which $47,954 was allocated to the Strengthening of Drug Administration and Management (SDAM) OP.

4.8.2 Contribution Approach

USAID/Bangladesh describes its monetary contribution and its share of overall Sector Program funding, as well as the overall results achieved in the form of outputs and outcomes.

1. Objective of GoB Strengthening of Drug Administration and Management (SDAM) program: to support the pharmaceuticals industries to produce quality drugs; to strengthen and build capacity of the national regulatory authority for drugs; and to facilitate the rational use of drugs.
2. Objective of USAID SDAM assistance: substantially the same with extra focus on strengthening national drug regulatory authority.
3. Key USAID SDAM indicators drug companies inspected and adhered to quality production of drugs; drug samples tested as per standard; staff receiving training on GMP, QMS, accreditation, quality control; drug/vaccine testing laboratory modernized and functional; and national drug policy revised.
4. The performance Period of the USAID contribution: $47, 954 of USAID fund for SDAM was made available to the GoB/MOHFW during October 2012 to May 2014 as part of a larger tranche ($15,941,795) of USAID funds. These funds were used to reimburse MOHFW expenses incurred in support of the HPNSDP during the period of July 1, 2012 to June 30, 2014 (the period of performance).
5. The total amount of all funds: including the World Bank's credit, other donors money from MDTF and USAID's SDTF the total money disbursed by the World Bank for the SDAM OP during the performance period (as ascertained from the IUFRs OP-wise total expenditure for October 2012 to March 2014) is $60,130.
6. Percent of all donors funding provided by USAID to the SDAM OP for the performance period: 80%.
7. Estimated GoB contribution expenditure in support of the SDAM OP for the performance period: $56,936.
8. Describe the results (outputs) achieved by the SDAM OP in the performance period:
    - 86 people had computer literacy training (20in 2012; and 66 in 2013).
    - DGDA website has been updated to a web-portal to ensure 'real-time' data by DGDA field inspectors.
    - National Drug Monitoring Centre and National Pharmacovigilance Center have been established and consequently Bangladesh has been awarded associate membership of WHO–UMC.
    - Vacant positions filled up in DGDA .
    - A local Drug Registration Database for allopathic medicine developed and launched at www.dgda.gov.bd.
    - 5,815 drug samples tested in 2013-2014.
    - 1,085 inspection on drug manufacturing unit in 2013-2014.
    - 64 persons received training on GMP in 2013-2014.

9. Changes in SDAM outcomes:
    - Quality drug manufactured by pharmaceutical industries is improving through increased inspection to drug manufacturing unit and testing of drug samples.
    - Strengthening directorate general of drug administration as national regulatory authority.
10. Key challenges:
    - Directorate General of Drug Administration being a government department is subjected to limitations which obstacles to be effective national regulatory authority to ensure safe practice, quality of drugs through enforcing pharmaco-vigilance for a very fast growing drug industries in Bangladesh.
    - With technological advances in medical devices the responsibilities of DGDA are increasing however the capacity building is not keeping pace.

4.8.3 Summary Statement of Attribution/Contribution

The SDAM OP achieved the following major outputs: testing of drug samples, inspection of drug manufacturing units, and capacity building of DGDA have improved; two drug testing laboratories have modernized; establishment of National Drug Monitoring Centre and National Pharmacovigilance Center; updated of DGDA website to a web-portal to ensure 'real-time' data by DGDA field inspectors; and vacant posts of DGDA being filled-in. These outputs resulted in the following changed outcomes: quality drug manufactured by pharmaceutical industries is improving and strengthening DGDA as national regulatory authority. USAID provided 80% of the donor funding for the SDAM OP. Thus, based on the above, it is highly plausible that USAID SDAM assistance played a commendable role in improving the following SDAM outcomes: improvement in quality drug manufacturing and strengthening of national drug regulatory authority.

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