



U.S. GLOBAL HEALTH INITIATIVE BANGLADESH



**Interagency Program Strategy
2011-2015**

ACRONYM LIST

| | |
|----------|--|
| AusAid | Australian Aid |
| BCC | Behavior Change Communication |
| BDHS | Bangladesh Demographic and Health Survey |
| BRAC | Bangladesh Rural Advancement Committee |
| CCM | Country Coordination Mechanism |
| CDC | Center for Disease Control |
| CPR | Contraceptive Prevalence Rate |
| CSP | Community Service Provider |
| Dfid | U.K. department for International Development |
| DG | Democracy and Governance |
| DG/FP | Directorate General of Family Planning, Bangladesh |
| DG/HS | Directorate General of Health Services, Bangladesh |
| DOD/ODC | U.S. Department of Defense/Office of Defense Cooperation |
| DOT | Direct Observable Treatment |
| ESP | Essential Services Package |
| EU | European Union |
| FANTA-2 | Food and Nutrition Technical Assistance Project -2 |
| FP | Family Planning |
| FTF | Feed the Future |
| FFP | Food for Peace |
| GHI | Global Health Initiative |
| GHI/B | Global Health Initiative/Bangladesh |
| GIS | Geographic Information System |
| GOB | Government of Bangladesh |
| GTZ | German Technical Cooperation |
| HIS | Health Information System |
| HHS | Health and Human Services |
| HIV/AIDS | Human Immune Virus/Acquired Immune Deficiency Syndrome |
| HNPSSP | Health, Nutrition, Population Sector Strategic Program |
| ICDDRDB | International Center for Diarrheal Disease and Research/Bangladesh |
| HR | Human Resources |
| JICA | Japan International Cooperation Agency |
| M4H | Mobiles for Health |
| MCC | Millennium Challenge Corporation |
| MCH | Maternal and Child Health |
| MOHFW | Ministry of Health and Family Welfare |
| MOLRD | Ministry of Local and Rural Development |
| MDG | Millennium Development Goal |
| M&E | Monitoring & Evaluation |
| NGO | Non-Governmental Organization |
| NIH | National Institutes of Health |
| OIC | Organization of the Islamic Conference |
| PAO | Public Affairs Office |
| RH | Reproductive Health |
| SSFP | Smiling Sun Franchise Project |
| TB | Tuberculosis |
| UN | United Nations |
| UNAIDS | United Nations AIDS |
| UNFPA | United Nations Fund for Population Activities |
| USAID | United States Agency for International Development |
| USDA | United States Department of Agriculture |
| USG | United States Government |
| VOA | Voice of America |
| WB | World Bank |

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1. RATIONALE FOR THE GLOBAL HEALTH INITIATIVE IN BANGLADESH

The Global Health Initiative (GHI) in Bangladesh offers an opportunity for the United States Government (USG) to reach out to the most populous part of the Muslim world suffering from rapid population growth and poverty, by providing immediate assistance and support for the country's efforts to ensure health and nutrition services, and stabilize population. Bangladesh could be showcased as a development model as it links three Presidential Initiatives¹ to help to lift its people out of poverty while sharing USG foreign policy priorities in governance and security. Identified in 2005 by Goldman-Sachs as one of the "Next 11" emerging economies, Bangladesh has both potential as well as severe challenges for stabilizing population and protecting human health. Over the next five years, the USG will help Bangladesh to adopt and scale up proven interventions to: increase use of long-term family planning methods; reduce maternal mortality; reduce neonatal and other under-five mortality; improve nutritional status; reduce the burden of Tuberculosis (TB); and keep HIV/AIDS prevalence below 1%.

The GHI "whole-of-government" approach brings together each Mission Dhaka agency's exceptional core competencies for strategic programming. The GHI is perfectly timed for enhancing USG support to the Government of Bangladesh's (GOB) Health, Population, and Nutrition Sector Strategic Program (HPNSSP) for 2011-2016. The new sector program offers an excellent platform for Mission Dhaka to reengage in the sector and regain its technical leadership role. Mission Dhaka's GHI FY2011 – 2015 strategy includes improved efficiencies and innovative approaches and builds on its past and on-going successful population, health and nutrition programs while incorporating GHI principles.

A major shift in USG assistance is occurring with GHI and a new USG/GOB partnership has formed. The GOB has reached out to the USG for help in: strengthening its capacity to lead the design of their next sector program; placing technical advisors in the MOHFW to staff its Project Preparation Cell (PPC); developing the national results framework and Health Management Information System (HMIS); streamlining procurement; and developing a national BCC strategy. Increased resources under GHI will make Mission Dhaka a major non-pooled funder and offers the opportunity to better integrate its investments and strengthen coordination with GOB and key donors. It also will provide an opportunity for the USG to deepen its support to the national program and increase use of host country systems in keeping with the spirit of the Paris Declaration, Quadrennial Diplomacy and Development Review and USAID Forward. GHI/B will build on existing investments, identify new ones, improve aid effectiveness and promote policy leadership and program integration. GHI/B will also foster country ownership through increased engagement with other stakeholders, such as civil society organizations (including NGOs and the private sector), the locally elected leaders, and religious and other community leaders.

2. BANGLADESH'S DEVELOPMENT CHALLENGES, COUNTRY PRIORITIES AND CONTEXT²

Development Challenges: Bangladesh has approximately 160 million people, making it the seventh-largest population in the world. It is a densely-populated country (> 1,000 people per km²), with a land mass roughly the size of the state of Iowa. Over the past 10 years, Bangladesh has made considerable progress to curb population growth: the average Bangladeshi woman now bears fewer than three children in her lifetime, down from more than six in the 1970s. Nonetheless, projections forecast more than 50% growth in Bangladesh's population, to approximately 250 million over the next four decades. This poses massive challenges for the government in terms of employment and the delivery of social services. Further, between 20-30% of the country is normally flooded each year and the country suffers from frequent natural disasters. Dhaka City is poised to become fastest growing megacity by 2025. It began with a manageable population of 2.2 million in 1975 which reached 12.3 million in 2000. There is no city in the world that has experienced such a high growth rate in population during this period.

¹ The three Presidential Initiatives are Global Health Initiative, Feed the Future and Global Climate Change

² See **Annex 1** for summary of Development Challenges in the Population, Health and Nutrition Sector in Bangladesh.

Due to the current growth rate of 2.7, Dhaka will be 4th on the list of world's megacities. This rapid growth of Dhaka City is not commensurate with its industrial development, with about one-third of the city's population living in slums.

More than 45% of the population lives in abject poverty and 35 million live in extreme poverty. Bangladesh ranks 67th out of 84 countries in the Global Hunger Index 2009 and over 10 million children under the age of 5 suffer from malnutrition, which contributes to two in three child deaths. A weak public health system hampers delivery of care. The maternal mortality rate is one of the highest in the region but recently witnessed a 40% decrease to 194 deaths per 100,000 live births. Forty-nine percent of children under 5 and forty-six percent of women are anemic. Inequalities and challenges for women and girls are not adequately addressed, and improvement in this area is especially important given their role as gatekeepers of the country's social capital. Further, Tuberculosis is still the major cause of adult mortality as Bangladesh has the fifth highest level of TB cases in the world. Fortunately, HIV/AIDS is well below 1% and our efforts will focus on maintaining that level.³

Table 1. Key Health and Population Indicators in Bangladesh

| Indicator | | Source |
|--|----------------------|---|
| Population (2006) | 162,000,000 | UN Population Division 2008 |
| Proportion of population living in rural areas | 75% | Projections based upon 2001 Population Census |
| Life expectancy | 66.8 years | Sample Registration System Bangladesh Bureau of Statistics 2009 |
| Total Fertility rate | 2.7 | 2007 BDHS |
| Contraceptive prevalence rate | 55.8% | 2007 BDHS |
| Unmet need for family planning | 17.1% | 2007 BDHS |
| Maternal mortality rate | 194/100,000 births | 2010 Maternal Mortality Survey ⁴ |
| Proportion of deliveries assisted by skilled birth attendant | 18% | 2007 BDHS |
| Cesarean section rate | 7.5% | 2007 BDHS |
| Post natal care within 48 hours | 18.5% | 2007 BDHS |
| Neonatal mortality rate | 39/1,000 births | 2007 BDHS |
| Infant mortality rate | 52/1,000 live births | 2007 BDHS |
| Under-five mortality rate | 65/1,000 live births | 2007 BDHS |
| Under-five under-weight | 41% | 2007 BDHS |
| Under-five Stunting | 43.2% | 2007 BDHS |
| Measles immunization coverage by 12 months | 82% | 2009 Cluster Expanded Program for Immunization Survey |
| TB incidence (all forms) | 223/100,000 | 2009 Survey |
| Primary health care centers | 4,255 | Health bulletin 2010, Bangladesh Directorate of Health Services |
| Secondary health care centers | 83 | |
| Tertiary health care centers | 31 | |
| Medical schools | 63 | |

The overarching structural challenge is addressing the politically sensitive issue of forging close coordination between the two most powerful Directorates in the Ministry of Health and Family Welfare (MOHFW). The

³ See Annex 2 for List of supporting assessments and reports

⁴ USAID, AusAID and UNFPA jointly funded the Bangladesh Maternal Mortality survey in which results were released on February 13, 2011

Directorate of Health (DG/HS) and Directorate of Family Planning (DG/FP) work autonomously, lack coordination and implement two vertical systems of health and family planning services which compromise efficiency in delivering primary health care at all levels. USG will provide the GOB with critical extensive technical assistance and support in order to develop an effective, sustainable health care system that reaches the population. Finally, the most challenging aspects of GHI for the USG Bangladesh team will be to focus on key priorities that can show short-term impact as well as achieving long-term sustainable health outcomes. Fostering sustainability for the Bangladesh health sector so that it delivers quality services to all citizens is a key development challenge for the GOB and its partners.

Despite the grim picture portrayed by the country's constraints, Bangladesh is, in fact, on a positive socio-economic development trajectory. The under-five mortality rate has declined by more than 50% since 1993, a key accomplishment which received special recognition at the Millennium Development Goals (MDGs) Summit in September 2010 in New York. Eighty-eight percent of children (6-59 months) receive vitamin A supplementation twice a year through successful campaigns led by the GOB. The government is also placing an emphasis on mainstreaming nutrition in their new five year health sector program, currently being development. Given adequate policy measures, however, the government can transform these challenges into opportunities to sustainably develop human capital to contribute to further growth of the economy beyond the impressive 5% to 6% witnessed over the past decade.

3. BANGLADESH HEALTH SECTOR PROGRAM

The GOB Program: The GOB's vision for the health sector *"is to see the people healthier, happier and economically productive to make Bangladesh a middle income country by 2021, the golden jubilee year of Bangladesh's independence"*. The GOB is committed to fulfilling its election mandate of restarting 18,000 community clinics to provide essential services throughout the country. Continued success in addressing policy reforms in the next five years is critical. Revitalizing services is a core focus and may offer the GOB a tangible way to deliver on its political mandate, rebuild the health system at the community and district level, improve access to services to the most disadvantaged, including women, and increase governance, accountability and credibility, in addressing the country's remaining health challenges. The GOB is on track in achieving MDGs for child health, Human Immune Virus/Acquired Immune Deficiency Syndrome (HIV/AIDs) and TB by 2015. However, much more targeted efforts are needed to tackle the MDGs for newborn and maternal health and in order to achieve family planning goals.

The current GOB 5-year Population, Health & Nutrition Sector Strategic Program is supported by 16 donors, including UN agencies, ends in June, 2011 and is one of the largest sector wide programs in the world. Well-funded, the GOB finances 70% of the \$4.2 billion program with pooled and parallel funders contributing the remaining 30% (including 15% in loans financed by the World Bank). The GOB is currently preparing its next sector program covering 2011-2016 which is anticipated to be another \$3-\$4 billion investment over the next five years⁵. The US is a major donor in the sector but is not a pool-funder. USG programs directly link and support to the GOB's health sector strategy through parallel funded programs. However, Mission Dhaka has provided critical technical leadership to develop the GOB's sector-wide Results Framework for the new program (See Annex 3). This Framework is forming the road map for major investments for all donors in an attempt to streamline development assistance. Since GOB funding for the program is significant, it is truly a country-led program. Bilateral agencies have a secondary role; most multilaterals, with the exception of the World Bank (WB), play a minimum role in funding the sector.⁶

⁵ World Bank is currently assessing GOB Financial and Procurement Systems to identify areas requiring improvements in the next sector program. This information will be critical for determining USG's ability to use country systems for GHI programming in the future.

⁶See GOB draft next sector program document (October 2010) for details on investment priorities and interventions which is being emailed to be uploaded online.

Leveraging Multilateral/Bilateral Alliances and Partnerships: The United States Agency for International Development (USAID) will continue its work with other members of the Donor Consortium to leverage investments and strategically support on-going technical assistance to the MOHFW DG/HS and DG/FP to help achieve a common set of health, population and nutrition goals. USAID is in the process of forming development alliances with United Nations Children’s Fund (UNICEF) to promote low cost technology for community based newborn resuscitation, as well as reviving behavioral change communication (BCC) in health and combating malnutrition. In addition, USAID is rolling out Global Alliances with: (1) Australian Aid (AusAid), the Department for International Development (Dfid), and the Bill & Melinda Gates Foundation to promote reproductive health; (2) Japan’s new “EMBRACE” Initiative focusing on maternal and neonatal health; and (3) corporate development alliances on hand washing, hygiene and sanitation campaigns with Unilever. Discussions are underway with the World Health Organization to collaborate on human resources strengthening and capacity building for health workers at the community and district levels. USAID is also working with the United Nations Fund for Population Activities (UNFPA) to revitalize family planning and support the GOB BCC efforts for FP and population. USAID will also coordinate with the WB and German Technical Cooperation (GTZ) to establish an effective monitoring and evaluation system to support GOB in tracking progress of the MDGs for the next sector program.

4. THE USG HEALTH PROGRAM IN BANGLADESH⁷

USAID has worked for over 30 years in the health sector, has significant experience working in NGO service delivery at the primary care and community level, and has invested over \$700 million in health to date.⁸ Historically, USAID flagship investments include the 28 NGO service delivery (“Smiling Sun”) franchise network with 325 clinics, 6,200 community health workers and 8,000 outreach satellite clinics reaching over 20 million health contacts each year. The second major investment is the Social Marketing Company (SMC) which is the largest in the world with over 167,000 pharmacy outlets selling health products and contraceptives at subsidized prices throughout Bangladesh. The SMC contributes up to 35% of modern contraceptive use in the country. The USG national surveys are used by the GOB and the development community alike to track progress and monitor trends in the health sector. In addition the Department of Defense (DOD) provides targeted primary and curative care services during civilian-military outreach campaigns and supports capacity building in curative medical, dentistry and eye service care with its military counterparts. The Centers for Disease Control (CDC) support surveillance stations throughout Bangladesh and provides valuable inputs to lab capacity for undertaking investigations and improving the quality of disease detection and diagnosis. USAID support and CDC’s in- depth training of local scientists over the years has resulted in creating Bangladesh’s premiere research institute, the International Center for Diarrheal Disease and Research/Bangladesh (ICDDR). It is known regionally and internationally for tracking infectious diseases outbreaks and for its work in oral rehydration therapy (ORT) which is saving millions of lives worldwide.

USAID’s recent election to the Global Fund/Country Coordination Mechanism (GF/CCM) provides an entry point for expanding policy dialogue to improve country performance in HIV/AIDS, TB and Malaria, and to enhance financial management. Over the past 18 months, the USG undertook several analyses, conducted site visits and held extensive GHI consultations with hundreds of key partners and stakeholders both within the sector and beyond.⁹ GHI/B will work in a new ways, with specific attention to gender, strategic coordination among agencies, and alignment with GOB priorities to further Mission Dhaka foreign policy objectives in Bangladesh’s health sector.

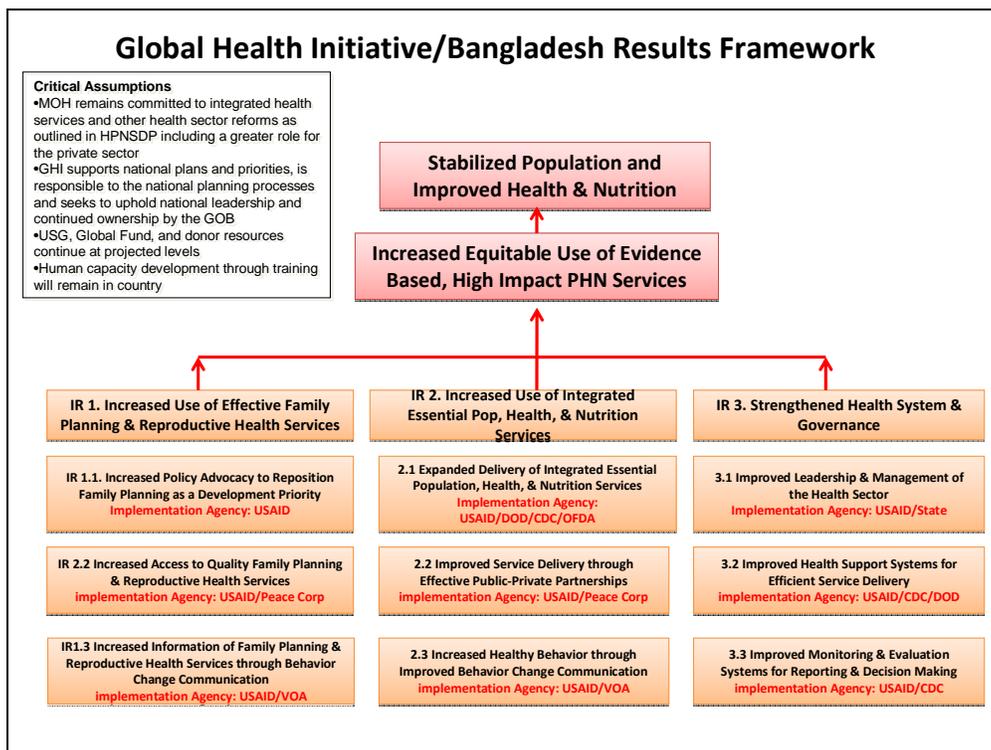
⁷ Currently GHI USG agencies working in health include USAID, CDC, DOD and National Institutes for Health. The Embassy’s Public Affairs Office, VOA and OGAC have strategic roles to play under GHI which fall under USG Embassy Goal #1: More Pluralistic and Responsive Governance. Under FTF, USDA has a strategic role and GHI will collaborate on nutrition programming. Peace Corps is expected to return and will be an important agency for community mobilization for health services

⁸ See Annex 4 for Key Existing and New Investments under GHI.

5. COUNTRY LED GHI/BANGLADESH STRATEGIC OBJECTIVE AND RESULTS

The USG’s GHI/B **Strategic Objective “Increased Equitable Use of Evidence-based, High Impact Population Health and Nutrition (HPN) Services”** contributes to the subsequent achievement of the GHI/B goal, to **Stabilize Population and Improve Health & Nutrition** in Bangladesh. In line with the Paris Declaration on Aid Effectiveness, the GHI/B strategy also ensures national ownership and will also directly contribute to the GOB’s 2011-2016 Health, Population, and Nutrition Sector Strategic Program and is aligned to contribute to the GOB Program’s goal to “Ensure Quality and Equitable Health Care for the Citizens of Bangladesh” and the Intermediate Results (IR).¹⁰ This GHI FY2011 – 2015 strategy will be the first phase of a ten year effort in helping Bangladesh achieve its **Vision 2021** of becoming a middle income country, including improved health status for its citizens.¹¹

The USG’s GHI/B strategy builds on its evidence-based experience, successes and on-going PHN programs. Women, Girls, and Gender Equality will be a crosscutting theme. GHI Program activities will build on the recommendations of USAID/Bangladesh Gender Assessment¹² which underscore research showing how gender discrimination disproportionately impacts women and girls, maternal and child health, social status and livelihood, and limits effective participation in the economy. The USG will address women’s and girls’ empowerment and gender equality, including addressing gender based violence (acid attacks and rape). It will support GOB efforts to improve women’s and girls’ access to health information and services, create advocacy through partnerships with male leaders and mothers-in-law; and increase the contribution of women and girls to Bangladesh’s long term development goals.



¹⁰ See Annex 6 GHI/Bangladesh Framework Links to GOB Health Framework.

¹¹ Bangladesh is currently being considered for MCC country status.

¹² See USAID/Bangladesh Gender Assessment, 2009 sent as an email attachment for uploading in Country online documents.

GHI principles embody USG's commitment to regain and advance technical leadership, influence policy dialogue, leverage new funding, and increase private sector participation in the health sector. See Annex 5 for mandatory template on USG Bangladesh Priority Activities under GHI. The following section describes GHI/B illustrative Results framework.¹³

5.1. INTERMEDIATE RESULT 1: INCREASED USE OF EFFECTIVE FAMILY PLANNING & REPRODUCTIVE HEALTH SERVICES

Bangladesh's successful family planning program has substantially contributed to a reduction in unintended pregnancies and the significant decline in maternal mortality in the past nine years. The recent stagnating trend in the family planning program is cause for concern because it is likely to impact not only the health of women, their families, and their communities, but will also impede the Government of Bangladesh's effort in achieving Vision 2021. The 56% growth in population size requires great attention to family planning as a multi-sectoral development intervention affecting urbanization (and urban slums), poverty, education, food, and employment – all of which affect civil and political stability. Thus, the USG will help the MOHFW conduct advocacy with other ministries to revitalize family planning, and address women's health by reducing unintended pregnancies and unmet need for family planning among women and men as a cross cutting issue impacting all other development sectors and civil and political stability. Under Intermediate Result 1, GHI/B will focus on: Increased policy advocacy to reposition family planning as a development priority; increased access to quality family planning and reproductive health services; and increased information of FP and RH services through behavior change communication to enable couples to make informed choices according to their needs.

Sub-Intermediate Result 1.1 Increased Policy Advocacy to Reposition Family Planning as a Development

Priority: GHI/B will support GOB efforts to revitalize its national population policy and develop a multi-sector approach that empowers girls, women and families to make informed decisions about their reproductive health needs. This will include attention on girls' education, with focus on delaying the age of marriage and early pregnancy, which has implications for the health of women and their children. The GHI/B will support the following activities in support of the GOB's national population policy.

Illustrative Activities:

- Support the reactivation of the National Population Council and work with other ministries, including education and local government to promote country ownership in addressing the need for family planning.
- Generate advocacy tool kits for parliamentarians and Ministers to demonstrate how family planning addresses women's health, how this intersects with other development sectors, and why this is an issue of national importance and the responsibility of every Ministry.
- Promote girls' education to delay marriage and child-bearing, advocate benefits of smaller families, keep girls in school, and create employment opportunities for girls and young women.
- Build on ongoing efforts with civil society NGOs and include new advocacy groups, professional associations, members of parliament (including women MPs) to address women's and girls' health issues.
- Use evidenced-based tools to demonstrate how birth spacing/family planning can contribute to achieving MDGs for improved maternal and child health and other positive development outcomes
- Use data on national population surveys, (Bangladesh Demographic and Health Survey (BDHS), Urban Health Surveys, and Maternal Mortality Survey) to analyze population trends to build support with key stakeholders for advocacy for family planning.¹⁵

¹³ See Annex 7 for USG's illustrative indicators and targets for USG's planned 5 year investment.

- Leverage long term partnerships with US and national universities and local research institutes to formulate a robust learning agenda and identify critical policies to improve the status of girls and women within the context of Bangladesh’s development priorities.
- Reengage with the GOB and other key donors to mobilize political commitment to family planning.

Strategic Coordination & Integration:

- GHI/B will create linkages with USG Democracy & Governance civil society groups to address gender-based violence and human rights and create a demand for family planning.
- The USG’s modest Education program will be used for advocacy and policy dialogue to leverage the multi-billion dollar sector program with the Ministry of Education to focus more attention on girls’ education, and delaying the age of marriage and early pregnancy.

Sub-Intermediate Result 1.2 Increased Access to Quality Family Planning (FP) and Reproductive Health Services:

For two decades, USAID has worked vigorously with the government to support its family planning program resulting in reducing unintended pregnancies and bringing modern contraceptive use to 56%. In the last decade, the program has stagnated and FP workers are reaching retirement age. Family Planning counseling and contraceptive services will be made widely available through public, private partnerships. GHI/B will support the following GOB efforts to increase the availability and utilization of voluntary FP services, including long acting methods. Efforts will be made to improve efficiencies within existing programs, and identify new interventions and networks to revitalize family planning use.

Illustrative Activities:

- Intensify work with the central ministry to ensure availability of family planning with other primary care services.
- Support MOHFW integration efforts at all service points to ensure “no missed opportunities” and increase availability and quality of FP/RH services. For example, this will include integrating family planning/child spacing counseling during antenatal visits and post-natal visits to ensure that couples have easy access to information and services.
- Also support MOHFW efforts to help ensure that FP information and services, including referrals for clinical methods, are widely available through all health workers from Directorates for HS and FP¹⁴.
- Ensure integration of family planning and reproductive services within the resuscitated community clinics which GHI/B will test model in partnering with its NGO network staff.
- Redesign the NGO franchise program and support to the GOB to accelerate access to and use of clinical contraceptive methods, including voluntary sterilization, implants, IUDs along with pills and injectables among new cohorts of acceptors.
- Support GOB’s desire to: expand choice of contraceptive methods; shift method mix according to couples’ reproductive needs; and expand access to and use of voluntary long-term and permanent methods.
- Support interventions to reduce discontinuation rates; delay age of marriage and first birth; increase birth spacing.
- Provide support to revitalize the National Institute of Population Research & Training and its sub-centers to train the next generation of FP workers.

¹⁴ Since September both Directors for FP and HS have been replaced. GHI/B will now need to reengage new the leadership and ensure they are on board with interventions discussed and planned over the past 18 months.

- Strategically position USG’s successful social marketing program to further increase contraceptive prevalence by reaching more clients through its extensive pharmacy network and use of mobile technology.
- Identify new and innovative partnerships with the garment industry, transporters and port workers to reach the urban poor and pilot existing and future technologies to reach these mobile workers to respond to their unmet need for FP and RH services.

Strategic Coordination & Integration: USAID is the only USG agency currently identified to provide assistance to the GOB in this area.

Sub-Intermediate Result 1.3 Increased Information of FP & RH Services through Behavior Change

Communication (BCC): Sixty-two percent of couples in Bangladesh want no more children, but only 7% use long-acting or permanent methods.¹⁵ It is estimated that one in three women terminate their pregnancies each year meaning that one million have unintended pregnancies, and 17% of women of reproductive age have unmet needs for family planning. Trends of early marriage, young age at first birth, and lack of birth spacing have demonstrable negative impacts on the health of women and girls, and their offspring.

Illustrative Activities:

- Support the GOB in developing a national BCC strategy for targeted, age and gender appropriate messages to support individuals and couples’ need for child spacing, family planning and reproductive health services.
- Design new messages to respond to women’s and married adolescents’ currently unmet need for family planning.
- Design targeted messages to improve demand for clinical methods by both men and women.
- Train new workers in counseling in FP and RH services with renewed focus on BCC to support new community norms for FP.
- Support “FP Champions” to reach a new cohort of youth, including men, to support women’s ability to practice FP.
- Ensure greater attention to motivate men in the use of clinical male methods through stronger advocacy and mobilizing local FP “Champions” and community leaders.
- Train journalists to stimulate use of media outlets, raise awareness and report on critical issues related to family planning.
- Use of national multi-sectoral organizations to disseminate FP/RH messages.
- Use new phone technologies to reach the next generation of FP clients with FP/RH messages.
- Design messages which reach mobile populations including the urban poor.

Strategic Coordination & Integration:

- The Embassy’s Public Affairs Office (PAO) and Voice of America (VOA) will engage the media to improve responsible reporting on FP and population related health issues and in mobilizing women’s advocacy and civil society groups in support of gender equality in health and family planning.
- USAID will initiate policy advocacy to promote family planning through new multisectoral partnerships, leveraging USAID programming in education, agriculture, economic growth, and disaster and humanitarian assistance.

¹⁵ Bangladesh Demographic and Health Survey, 2007

5.2 INTERMEDIATE RESULT 2: INCREASED USE OF INTEGRATED POPULATION, HEALTH AND NUTRITION (PHN) SERVICES

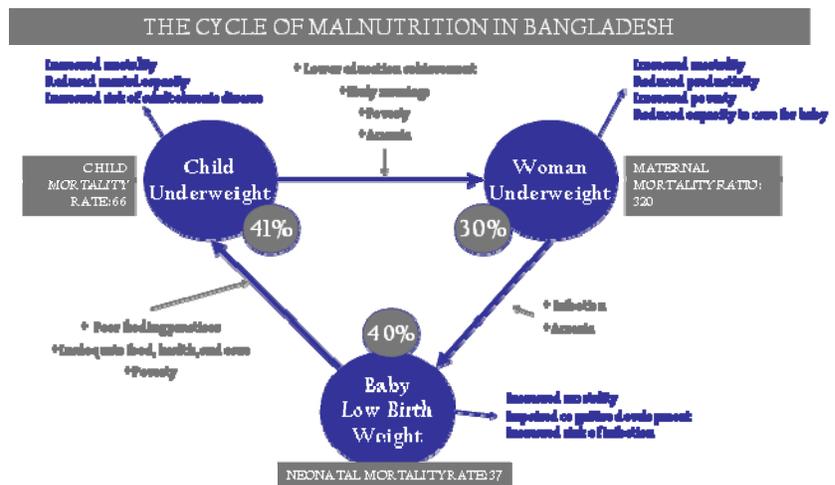
The GOB has an election mandate of phased decentralization to restart 18,000 community clinics and expand access to quality health care services at the grassroots level. Currently, there are 13,500 community clinics at different stages of operation. Given women’s limited mobility and access to services in many regions of Bangladesh, GHI/B will help the GOB bring integrated, quality services closer to the people at the primary care level (upazilla, union, and community), with links to the district level.¹⁶ In addition to building on investments in the USG NGO network and Social Marketing Program, GHI will initiate new networks of providers through alliances with partners such BRAC which has approximately 80,000 community health workers. A grassroots service delivery approach will be utilized to provide a package of critical primary health care services. Under Result 2, the sub-intermediate results are: increased access to integrated, quality PHN services; improved service delivery through effective public/private partnerships and increased healthy behavior through improved BCC.

10 Essential Services Package (ESP)

- Family Planning/Reproductive Health
- Maternal Health
- Newborn Care
- Child Health
- Nutrition
- Diarrheal Disease Control
- Safe Water
- Immunization
- Tuberculosis
- HIV/AIDs

Sub-Intermediate Result 2.1 Increased Access to Integrated Quality PHN Services: The USG will support delivery of the GOB’s basic Essential Services Package (ESP) including: family planning, maternal health services (including ante-natal, delivery and post-natal), essential newborn care (including newborn resuscitation and infection management), and child health, diarrheal disease control, safe water, immunization and infectious diseases (TB, HIV). Despite economic growth rates of 5-7% over the past eight years, Bangladesh has some of the highest malnutrition rates in the region and is making insufficient progress towards the MDG 1. Over 8 million children in Bangladesh suffer from under nutrition, which contributes to two in three child deaths. Persistent levels of chronic under-nutrition in Bangladesh perpetuate ‘Cycles of Malnutrition’ fueled by poverty and poor health.

Caloric intake is 70% rice and the diet lacks diversity and protein. This results in poor nutritional status, especially among Bangladeshi women who are often anemic, leading to lower birth weight babies, who in turn have a higher probability of child malnutrition, and thus continue the cycle of malnutrition throughout life. Health results will not be successful unless acute levels of chronic under-nutrition and stunting in children are addressed. Improving nutrition in the critical 1,000 day window from pregnancy through the first two years of a child’s life can reduce mortality and morbidity, increase cognitive development, and improve productivity and reduce poverty in later years. CDC will address the prevention and treatment of parasitic diseases such Leishmaniasis that disproportionately affect rural poor women.



¹⁶ See GOB October 2010 New Sector Program Document emailed to be uploaded as an online attachment.

Illustrative Activities:

- Support the Government's 2009 Policy Directive to provide a "one stop shopping" for first line access to essential health services in partnership with key donors.
- Integrate nutrition into essential service package.
- Integrate post-partum family planning in public and private sectors.
- Technical assistance and training to strengthen public sector capacity in providing health services in low performing areas, to target adolescent mothers and improve safe motherhood and newborn care through better management and care of obstetric complications.
- Support facility and community based Integrated Management of Childhood Illness and community management of acute malnutrition and train and support community workers to integrate nutrition with other health services.
- Scaling up Nutrition (SUN) approaches to mainstream nutrition and integrating 7 Essential Nutrition Actions¹⁷ for pregnant women and young children.
- Implement research on a lipid-based nutrient supplement (LNS) to prevent chronic malnutrition in Bangladesh.
- Technical assistance and training to sustain GOB MDG achievements in TB and HIV/AIDS.
- Broaden focus to include smear-negative cases and extra-pulmonary cases, as well as ensure that proper diagnostic procedures are applied to all smear-negative suspects.
- Utilize the opportunity for revitalization of community clinics to strengthen referral of TB suspects and DOT.

Strategic Coordination and Integration:

- Capitalizing on USG investments by integrating school health, nutrition and sanitation components into education programming to maximize synergies between both sectors.¹⁸
- DOD will provide targeted primary and curative care services during civilian-military outreach campaigns and support capacity building in curative medical, dentistry and eye service care with its military counterparts.
- CDC will support disease surveillance stations throughout Bangladesh to build laboratory capacity in undertaking investigations and improving the quality of disease detection and diagnosis.
- FTF is expected to improve food availability and accessibility for 45% of households that suffer from persistent poverty and food insecurity by producing high-value nutritious foods. GHI/B will promote food utilization and healthy eating behaviors to address under-nutrition in FTF areas.
- Food for Peace activities will reinforce community-based health and nutrition services (including food rations) for pregnant women and children under two. In addition, the USG's non-emergency food programs will focus on effective safety net programs and appropriate technologies to increase food production. This will help improve nutrition and incomes of the poor, extreme poor and the landless. GHI/B will strategically capitalize on these investments to improve exclusive breastfeeding and enhanced nutrition and dietary habits that lead to better health outcomes.
- GHI/B will work closely with the new USAID/W centrally funded Nutrition Project to determine investments in human health and nutrition; policies to achieve large scale and sustainable improvements in nutrition outcomes; infant and young child feeding practices; and national and community capacity building to combat malnutrition.

Sub-Intermediate Result 2.2 Improved Service Delivery through Effective Public/Private Partnerships (PPP): The USG has a long history and a comparative advantage of working with the private sector (both for-profit and non-profit) and NGOs in Bangladesh. Given the limitations of the public health system, the massive needs for goods,

¹⁷ Promotion of optimal breastfeeding during the first six months; optimal complementary feeding starting at six months with continued breastfeeding to two years of age and beyond; optimal care of sick and severely malnourished children; adequate intake of iron and folic acid and prevention and control of anemia for women and children; and optimal nutrition for women; Prevention of Vitamin A deficiency in women and children; and adequate intake of iodine by all members of the household

¹⁸ A new education activity jointly funded by USAID and DOD is under development and will focus on conflict mitigation and health interventions, including nutrition through increased programming for community schools in disadvantaged and volatile areas of the country.

services and information, the growing commercial private sector, and the established roles of NGOs in service delivery, GHI/B will broker public private partnerships among the GOB, NGOs, and private providers to foster collaborative relationships and build expertise in providing a package of integrated services.

Illustrative Activities:

- Strengthen existing partnerships with Chevron, Unilever and Laerdal ¹⁹ as well as local firms to provide quality PHN services, information and products
- Target selected Upazillas to promote new partnership models to scale up ESP services which give special attention to infants, girls and women.
- Broker partnerships between MOHFW, NGOs and private sector to expand health services.
- Provide leadership and influence the GOB to more actively engage NGOs and private entities to accelerate access to quality, integrated health services.
- GHI/B will test models of partnering its NGO network staff with up to 6,000 of the 18,000 public sector community clinics to be resuscitated by the MOHFW by 2015.
- Scale up government's efforts by brokering partnerships with other community care providers such as BRAC, to improve service coverage.
- Accelerate relationships with new local partners; build the management and financial capacity of NGOs in underserved areas; and market low cost maternal, child health and nutrition products through the USG's social marketing program.
- Initiate programs to include other private sector health providers to respond to a growing preference for the private sector for treatment of childhood illness and obstetric care.
- Develop USG Global Alliances and mobilize private sector resources to promote hand-washing and newborn resuscitation; reposition maternal neonatal health and FP; and expand PPP to increase corporate engagement in Bangladesh's health sector.
- Within the private sector – engage with private health care providers, pharmacists and drug sellers, non-medical graduate doctors, professional associations, hospitals, for improved case finding, treatment, and retention, as well as strengthened referral networks and consistent reporting back to the National Tuberculosis Program (NTP).
- Support NTP activities with the private sector on the rational use of drugs and the proper use of newer diagnostic tools, including support for accreditation and regulatory functions by GOB in their interface with the private sector.

Strategic Coordination and Integration:

- If Peace Corps is reestablished in Bangladesh, it can play a catalytic role under GHI by providing long-term capacity development for NGOs with a particular focus on community based organization and programs.
- GHI/B and FTF will broker partnerships with the Gates Foundation-funded "Alive and Thrive" Nutrition Project and BRAC to roll out evidence-based nutrition interventions for children 0-24 months in 100 districts.

Sub-Intermediate Result 2.3 Increased Healthy Behaviors through Improved BCC: To improve awareness and healthy behavior, GHI/B will strengthen its behavior change communication. First, GHI/B will support the national effort by developing uniform and consistent MCH, nutrition and FP messages. The USG will re-establish efforts to support the MOHFW in resuscitating the national BCC policy. USG/B will assess the current the BCC activities, identify missed opportunities, gaps, duplication and increase consensus around messages for different target groups. Second, GHI/B will orient, mobilize and engage influential community leaders to raise awareness on healthy behavior practices. Also data will be analyzed and used to raise awareness on health issues and support advocacy on healthy behavior with policy makers and civil society.

¹⁹ USAID is in partnership with a Norwegian private manufacturing medical company which has committed funding to pilot research on testing equipment for community based new born resuscitation.

Illustrative Activities:

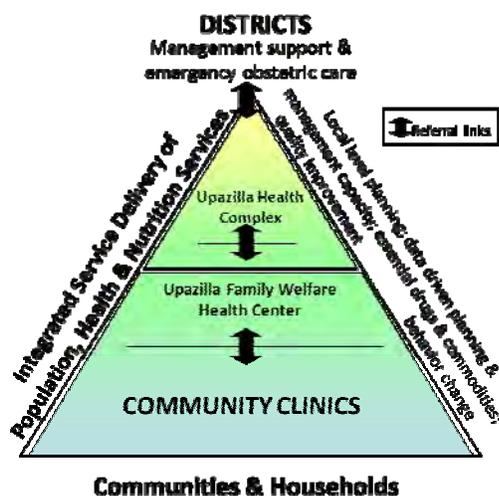
- Promote the “1000 days” model of improving nutrition from pregnancy to the first two years of a child’s life with the Feed the Future and Food for Peace Programs.
- Promoting nutrition counseling, exclusive breastfeeding and growth monitoring to breaking the “Cycle of Malnutrition”.
- Promote hand washing to reduce infections.
- Improve new born health by promoting clean umbilical cord care, delayed bathing, and immediate wrapping and drying.
- Create an evidence based advocacy strategy for increased attention and government support of nutrition.²⁰
- Deepen social and behavior change communication in maternal and child nutrition for greater impact by: completing pilot implementation of peer-to-peer breastfeeding support; adolescent peer education; and training religious leaders in nutrition.
- Mobilize the private sector to support the GOB’s “Digital Bangladesh” initiative by promoting USG’s Mobiles for Health Program (M4H) to improve knowledge, behavior and health outcomes.
- Utilize mobile phones to deliver life- saving messages to pregnant women and new mothers on MCH and FP. With GHI/B leadership, M4H will catalyze the formation of a public private coalition to use mobile phones.
- Increase the impact of ACSM activities by disseminating the ACSM strategy and SOPs to all implementing partners.
- Support the coordination and joint planning of implementing partners.
- Collaborate with communities and local authorities on ACSM planning and implementation.

Strategic Coordination and Integration:

- The Embassy’s Public Affairs Office (PAO) and Voice of America (VOA) will engage the media to improve responsible reporting and mobilize civil society groups to increase awareness of improved healthy behaviors.
- Initiate policy advocacy to promote health through new multi-sectoral partnerships, leveraging USAID programming in education, agriculture, economic growth, and disaster and humanitarian assistance.
- Support the Department of State’s partnership with the Organization of the Islamic Conference (OIC), as part of Global Engagement, to promote advocacy by religious leaders in addressing maternal and child health. GHI/B will build on USAID’s successful “Leaders of Influence” Program in mobilizing civil society and religious leaders’ networks to advocate for improvements in maternal and children health.

5.3 INTERMEDIATE RESULT 3: STRENGTHENED HEALTH SYSTEMS GOVERNANCE

Upazilla Health Systems Strengthening Pyramid



Success in revitalizing FP (Result 1) and delivery of essential services (Result 2) requires strengthened MOHFW leadership, governance and health systems. Therefore, GHI/B will support the GOB’s new health sector program by accelerating family planning use, integrated service delivery, strengthening health systems from the central to district and sub district levels; and supporting MOHFW leadership and governance as it decentralizes selected components of its health system. USAID currently works through its NGO partners to provide essential health and family planning services at the local level in rural districts and selected urban and peri urban slums. Under GHI, greater emphasis will be given to support GOB systems strengthening in order to deliver family planning

²⁰ FANTA 2 is currently developing an economic model for Bangladesh on the consequences of malnutrition which will be used for high level advocacy and awareness-raising.

and the Essential Service Package. The diagram of Upazilla Primary Health Care Systems Strengthening Pyramid²¹ is at the heart of USG's support to GOB. Under Result 3, GHI/B will focus on 3 sub-intermediate results: improved leadership and management; improved health support systems; and improved M&E systems.

Sub-Intermediate Result 3.1 Improved Leadership and Management of the Health Sector: The GOB has been successful in the past in obtaining “quick wins” by implementing vertical interventions such as family planning, immunizations, and provision of oral rehydration therapy (ORT). However, strategic leadership and smart integration is critical to tackling the more complicated health problems that remain—such as treatment for acute respiratory infections, newborn care and emergency obstetric care-- that require reliable service delivery systems in order to meet MDGs for maternal and child health. Currently, there is strong political will within MOHFW, and relations among the USG, the GOB and donors have reached new heights under GHI. This is a critical moment for the USG to quickly help the GOB transform the health sector and improve leadership to advance health outcomes in the next five years.

Illustrative Activities:

- Support GOB stewardship in health governance structures and sector policy dialogue.
- Promote women's and girls' health through supporting MOHFW Gender Equality Strategy and reforms to promote equity, gender and citizen's voice.
- Policy dialogue with the Directorates of HS and FP to increase coordination, improve efficiency and promote “one stop shopping” for integrated health services.
- Strengthen decentralization, local level planning and budgeting; partnerships and coordination including management of the sector program; aid effectiveness; financial management, and joint technical cooperation among donors.
- Build MOHFW capacity to strategically use data for planning and management and target interventions that have the highest public health impact.
- Support GOB's desire to resuscitate community health services, strengthen linkages and referrals networks to district health facilities and provide management and technical assistance.
- Support GOB in developing national BCC strategy to reinvigorate health promotion, especially repositioning family planning, addressing maternal and neonatal health and nutrition; and ensuring gender is incorporated into BCC activities and programs.
- Support reforms in the GOB's management of the Global Fund to ensure efficient use of USG financial resources.
- Provide technical assistance to Global Fund and CCM to bring innovation and learning during reviews of country proposals, ensuring best practices while supporting GOB stewardship.
- Strengthen the NTP in its ability to manage financial systems, including those which relate to release of GFATM funds for procurement of first and second line TB drugs.
- Assist the NTP to develop accreditation and regulatory functions for the use and scale-up of new diagnostic tools, particularly in the private sector.

Strategic Coordination:

- The Embassy will advocate for policy and health governance reforms at the highest level with MOHFW, Ministry of Finance, Ministry of Local and Rural Development (MOLRD), Ministry of Establishments (MOE) and other key ministries.
- GHI/B will facilitate South/South learning exchanges with the other missions to promote advocacy and policy dialogue among host country counterparts and advance GHI priorities.

²¹ GOB is considering adopting GHI/B's model for systems strengthening in its next sector program.

Sub-Intermediate Result 3.2 Improved Health Support Systems for Efficient Service Delivery: GHI/B offers Mission Dhaka an opportunity to support systems improvement in the ministries of MOHFW and MOLRD. For the first time, the USG will work with both ministries in order to have a direct impact on improving family planning and increasing service utilization to improve maternal and newborn health and nutrition outcomes. GHI/B will support strengthened management, planning, and budgeting at the district and sub-district levels, quality improvement including community clinics, support local government in responding to community demands for quality health care.

Illustrative Activities:

- Support the MOLRD in local level planning and management to provide critical health services in rural areas.
- Initiate new partnerships with municipal and city corporations responsible for providing services to Bangladeshi's rapidly growing urban slums.
- Work with MOHFW to increase in-service and pre-service training to increase the number of qualified female healthcare providers and administrators.
- Strengthen HR capacity to improve management and supervision functions of the workforce; revive scholarships for the next generation of Public Health Specialists; and build on and establish new linkages between local and US Universities and academic medical centers.²²
- Advocate with MOE to develop more effective hiring practices, especially for women, and incentives for hardship postings for health workers;
- Improve MOHFW procurement, logistics and supply chain management systems; place technical advisors in key units of the ministry to help streamline decision making; identify existing inefficiencies and bottlenecks; and propose new approaches, e.g. multi-year contracting for routine drugs and supplies;
- Ensure contraceptive security and build on existing technical assistance to install web-based tracking systems to reduce bottlenecks and streamline procurement, mitigate misuse of resources, increase efficiencies and transparency, and ensure commodity availability at all levels.
- Build on the existing web based logistics management information systems (MIS) for family planning and expand to essential health commodities and supplies; provide assistance to install e-procurement systems to enable MOHFW to reform the solicitation process, increase transparency, and reduce transaction costs.
- Strengthen the laboratory network, including the National TB Reference Lab and the Regional Reference laboratories
- Support the introduction and scale-up of new diagnostic tools and services, including the procurement, maintenance and use of microscopy, line probe assays, and other technologies as they become available

Strategic Coordination and Integration:

- CDC will support activities that build GOB systems for field epidemiology, surveillance, and training programs to improve careers and management practices within the government public health system.
- USAID and CDC will promote access to clean water, sanitation and improved hygiene practices to improve health outcomes among newborns and children.
- DOD will collaborate with USAID on military-to-civilian outreach and seek input from USAID in shaping future events that support improvements in national systems.

Sub-Intermediate Result 3.3 Improved Monitoring & Evaluation Systems for Reporting & Decision Making: The Health Information System (HIS) is one of the weakest components of the GOB's Monitoring and Evaluation Systems (M&E). Data is often incomplete and unreliable, and systems for compiling and aggregating information are weak, and capacity and processes to analyze, report and use data is limited. GHI/B will help the MOHFW to establish effective M&E systems that would produce reliable and timely information on a routine basis that policy makers and program managers can use for program design, monitoring, management and refinement.

²² BRAC, the world's largest NGO had recently established a Master's Program in Public Health with visiting lecturers from the top 15 public health schools. GHI should support this program through scholarships and twinning links with US Universities.

Illustrative Activities:

- Develop Results Framework for Bangladesh’s new health sector program; identify indicators and sources of information for monitoring performance; and coordinate support of various donors to strengthen national M&E systems.
- Improve the quality, reliability and timeliness of data; establish effective M&E tools; and build the GOB’s institutional and technical capacity for performance monitoring and evaluation in collaboration with the WB and GTZ.
- Improve data collection, processing and analysis from the census, surveys, surveillance, GIS, and health information systems to build capacity to analyze and use information for decision making.
- Support MOHFW in establishing a Program Coordination and Monitoring Unit for data management and analysis and tracking performance to ensure achievement of MDGs for the next sector program.
- Support innovation in mobile health technologies, electronic data capture and reporting, and approaches that align with “Digital Bangladesh” initiatives
- Support the wider use of electronic data reporting through the implementation of country wide electronic compilation of reports at district level

Strategic Coordination:

- CDC will support activities that build GOB systems strengthening M&E surveillance in the health sector.

6. IMPROVING MONITORING, EVALUATION, RESEARCH AND INNOVATION

GHI/B will improve and strengthen overall M&E and monitor the adoption of GHI principles and its impacts through the following:

GHI Results Framework (RF): The GHI/B RF is closely aligned with Bangladesh’s next Health Sector Program’s draft RF and focuses on the three intermediate results to revitalize family planning, improving health services, and systems and governance.²³ The RF and indicators are country specific and will contribute GHI targets globally. The success of GHI is based on a number of critical assumptions as presented in the RF. This alignment of GHI/B and GOB RF will decrease duplication and increase efficiency in data collection and reporting and enable production of timely and reliable information. Improved metrics for monitoring will also strengthen GHI/B ability to improve program effectiveness and rapidly integrate findings for program impact and scale-up.

GHI Indicators & Targets: GHI/B has developed preliminary indicators and targets based on our expected contribution to the national program. These will be refined upon approval of the strategy, guidance from Washington, and finalization of GOB indicators. It is anticipated that GHI will have the greatest contribution in 6 of the 7 target areas, excluding malaria. USAID will work with MOHFW and key donors to refine indicators and targets. The targets for the indicators are based on a review of available baseline information from a nationally representative sample; performance trends over a period of time; the next health sector program targets; and program interventions that will contribute to progress on the performance indicators by 2015.

Metrics and HIS for GHI/B Supported Programs: GHI/B will improve metrics and establish well-functioning health information systems to monitor program performance. It will disaggregate and analyze data by age, gender, geographic region, and, wherever feasible, by economic status to assess equity in use of services and information. Programs will collect qualitative data to show whether women centered approaches are on track

²³ GHI/B will review and revise its RF when USG has provided the revised set of standard indicators under GHI and the GOB has finalized its uniform RF. USAID is providing TA in developing the national Results Framework and will participate in the February 2011 World Bank Appraisal for the next sector program. It is anticipated that the framework may be refined further following the appraisal mission.

and improve gender equality and health outcomes. Both quantitative and qualitative data will be reviewed and analyzed quarterly by implementing partners and USG agencies to monitor program performance. Performance reviews will also include analysis of quantitative and qualitative data such as success stories and case studies. The information will be used to identify inputs for formulating the Learning Agenda, complement the BEST Action Plan²⁴, and scale up successful interventions to accelerate health outcomes under GHI.

Independent Evaluations: All bilateral programs with total estimated cost of over \$25 million (awaiting official guidance on M&E) will be subject to independent evaluations to measure performance outcomes/impacts using baseline-end line surveys; surveillance; national data platforms, and other tools. Data will be disaggregated by gender, age and economic status to assess whether program strategies are reaching the core priority groups – the women, adolescent girls, children and the poor. National surveys like the Bangladesh Demographic Health Surveys, HIV Sero Surveillance and other national surveys will also provide information on GHI/B program performance.

Mid Term Assessment: All bilateral programs with a time frame of at least 4 years will be subject to mid-term management and performance assessments by a third party. Information will be used to refine program strategies.

Research and Learning Agenda: One challenge facing USG is to better align existing research investments and better coordinate the 85 research activities currently taking place in Bangladesh. These include studies by: USDA (3); CDC (33); NIH (19); and USAID (30).²⁵ In line with GHI Principles, the Embassy will ensure that all USG agencies disseminate and share their findings and that future research contributes to the GHI/B Learning Agenda and GOB priorities. GHI/B will design a Learning Agenda that tests innovative program and policy interventions for scale up, and conducts research to refine program strategies linked to the 3 intermediate results. Topics for USG's implementation research will be determined annually through a consultative process to foster country ownership and commitment. See Annex 7 for illustrative Research and Learning Agenda.

The Research Learning Agenda will address:

- Intermediate Result 1 – Analyses showcasing family planning as a critical development issue for Bangladesh; testing interventions and communication strategies to improve contraceptive use in eastern regions of Bangladesh where women's mobility is relatively limited; and surveys to identify barriers to using long-term and permanent methods of contraception.
- Intermediate Result 2 – Studies on promoting service integration in a bifurcated health system (DG/FP and DG/Health); assessing impact of task shifting among staff for synergies; and training and incentives for providers to address immediate shortage of community workers.
- Intermediate Result 3- Studies on interventions to increase mix of partnerships, twinning NGOs with MOHFW clinics; public sector contracting out to NGOs and/or the private sector; experimenting with pay for performance to improve health services; and use of mobile technology to improve health information flows.

Research findings will be widely disseminated. Policy analysis of implementation research, situational analysis, and synthesis of information on what works and what doesn't will be undertaken. Different communication strategies will be used to effectively reach different audiences to advance the learning agenda. Key target groups will include policy makers, program managers, researchers, media, journalists, leaders of influence, and other beneficiaries.

²⁴The BEST Practices Action Plan under GHI is being developed and will be submitted to USAID/Washington in February to guide interventions based on evidence based approaches in improving health outcomes.

²⁵ GHI Interagency Research Committee *Preliminary Survey Results: USG Supported GHI Related Research in GHI Plus Countries*, Sept. 28, 2010.

New Research Mechanism: In collaboration with Washington, USAID has designed a new program, TRACTION (Translating Research into Action) to support (i) evaluation and implementation research, (ii) capacity building in M&E and (iii) advancing the learning agenda. The program is expected to start in the few months. In light of GHI principles, a priority activity of this program will be to create a platform for stakeholders to include the GOB, NGOs, the private sector, development partners, researchers, and beneficiaries to dialogue on priority research needs and implications of implementation research.

7. GHI STRATEGY MANAGEMENT, COORDINATION AND COMMUNICATION

GHI/B provides an opportunity to enhance the effectiveness of USG programming, planning, and evaluation across all agencies. The components of this strategy have been developed by the GHI/B Interagency team. Once this strategy is approved and following guidance from Washington, each agency will take responsibility for its respective leadership areas as identified in the GHI Guidance and ensure that an inclusive process is followed for planning and implementing programmatic priorities. The agencies together will be responsible for collecting and reporting on all results.

The Ambassador and Mission Director will provide overall management and policy guidance to the GHI team and represent GHI at the most senior levels with the GOB. The GHI Field Deputy from USAID, designated as a planning lead, will utilize existing weekly Country Team Meetings with the Ambassador and Mission Dhaka Heads of Units to report on the progress of GHI/B and hold periodic planning and coordination meetings with GHI implementing agencies. GHI/B will closely coordinate with the existing Embassy mechanisms such as bi-weekly working group meetings, as well as periodic digital video conferencing and telephone calls with Washington to strengthen USG interagency reporting, coordination and monitoring of activities. Currently, USAID holds monthly reviews with all its implementing partners in health and education, periodic meetings with the donor consortium, and six month reviews with the GOB. Similar approaches will be initiated with key stakeholders in the health sector and across other Presidential Initiatives to ensure greater collaboration to accelerate achievements on expected outcomes from GHI and GOB.

The Embassy's PA Office will support the GHI public outreach efforts and its policy reform agenda which also advance USG foreign policy objectives for health in Bangladesh. In addition to standard press office activities, joint events will be organized with PA and VOA to train journalists on health advocacy and promote GOB accountability; increase outreach to media contacts reporting on GHI initiatives and outcomes; and use social media resources such as Facebook to raise awareness and elicit public buy-in. PAO is also planning a year-long schedule of events for 2011 in relation to the 40th anniversary of Bangladesh's independence. There are tremendous opportunities through PAO to introduce programming that supports GHI/B efforts.

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Annex 2: Data Call and List of Supporting Assessments and Reports

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Annex 8: Approaches in Bangladesh that Demonstrate GHI Principles

Annex 1

Development Challenges in Population, Health and Nutrition Sector

Population Size and Density: With a current estimate of over 150 million population, demographic projection estimates Bangladesh's population to reach 243 million by 2050 (UN Population Division). Except for a handful of small countries (i.e. Singapore, Hong Kong), Bangladesh is by far the densely populated country in the world, with over 2,600 persons per square mile. The population density is more than double than that of India and China. In spite of the widely recognized successes of Bangladesh family planning program, the population doubled within the last three decades. The sheer enormity of the population, if left unchecked, has the potential to threaten the peace and security of the entire region.

Rapid Urbanization: Bangladesh is experiencing substantial urbanization, creating increasing demands for services within these crowded and often slum areas where people live and work. In 2005, approximately 25% of the population was urban and 75% rural. Thirty-five percent of the population in six large cities lives in city slums, where appalling living conditions reflect extreme crowding- 520,000 persons per square mile. By 2015, the population may reach or exceed 180 million, with the urban population projected to expand from around 38 million in 2005 to about 54 million- accounting for 30% of the national population (UN Statistical Data Base, 2007). This high rate of urbanization poses a huge burden on the urban health care, and water and sanitation system.

Reduced Fertility and Family Planning: In the HNPSDP (2011-2016), the Government of Bangladesh plans to expand access to family planning services to increase contraceptive prevalence to 72 percent (all methods) and to reduce total fertility rate to 2.0 by 2016. Although the use of modern contraceptive methods has been increasing in Bangladesh, the contraceptive choice of the families is predominantly in favor of short-term methods (oral pill). A major concern of the Bangladesh family planning program is that while a majority of the women (59%) want no more children, only 7.2% of these women are using a long-term method, and among them, only 5.8 percent use voluntary sterilization. Moreover, on average, Bangladeshi women finish child bearing by age 26, and thus require effective contraception for more than 20 years after childbearing is complete (*OPHNE Program Sustainability Assessment, 2006*). Preponderance of short-term methods in contraceptive use threatens unwanted pregnancy and poses vulnerability on family planning service delivery.

High Maternal and Newborn Mortality: Although the child mortality rates have fallen significantly in recent years, the rate of decline in infant mortality has slowed due to stagnation of the neonatal death rate. The newborn deaths now account for two-thirds of all infant deaths (52 per 1000 live births). Although maternal deaths continue to decline steadily, the maternal mortality ratio is still very high at about 320 per 100,000 live births.

While overall antenatal care has improved, most deliveries (85%) still take place at home. Only 15% of births receive any trained assistance and only 19% of mothers and children receive postnatal care from a trained provider within 2 days of delivery, and only 21% receive postnatal care from a trained provider within 42 days of delivery. The majority (55%) of pregnancy related deaths are due to post-partum hemorrhage and eclampsia, which are preventable through available technologies.

As most deliveries take place at home, low use of skilled birth attendants remains as the primary challenge for reducing the high maternal and neonatal deaths. Improving the care-seeking practices by the families and availability of skilled service providers may bring a substantial effect on furthering the development health of mothers and children.

Malnutrition: Malnutrition is an underlying condition for the high morbidity and mortality in the population of Bangladesh. Protein energy malnutrition still causes high infant and under-five morbidity and mortality. Iron deficiency anemia has been prevalent among 53% of children within 6-59 months age group. Nutrition status of Bangladesh women is equally alarming. Although declined by 27% from 1996-97 status, about 38% (in 2004) of women of reproductive age with under-five children have a Body Mass Index (BMI) of 18.5, indicative of chronic energy deficiency.

High prevalence of malnutrition among women has significantly contributed to high incidence of births (about 30-50%) with less than 2500 gm of weight. Low-birth-weight (LBW) babies grow as malnourished children and adolescent girls who eventually will bear LBW babies. Other micronutrient deficiencies are also eminent in the vulnerable groups.

Malnutrition in children remains high. The 2007 DHS reported that 46% of children under five were underweight (the composite term, which is a good measure of a population's nutritional health). In the past three years stunting (the term which reflects chronic malnutrition) among children has declined noticeably (from 43% to 36%) while wasting (the term which reflects acute short-term malnutrition) among children has seen a slight increase (from 13% to 16%). Exclusive breastfeeding up to 6 months is still low (42%) and stagnant.

Threat of HIV/AIDS Epidemic: Injecting drug use primarily drives the Bangladesh HIV epidemic. Other at-risk groups are commercial sex workers, men who have sex with men (MSM), and migrant workers. Subsequent interaction between HIV-infected injecting drug users (IDUs) and other key populations will contribute to a rapid rise in the number of infections and to development of a "critical mass" of HIV in Bangladesh among the most-at-risk groups. Although HIV prevalence is low in the general population, the knowledge on transmission of HIV is low. Only half of the men and a fifth of the women know about the use of condoms and faithfulness to prevent HIV. The high rates of syphilis (12% among prostitutes) and other STDs, and the presence of other risky sexual behaviors may easily facilitate the spread of the HIV infection. Although the HIV/AIDS prevalence rate in Bangladesh is less than 1 percent, in a population of over 150 million, a mere 1 percent rise would mean an addition of more than a million to the number of HIV positive people. There are 7,500 HIV positive people as of 2005.

High Burden of Tuberculosis: Tuberculosis is still the major cause of adult mortality. More than 319,000 new cases and 70,000 TB related deaths occur annually. Bangladesh has the fifth highest burden of TB cases in the world. The Annual Risk of Tuberculosis Infection (ARTI) was estimated to be 2.2 percent in 1997, with 300,000 new cases annually. TB incidence appears higher in densely populated urban areas. Although detection of smear positive cases has improved (70%) in past three years, stigma around care seeking for tuberculosis persists and there are significant shortcomings in the program. Non-compliance and treatment failure leads to multi-drug resistant TB (MDR TB); the incidence of MDR TB increases to 14% and ranks Bangladesh 9th in terms of estimated burden of MDR TB worldwide. Diagnosis and treatment of sputum negative TB is also a challenge the program needs to address in addition to the expansion and sustenance of quality of the directly observed treatment short course.

Eradication of Poliomyelitis: Wild polio transmission is continuing in the South East Asia region including Bangladesh. Bangladesh committed to eradicate poliomyelitis as a co-signatory of a 1988 World Health Assembly Resolution for global polio eradication and conducted extensive supplementary immunization programs from 1995 - 2004. Because of the accelerated and intensified activities, Bangladesh interrupted wild poliovirus transmission in 2000.

However, after being polio free for more than 5 years Bangladesh detected 18 wild polio cases in 2006 in 12 districts of the country. Genetic sequencing of the virus at the Global Reference Laboratory at Mumbai confirms the outbreak from Western Uttar Pradesh (UP) in India, which is still a reservoir of wild poliovirus in the Southeast Asia region. There is a need for strong vigilance to continue until WHO declares the disease eradicated completely. There is also inadequacy in access, use and quality of immunization services, particularly in urban areas.

Threat of Avian Influenza Pandemic: Avian Influenza has struck the poultry in Bangladesh. Despite massive culling by authorities to control the outbreak, the highly pathogenic H5N1 strain of bird flu continues spreading among the poultry in Bangladesh. This avian flu virus has affected 47 districts out of 64, and more than 50 percent of the poultry farms have been closed. This virus strain is regarded to be the most likely to transmit to human and cause of the next human flu pandemic.

Influenza pandemics are natural, recurring events. They are somewhat rare but, like other natural phenomena, happen from time to time. A pandemic occurs on a much greater scale, spreading around the world and affecting people across many countries. Based on the experience, experts fear that the H5N1 strain of avian influenza A could trigger the next pandemic for a number of reasons. H5N1 is a severe highly pathogenic form of bird flu, which has been affecting poultry flocks and other birds across the world since 2003. However, the virus is not simply confined to birds. It has already demonstrated an ability to infect people and cause severe disease, one of the key characteristics of a pandemic strain.

Since it first emerged, 366 people have been infected who have had close and direct contact with infected birds. However, the consequences of an H5N1 pandemic could be much worse because it is so lethal, if that strain did cause a pandemic, it could be very worse. In the 1918, pandemic 50 million people died worldwide from a population on the planet of just over one billion people. The virus also has the ability to mutate and acquire genes from viruses infecting other species. Experts are worried that the virus could either adapt, giving it greater affinity for humans, or exchange

genes with a human flu virus, thereby producing a completely new virus strain capable of spreading easily among people, and causing a pandemic.

According to the World Health Organization, the world is currently at a phase that a new influenza virus subtype is causing disease in humans, but is not yet spreading efficiently among humans. We do not know when the next pandemic will begin, how long it will last, how severe it will be, or which flu virus will cause it. Nevertheless, the knowledge of its coming warrants immediate attention for appropriate interventions to prevent. In a densely populated country like Bangladesh, the death toll and the burden due to the disease could be enormous once the pandemic outbreaks in the population.

Issues in Addressing the Challenges

Geographic Disparity in Service Coverage and Use: Although family planning and much of child health services have reached a significant national coverage, there remains a high inequality in service coverage and use between different groups and geographic regions. It is now highly imperative to address the inequality in supply and use of services to pull up the national achievements further.

Access to Services by the Poor: Poverty and other factors limit access to health services by the poor. Enhancing access to health and family planning services for the poor has a profound effect on reducing morbidity and mortality. While access by the poor to many preventive services has increased, overall access of the poor for critical life-saving interventions such as maternity care, treatment of serious childhood illnesses and treatment of chronic diseases of adults needs further improvement.

Contraceptive Procurement and Security: The continuity of affordable products in the public and private sector is the key to contraceptive use. The GOB is unable to ensure continuous availability of contraceptives. Management of contraceptive supply chain must be dealt with as a priority to meet the TFR goal.

Early Marriage of Girls: The cultural practice of girls marrying at an early age (under 18 years) exposes them to the risks of poor maternal outcome and a long period of child bearing. Delaying marriage of girls warrants a comprehensive multi-sector coordinated effort to advance many social development indicators, including fertility.

Strengthening the Health System: Despite past efforts, the health system fails to meet the level of quality and coverage required to meet the needs of the country. A good health system needs to implement key interventions to improve maternal health, skilled attendance at birth, appropriate postpartum care, and other reproductive health services.

Recurring Disasters (floods and cyclones): The frequency of floods, tornados, and cyclones exacerbates the health situation in the country. Disaster management initiatives and public health programs must be orchestrated and synchronized to deal with the effect of disasters on health.

Governance and Health Sector Management: Many weaknesses in the health system including weak policies and governance and lack of gender-sensitive approaches, exist that impede the achievement of health development goals. The country needs to adopt appropriate goal-oriented policies to enable supportive environment for implementation of the health development activities.

Health System - Decentralization, MOHFW Stewardship, Human resources (HR): The Bangladesh health system is highly centralized. A systematic approach is needed to initiate decentralized planning and budgeting, and delegation of authority to lower levels of public health system. In the context of a huge shortage of health workforce, a strategic approach to human resource planning is necessary to further the health sector goals.

Public Awareness and Demand for Public Health Services: While public awareness for some child health services, e.g., immunization and ORT use, is high, similar awareness is not notable for many other services, e.g., birthing at a facility, adoption of long-term family planning methods, care seeking for childhood illnesses, etc. Public health projects should emphasize awareness raising and demand creation for services as integral components.

Annex 2

GHI Data Call and List of Supporting Assessments and Reports²⁶

- Bangladesh AIDS Program Assessment, Nov. 2008 (Hard copy in OPHNE)
- Behavior Change Assessment Report, Nov. 2008 (Hard copy in OPHNE)
- Health Systems Assessment Report, Nov. 2008 (Hard copy in OPHNE)
- Commodities Security Review, Nov. 2008 (Hard copy in OPHNE)
- Global Health MCH Team Assessment Report, March/April 2009
- GOB/World Bank HNPSA Annual Review Report April 2009,
- Joint EGAT/GH Food Security and Nutrition Assessment Report, June 2009
- Global Health Nutrition Team Assessment Report, L. Birx, June/July
- Behavior Communication & Change Summary Notes, E. Fox, October, 2009
- Global Health Tuberculosis Assessment Report, C. Powell, October, 2009
- PHNE Semi-Annual Portfolio Review (SAPR) Review, November 2009
- Smiling Sun Mid Term Assessment, April 2010, *Pending GH Tech final edits.*
- Family Planning and Population Assessment Report, May, 2010, *Pending GH Tech final edits.*
- USAID GHI Visioning and Strategic Planning Report, June, 2010, *Pending GH Tech final edits.*
- Global Health Mobiles for Health Presentation to Ambassador, September, 2010. *Available from Sandhya Rao.*
- USG GHI Launch Team Trip Report, September, 2010. *Available from K. Cavanaugh,*

²⁶ Data Call slide presentation sent to USAID/W in March 2010 with CD of key supporting USG and GOB policy and data documents. Other assessment documents available with on line log in from GH Tech through Bangladesh Country Team, Lily Kak or Nadira Kabir.

Annex 3

Results Framework for HPNSSP 2011-2016 (DRAFT as of November, 2010)

| RESULT | INDICATOR | MEANS OF VERIFICATION & TIMING | BASELINE | TARGET 2016 |
|---|---|--|------------------------------|-------------|
| Goal: Ensure quality and equitable health care for all citizens of Bangladesh | Infant mortality rate (IMR) | BDHS, every 3 yrs | 52, BDHS 2007 | 31 |
| | Under 5 mortality rate | BDHS every 3 yrs | 65, BDHS 2007 | 48 |
| | Neonatal mortality rate | BDHS, every 3 yrs | 37, BDHS 2007 | 21 |
| | Maternal mortality ratio | BMMS, every 5 yrs | 320, BMMS 2001 ²⁷ | 143 |
| | Total fertility rate (TFR) | BDHS, every 3 yrs | 2.7, BDHS 2007 | 2.00 |
| | Prevalence of stunting among children under 5 years of age | BDHS, every 3 yrs | 43.2%, BDHS 2007 | 38% |
| | Prevalence of underweight among children under 5 years of age | BDHS, every 3 yrs | 41.0%, BDHS 2007 | 33% |
| | Prevalence of HIV in MARP | Sero-Surveillance Survey (SS), every 2 years | <1%, SS 2007 | <1% |
| <u>Program Development Output:</u> Increase availability and utilization of user-centered, effective, efficient, equitable, affordable and accessible quality HPN services. | | | | |
| <u>Strategic Objective:</u> To improve access to and utilization of essential health, population and nutrition services, particularly by the poor | | | | |

²⁷ Baseline will be replaced with BMMS 2010 data, when available

| RESULT | INDICATOR | MEANS OF VERIFICATION & TIMING | BASELINE | TARGET 2016 |
|--|--|--------------------------------|---|--------------------------|
| Component 1: Service delivery improved | | | | |
| Result 1.1 Increase utilization of essential HPN services: <ul style="list-style-type: none"> • maternal, neonatal, and child health • family planning and reproductive health • nutrition services • communicable diseases (STD/AIDS, TB) • non-communicable diseases | % of delivery by skilled birth attendant | BDHS, every 3 yrs | 18%, BDHS 2007 | 50% |
| | Antenatal care coverage (at least 4 visits) | BDHS, every 3 yrs | 20.6% BDHS 2007 | 50% |
| | Postnatal care within 48 hours (at least 1 visit) | BDHS, every 3 yrs | 18.5% BDHS 2007 | 50% |
| | Contraceptive prevalence rate (CPR) – all methods | BDHS, every 3 yrs | 55.8%, BDHS 2007 | 72% |
| | Unmet need for FP | BDHS, every 3 yrs | 17.1%, BDHS 2007 | 9.0% |
| | Measles Immunization Coverage by 12 months | CES, annual | 82.4%, CES 2009 | 90% |
| | % of children (0-59 months) with pneumonia receiving antibiotics | BDHS, every 3 yrs | 37.1% ²⁸ , BDHS 2007 | 50% |
| | % of children (6-59 months) receiving Vitamin A supplementation in the last 6 months | BDHS, every 3 yrs | 88.3%, BDHS 2007 | 90% |
| Result 1.2 Improve equity in essential HPN service utilization (MDGs 1, 4, 5 and 6) | Proportion of births in health facilities by wealth quintiles | BDHS, every 3 yrs | Q1:Q5 ²⁹ =4.4:43.4, BDHS 2007 | Q1:Q5 = <1:4 |
| | Use of modern contraceptives in low performing areas | BDHS, every 3 yrs | Sylhet: 24.7% Chittagong: 38.2%, BDHS 2007 | Sylhet & Chittagong: 50% |
| | # of upazilas with women targeted by improved ³⁰ voucher scheme for having institutional deliveries | DSF Monitoring Reports, annual | 24 | TBD |
| Result 1.3 Improved awareness of healthy behavior (MDG 1,4, 5) | Rate of exclusive breastfeeding in infants up to 6 months | BDHS, every 3 yrs | 43%, BDHS 2007 | 50% |
| | % of children 6-23 months fed with all Infant and Young Child Feeding (IYCF) practices | BDHS, every 3 yrs | 41.5% ³¹ , BDHS 2007 | 52% |

²⁸ Proxy used as % of children with pneumonia taken to medical doctor/health facility, To be estimated in BDHS 2011

²⁹ Q1: Bottom 20% and Q5: Top 20% of wealth quintiles to represent socioeconomic status of households

³⁰ Note for definition: DSF upazilas that are “means-tested,” i.e. women need to meet specific criteria to be eligible for the voucher program

³¹ For all 3 IYCF practices

| RESULT | INDICATOR | MEANS OF VERIFICATION & TIMING | BASELINE | TARGET 2016 |
|---|--|---|---|---|
| Result 1.4 Improved PHC-CC systems | Community Clinics (CC) are available and utilized in terms of: a) # of CCs functional b) # of service contacts provided by CCs | CC Project/MIS/MOHFW | a) 9,700 [CHECK] b) TBD | a) 13,500 by June 2013 b) Service contacts /CC increasing |
| | % of union-level facilities providing basic EmOC services | DGHS MIS | TBD | TBD |
| Component 2: Strengthened systems to support service delivery in place | | | | |
| Result 2.1 Strengthened planning and budgeting procedures | % of MOHFW budget allocated to Upazila level or below | Public expenditure review, annual | 52%, PER 2006/7 | 60% |
| | % of annual work plans with budgets submitted by LDs by defined time period (July/Aug) | Planning Wing, annual | TBD | 100% (achieved by 2013) |
| Result 2.2 Strengthened monitoring and evaluation systems | MIS reports on service delivery published and disseminated ³² annually | MIS of all agencies, annual | TBD | 100% |
| | % of Upazilas (reporting units) submitting a complete MIS service statistics electronically on time | MIS of all agencies, annual | TBD | 100% |
| | M&E performance report of OPs reviewed with policy makers, MOHFW, Directorates and DPs, six monthly | Planning Wing, annual | NA | TBD |
| Result 2.3 Improved human resources – planning, development and management | Proportion of service provider positions functionally vacant at Upazila/District level and below, by category | DGHS MIS, annual Health Facility Survey, every 2yrs | Physicians: 45.7% Nurses: 29.9% FWV/SACMO/MA:16.9%, BHFS 2009 | Physicians: 22.8% Nurses: 15% FWV/SACMO/MA:8.5% ³³ |
| | # of additional providers trained in midwifery at District and Upazila health facilities | HRD/MOHFW, annual | NA | 3,000 |
| | Comprehensive evidence-based HR master plan developed and implemented | HRD/MOHFW | HR master plan drafted | Developed and implemented |
| | No. of comprehensive EmOC facilities with functional 24/7 services | MIS/EOC | TBD | TBD |
| Result 2.4 Strengthened quality assurance and supervision | Case fatality rate among admitted children with pneumonia in Upazila health complex | DGHS MIS | 8% ³⁴ , Health Bulletin 2009 | TBD |

³² Defined as distributed to, and discussed with relevant stakeholders

³³ Target set as reduction by 50%

³⁴ Calculated from sex distribution of causes of death in each age cluster of children who attended outpatient and emergency departments of IMCI facilities

| RESULT | INDICATOR | MEANS OF VERIFICATION & TIMING | BASELINE | TARGET 2016 |
|--|---|---|--|---------------------------------------|
| systems | | | | |
| Result 2.5 Sustainable and responsive procurement and logistic system | % of health facilities, by type, without stock-outs of essential medicines at a given point in time | Health Facility Survey, every 2yrs | 66.1% ³⁵ , BHFS 2009 | 75% |
| | % of facilities without stock-outs of contraceptives at a given point in time | LMIS, annual/Health Facility Survey, every 2yrs | 58.1% ³⁶ , BHFS 2009 | 70% |
| Result 2.6 Improved infrastructure and maintenance | % of facilities having separate, improved toilets for female clients | Health Facility Survey, every 2yrs | 51.0%, BHFS 2009 | TBD |
| Component 3: Strengthened stewardship and governance | | | | |
| Result 3.1 Sector management and legal framework | Regulatory framework for accreditation of health facilities including hospitals (both in the public and private sectors) reviewed and updated ³⁷ | MOHFW | 1982 Regulatory Act | Reviewed (by 2012) |
| | Gender strategy updated and implemented through institutional mechanisms | GNSP Unit | Gender Strategy developed for HPSP (1998-2003) | Updated and implemented ³⁸ |
| Result 3.2 Decentralization through LLP procedures | # of Upazilas having functional LLP procedures | Respective agencies, annual | NA | TBD |
| Result 3.3 Strengthening institutional reform/PPP | # of PPPs signed following PPP guidelines for the health sector | MOHFW, annual | NA | TBD |
| | No. of public hospitals having autonomous management | DGHS Hospital, MOHFW, annual | TBD | TBD |
| Result 3.4 SWAp and improved DP coordination (deliver on the Paris Declaration) | # of LCG working group meetings of the health sector held | ERD, annual | TBD | TBD |
| | Partnership agreements prepared and adhered to by GOB and DPs in line with Paris Declaration | MOHFW, annual | NA | TBD |
| Result 3.5 Strengthened Financial Management Systems (funding and reporting) | % of project aid fund (e.g. development budget) disbursed annually and quarterly | FMAU | TBD | 100% |
| | % of OPs with spending > 80% of ADP allocation (annually) | FMAU/Planning Wing | TBD | TBD |
| | % of serious audit objections settled within the last 12 months | FMAU | 7%, FMAU 2007/8 ³⁹ | >80% |

³⁵ Notes for definition: at least 75% of union level essential drug kit (10 drugs) available in the facilities at district level and below

³⁶ Notes for definition: four family planning supplied (condom, oral pill, DMPA, IUD) available in the facilities at district level and below

³⁷ Notes for definition: Start with a framework for facilitating accreditation of public hospitals and then extend to private hospitals

³⁸ Implementation would be tracked by OP level indicators

³⁹ Baseline used from APIR 2009

Annex 4

Key Existing and New Investments under GHI

| <i>Existing</i> | <i>New</i> |
|---|--|
| Smiling Sun Franchise NGO Project (325 clinics) nationwide with limited links to GOB systems (through Sept. 2011) | New Health Systems & Services Project linked with GOB district/upazila clinics and urban slums (Under Development) |
| Engender Health Long Acting & Permanent Methods Project (through Sept. 2014) | Engender Health to accelerate LAPM work with GOB, NGOs and selected private providers |
| Save the Children Community Maternal & Newborn Project linked with GOB facilities (through Sept. 2013) | Save the Children to scale up rural service delivery in underserved areas in Northeast adding new born resuscitation GDA. |
| Social Marketing Company (through Sept 2011) | New Social Marketing/Private Sector Project to be developed to promote FP, nutrition and health. |
| FHI HIV/AIDS Prevention and Testing Project (through Sept 2013) | FHI shifting TA to influence best practices and leveraging Global Fund investments in TB and HIV/AIDS |
| Key Field Support (Annually): | Key Field Support (Annually) |
| Central Contraceptive Procurement with USAID/W | CCP Investments to support LAPM and supplies to private sector leverage multi-billion sector program |
| TA currently for Contraceptive Security Procurement in MOHFW | Increased Technical Advisors/Fellows in MOHFW to leverage multi-billion dollar multi-donor fund for both family planning & health commodities procurement |
| TA for M&E, national surveys, census, and evaluations | Increased TA including possible advisors in MOHFW and at district levels to support e-MIS at all levels |
| TA through FANTA2 for nutrition profiles and advocacy | Increased TA including possible advisors in MOHFW and at district levels to support mainstreaming nutrition as critical part of ESP. |
| TA to support MOHFW in design of next sector program (through June 2011) | TA including technical advisors placed at MOHFW to support establishment of Project Coordination, Monitoring and Evaluation Unit for implementation of next sector program |

Annex 5: USG Bangladesh Priority Activities Under GHI

| Technical Area | BASELINE INFO country-specific GHI target | Relevant Key National Priorities/ initiatives | STRATEGY Key Priority Actions Likely to Have Largest Impact | Key GHI Principles | Key partners |
|---|---|---|--|--|---|
| <p>HIV/AIDS: Support the prevention of more than 12 million new infections;</p> <p>Provide direct support for more than 4 million people on treatment;</p> <p>Support care for more than 12 million people, including 5 million orphans and vulnerable children.</p> | <p>New HIV infections/year -Current Estimate: <1% -Target: Maintain <1%</p> <p>Number in treatment: -Current: 600 (incl 36 children) -Target: TBD</p> | <ul style="list-style-type: none"> • Focus on high risk population and maintain < 1% prevalence among most at risk population groups including migrant population. • Promote testing services for the high-risk and marginalized population. • Work in comprehensive way with the Injecting Drug Users (IDUs). • Ensure care and support for the people living with HIV positives. • Promote safe practices in the health care system. • Strengthen the capacity of the national AIDS/STD program (NASP) to govern the program and coordinate donor inputs. • Coordinate with Global Fund to leverage GF resources for improving coverage and quality of programs and strengthen national response. • Work on improvement of social determinants, including poverty and gender equality. | <ul style="list-style-type: none"> • Targeted interventions for IDUs, CSWs, and MSMs, including condom provision, and promotion and monitoring of condom use. • VCT for MARPs. • Care and Support program for the HIV positives. • Safe blood transfusion, injection safety, and sharps management practices at the health care centers. | <p>Strengthens country ownership and governance.</p> <p>Strengthens strategic coordination with Global Fund and other donors.</p> <p>Other donor resources leveraged for improved national response.</p> <p>Strengthens health systems in ensuring availability of key diagnostics and provision of safe and quality services for the clients and providers.</p> | <p>Family Health International</p> <p>Global Fund Recipients and Country Coordination Mechanism</p> <p>UNAIDS</p> <p>World Bank</p> |

| Technical Area | BASELINE INFO country-specific GHI target | Relevant Key National Priorities/ initiatives | STRATEGY Key Priority Actions Likely to Have Largest Impact | Key GHI Principles | Key partners |
|---|---|---|--|--|--|
| <p>TB: Save approximately 1.3 million lives by treating a minimum of 2.6 million new TB cases and 57,200 multi-drug resistant (MDR) cases of TB, contributing to a 50 percent reduction in TB deaths and disease burden.</p> | <p>Current Estimate: Prevalence: 223 per 100,000 Target prevalence: Reduce by 50% (from 1990 baseline) % treated with DOTS: 72% Target: 70% Current Rx success rate: 92% Target new case treatment rate: 85% Current estimate MDRTB: 318 Target MDRTB cases treated: 1,500 by 2015</p> | <p>Maintain high level of case detection and treatment success rate:</p> <ul style="list-style-type: none"> • Pursue high quality DOTS expansion and enhancement, including ACSM • Establish interventions to address HIV-associated TB and drug-resistant TB. • Strengthen laboratories to ensure efficient utilization of existing laboratories • Improve quality of sputum smear microscopy (SSM). Capacity • Strengthen management of drug resistant TB • Ensure supportive supervision. • Strengthen monitoring and MIS system. • Improve diagnosis of smear-negative, extra-pulmonary and children TB • Improve social determinants and linking with other areas, including nutrition. • Improve infection control strategies in TB treatment centers • Develop a practical approach to lung health strategy | <ul style="list-style-type: none"> • Improve access to and quality of DOTS • Public-private partnership to expand DOTS coverage and quality TB treatment • Scale up management of drug resistant TB including strengthening of laboratories and infection control measures • Develop human resources and supervision and monitoring capacity of NTP Public health facilities strengthened to deliver DOTS and MDR treatment services • Strengthened strategic coordination with Global Fund and other donors. • Strengthens health systems in ensuring availability of key services. • Improved monitoring of program to ensure better results and advance new learning and innovations. • Ensure coverage for women through gender sensitive approaches. • Conduct drug resistant survey and surveillance activities • Conduct operations research to | <p>Public health facilities strengthened to deliver DOTS and MDR treatment services</p> <p>Strengthened country ownership and governance in TB program management</p> <p>Strengthened strategic coordination with Global Fund and other donors.</p> <p>Strengthens health systems in ensuring availability of key services.</p> <p>Improved monitoring of program to ensure better results and advance new learning and innovations.</p> <p>Ensure coverage for women through gender sensitive</p> | <p>WHO NTP URC FHI BRAC NGOs</p> |

| Technical Area | BASELINE INFO country-specific GHI target | Relevant Key National Priorities/ initiatives | STRATEGY Key Priority Actions Likely to Have Largest Impact | Key GHI Principles | Key partners |
|----------------|---|--|---|--------------------|-----------------|
| | | | <p>improve quality and coverage of program</p> <ul style="list-style-type: none"> • Ensure availability of drugs, diagnostic kits, and other equipment to maintain high level of quality DOTS delivery | approaches. | |

| Technical Area | BASELINE INFO country-specific GHI target | Relevant Key National Priorities/ initiatives | STRATEGY Key Priority Actions Likely to Have Largest Impact | Key GHI Principles | Key partners |
|---|---|--|---|---|---|
| <p>Maternal Health: Reduce maternal mortality by 30% across assisted countries</p> | <p><u>Maternal Mortality Ratio</u></p> <p>Current Estimate: 320 per 100,000 live births</p> <p>GHI Target: 150/100,000 live births</p> <p><u>Births attended by skilled birth attendant</u></p> <p>Current estimate: 18%</p> <p>GHI target: 33%</p> | <p>From the Draft Health Population and Nutrition Sector Strategic Plan (HPNSSP), 2011 – 2016 Sept, 2010</p> <ul style="list-style-type: none"> • Improve the quality, reliability and coverage of antenatal care in facilities, outreach, community and households. • Expand skilled birth attendance at home deliveries • Strengthen 24/7 EmONC services • Strengthen Community Support System remove barriers for poor women to access safe delivery & EmOC facilities • Scale up prevention of pre-eclampsia, post-abortion care • Promote MNCH services in urban slums. • Ensure a home visit by a trained community health worker within two days of childbirth • Strengthen National MNCH forum | <ul style="list-style-type: none"> • Improve access to quality antenatal care, clean and safe delivery and emergency obstetric care in district and sub district health facilities and through skilled birth attendance in home deliveries • Scale up eclampsia management, post-abortion care, and fistula prevention, surgery, and care • Mobilize communities to increase awareness of birth preparedness, and care seeking for obstetric complication, and to prevent harmful practices including early marriage • Strengthen 24/7 EmONC services in selected district and sub district hospitals, and Maternal Care Welfare Centers and referral linkages between these levels • Improve access to MH services in urban slums • Increase access to effective postpartum care < two days of birth, and postpartum family planning • Engage in policy dialogue with the Government • Advocacy and alliance building for | <ul style="list-style-type: none"> • Non-abusive, woman-centered services • Public hearings and social watch at community level to ensure availability of skilled birth attendance, EmONC services, non-abusive care • Alignment with GOB national plan & strategic coordination with Donor Consortium | <ul style="list-style-type: none"> • Donor Consortium (UN Agencies, DfID, JICA, GTZ) • New procurement awardee (TBD) • Engender-Health • Chemonics • White Ribbon Alliance |

| Technical Area | BASELINE INFO country-specific GHI target | Relevant Key National Priorities/ initiatives | STRATEGY Key Priority Actions Likely to Have Largest Impact | Key GHI Principles | Key partners |
|--|--|--|---|--------------------|--|
| | | | safe motherhood and newborn health (MNCH Forum, etc.) | | |
| <p>Child Health: Reduce under five mortality rates by 35% across assisted countries</p> | <p><u>Under-five mortality rate</u> Current estimate: 65 deaths/1000 live births GHI Target: 50/1000</p> <p><u>Neonatal mortality rate</u> Current estimate: 37/1000 live births GHI Target: 23/1000</p> | <p>From the Draft Health Population and Nutrition Sector Strategic Plan (HPNSSP), 2011 – 2016 Sept, 2010</p> <ul style="list-style-type: none"> • Strengthen newborn care services at sub district and district levels and provide rapid referral mechanisms. • Ensure a home visit by a trained community health worker within two days of childbirth • Expand IMNCI • Develop and adopt a National Child Health Policy and initiate its implementation • Improve availability of clean water • Strengthen and sustain routine immunization. • Introduce new and under used vaccines: Td, Pneumococcal, Rotavirus, Cholera, MMR/MR etc. Improve cold chain warehouse capacity for EPI in preparation for the introduction of new vaccines. | <ul style="list-style-type: none"> • Strengthen essential newborn care at sub-district and community levels and ensuring home visits within 48 hours of birth, clean and safe delivery • Scale up immediate and exclusive breastfeeding up to six months • Scale up newborn resuscitation and hand washing for newborn survival as part of a Global Development Alliance • Improve access to newborn infection management and kangaroo mother care for low birth weight babies • Implement social marketing of ORS, zinc for diarrhea and safe delivery kits, micronutrients • Improve access to IMNCI • Improve access to and use of safe water to prevent diarrhea • Introduce new vaccines • Support and sustain high coverage of | As above | <ul style="list-style-type: none"> • Donor Consortium (UN Agencies, DfID, JICA, GTZ) • New procurement awardee (TBD) • Engender-Health • Save the Children • Chemonics • ICDDRDB |

| Technical Area | BASELINE INFO country-specific GHI target | Relevant Key National Priorities/ initiatives | STRATEGY Key Priority Actions Likely to Have Largest Impact | Key GHI Principles | Key partners |
|---|--|---|---|---|--|
| | | <ul style="list-style-type: none"> • Implement hand washing practices in schools. | <p>Vitamin A and immunization</p> <ul style="list-style-type: none"> • Develop and implement an urban program to reach the under-served urban slum children • Link with Education program for school nutrition, hygiene and hand washing, immunization. • Use evidence-based innovative approach. | | |
| <p>Nutrition: Reduce child under-nutrition by 30% across assisted food insecure countries in conjunction with the President’s Feed the Future Initiative</p> | <p><u>Nutritional status of children: Prevalence of stunting among children under age five</u></p> <p>Current estimate: 44%</p> <p>GHI Target: 34%</p> | <p>From the Draft Health Population and Nutrition Sector Strategic Plan (HPNSSP), 2011 – 2016 Sept, 2010</p> <ul style="list-style-type: none"> • Provide nutritional counseling to adolescent girls, pregnant and lactating mothers, together With Vitamin-A supplementation of mothers at their postnatal period. • Mainstream nutrition within the MOHFW • Provide nutrition services under the urban health care program • Lead the nutrition response in emergencies • Strong coordination of food security, agriculture, health and safety net programs • All health workers will be trained in | <ul style="list-style-type: none"> • Strengthen nutrition systems through capacity strengthening and integration of Community Management of Acute Malnutrition into the health system. • Increase innovation and research focused on urban nutrition, social business enterprises, and diet quality and diversification • Develop a multi-faceted advocacy strategy for increased attention and government support of nutrition, including community based management of acute malnutrition (CMAM) • Integrate and strengthen maternal and child nutrition activities in existing USAID-supported health, | <ul style="list-style-type: none"> • Focus on women and children in intervention activities • Alignment with GOB national plan & strategic coordination with Donor Consortium • Integration of nutrition education within existing programs • Research of innovative supplements for Bangladesh | <ul style="list-style-type: none"> • GOB: NNP, IPHN, and MOHFW • UNICEF • FAO • WFP • World Bank • DFID • Helen Keller International • Alive and Thrive • FANTA-2 |

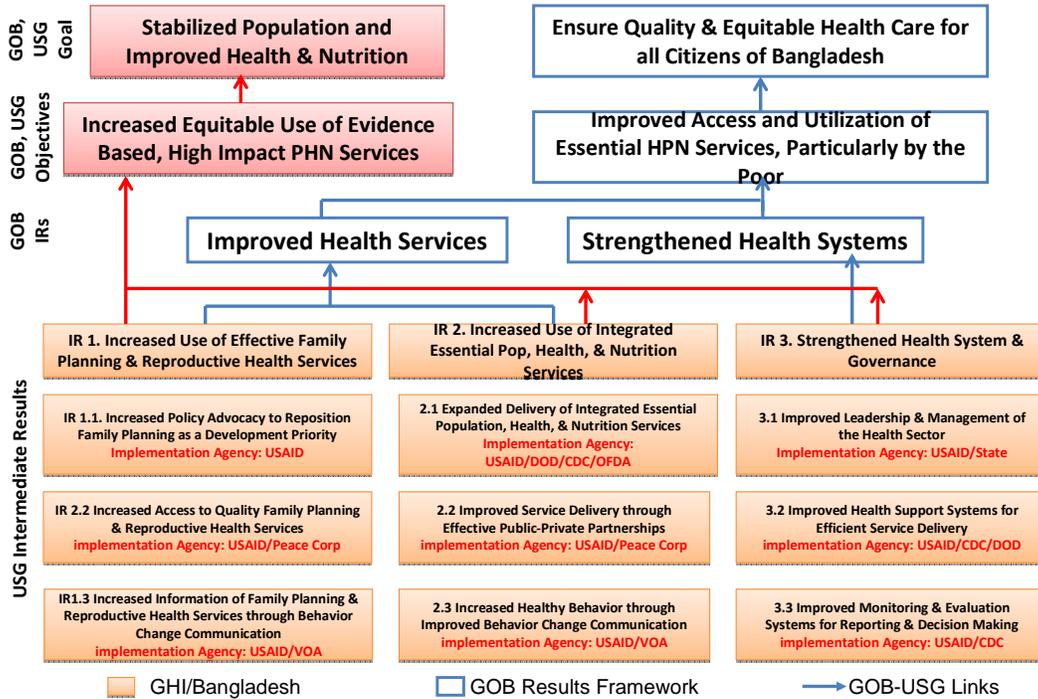
| Technical Area | BASELINE INFO country-specific GHI target | Relevant Key National Priorities/ initiatives | STRATEGY Key Priority Actions Likely to Have Largest Impact | Key GHI Principles | Key partners |
|---|---|---|---|--------------------|--|
| | | nutrition education so that nutrition services can be mainstreamed at community and facility levels | agriculture, education, and GOB programs <ul style="list-style-type: none"> • Innovate and deepen Social and Behavior Change Communication in maternal and child nutrition for greater impact • Strengthen the capacity of key local institutions including the Government of Bangladesh • Implement research on a lipid-based nutrient supplement (LNS) to prevent chronic malnutrition | | <ul style="list-style-type: none"> • ICDDR,B • Micronutrient Initiative • JiVitA (Johns Hopkins University) • Save the Children • Bangladesh Breastfeeding Foundation (BBF) |
| Family Planning and Reproductive Health: Prevent 54 million unintended pregnancies; Reach a modern contraceptive prevalence rate of 35 percent across assisted countries, reflecting an average 2 percentage annual increase | <u>Contraceptive Prevalence Rate</u> Current estimate: 56% GHI Target : 70% <u>Adolescent Fertility: Percent of women age 18-24 who had their first birth before age 18</u> Current estimate: TBD GHI Target : TBD | From the Draft Health Population and Nutrition Sector Strategic Plan (HPNSSP), 2011 – 2016 Sept, 2010 <ul style="list-style-type: none"> • Implement the National Adolescent Reproductive Health Strategy • Promote increased use of FP before the first birth • Provide better counseling on side effects • Hire, train, update staff • Hire additional FWAs in Eastern divisions | <ul style="list-style-type: none"> • Contraceptive commodity security: strengthen procurement and distribution systems. • Capacity building: support NIPORT or other, revise curricula • Discontinuation: improve counseling. • Contraceptive choice: make LAPMs more available and strengthen referral systems; POPs, EC, LAM, SDM. • Demand generation: build GOB capacity; use segmented approach. • Barriers to access: advocate for client | As above | Donor Consortium EngenderHealth JHPIEGO |

| Technical Area | BASELINE INFO country-specific GHI target | Relevant Key National Priorities/ initiatives | STRATEGY Key Priority Actions Likely to Have Largest Impact | Key GHI Principles | Key partners |
|---|---|--|--|--------------------|-----------------|
| <p>by 2014;</p> <p>Reduce from 24 to 20 percent the proportion of women aged 18 - 24 who have their first birth before age 18</p> | | <ul style="list-style-type: none"> • Improve delivery of FP as part of different service delivery approaches for different geographical regions • Segment target populations by specific characteristics • Promote and facilitate use of longer acting and permanent methods (LAPM) • Increase Behavior Change Communication (BCC) • Maintain focus on commodity security • Address early marriage • Increase constructive male engagement • Expand contraceptive choices • Provide employment opportunities for youth • Revisit incentive schemes | <p>eligibility criteria and provider eligibility to deliver compatible with WHO standards.</p> <ul style="list-style-type: none"> • Increase availability of LAPMs through private sector, NGOs and for-profit. • Develop differential program strategies for specific population segments. • Integrated FP services with post-partum, post-abortion, post-MR, MNCH services • Multi-sectoral programming: Food for Peace; FP education in schools • Address age of marriage and first birth. | | |

| Technical Area | BASELINE INFO country-specific GHI target | Relevant Key National Priorities/ initiatives | STRATEGY Key Priority Actions Likely to Have Largest Impact | Key GHI Principles | Key partners |
|---|---|--|--|--|---|
| <p>Health system strengthening: Address critical barriers that impede GHI health impact.</p> | <p>Baseline: Current assessment of health system constraints to GHI health impact from financing, disparities, human resources, drug management systems, information systems, public health functions, and governance.</p> <p>Targets: Improvements in financing, equity, human resources, information and pharmaceutical management systems, public health functions and governance.</p> | <ul style="list-style-type: none"> • Strengthen pre-service curriculum of health providers. • Develop and implement strategy for public, private and NGO collaboration • Strengthen program management, planning and budgeting at national, district, sub-district levels • Develop a Single Work Plan & link with Local Level Planning • Revitalize Local Level Planning. • Implement e-Health, m-Health, SMS-based pregnancy advice. • Strengthen monitoring and evaluation systems • Strengthen procurement and logistics systems | <ul style="list-style-type: none"> • Strengthen pre-service/in-service training of health providers through the national training center, NIPORT, in family planning & adolescent health and other training institutions for other health areas. • Strengthen Upazilla (sub-district) health system and referral between the levels to enable them to provide quality essential health services. This includes management & data-based planning capacity for differentiated programming (reaching marginalized and underserved populations and geographic areas), drugs and supply logistics, quality improvement, and information system. • Strengthen the capacity of community clinics to provide quality essential health services with the support of the Upazilla and union levels above. • With USG's DG program to strengthen Local Level Planning system and link this with the Upazilla Health System. • Support m-Health coalition • Strengthen health education wings of the Health and FW Directorates to increase demand • Strengthen monitoring and evaluation capacity • Strengthen management and planning capacity • Strengthen procurement & logistics | <ul style="list-style-type: none"> • Increased country ownership • Stronger health systems | <ul style="list-style-type: none"> • Donor consortium • New procurement awardee • Others TBD |

ANNEX 6

GHI Bangladesh Results Framework & Links to GOB Framework



Annex 7

USG Bangladesh Illustrative Learning Agenda

Nationwide Revitalized Family and Repositioning Population as a Development Issue

- What are the most effective strategies to increase family planning?
- What are the most effective strategies to increase attention to population and family planning and mobilize support by non-health advocates?
- What structural barriers need to be addressed for increasing long acting and family planning use given that 62% women want no more children, yet only 7% are using long term methods?
- Why do the fertility rates vary so much across geographic areas?
- How to rally “champions” from other sectors to be advocates for addressing population across key sector?
- How can new technologies, assist in meeting unmet demand for longer term contraceptives for both men and women?

Integrated Service Delivery at the Community Level

- How do we measure the impact of the integration of services in a meaningful way?
- Can increased collaboration between the DG and FP directorates result in improved delivery of a basic package of care and improved health outcomes?
- How can you increase integration of nutrition as core part of integrated packaged?
- Can the effectiveness of proven categorical interventions be maintained but offered in an integrated model?
- Are there unintended negative health impacts due to integration of services?

Health System Strengthening & Governance

- How can systems be strengthened at a decentralized level when the entire system is so centralized?
- What incentive systems work to support enhanced work performance?
- How can local level planning and budgeting capacity be strengthened and sustained?
- What is the most effective way to involve other key Ministries e.g. Local Government, Education, to strengthen management skills at district and sub district level?
- What models can be explored to create partnerships/ collaborative arrangements/contracting out to private sector in training selected cadre of health providers?
- What models can be explored to create partnerships/collaborative arrangements/contracting out to NGOs to support systems strengthening at district and sub district level?
- How can new health financing mechanisms at the community level be identified, e.g. demand side financing, users fees, health insurance, be used to sustain health system?
- How can the public sector partner with the private/corporate sector to mobilize financial resources for health?

Annex 8

Approaches in Bangladesh that Demonstrate GHI Principles

Girls, Women & Gender Equity

GHI will support GOB in implementing recent policies that increase attention to girls and women's status. The female Prime Minister has a pro-female, pro-poor agenda to improve the health, social and economic status of women. In her recent statement at the UN General Assembly in New York, she pledged more focused efforts for improving maternal health and achieving MDG 5 by of reducing maternal mortality from 320 to 150/100,000 live births by 2015. In addition, the current administration has set a quota of one female Members of Parliament (MP) in each of the 64 districts. GHI for will work with USG Democracy and Governance programs to reach out to women 64 MPs, 300,000 male religious leaders, and the Ministries of Health, Women's Affairs, Education and Local Government as advocates for championing compliance to the age of marriage law of 18 years; keep girls in school; and address human rights issues, gender based violence, acid attacks and rape; and train up to 6,000 female health providers as community service promoters. GHI will also reach out to youth (both male and female) in and out of schools to promote peer education networks and to reach the next generation with gender messages that support improvements in girls and women's health. GHI is optimistic that Bangladesh is on track to meet the maternal health MDG in the next five years and improve the health status of girls and women.

USG Reengagement for Country Ownership

GHI represents a major shift for USG in the health sector as it reengages with GOB to foster country ownership. While USG NGO and private sector programs have made significant contributions to the sector, GHI offers the opportunity to foster a country led and owned process in helping Bangladesh achieve its MDGs. While USG is not a signatory to Bangladesh's International Health Partnerships+ or the \$4.2m pooled- funding mechanism, GOB has welcomed USG's reengagement, technical leadership and third party funding arrangements through our partners which supports the national program in achieving its MDGs. In fact, senior Bangladesh officials have applauded USG's desire to support their next sector program and support them in the massive job of coordinating 15 other donors in one of the largest non PEPFAR sector programs in the world. GHI has been able to demonstrate USG commitment to supporting host country systems and our flexibility in responding to important GOB requests. In the last several months, USG has mobilized technical assistance to quickly set up a Project Preparation Cell in the ministry, field advisors, provide critical equipment, logistics and organize exchange visits to help managers identify best practices elsewhere that can be adopted in Bangladesh. At the same time, USG local implementing partners are now being seen as a resource to the GOB and providing technical assistance in **new interventions** such as rolling out new born resuscitation; reestablishing a cadre of new skilled providers for voluntary sterilization; and testing public/private partnerships in low performing areas and urban slums to expand access and use of high impact essential health services.

Strategic Coordination among USG Agencies

GHI offers an historic opportunity for USG agencies working in health in Bangladesh, to promote strategic coordination and demonstrate a true “whole of government” approach providing state of the art technical leadership and excellence in the sector. USG has over 30 years of experience in health in Bangladesh and has supported some of the successful innovations, e.g. worldwide roll out of ORT, surveillance and outbreaks, sustained immunization coverage, family planning, and child survival. Below are highlights of the core competencies of USG agencies that will contribute to GHI/B.

The Embassy’s Mission Strategy and Resources Plan bring together four key strategic objectives which promote USG foreign policy interests in Bangladesh. GHI will contribute to each of the four objectives which include: (1) More pluralistic and responsive governance; (2) Broad-based economic growth and development; (3) Denial of space to extremism through security sector and education reform; (4) Responsible regional and international partnerships.

USAID has a long history working in health, population, and nutrition and will build on these successes to improve services, strengthen systems and help GOB improve health outcomes over the next 5 years. In addition, USAID will leverage resources from its other programs and create linkages with Feed the Future, Food for Peace, Economic Growth, Climate Change, Education and Democracy and Governance. Synergies among USAID programs are being identified as the new 5 year Country Development Cooperation Strategy is developed by mid 2011.

CDC will improve public health lab capacity including governance and technical capacity of staff at the local level, and link with agriculture and economic livelihood programs with its dual focus on human and animal health. It will also build on the capabilities and core competences of Health & Human Services Agency which currently supports GOB in outbreak investigations and response, and population based communicable disease surveillance and research. CDC will continue collaboration with ICDDRDB and will focus on building GOB capacity in surveillance, communicable disease control, scientific research and laboratory strengthening at the upazila level. CDC will also work with USAID on interventions to improve water, hygiene and sanitation; and TB control in support of the national program.

DOD will work throughout the country focused in proximity to Bangladesh military bases for logistics support, capacity building exchanges, and also in such areas that have little to no access to reasonable primary health care. DOD will fill gaps in the military through medical training and seminars on topics such as infection control, Avian and Pandemic Influenzas, and post disaster interventions. DOD’s, Office of Defense Cooperation (ODC), will ensure DOD health initiatives appropriately align with Mission Dhaka efforts for improving health systems. As Bangladesh military capacity is enhanced, ODC will ensure a long term engagement strategy that supports health systems improvement within Bangladesh, both military and civilian.

NIH will realign current and future research to ensure findings support Mission Dhaka learning agenda in achieving GHI/B objectives leading to improved health outcomes.

PAO and **VOA** will support GHI/I public relations and media efforts. Peace Corps, when reestablished in Bangladesh, will support community mobilization and advocacy efforts.

Dhaka Mission is linking with **USDA/India** to ensure coordination under the Feed the Future Initiative and with **USAID /Nepal** under GHI to support best practices and exchanges between the Ministries of Health in both countries since they are the only two GHI Plus countries in the Asia region.

Coordination between the Global Health and Feed the Future Initiatives on Nutrition

USG will continue to use its existing health, agriculture, humanitarian assistance and livelihood sector platforms to maximize impact on nutrition. Both prevention and treatment of malnutrition will be the focus of the different interventions for an integrated response. In prevention, resources will be used to strengthen the promotion of essential nutrition actions with a strong focus on behavior change at both the community and health facility level, with a focus on community clinics. Training and support for health and community workers to integrate nutrition into health services for pregnant women and young children will be provided. Support for community management of acute malnutrition will be strengthened to ensure that adequate and comprehensive emergency response and treatment services are readily available. Under the Feed the Future Initiative, nutrition is now an integral part of new agriculture and livestock programs. Efforts will continue under the PL480 Food for Peace program to provide nutrition education, promote exclusive breastfeeding and enhance dietary habits to improve health outcomes. All nutrition interventions will be completed in coordination with the Government of Bangladesh's nutrition work implemented through various Ministries including the Ministry of Health and Family Welfare, Ministry of Agriculture, and Ministry of Food.

Strategic Partnerships and Alliances

Several new partnerships and alliances are emerging with GHI.

Donor Consortium. USG is now actively participating in the local donor consortium, joint working groups, and policy committees with GOB. The consortium include: World Bank, Dfid, AusAid, JICA, EU, Canadian Aid, Swiss Aid, Norway, Holland, WHO, UNICEF, UNFPA, UNAIDS, and USAID among others. Over the past few months, USAID has actively participated in the consortium meetings and hosted key meetings including: the Nutrition Working Group; and Pre-Appraisal Technical Consultation Meetings for GOB and World Bank. As a result of a request from the Chair of the Consortium, USAID will host a Donor's Consultation Meeting prior to the February Appraisal Mission for the next sector program.

USAID HQ, AusAid, Dfid and the Gates Foundation has issued a joint statement to work on reproductive health in selected countries in which Bangladesh is one of them. The alliance is currently working on a concept note to identify how it will work together to support GOB efforts in the next sector program with a special focus on services to the urban poor.

USAID and Japan recently agreed to work on maternal, neonatal and child health and Bangladesh is among one of the priority countries. A joint assessment mission is planned in February to identify areas of collaboration and support to government in this area.

Public Private Partnerships- The GOB admits that it cannot provide quality health services to millions of Bangladeshis in need of basic services. Several PPPs are emerging to support engagement of Bangladesh's vibrant private sector in improving health. **Grameenphone**, a local internet and phone

provider, is mobilizing private sponsors to support USG “Mobiles for Health (M4H)” to subsidize health messages to pregnant women and newly delivered mother. It has also subsidized costs of ante-natal, post natal and child health services through a voucher scheme for poor clients in USAID Smiling Sun Clinics. **Laredal**, a private Norwegian company, is providing funding to test manual aspirators (low cost bag and mask kit) for rolling out new born resuscitation in communities in the global “Helping Babies Breath Initiative”. **Unilever** recently launched an initiative in Bangladesh to promote hand washing and hygiene. GHI/B is linking up with them to target hygiene messages to health providers during home deliveries to promote clean cord care and combat infections in new borns. GHI/B will build on its successful track record of promoting partnerships with US and Bangladesh private companies to take advantage of the many Corporate Social Responsibility programs operating in the country. GHI will expand and initiate partnerships with companies such as Chevron, Wal-Mart, Dettol, banks, garment manufacturers and cement producers to expand clinic expansion to hard to reach areas and subsidize health services for the poor. Linkages with also be made with USAID Economic Growth programs to identify other potential partnerships for expanding work based family planning and health services and voucher schemes to large companies. These partnerships will help mobilize additional resources for the health sector and support GOB efforts in improving health for all citizens.

Health Systems Strengthening: Supporting National Surveys

USG is providing technical support for implementation of the 2011 Bangladesh Population Census. It will extend support for use of census information for population projections by age and gender for each health administrative area, so that program managers have timely and reliable information on the population to be served. GHI/B also supports to updating the Census and Mapping of Urban Slums that provide useful information for designing both health and non-health programs for the fast changing urban populations. In addition to monitoring performance, GHI will support the BDHS and use data for: policy analysis, raising awareness of health issues among targeted groups in civil society, and training journalists on investigative health reporting. The USG will support periodic nationally representative surveys such as the Urban Health Survey and the Maternal Mortality Survey. GHI/B will also coordinate with other development partners to support Health Facility Assessment Surveys that will be used to measure the progress of selected health system strengthening activities of GOB. In addition, technical support will be provided in surveillance in order to establish and strengthen disease surveillance and improve GOB response in public health threat situations.

Health Systems Strengthening: Commodity and Logistics Systems

The USG has been working on three parallel tracks to ensure contraceptive security: strengthening the Directorate of Family Planning's (DGFP) procurement and distribution systems; reinstating monthly procurement review meetings; and upgrading the on-line MIS tracking tools. In the last six months, this has resulted in restoring donor confidence in GOB by using USG's \$1m in technical assistance including placing new technical advisors in the MOHFW. Consequently, this year no procurement packages were cancelled by the World Bank and \$37m in contraceptive supplies were financed through the pooled funds on time. Supplies are now flowing back into the system and GOB is on track to ensuring pipelines for 5 of the 6 contraceptive products have a minimum pipeline of 18 months to avoid stock outs which were a reoccurring problem in the last three years.

USAID will continue to strengthen DGFP's systems and provide assistance to improve the efficiency of its procurement and supply chain management systems, strengthen its commodity management information systems to support evidence-based decision making, and build capacity of its human resources, reduce transactions costs and increase transparency. The USG will also continue increasing the capacity in supply chain management of DGFP, other Government institutions, and others (such as the Social Marketing Company) which accounts for approximately 35% of national CPR. GHI/B will share information, replicate best practices, and collaborate in addressing commodity management issues. In fact, the GOB has requested expanded technical assistance to help it procure essential primary health drugs and GHI/B will respond in helping to strengthen the Directorate of Health Services capacity to procure products with an annual budget of about \$150m a year install e-procurement tools.

Improving Monitoring and Evaluation: Supporting the GOB M&E

In a **new activity**, the GHI/B will strengthen health systems by increasing attention to metrics and improving the M&E.

USG is reestablishing its technical leadership in M&E through recent assistance in developing the Results Framework for the next sector program. Now GOB has requested GHI/B to assist in establishing a **new** Program Coordination and Monitoring Unit within the Ministry of Health to provide technical support in building capacity and establishing systems to routinely analyze and use data for decision making. It is envisioned that the new unit will:

- establish a well-functioning and reliable Health Information System (HIS) and ensure its use; coordinate with other development partners interested in strengthening HIS; place technical advisors at the Ministry, Directorates and District levels to improve capacity building of host institutions; and use proven and innovative tools and technologies to improve completeness and reliability of HIS.
- Design record keeping systems for health service providers at various levels and provide training on

data collection, recording, compilation and analysis.

- introduce effective monitoring systems to ensure completeness, quality and reliability of data; and establish processes at all management levels to routinely analyze and use data for program management;
- Introduce/scale-up proven cost-effective tools for improving M&E. For example, expand e-technology, use hand held devices to gather, compile, analyze and disseminate information; and introduce mobile-technology to collect and report information.
- Use Geographic Information System (GIS) for mapping⁴⁰ and analysis of data, so that service coverage can be determined according to need.

Research and Learning Agenda

Under GHI/B, a **new** program funded through USAID/W, Translating Research into Action (**TRAction**) will support implementation research, capacity building in M&E, and activities to advance the learning agenda. TRAction will assist the MOHFW and other key stakeholders in developing and testing models for improving the access and quality of maternal, newborn and child health, Pop/FP/RH, and TB services amongst all sectors including the government, NGO and private sector. TRAction will fund studies that advance the application of new and previously evaluated research approaches into sustainable and high impact interventions. Activities funded under the project will include, but are not limited to: rapid situational analysis as part of think tank support to USG and MOHFW; qualitative and quantitative studies to assess programmatic gaps and identify opportunities; research studies testing new interventions and approaches for scale up; and advancing the learning agenda through targeted dissemination and dialogue on key health issues with civil society, media groups, policy makers and program managers. TRAction will also support capacity-building of GOB and key stakeholders in research, policy analysis and advocacy and apply lessons learned for policy dialogue and adoption of proven interventions.

The research studies will range from simple data analysis of existing data sets and/or design and testing of new interventions. As part of testing new interventions, the project will assess the efficacy and efficiency of new approaches of service delivery under the GHI/B results framework. TRAction will work with CDC and NIH in streamlining the research and learning agenda for Bangladesh to ensure increased efficiency in USG resources under GHI.

⁴⁰ Bangladesh will replicate GIS work done already in Nepal and Mali to rationalize future USG investments and improve overall sector planning among GOB and donors. USG might also develop an application for a family-centered health record system as developed by SSFP. This system could be adopted and used to strengthen the current public sector MIS and promote e-health technology at the district and Upazilla level.