



# Outsourcing and Social Contracting in Bangladesh: Framework for Assessment and Planning for Transition from External to Domestic Funding

August 26, 2022 • Bangladesh



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## **About HS4TB**

The USAID Health Systems for Tuberculosis (HS4TB) project seeks to transform the way country leaders and health system managers understand and work toward TB control and elimination. HS4TB is a five-year USAID contract focusing on health systems priorities that most directly support achievement of TB outcomes, with a focus on health financing and governance in the USAID TB priority countries. The project helps countries increase domestic financing, use key TB resources more efficiently, build in-country technical and managerial competence and leadership, and support policy formation and dissemination. HS4TB is led by Management Sciences for Health (MSH) in partnership with Nathan Associates and Open Development.

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Submission Date: August 26, 2022  
Resubmitted March 17, 2023

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## Contents

Introduction	4
Assessment tools and international experience	5
Summary of approach	8
Intervention 1: Stakeholder engagement	9
Intervention 2: Integrated mapping and assessment	11
<i>2a. Integrated mapping assessment approach</i>	<i>11</i>
<i>2b. Mapping legal, regulatory, and policy environment</i>	<i>15</i>
<i>2c. Private sector landscape mapping for service delivery and contracting</i>	<i>17</i>
<i>2d. Assessment of NTP/MOHFW capacity for outsourcing</i>	<i>22</i>
<i>2e. Political Economy Analysis</i>	<i>24</i>
Intervention 3: Produce a narrative report with recommendations	26
Intervention 4: Produce a roadmap and action plan	27
References	28
Annex	30
<i>Annex 1. Steering Committee Composition and Terms of Reference</i>	<i>30</i>
<i>Annex 2. Technical Working Group Composition and Terms of Reference</i>	<i>31</i>
<i>Annex 3. Key Informant Questionnaire: Public Sector</i>	<i>32</i>
<i>Annex 4. Key Informant Questionnaire: NGO, CSO, private company, development partners, academia</i>	<i>40</i>
<i>Annex 5. List of Documents to review for Legal, Regulatory, Policy Environment mapping</i>	<i>49</i>

## Introduction

Bangladesh has achieved considerable economic growth in the past decade, with GDP increasing by over 6 percent<sup>1</sup> per year, placing the country within the lower-middle income bracket and on a fast track to reach upper-middle-income status. With the resulting poverty reduction and improved health outcomes – such as meeting SDG targets for under-five and neonatal mortality<sup>2</sup> – Bangladesh is embarking on the transition away from dependence on external aid for health. This transition requires adequate planning and preparedness to avert challenges that may arise as the country assumes more direct financial and programmatic responsibility of its health programs, and to minimize the potential of reversing significant gains in overcoming diseases such as TB.

Improving efficiency and increasing sustainability are immediate necessities as the TB program is heavily dependent on external funding from donors such as the Global Fund and USAID – a substantial proportion of which is channeled through NGOs and CSOs. This funding will likely decrease as the country's economic status continues to improve, but there is still a critical role for the private sector, including NGOs and CSOs, in delivering clinical and non-clinical TB services. The development of a government-led mechanism to contract these organizations will provide a sustainable financing channel for these services, while also establishing a mechanism by which government can steer the overall response.

The goal of this project is to assist the GoB in improving planning and preparedness as it takes increasing responsibility for managing the engagement, outsourcing, and social contracting with the private sector to maintain the achievements gained with the support of the Global Fund. For the purposes of this assessment framework, we adopt the working definition of social contracting as proposed by UNDP: “The process by which government resources are used to fund entities which are not part of government (called here civil society organizations, or CSOs) to provide health services which the government has a responsibility to provide, in order to assure the health of its citizenry.”<sup>3</sup> However, we also extend beyond this social contracting definition in two important ways: (1) we consider the potential outsourcing of services to not just CSOs but also larger NGOs and both for-profit and not-for-profit private entities; and (2) we include a consideration of outsourcing not just clinical health services but also non-clinical services more indirectly related to a functioning TB program (such as TB-related information technology support).

HS4TB will support the GoB in elucidating (a) the legal, regulatory, and policy environment for contracting; (b) the current landscape of contracting with NGOs/CSOs/private sector, and their role in health; and (c) the institutional capacity of the National Tuberculosis Programme (NTP) and MOHFW for outsourcing and social contracting. The findings will constitute recommendations on systems improvements to be undertaken to address gaps and limitations relating to the legal, regulatory and policy environment; to the institutional capacity of NGOs/CSOs/private sector to engage in social

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<sup>1</sup> GDP growth between 2010-2019. World Bank national accounts data, and OECD National Accounts data files. Source: <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=BD>. Accessed 07/14/21

<sup>2</sup> Source: <https://www.who.int/bangladesh/news/detail/05-03-2020-bangladesh-makes-consistent-progress-achieving-sdgs-health-indicators>. Accessed 07/14/21

<sup>3</sup> UNDP. 2019. Guidance Note for the Analysis of NGO Social Contracting Mechanisms: The Experience of Europe and Central Asia.

contracting; and to the government to increase their contracting capacity and their ability to access domestic funding for contracting related to the TB program.

As more countries are expected to join Bangladesh in the transition from dependence on external aid, the methodology and findings will be compiled and shared for learning and practice.

## Assessment tools and international experience

With many countries at various stages of transition from external aid due to progression from low- to middle-income status, several transition readiness tools have been developed with support from donors. In addition, numerous documents have been produced describing best practices and country experiences with health sector contracting, and the development of capacity for such contracting.

Table I below provides a list of key tools and documents consulted in developing the approach for this assessment.

*Table I. List of Transition Readiness Assessment tools, contracting documents, case studies consulted*

<b>Tool or Document Name</b>	<b>Publication</b>	<b>Developer</b>	<b>Funding Agency</b>	<b>Area</b>
<b>Transition Readiness Assessments</b>				
PEPFAR sustainability Index and Dashboard (examples from <a href="#">Ukraine, Tanzania</a> )	2017	PEPFAR	PEPFAR	HIV
<a href="#">Guidance for analysis of country readiness for Global Fund Transition</a>	2017	APMG	Global Fund	HIV, TB, Malaria
<a href="#">Transition preparedness assessment: The road to sustainability</a>	2016	Curatio International Foundation	Global Fund	General
<a href="#">Checklist for Transition Planning of national HIV response</a>	2016	World Bank	World Bank	HIV
<a href="#">Transition Readiness Assessment for Malaria</a>	2018	Malaria Elimination Initiative and Evidence to Policy Initiative, UCSF	Global Fund and the Gates Foundation	Malaria
<a href="#">Assessing the Sustainability of Harm Reduction Services through and beyond the Transition Period from Global Fund support to Domestic Funding</a>	2017	Eurasian Harm Reduction Network	International Council of AIDS Service Organizations and the Open Society Foundation	HIV, TB, Malaria
<a href="#">Readiness Assessment – moving towards a country-led and country-financed HIV response for key populations</a>	2015	HP+	USAID, PEPFAR	HIV in key populations
<a href="#">Transitions from donor funding to domestic reliance for HIV responses: Recommendations for transitioning countries</a>	2016	APM Global Health	Global Fund	HIV

<b>Contracting guidelines and references</b>				
<u>Contracting for Health Care Service Delivery: A Manual for Policy Makers</u> <a href="https://shopsplusproject.org/sites/default/files/resources/2833_file_ContractingPriMerManual.pdf">https://shopsplusproject.org/sites/default/files/resources/2833_file_ContractingPriMerManual.pdf</a>	2004	JSI	USAID	General
<u>Diagnostic Tool on Public Financing of CSOs for Health Service Delivery (N/A online)</u>	2017	APMG Health	Global Fund	HIV, TB & Malaria
<u>Guidance Note for the Analysis of NGO Social Contracting Mechanisms: The Experience of Europe and Central Asia</u>	2019	UNDP	UNDP	General
<u>Contracting but not without caution: experience with outsourcing of health services in EMRO (Annexes 1 and 2)</u>	2006	WHO/EMRO	WHO/EMRO	General
<u>Social Contracting: Supporting Domestic Public Financing for Civil Society's Role in the HIV Response</u> <a href="http://www.healthpolicyplus.com/ns/pubs/7190-7335_SocialContractingFactsheet.pdf">http://www.healthpolicyplus.com/ns/pubs/7190-7335_SocialContractingFactsheet.pdf</a>	2018	HP+	USAID / PEPFAR	HIV
<u>Performance-based contracting for health services in developing countries: a toolkit</u>	2008	World Bank	World Bank	General
<u>2019 Civil Society Organization Sustainability Index for Asia</u>	2020	ICNL, FHI360	USAID	General
<b>Country Case Studies</b>				
<u>Legal and Regulatory Framework for Social Contracting in Guyana: Desk Review and Social Contracting Analysis</u>	2017	HP+ (Palladium)	USAID / PEPFAR	HIV
<u>Understanding the Costs of CSO-delivered HIV services for Key Populations in Guyana</u>	2018	HP+ (Palladium)	USAID / PEPFAR	HIV
<u>Legal and Regulatory Assessment for Government Funding of CSOs to deliver HIV services in Jamaica</u>	2019	HP+ (Palladium)	USAID / PEPFAR	HIV
<u>Understanding the Costs of CSO-delivered HIV prevention and support services in Jamaica</u>	2020	HP+ (Palladium)	USAID / PEPFAR	HIV
<u>Botswana's Fund Strategy for Civil-society-led HIV services</u>	2019	HP+ (ACHAP)	USAID / PEPFAR	HIV

<u>Social Contracting in Ukraine: Sustainability of Non-Medical HIV Services</u>	2019	HP+ (Palladium)	USAID / PEPFAR	HIV
<u>Social Contracting Guidelines for HIV services in Vietnam</u>	2019	HP+ (Palladium)	USAID / PEPFAR	HIV

We grouped the documents into three broad categories: transition readiness assessments, contracting guidelines and reference documents, and country case studies. The first set of documents on transition readiness provided essential background and context for Bangladesh as it phases away from reliance on external funding. These documents also provide the rationale for proposing social contracting as a mechanism for Bangladesh to achieve greater self-reliance in the implementation of TB control.

We relied heavily on the second set of documents, relating to contracting guidelines and reference materials, to produce this assessment framework. In particular, we used the following to develop the assessment questions and KII questionnaires:

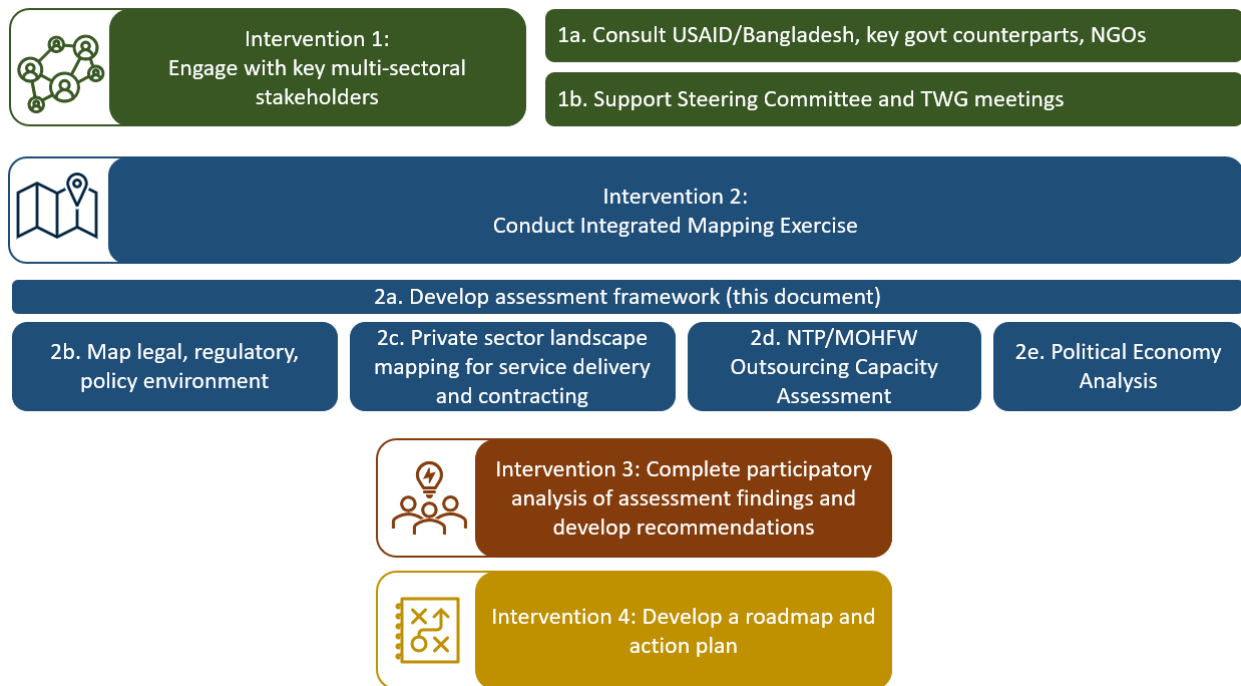
<b>Tool</b>	<b>Rationale</b>
Contracting for Health Care Service Delivery: A Manual for Policy Makers	Details the steps in contracting, necessary capabilities, and components of a contract; as well as contract planning checklist with questions
Diagnostic Tool on Public Financing of CSOs for Health Service Delivery	A detailed diagnostic tool, including questionnaires and guidance on stakeholders
Guidance Note for the Analysis of NGO Social Contracting Mechanisms: The Experience of Europe and Central Asia	A clear, step-by-step guide to assess legal and regulatory frameworks for social contracting (specific to HIV, but easily adaptable to TB)

The country case studies, particularly those in which the Global Fund-supported Diagnostic Tool was applied, provide useful examples of how to structure our deliverables, how to organize our data, and the types of recommendations we might make. We plan to return to this set of documents in detail as we draft outlines for the mapping assessment narrative report and the final roadmap and action plan.

## Summary of approach

We propose four interventions, as summarized in Figure 1 below.

Figure 1. Summary of Methodological Approach



Error! Reference source not found. will seek the endorsement and buy-in of government, donor partners, and non-government stakeholders. This will set up the participatory process for then establishing and validating the framework, conducting the assessment, disseminating key findings, and fostering ownership of identified recommendations and solutions.

**Error! Reference source not found.** will focus on assessment framework development followed by a multi-faceted mapping of the Bangladesh outsourcing context. The assessment framework development of 2a refers to this document. The integrated mapping assessment will include:

- 2b) an analysis of the legal, regulatory, and policy environment
- 2c) a private sector landscape analysis (i.e., the private sector’s capacity to (i) operate as government-funded contractors and (ii) to deliver outsourced services);
- 2d) an assessment of the GoB’s (more specifically, the NTP/MOHFW) capacity for outsourcing;
- 2e) a political economy analysis.

The results of these assessments will be analyzed as part of **Intervention 3** and the resulting recommendations and suggestions for the way forward will be formulated in collaboration with stakeholders. Finally, in **Intervention 4**, based on the results of the assessment and the corresponding recommendations, a roadmap and action plan will be jointly developed with stakeholders. The roadmap and action plan will inform the pilot testing and implementation of an evidence-based, contextualized plan for strengthening and sustaining outsourcing of TB services in Bangladesh.



Deliverables will be jointly developed with GoB counterparts and the HS4TB technical staff, with inputs at selected critical points from USAID (see separate Gantt chart for detail). Draft documents will go through multiple reviews by the HQ technical support team (Technical Advisor, MEL Director, Deputy Director) to finalize before a final review by the HS4TB Director and submission to USAID.

## **Intervention I: Stakeholder engagement**

Outsourcing of TB services with public funds will represent a significant policy shift for the MOHFW. As such, it is critical to engage key government stakeholders at an early stage of this assessment, to encourage buy-in and eventual ownership of the findings and recommendations.

While HS4TB will serve a primary role in collecting data, producing analyses, and presenting viable recommendations, government leadership and ownership of the process is the most critical component of this assessment. To achieve this objective, the HEU will play an active leadership role in engaging stakeholders throughout the assessment and dissemination process. The HEU has begun this by establishing and chairing a Steering Committee for this assessment, and by creating a Technical Working Group with the NTP.

Through these mechanisms, the HEU will provide leadership and technical support to inform the analysis, findings, and recommendations of the assessment.

### **Steering Committee**

The Steering Committee will meet on a monthly basis and provide support and guidance to the HS4TB team as it implements the activities described in this assessment framework (see **Annex I** for SC composition and terms of reference). This group will also serve a key role in validating and endorsing the main project documents and outputs, beginning with the assessment framework, and including the narrative assessment report and final roadmap and action plan. The SC will also communicate with other government offices, as needed, such as to disseminate key findings and recommendations from the assessments.

The first SC meeting occurred on 7 June 2021, in which the HS4TB Bangladesh team introduced themselves, the rationale for the project, and an overview of the mapping assessments. The SC discussed roles and responsibilities and agreed to issue a support letter that asks organizations contacted by the project to extend their cooperation to the HS4TB team.

The monthly SC meetings will be convened in relation to the following project outputs:

<b>Date</b>	<b>Topic</b>	<b>Desired outcome</b>
17 August 2021 (confirmed)	Present assessment framework, KII list, timeline	Endorse assessment framework; confirm no IRB required
September (TBD)	Present preliminary findings from mapping exercises prior to dissemination and feedback workshop	Provide feedback and recommendations
October (TBD)	Discuss initial recommendations from assessments Discuss content, structure, scope, and goals for final roadmap and action plan	Finalize recommendations for inclusion in narrative report Agree on plan and structure for final roadmap and action plan
November (TBD)	Present final narrative report Present preliminary conclusion of Roadmap and action plan development, prior to feedback workshop	Endorse final narrative report Agree on Roadmap and action plan framework to be presented to feedback workshop
December (TBD)	After the feedback workshop, present finalized roadmap and action plan	Endorse roadmap and action plan; propose recommendations for next steps

### **Technical Working Group**

Whereas the SC will provide a higher-level, official vehicle for endorsement of the project, the TWG will serve as an informal structure that will primarily serve to provide more regular and timely feedback and guidance to the HS4TB team (see **Annex 2** for TWG composition and terms of reference). For example, there will not be a need to formally convene the group with a signed letter, so the project team can approach the TWG on an ad hoc basis with questions and requests for feedback and inputs. The TWG will be engaged throughout the process through direct communication with the HS4TB team.

The full TWG will not be required to attend SC meetings. To ensure continuity and communication between the two groups, the Member Secretary of the SC is also a member of the TWG. When key dissemination meetings are scheduled, such as the workshop to discuss initial findings of the assessment, both the SC and TWG members will be requested to attend. The HS4TB team will also share key documents, such as presentation materials and draft reports, with the TWG for feedback prior to presenting them to the SC.

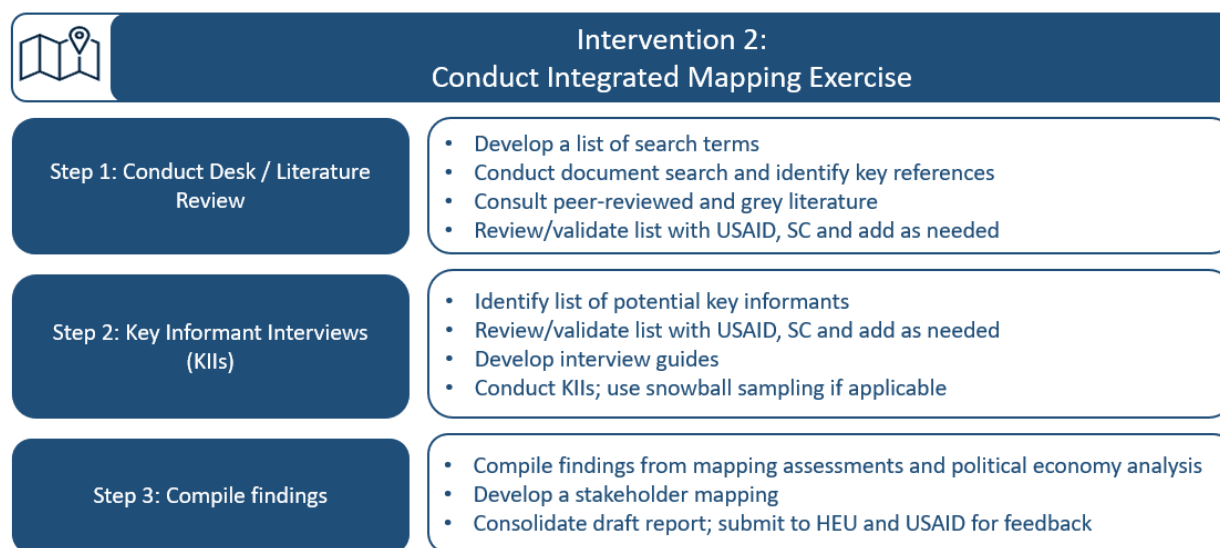
## Intervention 2: Integrated mapping and assessment

### 2a. Integrated mapping assessment approach

We propose a four-pronged mapping of: 1) the legal ecosystem for outsourcing, including laws, regulations, policies, and operational guidelines; 2) the landscape of NGOs, CSOs and other private sector entities in Bangladesh and their capacity to provide various types of TB services; 3) capacity of NTP/MOHFW for outsourcing; and 4) a political economy analysis. We will use a mixed-method approach involving document and literature review, key-informant interviews, and stakeholder analysis.

The broad steps for each mapping activity are summarized in Figure 2 below. We will conduct most of these steps concurrently across the four exercises.

Figure 2. Overview of Steps for Integrated Mapping Assessment



#### Desk Reviews

The desk reviews will take part through 1) a search of the peer-reviewed and grey literature; and 2) the identification and collection of key documents relating to each mapping component. For the literature review and document collection, we developed search terms for each of the mapping assessments and conducted an online search, primarily via Google and Google Scholar.

To identify key documents that may not be as readily searchable or easily available online, we relied on the knowledge and experience of the HS4TB team to propose specific documents for review – such as the laws, policies, and regulations relating to contracting. Other documents will require an additional step of approaching an organization, such as to collect contracts from the private sector. More detail specific to each mapping exercise is included in the sections that follow.

The desk reviews began concurrently with the assessment framework development, to inform the assessment questions and KII questionnaires. We will continue to add to our reviews during the KII process, as we expect to receive additional recommendations for documents to consult by the experts. In turn, the themes emerging from the desk review will also influence and be used to strengthen the questions posed during the KII discussions (e.g., if an issue mentioned in a document is puzzling or not completely explained, it can be explored further in a KII).

The purpose of the desk review is to familiarize ourselves with previous assessments that have been conducted in Bangladesh; to provide context for our discussions with the key informants; and to form a foundation for the recommendations and actions proposed in the final deliverable. We will present a synthesis of the desk review for each mapping exercise in the narrative report. Where relevant, we will also link our findings back to the global literature identified in the **Summary of approach** section.

### Key Informant Interviews

We identified a list of key informants to interview across the four mapping topic areas, as indicated in Table 2 below. The key informant identification process largely relied on the expertise and judgement of the HS4TB Bangladesh team, with inputs from USAID.

The team began by identifying a long list of stakeholders that could provide inputs across the various mapping exercises. This list was assessed based on the stakeholder’s relevance, influence, and involvement in the mapping areas. The team then narrowed the list to prioritize the key informants that would represent a range of opinions from different types of stakeholder groups. This list was reviewed with USAID/Washington and USAID/Bangladesh for feedback. The final list represents a manageable number of interviews given the timeframe and logistical considerations due to the Covid-19 lockdown.

The last four columns indicate the specific areas each informant would be expected to respond to and the sections of the questionnaire that will be applied. Note that political economy is a cross-cutting topic that will be addressed to a minor extent in the first three sections, in addition to the specific module.

Table 2. List of key informants and relevant mapping areas

	Organization / Agency	Name / Designation	Contact information	2b	2c	2d	2e
1	MOHFW	Hon’ble Minister, MOHFW					●
2	MOHFW	Mr. Ali Noor, Secretary (Former DG, CPTU)	9574490, 01711408234	●			●
3	MOHFW, Health Services Division (HSD)	Md. Saidur Rahman Additional Secretary, Development.	9514744, 01718030258	●		●	●
4	Cabinet Division	Mr. Md. Shamsul Arifeen, Additional Secretary, Committee	9511036,01715247075,	●			
5	MOHFW, HSD	Mr. Md Shahadat Husain, Add. Secretary (Financial Management)	2223390091 01732886448,			●	
6	Ministry of Finance	Ms. Nazma Mobarek, Addl Secretary (Budget)	9511050, 01716604300	●		●	●
7	MOHFW	Md Helal Uddin Addl Secretary, (Planning)	01715623924		●		●
8	Ministry of Planning	Dr Mohiuddin Osmani Chief (SEI Division)	01517262640	●	●	●	●
9	CPTU	Mr. Sohelar Rahman Chowdhury, DG	01727691482	●	●		

	Organization / Agency	Name / Designation	Contact information	2b	2c	2d	2e
10	DGHS	Dr Sabrina Flora Additional DG (Planning)	01713083893				●
11	DGHS	Dr. Farid Hossain Miah Director (Hospital)	55067150, 0172509001	●		●	
12	DGHS HIV/AIDS Program	Program Manager			●	●	
13	DGHS (CMSD)	Abu Hena Morshed Zaman, Director (Additional Secretary)	+880248115486 +8801712230680	●	●	●	
14	DGHS	Prof. Dr. Md. Shamiul Islam, Director TBL	9884656, 01712591887	●	●		
15	National Institute of Neurosciences	Prof Quazi Din Mohammad, Director				●	
16	National Institute of Kidney Diseases	Prof Mizanur Rahman Director,			●	●	
17	Sandor Dialysis Private provider to NIKDU)	Mr Nazmul Hasan GM (Finance and Administration)	01715689494		●	●	
18	Asian Development Bank, Dhaka	Ms Faiza Ahad Project Officer, UPHCDP			●		
19	World Bank, Dhaka	Ms. Bushra Alam,  Senior Health Specialist			●	●	●
20	World Bank, Dhaka	Ms. Iffat Mahmud				●	
21	UNAIDS	Dr Saima Khan Country Director			●	●	
22	Global Fund and Bangladesh Coordination Mechanism (BCCM)	Gyongyver JAKAB Port Folio Manager or Mr. Manaj Kumar BCCM Coordinator		●	●		
23	DGFP	Ms. Shahan Ara Banu Director General	55012341, 01711781869	●			
24	DGFP	Mr. Md. Shafiqur Rahman Director (Planning)	55012355		●		
25	Ministry of Local Government, Local Government Division.	Mr. Maran Kumar Chakravarty, Additional Secretary (Urban Health)	9558727, 01713255020,		●		
26	Ministry of Primary and Mass Education	Mr. Md. Ruhul Amin, Addl Secretary (Dev)	9540958, 01716297016,		●		
27	Program Management and Monitoring Unit, MOHFW	Mr. MM Reza, Former Health Secretary and Chief Technical Adviser					●
28	Academia	Prof. Masud Ahmed, JPG School of Public Health					●

	Organization / Agency	Name / Designation	Contact information	2b	2c	2d	2e
29	Academia	Prof. Abdul Hamid, Inst of Health Economics, DU					●
30	NGO brac	Md. Akramul Islam	01711837746	●	●	●	●
31	NGO brac	Dr Asif Saleh				●	
32	NGO icddr,b	Dr. Sayera Banu			●	●	
33	NGO Damien Foundation	Dr. Aung Kya Jai Maug	01714275898		●	●	
34	NGO brac	Dr. Asif Mujtaba Mahmud	01819 238 333		●		
35	NGO Sajida Foundation	Ms. Zahida Fizza Kabir CEO	01819212310		●		●
36	Activation Ltd.(Private IT Service to MIS,DGHS)	Mr Raihan CEO	01746638483			●	
37	ARK Foundation (Consultancy firm works with MOH)	Dr Rumana Haque Chairperson	01713018260			●	

Key informant interviews will be conducted by the HS4TB team over the course of approximately four weeks. Interviews will not be recorded, both to ensure informants are comfortable expressing their honest opinions freely, and to obviate a need for IRB approval. Detailed notes will be taken by the interviewer and/or an assistant.

We developed two interview instruments: one for stakeholders in government (**Annex 3**); and a second for NGOs, CSOs, development partners, and academia (**Annex 4**). Each instrument includes separate modules with questions for each of the four mapping exercises. Informants will be guided to respond to questions specific to the mapping areas identified in Table 2 above.

The goal of these interviews is to get open, honest feedback on the opportunities and challenges of outsourcing health services in Bangladesh. As such, interviewers will be guided to establish a relaxed, conversational environment, emphasize confidentiality, ask open-ended questions, and provide organic follow-up questions in response.

Within 24h after each interview, the interviewer will be instructed to summarize the key points and themes of the interview, using the following simple guide. This will facilitate identifying common themes across different interviewers and will assist the team in responding to the assessment questions identified for each of the four mapping assessments.

- Summarize the main themes from this interview.
- Indicate which of the assessment areas and questions were addressed in the interview.
- Indicate whether any new/conflicting information was providing or if interview validated existing findings
- Summarize any recommendations made by the interviewee.

## 2b. Mapping legal, regulatory, and policy environment

### Objectives

- Collect and assess government resolutions and national strategic plans on TB, communicable diseases, public health, civil society engagement, social health insurance
- Collect and assess public laws, policies, regulations, circulars, and guidelines relevant to outsourcing and social contracting
- Assess legal framework for operation of the private and NGO sector in Bangladesh
- Identify potential legal, regulatory, and policy barriers to implementing social contracting

### Assessment Questions

#### 1. TB and Health Policy<sup>4</sup>

- a. What are the country's health and goals and objectives? How is TB integrated in the health policy, and to what extent is it a priority?
- b. Does the population have any entitlement to TB-related services? (For example, as defined by a Social Health Insurance benefit package)
- c. How does the government coordinate responses to TB nationally, including activities implemented by CSOs?
- d. Can the country's health and TB policy goals and objectives be achieved through contracting? If so, how?

#### 2. Contracting legislation and regulations<sup>5</sup>

- a. Is there legislation conducive to contracting? If so, what laws support contracting?
- b. What types of CSOs and private sector contracting organizations are envisaged by the laws of the country? What are the differences between them?
- c. Is registration required for CSOs to operate? If yes, how easy is it to register a CSO?
- d. Are there any difficulties faced by CSOs that work with or represent key affected populations?
- e. Are CSOs allowed to perform economic activities? Are such activities taxable?
- f. Are there any prerequisites for CSOs in order to provide services related to health? (For example, do CSOs need to have a license / accreditation?)
- g. Are there any legal and/or regulatory barriers to conducting social contracting with CSOs?

### Desk Review

The HS4TB team has identified a list of policies, laws, regulations, and other documents to review (**Annex 5**). The documents are grouped into two broad categories: first, health sector-related policy documents, such as the Health Care Financing Strategy; and second, laws, regulations, and circulars, such as the Public Procurement Act.

We will conduct the desk review by extracting the key information from each document, beginning with standard identification data: title, publication date, type of document, years covered, issuing entity, and a brief summary. We will create a matrix with this information (Table 3a).

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<sup>4</sup> Adapted from JSI / Abramson, 2004.

<sup>5</sup> Adapted from UNDP, 2019.

For the second set of questions on the regulatory environment for NGOs/CSOs/private sector, there has already been considerable work on these issues during the production of the 2019 Civil Society Organization Sustainability Index for Asia.<sup>6</sup> We will not replicate this work but rather draw and expand upon this existing resource.

The next step will be to determine which documents respond to the assessment questions listed above. The matrix will include headings for key topic areas of the assessment questions; as the documents are reviewed, relevant quotes from the text will be inserted under each heading, as applicable (Table 3b). This will allow the reviewer to organize key findings from each document along the lines of the assessment questions, thereby forming the basis of the synthesis report for the document review.

Table 3a. Document Review Matrix for Legal, Regulatory, and Policy Environment

Title	Publication Date	Years Covered	Type of Document	Issuing Entity	Summary

Table 3b. Headings for assessment questions

TB and Health Policy Assessment				
Health Goals	TB Goals and Priority	SHI/social entitlements	CSO/NGO engagement	Contracting / outsourcing

Contracting Assessment					
Contracting legislation	Types of CSOs, NGOs to contract	CSO/NGO registration	CSO/NGO funding requirements / limitations	CSO/NGO licensing / accreditation	Legal and regulatory barriers to contracting

With this summary matrix we will then compile the responses to the assessment questions above, synthesize the findings and produce a review of the overall legal and regulatory environment for conducting outsourcing. Information gathered from the KIIs will be used to supplement the document review, particularly relating to any legal, regulatory, or policy barriers that might prevent or limit the ability to conduct social contracting. We will also use the interviews to provide qualitative data on the gaps between legal / regulatory requirements and actual practice.

We will turn these notes into an organized, thematic report on the legal and regulatory environment, and will also use the country case studies listed in Table I as a guide to structure our findings.

<sup>6</sup> See <https://www.fhi360.org/sites/default/files/media/documents/csosi-asia-2019-report.pdf>



## 2c. Private sector landscape mapping for service delivery and contracting

### Objectives

- Summarize the landscape of NGOs, CSOs and other private sector entities in Bangladesh, including identification of the major private players and major contracts
- Assess the capacity of these organizations to provide various types of TB services
- Synthesize information about types of services currently being outsourced to the private sector
- Collect information about the practical experiences of the NGOs, CSOs and private sector entities in implementing NGO social contracting, including the capacities, internal systems, experiences and expectations around government contracting of these organizations

### Assessment Questions

#### 1. CSO/NGO landscape

- a. How many CSOs and NGOs are there in the country?
- b. How do they vary in terms of their size, scope, funding, national or international status, and areas of services provision?
- c. Where do they get their funding?
- d. What are the types of services provided by them? Are they providing TB services?
- e. What CSOs or NGOs have been contracted by government, and for what services?

#### 2. Private sector landscape

- a. Are there significant private sector providers of ancillary services that may be relevant to TB programs (e.g., IT services, logistics services, HR support services, analytics, strategic planning, community engagement)?
- b. Do these exist primarily as inward-facing services (for their company's own operations, e.g., logistics for moving around their own products) or as outward-facing services provided for a fee to other companies or organizations?
- c. What private sector entities have been contracted by government, and for what services?

#### 3. CSO/NGO contracting experience

- a. What are the strengths and weaknesses of structures and processes over the life cycle of the contracts reviewed?
- b. What changes in the legal, regulatory, and capacity environment would be needed to improve the contract acquisition and implementation?
- c. How transparent is the selection process with respect to announcement of the contractual agreement, competitive bidding, award of contract, and contract negotiation?
- d. How are the issues of expected service outputs, monitoring and evaluation, performance assessment, transfer of funds, and settlement of disputes, addressed in the contractual agreements?
- e. What are the prevalent payment mechanisms used in the contracts? To what extent do they promote efficiency, equity, and quality?

### Desk Review

The first part of the desk review will focus on reviewing the service delivery landscape and identifying the major NGO, CSO and private sector service providers who support health-related activities in Bangladesh. This will include those operating in TB, and those who have received or currently receive

government-financed outsourcing contracts for health (including for TB). However, even organizations not previously contracted will be reviewed since they could apply for contracts in the future.

This will be conducted first via an online Google search, using combinations of the following search terms: Bangladesh, CSO/NGO/FBO, health services, health sector, TB, outsourcing, contracting, social contracting, contracting-out, government outsourcing, government contracting, contracting capacity assessment, government capacity assessment, Global Fund contracting.

We will also search government websites such as the Department of Social Services, the Central Procurement Technical Unit website and online repository, and the Non-Governmental Organization Affairs Bureau (NGOAB). We will use the same terms to search repositories from USAID's Development Experience Clearinghouse, the World Bank's Open Knowledge Repository, and WHO Institutional Repository for Information Sharing.

We will identify documents that have conducted related landscaping exercises, such as the 2019 Civil Society Organization Sustainability Index for Asia, which includes a detailed section on Bangladesh and outlines the CSO landscape. The report cites an estimate from the largest circulating Bangla newspaper that the total number of CSOs in Bangladesh is 250,000; of which 2,501 are NGOs that have valid registrations with the NGOAB.<sup>7</sup>

We will supplement the document search with the knowledge and experience of the HS4TB Bangladesh team, and with inputs from the TWG and key informants, to create a list of organizations that are receiving government-financed contracts, and additional organizations that are not currently contracted but could potentially provide services in the future.

We will develop a profile of each major health or TB organization with the basic information detailed in Table 4 below. This includes both those organizations currently or previously under contract with the government, and organizations that have not entered into contract arrangements but could potentially serve as candidates in the future.

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<sup>7</sup> 2019 Civil Society Organization Sustainability Index For Asia, 6<sup>th</sup> Edition. (2020). ICNL, FHI360.

Table 4. Summary of basic information for non-government organizations providing health / TB services

Name of Organization	Type of Organization	Annual financial turnover	Funding sources	Geographic scope of operation	Type of service provided	Healthcare services provided	Non-healthcare services
	<ul style="list-style-type: none"> <li>• Not-for-profit</li> <li>• For-profit</li> <li>• Faith-based</li> <li>• Semi-govt (i.e. research institute)</li> </ul>			<ul style="list-style-type: none"> <li>• National</li> <li>• Regional</li> <li>• District</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare</li> <li>• Non-healthcare</li> <li>• Both</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention/ screening</li> <li>• Diagnostic</li> <li>• Treatment</li> <li>• Social service</li> <li>• Workplace</li> <li>• Special groups (prisoners, diabetics)</li> <li>• Technical assistance</li> <li>• Support services (logistics, IT, HR support, analytics, etc)</li> </ul>	<ul style="list-style-type: none"> <li>• IT</li> <li>• Logistics</li> <li>• HR</li> <li>• HIS/M&amp;E</li> </ul>

The second part of the desk review focuses on primary data sources - the contract documents. We will begin with a search of the CPTU<sup>8</sup> database, which includes summary information for contract awards granted by the government and contains a search function to specify the Ministry conducting the contracting.

We will first do a brief descriptive scan of a larger number (~30-40) of contracts using the structure outlined in Table 5. We will list the contract performance period, the services provided under the contract terms, total value of the contract, the parties to the contract (including contractor implementer, contract monitoring and oversight agency, financing and reimbursement agencies).

Table 5. Data collection for outsourcing contracts

Name of Organization	Date contract signed	Contract duration (start/end)	Total monetary value	Source of funding	Donor agency	Government contracting agency
				<ul style="list-style-type: none"> <li>• Government</li> <li>• Donor</li> </ul>		<ul style="list-style-type: none"> <li>• Department or unit of central government ministry</li> <li>• Department or unit of local government agency</li> <li>• Healthcare facility</li> </ul>

<sup>8</sup> Government procurement in Bangladesh falls under the aegis of the Central Procurement Technical Unit (CPTU). CPTU database can be searched here: <https://cptu.gov.bd/contract-award/contract-award-list.html>

Contract type	Contract terms	Organization issuing contract	Organization monitoring/overseeing contract	Organization making payment to contractor	Health Service contracted	Non-healthcare service contracted	Contact person
<ul style="list-style-type: none"> <li>• Fixed price</li> <li>• Cost-reimbursable</li> <li>• Cost-plus</li> <li>• Unit price</li> </ul>	<ul style="list-style-type: none"> <li>• Use of penalties (a) for contractor; (b) for government (with examples)</li> <li>• Use of performance bonuses (with examples)</li> </ul>				<ul style="list-style-type: none"> <li>• Prevention/ screening</li> <li>• Diagnostic</li> <li>• Treatment</li> <li>• Social service</li> <li>• Workplace</li> <li>• Special groups (prisoners, diabetics)</li> <li>• Technical assistance</li> <li>• PLUS brief, 1-sentence description of the specific service contracted.</li> </ul>	<ul style="list-style-type: none"> <li>-IT</li> <li>-Logistics</li> <li>-HR</li> <li>-HIS/M&amp;E</li> </ul>	

Next, we will conduct an in-depth analysis on a smaller number of contracts. Our goal is to identify a feasible number of (5-10) contracts for this analysis that capture the breadth of experience with outsourcing options in the country, reflects the approximate relative frequency of each contract type, and that allows for a robust analysis of strengths and challenges for each contract type in the context of the legal, regulatory, and capacity environment in Bangladesh.

Given the lack of a central repository for contract documents (in particular, those dealing with provision of health services), we will need to collect individual contractual agreements directly from the organizations. This will rely upon the connections of our HS4TB Bangladesh team, as well as the intervention of the TWG and SC, to emphasize the purpose of this work, make connections with target organizations as needed, and reiterate our commitment to confidentiality. In cases where the team is not able to access certain critical contracts, that will put more importance on extracting lessons from KII with the involved organizations.

In selecting contracts for further analysis beyond the Table 5 description, we will also consider past work. The Google search noted above may turn up past analyses of certain previous health contracting experiences in Bangladesh (e.g., of the ADB-supported contracts<sup>9</sup>). The team will seek to learn from but not duplicate these past analyses; thus, such contracts are unlikely to be selected for the further in-depth review that is described below.

For each contract that is selected for an in-depth review of the strengths and weaknesses of structures and processes over the life cycle of the contract (as described below), we will collect documents related

<sup>9</sup> E.g., Islam et al. Contracting-out urban primary health care in Bangladesh: a qualitative exploration of implementation processes and experience. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6172767/pdf/12939\\_2018\\_Article\\_805.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6172767/pdf/12939_2018_Article_805.pdf)

to procurement and selection of the contract, the technical terms of reference, contract monitoring and performance review/assessment, and contractor reimbursement. This information may be found in:

- Requests for proposal document
- Proposals submitted by bidders
- Bid selection outcome reports and communication
- Contracts and amendments to the contract
- Quarterly and annual contractor reports
- Performance reports by the contract monitoring agency
- Evaluation reports from independent evaluation agencies
- Financial records and reports

For each contract selected for in-depth analysis, we will address the third set of assessment questions listed in this section, under “CSO/NGO contracting experience”. We will use both the contract documents and the KIs to respond to these questions.

The review of these documents will identify certain issues to discuss further in the key informant interview component of the outsourcing capacity assessment, which will also be conducted among the same (or at least an overlapping) set of contracts. These interviews will provide the perspectives and qualitative experiences of the private organizations (both those that have been and could be contracted). The qualitative data collected in the interviews will enable us to conduct an analysis of the strengths and weaknesses of structures and processes over the life cycle of the contract.

We will prepare a summary review of each contract that synthesizes the information gathered from the contract review and interviews. Finally, we will summarize the overall findings from the contracts reviewed, in response to the assessment questions identified at the beginning of this section. On this basis we will begin to develop recommendations for ways to improve the contract acquisition, oversight, and implementation process.

## 2d. Assessment of NTP/MOHFW capacity for outsourcing

### Objectives

- Determine which TB services are judged by NTP/MoHFW and other stakeholders (other than the private sector) to be more vs less suited to outsourcing
- Identify, characterize, and assess past and existing models of public sector outsourcing (in the TB sector, broader health sector, and other public sector domains)
- Identify cross-sectoral barriers to outsourcing and TB-program-specific barriers
- Identify potential levers, gaps, bottlenecks, and opportunities in the public sector as they relate to outsourcing
- Assess outsourcing capacity within government, including its location, strengths and weaknesses, and any capacity building need
- Understand the structure, financing, and management of outsourcing agreements in place (both by the government and external program partners and donors)

### Assessment Questions<sup>10</sup>

1. Is there an accreditation process in place for private providers?
2. Is there a system in place to regulate health care providers under government contract?
3. Is there a division within the public sector contracting agency that will administer and monitor contracts?
4. What are the capabilities of the purchaser (MOHFW) to successfully enter into a contract in terms of: competitive bidding, awarding contracts, monitoring and supervision, regulation, payment mechanisms, and performance evaluation?
5. What are the strengths and weaknesses of the purchaser that should be taken into consideration when entering into a contractual agreement?
6. What risks and incentives does the government incur when entering into a contract?
7. What information systems/sources exist in the MOHFW to carry out the contract and assess both financial and programmatic performance of the contracting private sector agency?
8. Are there sufficient information systems in place—administrative, financial, and programmatic—to allow the public sector to use data generated by the contractor?
9. What monitoring mechanisms and evaluation systems are in place in the public sector and what challenges exist in this area?
10. What guidance tools are available that provide instruction to the MOHFW to carry out contracting, and what are their strengths and weaknesses?

### Desk Review

The desk review for this component of the mapping assessment will largely overlap with the previous mapping, described in **Section 2c. Private sector landscape mapping for service delivery and contracting**. Section 2c focuses on identifying contracts for review, and then conducting a structured review with a particular focus on the experience of the implementer (i.e., the contracted organization). Under section 2d, information about these same contracts and documents will also be extracted to guide our assessment of the government experience and capacity in contracting.

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<sup>10</sup> Adapted from JSI / Abramson 2004

In this analysis, we will be guided by the government’s approach and success in implementing the following list of process steps required during contracting:<sup>11</sup>

- 1) Carry out needs assessment;
- 2) Identify contracting objectives;
- 3) Develop statement of work;
- 4) Decide on contract type and payment mechanism;
- 5) Decide whether to competitively bid out contract;
- 6) Send out Request for Proposals (if competitively bid);
- 7) Review proposals;
- 8) Award, negotiate and design contract;
- 9) Monitor contract implementation;
- 10) Evaluate contract performance.

Furthermore, government capacity will also be reviewed in terms of the government’s ability to clearly define the following contract components:

- A. Output specifications and contract deliverables
- B. Price setting, compensation, and billing
- C. Length of time
- D. Information systems and record keeping
- E. Supervision, monitoring, and evaluation arrangements

The document review and KIIs will seek to determine whether each of those process steps went well during contracting, and whether each of those contract components was well specified and then operated well. We will also conduct a search for any existing tools that provide guidance to the MOHFW to undertake contracting, and assess their strengths and weaknesses.

Using the search strategy we described in the previous section, we will also identify any existing cross-cutting reports or assessments of government capacity and/or government contracting in Bangladesh. We have already identified some existing assessments to include, although we have not found an assessment specifically addressing the MOHFW’s capacity to undertake technical components of contracting health services.

In 2020, the World Bank conducted an assessment of the public procurement system<sup>12</sup>, e-GP, using a standardized methodology (MAPS)<sup>13</sup>. The evaluation includes strengths and weaknesses of the procurement system, and provides specific recommendations on the legal, regulatory, and policy framework; management capacity; procurement operations; accountability and transparency; and cross-cutting enhancements to the e-GP system. While this assessment represents a significant undertaking, it was conducted for the procurement system broadly; therefore, the work proposed by HS4TB in this document will be complementary as it will focus specifically on procurement within the health sector. Although the e-GP system does not currently include the procurement of health services, these recommendations, made in significant detail and including indicative timelines, will be reviewed closely to determine which may be applicable to this exercise.

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<sup>11</sup> Adapted from JSI / Abramson, 2004.

<sup>12</sup> Available at: <https://openknowledge.worldbank.org/handle/10986/33882>

<sup>13</sup>MAPS assessment methodology and indicators can be found at the website: [www.mapsinitiative.org](http://www.mapsinitiative.org)

Another useful assessment is that of Islam et al. for the outsourcing PHC services in urban areas, finding that political economy played a significant role in weakening the ability to achieve capacity building objectives at the decentralized level.<sup>14</sup>

As we collect additional documents relating to government capacity to conduct outsourcing, we will summarize each assessment and extract any key findings and recommendations, using our assessment questions as a guide.

We expect to collect a significant amount of information for this mapping exercise from the key informant interviews, as this will be the most reliable way to receive up-to-date information to identify what key capacities already exist and what additional capacities may be needed to implement social contracting for TB services.

## 2e. Political Economy Analysis

### Objectives

- Understand the political barriers and enabling factors to social contracting of health services
- Assess the power, interest, and position of different stakeholders in the public and private sector with regards to contracting
- Assess the general perception of government actors towards outsourcing health services to NGOs, CSOs and private entities
- Identify threats and opportunities for establishing, mainstreaming and sustaining outsourcing of TB services

### Assessment Questions<sup>15</sup>

1. Is the political environment enabling/disabling for the execution of contractual arrangements in the health sector?
2. What are some potential political constraints to contracting?
3. Does the political environment influence the negotiation and execution of contracts?
4. Would it be better to begin by contracting within the public system or contracting out to private providers? Why? If contracting out to private providers, would it be better to contract with a not-for-profit provider or with the commercial sector? Why?
5. Would it be better to contract through a competitive or semi-competitive bidding process or to sole source a contract? Why?
6. Is there a strategy in place to educate the public on what contracting is, its advantages and benefits?
7. Have potential government stakeholders in the decision to contract been identified? If so, who are those likely to be opposed to contracting, and who are those likely to be in favor of contracting?

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<sup>14</sup> Islam, R., Hossain, S., Bashar, F., Khan, S. M., Sikder, A. A., Yusuf, S. S., & Adams, A. M. (2018). Contracting-out urban primary health care in Bangladesh: a qualitative exploration of implementation processes and experience. *International journal for equity in health*, 17(1), 1-16.

<sup>15</sup> Adapted from JSI / Abramson, 2004.



## Desk review

The desk review will entail a search of the peer-reviewed and grey literature for relevant political economy analyses that we can use to guide our recommendations. Through the previous three mapping exercises, we will have already collected information and documents relating to the political environment of contracting non-government organizations. For example, as mentioned in earlier sections the case study of the UPHCSDP<sup>16</sup>, which provides valuable insight into political barriers to contracting-out, is highly relevant.

The CSO Sustainability Index, which clearly documents the ways in which civil society has recently weakened in the face of corruption, increasingly autocratic tendencies of the government, and stringent regulations, is also a key source.<sup>17</sup> We found another paper analyzing how CSOs have navigated Bangladesh's political environment, showing that often CSOs have to compromise some of their autonomy in order to maintain a strong presence in the country.<sup>18</sup>

To continue this initial review, we will conduct a search in Google and Google Scholar using combinations of the search terms: Bangladesh, CSO, NGO, civil society, political economy, political analysis, contracting, private sector, outsourcing, contracting-out, health services, health sector, public sector.

We will identify papers that are relevant to the assessment questions and objectives of this analysis. We will summarize each report using the questions as a guide and begin to identify the political enabling and disabling factors for contracting.

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<sup>16</sup> Islam, R., Hossain, S., Bashar, F., Khan, S. M., Sikder, A. A., Yusuf, S. S., & Adams, A. M. (2018). Contracting-out urban primary health care in Bangladesh: a qualitative exploration of implementation processes and experience. *International journal for equity in health*, 17(1), 1-16.

<sup>17</sup> 2019 Civil Society Organization Sustainability Index For Asia, 6<sup>th</sup> Edition. (2020). ICNL, FHI360.

<sup>18</sup> Tasnim, F. (2017). Politicized civil society in Bangladesh: Case study Analyses. *Cosmopolitan Civil Societies: An Interdisciplinary Journal*, 9(1), 99-123.

With the information gathered in the desk review and the key informant interviews, we will map the stakeholders along a 2x2 power and interest matrix, as shown in Figure 3 below.<sup>19</sup> We will assess the stakeholder position on social contracting (support, opposed, non-mobilized), and this will form the basis of recommendations for how to engage with the stakeholders.

Figure 3. Power and Interest Matrix



### Intervention 3: Produce a narrative report with recommendations

We will collect a considerable amount of information across the four mapping exercises detailed in this assessment framework. As detailed in the Gantt chart, we will conduct interim data checks throughout the mapping exercises, to identify emerging themes early on in the process, begin listing potential recommendations, and to make any course corrections needed.

Within each mapping exercise, we will produce a summary of the findings and recommendations that we have extracted from the desk reviews and the key informant interviews. These will be guided by the objectives and assessment questions we have identified for each mapping area. In the narrative report we will compile the findings from these four sections but will also identify cross-cutting themes and recommendations. These recommendations may include:

- How to strengthen the legal framework to facilitate the contracting and operation of non-government organizations to provide TB interventions
- Optimal contracting arrangements to facilitate activities of NGOs/CSOs
- The need to clearly embed the role of non-government organizations in supporting the government's response to TB, such as in the National TB Strategy and/or National Health Plan
- Specific areas where the government requires additional capacity to undertake contracting of TB-related services, and where non-government organizations require additional capacity to bid for and implement such contracts

<sup>19</sup> Mendelow, A. (1991). Stakeholder Mapping: The Power Interest Matrix. In Proceedings of the 2nd International Conference on Information Systems, Cambridge, Mass.

We will begin by proposing an outline for the narrative report and request feedback from USAID and the TWG. We will populate the report as we are collecting and synthesizing the findings of each of the four mapping exercises and will submit a consolidated draft report for feedback and approval. Once this has been achieved, we will organize a validation workshop to present the findings and preliminary recommendations to key stakeholders and the SC.

Upon approval of the consolidated draft report, we will prepare a final report and provide recommendations to prepare for a successful transition from reliance on donor funding to domestically funded competitive outsourcing, and to maintain the progress and successes recorded in working with the NGOs, CSOs and private organizations to achieve TB outcomes. The agreed priorities will form the basis for the development of the road map and action plan.

## Intervention 4: Produce a roadmap and action plan

The final step will be to produce a roadmap and action plan, detailing the interventions and reforms required for successful country-led TB outsourcing.

The structure and content of this roadmap will be finalized over the course of developing the narrative report and discussing the findings and recommendations with key stakeholders in the validation workshop. We will propose a detailed outline for this product and receive feedback and approval from USAID and the SC.

The planned components of this roadmap comprise the following:

- List of reforms and capacity building required for successful country-led TB outsourcing, and the steps required to implement these reforms. These reforms and interventions will be based on the recommendations from the narrative report, and in this document will be mentioned briefly and costed.
- A prioritized list of potential outsourcing pilots and the steps required to implement the pilots. Considering the constrained timeline for this work and to produce the roadmap, it is unlikely we will produce a detailed operational plan for the pilots. We will aim to outline the institutional arrangements that will be required to implement the pilots, as well as to conduct a very high-level costing, and outline the timeline, scope, and geographical coverage of the pilots.
- A monitoring and evaluation plan to facilitate monitoring of activities during the implementation phase to inform progress and performance.
- Guidance tools for the implementation of the roadmap and action plan. The specific tools we will produce to support the implementation of the roadmap will be finalized in the detailed outline. For example, we may consider the development of a primer for MOHFW on best practices in social contracting and outsourcing, including definitions of contracting terminology; or job aids to support capacity building.

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## Annex

### **Annex I. Steering Committee Composition and Terms of Reference**

Based on the history of TB program implementation in Bangladesh, there is a need to assess and plan for outsourcing and social contracting for elements of the TB response. This effort is implemented in Bangladesh with the leadership of the Health Economics Unit of the Health Services Division, Ministry of Health and Family Welfare, in collaboration with the National TB Control Program, and is supported by the USAID-funded Health Systems for Tuberculosis (HS4TB) project, led by MSH.

The Project aims to support strengthening of Bangladesh's financing and governance systems by developing feasible mechanisms for competitive outsourcing to improve efficiency and health outcomes. The Project will review the legal and regulatory environment and existing practices and capacities for outsourcing and develop an Action Plan for implementation.

A Steering Committee with the following composition and Terms of Reference (TOR) is hereby constituted for implementation of the Project:

#### **Composition of the Steering Committee**

	<b>Position and organization</b>	<b>Role on committee</b>
1	Director General, Health Economics Unit	Chair
2	Joint Secretary, Public Health /WHO*	Member
3	Director (MBDC), and Line Director, TB & Leprosy Control	Member
4	Director (Planning), Directorate of Health Services	Member
5	Representative from USAID	Member
6	Director (Research), HEU, and Focal Point for HS4TB Project	Member Secretary

\*GoB official, does not indicate affiliation with WHO

#### **Terms of Reference**

- The Steering Committee will support and guide the project team in implementing the activities of the project.
- It will periodically review and monitor the progress of the activities and ensure the relevance and quality of the work.
- It will facilitate the project team in networking with the wider stakeholders and organize the required approval of different outputs by the competent authority.
- The Committee will meet at least once a month.
- It may co-opt any person it deems necessary for the interest of the project implementation as an additional Member.

## ***Annex 2. Technical Working Group Composition and Terms of Reference***

The TWG will serve as an informal consultation group, meeting on an ad hoc basis, to support the HS4TB team in implementing its technical activities.

### ***Composition of the TWG:***

HEU Representatives:

- Dr Md. Nurul Amin (Deputy Secretary), Director, Research \*(Member Secretary of SC)
- Dr Md. Abul Basher Sarkar, UHFPO attached to HEU
- Mr. Shahadat Hossain, Research Officer (SSK)

NTP Representatives

- Dr M A Hamid Salim – Global Fund/MDR-TB Advisor, National Tuberculosis Control Program (NTP)
- Dr Rupali Sisir Banu National Program Coordinator, NTP

### ***Terms of Reference***

- To provide technical support and guidance to the project team in implementing activities, conducting analysis, and writing technical reports.
- To meet on an ad hoc basis, as requested by the HS4TB team.
- To provide inputs to the data analysis, technical reports, and presentations.
- To assist in the identification and development of recommendations based on the findings from the mapping exercises.
- To review presentation materials (ppts and reports) prior to SC meetings and the workshop to present findings from mapping assessments.

### Annex 3. Key Informant Questionnaire: Public Sector

<b>Serial / Interview No.</b>	
<b>Date of Interview</b>	
<b>Name of Interviewer</b>	
<b>Name of Interviewee</b>	
<b>Designation and organization of interviewee</b>	
<b>Interview Modules (select all that apply)</b>	[1] [2] [3] [4]
<b>Time interview began</b>	
<b>Time interview ended</b>	

#### Introduction

1. Introduce yourself and the subject of the assessment, and secure consent.

Assalmu alaikum. I am \_\_\_\_\_, from \_\_\_\_\_; Health Economics Unit of the Ministry of Health and Family Welfare and Health System for Tuberculosis (HS4TB), a USAID funded project are collaborating to produce a report on the feasibility of outsourcing certain services or functions in the health sector to increase efficiency and effectiveness.

Outsourcing examples could include:

- certain specialized medical services that are more readily available in private facilities (e.g., CT scan, certain diagnostics, physiotherapy, etc.);
- contracting service providers (including NGOs and CSOs) to deliver a range of outreach, screening, diagnostic or treatment services for specific client populations;
- operational services provided by private companies such as hospital cleaning services, drug or diagnostic sample logistics, or IT services, to name a few.

We would like to gather your opinion about outsourcing in Bangladesh. Your participation in the consultation is optional. If you kindly participate, it will be your freedom to answer or not to answer any question. You may also withdraw yourself at any point of the conversation. All the consultation notes will be treated with strict confidence. In the report we will not identify any person by name or designation with any comment or conclusion. Your decision for participation in the consultation will not have any influence on our professional relationship. We will highly appreciate your time and attention for the consultation but would not be able to provide any compensation for it. Should you have any question or concern, you can ask me or you can contact Mr. Ashadul Islam, the Chief Technical Adviser of the project (cell # 01817109119). If you kindly participate, we can start the consultation now. We value your every opinion and do not want to miss any part of it.

2. Establish the length of time the interview will require (maximum one hour)
3. As you proceed with the interview, it is important to ask repeatedly if there is a specific document or source of information (website or person you should speak to) to refer to for more information to substantiate/validate the response the interviewee is providing.



## **Set A: Module I. Legal, Regulatory, Policy Environment**

*[Introduce the module]*

**First, I would like to explore the available legal, regulatory and policy tools and their implications that might be relevant to outsourcing and social contracting in the health sector.**

1. Are you aware of any strategic documents or policies of MOHFW related to contracting CSOs, NGOs or private sector entities to deliver services?
2. Is there any role of CSOs, NGOs and private sector entities in developing, advocating for, and monitoring these documents, policies or strategies particularly for national TB strategies?

What is the role of these CSOs, NGOs and private sector entities in TB service provision?

*[Please list down some TB services e.g., awareness, screening, case detection, treatment etc.]*

Do you think they should have a larger or different role in these TB strategy and service provision processes?

If so, what should that role be?

3. Is there any policies or mechanisms to support or ensure the engagement of non-government and civil society groups in decision-making processes related to TB programming and financing?

Is it different from other health areas?

4. What are some examples where the government is already outsourcing services in the health sector? Or in other sectors? *[Prompt with examples if necessary - Government outsourced the operations of 29 labs that are currently testing samples of COVID-19; different ministries have hired manpower through outsourcing; many hospitals have outsourced catering services]*
5. What are the experiences of these contracting examples?
6. What are the strengths and weaknesses specifically of the MOHFW in conducting contracting?
7. Are there any gaps, discrepancies, or limitations in the current legal framework (i.e., the PPA (Public Procurement Act 2006) and PPR (Public Procurement Rules 2008)) that could affect the ability of the MOHFW to conduct outsourcing/social contracting? Specifically:
  - a. Do you think the PPA, PPR, and PPP regulatory contain a sufficient amount of detail on the regulatory functions required for the MOHFW to contract health services? If not, what additional information would be required? *[Prompt with examples if necessary – do these documents cover the areas of accreditation, enforcement of national treatment standards for health care providers, and quality assurance?]*
  - b. Do you think the requirements set out in the PPA and PPR are too restrictive or limiting for NGOs, CSOs or private entities to be contracted to provide TB services?

*[Prompt with examples if necessary – if licensing requirement represent an obstacle, or if CSOs that work with certain populations such as prisoners are ineligible for contracting]*

- c. Is there any challenge in using the current Standard Tender Documents for contracting of health services? If so, what are the challenges? *[Prompt if necessary – for example, if the STDs too specific to procurement of commodities or specific services like IT system development]*
8. Apart from the PPA, PPR, PPP regulations, are there other tools necessary to understand the requirements for outsourcing to NGOs, CSOs or private entities? What are the tools?

Do these regulations and tools provide full procedural steps for outsourcing in the health sector?

Do these regulations and tools provide full procedural steps for outsourcing service provision (rather than for procuring commodities or infrastructure)?

9. Which stakeholders would you expect to be supportive of different types of outsourcing and whom would you expect to be against it? Why?

List of services	Supportive	Not supportive
a)		
b)		
c)		
d)		
e)		
f)		

10. Do you have any further comments, opinions or suggestions on adequacy of existing rules and regulations related to TB service outsourcing?

## **Set A: Module 2. Private sector landscape mapping for service delivery and contracting**

*[Introduce the module]*

**I would like to ask some questions about the landscape of NGOs, CSOs and other private sector entities in Bangladesh, and their experience in being contracted by the public sector.**

1. To your knowledge, what are the major private organizations contracted by the Government for implementing health-related services, and what type of services do they supply?
2. What are the other potential organizations that could be contracted in the future?

What is the capacity of these organizations to provide or support the provision of TB services?  
*[Please list the required capacities e.g., Organizational strength, financial capacity etc.]*

3. What are barriers the NGOs, CSOs and private entities face when applying for contracts with the public sector?

In particular, are there any bottlenecks or barriers relating to the bidding process, getting short-listed for competitive bids, negotiating contracts, and meeting performance requirements?

4. Have you been directly involved in any part of a process in which the public sector contracted with NGOs, CSOs, or the private sector?

If so, what was the contract, and what was your role?

5. *[If Question 4 response is Yes]*: Considering your experience with this contract, I would like your assessment on the capacity of the NGO, CSO or private organization and how well it performed.
  - a. How was the organization selected? How competitive was the bidding process? What were the most important criteria where it performed well?
  - b. How did the contract negotiation process proceed? Were there any challenges or disagreements between the parties on key elements of the contract, and if so, how were these resolved?
  - c. Did the NGOs, CSOs or private entities have sufficient capacity to submit a high quality bid for the contract? Why or why not?
  - d. How well did the CSO/NGO/private entity perform on meeting the output specifications (i.e., volume, type, and complexity of services to be offered) and contract deliverables?

## Set A: Module 3. Assessment of NTP/MOHFW capacity for outsourcing

[Introduce the module]

I would like to ask some questions addressing the capacity of the MOHFW with regards to outsourcing health services.

1. Can you describe the outsourcing capacity in the government (health sector), at different levels (Ministry, Directorates, Programs, districts)?

Can you describe the role of different actors in the health services contracting process (i.e., CPTU, MOHSW, HEU)?

What do you think are the major strengths and weaknesses of the public sector to carry out contracting? [please make a list of strengths and weakness]

2. Specifically, what do you perceive to be the strengths and weaknesses of the MOHFW in supporting the contracting process?
3. Have you been directly involved in any part of a contracting process with the private sector? If yes, what was the contract, and what was your role?
4. **[If Question 3 response is Yes]:** Considering your experience in public sector contracting of the private sector, I would like your assessment of how well each step of the process has worked. For each stage of the process, I'd like you to know your opinion on the capacity and challenges of the procuring entity in the following issues:

Stages/Issues	Strengths	Challenges
Carry out a needs assessment		
Identify contracting objectives		
Develop a statement of work		
Decide on the contract type and payment mechanism		
Decide whether to competitively bid out the contract		
Send out a Request for Proposals (if competitively bid)		
Review the proposals		
Award, negotiate, and design the contract		

Monitor the contract implementation		
Evaluate contract performance		

5. **[If Question 3 Response is Yes]:** Next I would like to ask about the capacity of the procuring entities (PE) to formulate the specifications and monitor the contract. For each of these elements, please reflect on what went well, and where you faced challenges.
- Were the contract’s output specifications (i.e. volume, type, and complexity of services to be offered) and contract deliverables sufficiently clear?
  - Were the contract’s details on price setting, compensation, and payment procedure sufficiently clear?
  - Did the contract include a clear and sufficient length of time for implementation?
  - Did the contract stipulate requirements for information system requirements and record keeping for administrative, financial, and clinical information for audit and other purpose, and were they sufficiently clear?
  - Did the contract include specific indicators and requirements for supervision, monitoring, and performance evaluation?
  - Are you aware of any information systems/sources that exist in the MOHFW to carry out the contracting process and to assess the performance of the contracted private sector agency?
6. **[If Question 3 Response is No]:**
- How do you perceive the overall capacity of the Procuring Entities of MOHFW to undertake the contracting process, particularly in relation to developing a need assessment, call for EOI, sending requests for proposals, evaluation the proposals, and then negotiating the contract?
  - Are you aware of any information systems/sources that are used by the MOHFW to carry out the contracting process and to assess the performance of the contracted private sector agency?
  - Are there sufficient information systems in place—administrative, financial, and programmatic—to allow the public sector to use data generated by the contractor?
7. How transparent do you perceive the entire selection process to be, with respect to competitive bidding, award of contract and negotiation between the PE and the provider?

## Set A: Module 4. Political economy analysis of outsourcing and social contracting

[Introduce the module]

**I would like to ask some questions about the political environment and how that relates to conducting social contracting. Please be assured anything you say will be kept in strict confidence.**

1. How do you think the general public perceives the idea of the government outsourcing certain health-related services?

If there is a negative perception, what are potential ways to address this issue?

2. In what ways is the political environment disabling or limiting for the public contracting of health-related services? What are some potential political constraints to contracting for health?  
[Prompt if necessary – for example, fear of privatization, lack of familiarity among health leadership with contracting processes, or strong unions]
3. Which government stakeholders do you think are likely to oppose contracting? Which would likely be in favor? Why?

List of services	Supportive	Not supportive
a)		
b)		
c)		
d)		
e)		
f)		

4. In what ways is the political environment enabling for the public contracting of health-related services?
5. Is there any debate or tension around the role of any institution (institutional roles) for public sector contracting: which institutions in the public sector are performing their contracting functions well or not well, what are the reasons?

Please describe.

6. Do you think whether there is any undue influence in awarding, negotiation, and implementation of contracts? If so, how?
7. Would it be better to begin by contracting within the public system (i.e., one public sector agency procures services from another public sector agency) or by contracting out to private providers? Why?

If contracting out to private providers, would it be better to contract with a not-for-profit provider or with the commercial sector? Why?

8. For procuring health services is it better to contract through a competitive or semi-competitive bidding process or to sole source a contract? *[Note to interviewer – this question is rather sophisticated for most interviewees unless they are contracting specialists. Consider moving on from the question quickly if the respondent is unsure.]*

Why? Does your answer differ according to the type of health-related service being contracted?  
How?

**Annex 4. Key Informant Questionnaire: NGO, CSO, private company, development partners, academia**

<b>Serial / Interview No.</b>	
<b>Date of Interview</b>	
<b>Name of Interviewer</b>	
<b>Name of Interviewee</b>	
<b>Designation and organization of interviewee</b>	
<b>Interview Modules (select all that apply)</b>	[1] [2] [3] [4]
<b>Time interview began</b>	
<b>Time interview ended</b>	

**Introduction**

1. *Introduce yourself and the subject of the assessment, and secure consent.*

Assalmu alaikum. I am \_\_\_\_\_, from \_\_\_\_\_; Health Economics Unit of the Ministry of Health and Family Welfare and Health System for Tuberculosis (HS4TB), a USAID funded project are collaborating to produce a report on the feasibility of outsourcing certain services or functions in the health sector to increase efficiency and effectiveness.

Outsourcing examples could include:

- certain specialized medical services that are more readily available in private facilities (e.g., CT scan, certain diagnostics, physiotherapy, etc.);
- contracting service providers (including NGOs and CSOs) to deliver a range of outreach, screening, diagnostic or treatment services for specific client populations;
- operational services provided by private companies such as hospital cleaning services, drug or diagnostic sample logistics, or IT services, to name a few.

We would like to gather your opinion about outsourcing in Bangladesh. Your participation in the consultation is optional. If you kindly participate, it will be your freedom to answer or not to answer any question. You may also withdraw yourself at any point of the conversation. All the consultation notes will be treated with strict confidence. In the report we will not identify any person by name or designation with any comment or conclusion. Your decision for participation in the consultation will not have any influence on our professional relationship. We will highly appreciate your time and attention for the consultation but would not be able to provide any compensation for it. Should you have any question or concern, you can ask me or you can contact Mr. Ashadul Islam, the Chief Technical Adviser of the project (cell # 01817109119). If you kindly participate, we can start the consultation now. We value your every opinion and do not want to miss any part of it.

2. *Establish the length of time the interview will require (maximum one hour)*
3. *As you proceed with the interview, it is important to ask repeatedly if there is a specific document or source of information (website or person you should speak to) to refer to for more information to substantiate/validate the response the interviewee is providing.*



## **Set B: Module I. Legal, Regulatory, Policy Environment**

*[Introduce the module]*

**First, I would like to explore the available legal, regulatory and policy tools and their implications that might be relevant to outsourcing and social contracting in the health sector.**

1. Are you aware of any strategic documents or policies of MOHFW related to contracting CSOs, NGOs or private sector entities to deliver services?
2. Is there any role of CSOs, NGOs and private sector entities in developing, advocating for, and monitoring these documents, policies or strategies particularly for national TB strategies?

What is their role in TB service provision?

*[Please list down some TB services e.g., awareness, screening, case detection, treatment etc.]*

Do you think they should have a larger or different role in these TB strategy and service provision processes?

If so, what should that role be?

3. Is there any policies or mechanisms to support or ensure the engagement of non-government and civil society groups in decision-making processes related to TB programming and financing?

Is it different from other health areas?

4. What are some examples where the government is already outsourcing services in the health sector? Or in other sectors? *[Prompt with examples if necessary - Government outsourced the operations of 29 labs that are currently testing samples of COVID-19; different ministries have hired manpower through outsourcing; many hospitals have outsourced catering services]*
5. What are the experiences of these contracting?
6. What are the strengths and weaknesses specifically of the MOHFW in conducting contracting?
7. Are there any gaps, discrepancies, or limitations in the current legal framework (i.e., the PPA (Public Procurement Act 2006) and PPR (Public Procurement Rules 2008)) that could affect the ability of the MOHFW to conduct outsourcing/social contracting? Specifically:
  - a. Do you think the PPA, PPR, and PPP regulatory contain a sufficient amount of detail on the regulatory functions required for the MOHFW to contract health services? If not, what additional information would be required? *[Prompt with examples if necessary – do these documents cover the areas of accreditation, enforcement of national treatment standards for health care providers, and quality assurance?]*

- b. Do you think the requirements set out in the PPA and PPR are too restrictive or limiting for NGOs, CSOs or private entities to be contracted to provide TB services? *[Prompt with examples if necessary – if licensing requirement represent an obstacle, or if CSOs that work with certain populations such as prisoners are ineligible for contracting]*
  - c. Is there any challenge in using the current Standard Tender Documents for contracting of health services? If so, what are the challenges? *[Prompt if necessary – for example, if the STDs too specific to procurement of commodities or specific services like IT system development]*
8. Apart from the PPA, PPR, PPP regulations, are there other tools necessary to understand the requirements for outsourcing to NGOs, CSOs or private entities? What are the tools? Do these regulations and tools provide full procedural steps for outsourcing in the health sector?
9. Which stakeholders would you expect to be supportive of different types of outsourcing and whom would you expect to be against it? Why?

List of services	Supportive	Not supportive
g)		
h)		
i)		
j)		
k)		
l)		

10. Do you have any further comments, opinions or suggestions on adequacy of existing rules and regulations related to TB service outsourcing?

## **Set B: Module 2. Private sector landscape mapping for service delivery and contracting**

*[Introduce the module]*

**I would like to collect some information about current private sector landscape for delivering health service.**

1. To your knowledge, what are the major private organizations contracted by the Government for implementing health-related services?
2. What are the other potential organizations that could be contracted in the future?

What is the capacity of these organizations to provide or support the provision of TB services?  
*[Please list the required capacities e.g., Organizational strength, financial capacity etc.]*

3. What are barriers the NGOs, CSOs and private entities face when applying for contracts with the public sector?

In particular, are there any bottlenecks or barriers relating to the bidding process, getting short-listed for competitive bids, negotiating contracts, and meeting performance requirements?

4. Has your organization faced any of these barriers in the past? Have you tried to bid on contracts with the government but were unsuccessful? If so, what were the challenges?

**[If the interviewee is from anything other than a DP, proceed. Otherwise, skip to question 15]:**

1. How would you characterize your organization status (i.e. for-profit, non-profit, FBO, academic institution)? When was it established/registered?
2. What are the major types of services your organization provides?
3. Has your organization implemented a government contract?

**[If the answer to # 7 is “yes”, proceed. If “no”, move to question 15]**

8. How was the organization selected?

How competitive was the bidding process?

What were the most important criteria where it performed well?

9. How did the contract negotiation process proceed?

Were there any challenges or disagreements between the parties on key elements of the contract, and if so, how were these resolved?

10. Did your organization have sufficient capacity to submit a high-quality bid for the contract? Why or why not?

11. What are the types of services being provided by your organization under the contract? How was the package of services agreed upon?

Is it targeted to a specific population, vulnerable group or a geographical area?

12. How well did your organization perform on meeting the output specifications (i.e. volume, type, and complexity of services to be offered) and contract deliverables?

13. Were there any issues with regards to timely payments, or any disputes over whether performance metrics had been met? If so, how were these resolved?

14. How would you describe the overall experience of your organization in carrying out this contract?

What were the major challenges? What went well?

**[for those who answered this set of question, Module 2 ends here]**

**[If the interviewee is a DP or the answer to #3 was “no”, ask the following:]**

We would like to ask your general opinions based on what you know about health contracting in the country:

15. What is your opinion of the bidding and selection process for health contracting in Bangladesh - in what ways does it perform well or not well? How competitive is the bidding process?

16. How well does the contract negotiation process proceed?

Are there typically any challenges or disagreements between the parties on key elements of the contract, and if so, how were these resolved?

17. Do NGOs, CSOs or private entities have sufficient capacity to submit a high-quality bid for health-related contracts? Why or why not?

18. What are the types of health-related services being contracted out to the providers (CSO/NGO/private entity)? How is the package of services agreed upon? Is it targeted to a specific population, vulnerable group or a geographical area?

19. How well have health CSOs/NGOs/private entities performed on meeting contract output specifications (i.e. volume, type, and complexity of services to be offered) and contract deliverables?

### **Set B: Module 3. Assessment of NTP/MOHFW capacity for outsourcing**

[Introduce the module]

**I would like to ask some questions addressing the capacity of the MOHFW with regards to outsourcing health services.**

1. Can you describe the outsourcing capacity in the government (health sector), at different levels (Ministry, Directorates, Programs, districts)?

Can you describe the role of different actors in the health services contracting process (i.e., CPTU, MOHSW, HEU)?

What do you think are the major strengths and weaknesses of the public sector to carry out contracting? [please make a list of strengths and weakness]

2. Specifically, what do you perceive to be the strengths and weaknesses of the MOHFW in supporting the contracting process?
3. Have you been directly involved in any part of a contracting process with the public sector? If yes, what was the contract, and what was your role?
4. **[If Question 3 response is Yes]:** Considering your experience in public sector contracting of the private sector, I would like your assessment of how well each step of the process has worked. For each stage of the process, I'd like you to know your opinion on the capacity and challenges of the procuring entity in the following issues:

Stages/Issues	Strengths	Challenges
Carry out a needs assessment		
Identify contracting objectives		
Develop a statement of work		
Decide on the contract type and payment mechanism		
Decide whether to competitively bid out the contract		
Send out a Request for Proposals (if competitively bid)		
Review the proposals		
Award, negotiate, and design the contract		
Monitor the contract implementation		

Evaluate contract performance		
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5. **[If Question 3 Response is Yes]:** Next I would like to ask about the capacity of the procuring entities (PE) to formulate the specifications and monitor the contract. For each of these elements, please reflect on what went well, and where you faced challenges.
- Were the contract’s output specifications (i.e. volume, type, and complexity of services to be offered) and contract deliverables sufficiently clear?
  - Were the contract’s details on price setting, compensation, and payment procedure sufficiently clear?
  - Did the contract include a clear and sufficient length of time for implementation?
  - Did the contract stipulate requirements for information system requirements and record keeping for administrative, financial, and clinical information for audit and other purpose, and were they sufficiently clear?
  - Did the contract include specific indicators and requirements for supervision, monitoring, and performance evaluation?
  - Are you aware of any information systems/sources that exist in the MOHFW to carry out the contracting process and to assess the performance of the contracted private sector agency?
6. **[If Question 3 Response is No]:**
- How do you perceive the overall capacity of the Procuring Entities of MOHFW to undertake the contracting process, particularly in relation to developing a need assessment, call for EOI, sending requests for proposals, evaluation the proposals, and then negotiating the contract?
  - Are you aware of any information systems/sources that are used by the MOHFW to carry out the contracting process and to assess the performance of the contracted private sector agency?
  - Are there sufficient information systems in place—administrative, financial, and programmatic—to allow the public sector to use data generated by the contractor?
7. How transparent do you perceive the entire selection process to be, with respect to competitive bidding, award of contract and negotiation between the PE and the provider?

## Set B: Module 4. Political economy analysis of outsourcing and social contracting

[Introduce the module]

**I would like to ask some questions about the political environment and how that relates to conducting social contracting. Please be assured anything you say will be kept in strict confidence.**

1. How do you think the general public perceives the idea of the government outsourcing certain health-related services?

If there is a negative perception, what are potential ways to address this issue?

2. In what ways is the political environment disabling or limiting for the public contracting of health-related services? What are some potential political constraints to contracting for health? *[Prompt if necessary – for example, fear of privatization, lack of familiarity among health leadership with contracting processes, or strong unions]*
3. Which government stakeholders do you think are likely to oppose contracting? Which would likely be in favor? Why?

List of services	Supportive	Not supportive
g)		
h)		
i)		
j)		
k)		
l)		

4. In what ways is the political environment enabling for the public contracting of health-related services?
5. Is there any debate or tension around the role of any institution (institutional roles) for public sector contracting: which institutions in the public sector performing well contracting functions, what are the reasons?

Please describe.

6. Do you think whether there is any undue influence in awarding, negotiation, and implementation of contracts? If so, how?
7. Would it be better to begin by contracting within the public system (i.e., one public sector agency procures services from another public sector agency) or by contracting out to private providers? Why? *[Note to interviewer – this question is rather sophisticated for most interviewees unless they are contracting specialists. Consider moving on from the question quickly if the respondent is unsure.]*

If contracting out to private providers, would it be better to contract with a not-for-profit provider or with the commercial sector? Why?

8. For procuring health services is it better to contract through a competitive or semi-competitive bidding process or to sole source a contract?

Why? Does your answer differ according to the type of health-related service being contracted? How?



## **Annex 5. List of Documents to review for Legal, Regulatory, Policy Environment mapping Health Sector**

- Allocation of Business (Mandate for Ministry of Health and Family Welfare)
- National Health Policy 2011
- Project Implementation Plan for HPNSP (2017-2022)
- 8th National Five-Year Plan (2020-2025)
- 5-Year National Strategic Plan for TB Control
- Health Care Financing Strategy (HCFS) 2012–2032
- Health Protection Act
- *Shasthyo Surokhsha Karmasuchi* (SSK) Health Protection Scheme Concept Paper 2014

### **Legal Documents, Circulars, Regulations**

- Adequacy of PPP Laws for health PPPs - situation analysis 2017
- Arbitration Act 1940
- Budget Management Act 2009
- Cabinet circular on formation of CCGP and CCEA to make recommendation on procurement policy
- Circular (No-37 dated 6 March 2017) on fund allocation and management for project formulation and preparatory work - ERD
- Circular no. 01, dated 01/01/2019, for outsourcing service issued by Finance Division, Ministry of Finance
- Circular of the Prime Minister's Office regarding outsourcing of public services through G2G procedure
- Circulars from Finance Division for Outsourcing
- Circulars/clarifications on procurement from Central Procurement Technical Unit (CPTU)
- Company Act 1914
- Delegation of Financial Power 2020
- eGP Guideline 2012, for processing procurement electronically
- ERD Circular no. 37 dated 6 March 2017 on fund allocation and management policy related to project formulation and preparatory works and advance preparation on procurement up-front
- Final PIP WU-18-01-17 Health Nutrition and Population Strategic Investment Plan (2016-2021)
- National Health Policy 2011
- Notification on the formation and role of Cabinet Committee on Economic Affairs
- Notification on the formation and role of Cabinet Committee on General Purchase
- PPP in Health Bangladesh – A concept Note 2012
- Public Financial Management Act
- Public Private Partnership Act 2015
- Public Procurement Act 2006 (with amendments)
- Public Procurement Rules 2008 (with amendments)
- Special Act 2010 for Rapid Expansion of Power and Electricity
- Standard Tender Document (STD) developed by CPTU for processing procurement to contract out the public services, outsourcing services, etc.