# OPERATIONAL PLAN

1. **Name of the Operational Plan (OP):** Sector Wide Program Management & Monitoring (SWPMM)

2. **Name of the Sector Program:** Health, Population and Nutrition Sector Development Program

3. **Sponsoring Ministry:** Ministry of Health and Family Welfare (MOHFW)

4. **Implementing Agency:** Planning Wing, Ministry of Health and Family Welfare

5. **Implementation Period**

   a) **Commencement:** July 2011
   b) **Completion:** June 2016

6. **Objectives of the OP:**

**General Objective:** To improve the performance of HPN sector through appropriate planning, budgeting and monitoring for coordinated and efficient utilization of resources.

**Specific Objectives:**

- To develop equitable and diverse health population and nutrition sector strategies, 5-year plan, program implementation plan (PIP) and improve budget management ;
- To develop an M&E Strategy and Work Plan and operationalize a sustainable M&E system in MOHFW.
- To establish a program management and monitoring unit (PMMU) under Planning Wing, MOHFW for strengthening planning, monitoring, coordination and evaluation of the HPNSDP.
- To strengthen the MIS of all entities under MOHFW so that critical and quality harmonized information needed for monitoring and evaluation of HPNSDP is routinely and timely available towards achieving a consolidated Data Management and Information System- (DMIS).
- To assist and coordinate with the implementing agencies to prepare operational plans in line with Strategic Plan of the Health, Population and Nutrition Sector Development Program (HPNSDP) and implement according to agreed result framework/performance indicators.
- To strengthen and build capacity of PW, MOHFW, PC, IMED, ERD including planning units of other agencies under MOHFW;
- To support and create enabling environment for policy reforms, sector modernization, good governance and participation of non-state actors in the HPN sector.
- To coordinate with development partners, implementing agencies, other actors for harmonization, financing and research for better implementation of the program.
- To mobilize resources for HPN sector with DP coordination and enhance the efficiency of resource utilization.

**7. Estimated Cost:**

7.1.**PIP and OP cost:**

**(Taka in lakh)**

| | **Total** | **GOB** | **PA (RPA)** | **Source of PA** |
|---|---|---|---|---|
| Approved cost of the PIP (Development Budget) | 2217666.00 | 860350.00 | 1357316.00 (869791.00) | Pooled & Non Pooled fund |
| Estimated Cost of the OP. | 7200.00 | 550.00 | 6650.00 (2150.00) | Pooled fund, DFID, USAID, TA Pool, GTZ, JICA, UNFPA, WHO, GAVI and Others. |
| Cost of OP as % of PIP | 0.32% | 0.064% | 0.49% (0.25%) | -- |

**7.2: Estimated Cost of OP (According to Financing Pattern):**

**(Taka in lakh)**

| Source | Financing Pattern | 2011-12 | 2012-13 | 2013-14 | 2014-2016 | Total | Source of Fund |
|---|---|---|---|---|---|---|---|
| GOB | GOB Taka (Foreign Exchange) | 50.00 | 80.00 | 120.00 | 300.00 | 550.00 | GOB |
| | Total GOB= | 50.00 | 80.00 | 120.00 | 300.00 | 550.00 | |
| PA | RPA (Through GOB) | 200.00 | 300.00 | 400.00 | 750.00 | 1650.00 | Pooled Fund including JICA & USAID |
| | RPA (Others) | 100.00 | 100.00 | 100.00 | 200.00 | 500.00 | |
| | DPA | 547.00 | 1067.00 | 1233.00 | 1653.00 | 4500.00 | DFID TA Pool, USAID, UNFPA, GIZ, WHO, GAVI and Others. |
| | Total PA= | 847.00 | 1467.00 | 1733.00 | 2603.00 | 6650.00 | |
| **Grand Total=** | | **897.00** | **1547.00** | **1853.00** | **2903.00** | **7200.00** | |

*DFID will coordinate TA support to be funded by all concerned DPs of HPNSDP.

**8. OP Management Structure and Operational Plan Components (Attached Management set up at Annexure-I)**

**8.1 Line Director: Joint Chief (Planning)/Deputy Chief, MOHFW.**

**8.2 Major Components of OP and their Programme Managers / DPM:**

| Major Components | Program Manager | Deputy Program Manager |
|---|---|---|
| 1: Planning and Budgeting | Program Manager (Planning and Governance) & Deputy Chief (FW), MOHFW | Deputy Program Manager (Planning and budget) & Senior Assistant Chief/ Assistant Chief |
| 2: Governance and Stewardship for Health Sector | | Deputy Program Manager (Governance & Stewardship) & Senior Assistant Chief/ Assistant Chief |
| 3: Sector Coordination and Collaboration including TA Coordination | Program Manager (Sector & TA Coordination) & Deputy Chief (Health) MOHFW | Deputy Program Manager (Sector Coordination) & Senior Assistant Chief/ Assistant Chief |
| | | Deputy Program Manager (TA Coordination) & Senior Assistant Chief/ Assistant Chief |
| 4: Monitoring and Evaluation | Program Manager ( Monitoring and Evaluation) & Deputy Chief (PMMU), MOHFW | Deputy Program Manager (Monitoring and Evaluation) & Senior Assistant Chief/ Assistant Chief |

### 8.3 Proposed Manpower in the development budget:

(in Taka)

| Sl.No. | Name of the Post | Number of post | Pay Scale | Grade | Consolidated Pay per Person/month | Total Month | Total Pay |
|---|---|---|---|---|---|---|---|
| (a) | **Planning wing, MOHFW** | | | | | | |
| 01. | Accountant-cum-computer Operator | 01 | 4,900-10,450/- | 15 | 8,935.00 | 60 | 5,36,100.00 |
| 02. | Data Entry Operator | 01 | 4,700-9,745/- | 16 | 8,605.00 | 60 | 5,16,300.00 |
| 03. | Driver | 01 | 4,700-9,745/- | 16 | 8,605.00 | 60 | 5,16,300.00 |
| 04. | MLSS | 01 | 4,100-7,740/- | 20 | 7,750.00 | 60 | 4,65,000.00 |
| | **Sub Total** | **04** | -- | -- | **33,895.00** | -- | **20,33,700.00** |
| (b) | **PMMU, Planning Wing, MOHFW** | | | | | | |
| 01. | Joint Chief | 01 | -- | -- | -- | -- | -- |
| 02. | Deputy Chief (Program Management & Monitoring) | 01 | -- | -- | -- | -- | -- |
| 03. | Senior Assistant Chief (Monitoring & Evaluation) | 01 | -- | -- | -- | -- | -- |
| 04. | Senior Assistant Chief (Aid Management & Coordination) | 01 | -- | -- | -- | -- | -- |
| 05. | Senior Assistant Chief (Governance & Stewardship) | 01 | -- | -- | -- | -- | -- |
| 06. | Programme Management Officer (Health) | 01 | 18,500-31,250/- | 6/5 | 34,850.00 | 60 | 20,91,000.00 |
| 07. | Programme Management Officer (FW) | 01 | 18,500-31,250/- | 6/5 | 34,850.00 | 60 | 20,91,000.00 |
| 08. | Accountant-cum-computer Operator | 01 | 4,900-10,450/- | 15 | 8,935.00 | 60 | 5,36,100.00 |
| 09. | Data Entry Operator | 03 | 4,700-9,745/- | 16 | 25,815.00 | 60 | 15,48,900.00 |
| 10. | Driver | 01 | 4,700-9,745/- | 16 | 8,605.00 | 60 | 5,16,300.00 |
| 11. | MLSS | 01 | 4,100-7,740/- | 20 | 7,750.00 | 60 | 4,65,000.00 |
| | **Sub Total** | **13** | -- | -- | **1,20,805.00** | -- | **72,48,300.00** |
| | **Total(A+B)=** | **17** | -- | -- | **1,54,700.00** | -- | **92,82,000.00** |

**9. (a) Description of Background information , Components and relevance of those with National Policy/Strategy :**

**9. (a). 1 Introduction :** With the provision in National Constitution as umbrella and guiding principles like Vision 2021, MDG, 6th FYP and National Strategy for Accelerated Poverty Reduction – NSAPR II as driving force, the sector wide program planning and management initiatives of the Ministry of Health and Family Welfare (MOHFW) signifies an attempt to preparation of Bangladesh Health, Population and Nutrition (HPN) sector strategy, and Program Implementation Plan for the program from July 2011- June 2016- titled as Health, Population and Nutrition Sector Development Program (HPNSDP). The entire preparation process widely upholds and accumulates all the related sectors, agencies under the ministry and development partners in consultations, considers the experience and lessons from previous two SWAps.

The Government has introduced the sector wide approach to effectively manage the Health, Population and Nutrition Sector. The overall purpose of SWAp and its management was to improve the performances of the HNP sector hence improving the health of the people of Bangladesh. The first SWAp (HPSP 1998- 2003) marked a shift from a multiple project approach to a single sector program. This has not only ensured Government's leadership in preparing and implementing the program that was sustainable but also created opportunity for coordination, harmonization and alignment of multiple donor funded projects and resources.

The second SWAp HNPSP (2003-2011) implemented has also been able to make significant changes in the health systems. Uniform financial accounting procedure has been developed and implemented. Significant progress was made in standardizing and unifying disbursement procedures and reducing transaction costs associated with managing multiple donor funds. Increased predictability of the amount and timely disbursement of development partner's support should be a major goal for sector program if partnership is to be made meaningful. With the signing of Joint Cooperation Strategy- JCS between GOB and DPs as a continuation of Paris and Accra Declaration, the MOHFW took decision to continue the SWAp during 2011-16 as well.

The preparation process for the HPNSDP started at the latter part of 2009. The Programme Preparation Cell (PPC) was commissioned by a notification issued by the MOHFW dated on 4 October, 2009 comprising the representatives from DGHS, DGFP,NNP, MOHFW along with local and foreign consultants and was immediately made functional. A consultative Mission of DPs was fielded during 9-26 March, 2010 on conceptual framework of new health sector program which was based on some thematic area-based groups' discussions and concluded with an action plan. Accordingly the Draft Strategic Plan was developed and shared extensively with all the stakeholders several times and the recommendations were incorporated in the Plan accordingly. Besides MOHFW organized Divisional/District level consultative workshops and Focus Group Discussions at Khulna, Barisal, Rangamati and Sylhet to get the view of service providers and clients on the new health sector strategic plan. The joint GOB-DPs Pre-appraisal mission was held in September 2010 to consider the 3rd draft of strategic plan document which concluded with some agreed action plans in the Aide Memoire. GOB complied with all the issues of the Pre-appraisal Aide Memoire action plan which was then followed by the Appraisal. Then the appraisal held from 13th to 24th February, 2011 where different group meetings were held on different aspects of the strategic document between DPs and the Government. In the mean time, some safeguard related studies were finalized and made ready for dissemination. The WB Mission finalized the PAD & drafted the JFA document with appropriate level of consultations with GOB. Following the agreed action plans of the successful Appraisal Mission with the WB and other relevant DPs, the draft Program Implementation Plan (PIP) of HPNSDP finalized by the government which was shared to DPs in due course. The PIP of HPNSDP was approved by the ECNEC on August 23, 2011.

**The Sector Boundary:** MOHFW is implementing several parallel projects included in its ADP, which are outside the SWAp program. According to GOB political priority there is a need to undertake specialized and medical college projects at different points of financial year on an urgent basis. Incorporating those into the SWAp by revising PIP is a complex and time consuming task. Moreover SWAp focuses more on primary HPN services than specialized and tertiary care

services to achieve health related MDGs. Even the boundaries of the sector extend beyond the mandate of the MOHFW. A true SWAp would encompass both urban and rural health services (i.e. MOLGRDC, MOHFW, and MOCHTA), as well as the buy in and participation from other players, including the Ministry of Finance (MOF). However, MOHFW is not in a position to change the mandate of either this ministry or others. Health being an outcome of multi-sectoral interventions is not also desirable to be handled by the MOHFW alone. In the new sector program MOHFW will try to strengthen its coordination and functional relationship with other ministries involved in providing health services. It would include a clear strategy for working with the private sector – something which is essential given that more than half of all health expenditure in Bangladesh takes place within the private sector. It would also include a formal mechanism with the large NGO sector in the country that fills the gap where the MOHFW services are either inadequate or cannot be reached.

**Governance and Stewardship:** The MOHFW is playing the role for strengthening public health sector management and stewardship capacity through development of pro-poor targeting measures as well as strengthening sector-wide governance mechanism. Appropriate measures as per agreed results framework (Annexure-X) will be undertaken with regard to sector management and stewardship role of MOHFW. Moreover a Governance & Accountability Action pan as agreed upon with DPs during loan negotiation with guide the Governance and Stewardship function of MOHFW.

The MOHFW has adopted the Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016 with the intention to reforming the HNP system and of pro-poor health service provision. The goal of HPNSDP is to ensure quality and equitable health care for all citizens by improving access to and utilization of health, population and nutrition services and the development objective is to improve both access and utilization of such services, particularly for the poor.

This new SWAp identifies 32 Operational plans (OP), and amongst these Sector Wide Program Management and Monitoring is one of them and implemented by the Planning Wing (PW) of MOHFW. The main purpose of Sector wide management is – coordinating and preparing the plan, financing and budgeting, managing, reviewing, monitoring and evaluating the SWAp.

Due to the bifurcated structure in the MOHFW, adequate and timely monitoring of sector performance is yet to take a sustainable shape for using routine information for decision-making.

The Planning function under Planning Wing (PW) of the MOHFW oversees to a certain extent the planning and budgeting process of the whole ministry and as such fulfills an essential role in the systems that support timely and adequately submitting of the Operational Plans (OPs) and their budgets. The responsibilities involve a range of the activities related to (i) Sector wide policy, strategy and planning/budgeting, (ii) Sector wide coordination/collaboration, (iii) Processing of program and projects and (iv) Monitoring and evaluation of program and projects. Planning and budgeting procedures as per approved PIP of HPNSDP provides adequate flexibility for revision of Operational Plans (OP) with regard to certain percentages of approved PIP enhancement and inter-OP and intra-OP cost adjustment.

The PW has established coordination and collaboration with other relevant sectors, agencies and participating stakeholders to ensure financial and performance reporting. Similarly, various projects funded directly by several DPs are also coordinated by the PW for their reporting on implementation progress along with a few GOB funded vertical projects within MOHFW.

**9. (a). Components and related Strategies in the PIP:**

**Component-1: Planning and Budgeting**

A health sector Strategic Plan for HPNSDP has been developed through a consultative process with all relevant stakeholders. This strategic plan of HPNSDP has been translated into a Program Implementation Plan (PIP). Following the PIP, Operational Plans are developed for all the components by their respective LDs. The PW revised and standardized formats for the OPs and provided guidance in the development of OPs. OPs are made for 5 years with reflection of 3-years detailed budget (terminal 2-years budget is kept as block allocation) by the Line Directors,

responsive to the overall planning cycle of GOB. The important issues will be considered in the planning process of OPs are (i) the results of the earlier year's activities, (ii) changing needs and budget provision as stipulated in the PIP (iii) Local level planning (LLP) inputs from directorates collected through LLP tool kits, where applicable. Introduction of changes in the various support systems such as increased delegation of administrative and financial power to the cost centers to make effective local level planning and implementation of the essential field level activities. It is expected that a Mid-Term Review will take place at the middle of the PIP implementation. These OPs can then be revised, if necessary, after MTR.

PW of MOHFW, providing professional support to LDs, guiding them to appropriately design standardized plans and budgets, strengthen their management and implementation mechanism, and produce reports relevant to OPs, especially with respect to the achievements in their respective Results Framework (RFW), OP level indicators and other sectoral progress reports.

The planning and budgeting functions also include preparation of five years plan, identify development resources and prepare budget accordingly. PW assists the Directorate Generals, Agency Heads and Line Directors to prepare the Operational plans ensuring that PIP and all OPs are reflected with sectoral polices, HPNSDP priorities and strategies, cross cutting issues equity and gender. PW also provides secretariat services for the approval of the Operational Plans. In addition, making liaison with PC, IMED and ERD is the key to success of the planning process. Improving budget management is an important responsibility of PW by establishing the linkages between MTBF, OPs, and the ADP resource envelope. As part of estimation of the DPs contribution in the budgeting, the PW- MOHFW will share the ADP budget with the DPs and the DPs will commit their annual contributions accordingly.

Operational Plans (OPs) will be revised through a participatory process following the Annual Program Review (APR) and reviewed with the Annual Development Program (ADP). Implementation support from DPs will include: (a) consultations between MOHFW and the pooling DPs in order to reach agreement on the share of ADP to be financed by the Programme and Procurement Plan; (b) identifying contributions by the DPs and GOB to be confirmed at that time, after which the DPs' proposed contributions will be included in the annual national budget and, eventually, the Medium Term Expenditure Framework (MTEF) planning cycle; and (c) the release of funds in time to LDs for effective implementation of Program activities.

The following are the important conditionalities of the PAD to be complied throughout the process of OPs finalization, conducting APR and MTR:

Table: Conditions and legal covenants with WB

| Description of Condition/Covenant | Date Due |
|---|---|
| The Operational Plans are submitted to the Association | March 31 of each year |
| Annual program review held | December 31 of each year |
| Midterm review held | December 31, 2014 |
| The MDTF Administration Agreement has been entered into by at least one (1) Co-financier | December 31, 2012 |

**Important Activities are:**

- Preparation of Program Implementation Plan (2011- 2016) according to available resources.
- Finalize PIP and its dissemination;
- Explore and mobilize foreign aid for sector program
- Preparation and management of ADP budget within framework to achieve sectoral / program goal;

- Assist and coordinate with Line Directors for preparation of OP/ROP based on PIP budget and processing for timely approval of OP/ROPs by the Steering Committee of HPNSDP.
- Collaboration with Planning Commission for Sixth Five Year plan preparation/updating (2010-2015);
- Introduce joint review of non-development and development expenditure in the Ministry as well as in the Directorates on a monthly basis;
- Prepare annual work plan linking with ADP allocation at the beginning of each financial year
- Initiate Single Work Plan for the preparation of annual budget (both development and Non-development budget) in the light of MTBF on a pilot basis;
- Revising the OPs and ADP budget, if necessary, based on each year's APR.
- Revision of PIP after MTR;
- Facilitate and processing of OP revision wherever needed; and
- Branding and communication of HPNSDP across the organization of MOHFW (fact sheet, leaflet, booklet, reports etc).

**Component-2: Monitoring and Evaluation**

Although SWAp has contributed significantly to achieve most of the health outcomes but HNPSP implementation witnessed a low utilization of available resources. The main reasons for low utilization of funds are (i) non-availability of resources from DP's end and consequent reduction in GOB's matching fund as per the estimate, (ii) delay in procurement due to the complex procedural steps and (iii) reduction in absorption of fund due to frequent changes of the LDs. The absorption capacity varied significantly by OPs during HNPSP implementation.

Under the HNPSP, Planning Wing with the TA of GIZ (former GTZ) ran the Monitoring and Evaluation Unit (MEU) and initiated the data management information system (DMIS) which did not function properly due to lack of capacity, manpower and logistics, etc.

The HPNSDP is strongly linked to the achievement of results as defined by the Results Framework (RFW) **(Appendix-XI)**. Each OP has identified a set of indicators to monitor implementation. These indicators draw on the conceptual basis of results framework (RFW) insofar as they monitor inputs, processes, outputs, outcomes and impacts. Monthly ADP meetings at the MOHFW review OPs' implementation. RFW indicators will be monitored every 6 months will strengthen the monitoring culture within the MOHFW and its Directorates. This will require the production of a report drawing on the OP results indicators. The centrality of indicators for monitoring implementation is further emphasized through the Performance Based Financing framework that provides *Disbursements for Accelerated Achievement of Results (DAAR)* (**Annexure-XIII)**.

Under this modality, the MOHFW will be eligible to use a greater share of the total IDA Credit each year to finance eligible expenditures to cover Project activities (effectively drawing down funds programmed for year five) upon attainment of agreed upon targets that demonstrate accelerated achievement of Project results. Disbursements without the DAAR are estimated to be US$71.78 million per annum over five years. Under the scenario where all agreed upon targets are fully met in each of the first four years, US$71.78 million would be fully disbursed each year along with the additional allocation for results achieved. For partially met DAAR targets, the additional allocation would be disbursed on a pro-rata basis for partially achieved targets. DAAR funds not disbursed because of targets not met would continue to be available to the Project under the regular allocation for year five. Approximately 15% of the annual IDA allocation would be available under DAAR each year. The exact amount will be discussed and agreed upon by the MOHFW and pooling DPs and DAAR funds would be programmed in the same manner as the regular allocation in support of the OPs. Each DAAR indicator will be clearly linked to one or more OPs and will contribute to specific results framework (RF) indicators. The intent is to define

indicators that will leverage changes/reforms that are deemed to contribute to RF level indicators and that can be achieved because the necessary inputs are provided in the OPs. For each DAAR indicator, data sources, reporting and verification mechanisms will be identified. DAAR indicators will be defined for priority subcomponents and programs such as maternal health, FP, nutrition, HR, budgeting and planning, and fiduciary management that are part of the OPs. The Bank team will work closely with MOHFW on setting the target of DAAR indicators. PMMU will be responsible to coordinate and monitor the above mentioned issue as a unit outside the existing structure of MOHFW to provide technical assistance. PMMU will gradually be mainstreamed with the PW, MOHFW revenue structures and functions.

The MOHFW, in collaboration with the DPs, will jointly review the sector program in the third quarter of every year to review implementation progress, the Annual Program Review (APR). The review will: (i) evaluate the effectiveness of the implementation mechanisms and the efficiency of the organizational structures; (ii) assess implementation performance against agreed upon indicators in the results framework and adjust indicators as needed; (iii) identify health policy issues that would support achieving the program results; (iv) assess the performance of budget execution; (v) review the progress made in the implementation of the Government and Accountability Action Plan (GAAP) and (viii) assess the effectiveness of implementation mechanisms. An Independent Review Team (IRT) will undertake the APR and assist GOB and DPs during policy dialogue. The joint GoB-DP APR will be conducted taking representation among other from the Socio Economic Infrastructure (SEI) Division, Planning Commission and IMED. Similar representation will also from part of the MTR process during mid 2014.

A coordination committee headed by the Secretary/Additional Secretary, MOHFW will be formed to institutionalize the M&E functions across the MOHFW. The coordination committee will also establish a coordination mechanism with the MOLGRDC in relation to birth and death registration, and with Bangladesh Bureau of Statistics (BBS) in relation to decennial census, Sample Vital Registration Survey (SVRS), Multiple Indicators Cluster Survey (MICS), Health Economics Unit, NIPORT, etc.

In order to ensure the availability of data for tracking progress of HPNSDP's outcome and results indicators from the routine MIS sources, household surveys, and health facility surveys, PW will play a stewardship role and supervise the coordination mechanism among different agencies/project under the MOHFW. During the HPNSDP's implementation, it is envisaged that at least five household surveys (Bangladesh Demographic and Health Survey in 2011 and 2014; Utilization of Essential Service Delivery survey in 2012, 2013 and 2015; and a Bangladesh Maternal Mortality Survey in 2015) will be carried out along with three facility surveys and three integrated bio-behavioral surveys in 2011, 2013 and 2015 to track the Program's performance (see Table below). Where feasible, data from these sources will be collected and analyzed to allow assessment of access and outcomes disaggregated by gender and socio-economic status.

PW will maintain close liaison with respective funders and implementers of the surveys in pipeline and follow up the progress of each of the activities so that information is available on time to feed into the APR process on regular intervals. PW will also maintain close liaison with Development Partners and organizations to make use of their monitoring and research activities (e.g. USAID funded Traction project) to feed into the program monitoring. USAID is supporting the TR Action Project to conduct multiple researches on priority challenges faced by the HPNSDP programs. The findings from TR Action research will help strengthening of the MNCH, nutrition, family planning, and TB programs. To perform the aforementioned activities under the Planning Wing, MOHFW a technical unit to be established called Program Management and Monitoring Unit (PMMU).

The activities to improve M&E system will include:

- Establishing a Program Management and Monitoring Unit (PMMU), equipped with adequate skilled professionals and logistics in the PW of MOHFW to track the progress of HPNSDP activities.

- Developing M&E Strategy and Work Plan to identify gaps, duplications and areas for improvement and streamlining the existing routine M&E system.
- Improvement of the routine information of all MIS, including the regular production of meaningful quality data by all health facilities in the country and ensuring an effective involvement of all Directorates and the DMIS.
- Develop/upgrade the existing DMIS website to make it user friendly website to publish periodic reports, data archive, upload various important document and updated data on regular basis
- Ensure and monitor the data utilization for decision making process
- Developing a comprehensive capacity building plan comprised of courses and workshops to build M&E skills and capabilities at the central and OP levels.
- Conduct Joint GOB - DPs APR and MTR.
- Submitting summary of APR report to the ECNEC annually.
- Conducting joint GOB-DP field visit, studies, evaluations and operation research.

**Table: Survey matrix for 2006-2017**

| **Survey name** | **2006** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **Sample** | **Cost (USD)** | **Funding source** | **Implementer** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bangladesh Demographic and Health Survey (BDHS) | | X | | | | X | | | X X | | | X X | Ever-married women of age 10-49 from 10,000 HH | 1.0m | USAID | NIPORT |
| Utilization of Essential Service Delivery (UESD) Survey | X | | X | | X | | X X | X X | | X X | | | Ever-married women age 15-49 from 10,000 HH | 50k-200k | PF/USAID | NIPORT |
| Bangladesh Maternal Mortality and Maternal Healthcare Survey (BMMS) | | | | | X | | | | | X X | | | 170,000 HH | 3.0-3.5m | USAID/ AusAID /UNFPA/PF | NIPORT |
| Bangladesh Urban Health Survey (BUHS) | X | | | | | | X X | | | | | | 12,800 urban HH | 1.1m | USAID/ UNFPA | NIPORT |
| Bangladesh NCD Risk-factors Survey | | | | | X | | X X | | X X | | X X | | 25+ years person from 11,200 HH | 0.1m | WHO | Contractor |
| Bangladesh Health Facility Survey (BHFS) | | | | X | | X | | X X | | X X | | X X | 885 health facilities, 5 exit interviews from each facility | 0.40m | PF/ USAID | NIPORT/Contractor |
| National HIV Serological Surveillance | X | X | | | X | | | | | | | | 12,800 people high risk groups | 0.6m | PF | NASP |
| Integrated bio-behavioral Survey (IBBS) | | | | | | | X X | | X X | | X X | | | | PF | NASP |

NOTE 1: X = Implemented or under process, XX = Planned

**Component-3: Governance and Stewardship for Health Sector**

The GOB has established different professional regulatory and statutory bodies with the objectives of overseeing the development of a competent professional workforce, ensuring provision of standardized and quality health services and protecting the people's right to health. Instead, the governance system is characterized by weak internal monitoring and oversight mechanism. The Citizen's Charter for health service delivery has already been put in practice in the public hospitals and other health facilities. Practicing of the Charter will be monitored and strict adherence to its implementation will be ensured. PW, MOHFW will also establish a continuous feedback mechanism with various health watches groups and along with them review the progress on effective implementation of the citizen's charter.

In the HPNSDP, the MOHFW proposes to increase the effectiveness and functionality of the various national regulatory bodies (BMDC, BNC, BPC, etc) through revision of their mandates, structures and building their capacity. The existing structure and capacity of the MOHFW Directorates (DGHS, DGFP and DGDA) need to be reviewed and strengthened to increase their supervisory capacity and enhance institutional management.

Local Level Planning to explore the real need of the demand side with some delegations of administrative and financial authority will be implemented in the selected areas of the country. Reform and new policy matters will be identified and coordinated through activities under this OP.

The Governance and Accountability Action Plan (GAAP) outlines the governance and accountability risk and mitigation actions to ensure the success of key aspects of the Programme, has been prepared and will be implemented and regularly monitored jointly by the MOHFW and the pooling partners as part of the APR**.** The GAAP has recommendations in support of improving financial management, strengthening weak internal controls, improving procurement management, and strengthening the M&E capacity. It is also expected to help strengthen HR capacity development both in technical areas as well as the overall sector management, including fiduciary controls.

**GAVI HSS:** The GAVI Alliance is supporting a Health System Strengthening (HSS) program in Bangladesh to provide universal MCH service delivery through strengthened human resource management, improved logistic management, and increased community participation and demand, which will contribute to achieving MDGs 4 & 5.

In the 1st phase Bangladesh was allocated US$ 13.67 million as GAVI-HSS fund which is divided into two tranche. The GAVI-HSS support is to be used in 13 low performing districts in order to ensure appropriate and quality delivery of PHC interventions, in particular MCH services at the community level.

GAVI-HSS fund will be used through three operational plans of new sector program HPNSDP namely Maternal, Neonatal and Child, Adolescent Health Care (MNCAH), Community Based Health Care (CBHC) and Sector Wide Program Management and Monitoring (SWPM&M). As GAVI-HSS funded activities cuts across three OPs of HPNSDP, Line Director SWPM&M will coordinate among these OPs to play its stewardship role.

Priority Interventions will be:

- Review, update and revitalize mandate and structure of the regulatory bodies in strengthening government's stewardship functions.
- Coordinate and monitor GAVI-HSS activities implementation. Prepare future GAVI supported activity plan and send to GAVI HQ for approved.
- Facilitating and strengthening MOHFW's engagement with the NGO and private sector based on comparative advantage.

- Facilitate local level planning and ensure reflection of those in concerned operational plan to ensure effective implementation.
- Publicize (web page, printing) and disseminate the HPNSDP and reports generated from M&E, studies, reviews and others.
- Assuming strategic stewardship and governance roles by MOHFW for policy management and setting up a coordinating system for synergistic, effective and efficient contribution from public and non-public including private sector and health related NGOs.
- Strengthening Planning Wing,(PW), MOHFW, ERD and capacity building of planning wing and concerned wings of PC and IMED .
- Play stewardship role for achieving DAAR indicators.
- Provide technical advisory and expert support to MOHFW.

**Component-4: Coordination and Collaboration**

**Inter-sectoral Coordination**

One of the roles of the SWPMM is coordination across wide range of stakeholders, including inter and intra-ministerial coordination, development partners and different actors, inter sector/OP coordination during implementation of the program. It requires direct involvement, interaction and collaboration with policies and programs of other ministries, agencies and a variety of different role players, viz., (a) government ministries and agencies, (b) private and other non-state health service providers, and (c) professional associations, mass media, community organizations and various other non-governmental actors contributing to health sector's development. The feasibility of such collaboration will be addressed during the next sector program with TA support.

Programs of a number of relevant ministries reinforce health outcomes, e.g., Ministry of Local Government, Rural Development & Cooperatives (MOLGRDC), Ministry of Education (MOE), Ministry of Primary and Mass Education (MOPME), Ministry of Food & Disaster Management (MOF&DM), Ministry of Women & Children Affairs (MOWCA), Ministry of Social Welfare (MOSW), Ministry of Agriculture (MOA), Ministry of Fisheries & Livestock (MOFL), Ministry of Information (MOI), Ministry of Commerce (MOC), Ministry of Finance (MOF), Ministry of Law, Justice and Parliamentary Affairs (MOLJPA), etc. To ensure better coordination an inter-ministerial committee under the chairmanship of the honorable Minister for Health and Family Welfare would be formed to serve as a forum for coordinating the activities of all ministries.

The Joint Cooperation Strategy (JCS) will be institutionalized through GOB – DP Local Consultative Group (LCG) meetings. The LCG sub-group on Ministry of Health has already been constituted which will be the meeting point of the senior management of the MOHFW and representatives of the DP. The LCG Working Groups replaces the previous HNPSP Coordination Committee. MOHFW and the DPs should work together to make the LCG sub-group more effective.

Various joint task groups and technical committees operate under the current sector program HPNSDP. The outcome of those task groups are thought to be effective. The most important Task Groups are: MNCH, Nutrition, Public Health, M&E, HRH, HFRG, Procurement, Financial Management, Community engagement and Gender, Equity and Voice and QM. These arrangements may continue to work during the next sector program with additional task groups if required.

MOHFW together with the DPs will develop a Code of Conduct that specifies the responsibilities and obligations of both partners, their way of communication and doing 'business' together during the implementation of the program and bringing in more aid effectiveness. One of such ways could be to reach a joint financing arrangement (JFA) which would clearly articulate the vision, principles, objectives, roles and responsibilities for the DPs and GOB.

The DP coordination mechanism will focus on aid management responsible for the co-ordination of aid proposals, the proper use of pooled aid funds, Disbursement of Accelerated Achievement of Results (DAAR), management of funds, JFA and the provision of activity and expenditure reports to and from Development Partners (including pooled, non-pooled and parallel). One of the major roles of SWPMM will be to accelerate the system of aid-effectiveness, alignment, harmonization and enhancing stewardship role the ministry. This function also includes facilitating GOB-DP coordination, formation of Pooled Fund Committee, holding Policy dialogue, dissemination and communication of the HPNSDP activities.

Some important coordination mechanisms under the HPNSDP will be as follows:

1. Inter-Ministerial Co-ordination: An inter-ministerial committee under the chairmanship of the Honorable Minister for Health and Family Welfare would be formed to serve as a forum for coordinating the activities of all relevant ministries for issues of tribal health, urban health, nutrition such as MOCHTA, LGD, Food Division, MOSW and others.
2. DP Co-ordination: Through LCG Sub-Group headed by the Secretary, MOHFW will coordinate the DP activities. SWPM-OP will be the lead OP for development partner coordination.
3. Inter-Agency Co-ordination: Structural parallelism emerging from the overlie between DGHS and DGFP with duplicative functions in the areas of MNCH, BCC, MIS, same purpose parallel facilities as well as workforces and others is a great concern for coordination between two agencies. For this, a detailed guideline will be prepared for functional coordination of MNCH and other services, incorporating expertise and facility sharing between DGHS and DGFP. In addition, there will be joint finalization of the potentially overlapping activities in OPs of the two agencies to ensure avoidance of duplication of resources during preparation of OPs.
4. During implementation of the HPNSDP, an Inter-Agency Coordination Committee (IACC) will be formed headed by Secretary, MOHFW including the representatives from MNCAH, MCRAH, HEP, IEC, ESD, CBHC, FSDP, MIS, SWPMM OPs, with specific TORs related with overseeing the status of coordination and providing necessary guideline. A Technical Working Group (TWG) like PMMU will chalk out an action plan of the related OPs and identify challenges both within and across OPs related to coordination in implementation that will be placed as an agenda for discussion in IACC. At Division and District level, Divisional and District Program Coordination Committee representatives from the two parallel agencies will work to establish coordination amongst these agencies at the local level.
5. An inter-OP coordination mechanism among the PFD, HSM, HRM, NES, PSE, ESD and SWPMM –OPs would be in place under Joint Chief (Planning) to ensure synchronization of new/upgraded facilities with provision of manpower, supplies and logistics.
6. Identification and discharge duties as focal point / person for inter-ministerial activities e,g. urban health, international health etc.

**Inter-OP Coordination within Agencies:**

A technical committee including representatives from concern sector Planning Commission and IMED will be formed to guide coordination among these OPs with defined TORs to improve coordination in this regard.

**Inter-Wing Coordination within MOHFW:**

a. An inter-wing coordination mechanism among the PFD, HSM, HRM and SWPMM –OPs for making health facilities functional: a Committee would be in place headed by Joint Chief (Plan) to ensure synchronization of new/upgraded facilities within time provision of manpower, supplies and logistics.

b. Many of the health systems support functions are covered by multiple OPs e.g. information systems includes 5 different OPs, and thus require further designation of

leadership and coordination among them in order to use resources and respond to demands most efficiently. A national M&E Coordination Committee headed by Additional Secretary, MOHFW will oversee all survey, studies and review the MIS system regularly. Proposed PMMU will regular coordination across different MIS.

c. Foreign training under different OPs will be coordinated by JS (WHO) and recommended by the Standing Committee of the MOHFW. Joint Chief (MOHFW) shall be engaged with the committee to make synchronization planning with implementation of training opportunities.

d. Heavy demands on the common cross-cutting health systems supports that are likely to surpass the ability of the health systems support OPs to respond effectively. These include: financial management and procurement; in-service training and technical assistance; pre-service training; human resources management.

**TA Coordination**

A coherent multi-year integrated and consolidated Technical Assistance Plan ( including technical cooperation) will be developed to support the MOHFW in program implementation and in carrying out the agreed upon policy reforms. This consolidated technical support plan/ TA package will be supported separately by several DPs with the aim of coordination with the MOHFW to ensure the effectiveness and responsiveness of various technical supports to the various evolving program needs and capacity constraints of the Ministry.

The TA mapping in terms of related technical / innovative areas, appropriateness or justification, demand based, in time placement or availability will be the critical tasks. In addition, development of TORs in connection with the key issues of assignment including transfer of technology with specific technical expertise and experience, recruitment process and conducting agreements with appropriate conditionality is to be coordinated with DPs.

Based on past experiences, it was deemed reasonable to have a focal point for all types of technical support and cooperation planned by the Partners to enable better coordination, management, follow up and build accountability of both TA provider and recipient. It was agreed by all concerned that DFID will act as the focal point for technical cooperation for the HPNSDP.

It was shared that some DPs plan to carry out long term technical cooperation through engaging directly while others will do so through contracted agencies. Some will finance the agencies individually while others would like to pool the TA funds and channel through an identified entity engaged by DFID. Besides the above, the Government will also field some technical assistance through HPNSDP budget to support and strengthen various aspects.

A TA/ TC sub- committee, chaired by the GOB and consisting of the concerned GOB and DP members would be created to coordinate the overall issues.

**Program Management and Monitoring Unit (PMMU)**

An effectively functioning unit in the name of Program Management and Monitoring Unit (PMMU), equipped with adequate skilled professionals and logistics, within a GoB structure, under the Planning Wing to work on program management and monitoring in the Ministry would be instrumental to track progress of the HPNSDP activities. The proposed PMMU in the Planning Wing of the MoHFW will assist in monitoring the overall performance of HPNSDP and all Operational Plans; monitor fund availability, disbursement and utilization; and assessment of the health situation in the country. The PMMU will manage the annual review of the Program and will advise the Government on essential steps to take with respect to overall health, population, nutrition and related actions. It will have an authorized strength of professionals to perform its functions, and will be assisted by a Technical Team of a pool of experts. In addition, short term experts will be procured for undertaking specific technical tasks. The PMMU will also have secretarial support. USAID, UNFPA and GIZ are expected to be supportive for providing TA for the PMMU.

USAID is also planning to provide support to strengthen and improve the Routine Health MIS (RHMIS) reporting system so that critical information needed for the monitoring and

evaluation of HPNSDP is routinely and timely available, and that this information is complete and of good quality.

The strengthening and improving of the RHMIS will build on the initial effort made under a project, "Data Management and Information System (DMIS)" supported by GIZ, where a centralized database system (DHIS2) was developed to organize and analyze the information at the sub-district, district and central level. This database can be linked with a mobile phone application for data collection, with a Human Resource Management System, called IHRIS, and a Hospital Management Software module, which are also open-source. Presently the data warehouse contains from six different data sources viz.: MIS -DGHS, MIS-DGFP, EPI, NNS, TB Control Program, and MIS-Urban Primary Health Care Project. This new DHIS2 system is currently being introduced at the Upazila and District levels. The likely challenges will be to insure that the improved reporting system works with this centralized system.

The PMMU will be responsible for the monitoring of the various planned activities underneath the M&E Framework as described in the PAD:

'Developing the Data Management and Information System , which will play a critical role to integrate data from various MIS and Program and improving the web-based reporting system and flow of information and the creation of a monitoring culture at sub-district (Upazila) level with system'. Detailed concept notes need to be worked out. Simultaneously, initiatives will be taken to ensure improved quality of routine data. Although a well designed web based system will ensure all the data at central level, if those are not reliable in comparison with the survey data then there is chances of lack of data utilization. Once reliable data is published in the web or report, then those will create the evidence for the sector programme monitoring. Periodic studies and research need to be conducted to see the impact and future requirements of the overall M&E and HIS in helping the sector programme.

An organizational chart along with short description of means of operationalization of PMMU has been shown in the Annexure-IX(A) and officials of the planning with technical background will be posted in the relevant posts of PMMU as applicable.

The specific activities identified are as follows:

- Six monthly and annually monitoring and review of the implementation progress of the Operational Plans,
- Coordinate with MIS directorates and other LDs to develop a coordinated routine information system and provide technical support to prepare and periodically revise/update the Results Framework with appropriate indicators for PIP/OP.
- Publish a six-monthly performance report on progress on the key indicators from the Results Framework and the PIP/Operational Plan, based on routine information and latest evaluation survey data,
- Conduct research in the area of M&E and Health Information System, to identify new program requirements and challenges
- Improving the quality of routine data collection from various level
- Provide technical support to prepare Annual Program Implementation Report (APIR) and other documents to support Annual Program Review (APR) and provide technical support to the APR/MTR process.
- Provide technical support to MOHFW and the DPs to regular update the status of Results Based Financing (RBF) through Disbursement of Accelerated Achievements of Results (DAAR) indicators, which would be linked to fund disbursement
- Provide technical guidance to efficiently manage the newly established data warehouse-Data Management Information System (DMIS).
- Support the MOHFW to review and monitor legal frameworks and to develop strategies and policies in regard to improve the service delivery in the health sector and to manage emerging health issues ;

- Support to conduct meeting of the M&E coordination committee headed by the Additional Secretary and provide support for the smooth functioning of the committee.

**10. Priority activities of the OP:**

- Preparation and dissemination of Program Implementation Plan (2011- 2016)
- Establishing a program management and monitoring unit (PMMU), equipped with adequately skilled professionals and logistics in the PW of MOHFW
- Developing M&E Strategy and Work Plan to identify gaps, duplications and areas for improvement and streamlining the existing routine M&E system.
- Developing a comprehensive capacity building plan comprised of courses and workshops to build M&E skills and capabilities at the central and OP levels.
- Holding annual program review each year.
- Facilitate timely preparation and approval of OP;
- Initiate Single Work Plan for the preparation of annual budget (both development and Non-development budget) in the light of MTBF on a pilot basis;
- Communication of HPNSDP across the organization of MOHFW (fact sheet, reports etc).

**11. Relevant Result Frame Work Indicators (RFW) and OP level indicators:**

**11.1 Relevant RFW Indicators:**

| INDICATOR | UNIT OF MEASUREMENT | BASELINE | TARGET 2016 |
|---|---|---|---|
| **Result 2.1 Strengthened planning and budgeting procedures** | % of annual work plans with budgets submitted by LDs by defined time period (July/Aug) | NA | 100% (achieved by 2013) |
| **Result 2.2 Strengthened monitoring and evaluation systems** | Performance report of OPs reviewed with policy makers, MOHFW, Directorates and DPs, six monthly and annually | Not Available | 100% (achieved by 2013) |
| **Result 2.9 SWAp and improved DP coordination (deliver on the Paris Declaration**) | # of non-pool DPs submitting quarterly expenditure reports | Irregular | 100% |
| **Result 2.10 Strengthened Financial Management Systems (funding and reporting)** | % of OPs with spending > 80% of ADP allocation (annually) | 2003-11 | 100% (by 2013) |

**11.2 OP level indicators (Output/Process):**

The activities under this OP contribute to ensuring the quality and equitable health care for all citizens of Bangladesh. They will help to ensure the achievement of Result 2.2 strengthened monitoring and evaluation systems, and Result 2.9, SWAp and improved DP coordination.

| Indicators | Unit of measurement | Baseline (with year & data source) | Projected target | |
|---|---|---|---|---|
| | | | Mid-2014 | Mid- 2016 |
| (2) | (3) | (4) | (5) | (6) |
| **Component 1: Planning and Budgeting** | | | | |

| Indicators | Unit of measurement | Baseline (with year & data source) | Projected target | |
|---|---|---|---|---|
| | | | Mid-2014 | Mid- 2016 |
| (2) | (3) | (4) | (5) | (6) |
| ***Strategy:*** *Ensure equitable and diverse health population and nutrition sectors' strategies, effective program planning, and efficient use of resources* | | | | |
| % of total National budget allocated to MOHFW | % of MOHFW in the MTBF budget | 6.83% National Budget Annually | 8 % | 10% |
| PIP Approved and Published | Number of PIP distributed and published in the website | Not Applicable PW, MOHFW | 15 June 2011 | March, 2014 |
| Annual Work Plan with budget allocation submitted quarterly expenditure | % of LDs submitted AWP within selected time line | Not App Planning Wing Annually | 90% by July each year | 100% |
| Resource Allocation Formula reviewed, adopted and piloted | Adopted and piloted | NA PW, MOHFW | Adopted in 2012-13 | Piloted in 2014-15 |
| **Component 2: Monitoring and Evaluation** | | | | |
| *Strategy: Establish a sustainable M&E system in MOHFW for management, coordination, and monitoring and evaluation to track progress in HPNSDP* | | | | |
| Facilitate the joint GOB-DP Annual Program Review (APR) and Review APR action plan. | # of APR Steering Committee meeting/ workshop/policy dialogue | NA | 3 | 5 |
| Program Management and Monitoring Unit (PMMU) established and Functional | Adequate skilled staff with TA and clear mandate in place | Process initiated since appraisal 2010 | Skilled staff & TA in place by - 2011 | Will run the system |
| Developing M&E Strategy and Work Plan | Strategy prepared | - | 1 | Strategy implemented |
| Monitor OP indicators half yearly/ using Data Management and information System (DMIS | Status of core OP indicators reported (no of reports) half yearly from DMIS | DMIS server in place in 2011 PW, MOHFW | 12 | 20 |
| M&E Coordination Committee formed and meets at least once quarterly. | Number of M&E coordination committee meeting held | M&E task group formed and meeting held regularly | 3 meetings per year | 3 meetings per year |
| **Component 3: Governance and Stewardship for Health Sector** | | | | |
| *Strategy: Support for sector modernization and good governance to enhance stewardship role of the ministry* | | | | |
| Capacity development of PW, MOHFW (including PC, IMED & ERD) through training/ | No of training course held in each year | Not App | 9 batch (3 batch per year) | 15 batch |
| HPNSDP steering committee (with updated TOR) formed for flexible OP approval/revision | Number of HPNSDP meeting held and decisions executed | HNPSP Steering committee formed | 4 meeting per year | 4 meeting per year |
| Conduct Survey/ study/research, by topic, | No. of study | Not App | 6 | 10 |

| Indicators | Unit of measurement | Baseline (with year & data source) | Projected target | |
|---|---|---|---|---|
| | | | Mid-2014 | Mid- 2016 |
| (2) | (3) | (4) | (5) | (6) |
| **Component 4 :Collaboration and Coordination** | | | | |
| ***Strategy 4:*** *Ccoordinate with development partners, implementing agencies, other actors for harmonization and better implementation of the project* | | | | |
| Mobilizing and ensuring PA for HPNSDP | Number of aid agreement /JFA signed | Not app | 2 | All DPs |
| Inter Ministerial/ agency/OP coordination committee functional | No of committees formed | | All committees | |
| Decisions taken in LCG working group meeting & implemented | No LCG meeting held | Not app | 12 | 20 |
| Pooled fund committee meetings held quarterly | No of meetings held | Not App | 4 meeting per year | 4 meeting per year |
| % of TA completed as per plan | Percentage | Not Applicable | 30% | 100% |

**11.3 Source and methodology of data collection to measure/preparation of annual progress report:**

A Program management and monitoring unit (PMMU) will be established under Joint Chief (Planning). The unit will be headed by a Deputy Chief to operate day to day activities. The Unit will help to monitor HPNSDP and OP activities. It will collect secondary data from LDs on OP indicators as well as will analyze data and prepare reports. TA will be provided to conduct survey and research on specific issues as part of coordination, monitoring and evaluation.

Besides, IMED reports, DMIS, annual program review (APR) processes will be regular sources of secondary data.