

Ex-ante Evaluation

1. Name of the Project

Country: The People's Republic of Bangladesh

Project: Maternal, Neonatal and Child Health Improvement Project (Phase 1) (Health, Population and Nutrition Sector Development Program)

L/A signed on: January 25, 2012

L/A Amount: 5,040 million yen

Borrower: The Government of the People's Republic of Bangladesh

2. Background and Necessity of the Project

(1) Current state and Issues of the Health Sector in Bangladesh

Major improvements have been made in Bangladesh's health sector, particularly in the area of infectious disease control such as immunization programs and the battle against tuberculosis. In the area of maternal and child health, advances have been made such as the improvement of the infant mortality rate (per 1,000 live births, 92 in 1990 and 45 in 2009), the under-five mortality rate (per 1,000 live births, 146 in 1990 and 67 in 2009), and the maternal mortality ratio (per 100,000 live births, 574 in 1990 and 194 in 2010). However, further efforts are needed to achieve the Millennium Development Goals (MDGs), for which major challenges including the low proportion of births attended by skilled health personnel, nutritional problems, and low service usage rate of impoverished groups, remain unsolved. The proportion of births attended by skilled birth attendants is quite low (24.4% in 2009) in comparison with the averages for South Asia (48%) and other developing countries (64%). In particular, the access to maternal and child health services are very limited among the poorest in the society. While the proportion of stunting children is steadily decreasing, the progress in decreasing the proportion of underweight children has been slow. Thus, further efforts are needed to ensure sufficient nutritional status. To improve these health indicators, services provision must be improved in the health, nutrition and population sectors and at the same time, the use of these services must be encouraged through awareness raising.

Improving service provision requires further efforts to establish a more consistent health system that extends from local community to tertiary levels including the appropriate allocation and management of facility development, human resources, materials, budgets, and other data and information. Further initiatives have to be taken to enhance the stewardship role and capacity of the Ministry of Health and Family Welfare, appropriately develop and allocate health personnel, enhance planning and budget allocation based on local needs, and improve referral systems.

(2) Development Policy for the Health Sector in Bangladesh and the Priority of the Project

The Government of Bangladesh has defined health, nutrition and population issues as major challenges and aims to achieve MDGs under the 6th Five-Year Development Plan

(2011-2015) and the long-term strategy of the current government (Outline Perspective Plan (OPP) of Bangladesh 2010-2021: Making Vision 2021 A Reality). The Government of Bangladesh is aiming to expand high-quality, user-friendly basic health service provision and a sustainable health system that responds to people's needs under its National Health Policy (currently under formulation) by enhancing service provision and strengthening the stewardship role of the government.

A national strategy for maternal health has been formulated in the maternal and child health sector with following basic principles: (1) strengthening emergency obstetric care to reduce maternal deaths, (2) providing basic obstetric care for early detection of complications and appropriate referrals, (3) promotion of women's rights, and (4) ensuring service quality.

To implement these policies, the Government of Bangladesh formulated the Health, Nutrition and Population Sector Programme (HNPSP, 2003-2011), defining priority issues such as reducing maternal/infant mortality rates, preventing epidemic infectious diseases, reducing malnutrition, and family planning. The government has been working on raising the quality of healthcare throughout the country while obtaining support from development partners based on a framework of Sector-Wide Approaches (SWAs). A subsequent program, the Health, Population and Nutrition Sector Development Program (HPNSDP, started in July 2011, 2011-2016) has now been launched. The major challenges for Bangladesh are still almost the same as in HNPSP; however, action plans for maternal and child health services are being more explicitly formulated in HPNSDP to enhance the quality of measures taken through more coordinated action among relevant departments within the Ministry of Health and Family Welfare.

(3) Japan's and JICA's Policy and Operations in the Health Sector

In light of Japan's Country Assistance Program for Bangladesh (May 2006), JICA has positioned the health sector as one of the priority development issues under "social development and human security," one of the priority areas for assistance. This project is considered as a part of the "Maternal, Newborn and Child Health Program" under the Rolling Plan for Bangladesh. JICA has provided technical assistance to reinforce the maternal and child health, infectious disease control, and health system in order to achieve the MDGs in collaboration with other development partners. Further, JICA actively participates in various meetings within the sector program framework to disseminate the outcome of technical cooperation and propose policy recommendations based on field level knowledge and experiences.

(4) Other Donor's Activities

Sixteen development partners provide assistance under the HPNSDP framework, including eight development partners that provide financial assistance through the trust fund managed by the World Bank. In particular, a number of development partners, such as UNICEF, UNFPA, USAID, and WHO, provide assistance in the maternal, neonatal and child health sector. The World Bank provided assistance of 300 million dollars to HNPSP and another 350 million dollars to HPNSDP.

(5) Necessity of the Project

This project implements activities related to maternal, neonatal and child health as a part of a comprehensive health program (HPNSDP). Further efforts are needed to achieve the MDGs by the Bangladesh government, while more assistance from development partners is also required. Since this Project is in line with Japan's priority area and sector under its Country Assistance Program for Bangladesh and, in particular, aims to disseminate the outcome of JICA's technical cooperation in the maternal, neonatal and child health sector, this Project is therefore considered highly necessary and relevant.

3. Project Description

(1) Project Objectives

The objective of the Project is to improve maternal, neonatal and child health (MNCH) services and strengthen health system of Bangladesh, by implementing MNCH related activities under the HPNSDP, thereby contributing to the improvement of MNCH status of Bangladesh.

(2) Project Site/Target Area: Throughout Bangladesh

(3) Project Components

The Project implements activities that contribute to improving maternal, neonatal and child health services within the framework of HPNSDP (international/domestic competitive bidding, etc.). The Japanese ODA loan will be used for training, provision of equipment, and construction works related to maternal, neonatal and child health.

(4) Estimated Project Cost (Loan Amount)

23,690 million yen (the total amount of the Japanese ODA loan is: 9,758 million yen, of which Phase 1 loan amount is: 5,040 million yen)

(5) Schedule

It is scheduled to be carried out between January 2012 and June 2016 (54 months in total). The Phase 1 loan covers FY2011/12 through FY2013/14. The Project will be completed when HPNSDP is completed (June 2016).

(6) Project Implementation Structure

- 1) Borrower: The Government of the People's Republic of Bangladesh
- 2) Executing Agency: Ministry of Health and Family Welfare
- 3) Operation/Maintenance: Ministry of Health and Family Welfare and organizations under supervision of the ministry

(7) Environmental and Social Consideration/Poverty Reduction/Social Development

- 1) Environmental and Social Consideration:
 - i. Category: FI
 - ii. Justification: The Project is designed to provide financing to financial intermediaries. Sub-projects cannot be specified prior to JICA's approval for financing, and they may have environmental impacts under the JICA guidelines for environmental and social considerations(April, 2010).

- iii. **Monitoring/Others:** In this Project, the executing agency will prepare the environmental management plan and the social management framework and will monitor measures for environmental and social considerations based on these plan and framework.
 - 2) **Promotion of poverty reduction:** Activities will be implemented to improve the access to health services among the impoverished group.
 - 3) **Promotion of Social Development:** Consideration will be given to women and the socially vulnerable people in community activities.
- (8) **Collaboration with Other Donors**
- This project will be financed within the framework of HPNSDP with other 15 development partners. The Project activities will be coordinated with the ongoing JICA technical cooperation project and activities of the expert in the health sector and will also contribute to the dissemination of the outcome of JICA's assistance.
- (9) **Other important issues:** None

4. Targeted Outcomes

(1) **Quantitative Effects**

1) **Performance Indicators (Operation and Effect Indicators)**

Indicator	Baseline (2007)	Target (2016) [at the time of project completion]*
Infant mortality rate (1,000 live birth)	52	31
Neonatal mortality rate (1,000 live birth)	37	21
Maternal mortality ratio (100,000 live birth)	194 (2010)	143
Delivery by skilled birth attendant (%)	18	50
Antenatal care coverage (at least 4 visits) (%)	20.6	50
Postnatal care within 48 hours (at least 1 visit) (%)	18.5	50
Union level facilities providing basic emergency obstetrical care services (%)	15.5	50
Additional providers trained in midwifery at Upazila health facilities	—	3,000
Number of comprehensive emergency obstetrical care facilities with functional 24/7 services	120	204

Note: Since the indicators for maternal and child health in the HPNSDP were used as target indicators for this Project, they were set for the time of project completion (2016). An ex-post evaluation of this Project will be conducted to confirm the performance by referring to the 2016 target indicators.

- 2) **Internal Rate of Return:** Not calculated.
- (2) **Qualitative Effects:** Capacity development of health personnel.

5. External Factors and Risk Control

Delay in civil engineering works due to natural disasters such as floods, appropriate personnel deployment at health facilities.

6. Lessons Learned from Past Projects

A lesson learned was that careful consideration is needed to ensure that common recognition is shared for various matters in projects that involve collaboration with other development partners, especially when the large number of development partners are involved. In this Project, since a collaborative system to monitor overall HPNSDP progress is established, JICA plans to actively participate in various activities, including annual review meetings (for policy discussion), development partners' meetings, and task groups established for each theme, to disseminate and share information, as well as coordinate and build consensus for activities.

7. Plan for Future Evaluation

(1) Indicators to be used

Infant mortality rate (1,000 live birth), neonatal mortality rate (1,000 live birth), maternal mortality ratio (100,000 live birth), delivery by skilled birth attendant (%), antenatal care coverage (at least 4 visits) (%), postnatal care within 48 hours (at least 1 visit) (%), union level facilities providing basic emergency obstetrical care services (%), additional providers trained in midwifery at Upazila health facilities, number of comprehensive emergency obstetrical care facilities with functional 24/7 services

(2) Timing of Next Evaluation: Two years after the completion of the project