

Ex-Ante Evaluation (for Japanese ODA Loan)

1. Name of the Project

Country: The People's Republic of Bangladesh

Project: Health Services Strengthening Project

Loan Agreement: June 14, 2018

2. Background and Necessity of the Project

(1) Current State and Issues of the Health Sector and Priority of the Project in Bangladesh

Having adopted sector-wide approaches (SWAp) since 1998, the Government of the People's Republic of Bangladesh has developed and implemented comprehensive health sector programs for health, population and nutrition with the support of donors under an assistance coordination framework in order to raise the level of healthcare standards nationwide. The Health, Population and Nutrition Sector Program (2011–2016) implemented initiatives intended to achieve the Millennium Development Goals in the health sector, such as reducing child mortality (Goal 4), improving maternal health (Goal 5), and combatting HIV/AIDs, malaria and other diseases (Goal 6). As a result, compared to 1990 levels, goals related to the mortality rate of children under five years old, the HIV prevalence rate, and the malaria mortality rate have been achieved, while the maternal mortality ratio has also fallen significantly toward the target (United Nations Development Program, 2015).

In the meantime, the number of deaths from non-communicable diseases (NCDs), including cardiovascular disease, cancer, chronic respiratory disease and diabetes, increased from 0.399 million in 2000 to 0.58 million in 2015 (World Health Organization, 2017) due to factors such as changes in dietary habits and lifestyle as well as tobacco use. According to the Disability-Adjusted Life Year (which measures the disease burden expressed as the number of years lost due to early death or illness), the disease burden from cardiovascular disease almost tripled between 1990 and 2013, while the disease burden from diabetes increased by almost 150% during the same period (Institute for Health Metrics and Evaluation, University of Washington, 2013). This means that NCD control is an urgent issue.

Additionally, the number of people moving into cities has been rapidly increasing due to the economic growth and loss of land and property caused by natural disasters in recent years. As of 2010, 30.5% of the total population live in cities, of which 21.3% live at or below the poverty line (World Bank, 2017). The population of slum areas in Dhaka is the highest in Bangladesh at 3.4 million (37.4% of the city's total population) and its population density is 0.22 million people per square kilometer (National Institute of Population Research and Training, 2005). About 60% of residents have no access to running water, and about 10% have no access to clean toilets (Institute of

Health Economics, University of Dhaka, 2015). Under these circumstances, 69.5% of residents go to the pharmacies as a first step, while only 13.9% use public healthcare facilities that generally provide healthcare services free of charge (Institute of Health Economics, University of Dhaka, 2015). This means that improved access to public healthcare facilities is urgently required by the urban poor population.

In terms of healthcare services in Bangladesh, primary healthcare, including screening and control of diseases, is provided at the primary healthcare facilities that are closest to the residents (community clinics; hereinafter referred to as “lower-level primary healthcare facilities”). Diagnoses and treatments are provided at upper-level primary healthcare facilities (upazila health complexes) and secondary healthcare facilities (district hospitals, etc.), while more specialized diagnoses and treatments are provided through tertiary healthcare facilities (university hospitals, etc.). However, the screening systems required for early detection and diagnosis have not yet been sufficiently established, and residents still have a low level of awareness about the importance of disease prevention. Furthermore, as the systems at primary healthcare facilities in urban areas have not yet been sufficiently established, the urban poor population only has limited access to healthcare services. The Health Services Strengthening Project (hereinafter referred to as the “Project”) is intended to establish a system for strengthening NCD control and access to health services by the urban poor population in Dhaka by improving the quality of health services at primary and secondary health facilities in all divisions, thereby contributing to improved health for the people of Bangladesh. Bangladesh’s 7th Five-Year Plan (FY2016/17–FY2020/21) and the 4th Health, Population and Nutrition Sector Programme (2017–2022; hereinafter referred to as the “4th Health Sector Programme”), which is a comprehensive health sector development program, identify the following as important new issues in the health sector: preventing and controlling NCDs; achieving universal health coverage through the provision of healthcare services to the urban poor population; and enhancing access to healthcare services.

(2) Japan and JICA’s Cooperation Policy and Operations in the Health Sector

The JICA Country Analysis Paper for Bangladesh (May 2014) states that it is necessary to strengthen health systems in a comprehensive manner by improving the series of public health services provided by primary to tertiary healthcare facilities and by improving reliability. In addition, Japan’s Country Assistance Program for Bangladesh (February 2018) states that, through a cooperation program for overcoming social vulnerabilities, which is one of the priority areas for assistance, Japan will contribute to achieving universal health coverage by improving public health services, especially for maternal and child health, implementing measures for NCD control, and strengthening health systems. Furthermore, the Project Development Plan (April 2014) also states that Japan will, in response to demand for

improved hospital facilities and equipment, provide support by participating in SWAPs in order to strengthen health systems and enhance the quality and quantity of basic healthcare services. The Project is, therefore, consistent with these policies and the analysis. The Project is intended to contribute to improving public health in Bangladesh by strengthening the referral system for NCDs and enhancing the urban poor population's access to healthcare services, thereby contributing to Goal 3 of SDGs ("Ensure healthy lives and promote wellbeing for all at all ages").

(3) Other Donors' Activity

In Bangladesh's health sector, with the aim of promoting the implementation of the 4th Health Sector Programme, all 14 donors have been providing support under the framework of SWAPs by using numerous methods, such as contributing to a pool fund called a multi-donor trust fund as well as providing bilateral and multilateral aid. The World Bank has supported the 4th Health Sector Programme as a primary donor and has been responsible for managing the multi-donor trust fund. In partnership with the Local Government Division of the Ministry of Local Government, Rural Development and Cooperatives (LGD), the Asian Development Bank has supported the development of primary health care in cities by providing support for healthcare facilities under the LGD's jurisdiction. No duplication of work has occurred as the Project provides support for healthcare facilities under the jurisdiction of the Ministry of Health and Family Welfare (MoHFW), which are different from healthcare facilities under the jurisdiction of the LGD.

3. Project Description

(1) Project Objective(s)

The objective of the Project is to establish a system for strengthening NCD control and access to health services by the urban poor population in Dhaka by improving the quality of health services at primary and secondary health facilities in all divisions, thereby contributing to improved health for the people of Bangladesh.

(2) Project Site / Target Area

Throughout Bangladesh

(3) Project Component(s)

- 1) Strengthening NCD Control: To strengthen the screening systems for NCDs at primary and secondary healthcare facilities, improve equipment, provide training, and expand and reconstruct facilities.

*To strengthen the referral system, the Project's target facilities will be selected from primary and secondary healthcare facilities throughout Bangladesh based on health-system enhancement scores, which are determined by the MoHFW from the perspective of the provision of healthcare services and the operation and maintenance management.

2) Urban Health Improvement: To strengthen the screening systems used at urban dispensaries (primary healthcare facilities) in Dhaka, improve equipment, provide training, and reconstruct facilities.

*The Project aims to enhance the capacity for accepting patients at primary healthcare facilities in Dhaka and ease the concentration of patients at tertiary healthcare facilities in urban areas, thereby contributing to more efficient diagnosis and treatment systems at tertiary healthcare facilities.

(4) Estimated Project Cost (Loan Amount)

8,285 million Yen (Loan Amount: 6,559 million Yen)

(5) Schedule

June 2018–June 2022 (49 months in total). The Project will be completed upon commencement of services at all facilities (June 2022). Because the Project supports the 4th Health Sector Programme being implemented by the MoHFW, the Project will be completed in June 2022 at the same time as the programme is completed.

(6) Project Implementation Structure

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

2) Guarantor: N/A

3) Executing Agency: The Ministry of Health and Family Welfare (MoHFW)

4) Operation and Maintenance System: The Project will be operated and maintained by the MoHFW and the Public Works Department (PWD) of the Ministry of Housing and Public Works.

(7) Cooperation and Sharing of Roles with Other Donors

1) Japan's Activity: Plans for improving the operation of urban dispensaries, which will be developed under the technical cooperation project called the Project for Strengthening Health Systems through Organizing Communities (2017–2022), will be utilized. In addition, screening and diagnosis systems at national university hospitals, which are the top referral facilities in each jurisdiction, will be developed under the Japanese ODA loan project called the Maternal, Neonatal and Child Health and Health System Improvement Project (December 2015). Through collaboration with the latter project, the referral system connecting primary, secondary and tertiary healthcare facilities will be reinforced.

2) Other Donors' Activity: Based on the 4th Health Sector Programme, aid activities will be implemented, monitored and evaluated jointly by the Government of Bangladesh and participating donors.

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

1) Environmental and Social Consideration

① Category: C

② Reason for Categorization: Based on the JICA Guidelines for Environmental and Social Considerations (published in April 2010), any undesirable impact

that the Project may have on the natural environment is likely to be minimal.

2) Cross-Cutting Issues: Considerations for poverty: The primary healthcare facilities in Dhaka that will be supported by the Project provide healthcare services mainly to the urban poor population living in neighboring slum areas. The urban poor population's access to healthcare services is expected to be improved through the strengthening of screening, diagnosis and treatment systems at these facilities.

3) Gender Category: [Gender Project] GI (S) (Gender Activities Integration Project) Activity Components/Reason for Categorization:

It has been confirmed that the Project will be implemented according to gender equality strategies in order to promote the use of healthcare facilities by women. For instance, the training to be provided under the Project will cover the issue of gender equality. In addition, privacy-conscious screening areas and gender-segregated restrooms will be created when primary healthcare facilities are reconstructed or expanded.

(9) Other Important Issues: N/A

4. Targeted Outcomes

(1) Quantitative Effects

1) Performance Indicators (Operation and Effect Indicators)

Indicator	Baseline (Actual Value in 2017)	Target (2024) (Expected value 2 years after project completion)
a) NCD control		
No. of lower-level primary healthcare facilities that implemented referrals to upper-level primary healthcare facilities after a pilot referral network was established (cumulative total) ^{*1}	—	2,273
No. of upper-level primary healthcare facilities that implemented referrals to secondary healthcare facilities after a pilot referral network was established (cumulative total) ^{*2}	—	85

No. of healthcare workers from lower-level primary healthcare facilities who participated in training on NCD control (cumulative total) ^{*1}	0	2,273 ^{*4}
No. of doctors and nurses who participated in training on NCD control (cumulative total) ^{*2}	0	5,525 ^{*5}
b) Improvement of urban health		
No. of doctors and nurses who participated in training on NCD control (cumulative total) ^{*3}	0	96 ^{*6}

*1: 2,273 community clinics supported by the Project

*2: 85 upazila health complexes supported by the Project

*3: 16 urban dispensaries supported by the Project

*4: Healthcare workers located at 2,273 community clinics supported by the Project (one worker per facility)

*5: Total of 45 doctors per facility (participating in three types of training) and total of 20 nurses (participating in two types of training) at 85 upazila health complexes supported by the Project

*6: Total of six doctors and nurses per facility (three types of training) at 16 urban dispensaries supported by the Project

(2) Qualitative Effects

- Understanding of NCDs at primary healthcare facilities will improve and workers at these facilities will be able to provide lifestyle guidance to prevent NCDs.
- The number of outpatients and urban poor visiting urban dispensaries will increase.
- The number of outpatients at the primary health care level will decrease at tertiary healthcare facilities in Dhaka.
- The lifestyle guidance provided at primary and secondary healthcare facilities will improve residents' awareness about NCD prevention and change their lifestyles.
- The system for referring NCD patients from upazila health complexes to secondary healthcare facilities will be strengthened.
- The system for referring NCD patients from secondary healthcare facilities to tertiary healthcare facilities will be strengthened.
- The system for making referrals from urban dispensaries to higher-level healthcare facilities will be strengthened.

(3) Internal Rate of Return

Since healthcare facility users will not be charged fees under the Project, the Financial Internal Rate of Return (FIRR) will not be calculated. In addition, the Economic Internal Rate of Return (EIRR) will not be calculated because estimating the number of people who contract diseases due to a failure to implement disease prevention measures or screening is impossible and quantifying the benefits generated by improving medical services and convenience is extremely difficult.

5. Preconditions / External Conditions

- (1) Preconditions: N/A
- (2) External Conditions: N/A

6. Lessons Learned from Past Projects

The results of the ex-post evaluation of the Regional and Provincial Hospital Development Project in Vietnam revealed the following: (1) when the procurement of equipment and training on its usage is planned, training must be scheduled to be completed prior to the procurement of the equipment and materials so that the targeted outcomes are realized at an early stage; and (2) it is important to establish project objectives that are consistent with the output and the appropriate operation and effect indicators.

The schedule for the Project has been developed to provide as much training as possible prior to the procurement of the equipment and materials so that the targeted outcomes will become visible after the equipment and materials are installed. This training is for healthcare workers engaged in screening and those responsible for maintaining the equipment and materials used for the screening of NCDs at primary and secondary healthcare facilities. Additionally, the Project aims to establish a system that will contribute to the strengthening of NCD control and to improved access to healthcare services for the urban poor population in Dhaka. Therefore, in the first stage, the outputs of NCD prevention and an increase in the number of urban poor using primary healthcare facilities will be examined as qualitative effects. Subsequently, operation and effect indicators will be established based on the outputs, including improvements to the screening equipment and facilities, as well as the implementation of training.

7. Evaluation Results

The Project is consistent with Bangladesh's development issues and policies and with the cooperation policies and the analysis of the Government of Japan and JICA. The Project is expected to contribute to improved public health in Bangladesh by strengthening the referral system for NCDs and by enhancing the urban poor population's access to healthcare services, thereby contributing to SDG 3 ("Ensure healthy lives and promote wellbeing for all at all ages"). Thus, the necessity for JICA to

support the Project is substantial.

8. Plan for Future Evaluation

(1) Indicators to be Used

As described in (1)-(3) of Section 4.

(2) Timing

Ex-post evaluation: Two years after the project completion