

COUNTRY: Bangladesh

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**Step 1: Performance problems and their underlying causes—in order of priority**

Performance problems	Rationale for selection	Underlying causes	Performance goal
1 Under utilization of pregnancy and delivery care from trained providers	Relatively high MMR	Lack of motivation by the service providers, Poor quality of services, Lack of awareness of women, Limited availability of financial resources, Lack of appropriate training of service providers, Inadequate drug supply Cultural and religious barrier	Reduce MMR
2 Under utilization of pregnancy, delivery and postnatal care from trained providers	Relatively high NMR and constitutes about 60% of under five mortality rate	Lack of motivation by the service providers, Poor quality of services, Lack of awareness of women, Limited availability of financial resources, Lack of appropriate training of service providers, Inadequate drug supply, Cultural and religious barrier	Reduce infant mortality
3 High contraceptive discontinuation rate and low use of long term method	Large population size and higher density, Resource scarcity, Pressure on socio economic development, Ecological degradation with severe climate change implication	Early child bearing, Rely on temporary method, High adolescent fertility, Lack of awareness about benefits of birth spacing	Decrease TFR
4			
5			

**Step 2: P4P approach, its recipients and process for selection**

<b>P4P approach</b>	<b>Recipients</b>	<b>Process for selection</b>
Supply side and commodity support	Health facility	All public health facilities with minimum level of staffing and EmOC services
	Upazila parishod, Community support group	Local GoB representative, Stakeholders, Field workers

**Step 3: P4P indicators of performance, targets, and process for measurement**

Indicators	Targets	Process for measurement and verification
A) Percent delivered by skilled birth attendant, B) Percent utilized 4 ANC visits, C) Percent utilized PNC visit	4 ANC 30%, delivery by skilled providers 30% and PNC 40%	Routine report generated at health facility, Quarterly household audit and syurvey
3		
4		
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**Step 4: Payment mechanisms and sources of funding**

Recipient (e.g. institution level, individual health workers, teams, households. patients)	Payment mechanism and source of funding	
Recipient Type A:	Health facility	
A1.Amount of payment linked to performance	Potential 100% increase in individual service providers monthly salary	
A2.Amount of payment not exposed to risk	100%	
A3.Formula for performance payment if population based.	Performance Target	Associated Weight
	30% increase in 4 ANC visits	0.3
	30% increase in # of delivery by skilled providers	0.5
	40% increase in the number of mothers receiving PNC	0.2
A4.Fee schedule if fee-for service is chosen.	NA	
A5.Added calculation that adjusts for quality?	NA	
A6. Frequency of performance payment	Monthly	
A7.Sources of funds	Donor contributions at onset with increasing support from the Government.	
A8.Is this sustainable? Why?	Yes, Since budget will be included in the revenue	

<b>Recipient Type B:</b>	Upazila parishod	
<b>B1.Amount of payment linked to performance</b>	10% of incentive amount	
<b>B2.Amount of payment not exposed to risk</b>	100%	
<b>B3.Formula for performance payment if population based.</b>	Performance Target	Associated Weight
	% of HFWC attaining target	1
<b>B4.Fee schedule if fee-for service is chosen.</b>	NA	
<b>B5.Added calculation that adjusts for quality?</b>	NA	
<b>B6. Frequency of performance payment</b>	Quarterly	
<b>B7.Sources of funds</b>	Donor contributions at onset with increasing support from the Government.	
<b>B8.Is this sustainable? Why?</b>	Yes, gradually it will be included in the local government budget	
<b>Country Stakeholders to involve when defining Step 4:</b>		

**Step 5: Management entity (ies) and process for management (complete one form for each entity with management or administrative roles)**

Management entity	Rationale for selection and process for management
<b>Name of entity:</b>	Project Managemnet Committee (Includes local government, MOHFW and implementing agencies)
<b>1. Rationale for selection (relevant capabilities for job)</b>	Ensure proper managent and monitoring with broad stakeholders participation
<b>2. Process for selecting recipients.</b>	Facilities and providers will be selected by the Project Management Committee in low performing areas with poor socio-economic conditions
<b>3. Process for establishing and administering contracts.</b>	Project Managemnet Committee (PMC) will select providers and facilities once they agree to achieve goals of the project and pledge to abide by the policies and guidelines of the project
<b>4. Process for reporting on and monitoring results</b>	A) Baseline survey done to establish present condition and set targets, B) Both providers and facilities must report on prescribed form on monthly basis, C) Submitted forms to be checked for acqurarcy by community health group members, D) Periodic external audit of a random sampling of submitted forms
<b>5. Process for generating payments.</b>	Once validated by the community support group committee members it is submitted to PMC for payment on monthly basis
<b>6. Process for assessing and revising operationalization and design.</b>	PMC will continuously review the targets, useful payment mechanism with technical assistance from donors if necessary and revise things accordingly

**Country Stakeholders to involve when defining Step 5:**

<b>Step 6: Key stakeholders, positions, and approaches</b>			
<b>Stakeholder (institution)</b>	<b>Stakeholder contact person and position</b> (Place * next to P4P Champion)	<b>Degree of potential support</b>	<b>Approach to generate buy-in</b>
Ministry of Health and Family Welfare	Secretary of MOHFW	Administrative and financial	
Ministry of Local Government and Rural	Secretary of LGRD	Administrative and financial	
Chairpersons of Upazila Parishad	Chairperson of respective	Administrative and community	
Population Council (PC)	Dr. Ubaidur Rob, Country	Technical support	
James P. Grant School of Public Health	Anwar Islam, Professor and	Technical support	
<b>Program of action-IMMEDIATE next steps</b>			
<b>Tasks</b>	<b>Way forward</b>		<b>Deadline for completing tasks</b>
<b>Immediate actions</b>	1 Meeting with donor consortium members		Mar-09
	2 Workshop with key public and private sector stakeholders		May-09
	3 Workshop with local level elected representatives and government officials		Jun-09
<b>Key individuals who should be briefed and message that should be conveyed to each person</b>	Name: Minister, MOHFW	Message: Need to introduce P4P to increase the utilization of health care services	
	Name: Ministry, Finance	Message: Usefulness of P4P program and its utilization of health care services	
	Name: Secretary, MOHFW	Message: Involvement of elected representative to monitor and support health facilities at upazila level	
	Name: Donor consortium members (WB, USAID, DFID, AusAID, GTZ etc.)	Message: Outcome of Cebu workshop	
<b>Additional resources/support (financial and technical) needed to follow-up on plans</b>	Technical assistance from Health System 2020 and Center for Global Development		
<b>Continued work by Blueprint authors to support P4P development process</b>	Yes		