



Draft Design and Monitoring Framework

Project Number: 39305
April 2009

BAN: Urban Public and Environmental Health Sector Development Program

A design and monitoring framework is an active document, progressively updated and revised as necessary, particularly following any changes in project design and implementation. In accordance with ADB's public communications policy (2005), it is disclosed before appraisal of the project or program. This draft framework may change during processing of the project or program, and the revised version will be disclosed as an appendix to the report and recommendation of the President.

Asian Development Bank

PROGRAM DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets	Monitoring Mechanisms	Assumptions and Risks
<p>Impact Improved public and environmental health of urban inhabitants in the six city corporations</p>	<p>Three years after project completion (2019) the:</p> <ul style="list-style-type: none"> • Under-5 mortality rate (U5MR) is reduced by 10% from 2009 • Child morbidity is reduced by 20% from the 2009 • Prevalence of the water and food borne diseases is reduced by 20% from 2010 	<ul style="list-style-type: none"> • Program baseline, midterm and final surveys • Bangladesh demographic and health surveys (BDHS) and other household surveys • Government's other statistics 	<p>Assumption</p> <ul style="list-style-type: none"> • Macroeconomic and political stability • Municipal finances support increasing demand for urban basic services <p>Risk</p> <ul style="list-style-type: none"> • Natural disasters • High in-migration
<p>Outcome The urban population in the six city corporations, use improved public and environmental health services</p>	<ul style="list-style-type: none"> • Prevalence of malaria and dengue reduced by 5% from 2009 levels • Carbon emission from unsanitary disposal of solid wastes reduced significantly from 2009 levels • Municipal solid waste collected, transported and treated improved by 30% from 2009 levels • Scientific disposal of medical wastes is increased by 50% from 2009 levels • Hygienic slaughtering of animals increased by 50% from 2009 levels • Contaminated food is reduced by 20% from 2009 levels • Food and water samples tested increased by 30% from 2009 levels 	<ul style="list-style-type: none"> • Household income and expenditure surveys (HIES) and BDHS surveys • Program baseline, midterm and final surveys • Program quarterly monitoring reports • Reports of the Ministry of Health and Family Welfare • Reports from Department of Environment and Forests • ADB program review missions 	<p>Assumption:</p> <ul style="list-style-type: none"> • GOB, LGD and ULB's commitment to timely implementation of the program • Institutional strengthening of city corporations leads to stronger enforcement of laws • Intergovernmental coordination is strong and effective • City corporations adopt municipal finance reforms and improve their tax base and collection efficiencies • Public private partnerships (PPPs) gain more acceptance and effective PPP models are structured <p>Risk:</p> <ul style="list-style-type: none"> • LGD and ULBs have other competing interests and do not show implementation of the program

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<p>Outputs 1. Strengthened institutional arrangements for public and environmental health in place (policy reform area 1)</p>	<ul style="list-style-type: none"> • Urban public and environmental health unit (UPEHU) is established (December 2009) • Core civil servants of UPEHU is supported from revenue budget (July 2013) • National Urban Public and Environmental Health Committee is constituted (December 2009) and meets annually • City corporation health departments and city corporation conservancy departments is initiated (December 2015) 	<ul style="list-style-type: none"> • LGD reports • National program steering committee meeting minutes • NUPEHC meeting minutes • Project reports including quarterly progress reports • ADB review missions 	<p>Assumption:</p> <ul style="list-style-type: none"> • Government supports and implements all institutional reforms and absorbs UPEHU into revenue budget <p>Risk:</p> <ul style="list-style-type: none"> • Frequent change in political environment and UPEHU management and staff
<p>2. Improved financial sustainability of urban and public health interventions are operational (policy reform area 2 and project component " C ")</p>	<ul style="list-style-type: none"> • Collection of holding tax of 2008 arrears increased by 25% (December 2013) • City corporations update the assessment of holding taxes (December 2013) • City corporations introduce modernized and computerized financial management systems (December 2013) • Introduction of performance-based grant mechanism (December 2013) 	<ul style="list-style-type: none"> • LGD reports • National program steering committee meeting minutes • NUPEHC meeting minutes • Project reports including quarterly progress reports • ADB review missions 	<p>Assumption:</p> <ul style="list-style-type: none"> • City corporations and the political leadership actively embrace municipal finance reforms, and citizens agree to rationalization of taxes and tax collection <p>Risk:</p> <ul style="list-style-type: none"> • Low capacities of city corporations to implement changes
<p>3. Improved public and environmental health service delivery are operational (policy reform area 3 and project component A and " B ")</p>	<ul style="list-style-type: none"> • National municipal waste management strategy and standards introduced (December 2013) • All city corporations have integrated waste treatment facilities (sanitary landfill and compost) (December 2015) • All city corporations have facilities for safe disposal of medical waste (December 2015) • Inter-ministerial committee for food safety meets regularly (December 2011) • All city corporations introduce modern slaughter houses (December 2015) • By-laws for food safety, solid waste and medical waste disposal introduced by 	<ul style="list-style-type: none"> • LGD reports • National program steering committee meeting minutes • NUPEHC meeting minutes • Project reports including quarterly progress reports 	<p>Assumption</p> <ul style="list-style-type: none"> • Land availability • Public awareness campaigns lead to improve behavior towards solid waste management <p>Risks</p> <ul style="list-style-type: none"> • Conflicting interests of LGD, central and local politicians and other interest groups contradicts each other and suggest change of

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	city corporations (December 2013) <ul style="list-style-type: none"> Urban primary health care sustainability fund fully operationalized in each city corporation (December 2013) 	<ul style="list-style-type: none"> ADB review missions 	original project plan <ul style="list-style-type: none"> National guidelines not strictly enforced Environmental clearances are not completed in a timely manner
4. Strengthened UPEH governance and management (Policy reform area 4 and project component "C")	<ul style="list-style-type: none"> Effective public-private partnerships introduced for delivery of UPEH services (December 2013) Citizens participation in city corporation delivery of UPEH services introduced (December 2013) All very poor and poor in the city corporation area are provided entitlement cards (December 2013) Free maternal and child health care for the very poor and affordable care for the poor is introduced (December 2013) 	<ul style="list-style-type: none"> LGD reports National program steering committee meeting minutes NUPEHC meeting minutes Project reports including quarterly progress reports ADB review missions 	Assumption <ul style="list-style-type: none"> City corporations support reforms which lead to higher efficiencies, transparency, and accountability Risk <ul style="list-style-type: none"> Lack of sufficient private sector interest in providing municipal basic services
Activities and Milestones			Inputs
1. Strengthening of institutional arrangements for public and environmental health 1.1. Establishment of Urban Public and Environmental Health Unit: December 2009 1.2. Key consultant teams (three packages): December 2010 1.3. Baseline data collection and indicators setting for benefit monitoring and evaluation of all project components: March 2011 1.4. Behavioral change communication work: December 2010 onwards 1.5. Strengthening municipal finances: March 2011 onwards 1.6. Establishment of PPME: December 2010 1.7. First tranche policy reforms implemented: December 2009 1.8. Second tranche policy reforms implemented: December 2011 1.9. Third tranche policy reforms implemented: December 2013 2. Improving financial sustainability of urban and public health interventions 2.1. Instructions for improving arrears of holding tax collections issued: December 2011 2.2. Instructions for updating assessment of holding taxes issued: December 2011 2.3. Guidelines for introducing modernized and computerized financial management systems: December 2011			Project Loan <ul style="list-style-type: none"> ADB: \$60 million equivalent Government: \$20.0 ADB staff time of 12 person months for review Program Loan <ul style="list-style-type: none"> ADB: \$60 million equivalent Piggy-backed TA: <ul style="list-style-type: none"> ADB: \$500,000 Government: \$125,000

Activities and Milestones	Inputs
<p>3. Improving public and environmental health service delivery</p> <p>3.1. Initiate land acquisition and resettlement, if any: March 2010</p> <p>3.2. Prepare bid documents: March 2011</p> <p>3.3. Procure equipment: December 2011</p>	
<p>3.4. Construction of six sanitary landfill sites: December 2013</p> <p>3.5. Development of small transfer stations in six city corporations: December 2012</p> <p>3.6. Start integrated primary collection for the poor: December 2012</p> <p>3.7. Start support for medical waste collection and safe disposal: December 2012</p> <p>3.8. Initiate land acquisition and resettlement, if any: March 2010</p> <p>3.9. Prepare bid documents: March 2011</p> <p>3.10. Procure equipment: December 2011</p> <p>3.11. Construction of two public health labs: December 2012</p> <p>3.12. Construction of four modern slaughter houses: December 2012</p> <p>4. Strengthening of UPEH governance and management</p> <p>4.1. PPPs for improving delivery of UPEH services introduced: December 2015</p> <p>4.2. Citizens participation in the delivery of UPEH services introduced at the city corporation and facility level: December 2013</p> <p>4.3. Survey to identify and provide entitlement cards for the urban very poor and poor completed: December 2013</p> <p>4.4. Introduction of free maternal and child services for maternal and child health for the very poor, and affordable services for the poor introduced: December 2013</p>	

ADB = Asian Development Bank; BDHS = Bangladesh demographic and health survey; GOB = Government of Bangladesh; HIES = household income and expenditure survey; LGD = Local Government Division; MMR = maternal mortality rate; PPME = Participatory Planning, Monitoring and Evaluation; PPP = public-private partnership; ULB = urban local body; UPEH = urban public and environmental health