1. Country and Sector Background

HIV/AIDS is one of several challenges Bangladesh faces. Although the country has made remarkable progress in some key indicators, health, nutrition and population remain one of the country’s critical development issues. The main causes of disease and death continue to be malnutrition and poverty-related infections, such as diarrhoeal diseases, acute respiratory infections (ARI), and tuberculosis (TB). Bangladesh accounts for the highest levels of malnutrition and the fourth largest concentration of TB cases in the world. The major cause of death in under-five children is due to ARI. Health indicators are further exacerbated by the low level of education, poor sanitation, marked gender disparities, and inadequate health care services. The high levels of morbidity and mortality, coupled with rapid population growth, and a nascent HIV/AIDS epidemic, place high demands on the health care system.

The delivery of services, however, is impaired by low investments, inefficient use of existing resources, as well as weak institutional and management capacity. This results in the duplication of service delivery; poor quality of care and lack of client-oriented service delivery; underutilization of many public health facilities; lack of a referral system; and inadequate cooperation between and regulation of the public, private-for-profit and NGO sectors. The Government of Bangladesh (GOB) is addressing many of these issues, including HIV/AIDS, through the Health and Population Sector Program (HPSP). This constitutes sectoral reform to ensure that services are sustainable and can be delivered in a cost-effective and client-focused manner. It involves reorganization, improved sector management, and decentralization. Priority in allocation of public sector resources is given to the essential services package (ESP) that benefits vulnerable groups, especially women and children. In addition, through the Bangladesh Integrated Nutrition Project (BINP) and
the National Nutrition Program (NNP), GOB seeks to enhance community mobilization and community-based nutrition services delivered with the assistance of NGOs, in association with national-level initiatives and capacity development for its management.

2. Objectives
Bangladesh has a narrow window of opportunity to prevent a widespread HIV/AIDS epidemic. Preventing a large-scale outbreak of the epidemic, however, will only be possible if vigorous action is taken immediately. The objective of the proposed project would be to assist the Government of Bangladesh (GOB) to prevent the Human Immunodeficiency Virus (HIV) infection from gaining foothold within high-risk groups and to prevent its spread from high-risk groups into the general population. It would form an integral part of the Health and Population Sector Program (HPSP), and would seek to complement and facilitate HIV/AIDS prevention activities underway within HPSP, as well as supplement work carried out by non-governmental organizations (NGOs). It would do so by (a) scaling-up, in the shortest possible time, successful NGO programs which target groups at high risk of contracting and spreading the disease; and (b) strengthening GOB capacity to respond effectively to HIV and AIDS in a small number of priority areas.

3. Rationale for Bank’s Involvement
IDA has undertaken a key role in developing and coordinating HPSP, and therefore is well-situated to assist in developing the strategic links and critical consistency with other health investments in Bangladesh, including those financed by IDA. IDA is the largest investor in HIV/AIDS prevention and control projects globally, with substantial cross-country experience that would help Bangladesh in applying the latest technical know-how for HIV/AIDS prevention and control. IDA investments in other sectors in Bangladesh, such as in education, would contribute to strengthening the necessary cross-sectoral linkages of the HIV/AIDS response.

4. Description
The project would have two main components:

1. Expansion of Programs among High Risk Groups
   This component would support rapid and systemic expansion of programs for the highest risk groups by employing proven intervention packages. It would include behavioral change communications, promoting condom use, sexually transmitted disease (STD) treatment, empowerment, and creation of an enabling environment. Government would contract NGOs to carry out much of the work with high-risk groups, building on the experience of the last five years. Arrangements for NGO contracting, efficient flow-of-funds, and provision of technical assistance to smaller or less experienced NGOs would be critical to the success of this effort. Umbrella NGOs would provide technical support and training for smaller and less experienced NGOs. A division of labor among NGOs that mirrors their comparative advantages to deal with different high-risk groups might be employed. Interventions would be targeted within the highest priority risk groups, which include injecting drug users (IDUs), commercial sex workers (CSWs), CSW clients, men who have sex with men (MSM), migrant workers, truckers, and port workers. Other priority groups would be identified based on results of sexual behavior surveys, and could include police and military, university students, garment workers, street children, and urban youth.

2. Strengthening of HIV/AIDS Response Capacity
   This component would
consist of four sets of activities:
a. Advocacy, policy refinement and civil rights protection, to create an enabling environment for HIV/AIDS prevention work. This would include such activities as a legal review of legislation and policies relevant to the prevention of HIV, study tours for policy makers, opinion leaders and program managers, conferences, seminars and workshops. The objective of this subcomponent would be to build commitment to HIV prevention among key decisionmakers, and to ensure an understanding of the response.
b. Public information programs to raise awareness about HIV among the general population, and targeted information programs as one element of the behavioral change efforts with high risk groups. These programs would help demystify and create greater acceptance of condom use, disseminate information, including the surveillance data, and create understanding and support for GOB and NGO intervention programs.
c. Surveillance, monitoring and evaluation, and operational research. Activities here would strengthen GOB capacity; support regular behavioral and sentinel surveillance of risk groups, include a baseline survey of sexual practices in the general population; and support implementation and evaluation of pilot HIV prevention efforts among different populations.
d. Care and support for HIV/AIDS patients. A small amount of funding would be allocated to explore methods of provision of cost-effective care and drugs for opportunistic infections. Also, the project would support research and training, and the development of a program strategy as the epidemic evolves.

5. Financing
   Total (US$m)
   Government 0
   IBRD 40
   IDA 40
   Total Project Cost 40

6. Implementation
The proposed project would be implemented as an integral part of HPSP, through Government entities, NGOs and the private sector. It would therefore only require a refinement and/or extension of implementation arrangements as set forth in HPSP documents. All of these arrangements would be developed in consultation with GOB, NGOs and development partners.

Project Coordination and Oversight: The Line Directorate for the Essential Serviced Package (ESP), located in the Directorate General of Health Services of the Ministry of Health and Family Welfare (MOHFW), has overall responsibility for the STD/AIDS Program. Important policy and technical considerations, including the involvement of relevant sectors, are addressed by responsible Government agencies (primarily the National AIDS Committee, Technical and Coordination Committees at various levels) and in collaboration with international donors (IDA, HPSP Donor Consortium, UNAIDS, UNDP) and NGOs. These activities build on the National AIDS Policy and the draft Strategic Plan for the National AIDS Program of Bangladesh. The STD/AIDS Program Unit, under the Director, Primary Health Care and Disease Control (Line Director ESP), is the implementing body for the STD/AIDS Program and divides areas of responsibility among Service Delivery, NGO Support, and Surveillance deputy program managers. In coordination with other responsible Government agencies within and outside of MOHFW, such as the Behavior
Change Communication (BCC) Unit, the Procurement Unit, the STD/AIDS Program Unit would be in charge of planning, day-to-day coordination of the project, and for monitoring and evaluating interventions. The MOHFW is planning to increase the STD/AIDS Program Unit’s staffing level. WHO will strengthen the unit for the first two years with three long term experts. The project would strengthen the Unit’s institutional capacity in key technical areas, such as procurement and NGO commissioning, project cycle management, organizational audit, monitoring and evaluation, financial management, clinical case management and communication strategy development. Government would partner with existing NGOs and community-based organizations (CBOs) for delivery of interventions to groups at high risk and some awareness raising activities for the general public, building on the experience of the last five years. During project preparation, the development of NGO selection and procurement arrangements that will ensure efficient flow of funds and provision of technical assistance to small and less experienced NGOs would be critical. Umbrella NGOs would provide technical support, training, and monitor the work of smaller NGOs. A division of labor within NGOs that mirrors comparative advantages to deal with different high risk groups might be employed. While activity-based monitoring would to an extent be delegated to umbrella NGOs, monitoring and evaluation, performance and organizational audit remain the responsibility of the STD/AIDS Program Unit. This would ensure that financial accountability rests with the MOHFW as purchaser, while the managerial and, to a lesser extent, professional accountability is delegated to the NGO sector. Procurement: Procurement arrangements under HPSP would apply directly to this project. Existing procurement capacity, systems and procedures of the executing agency would be assessed and suitable changes, if any, agreed by appraisal. Financial Management: Financial management arrangements under HPSP would apply directly to this project. Issues to be addressed during project preparation include (a) developing management arrangements that improve flow of project funds from Line Director to Program Director (b) ensuring the rapid flow of funds to NGOs; (c) assessing the financial capacity to manage project finances, improve financial accountability and controls, and to meet LACI requirements; and (d) audit arrangements for the project to ensure timely submission of audit certificates.

7. Sustainability

Issues related to technical, managerial and financial sustainability would be identified, and project preparation would seek to develop risk reduction strategies. The linkage of the proposed operation to HPSP provides a framework for the sustainability of the STD/AIDS Program. Indeed, once activities to prevent the spread of HIV/AIDS as promoted through the proposed operation are well on track, it would be possible to secure the phasing-out of the project, while further embedding and integrating its activities in a sustainable HIV/AIDS prevention program under HPSP.

8. Lessons learned from past operations in the country/sector

The design of this project would utilize up to date scientific information on HIV/AIDS, lessons of experience from HIV/AIDS control programs implemented worldwide, and would capitalize on key lessons learned by other development partners working in Bangladesh to prevent the spread of HIV. Key lessons from global experience are: (a) early aggressive prevention is the most effective strategy because of the high speed of HIV
transmission; (b) targeted interventions within poor and marginalized groups at high risk of becoming infected is the most effective way to reduce transmission at the early stages of an epidemic; (c) targeted interventions need to be coupled with broader-based advocacy and awareness to prevent discrimination that would prevent behavior change; (d) identifying and reaching risk behavior groups remains difficult; and (e) advocacy and coordination among various sectors, including the private sector, need to be developed. Key lessons from experience in the region are: (a) effective program management requires high-quality, up-to-date epidemiological and management information, which can be acquired by strengthening surveillance and financial management systems; and (b) the need to provide low-cost, community-based AIDS care while prioritizing preventive activities. Finally, lessons from Bangladesh are: (a) providing information on safe behavior alone is not sufficient to bring about behavioral change. Interventions for promoting safe behavior should not only aim at providing information, but also at removing constraints that prevent people from choosing safe behavior and practices; (b) AIDS is a development issue: social factors such as violence, migration, marginalization, trafficking and discrimination affect HIV/AIDS prevention; and (c) existing NGO efforts in reproductive health work have paved the way for STD and HIV/AIDS work by establishing communication channels and developing strong relationships with local people.

9. Program of Targeted Intervention (PTI) 

10. Environment Aspects (including any public consultation) 

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Note: This is information on an evolving project. Certain components may not be necessarily included in the final project.

Processed by the InfoShop week ending May 5, 2000.