Support to the Health, Nutrition and Population Sector Programme in Bangladesh
BMZ-No.: 2003 66 237 / 2005 70 424

Component A:
Health Financing

Annex 15
Logical Framework

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Presented to:

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Logical Framework SSK[1]

Goal	Indicators	Source of Verification	Assumption and Risks
Improved health status of poor Bangladeshis	life expectancy, maternal mortality, infant mortality	Health statistics, Survey reports Monitoring reports	Risks: Funds are used to improve incomes of health staff and not for better care for the poor. Ministry is not providing the funds to upgrade infrastructure Assumption: KfW funds are available in due time.
Purpose Improved access to health care in UHC and in DH the pilot areas through appropriate financing mechanisms (reduction of financial barriers) and improved quality service at UHC and DH levels.	Out of pocket payments of the poor are reduced by 70% Coverage of BPL population Admission rate at UHCs and DH Availability of drugs Patient's satisfaction	NHA (long-term), utilization patterns, UHC monitoring reports, complaint statistics, exit interviews SSK data base	Assumption: There is a way to control under the table payments and to guarantee free drugs

[1] In addition see: Health Economics Unit / Ministry of Health and Welfare / Government of the People's Republic of Bangladesh: Health Care Financing Strategy 2012-2032, page 18, Table 2: Health Financing Indicators. Dhaka 2012.

Goal	Indicators	Source of Verification	Assumption and Risks
Outputs 1. A functioning health insurance/ protection scheme has been created 2. BPL population is registered 3. All UHCs and DH in the pilot area have been contracted 4. Increased for health care of the poor 5. Ensured quality services at facility level	1. SSK is in place (SSK Cell plus Scheme Operator), collecting contributions and providing benefits 2. At least 30.000 BPL households are registered and have Health Card 3. Minimum of 3 UHCs and 1 DH are contracted 4. Funding for health care of the poor is doubled 5. Essential treatment, drugs and diagnostics are available for free for the target group; patient satisfaction	Monitoring reports, feedback from grievance, SSK financial statistics, contracts Quality assurance reporting	Assumptions: Minimum of 3 proposals of Scheme Operators Awareness raising Campaign is performing Leadership/management of service providers Effective and efficient management of funds. Risks: SSK brings additional bureaucracy without improving quality of care. MoF withdraws funding. Drug and material abuse, corruption. Target population is not interested in SSK. Uneffective and inefficient management of funds Scheme Operator has no interest of incresing number of registered population.
Inputs 8 m Euro from KfW 1 m Euro from MoHFW	Disbursement	Financial statistics	MoHFW does not provide counterpart funding.