



ASIAN DEVELOPMENT BANK

Bangladesh: Urban Primary Health Care Services Delivery Project

Project Name	Urban Primary Health Care Services Delivery Project												
Project Number	42177-013												
Country	Bangladesh												
Project Status	Approved												
Project Type / Modality of Assistance	Loan Technical Assistance												
Source of Funding / Amount	<table><tr><td colspan="2">Grant 0298-BAN: Urban Primary Health Care Services Delivery Project</td></tr><tr><td>Swedish Grant (CCCDP)</td><td>US\$ 20.00 million</td></tr><tr><td colspan="2">Loan 2878-BAN: Urban Primary Health Care Services Delivery Project</td></tr><tr><td>Asian Development Fund</td><td>US\$ 50.00 million</td></tr><tr><td colspan="2">TA 8118-BAN: Supporting the Urban Primary Health Care Services Delivery Project</td></tr><tr><td>Technical Assistance Special Fund</td><td>US\$ 400,000.00</td></tr></table>	Grant 0298-BAN: Urban Primary Health Care Services Delivery Project		Swedish Grant (CCCDP)	US\$ 20.00 million	Loan 2878-BAN: Urban Primary Health Care Services Delivery Project		Asian Development Fund	US\$ 50.00 million	TA 8118-BAN: Supporting the Urban Primary Health Care Services Delivery Project		Technical Assistance Special Fund	US\$ 400,000.00
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Technical Assistance Special Fund	US\$ 400,000.00												
Strategic Agendas	Inclusive economic growth												
Drivers of Change	Governance and capacity development Partnerships Private sector development												
Sector / Subsector	Health - Health sector development and reform - Health system development												
Gender Equity and Mainstreaming	Gender equity												
Description	<p>The Asian Development Bank (ADB) supported Urban Primary Health Care Project (UPHCP) is one of the largest public-private partnerships (PPP) in the delivery of primary health care (PHC) in South Asia. The Government of Bangladesh with the assistance of ADB implemented the First Urban Primary Health Care Project (UPHCP-I) from March 1998 to June 2005. The Second Urban Primary Health Care Project (UPHCP-II), supported by ADB and the Governments of the United Kingdom and Sweden, commenced in July 2005 and was completed in December 2012. A provision of \$50 million has been made for the Bangladesh Urban Primary Health Care Services Delivery Project (UPHCSDP) in ADB's lending pipeline for 2012 in addition to \$400,000 grant support for Supporting the Urban Primary Health Care Services Delivery Project in 2012. The UPHCSDP and the grant continue the provision of urban PHC, among others, through successful PPPs pioneered by UPHCP-I and II.</p> <p>With a density of 2,756 people per square kilometer (km²) in urban areas and 843 people per km² overall, Bangladesh is the most densely populated country in the world (excluding a few city-states). Bangladesh is urbanizing at a rapid pace and the country's urban population is expected to reach 89.5 million (from 39.5 million in 2005) by 2030. According to one estimate, by 2020 the urban poor figure could be as high as 40%-60% of the urban population. Notwithstanding higher economic growth in urban areas, the absolute number of poor households is increasing in urban Bangladesh due to migration of rural poor into urban areas. Studies have shown that the health indicators of the urban poor are as worse as those of the rural poor because of poorer living conditions, and limited urban PHC. Failure to provide urban PHC can have serious negative externalities - spread of communicable diseases, debilitating epidemics, reduction in economic productivity, among others.</p>												

Project Rationale and Linkage to Country/Regional Strategy	<p>The Project will build on the gains of UPHCP-II by strengthening the pro-poor focus, nutrition provision aspects, reproductive health services, and project implementation; and expand the service provision to other backward areas of Bangladesh. By strengthening and mainstreaming the PPP model of service delivery, the Project will encourage alternative ways of public services delivery and enable greater role for the private sector. Through its large focus on women's health, the Project will enable greater gender equity. Therefore, UPHCSDP is closely aligned with Bangladesh's National Strategy for Accelerated Poverty Reduction-II and ADB's Country Partnership Strategy. ADB is one of the lead development partners of the Government of Bangladesh in the domain of urban development, which involves a multidimensional approach - economic (roads), public health (water supply), environmental health (sewerage, solid waste management), and primary health care. This holistic approach to urban development also includes transforming institutions to prepare Bangladesh for the rapid urbanization process. The Project is built on the rationale of synergies (blending prevention and promotion with critical PHC) and driving more effective ways of delivering services (through PPPs). The Project continues the momentum gained by Bangladesh towards achieving child-, maternal health- and communicable diseases-related Millennium Development Goals (MDGs).</p>
Impact	Improved health of the urban population, particularly the poor, women, and children
Project Outcome	
Description of Outcome	Sustainable good quality urban PHC services are provided in the project areas and target the poor and the needs of women and children
Progress Toward Outcome	<p>25 PANGOs has been engaged to provide primary health care services. However, at present, there are no PANGO in Sirajgonj and Gopalganj municipality partnership areas. Engagement of replacement PANGOs for these 2 areas are ongoing.</p> <p>9 CRHCC constructs and 14 PHCCC contracts have been signed.</p> <p>Construction is ongoing for 8 comprehensive reproductive health care centers (CRHCCs) and 4 Primary Health Care Centers (PHCCs); and 7 Maintenance packages for CRHCCs and PHCCs are in various stages of progress.</p>
Implementation Progress	
Description of Project Outputs	<ol style="list-style-type: none"> 1. Strengthened institutional governance and local government capacity to sustainably deliver urban PHC services 2. Improved accessibility, quality, and utilization of urban PHC services, with a focus on the poor, women, and children, through PPP 3. Effective support for decentralized project management
Status of Implementation Progress (Outputs, Activities, and Issues)	<p>Output 1: To date, a total BDT41.45 million has been deposited to the Urban Health Sustainability Fund. Urban Health Strategy has been approved. A Consultant has been engaged to prepare draft Operational Plan. Recruitment of ICT and HMIS, and Operational Research firms are ongoing.</p> <p>Output 2 25 PANGOs has been engaged to provide primary health care services. However, at present, there are no PANGO in Sirajgonj and Gopalganj municipality partnership areas. Engagement of replacement PANGOs for these 2 areas are ongoing. 9 CRHCC constructs and 14 PHCCC contracts have been signed. Construction is ongoing for 8 comprehensive reproductive health care centers (CRHCCs) and 4 Primary Health Care Centers (PHCCs); and 7 Maintenance packages for CRHCCs and PHCCs are in various stages of progress. Poverty survey is completed in 24 partnership areas. RIC in RCCPA1 is preparing for survey. Indicators to be monitored by QA team and soon-to-be recruited PPME firm.</p> <p>Output 3: PMU staff recruitment process completed. Recruitment for Urban Primary Health Care Specialist, Procurement Specialist, Quality Assurance Specialist, Financial Management Specialist, Training Management Specialist, Resource Management Specialist, Urban Health Strategy, Gender Specialist and Environment Specialist had been completed. The Financial Management Specialist will improve the staff capacity and develop financial management information system of PMU and PIUs. A new dynamic website is developed and being operated. An accounting software (Tally) is in use. Recruitment for ICT and HMIS firm is ongoing. The training plan has been finalized. The following trainings were conducted: In country: Newborn and Child Health Care; Purchase and Store Management; Technical Issues to Improve the Quality of Service Delivery; Workshop on Essential Services Delivery Package; Workshop on Strengthening Adolescent Sexual Reproductive Health; and Workshop of Gender Equity Mainstreaming. Overseas: Community-based Urban Primary Health Care System (Indonesia)</p>
Geographical Location	

Safeguard Categories	
Environment	B
Involuntary Resettlement	C
Indigenous Peoples	C

Summary of Environmental and Social Aspects
Environmental Aspects
Involuntary Resettlement
Indigenous Peoples

Stakeholder Communication, Participation, and Consultation	
During Project Design	Primary stakeholders include selected staff from the Ministry of Local Government, Rural Development, and Cooperatives; Ministry of Health and Family Welfare; project implementation unit of the UPHCSDP; NGOs involved in the UPHCSDP; donor consortium; community-based organizations; representatives and officers of city corporations and municipalities; and representatives of the poor and of vulnerable groups. Stakeholders include relevant line ministries and other private providers of health services. A stakeholder analysis will be conducted as part of the feasibility study. The study will identify key project stakeholders and to plan the project activities. During project implementation, participatory processes will be incorporated into mapping target beneficiaries from urban slum and low-income areas, and into monitoring health services through the neighborhood and ward health committees at the health facilities. Citizen score cards and routine display of up-to-date public information about staffing, stock, facilities, and fee rates will be examined to improve accountability of the service providers and facilitate participation of service users in monitoring services. The communication, participation and consultation process will be done through a number of workshops, involving NGOs, CBOs and other stakeholders.
During Project Implementation	Ongoing consultations with primary and secondary stakeholders will continue during implementation.
Responsible ADB Officer	Brian Chin
Responsible ADB Department	South Asia Department
Responsible ADB Division	Human and Social Development Division, SARD
Executing Agencies	<i>Local Govt Div,Min of Local Govt Rural Devt & CoopBangladesh Secretariat Dhaka</i>

Timetable	
Concept Clearance	16 Nov 2012
Fact Finding	27 Feb 2012 to 08 Mar 2012
MRM	04 Apr 2012
Approval	18 Jul 2012
Last Review Mission	-
Last PDS Update	26 Feb 2015

Grant 0298-BAN

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
18 Jul 2012	26 Sep 2012	03 Dec 2012	31 Dec 2017	-	-

Financing Plan		Grant Utilization			
	Total (Amount in US\$ million)	Date	ADB	Others	Net Percentage
Project Cost	20.00	Cumulative Contract Awards			
ADB	0.00	18 Jul 2012	0.00	17.22	86%
Counterpart	0.00	Cumulative Disbursements			
Cofinancing	20.00	18 Jul 2012	0.00	7.62	38%

Loan 2878-BAN

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
18 Jul 2012	26 Sep 2012	03 Dec 2012	31 Dec 2017	-	-

Financing Plan			Loan Utilization			
	Total (Amount in US\$ million)		Date	ADB	Others	Net Percentage
Project Cost	61.00		Cumulative Contract Awards			
ADB	50.00		18 Jul 2012	33.74	0.00	72%
Counterpart	11.00		Cumulative Disbursements			
Cofinancing	0.00		18 Jul 2012	16.38	0.00	35%

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	-	-	-	-	-	-

TA 8118-BAN

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
18 Jul 2012	02 Oct 2012	02 Oct 2012	31 Dec 2013	30 Jun 2014	-

Financing Plan/TA Utilization						Cumulative Disbursements	
ADB	Cofinancing	Counterpart				Date	Amount
		Gov	Beneficiaries	Project Sponsor	Others		
400,000.00	0.00	0.00	0.00	0.00	0.00	18 Jul 2012	261,211.65

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	-	-	-	-	-	-

Project Page <http://www.adb.org/projects/42177-013/main>

Request for Information <http://www.adb.org/forms/request-information-form?subject=42177-013>

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