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# Bangladesh: COVID-19 Response Emergency Assistance Project

## Project Name

COVID-19 Response Emergency Assistance Project

## Project Number

54173-001

## Country / Economy

- Bangladesh

## Project Status

Active

## Project Type / Modality of Assistance

- Loan

## Source of Funding / Amount

Loan 3918-BAN: COVID-19 Response Emergency Assistance Project

### Source

### Amount

Concessional ordinary capital resources lending US\$ 100.00 million

## Operational Priorities

- OP1: Addressing remaining poverty and reducing inequalities
- OP2: Accelerating progress in gender equality
- OP6: Strengthening governance and institutional capacity
- OP7: Fostering regional cooperation and integration

## Sector / Subsector

- **Health** / Health system development

## Gender

Effective gender mainstreaming

## Description

The Project will support the Government of Bangladesh (the government) in addressing immediate and urgent needs for financial, logistical, and systemic support to respond to the COVID-19 outbreak. The Project will support the procurement of equipment and supplies, the upgrading of health and testing facilities, and build system and community capacities for surveillance, prevention, and response to COVID-19.

## Project Rationale and Linkage to Country/Regional Strategy

Description of the emergency. On 30 January 2020, the WHO declared the COVID-19 outbreak to be a public health emergency of international concern. The highly infectious disease is transmitted person-to-person, likely through droplets, personal contact, and contaminated objects and surfaces. On 11 March 2020, WHO declared

the COVID-19 outbreak to be a pandemic. As of 4 April 2020, WHO reported over one million confirmed cases and over 56,000 deaths globally in more than 200 countries and territories. In Bangladesh, the first three cases were reported on 8 March 2020 by the country's Institute of Epidemiology, Disease Control and Research (IEDCR). On the same date, the Government of Bangladesh (the government) allocated Tk 500 million (about \$ 6 million) to the Ministry of Health and Family Welfare (MOHFW) to contain the outbreak, followed by another Tk 2 billion (about \$24 million) on 24 March 2020. The outbreak has spread, and as of 4 April 2020, Bangladesh has confirmed 70 cases and 8 deaths. Starting in early March 2020, the government implemented self or home quarantine for all travelers from abroad. All educational institutes were closed from 16 March and public office holidays were announced from 26 March 2020, to be continued through at least 11 April 2020. However, reports indicate that millions had left the cities for their village homes ahead of the shutdown, spreading further across the country; with continuing reports of public gatherings. As of 31 March 2020, 60,052 individuals were under home quarantine, 364 individuals under isolation at designated health facilities, and over 660,000 cases screened at entry points, although the effectiveness of quarantine measures and screening has been questioned.

Request for emergency assistance. On 23 March 2020, the government asked ADB to provide financial, logistics and systems support for preparedness and response to the COVID-19 outbreak, as an integral and vital part of the National Preparedness and Response Plan (NPRP) for containment, mitigation, and management of COVID-19. The proposed project meets the requirements for emergency assistance financing.

Damage and needs assessment. The impacts of the damage to health system and need for support have been assessed by ADB, World Bank, and other development partners, with concurrence from the government. The damage and needs assessment found weaknesses and risks in four main areas. First, the surveillance and diagnostic capacity is rapidly becoming overstretched. Testing capacity has been extended from one to six laboratories, with plans to increase to 28 testing facilities by 20 April 2020. However, this capacity will have difficulty coping with the planned screening of suspected COVID-19 cases at all 37 points of entry (air, sea, and land) as well as surveillance and diagnosis within the country. Second, insufficient tests and inadequate contact tracing and quarantine mean that the full extent of cases is unknown (only 2,086 tests have been conducted nationally as of 4 April 2020). Third, clinical treatment capacity is inadequate, with low hospital bed capacity at 142,000 (or 8.7 beds per 10,000 population) and just over 1,170 critical care beds. Only six hospitals have been designated with isolation units. There have been reports of suspected COVID-19 patients turned away from health facilities for these reasons. In addition, there is a need for contracting-in, recruitment, and training of human resources (virologists, laboratory technicians, medical officers, nurses, etc.). Fourth, inadequate infection prevention and control (IPC) measures: despite the 317,500 sets of personal protective equipment (PPE) supplied to health facilities as of 30 March 2020, the government as well as health workers report continuing shortages of PPE and other IPC supplies.

Based on the damage assessment, the immediate needs identified are to provide emergency medical equipment and supplies, upgrade health facilities, recruit human resources, expand capacity for testing, isolation and critical care, and strengthen the capacity of the health system for incidence management. These needs are reflected in the government's National Preparedness and Response Plan (NPRP) of 18 March 2020,

as well as in the Country Preparedness and Response Plan (CPRP) for COVID-19, 26 March 2020, prepared by the government and the United Nations (UN) Country Team with other development partners to support the NPRP. The CPRP, estimated at \$300 million, has five pillars: (i) surveillance and laboratory support; (ii) contact tracing and points of entry (POE); (iii) case management and infection prevention and control; (iv) risk communication and awareness and community engagement; and (v) logistics and procurement. The NPRP has seven components: (i) planning and coordination; (ii) surveillance, laboratory and points of entry; (iii) contact tracing and quarantine; (iv) clinical case management; (v) infection prevention and control; (vi) risk communication and public awareness; and (vii) operational research. The damage and needs assessment findings, the NPRP and CPRP then informed the government requests for assistance to each development partner (para.11).

**Disaster risk.** Bangladesh is highly susceptible to various types of natural hazards, including cyclones, flooding, landslides, windstorms, heat waves, and cold spells. Climate change is expected to aggravate the intensity, frequency, and unpredictability of extreme weather events. The 2019 World Risk Index ranks Bangladesh as the tenth most vulnerable country among 180 countries. Disease outbreaks often follow natural disasters. High population density, rapid urbanization, and a high share of urban poor living in slums, make Bangladesh vulnerable to infectious disease outbreaks, such as cholera, dengue fever, and diphtheria. Each year, cholera affects an estimated 100,000 people and causes around 4,500 deaths. According to the World Health Organization (WHO) scale of International Health Regulations (IHR) core capacities, Bangladesh's low score in 2016 indicates limited capacity to prevent, detect and respond to public health emergencies. Government health spending as a proportion of GDP is low, and out-of-pocket expenditure for private sector services is around two-thirds of health spending.

**Economic impacts.** If a significant domestic outbreak occurs, the economic loss for Bangladesh could reach up to \$13.3 billion, or -4.4% of GDP, with global spillover effects leading to additional losses (para. 29). The pandemic will affect the economy through three main channels: slowdown in domestic economies, sharp decline in exports, and reduction in remittance. ,

**Poverty impacts.** Should COVID-19 spread further in Bangladesh, the impact on the poor will be considerable, due to environmental vulnerability, underemployment, and poor access to services. The pandemic's impact on the global economy will affect Bangladesh's poor, through the impact on exports, small and medium enterprises, services and manufacturing jobs on which the poor depend.

**Development partner coordination.** Development partners are supporting the response and are part of the National Coordination Committee for Prevention and Control of COVID-19, chaired by the Directorate General of Health Services (DGHS). The government has set up the COVID-19 Emergency Operation Center (EOC) at the IEDCR to coordinate all preparedness and response measures, with coordination mechanisms extending to sub-national levels. The IEDCR conducts contact tracing and most of the surveillance (National Influenza Surveillance, Hospital Based Influenza Surveillance, hotline, and media monitoring).

The government is closely planning and coordinating the emergency assistance by working with each development partner to allocate specific elements of the CPRP to that partner, in line with needs and the volume of assistance provided. Thus, the

World Bank Group's loan project for COVID-19 response will support ICT based approaches to disease surveillance, provision of specific training not supported by others, and provide training and equipment to facilities and geographic areas as identified by the government. WHO has been asked to provide support on the more technical aspects of infection prevention and control, such as laboratory testing and clinical case management. The NPRP will have six response levels depending on COVID-19 infection status, with mechanisms for developing surge capacity to manage patients, sustain essential services and reduce social impact. The government in coordination with development partners will continually review and adjust the response as necessary.

Lessons in disaster response. First, the joint IHR evaluation with WHO in 2016 (footnote 14) revealed limited capacity to prevent, detect and respond to public health emergencies, although the government has coped relatively well with other types of disasters. Further, poor on-site monitoring and poor quality of health care at subdistrict level have also been identified as risks. Therefore, efforts are needed to strengthen medium to long-term capacity to handle health emergencies and meet IHR standards, as well as to raise community awareness, and improve health risk management planning throughout the country. Second, any response to COVID-19 must incorporate key lessons learned from other countries, such as China, Singapore, and South Korea, in combatting the disease. Third, duplication and gaps are recurring features in management of large disasters everywhere, and therefore, coordination of emergency assistance will need special attention.

Proposed ADB Support. Complementing World Bank support, ADB has been requested to support the most urgent needs for the first response phase which are equipment and medical supplies as well as short to medium term needs, such as infrastructure and related equipment for specific health facilities identified by the government, and capacity strengthening activities not supported by others. ADB will ensure there is no duplication through its Bangladesh Resident Mission, which is coordinating closely with other development partners.

The project complements other ADB support for COVID-19 response. Around 93% of this project comprises equipment, supplies and infrastructure (hardware). This is because ADB is also providing (i) a \$500 million loan to help the government expand and strengthen its social safety net for vulnerable groups, and support major export industries and small and medium enterprises to protect jobs; and (ii) a transaction technical assistance grant of \$1 million to facilitate structural reforms for economic resiliency. The proposed project aligns with Strategy 2020, Operational Priority 1, and ADB's Country Partnership Strategy for Bangladesh 2016-2020.

## Impact

Accelerated social and economic recovery of the COVID-19 affected population in Bangladesh.

## **Project Outcome**

### Description of Outcome

Health and wellbeing of COVID-19 affected persons improved.

Progress Toward Outcome

-

## **Implementation Progress**

Description of Project Outputs

Immediate and medium-term equipment needs for testing and managing COVID-19 met.

Infrastructure and related equipment for supporting and sustaining prevention and management of COVID-19 delivered.

Health system and community capacities in combatting COVID-19 strengthened.

Status of Implementation Progress (Outputs, Activities, and Issues)

8 out of 8 packages were contracted under PIU for \$26.15 million. 11 out of 11 packages were contracted under CMSD for \$53.71 million. PIU and CMSD initiated procurement of emergency equipment and personal protective equipment through e-GP and DPM. Among the packages, the suppliers completed the delivery of 6 packages for PIU and 9 packages for CMSD. CMSD has been distributing the equipment to national and district health facilities. Out of the 30 Oxygen Generator Plant, 15 are installed, 05 Generators installation are ongoing, the contract awarded for 8 Oxygen Generator Plants for \$1.52 million which will be supplied/installed by 15 December 2023. All other remaining procurements of PIU and CMSD to be completed by 31 December 2023. Infrastructure and related equipment for supporting and sustaining prevention and management of COVID-19 delivered. Construction works for establishment of medical center at Akhaura land port is ongoing, expected to be completed by 20 December 2023. Establishment of SC and MC in remaining 02 land ports (Tamabil and Benapole) are proposed to be dropped and proposed to establish using GoB fund. Work has been completed in 8 (eight) MCHs namely Dhaka MCH, Mugda MCH, Sharwardy MCH, Faridpur MCH, Cumilla MCH, Mymensingh MCH, Rajshahi MCH and Khulna MCH (15 lots); Work is ongoing in 2 MCH (4 lots); Chattogram MCH & Gopalganj MCH which are to be completed by 15 December 2023; Due to time constraint, establishment of 50 Bed isolation and 10 Bed ICU have been dropped in 5 MCH (10 Lots) to be dropped and proposed to construct using GoB fund. 30 Oxygen Generator Plants procured. Out of 22 (procured following DPM), 18 plants have already been installed and commissioned. The contract awarded for the remaining 8 generator plants with a value of \$1.52 million which will be completed within the 20 December 2023. 14 laboratories utilizing GoB fund upgraded with COVID-19 microbiological diagnostic facilities with testing capacity of 4,825 per day as of 25 September 2023 under this project and construction work of 2 (NIPSOM and DNCC) are ongoing using ADB funds which are expected to be complete by December 2023. Remaining three PCR labs (Naogaon, Sheikh Rasel Gastro Liver and BITID- Chattogram) are constructed by govt. using GoB fund. To ensure the new CCU units developed have the skilled personnel to run them since most of the staff do not have the expertise in critical care and handling the equipment. Accordingly, the EA has revised the DPP to provide the training. The project will train staff including women to effectively run the upgraded diagnostic facilities with increased expertise on handling

the micro-biological diagnostic machineries/equipment that will be provided by the project. Accordingly, the EA has revised the DPP to provide the training. Recruitment of health professionals and technical staff has been done by the Government. Two operational research yet to be initiated. The COVID-19 situation has been changed but there are still other threats of pandemics and diseases. Hence, reviewing and disseminating the updated plan is in process.

Geographical Location

Nation-wide

## **Safeguard Categories**

Environment

B

Involuntary Resettlement

C

Indigenous Peoples

B

## **Summary of Environmental and Social Aspects**

Environmental Aspects

This Project was categorized as 'B' for environmental safeguard as the potential impacts are minor to moderate, short-term, localized, and can be minimized through appropriate mitigation measures. Based on changes in the subproject category, scale of complexity from the original plan, the Environmental Assessment and Review Framework (EARF) has been updated and disclosed in April 2023. An Initial Environmental Examination (IEE) report was also prepared and disclosed on the ADB website in August 2023. 16 Environmental Management Plan for the project has been approved and disclosed. The Semi-annual Environmental Monitoring Report (EMR) for Jan-Jun 2023 was timely disclosed on the ADB website, and the report for Jul-Dec 2023 is scheduled for submission by 31 December 2023.

Involuntary Resettlement

This project is a 'Category C' project for Involuntary Resettlement (IR), therefore, no IR is anticipated.

Indigenous Peoples

This project is a 'Category B' for Indigenous Peoples or Small Ethnic Communities to ensure inclusion as beneficiaries. No negative social safeguards impacts are anticipated due to the project. The Semi-annual IP Monitoring Reports with information on small ethnic communities for Jan-Jun 2023 reporting period was duly submitted and disclosed in ADB website, and Jul-Dec 2023 to be submitted by 15 Jan 2024. PIU confirmed focal person from the PIU will support by providing relevant required information to ADB safeguards consultant/staff in preparing the semi-annual monitoring report.

## **Stakeholder Communication, Participation, and Consultation**

During Project Design

During Project Implementation

## **Business Opportunities**

### Consulting Services

Consultants under the loan shall be recruited in accordance with ADB Procurement Policy and Procurement Regulations for ADB Borrowers (2017, as amended from time to time). To support project implementation, individual consultants will be recruited using the individual selection method with international and/or local advertisements, based on the project's requirements. Consultants who are already engaged in ADB-financed projects and provide similar services as those required for the project may be recruited directly, subject to their satisfactory performance. This arrangement will provide an efficient way to recruit consultants under the circumstances. Consulting firms will be recruited through OCB procedures, local advertisements, and/or limited competitive bidding using a quality- and cost-based selection procedure, a simplified technical proposal, or a biodata technical proposal. Other methods, such as the consultants' qualifications selection, may also be used where appropriate. The option to have a direct contract or a memorandum of understanding with nongovernment organizations and/or UN agencies already engaged in the project area may also be explored where appropriate. Terms of reference, input and selection method shall be further reviewed and agreed upon with the implementing agencies, as needed.

An estimated 121 person-months of consulting services inputs (national, individual) are required to (i) facilitate procurement and contract management; (ii) monitor and supervise, including safeguards and project management; and (iii) strengthen the institutional and operational capacity of the executing and implementing agencies, including in financial management. The required input and expertise of the consulting services will be further confirmed during implementation. Indicative terms of reference for consulting services are in Appendix D. It is envisaged that six (6) individual consultants will be engaged to assist the PIU. An operational research firm will also be engaged, with details to be finalized with government during implementation.

### Procurement

Due to emergency and urgent delivery needs, executing and implementing agencies will carry out the procurement of goods, works, and consulting services in a manner consistent with the simplified and expedient procedures under the ADB Disaster and Emergency Assistance Policy (2004) and ADB Procurement Policy and Procurement Regulations for ADB Borrowers (2017, as amended from time to time).

Key measures to expedite the procurement activities include, as appropriate: (i) use of simplified procurement and selection methods fit for the current emergency situation where there is substantial constraint in securing supply, even through UN partners, to meet the demand of urgently needed goods; (ii) including direct contracting; (iii) streamlined competitive procedures with shorter bidding time; (iv) use of framework agreements; (v) procurement using UN agencies, (vi) force account, as needed; (vii) minimal prior review for emergency procurement and post review sampling with a larger sample of transactions; (viii) use of consultant's qualification based selection; (ix) provision of bid securing declaration instead of bid security or no bid security; (x) no requirement of performance security for small contracts; and (xi) increased advance payment. These provisions will be used on a case-by-case basis depending

on the value and complexity of the scope of procurement and prevailing market conditions.

Civil works and most goods contracts will be awarded through open competitive bidding (OCB) method advertised nationally. The construction market in Bangladesh is highly developed and competitive and implementing agencies are using an approved electronic procurement system. To ensure efficiency under this emergency project, the bidding period will be 14 days; use single-stage one-envelope bidding procedures; a time-bound action plan to award contracts will be developed that includes the contract management plan. Some civil works and goods contracts may be procured using direct contracting, where appropriate, following procedures acceptable to ADB. When using the electronic procurement system ([www.eprocure.gov.bd](http://www.eprocure.gov.bd)), the implementing agencies will use the standard bidding documents e-PW3-D and ePG3 approved by ADB (<https://cptu.gov.bd/standard-documents/standard-tender-document.html>), using the open tendering method in the e-GP system for procurement of works and goods, respectively. Manual or off-line bidding may be used where appropriate.

The PIU to be set up in the DGHS will carry out procurement with the assistance of procurement expert(s) to be hired. Relevant UN agencies will be engaged to procure medical equipment, medicines, and other medical consumables as per their comparative advantages, and technical specifications for such goods will be jointly developed. The UN agencies will be contracted by the MOHFW using appropriate standard form(s) of agreement(s) designed for use by the government to contract the specific UN agency. PIU may take support from the Central Medical Stores Depot (CMSD) of the MOHFW for procurement of selected goods and the Public Works Department (PWD) of the Ministry of Housing and Public Works for civil works. Streamlined procedures for approval of emergency procurement to expedite decision making and approvals by the government have been agreed.

The major procurement packages include emergency equipment (thermal scanner, laboratory equipment, medical equipment for intensive care units, etc.), PPE; renovation of health facilities for establishing isolation units; capacity building and training; community outreach; and support to the project implementation and monitoring. The procurement plan has been prepared in the ADB Procurement Review System.

## **Contact**

Responsible ADB Officer

Liu, Rui

Responsible ADB Department

Sectors Group

Responsible ADB Division

Human and Social Development Sector Office (SG-HSD)

Executing Agencies

*Ministry of Health and Family Welfare*



## Timetable

Concept Clearance

-

Fact Finding

08 Apr 2020 to 09 Apr 2020

MRM

14 Apr 2020

Approval

30 Apr 2020

Last Review Mission

-

Last PDS Update

22 Nov 2023

## Funding

### Loan 3918-BAN

#### Milestones

| Approval    | Signing Date | Effectivity Date | Closing     |             |        |
|-------------|--------------|------------------|-------------|-------------|--------|
|             |              |                  | Original    | Revised     | Actual |
| 30 Apr 2020 | 13 May 2020  | 16 May 2020      | 31 Oct 2023 | 30 Apr 2024 | -      |

#### Financing Plan

|              | <b>Total (Amount in US\$ million)</b> |
|--------------|---------------------------------------|
| Project Cost | 113.38                                |
| ADB          | 100.00                                |
| Counterpart  | 13.38                                 |
| Cofinancing  | 0.00                                  |

#### Loan Utilization

|                            | <b>Date</b> | <b>ADB</b> | <b>Others</b> | <b>Net Percentage</b> |
|----------------------------|-------------|------------|---------------|-----------------------|
| Cumulative Contract Awards | 07 Jun 2024 | 80.03      | 0.00          | 80%                   |
| Cumulative Disbursements   | 07 Jun 2024 | 71.64      | 0.00          | 72%                   |

#### Status of Covenants

| <b>Category</b> | <b>Sector</b> | <b>Safeguards</b> | <b>Social</b> | <b>Financial</b> | <b>Economic</b> | <b>Others</b> |
|-----------------|---------------|-------------------|---------------|------------------|-----------------|---------------|
| <b>Rating</b>   | -             | Satisfactory      | Satisfactory  | -                | -               | Satisfactory  |

Project Page <https://www.adb.org/projects/54173-001/main>

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