

URBAN PRIMARY HEALTH CARE SERVICES DELIVERY PROJECT



Project Features

In pursuing the overall goal of improving the health of the urban population in Bangladesh, the project set three key objectives:

- (i) Improve access to and use of urban primary health care services, with a particular focus on providing free services to the poor.
- (ii) Improve the quality of urban primary health care services.
- (iii) Strengthen institutional governance and financial sustainability for the urban primary health care delivery system to meet the needs of the urban poor.

The project's special features encompass health care services provided free of cost to the urban poor—serving the unserved at their doorstep, extending quality services at a minimum cost, preventive health care awareness and health education, 24-hour maternity services, and operation of clinics in buildings constructed by the project.

Achievements Targeted

The project is expected to result in the following improvements:

1. The project's **impact** is on sustainable improvement in health, nutrition, and family planning status of the urban poor, particularly women and children, throughout Bangladesh. For example, it is expected to reduce by 2020 the maternal mortality ratio by 26% from 194 to 143 per 100,000 live births, and the under-5 mortality rate by 24% from 63 to 48 per 1,000 live births. An underlying assumption is that the government and partner institutions will remain committed to inclusive growth and reducing poverty.
2. Its **outcome** is strengthened delivery system and organizational capacity for sustainable provision of pro-poor urban primary health care services focused on women and children. By 2018, in project areas, at least 60% of births will be attended by skilled health personnel; prevalence of underweight and stunted children will have been reduced by 20%; and 60% of eligible couples would be using modern contraceptives. The project is also expected to increase the commitment of urban local bodies to urban primary health care and public health-related services.
3. The outcome will be achieved through the following outputs: (i) strengthened institutional governance and local government capacity to sustainably deliver urban primary health care services; (ii) improved accessibility, quality, and utilization of urban primary health care services through public-private partnership focused on the poor, especially women and children; and (iii) effective support for decentralized project management.

PROJECT AT A GLANCE

Project Cost and Financing
 \$84 million total
 Asian Development Bank, \$50 million
 Government of Sweden, \$20 million
 United Nations Population Fund, \$3 million
 Government of Bangladesh, \$11 million

Project Approval
 18 July 2012

Project Themes
 Inclusive growth;
 governance and capacity building;
 public-private partnership

Project Completion
 31 March 2018

Executing Agency
 Local Government Division,
 Ministry of Local Government,
 Rural Development and Cooperatives,
 Government of Bangladesh

Urban Primary Health Care Services Delivery Project, Bangladesh

Bangladesh is undergoing rapid urbanization, which leads to increased exposure to health problems and



inequitable access to quality primary health services. The country's urban population has more than doubled, from 21.3 million to 53.1 million between 1990 and 2014, according to a 2014 United Nations Population Division report. The ratio of urban to rural population has increased from 19.8% to 33.5% during the same period. By 2040, the urban population is estimated to be 98.9 million, comprising 50.5% of the total population.

Although Bangladesh has attained sustained economic growth over the years with urban centers holding major shares of the growth, the health indicators of the urban poor, mostly living in slums, are as worse as those of the rural poor because of poorer living conditions and limited urban primary health care.

Currently, approximately 20% of the urban population live in slum areas. The knowledge of slum dwellers about health and health care services, and their ability to access essential basic health services, are inadequate. Children living in urban slums are deprived of education and health care, and are vulnerable to violence, abuse, and exploitation. Similarly, women are also neglected in terms of meeting their basic needs. Consequently, there are high rates of mortality and morbidity among them.

The rapid expansion of the urban population has placed significant pressure on health services and facilities in urban areas. Despite having a strong public sector primary health care network system in rural areas, Bangladesh lacks a similar network in urban areas. As a result, most of the urban poor, many of whom have migrated from rural areas, could not

be covered by the health care network system.

However, the Government of Bangladesh is committed to improving the health status of the urban population, especially the poor, by enhancing their access to and utilization of efficient, effective, and sustainable primary health care services.

Thus, the Local Government Division (LGD) of the Government of Bangladesh had taken the initiative to provide primary health care services to people in urban areas through partnership with urban local bodies and nongovernment organizations (NGOs). Urban local bodies have also been mandated to provide public health and primary health care service delivery to residents within their administrative jurisdiction.

LGD implemented the Urban Primary Health Care Project (1998–2005) with financial and technical support from the Asian Development Bank (ADB), the Nordic Development Fund, and the United Nations Population Fund (UNFPA); the Second Urban Primary Health Care Project (2005–2012) with ADB, the Government of Sweden, the Government of the United Kingdom, UNFPA, and Orbis International; and the ongoing Urban Primary Health Care Services Delivery Project (2012–2018) with ADB, the Government of Sweden, and UNFPA. With more than 180 multistoried health care centers constructed, and the largest health workforce engaged and population covered, the project is one of the largest health projects in urban areas in the South Asia region.

With ownership of project implementation by urban local bodies, and engagement of



NGOs in delivery of services, the project set to accomplish the goal of establishing a sustainable primary health care system for the country's urban population. The project is a unique model of public–private partnership where urban local bodies collaborate with NGOs under partnership agreements to deliver primary health care services to people in urban areas, especially the poor, including women and children.

Within the partnership areas, the project has also developed a referral system that helps the beneficiaries to go to specialized hospitals for treatment of other major diseases. The project has further contributed to attaining greater gender equity through gender balance across all levels of the project staff and through participation of female counselors in ward-level urban health coordination committees.

Besides providing service delivery, the project aimed at improving the quality of care through regular monitoring and supportive supervision. It was also designed to transform urban institutions to prepare Bangladesh for rapid urbanization.

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For more information:

Project data sheet: <https://www.adb.org/projects/42177-013/main#project-pds>
Project website: <http://uphpc.gov.bd>



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