Urban primary health care (PHC) has been a neglected subsector in Bangladesh. The urban population has been growing rapidly, mostly because of rural–urban migration by the poor and the vulnerable. The number of poor urban households is increasing. Studies have shown that the health indicators of the urban poor are worse than those of the rural poor because of poorer living conditions and limited urban PHC.

In May 2005, the Asian Development Bank (ADB) approved the Second Urban Primary Health Care Project (UPHCP-II) to improve the health status of the urban population, especially of the poor, in 6 city corporations and 5 municipalities. At least 30% of all the services are targeted at poor people earning less than taka 700 per month. The project improves access to and use of urban PHC services, focusing on the poorest, and the quality of urban PHC services.

Since start of second phase in July 2005, as of December 2010, about 7.27 million clients (76.4% female) attended UPHCP-II clinics; 717,091 women were registered for antenatal care (2.62 antenatal visits per pregnant woman); and 130,889 births took place at UPHCP-II clinics. During 2010, 36.5% of essential package services were delivered free to the poor.

UPHCP-II is in line with the strategic directions of ADB’s South Asia Department, which focuses on sustainable infrastructure, climate change mitigation and adaptation, human development, regional cooperation and integration, public–private partnership, and good governance.

The project features a unique design that caters to the growing urban population of Bangladesh, ensures decentralized primary health care service provision through city corporations and municipalities, and provides primary health care services through partnership agreements with nongovernment organizations.
Project Features

(continued)

Urban primary health care infrastructure and environmental health. To date, a total of 122 PHC centers, 11 CRHCCs, and 36 community toilets have been constructed and are operational. Construction of additional 20 PHC centers, 8 CRHCCs (including upgrade of 1 PHC center), and 35 community toilets are under way.

Building capacity and policy support for urban primary health care. Training, fellowships, and study tours, focusing on pro-poor and gender-sensitive targeting and monitoring, are conducted. Health care providers are trained in quality assurance and supervision. Skill gaps in management and training institutions and individuals are identified, and an overall training and fellowship and/or study tour program to upgrade the management and technical capacities of those involved in management and provision of urban PHC is in place. Research assistance and policy dialogue, including drafting of an urban health strategy and enhancing coordination among various government agencies, are further provided.

UPHCP-II has treated more than 700,000 cases of acute respiratory tract infection among children; 464,000 cases of childhood diarrhea; and 600,000 cases of micronutrient deficiencies.

The Project at a Glance

Cost and financing: Government of Bangladesh, $18 million; Asian Development Fund, $30 million; Asian Development Fund Grant, $10 million; Sida, $5 million; DFID, $25 million; Cofinancing: UNFPA, $2 million; ORBIS International, $1 million
Project approval date: 31 May 2005
Project themes: Social development, gender equity
Status of project implementation: Ongoing
Expected loan closing date: June 2012

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