SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY

Country:	Bangladesh	Project Title:	Urban Primary Health Care Services Delivery Project – Additional Financing
Lending/Financing Modality:	Project loan	Department/ Division:	South Asia Department Human and Social Development Division

I. POVERTY AND SOCIAL ANALYSIS AND STRATEGY

Poverty targeting: General intervention

A. Links to the National Poverty Reduction and Inclusive Growth Strategy and Country Partnership Strategy

It is aligned with the National Urban Health Strategy (NUHS), 2014[a] to ensure broad-based and inclusive access to health in urban areas, where the main benefits of the project would largely accrue to women and children in the project areas. The Government of Bangladesh's Seventh Five-Year Plan, FY2016–FY2020[b] emphasizes the need for primary health care (PHC) of urban residents, including slum and street dwellers. The plan highlights the need for the Ministry of Health and Family Welfare and the Ministry of Local Government, Rural Development and Cooperatives to establish a coordination mechanism to facilitate the delivery of urban health services. The project is fully aligned with the NUHS, which outlines 10 key actions: (i) achieve universal health coverage for the urban population with a pro-poor focus; (ii) strengthen the preventive and PHC management system; (iii) ensure urban poverty reduction; (iv) achieve National Population Policy targets; (v) achieve national nutrition targets; (vi) adopt innovative service delivery using modern technology, management policy, and practices; (vii) improve institutional governance and capacity development; (viii) strengthen the health service program of the city corporations and municipalities; (ix) mobilize financing and resources; and (x) attain sustainability. The proposed project is also aligned with the country partnership strategy, 2016–2020 of the Asian Development Bank (ADB) for Bangladesh,[c] which also identifies urban PHC as a specific priority. Vision 2021[d] envisions a country where all citizens enjoy a quality of life assured with basic health care and adequate nutrition. The Perspective Plan, 2010–2021[e] stipulates actions to increase the coverage of all types of health care and family planning services; strengthen health administration; and increase the number of skilled professionals in the health, nutrition, and population sector. The Health Policy, 2011[f] emphasizes sustainable reductions in severe malnutrition, high mortality and fertility; promoting healthy lifestyles; and reducing risk factors to human health from environmental, economic, social, and behavioral causes, with a focus on improving the health of the poor. The government recognizes the severity of this issue and emphasizes the human dimension of poverty (deprivation in health; deprivation in nutrition, including water and sanitation) and related gender gaps in the NUHS.

B. Results from the Poverty and Social Analysis during PPTA or Due Diligence

1. Key poverty and social issues. The additional financing will ensure that all urban citizens of Bangladesh enjoy primary health and well-being by expanding access to quality and equitable health care in a healthy and safe living environment without any financial hardship. The project is aligned with Sustainable Development Goals 3 on health and 11 on inclusive, safe, resilient, and sustainable cities. It is aligned with the NUHS to ensure broad-based and inclusive access to health in urban areas, where the main benefits of the project would largely target the vulnerable population, including women and children in the project areas. The project will also ensure sustainable capacity development at the urban local level, vulnerable communities to take the best support from the project. The impact will be improved health, nutrition, and family planning services for the urban population, particularly the poor, women, and children, aligned with the NUHS. The outcome will be sustainable good quality urban PHC services provided in the project areas and target the poor and the needs of women and children.

2. Beneficiaries. The overall project (current project including additional financing) will provide PHC services in 11 city corporations and 15 municipalities in Bangladesh. It will improve access to quality health services to the urban poor and disadvantaged groups such as day laborers, rickshaw pullers, and garment factory workers. About 18 million of these poor and vulnerable individuals will be provided free services. Other development partners and health care facilities also use the project model to provide services to the local communities.

3. Impact channels. The impact will be a strengthened and sustainable urban primary health system, especially improved access to quality health care services for the poor and vulnerable toward poverty reduction and inclusive growth in 11 city corporations and 15 municipalities. The outcome will be improved health status of the urban population under the project. The project will increase access to quality PHC services for the urban poor, including women and children. For the sustainability of the project, the Local Government Division will continue to support the urban community gradually without financial dependence on ADB and other development partners.

4. Other social and poverty issues. The project directly targets poverty, specifically poor individuals and households, identified using an urban poverty scorecard in Bangladesh.

5. Design features. The additional financing will (i) continue the momentum of the ongoing project; (ii) provide support to 45 partnership areas covering 25 ongoing partnership areas and 20 new partnership areas where there are no medical colleges and 300-bed hospitals; (iii) strengthen the existing project management unit; (iv) construct health

facilities; and (v) improve PHC with a more integrated and long-term perspective with a focus on strengthening the local health system, capacities which would ultimately result in sustainable urban PHC to be owned and continued by the central and local government institutions.

II. PARTICIPATION AND EMPOWERING THE POOR

1. Participatory approaches and project activities. During the feasibility study for additional financing, primary and secondary stakeholders were consulted through meetings, focus group discussions, and a national workshop. Project primary and secondary stakeholders include urban poor and vulnerable communities; nongovernment organizations (NGOs), civil society organizations (CSOs), and charitable missions involved in the project; the Ministry of Local Government, Rural Development and Cooperatives; the Ministry of Health and Family Welfare; project implementation units; representatives from city corporations and municipalities; a donor consortium; consulting firms; and development partners. The project will continue to organize regular consultations and workshops with the communities, NGOs, CSOs, and other stakeholders to improve engagement, capacity, and sustainability in urban PHC delivery.

2. During the project preparatory technical assistance, the project analyzed the stakeholders and planned the project activities. During the implementation of the additional financing, a participatory process will be incorporated into mapping target beneficiaries from urban slums, low-income, and vulnerable areas; and into monitoring health services through the ward urban health care coordination committees at the health facilities. Stakeholders and beneficiaries will also participate in the household poverty scorecards to be updated regularly. Health-seeking behavior will be improved through behavior change, communication, and marketing including leaflets, TV broadcasting, short drama, and public broadcasting.

3. Civil society organizations. NGOs, CSOs, and charitable missions were involved in all consultations and information sharing; and they will be involved during implementation. They are invited to all forms of consultation meetings.

4. The following forms of civil society organization participation are envisaged during project implementation, rated as high (H), medium (M), low (L), or not applicable (NA):

☒ (H) Information gathering and sharing ☒ (H) Consultation ☒ (H) Collaboration ☒ (H) Partnership

5. Participation plan. Stakeholder communication and participation will be strengthened through ADB's website, the project website, partner agreement NGOs' newsletters, and community health bulletin boards to give the public and project stakeholders more information about the project and its related activities, which could affect their lives. The project website will be a centerpiece of communication with the public and stakeholders to share all project-related information, including implementation status, field activities, and procurement activities.

III. GENDER AND DEVELOPMENT

Gender mainstreaming category: Gender equity

A. Key issues. Despite the progress made, maternal mortality rate remains high, reflecting factors including access to health care (only 55% had access to antenatal care from a trained provider, and only 32% of births were assisted by a skilled provider) and issues such as nutrition (almost 50% of pregnant women are anemic). Women's health concerns extend to other issues. For instance, the 2014 Bangladesh Demographic and Health Survey found that women of reproductive age who participate less in decision making in their households (i) are less likely to use any contraceptive method (modern or traditional); (ii) have higher unmet need for family planning; and (iii) are less likely to access antenatal, postnatal care, and delivery assistance from a medically trained provider.

Women are using more than 75% of the health services, since most project services are covered under the essential service package plus (ESP+) for reproductive, maternal, and child health. The project will sustain the present use and increase the number of poor women and adolescents benefiting from health services by increasing the number of health facilities, increased outreach, quality of health services, and appropriate counseling.

The capacity building and behavior change, and outreach project components will focus on strengthening the abilities of government and partner NGOs to understand the differential characteristics, needs, and dynamics of the urban poor; and to design effective community services in slums and impoverished areas. The needs of women and girls will be a priority.

B. Key actions.

☒ Gender action plan ☐ Other actions or measures ☐ No action or measure

IV. ADDRESSING SOCIAL SAFEGUARD ISSUES

A. Involuntary Resettlement **Safeguard Category:** ☐ A ☐ B ☒ C ☐ FI

1. Key impacts. Existing facilities have been constructed on government or donated land. For the proposed 20 partnership areas, the same modalities will be followed. No impact will occur on land, primary and secondary structures, or livelihoods.

2. Strategy to address the impacts. Although no direct impact will occur on land, structures, or livelihood, a combined resettlement and indigenous planning framework has been prepared in case any resettlement issues arise. The framework indicates the entitlement matrix, compensation method, grievance mechanism, and monitoring and

evaluation mechanism.

3. Plan or other Actions.

☐ Resettlement plan
☐ Resettlement framework
☐ Environmental and social management system arrangement
☐ No action
☐ Combined resettlement and indigenous peoples plan
☒ Combined resettlement framework and indigenous peoples planning framework
☐ Social impact matrix

B. Indigenous Peoples **Safeguard Category:** ☐ A ☐ B ☒ C ☐ FI

1. Key impacts. Existing project areas do not overlap with any areas inhabited by the small ethnic communities. Among the new proposed 20 partnership areas, one is inhabited by small ethnic communities, but they tend to heavily inhabit the rural areas. The project will not affect their land, structures, or livelihoods.
Is broad community support triggered? ☐ Yes ☒ No

2. Strategy to address the impacts: A combined resettlement and indigenous peoples planning framework has been prepared and will be used to screen new health care center sites to ensure there are neither involuntary resettlement nor indigenous peoples impacts.

3. Plan or other actions.

☐ Indigenous peoples plan
☐ Indigenous peoples planning framework
☐ Environmental and social management system arrangement
☐ Social impact matrix
☐ No action
☐ Combined resettlement plan and indigenous peoples plan
☒ Combined resettlement framework and indigenous peoples planning framework
☐ Indigenous peoples plan elements integrated in project with a summary

V. ADDRESSING OTHER SOCIAL RISKS

A. Risks in the Labor Market

1. Relevance of the project for the country's or region's or sector's labor market, indicated as high (H), medium (M), and low or not significant (L). Not applicable.

☐ unemployment ☐ underemployment ☐ retrenchment ☐ core labor standards

2. Labor market impact. The project will create decent jobs in all health care facilities. Jobs include doctors, nurses, and office assistants. It will also develop the capacities of health care facility staff.

B. Affordability Not applicable.

C. Communicable Diseases and Other Social Risks:

1. The impact of the following risks are rated as high (H), medium (M), low (L), or not applicable (NA):

☒ (L) Communicable diseases ☐ (NA) Human trafficking
☐ (NA) Others (please specify) ____

The project will support affordable health care for the poor and vulnerable. Vulnerable households will receive free services. It will enhance testing and treatment for communicable diseases including malaria, dengue, tuberculosis, and HIV/AIDS.

2. Risks to people in project area. Not applicable.

VI. MONITORING AND EVALUATION

1. Targets and indicators. The project is expected to provide job opportunities for local laborers during the construction, expansion, or refurbishment of the existing and proposed partnership areas. The target is included in the regular monitoring report.
2. Required human resources. The project will assign and train staff to be capable for the project implementation for the existing and proposed partnership areas.
3. Information in the project administration manual. The project design and monitoring framework, project performance and compliance monitoring, safeguard monitoring, and evaluation mechanism are described in the project administration manual.
4. Monitoring tools. Tools for poverty and social dimension include annual environment and social performance reports. A social screening form must be filled up by the urban local government in consultation with the local government officials by visiting new partnership areas.

[a] Government of Bangladesh, Ministry of Local Government, Rural Development and Cooperatives, Local Government Division. 2014. *National Urban Health Strategy*. Dhaka.
[b] Government of Bangladesh, Planning Commission. 2015. *Seventh Five-Year Plan FY2016–FY2020*. Dhaka.
[c] ADB. 2016. *Bangladesh: Country Partnership Strategy 2016–2020*. Manila.
[d] Nagorik Committee 2006. 2007. *Bangladesh Vision 2021*. Centre for Policy Dialogue. Dhaka.
[e] Government of Bangladesh, Planning Commission, General Economics Division. 2012. *Perspective plan of Bangladesh 2010–2021: Making vision 2021 a reality*. Dhaka.
[f] Government of Bangladesh, Ministry of Health and Family Welfare. 2011. *Health Policy 2011*. Dhaka.
Source: Asian Development Bank.