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Program Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 05-Jun-2024 | Report No: PIDPA00073



BASIC INFORMATION

A. Basic Program Data

Project Beneficiary(ies)	Region	Operation ID	Operation Name
Bangladesh	SOUTH ASIA	P180283	Health, Nutrition and Population Sector Development Program
Financing Instrument	Estimated Appraisal Date	Estimated Approval Date	Practice Area (Lead)
Program-for-Results Financing (PforR)	16-Jun-2024	18-Sept-2024	Health, Nutrition & Population
Borrower(s)	Implementing Agency		
Economic Relations Division, Ministry of Finance	Ministry of Health and Family Welfare		

Proposed Program Development Objective(s)

To improve access and utilization of quality health and nutrition services and build health system resilience in select geographical areas.

COST & FINANCING (US\$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)?	No
Is this project Private Capital Enabling (PCE)?	No

SUMMARY

Government program Cost	8,600.00
Total Operation Cost	900.00
Total Program Cost	900.00
Total Financing	900.00
Financing Gap	0.00

FINANCING



Total World Bank Group Financing	378.78
World Bank Lending	378.78
Total Government Contribution	496.22
Total Non-World Bank Group Financing	25.00
Trust Funds	25.00

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

- Bangladesh has achieved significant social and economic progress in recent decades, with 6.4 percent average gross domestic products (GDP) growth between 2010 and 2023.** However, the pace of poverty reduction has slowed, with widening inequality. Bangladesh faces a substantial balance of payments deficit and rising inflation in the context of post-COVID pandemic global economic challenges. Real GDP growth is projected at 5.6 percent in fiscal year 2024 (FY24), but elevated inflation remains a concern. Bangladesh is highly vulnerable to climate change, ranking seventh in the Global Climate Risk Index. Structural reforms are essential to sustain growth.

Sectoral and Institutional Context

- Over the last few decades, Bangladesh achieved significant progress in key health and nutrition outcomes, but progress remains uneven and, for many, is stalling.** For example, whilst the maternal mortality ratio has reduced to 143 per hundred thousand live births, the rate of reduction has slowed, still far from the global Sustainable Development Goal (SDG) target of 70. Furthermore, there are significant spatial and socioeconomic inequities. The use of modern contraceptive methods is the lowest in Chattogram (49%) and Sylhet (44%) divisions¹. Institutional delivery rates are also sub-par in Chattogram 61% and Sylhet 52% trailing behind the national average of 65%.
- Despite economic gains and progress, malnutrition remains a critical issue that threatens health outcomes and human capital.** Currently in Bangladesh, nearly one in five women are undernourished, one in three women aged 15-49 are anemic, and one in six babies are born with a low birth weight. Improving the quality of antenatal care (ANC), by including multiple micronutrient supplementation (MMS) for example, could prevent these poor outcomes. Acting now is critical as Bangladesh is also vulnerable to climate change, which threatens to increase levels of malnutrition and long-term risks of climate-sensitive non-communicable diseases (NCDs).

¹ Bangladesh Demographic and Health Survey 2022: Key Indicators Report. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.



4. **NCDs are now responsible for two thirds of mortality (68%) and disease burden (64%)².** The prevalence of diabetes and hypertension among adults (18+ years) is high and rising in Bangladesh, currently at 14% and 29% respectively³. There are substantial gaps in NCD service provision in the public sector, with only half of facilities providing services for common NCDs including diabetes and hypertension.
5. **Underpinning these trends is a poor-quality health system.** Poor quality maternal health services, including lack of midwives at birth, over-use of cesarean section, and poor functioning referral systems to timely definitive care for complications, is prevalent. Only 18 per cent of women receive quality ANC, and only one third of health facilities providing intrapartum care can offer blood transfusion⁵. Overall, primary health care facility performance is about 60 percent⁴, contributing to a high incidence of preventable complications, high usage of more costly and climate-intensive services⁵, and high (68.5 percent) total out-of-pocket payments (OOP), particularly due to purchase of pharmaceutical drugs (64.6% of total OOP)⁶.
6. **Climate change is not only creating new challenges for the health system but also acting as a risk multiplier.** The frequency of extreme weather events in Bangladesh has increased by 46 percent between 2000 and 2020.⁷ Rising temperatures are leading to more intense and unpredictable rainfalls and a higher probability of catastrophic cyclones, causing disruptions to health and wellbeing as well as health service delivery. Climate change also perpetuates the persistent threats of vector-borne diseases, malnutrition, and water-borne diseases, among other health risks.

PforR Program Scope

7. **The proposed Program will support a subset of the Government's program in the two targeted divisions (Chattogram and Sylhet) among the eight divisions in Bangladesh.** The total budget over the 5-year period of the Government's Fifth HNP Sector Program is estimated to be US\$8.6 billion. The part of the Government program supported by the PforR totals approximately US\$900 million for these 5 years, which includes IDA credit of US\$378.8 million and GFF grant of US\$25 million. The scale of the Program aligns with the anticipated outcomes of improved and equitable maternal and child health, including coverage and quality of primary health care (PHC) services, maternal nutritional services and building resilient health systems to respond to climate change within Chattogram and Sylhet divisions.

C. Proposed Program Development Objective(s)

Table 1. Mapping of PDO level results indicators by elements of PDO

PDO level results indicators	Elements of PDO		
	Access and Utilization	Quality	Climate Resilience
1. Institutional deliveries in primary care health facilities (UzHC and UH&FWC) increased (number) (DLI 1)	√	√	

² Kabir, A., Karim, N. & Billah, B. Preference, and willingness to receive non-communicable disease services from primary healthcare facilities in Bangladesh: A qualitative study. *BMC Health Serv Res* 22, 1473 (2022).

³ Bangladesh Demographic and Health Survey 2017-18: Key Indicators. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, and ICF.

⁴ Bangladesh Primary Health Care Best Performer Analysis using Service Provision Assessment and Demographic and Health Survey Data (2014 and 2017)

⁵ Primary health care services are not only more cost-efficient, but they are also more carbon cost efficient (i.e. reduced GHG emissions) than more complex hospital care.

⁶ Bangladesh National Health Accounts 1990-2020, Health Economics Unit, Ministry of Health and Family Welfare, Bangladesh.

⁷ Mahmud et al., 2021. Climate afflictions. World Bank Group.



2. Newly registered pregnant women receiving MMS during any antenatal care visits in primary care facilities (number) ⁸ (DLI 4)	√	√	
3. Primary health care facilities (UzHC) with uninterrupted supply of essential NCD drugs (number) (DLI 8)	√	√	
4. Primary health care facilities (UzHC) have sufficient number of health care workers trained on climate and health (number) (DLI 10)	√		√
5. People receiving quality health, nutrition, and population services (number) (CRI)	√	√	√

Program Development Objective(s)

To improve access and utilization of quality health and nutrition services and build health system resilience in select geographical areas.

D. Environmental and Social Effects

8. An Environmental and Social System Assessment (ESSA) was conducted to assess Environmental and Social (ES) risks associated with the Program; analyze Borrowers' legal framework, systems, policy procedure, and experience; and assess if these are adequate to address the ES risks and impacts. A screening of the activities was made through the ESSA. There will be no civil work and associated risks (labor influx, civil work related OHS and CHS issues), no impact on biodiversity and cultural heritages, and no land acquisition and physical and economic displacement in the Program. The main environmental concern is focused on medical waste generation and its treatment. Though there are several laws and regulations to address medical waste management issues, the practical implementation of the same is inadequate. Medical facilities at Upazilla and Union levels lack proper infrastructure, trained manpower, and a system to handle medical waste as per good practice. The social concerns relate to exclusion of the disadvantaged and the vulnerable people (including small ethnic communities) from consultation and access to service.
9. The Ministry of Health and Family Welfare (MoHFW), the implementing agency, has implemented several PforR and IPF operations under Bank funding and has experience in health service delivery. Their experience is also bolstered by policies, procedures, laws and acts. The implementation of these policies has however been sometimes inadequate due to a lack of manpower, funds, infrastructure, equipment, and systems. The ESSA provided several recommendations in this regard to bolster good practices and enhance capacity to address ES issues and concerns and improve monitoring in the field. The overall ESS risk has been rated as Moderate. The Bank ES team will provide capacity building measures, guidance, and support; and will monitor the implementation of the action plan/ESSA recommendations for proper ES management through the PforR.

⁸ UzHC and Community Clinic



E. Financing

Program Financing (Template)

Source	Amount (US\$, Millions)	% of Total
Counterpart Funding	496.22	55.14%
Borrower/Recipient	496.22	55.14%
Trust Funds	25.00	2.78%
Global Financing Facility	25.00	2.78%
International Development Association (IDA)	378.78	42.09%
IDA Credit	378.78	42.09%
Total Program Financing	900.00	

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APPROVAL

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