

Signing of Japanese ODA Loan with the People's Republic of Bangladesh

–Building on success of technical cooperation, providing the first Japanese ODA loan to improve maternal, neonatal and child health–

1. Today, the Japan International Cooperation Agency (JICA) signed an agreement with the Government of the People's Republic of Bangladesh to provide a Japanese ODA loan of up to 5.04 billion yen for assistance for the Maternal, Neonatal and Child Health Improvement Project (Phase 1) (Health, Population and Nutrition Sector Development Program). This is the first Japanese ODA loan to be provided to improve maternal, neonatal and child health.

2. This project falls under the framework of the Health, Population and Nutrition Sector Development Program which covers the entire health sector of Bangladesh and will be implemented with the assistance from various multilateral and bilateral development partners. The Project intends to improve maternal, neonatal and child health services and strengthen the health system, by implementing maternal, neonatal and child health related activities, thereby contributing to the improvement of health status of mothers and infants throughout the country. The loan for this project will be allocated to the provision of equipment, facility improvement and training for maternal, neonatal and child health.

3. The Government of Bangladesh has strengthened its initiatives in the field of maternal and child health, where improvement had been particularly lagging toward achievement of the United Nations' Millennium Development Goals (MDGs).^[1] The infant and under five mortality rates and maternal mortality ratio have all progressively dropped in recent years. However, to achieve the MDGs, further progress must be made in addressing the following areas; 1) the ratio of births attended by skilled birth attendants has not improved, remaining at 24.4% (2009), a markedly low rate compared to the average in South Asia at 48% and the average for developing countries at 64%, which means that even today, pregnancy and childbirth pose high risk for many expectant mothers. 2) The neonatal mortality rate within 28 days of birth also remains high in Bangladesh at 30 per 1,000 births, more than the average of 26 for developing countries (and one for Japan), requiring further measures for improvement. 3) There is a large disparity in access to the basic services for maternal, neonatal and child health, subject to income level and region, with those in poverty and in rural areas having particularly low level of access.

4. To address these issues in the health sector, the Government of Bangladesh formulated the Health, Population and Nutrition Sector Development Program as a five-year program beginning in July 2011 to which a total of 16 development partners are planning to provide assistance. This sector program plans to address a wide range of issues in the field of health care in Bangladesh, but in particular, maternal, neonatal and child health is attached utmost importance.

5. So far, JICA provided technical assistance to improve the health of pregnant and puerperal women and newborns through the technical cooperation project "Safe Motherhood Promotion Project" (Phase 1) (2006 to 2011). This has resulted in a major increase in the use of services needed to improve the health of expectant mothers, including prenatal and postpartum medical examinations, childbirth at public health facilities and emergency obstetric care in the target district. Furthermore, the technical cooperation project has received high praise for adopting the highly sustainable approach to strengthening the health system in Bangladesh, and called the "Narsingdi Model"^[2] by the Government of Bangladesh. With the technical cooperation project, the circumstances of mothers and infants have significantly improved and the leader of the target village proudly said, 'No mother or infant has died during delivery since the start of the project'. The measures that have demonstrated effectiveness in the Narsingdi Model will be implemented nationwide by the Government of Bangladesh under its sector program framework, and this Japanese ODA loan will support the extension and dissemination of the essence of the Narsingdi Model throughout Bangladesh.

6. In parallel with this Japanese ODA loan project, JICA is continuing implementation of the Safe Motherhood Promotion Project (Phase 2) from 2011 to 2016, providing the technical assistance needed for extension and dissemination of the outcome of Phase 1 as well as advice for policy formulation and health systems development. A health sector expert dispatched to the Ministry of Health and Family Welfare will continue providing advice for the management and monitoring of the sector program. Activities for improving maternal and child health at the field level will also be carried out in coordination with volunteer activities.

7. By the end of the 5-year sector program, through the implementation of this project, it is expected that MDG Goals 4 (reducing child mortality) and 5 (improving maternal health) will have been achieved, and major improvements will have been made to circumstances of pregnant and puerperal women and newborns in Bangladesh.



Mr. Iqbal Mahmood, Senior Secretary, Economic Relations Division, Ministry of Finance (left) and Mr. Takao Toda, Chief Representative, JICA Bangladesh office (right) shake hands after loan agreement signing.

Related Links

➤ [Project Map \(PDF/124KB\)](#)

Reference

1. Terms and Amounts of Loan

Project title	Amount (million yen)	Annual interest rate (%)		Repayment (years)	Deferment period (years)	Procurement
		Project	Consulting services			
Maternal, Neonatal and Child Health Improvement Project (Phase 1) (Health, Population and Nutrition Sector Development Program)	5,040	0.01	-	40	10	General untied

2. Project Summaries

Maternal, Neonatal and Child Health Improvement Project (Phase 1) (Health, Population and Nutrition Sector Development Program)

Executing Agency

Ministry of Health and Family Welfare
Address: Bangladesh Secretariat, Dhaka-1000, Bangladesh
Phone: +880 (2) 9559-108

Planned Implementation Schedule

(i) Completion of project: June 2016 – with the completion of the Health, Population and Nutrition Sector Development Program

(ii) Issuing of letters of invitation for consulting services: Not applicable

(iii) Tender announcement for initial procurement package for international competitive bidding on project construction: No procurement through international competitive bidding is expected for this project, but procurement for subsequent project implementation through national competitive tendering is expected.

Notes

- [1] Goals integrated and established from the Millennium Declaration adopted at the Millennium Summit in 2000 and other major meetings. Eight goals are listed to be achieved by 2015 for world development, three of which are in the health sector (Goal 4: reducing child mortality, Goal 5: improving maternal health, and Goal 6: combating HIV/AIDS, malaria, and other diseases).
- [2] Narsingdi is the name of a district northeast of Dhaka, a target of the technical cooperation project (phase 1). The Narsingdi Model is composed of three components: 1) establishing a community level support system for pregnant women and nursing mothers, 2) improving the quality of public health services, and 3) strengthening the coordination among community, public health care institutions and local government.

Project Map

Maternal, Neonatal and Child Health Improvement Project (Phase1) (Health, Population and Nutrition Sector Development Program)

Narsingdi
(Target district of Technical Cooperation Project Phase 1)

Dhaka (Capital City)

0 60
(km)

Target:
Throughout Bangladesh



Dissemination activity on preparation for childbirth



Community Group activity