Improving Health and Nutrition Status of Urban Extreme Poor

Service Delivery Component of “EU Support to Health and Nutrition to the poor in Urban Bangladesh”, MoLGRD&C

Wednesday, 16 October, 2019. Brussels, Belgium
By 2040, half of Bangladesh's citizens will live in urban areas.

Approximately 35% of the population in Dhaka live in slums.

Dhaka slum population will increase to 50% by 2030.

Urban population is increasing rapidly.

Slum population is heterogeneous.
UNEQUAL
Rich-poor gap way out of proportion; appears as a puzzle to fast-paced GDP growth
Catastrophic shocks!

64% out of pocket expenditure. Each year pushing the extreme poor into further poverty (NHA)
Organization of the health System in Bangladesh
KEY CHALLENGES OF URBAN HEALTH SERVICES

Socio Demographic

- Large segment of urban poor
- In migration and floating populations
- Diverse social and cultural backgrounds
- Greater vulnerability of the migrating populations

Operational

- Inequitable distribution of health facilities
- Multiple agencies/bodies providing health care
- Lack of Standardization and standard treatment protocols
- Lack of integrated HMIS and databases

Administrative

- Various administrative units with little coordination
- Districts and zones not clear
- Lack of grass root level structures

Dual burden of diseases

- Increased burden of diseases associated with overcrowding, poor sanitation and hygiene
- Diseases associated with air and water pollution
- Lifestyle and stress related diseases, accidents/violence, substance abuse
- Diseases of nutrition

ILUEP

EU H&N
Concern Worldwide and BRAC Consortium

• **Euro 4.00 million value (Euro 3.00 million from EU + Euro 1.00 million Consortium contribution)**

• The Agreement was signed in end of Nov. 2016

• Project duration: Until Nov. 2019

• Implementing areas Dhaka City Corporation (North), Dhaka City Corporation (South), Chittagong City Corporation and Mymensingh Municipality.
Overall Objective

• To improve the health and nutrition status of the urban poor through **sustainable** service provision, managed through a **coordinated**, national urban health delivery system.
Four Major Components

1: Increased **availability, access** to and **utilisation of PHC**, Nutrition and Population services by the Poorest

2: Improved **comprehensiveness** of existing PHC services by integrating nutrition, addressing service gaps and by increasing referral linkages

3: Enhanced **quality coverage of PHC**, nutrition and population services

4: **Strengthened sustainability** of urban health and nutrition services in partnership and coordination with Government, NGOs and community groups
**Major Activities:**

- **Provision of free basic service package health, nutrition and population services at community and facility levels**

- Provide financial support to the extreme poor through voucher systems:
  - **Voucher schemes** will be introduced for those extreme poor who are not covered yet.
  - Extreme poor people will receive non cash financial support for accessing PHC services and emergency services.
  - Pilot one **Micro health insurance** scheme
EU H&N project’s approach to respond to inequality

• 32,100 health voucher cards and 4,000 micro health insurance cards were distributed to ensure financial security for accessing Primary Health Care services. 91% + utilization

• No cash transaction required

• Increased quality PHC services with increased facility delivery to save life of mother and baby

• Empowered extreme poor families

• Reduced out of pocket expenditure for health care services

• Encouraged elected representatives, as they are witnessing its direct impact. Mayor of CCC allocated budget to ensure sustainability, after end of project.
A Health financing model for the extreme poor

• Empowering women
• Ensuring their rights
• Reducing inequality
• Better quality health services

• Research ongoing on UHMIS & Measuring costs and effectiveness of health voucher & micro-health insurance schemes with icddr,b & LSTM – focus esp on sustainability
Building confidence towards a sustainable solution

• Mayor and Councilors are closely watching/monitoring health services utilization by the extreme poor

• Ward Health Committees and other coordination platforms are enabling them to oversight activities and to receive feedback

• Accountability, quality of services from health services providers and city corporation ends are being ensured

• Governance and Accountability strengthened

• Sustaining the system (e.g. health voucher, micro health insurance)

• Chattogram City Corporation has allocated a budget of 215,835.05 Euro for one year to cover more extreme poor household families
A more equitable health care system for all population
Leave no one behind!