

# 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





Urban population is increasing rapidly

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

slum population is **heterogeneous**

Courtesy: UHSSP'2018

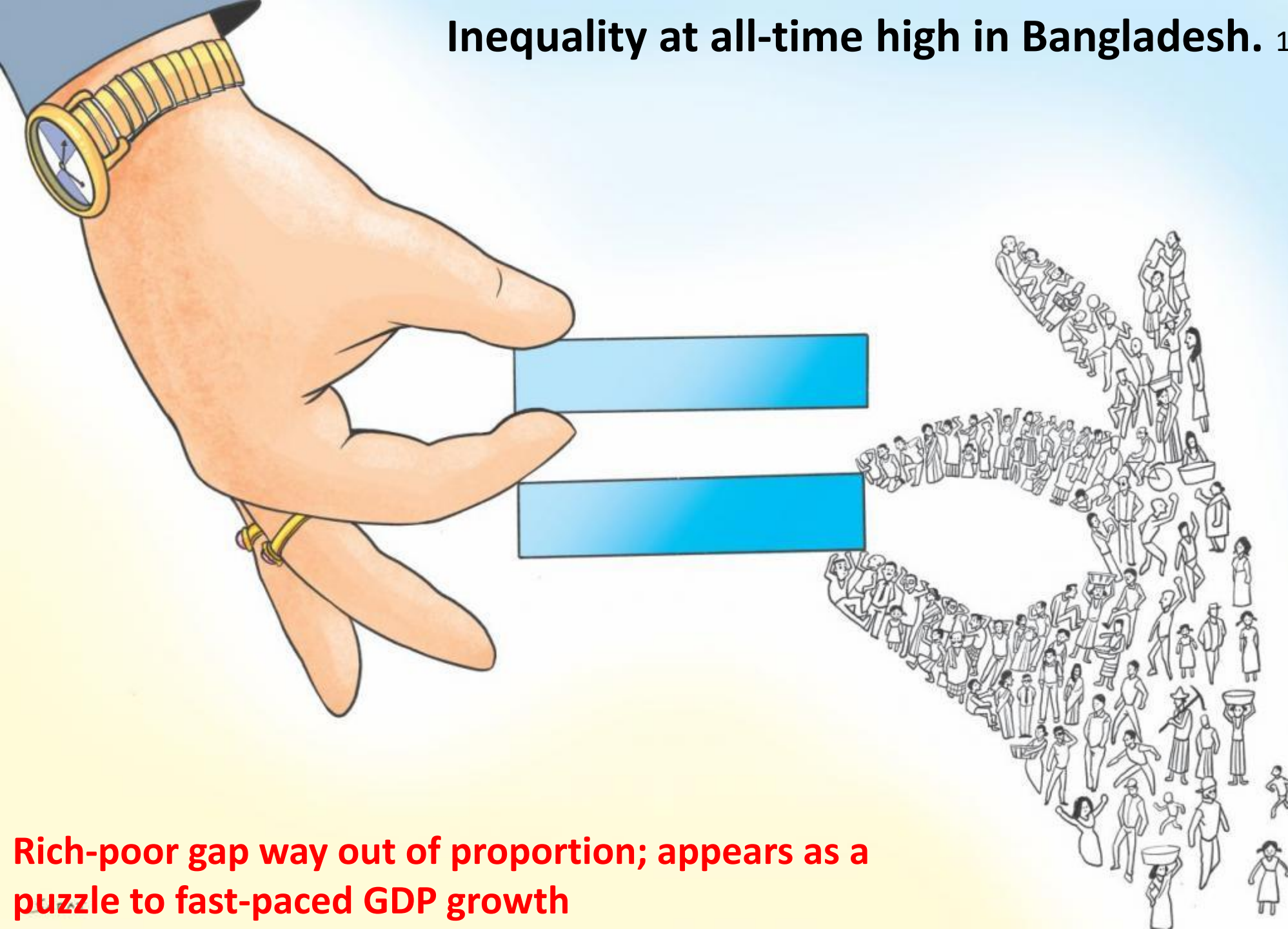


# UNEQUAL





# Inequality at all-time high in Bangladesh. 19, May 2019



**Rich-poor gap way out of proportion; appears as a puzzle to fast-paced GDP growth**

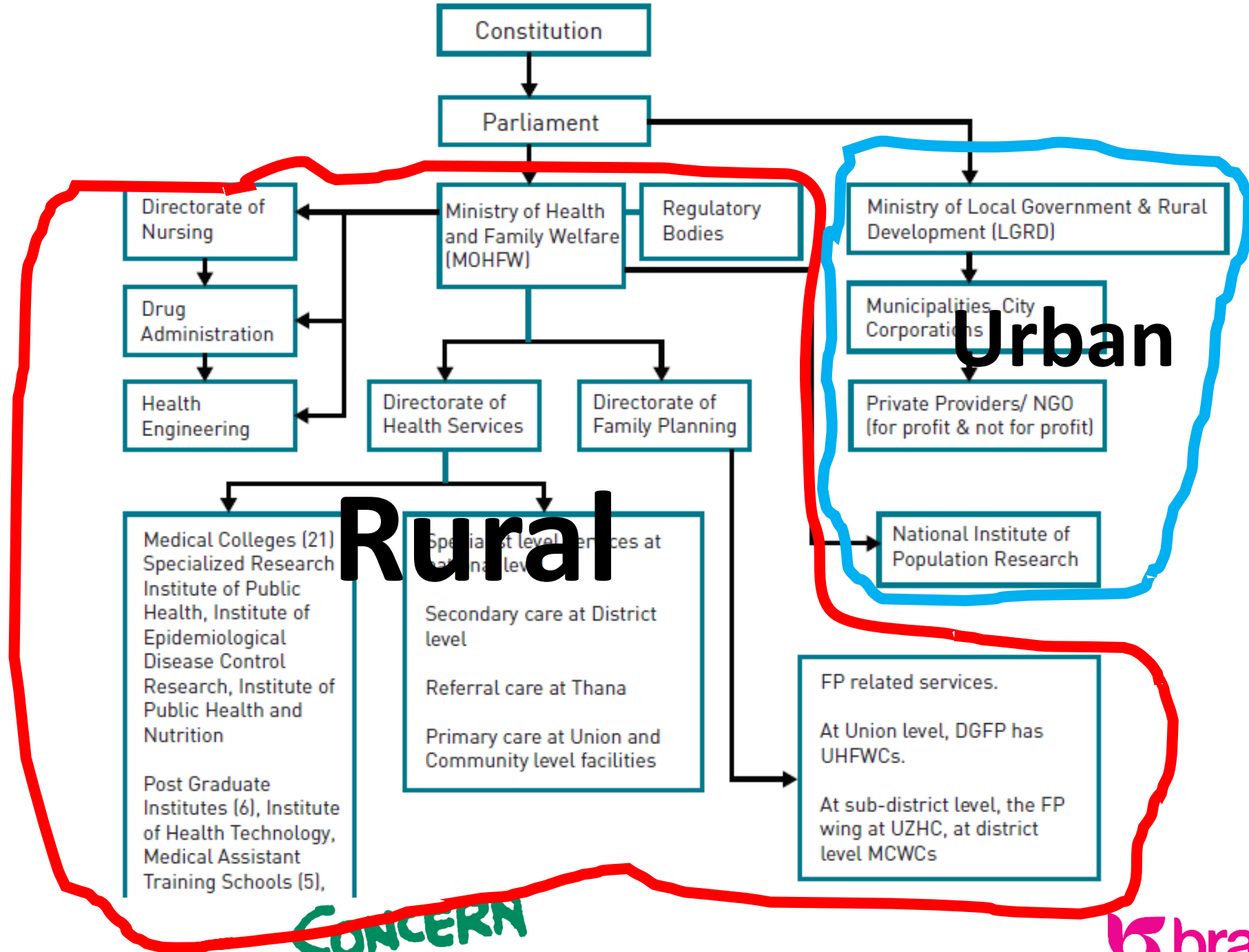
# Catastrophic shocks!

**64%**

out of pocket  
expenditure.  
Each year  
pushing the  
extreme poor  
into further  
poverty (NHA)



# Organization of the health System in Bangladesh



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

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

Socio Demographic

Operational

## KEY CHALLENGES OF URBAN HEALTH SERVICES

ILUEP

EU H&N

Administrative

Dual burden of diseases

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

- 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

CONCERN  
worldwide

brac



# 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.

সুবিধাবঞ্চিত নগর জনগোষ্ঠীর স্বাস্থ্য ও পুষ্টি উন্নয়ন প্রকল্প

স্বাস্থ্যসেবা কার্ড

কার্ড নম্বর ..... মোবাইল নম্বর .....

কার্ডগ্রহীতার নাম ..... স্বামী/স্ত্রীর নাম .....

বস্তির নাম ..... বস্তির ঠিকানা .....

থানা বেজিন্টেশন নম্বর ..... কার্ড ইস্যুর তারিখ .....

কার্ডের মেয়াদ উত্তীর্ণ হওয়ার তারিখ ..... শাখার নাম .....

.....

স্বাস্থ্যকর্মীর স্বাক্ষর ও তারিখ ..... পিতা এর স্বাক্ষর ..... কার্ড গ্রহীতার স্বাক্ষর .....

মোবাইল নম্বর: ..... নাম: ..... মোবাইল নম্বর: .....

A sample health voucher card



# 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!**