



# STRENGTHENING HEALTH STANDING COMMITTEES TO IMPROVE LOCAL GOVERNANCE AND PRIMARY HEALTH CARE IN URBAN BANGLADESH

## LEARNING BRIEF

March 2022

In 2020, the Bangladesh Ministry of Health & Family Welfare (MoH&FW) published the National Urban Health Strategy (NUHS) 2020 to promote quality health services, specifically for people living in urban areas. The strategy highlights the importance of local level coordination between ministries and stakeholders of government institutions (LGIs) who lead development initiatives to improve the overall situation of primary health care (PHC) services in urban areas. Implementation of the strategy at sub-district (upazila) and district-level aims to increase the use of PHC services and reduce out of pocket expenditure for poor families. In accordance with NUHS 2020, LHSS Bangladesh is working in collaboration with MoH&FW, civil society, and private sector to strengthen the Health Standing Committees (HSCs) of city corporations and municipalities and improve the management of PHC. The members of the HSC include elected councilors who are responsible for managing activities related to primary health, water and sanitation.

This brief highlights learning from working with the local government leaders of two city corporations and ten district-level municipalities from the Rajshahi and Sylhet divisions who are taking the lead role in transforming urban PHC services to meet the needs of their citizens and constituents.

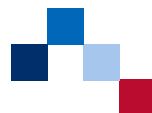
## LHSS re-activates city corporation and municipality health standing committees

When LHSS began working with city corporations and municipalities in Rajshahi and Sylhet, the HSCs were not functioning. Members did not understand their roles and meetings dropped off from their intended bi-monthly frequency. After understanding the issues at play, LHSS conducted advocacy meetings with local authorities to restructure and activate the existing committees. After nine months, all city corporations and district-level municipalities of Rajshahi and Sylhet are regularly conducting HSC meetings.

Committee members have started following recommended guidelines, which include sending an

### Key Lessons Learned:

- Engagement of co-opted members, that is representatives from MoH&FW and local non-governmental organization, into the HSC has expedited the decision-making process, improved regular coordination, and resulted in quick identification and mobilization of resources.
- PHC service mapping should be performed in collaboration with city corporation and municipality authorities to identify gaps in service delivery and develop plans to fund/expand health services to underserved.
- HSC meetings must hold regularly to prioritize actions for improving PHC using data and follow-up on decisions in-between meetings needs “coaching” until it becomes habit.

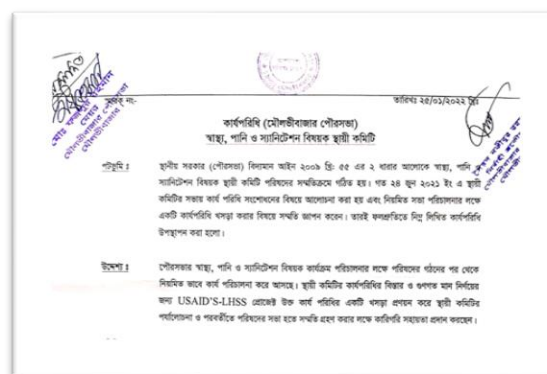


official call up letter, setting and sharing an agenda for all meetings, and keeping meeting minutes which are shared with participants after each meeting. During meetings, committee members discuss local issues with primary health care services, take

actions to resolve problems and follow-up on activities from the previous meeting.

## LHSS strengthened coordination between local government institutions (LGIs), MoH&FW, and non-governmental organizations (NGOs)

LHSS collaborated with city corporation and municipality authorities to develop and approve the HSC terms of reference (ToR) as per the NUHS 2020 and Local Government Act 2009. The structured ToR defined the role of each stakeholder and strengthened HSC governance. HSC members now include representatives from the MoH&FW’s Directorate General of Health Services and Directorate General of Family Welfare (who attended 76% of meetings) and NGO (90% of meetings), which not only enhanced local level management capacity for addressing PHC issues but also reduced duplication of effort. Committee members are now regularly participating in HSC



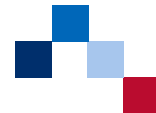
Approved ToR of Health Standing Committee (HSC) in Moulvibazar Municipality

meetings, providing financial and human resources, as well as logistics and infrastructure support. This improved collaboration has resulted in improved monitoring of PHC services in city corporation and municipality areas. HSC members now jointly visit health facilities to supervise the services of government and private sector. Between October 2021 and March 2022, three monitoring visits were conducted by the HSC and LHSS.

### Results: Strengthened HSCs take action for PHC through mapping and service expansion

Two city corporations and ten district-level municipalities in Rajshahi and Sylhet Divisions worked with LHSS to strengthen their HSCs to support PHC by:

- Initiating regular meetings to discuss and manage PHC related issues
- Co-opting members for broader representation and effective decision-making: Surgeon (CS), Director General of Health Services (DGHS); Deputy Director Family Planning (DDFP)/Upazila Family Planning Officer (UFPO), Director General of Family Planning (DGFP); and private/NGO representatives
- Developing and agreeing to HSC ToRs as per the NUHS strategy 2020 that include PHC objectives
- Reviewing findings of PHC service mapping and identifying gaps e.g. wards with no functional PHC sites
- Taking collaborative action to address



## Health Standing Committee identifies gaps in Primary Health Care services using rapid mapping exercise

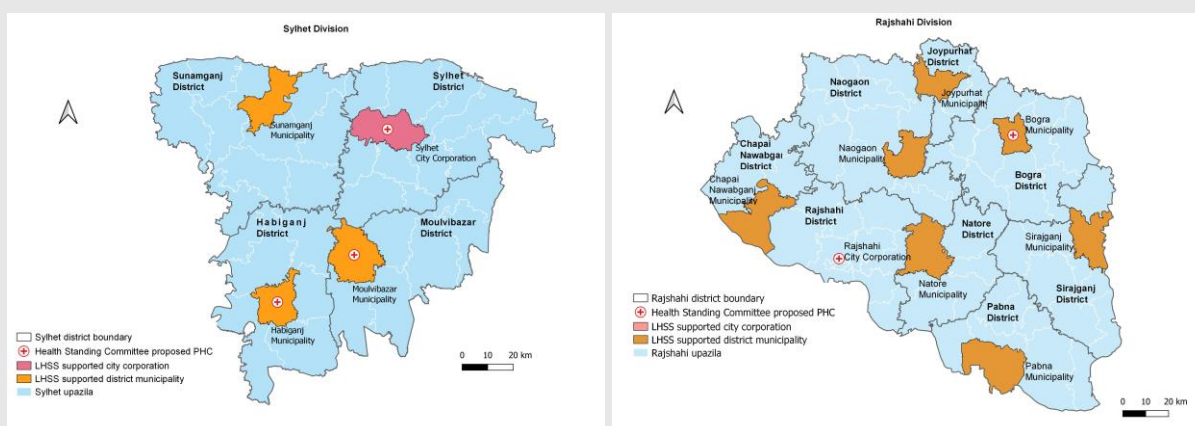
Last year, LHSS collaborated with the city corporations and district municipalities of Rajshahi and Sylhet Divisions to conduct a rapid mapping of all available PHC facilities and identify underserved areas for prioritization. All respective city corporations and district-level municipalities reviewed the findings. The density analysis identified low coverage of PHC services. Most of the functional PHC centers are operated by NGOs but they cannot fully meet demand due to the size of the catchment area populations. The mapping also identified ward-wise availability of health protection schemes and distribution of poor and vulnerable populations. In fact, government-led health protection schemes for the urban poor are unavailable in most wards. Based on

the identified gaps the HSC arranged a session to develop a PHC plan with special attention to populations living below poverty line. For example, Moulvibazar’s mapping found that four of its nine wards are without PHC services and took action to expand access in underserved wards.



Deputy Director (Family Planning), Moulvibazar District presenting his recommendations to address the current PHC need  
Photo: LHSS Bangladesh

**Figure I: Result - Strengthened HSC are conducting and using mapping to obtain consensus and conduct resource mobilization for opening/re-opening PHC facilities**





## Health Standing Committee expand Primary Health Care services in underserved areas

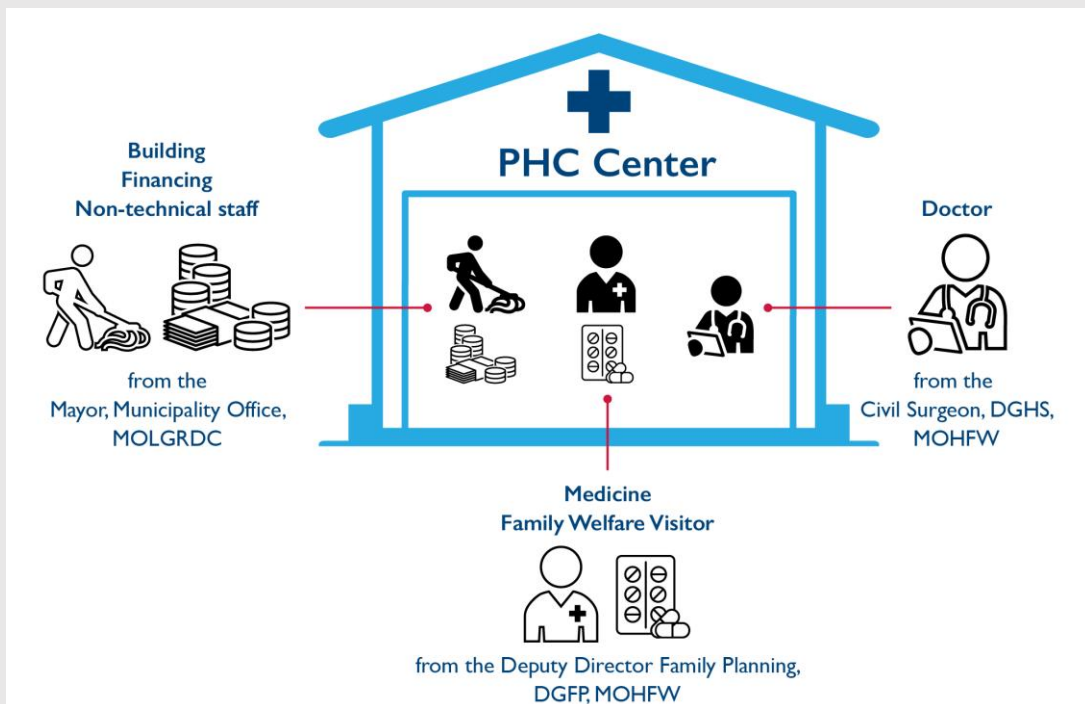
While the mapping exercise was successful in identifying underserved wards without functioning PHC, it also facilitated the coordination between parties which is improving the management of urban PHC systems. HSC members are now taking the initiative to improve service availability in those underserved areas identified during the rapid mapping exercise. Consequently seven Surjer Hashi (Smiling Sun) clinics have been identified for re-opening in Rajshahi and Sylhet. The municipality authority of Bogura (Rajshahi) decided to reopen four previously non-functioning clinics of the Urban Primary Health Care (UPHC) project, mobilizing local funding to support. (See Figure 2) In Habiganj Municipality, the honorable



The proposed PHC building owned by Sunamganj Municipality  
Photo: LHSS Bangladesh

Mayor proposed using an existing building to establish a new PHC center, the civil surgeon/Directorate General Health Services agreed to provide a doctor, and the deputy director/ Directorate General Family Planning will provide commodities.

**Figure 2: Result - Habiganj Municipality HSC's collaborative approach for expanding access to PHC**



The Local Health System Sustainability Project (LHSS) under the United States Agency for International Development (USAID) Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

This brief was made possible by the support of the American people through USAID. The contents are the sole responsibility of the authors and do not necessarily reflect the views of USAID or the United States government.