Improving Planning and Coordination of Services among Providers of Essential Services Package in Urban Dhaka: Findings from an Operations Research

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Acronyms

AHO	Assistant Health Officer
ADB	Asian Development Bank
BASICS	Basic Support for Institutionalizing Child Survival
CHO	Chief Health Officer
CWFD	Concerned Women for Family Development
DCC	Dhaka City Corporation
DFP	Directorate of Family Planning
DGHS	Directorate General of Health Services
EPI	Expanded Programme on Immunization
ESP	Essential Services Package
GoB	Government of Bangladesh
HPSP	Health and Population Sector Programme
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
IOCH	Immunization and Other Child Health
MCH-FP	Maternal and Child Health-Family Planning
MIS	Management Information System
MOLGRDC	Ministry of Local Government, Rural Development, & Cooperatives
MOHFW	Ministry of Health and Family Welfare
MNT	Measles and Neonatal Tetanus
NID	National Immunization Day
NIPHP	National Integrated Population and Health Programme
NGO	Non-governmental Organization
ORP	Operations Research Project
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
SMC	Social Marketing Company
TA	Technical Assistance
USAID	United States Agency for International Development
UDC	Urban Development Centre
UPHCP	Urban Primary Health Care Project
ZEO	Zonal Executive Officer

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Executive Summary

To improve planning and coordination of services among providers of primary healthcare services in urban areas, the former Urban MCH-FP Extension Project of ICDDR, B designed and implemented in July 1995 an intervention in 10 zones of Dhaka City Corporation area. This was a collaborative intervention of the Health Department of Dhaka City Corporation, Ministry of Local Government, Rural Development, and Cooperatives (MOLGRDC), Ministry of Health and Family Welfare (MOHFW), and a local NGO called Concerned Women for Family Development (CWFD). The objective of the intervention was to identify mechanism that would foster coordination among different stakeholders and ensure the availability of health and family planning services. The intervention was implemented in two phases: the first phase was July 1995 to June 1998 and implemented in 10 zones of DCC area, and the second phase (modified intervention) was July 1998 to December 1999 and implemented in 4 zones (Zone 3,4, 6 and 7) of DCC area rather than in all the ten zones as in the first phase of the intervention. Lessons learned from the preliminary assessment of the intervention and the changes in service delivery strategies brought about by the Health and Population Sector Programme and the National Integrated Population and Health Programme led to a modification (Second phase) of the intervention. The methodology for planning the intervention includes: needs assessment of MCH-FP Services in DCC zones, inventory of health and family planning facilities, briefing the major service providers of each zone on coordination mechanism, organizing orientation for zonal executives of DCC (ZEO and AHO) on the committee activities and organizing training for EPI Supervisors of DCC on development and use of zonal MIS. The components of the intervention were: (a) promoting coordination among stakeholders; (b) development of a joint action plan; (c) introducing review and follow-up meeting for monitoring implementation of the plans. This report presents the findings from a final evaluation of the intervention. The evaluation was done during July 1999-September 1999. The evaluation assessed the role and contributions of these committees in coordinating with organizations delivering the Essential Services Package (ESP) and the perspectives of members and non-members on the activities of the committees.

Findings from the intervention indicate that the Zonal Health and Family Planning Coordination Committee became a ready-made forum to improve coordination among different stakeholders to identify and resolve common health issues and to plan and implement national and local health activities. The findings also showed that absence of external facilitation affected the committee activities. It was found that all the zonal committees with technical assistance had work plans, and more than 80 percent

routine meetings were held in these committees, whereas none of the routine meetings was held in the committees without technical assistance. So, external facilitation is still a critical issue to run the committee activities smoothly. Findings of the intervention also identified a number of problems in operationalization of committee activities. The problems were as follows:

- Funding constraints reported as problem in organizing the committee activities.
- Zonal health personnel of DCC were busy with other priority work (e.g. mosquito control), which sometimes created problem in organizing the committee meetings.
- Inadequate health personnel at the zone level to implement the zonal committee activities.
- NGOs did not have required manpower to organize the committee activities.
- Decision-making authority has not been delegated to all the members of the Zonal committees, which hamper the committee activities.
- Participation of elected representatives in the zonal committee meetings was limited.
- Zonal performance could not be assessed, as all the providers do not submit monthly performance report.

The study indicated that it is feasible to solve the local health problems through these committees. So far, some of the decisions were implemented to solve the problems, e.g. NGOs of Zone 7 reorganized the schedule of their satellite to solve the problems of duplication of services; in Ward 11 of Zone 7, an ORT corner was established to handle the diarrhoea epidemic; the committee also planned special meetings at the ward level to solve the problems of declining EPI coverage; Zone 3 and 8 reorganized health and family planning service facilities to make them more accessible for urban poor and slum dwellers; to address the environmental health issues, two NGOs of Zone 3 distributed leaflets to each ward of the zone, and one NGO of Zone 4 arranged van for garbage disposal; and for disposal of clinical wastage, incinerator was established in Zone 4, 7, and 8.

The study revealed that the members of the zonal committees both with and without TA perceived that the committees were useful in the following areas:

- Helped establish linkage and coordination among different stakeholders.
- Helped identify local health problems and take initiative to solve these problems.
- Helped avoid duplication of services.
- Helped know the local organizations.
- Useful forum for organizing national events e.g. NID and M&NT campaign.

The findings also indicate that those who were not members of the committee also thought that the coordination committee is needed in the urban areas to improve coordination among different stakeholders to know about the local organizations working in the area and to avoid duplication of services.

The findings revealed that zonal committee have an impact in increasing awareness on the new health initiatives (NIPHP, ESP, UPHCP and UDC) e.g. committee members in the intervention zones are more aware about the new health initiatives than the non-intervention areas.

The committee members recommended the following measures to improve the effectiveness of the committee activities:

- Ward commissioners should be well oriented with the committee to extend support to the service providers at the local level.
- The activities of an annual action plan of the committees should be distributed among the members.
- The committee should have the authority to solve local health problems.
- A system for monitoring committee activities should be established.
- Zonal MIS should be improved for proper planning of health services at zone level.
- Zonal committee should include the organizations that are not yet associated with the committee.
- Activities of the ward committees need to be strengthened because the services of NGOs are concentrated at the ward level, and NGOs have a key role in the delivery of ESP in urban areas.

Findings of the intervention demonstrated that it is feasible to improve coordination among different stakeholders and to identify and solve common health issues and problems through the committees. However, the findings suggested that, to use these committee experiences or to scale up the intervention, the following issues need to be considered:

- External facilitating agency is essential for smooth functioning of the committee activities. According to HPSP, the major NGO in the zone and ward would be the potential external facilitator for the committee.
- Filling up of the vacant key positions and review of the functions of health personnel of City Corporations/Municipalities are necessary to include monitoring and coordination of the Essential Services Package.
- Involvement of all stakeholders in the committee activities is needed to expedite implementation of the committee activities.
- Directives from the concerned authorities are required to make all the partners equal responsive to the committee, e.g. directives from MOHFW and NGO Bureau need to be circulated.
- Additional funds need to be assigned to the zones for organizing committee meetings and implementation action plan activities.

There are multiple service providers belonging to the government, NGOs and private organizations in urban areas. Urban Primary Health Care Project (UPHCP) supported NGOs will also start providing health services very soon. The distribution of health facilities is not uniform in urban areas, and there is inadequate referral and coordination among urban service providers. So, to ensure the essential health services for the city dwellers coordination among the providers of urban health services still remains a critical issue.

Finally, further understanding of the following questions regarding the coordination among the urban service providers is needed to ensure a sound urban health service:

- What should be the role of City Corporation/Municipalities in urban health?
- How can coordination of urban health services be improved?
- What should be the structure and functions of the future coordination bodies?

Background

Although there are many shortcomings in the level of cooperation and coordination between the government and non-governmental organizations, Lindblom pointed out in his classical book: there are important links between these two spheres [1]. Nevertheless, many view, the government infrastructure and NGOs are two distinct alternatives for mobilizing human resources [2]. As part of the Health and Population Sector Programme (HPSP), the Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh, has proposed a collaboration of GoB, NGOs, and elected representatives in the planning and delivery of essential health services at the local level [3].

Addressing of large and complex issues, such as healthcare, low-income housing, and economic development often involves building inter-sectoral partnerships (ISPs) among the government organizations, the market (business), and civil society (NGOs, non-profit organizations, etc). Because of the substantial differences among these sectors, building these relationships is a difficult and lengthy process with many complex problems. Waddell and Brown reviewed international experiences of ISPs and found that there were five stages of ISPs development: (i) identifying preconditions for ISPs, (ii) convening actors and defining problems, (iii) setting shared direction, (iv) implementing joint action strategies, and (v) expanding and institutionalizing success. Inter-sectoral partnerships can help reduce duplication of efforts and activities. ISPs can produce activities of holistic nature in which 'the whole is more than some of its parts' [4].

Urbanization in Bangladesh

Bangladesh is one of the poorest and most densely populated countries in the world. Like other developing countries, Bangladesh is also experiencing rapid urbanization. The population growth rate of urban areas is three times higher (6-7%) than the national population growth of 2 percent per year [5]. According to a recent report, at the current pace of urbanization, Dhaka is expected to become the ninth mega city of the world by the year 2015 [6]. At present, about 20 percent (25 million) of the country's total population (120 million) live in urban areas [7]. It has been projected that urban share of Bangladesh's population will rise from 20 percent to 33 percent of the total in 2010, an absolute increase of over 55 million peoples [8]. Clearly, there is a need to plan, implement and monitor healthcare services for the growing number of city dwellers, as this is a challenge for agencies providing health services to its city dwellers.

Health Problems in Urban Bangladesh

Compared to rural populace, and the aggregate, health indicators show better health conditions in urban areas. Nevertheless, there are significant health differentials within the urban areas. The urban slum population has a lower rate of immunization coverage--58 percent in the slums, compared to 77 percent in the non-slum areas. Contraceptive use is 50 percent in the slums and 58 percent in the non-slum areas and antenatal coverage in the urban slums is about 55 percent lower than in the non-slum areas. The dropout rate among family planning method users is 38 percent in the slum population, compared to 31 percent in the non-slum population [9]. In urban slums, deaths in

infancy were about 45 percent of all deaths. Fifty-four percent of the infant deaths are due to vaccine preventable or treatable causes, such as tetanus, measles, respiratory infections, and diarrhoea [8].

Healthcare Services in Urban Bangladesh

The Ministry of Health and Family Welfare does not have a well-developed health and family planning service-delivery infrastructure for the urban population. Primary healthcare service provision in cities, for instance, is a shared responsibility of municipal authorities, the Ministry of Health and Family Welfare, non-governmental organizations (NGOs), and private sector pharmacies and clinics. In urban areas, non-governmental organizations (NGOs) and private sector (e.g. pharmacies and physicians in private practice) are the most common providers [10].

The needs assessment study conducted by former Urban MCH-FP Extension Project of ICDDR,B revealed that there is a lack of effective coordination and cross-referral among the various facilities and multiple providers of health services. This often results in low utilization of the existing infrastructure, gaps in coverage, duplications in areas of responsibility, and limited access to and availability of services among the catchment populations, particularly the urban poor [9].

The above situation indicates that there is a need for developing effective coordination among different stakeholders at the direct care level in urban areas i.e. at the zonal and ward levels.

Dhaka City Corporation

Dhaka City Corporation (DCC) is the largest city corporation in the country, covering a population of about 7 million (estimated from the 1991 census), and an area of about 816 square kilometres. It is a fast-growing city, experiencing one of the highest rates of urban growth (7%) among the major cities of the world. Almost 30 percent of the Dhaka population live in slums, which is about 2 million.

There are 10 zones (administrative units) in the Dhaka City Corporation area. The zones are further divided into a number of wards; ward is the lowest administrative unit of the corporation. The average number of wards per zone is 9, and the average size of population per ward is 50,000 (range 40,000-60,000). Each Zone is headed by a Zonal Executive Officer (ZEO) who is responsible for the implementation of development projects and maintenance work in the zone. Health Department is one of the 17 departments of Dhaka City Corporation. The central health department is being reinforced at the zone level by zonal health departments. Each zone health department is headed by a medical doctor, designated Assistant Health Officer (AHO) who is responsible for planning, implementing and monitoring the primary healthcare services at the zone level.

The Intervention

To address the above mentioned problems, ICDDR, B: Centre for Health and Population Research in August 1994, began to collaborate with the Government of Bangladesh and a national NGO, Concerned Women for Family Development (CWFD). This partnership is known as the "Urban MCH-FP Initiative". The major objective of the Initiative was to develop a coordinated and cost effective system of delivering Maternal and Child Health to Family Planning (MCH-FP) services for the urban population; initially in Dhaka, then to disseminate the project findings for the benefit of other urban areas of the country. The project was also aimed at providing technical assistance to city corporations and municipalities to improve their capacity in planning, coordination, and implementation and monitoring of health activities.

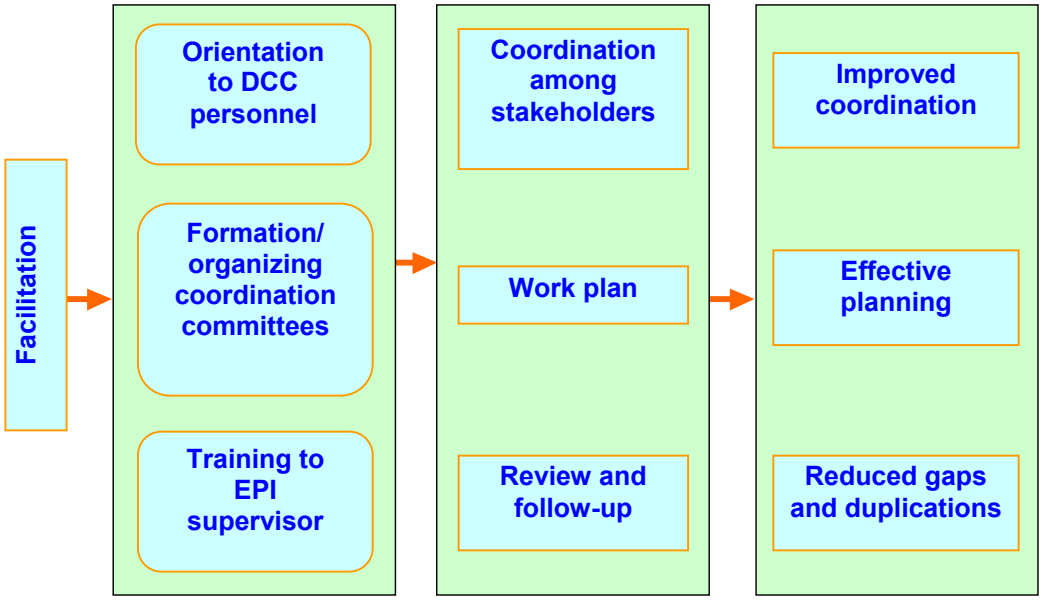
As part of the MCH-FP Initiative, the former Urban MCH-FP Extension Project of ICDDR, B initiated an intervention "Planning and Coordination of Services" in 10 zones of Dhaka City Corporation area, in collaboration with the Health Department of Dhaka City Corporation, Ministry of Local Government, Rural Development, and Cooperatives, Ministry of Health and Family Planning, and a local NGO Concerned Women for Family Development (CWFD) in July 1995.

The key feature of the intervention is the structure of coordination committee at different levels. At the DCC level, the structure for coordination is the DCC Health and FP Coordination Committee. Honourable Mayor of DCC chairs this committee; Chief Executive Officer is the Member Secretary. The DCC Health and Family Planning Coordination Committees are responsible for establishing inter-agencies coordination mechanism within the city. At the zone level, the structure for coordination is the Zonal Health and Family Planning Coordination Committee. The zonal committees are headed by ZEOs of DCC, and AHOs are the member secretaries of the committees. All GoB and NGO service providers of the zones are the members of the committees. Zonal committees are responsible for establishing coordination among service providers within the zone. The lowest-level coordination committee is the Ward Health and Family Planning Coordination Committee. The ward commissioner heads the ward committee, and the major NGO of the ward is the Member Secretary. This committee is responsible for establishing linkage between service providers and community leaders.

Following the success of the Urban MCH-FP Extension Project intervention, "Planning and Coordination of Services at the Local-level in Dhaka City Corporation Area", the Ministry of Local Government, Rural Development, and Cooperatives replicated the coordination committee in the other city corporations and municipalities [11].

Under the Health and Population Sector Programme (HPSP) and National Integrated Population and Health Programme (NIPHP), the service delivery strategies shifted from doorstep to a clinic-based approach and selected services are being provided through Essential Services Package [3]. Prompted by the positive effects of various interventions/studies, like Thana Functional Improvement Pilot Project (TFIPP) and 'Planning and Coordination of Services' intervention of the Urban MCH-FP Extension Project of ICDDR, B involving the stakeholders (GoB and NGO service providers and community representatives) in planning, organization and coordination of services, the HPSP has emphasized on the concept of effective partnership among the government and NGO service providers and local community in the planning and delivery of ESP at the local level. To address the changing service-delivery strategies and to incorporate the lessons learned from the mid-term assessment, 'Planning and Coordination of Services' intervention was modified in July 1998, and subsequently, implemented up to December 1999 in four zones (3, 4, 6, and 7) of DCC area rather than in all the ten zones as in the first phase of the intervention.

Conceptual Framework of the Planning and Coordination of Services Intervention



This intervention was designed to develop mechanisms of functional coordination at the zone level and below among service providers of the government, non-governmental organizations, and commercial sector with the involvement of the municipal health department. As requested by the Dhaka City Corporation, the former Urban MCH-FP Extension Project of ICDDR,B facilitated the formation of coordination committee at zone and ward level and implementation of the coordination committee activities. As part of the capacity-building effort of DCC, the Project organized a series of workshops, seminars and training programmes for the DCC staff members. The first workshop was conducted for the zonal executives and health officers of DCC to orient them on selected health and family planning programme needs in urban areas and their expected roles and responsibilities as chairperson and member secretary of the Zonal Health and Family Planning Coordination Committee. A second workshop was conducted to identify the needs of the Health Department of DCC and zone level that requires technical assistance to improve its capacity. A two-day training was conducted for the supervisory staff members (EPI Supervisors) on how to gather information on health and family planning conditions at the zonal level and how to maintain and display these information. The components of the intervention were (a) promoting coordination among stakeholders, (b) development of a joint annual work plan of the zonal activities, and (c) reviewing and follow-up of the activities of the zone work plan. The expected outcomes of the intervention were: (a) improved coordination among different stakeholders, (b) established effective planning mechanism of ESP services, and (c) reduced gaps and duplications of services in order to improve the availability and utilization of ESP services.

Objectives of the Intervention

The overall objective of the intervention was to improve the availability and use of the Essential Services Package (ESP) in the Dhaka City Corporation area.

The specific objectives of the intervention were to:

- design and test a mechanism for strengthening coordination among agencies delivering ESP at the zone and ward level, and
- design and test a regular mechanism to formulate zone and ward-level action plans and monitor their implementation.

Research Question, Variable, Indicator and Data Source

Research question	Variable	Indicator	Data source
1. What would be the appropriate and sustainable mechanisms for planning and coordination of services at the zone and ward levels?	- Action planning - Coordination	- Proportion of zones and wards with their own action plans - Proportion of community groups and community leaders present at the coordination meeting - Proportion of coordination committee meetings held on ESP issues - Number of decisions made - Proportion of decisions implemented/followed up	- Work plan - Records - Minutes of meetings - Observation
2. How does the recommended mechanism help in improving planning and coordination at zone and ward levels?	- Performance review	- Proportion of review meetings held - Number of meetings with minutes and agenda - Number of problems identified and discussed - Proportion of problems resolved - Proportion of follow-up actions	- Minutes of meetings - Records - Observation

Methodology of the Intervention

This was a time series type of operations research study. The intervention involved the delivery of technical assistance in the areas of planning, performance review and coordination in Dhaka City Corporation at the zone level and below.

ORP has provided technical assistance in the establishment of a process for the development of zonal action plans. This process has been implemented jointly by DCC, GoB, NGOs, and community leaders. The process also included the regular review (bi-monthly meetings) of progress in the implementation of the plans.

The intervention was implemented in two phases. The first phase was July 1995 to June 1998 and implemented in 10 zones of the Dhaka City Corporation area. The second phase was July 1998 to December 1999 and implemented in four zones (Zone 3, 4, 6, and 7) instead of 10 zones of the DCC area.

Evolution of the Intervention

This intervention was evolved in two stages. In the first stage, a methodology to establish coordination among providers of health and family planning services was developed.

First stage: Methodology to establish coordination

The methodology comprises the following steps:

a. Conducting needs assessment of MCH-FP services in Zone 3 of DCC

Needs assessment study was conducted in December 1994 with the objectives: (a) to identify community needs with regard to MCH-FP services, (b) to identify areas for improving MCH-FP services, and to obtain baseline information for the development and evaluation of the interventions. Based on the findings, 'Planning and Coordination of Services' intervention was proposed and designed during February 1995, with the involvement of the partners of Urban MCH-FP Initiative.

b. Sharing and getting approval from the Inter-ministerial Urban EPI/PHC/FP Coordination Committee

The Project shared the findings of the need assessment study and proposed intervention with the national-level coordination committee Inter-ministerial Urban PHC/EPI/FP Coordination Committee (IMC) meeting in February 1995. In the meeting, development of coordination mechanism was discussed, and the IMC provided the structure and guidelines for Health and Family Planning Coordination Committees to be formed at the central, zone and ward levels of Dhaka City Corporation.

c. Instructions from DCC Health and Family Planning Coordination Committee to form Zonal Health and Family Planning Coordination Committee

According to the structure and guidelines provided by IMC on committee formation, the DCC Health and Family Planning Coordination Committee, in a meeting held in April 1995, instructed the Zonal Executive Officers (ZEOs) of DCC to form Health and Family Planning Coordination Committees at the zone level by June 1995. Accordingly, the first zonal committee was formed in Zone 3 in June 1995. The DCC committee requested the former Urban MCH-FP Extension Project to facilitate the formation of the committee.

d. Preparing local inventories of health and family planning service facilities

During the formation of zonal committee it was felt that it is impossible to form the committee without detailed inventories of health and family planning service providers, including the services available in the zone. Based on that, the Project conducted an inventory of health and family planning facilities in all zones of DCC from July to September 1995, and simultaneously, formed zonal committees in all zones.

e. Holding separate briefing to major service providers of the zone on coordination mechanism

Before forming the zonal committees, the project staff separately briefed major GoB and NGO service providers of the zone on objectives and benefits of the zonal health and family planning committee.

f. Organizing meeting and forming Zonal Health and Family Planning Coordination Committees

During July-September 1995, Zonal Executive Officer (ZEO) of DCC invited all the service providers to a special meeting to discuss about the creation of a mechanism for coordination among DCC, GoB, NGO, and private sector organizations. The project staff assisted the ZEO in preparing the agenda, invitation lists, and invitation letters. All the zonal committees were formed in the meeting.

g. Discussing Terms of Reference (TOR) with the committee members

During October-November 1995, the first coordination committee meetings of all the zones were held. During the first round of the meetings, the committees agreed on their own TOR. The Project staff attended these initial meetings and facilitated a process to identify key areas of responsibility that would be undertaken by the committee.

h. Organizing orientation for Zonal Executives of DCC (ZEO and AHO) on the committee activities

The former Urban MCH-FP Extension Project organized a half-day workshop in October 1995, with the Zonal Executive Officers and Assistant Health Officers of DCC who are the Chairmen and Member Secretaries of the committee. The objectives of the workshop were to increase awareness of executives of the DCC zone on selected health and family planning programme needs and to develop an outline of zonal action plan.

i. Organizing training for EPI supervisors of DCC on development of zonal MIS

A training session was organized for the EPI Supervisors of DCC in April 1996. The objective of the training was to strengthen the knowledge and capabilities of EPI Supervisors on MCH-FP services and coordination mechanism.

j. Forming Ward Health and Family Planning Coordination Committee

The Project initially concentrated on the coordination process at the zone level and tried to gain reasonable experiences before proceeding to ward level. Nevertheless, all ward commissioners who took part in the zonal meetings expressed their interest to form the health and family planning coordination committees in their wards. The major service providers showed their interest to organize the ward committee. Considering the factors, the zonal committees have included the formation of Ward Health and Family Planning Coordination Committees in their work plans for the July 1996-June 1997 period.

Second stage: Implementation of the coordination committee activities

After forming the zonal health and family planning coordination committees, the Project introduced the concept of zonal work plan to make the zonal committees effective and to establish a self-monitoring mechanism of their activities. During November-December 1995, all the 10 zonal committees organized half-day workshops and developed zonal work plans for the January–June 1996 period.

The Project provided technical assistance* in establishing coordination committees and implementation of the committee activities. The activities were as follows:

- Promoting coordination among stakeholders through committee meetings.
- Developing a joint action plan.
- Review and follow-up meeting for monitoring the plans.

* Technical Assistance (TA) included preparing invitation lists, invitation letters, agenda for meetings and writing minutes of meetings, format for work plans and conducting of the plenary and working sessions of action plan development workshop and monitoring activities of action plan

a. Promoting coordination among stakeholders

The committees were expected to organize bi-monthly meetings to coordinate activities of the various service providers, review annual action plans and ESP performance in the concerned zone, and optimize utilization of the zone's local resources.

At the ward level, Ward Health and Family Planning Coordination Committees also met to coordinate activities of service providers and community leaders in each concerned ward, particularly to observe national events, e.g. National Immunization Day (NID) and Measles and Neonatal Tetanus campaign.

b. Developing a joint local action plan

An annual action plan was one of the components of the intervention. Zonal officials (Chairman of the committee) organized annual workshops and developed the action plans for their respective zones. They also identified specific member organizations responsible for implementing activities. The leading NGOs in some of the intervention areas were expected to act as the facilitating members to support DCC in the development and monitoring of action plans. Action plans, developed by the Zonal Committees, focused on three issues:

- How to increase access to ESP services for the slum dwellers?
- How to develop good referral systems? and
- How to increase health promotion activities in the zone?

c. Reviewing performance and monitoring action plans

The intervention also introduced a system of regular performance review meetings at the zone and ward levels. At the zone level, the Zonal Health and Family Planning Coordination Committees had organized regular bi-monthly meetings to review performance. However, ward-level meetings were not held regularly.

Evaluation of the Intervention

Mid-term Evaluation

The mid-term evaluation of the intervention specifically focused on the zone and ward level coordination because the Project facilitated the formation and implementation of the zonal and ward health and family planning coordination committees. The mid-term evaluation of the intervention was conducted in June 1997. The major findings from the mid-term evaluation of zonal committees were as follows:

- Zonal health and FP coordination committees were formed in all the 10 zones of DCC.
- All the committees had their own terms of reference.
- All the zonal committees developed annual zonal work plan and established a self-monitoring mechanism.
- All the zonal committees had developed zone level MIS for regular exchange of service statistics and information on health and family planning activities in the zone.

- Zone 4,7, and 8 installed incinerator to solve the problem of disposal of clinical wastes.
- Zone 3 and 8 reorganized health and FP service facilities to make them more accessible for urban poor and slum dwellers [12].

The major findings from ward committees were as follows:

- Organization of routine meetings at the ward level was found to be more difficult than at the zone level.
- Ward committee concentrated more on public health issues relating to water, sanitation and environment whereas zonal committee concentrated more on health and FP issues.
- A local NGO, CWFD established a satellite clinic at DCC hospital in Ward 64.
- Ward-level committees were found to be effective in local resource generation for solving local health issues, e.g. ward commissioners of Ward 65 provided space for the satellite clinic.

Final Evaluation of the Intervention

Rationale for the study

The National Health and Population Sector Programme (HPSP) has emphasized collaboration among the officials of GoB, NGOs and elected representatives in the planning and delivery of essential services [3]. During the past several years, the Government and NGOs have initiated several interventions to improve coordination among different stakeholders at the local-level. Evidence suggests that these interventions have improved performance and stimulated local-level initiatives in their respective pilot areas. Ultimately, however, most of the interventions, which have been implemented, have been poorly documented and only partially evaluated [13].

The mid-term evaluation of the "Planning and Coordination of Services" intervention revealed that the coordination committees were effective as coordinating forum for service provision and for local-level planning and local resource mobilization [11]. The reasons that led to the development of mechanisms for strengthening coordination among the urban service providers and the impact of the coordination committee in supporting the provision of health and family planning services in DCC area were largely unexplored.

As it was mentioned earlier that to respond to the new service delivery strategies and to incorporate the lessons learned from the preliminary assessment, the intervention was modified in July 1998. In the modified intervention, the Project withdrew the provision of technical assistance from 6 zones and continued providing TA to another four zones (3, 4, 6, and 7) with minor changes. It is assumed that there might be some differences in the committees where ORP provides TA and where it does not. This study was undertaken to explore that hypothesis and to assess the perceptions of those who were not committee members regarding the committee activities.

Current health policy mandates that the city corporations/municipalities should coordinate the provision of essential services for urban areas. Based on the changing situation, the limitations and strengths of the ongoing planning and coordination of services intervention need to be identified for the development of future interventions that promote coordination among providers of ESP.

Objectives of the evaluation

The overall objective of the evaluation of this intervention was to assess the effects of the zonal and ward health and family planning coordination committees on coordination among organizations delivering ESP.

The specific objectives of the evaluation were to:

- assess the contribution of committee members in planning, performance review and coordination of the delivery of ESP services in urban areas,
- compare the activities among the committees with and without technical assistance (TA),
- study the perspectives of the members and non-members on the activities of zonal and ward health and family planning coordination committees,
- draw lessons for developing future interventions in response to the new role of city corporations in urban healthcare.

Methodology of the evaluation

This intervention was evaluated on the basis of the process designed for establishing coordination among different stakeholders. Three distinct components of this process were: (a) forming committee at the local level for promoting coordination among stakeholders; (b) developing a joint local action plan; (c) monitoring the implementation phase of the plans. The effectiveness of the committees was evaluated on the basis of the output of the intervention e.g. proportion of meetings identified local health problems, took decisions and implemented. Perception of the members on committee activities was measured mainly by views of the members of the committees about the activities of the committees. Activities of the committees were compared with and without TA.

a. Study population

A total number of 53 members of the zonal health and family planning coordination committees from all 10 zones of Dhaka City area and 62 members of the ward committees of 16 wards were interviewed. In-depth interviews were conducted with 10 selected EPI Supervisors of the Dhaka City Corporation. Twenty-seven selected persons who were not committee members were also interviewed to know their perceptions of committee activities (Table 1, 2 and 3).

b. Sampling procedure

The sample was chosen from "An Inventory of ESP Services: GoB and NGOs Health Facilities in Dhaka City" [13]. A sample of 40 percent members from the committees and outside the committees was purposively selected from the health facilities inventory. The sample was stratified, according to areas, with technical assistance (TA) and those without TA zonal committee members, and members from GoB and NGOs who were not included as members of the committee. Ward committee members were purposively selected from the list of the ward committee members.

c. Data sources

Two different data sources were used for the evaluation of the intervention.

Primary data sources

1. Interviews using a structured questionnaire
2. In-depth interviews with EPI supervisors

Secondary data sources

Data from the minutes of meetings and registers, observations of meetings, action plans, workshops, monthly performance reports were collected and analyzed.

d. Data collection techniques

All categories of members of the zonal and ward health and family planning coordination committees were interviewed. They were officials from the Directorate General of Health Services and Directorate of Family Planning, representatives from local NGOs, representatives from the zone and elected ward commissioners. The questionnaire was developed with both open-ended and close-ended questions. In-depth interviews were conducted with the EPI Supervisors of DCC. Five researchers of the Project conducted the interviews between 21st July and 20th September 1999. Data were processed and analyzed using EPI INFO statistical software package. Secondary data from the minutes of meetings and records, monthly performance reports, work plans and registers were collected and analyzed.

Table 1. Distribution of zonal committee respondents by organization

Organization	Sample size of respondents	No. of respondents interviewed
DCC	10	9
NGO (Committee member)	19	19
GoB (Committee member)	7	6
Ward commissioners	19	19
Total	55	53

Table 2. Distribution of respondents not included in the zonal committee by organization

Organization	Sample size of respondents	No. of respondents interviewed
NGO (not included as committee member)	21	21
GoB (not included as a committee member)	6	6
Total	27	27

Table 3. Distribution of ward committee respondents by zone

Zone	Number of wards	Sample size respondents	No. of respondents interviewed
1	3	15	13
2	3	16	14
3	3	15	12
4	3	15	9
6	1	5	3
9	3	15	11
Total	16	81	62

Findings of the Evaluation

Zonal Health and Family Planning Coordination Committee

This section presents the achievements of the zonal health and family planning coordination committees. It describes the differences between zonal committees with technical assistance (TA) and those without TA. It also presents the perceptions and knowledge of committee members on the committee activities, barriers to operationalization of committee activities, and suggestions and recommendations of the participants to strengthen the committee activities.

Achievements of the zonal committees

a . Development and implementation of the work plan

One of the key elements of the intervention was developing a local action plan. The preliminary assessment of the evaluation revealed that before 1997 when TA existed in all the 10 zonal committees, all the committees had work plans. The evaluation 1999 found that all the zonal committees with technical assistance (TA) had work plans for the July 1998-June 1999 period whereas none of the zonal committees without TA had work plans. Zonal coordination committees with TA included the following activities in their work plans (July1998-June 1999):

- Organizing bi-monthly meetings
- Observance of national health promotion days
- Development of MIS at the zone level
- Initiating and regularizing the ward committee meetings
- Strengthening referral system
- Environmental health.

Records indicate that the following activities of the work plan were implemented at the zone level:

- Most of the bi-monthly meetings (80%) of the zonal coordination committees were held. Almost all the meetings identified local health-related problems and developed recommendations for solutions.
- All the national health promotion days (World Population Days, NID, etc.) were observed at the zone level with the cooperation of Dhaka City Corporation.
- Zone 6 initiated a referral system. In consultation with Dhaka Shishu Hospital, the zonal committee meeting decided that all members of the committees would refer child clients whom they were unable to handle to Dhaka Shishu Hospital. Follow-up also occurred at some meetings.
- Most of the activities on environmental health were implemented at the zone level, e.g. preparation and distribution of leaflet on hygiene by the two NGOs, namely Jatio Tarun Sangha and World Vision to the community members in Zone 3.

b. Review meetings

It was mentioned earlier that the intervention also introduced a system of regular bi-monthly review meetings at the zone level. The evaluation found major differences in organizing review meetings among the zonal committees with TA and those without TA. During the last work plan covering July 1998 to June 1999, more than 80 percent of routine meetings were held in the zonal committees with TA whereas none of the routine bi-monthly meetings was held in the zonal committees without TA. Thus, the project experiences indicate that even with continuation of the zonal committee activities, external facilitation is required.

On an average, 73 percent of zonal committee members with TA attended the meetings. There were also differences in the involvement of members from different types of organizations. Figure 1 shows attendance of members in zonal committee meetings by category during July 1998- June1999.

The figure 1 shows that among the stakeholders DCC and NGOs played a significant role in the coordination committees. The attendance of DCC and NGO representatives in the zonal committee meetings was comparatively higher than the GoB. There was limited involvement of the elective representatives. Some of the ward commissioners mentioned that they were always busy and could not regularly participate in the meeting, but if they received the invitation letter from the zonal officers they could send a representative. The overall attendance in the coordination meetings was over 73 percent.

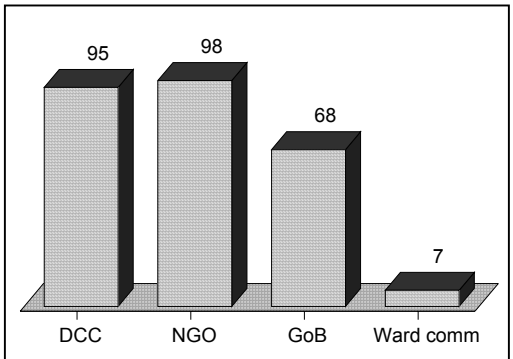


Fig. 1. Attendance of members in zonal committee meetings by category during July 1998 - June 1999

Review of the minutes of the zonal committee meetings from the last one year (July 1998-June 1999) revealed that all meetings of the committees (with TA) had set agenda and had recorded minutes. It was also found that all meetings of the committees with TA ended with some decisions on local health problems to improve the delivery of ESP services.

c. Problems discussed at the meetings

The zonal committees discussed problems and possible solutions. Seventy-three percent of the respondents mentioned that local health-related problems were identified and discussed at the meetings. Almost one-third of the respondents mentioned that problem of duplication and overlapping of working area was discussed. One-fourth of the members stated that the problem of garbage disposal was also discussed. Although the coordination committee started working only with health issues, environmental health was also included as a committee activity over time. Figure 2 shows the categories of local health problems identified by the members in the meetings.

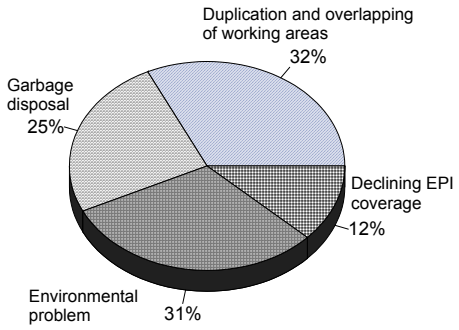


Fig. 2. Local health problems identified in the zonal meetings

Participants in the in-depth interviews mentioned that the meeting identified the following problems:

- Declining EPI coverage
- Duplication and overlapping of the working area e.g. incidence of establishing satellite clinics of two NGOs in the same area; providing vaccines (during NID) by Rotary Club in the same premises where one NGO was assigned by the committee to provide vaccines.
- Environmental health problems, e.g. of mosquito control, garbage disposal, etc.
- Organizing ward committee meetings with limited NGO manpower
- Increase in diarrhoea patients.

d. Decisions initiated and implemented to solve local health-related problems

Ninety-four percent of the respondents mentioned that some decisions to solve local health-related problems were initiated at the meetings. Forty percent of the respondents mentioned that decisions were taken regarding NGOs assisting the zonal office with waste disposal. Twenty percent mentioned that solving the local problems through the ward committee was decided. As an example, to solve the problems of declining EPI coverage, one of the zonal committees used ward committee for better implementation of the EPI. Another decision was taken concerning the City Corporation providing vans to NGOs for waste disposal (13%). Seven percent mentioned that a decision was made to install an incinerator in Zone 3 at the Mohammadpur Fertility Centre for clinical waste disposal.

Ultimately, the incinerator was not installed because the Mohammodpur Fertility Centre could not give permission for this. As the incinerator was available at a low cost from the Social Marketing Company (SMC), the committee members finally decided to buy the incinerator on their own from SMC. The decision for providing a van from DCC to NGOs was also not implemented because DCC did not take the initiative to do so. However, the decision to produce and distribute leaflets to community people on environmental hygiene by two NGOs was implemented.

The committee mainly followed-up on two activities: the issue of garbage disposal, and setting up NID centres. It might be reasonable to follow up on these two activities because the City Corporation is directly responsible for both of these activities. A few respondents also stated that some decisions were not implemented because the subsequent meetings did not follow them up.

The participants in the in-depth interviews mentioned that the following decisions were initiated and implemented to solve problems that the meetings had identified:

- A decision was taken to arrange a mobile van in Zone 4 of the DCC area for garbage disposal. Nari Moitree provided a mobile van for garbage collection from the area.
- World Vision and Jatio Tarun Sangha took the initiative to distribute leaflets on environmental hygiene to each ward of the zone and implemented it.
- NGOs of Zone 7 were asked to reorganize their satellite clinic schedules to solve problems of duplication of services.
- In Ward 11 in Zone 7, an ORT corner was established to handle a diarrhoea epidemic.

The participants in the in-depth interviews were also asked for the reasons for not implementing the decisions. They mentioned that all NGO members were not present in every meeting; so, it was difficult to follow up as to whether they did their assigned responsibilities.

Problems encountered in the operationalization of committee activities

a . Problems encountered in implementing the work plan

The most common reason mentioned for not developing the work plan by the zonal committee without TA was that ICDDR, B did not provide TA in organizing action plan development workshops and in organizing zonal committee meetings. The other reasons mentioned were funding constraints and organizations that were represented in the committee had relocated their working areas. The members of zones with TA mentioned that they also faced problems in implementing their current work plan. More than one-fourth of the respondents mentioned, due to a lack of logistics support, they

could not perform some of the activities in the work plan; another one-fourth mentioned, they faced problems in forming and organizing ward committee meetings. The NGOs that were supposed to form ward committee mentioned that although they took the responsibility to form and to organize the ward committee meetings, they were unable to do so adequately because of limited manpower. Eighteen percent of the respondents mentioned, DCC did not take initiative in holding regular meetings.

The participants in the in-depth interviews (EPI Supervisors of DCC) without TA committees mentioned the following reasons for not continuing the zonal committee activities:

- Almost all the participants stated that the absence of support from ICDDR, B was the main reason for not continuing the zonal committee activities.
- Funding constraints were also mentioned as a reason for not continuing the committee activities.

The participants in the in-depth-interviews (the EPI supervisors of the DCC with TA committees) mentioned the following problems they faced in implementing their current work plan:

- They could not assess the whole zonal performance because not all the committee members reported their monthly performance.
- NGOs responsible for organizing ward committee meetings did not have the required manpower to carry out the task, but it was also found that need-based meetings were held at the ward level, e.g. ward-level meetings were held prior to observing National Immunization Day (NID).
- Funding constraints were also mentioned by some participants.

b. Problems encountered in organizing meetings

Although 83 percent of the routine meetings were held, half of the respondents mentioned they faced some problems in organizing meetings. Figure 3 shows categories of problems in organizing committee meetings.

Figure 3 shows that almost half of the respondents mentioned funding constraints as the major problem in organizing the meetings, and about one-fifth mentioned that DCC did not take initiative in organizing the zonal meetings.

The participants in the in-depth interviews mentioned that the following problems they faced in organizing the meetings:

- Decision-making authority had not been delegated to all the members of the zonal committee.

- Zonal manpower was inadequate to implement the zonal committee activities. Respondents from Zone 3 and 7 mentioned that they had only one EPI Supervisor in the zone. So, they faced a problem in maintaining their time in organizing the meeting.
- Zonal health personnel were busy with other priority work (e.g. mosquito control and organizing national events), which sometimes created problems in organizing zonal meetings.

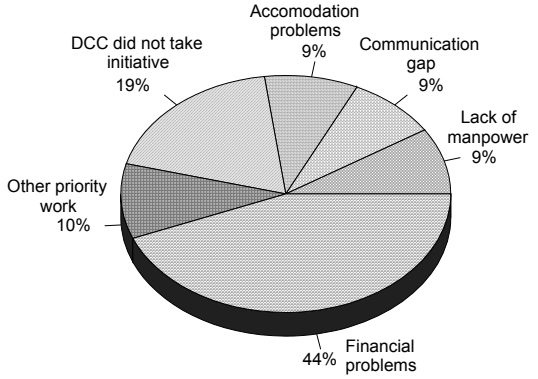


Fig. 3. Barriers to organizing zonal committee meetings

- Limited participation of ward commissioners in the zonal committee meetings was also stated as a problem because the organizations expected support from the ward commissioners at the ward level to implement their field activities effectively, but through this zonal forum that was not happening.
- Funding constraints were also reported as problems in organizing the meetings

The members of the zonal committees without TA stated the following reasons for not holding the committee meetings:

- Over half of the respondents mentioned that the main reasons for not holding the meeting were the fact that the zonal office did not call the meeting.
- About one-third of the respondents mentioned that ICDDR, B did not provide TA; so, meetings were not held.

The most common reason, as mentioned by participants in the in-depth interviews of the committees without TA for not holding the committee meeting, was absence of support from ICDDR, B.

Perceptions and knowledge of committee members on the committee activities

a. Awareness of zonal committee members on the history of committee formation

The findings revealed that overall 58 percent of the zonal committee members were aware of the committee formation. But, when the committees were segregated into 'with TA' and 'without TA', there appear to be differences in awareness. Of the 24 members of TA committees, 16 (67%) were aware of how the committee was formed. Of the 29

members of without TA committees, 15 (52%) were aware of the process of committee formation. Almost 60 percent of the respondents mentioned that the committee was formed through following the circular of MOLGRDC; 45 percent mentioned that it was done through following the instruction of the zone authority; and 61 percent mentioned through organizing meetings. Figure 4 shows the differences in awareness with TA and without TA committees on committee formation history.

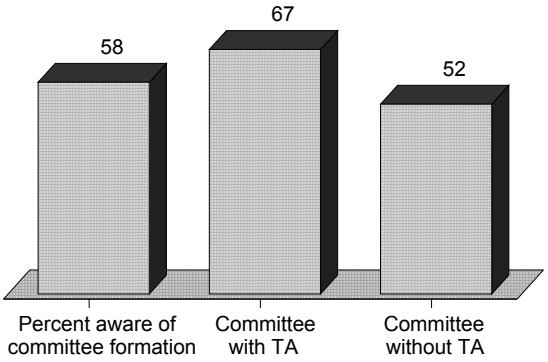


Fig. 4. Awareness of zonal committee members (with and without TA zonal committees) on committee formation

b. Perceptions of the committee members on the usefulness of the committee activities

The respondents expressed their views on the perceived usefulness of the committee. Almost all the participants both with and without TA committees perceived that the committee was useful in improving coordination among different stakeholders and in providing coordinated health services at the zone level. Figure 5 shows the distribution of perceived usefulness of the zonal service providers of the committee activities with and without TA.

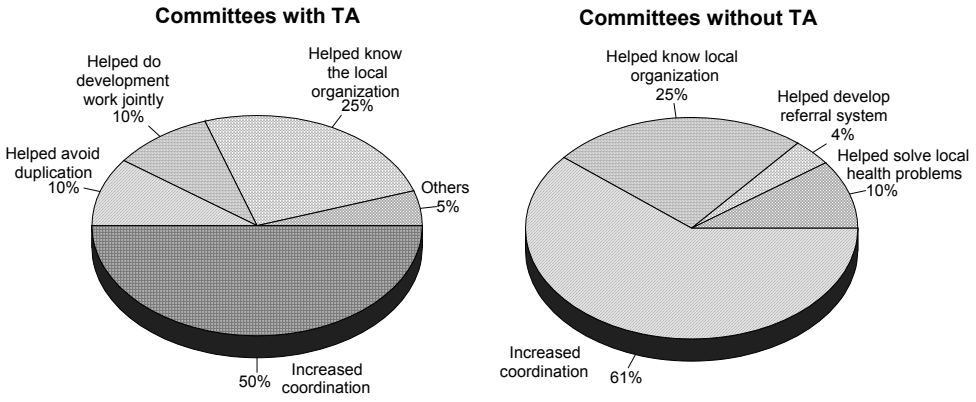


Fig. 5. Perceptions of zonal service providers on the usefulness of the committee activities with and without TA committees

The participants in the in-depth interviews (committees with TA) expressed their views on the perceived usefulness of the committee activities. The respondents mentioned that the committees were useful in the following areas:

- Helped establish linkage and coordination among different stakeholders, and except this forum, DCC had no formal mechanism to coordinate with all stakeholders in their zones.
- Helped identify local health problems and take initiative to solve these problems.
- Helped improve the quality of services.
- Useful forum for organizing national events, e.g. NID.

The participants in the in-depth interviews (committees without TA) mentioned that the committee activities need to be continued for the following reasons:

- To implement health and family planning activities properly at the zone level.
- To reduce duplication of services.
- To improve coordination and cooperation among different stakeholders.

c. Perceptions on the usefulness of the zonal Management Information System (MIS)

The participants in the in-depth interviews expressed their views on the perceived usefulness of the zonal MIS. These were:

- The zonal MIS helped know the performance of the organizations as well as zonal performance.
- The MIS helped identify duplication of services and gaps in coverage.

Facilitation of committee activities

Almost all the respondents (with committees having TA) were aware of the facilitator of the committee activities. Among them, more than half mentioned the health officer of DCC, almost half mentioned a major NGO, and more than 75 percent mentioned ICDDR,B. Eighty-four percent of the respondents thought external facilitation was required to continue the committee activities.

The reasons stated for external facilitation identified by the members of the zonal committee with TA include the following**:**

- Almost one-fourth (24%) of the respondents mentioned that external facilitation is required to strengthen the capacity of the DCC personnel for organizing the committee activities.
- One-fourth mentioned that external facilitation is needed to mobilize and motivate committee members.
- Almost half of the respondents mentioned that since the DCC officers were busy with other priority work (e.g. mosquito control, birth registration), they needed external facilitation to organize the committee.

More than 80 percent respondents from a committee with TA mentioned that in absence of ICDDR,B, the Health Officer of DCC could facilitate committee activities while half of the respondents mentioned that a major NGO could facilitate, and 11 percent mentioned that GoB (DFP and DGHS) could facilitate the committee activities.

Almost 47 percent of the members from a committee without TA mentioned that to continue the committee activities, ICDDR,B's support is needed. Among them, 67 percent mentioned that they expected financial support from ICDDR,B, and 33 percent mentioned that they expected that ICDDR,B would facilitate the committee activities.

Most of the participants in the in-depth interviews mentioned that external facilitation is required to organize regular meetings, to prepare minutes of meetings and work plans, and to help identify local problems. All participants mentioned that DCC could potentially be the facilitator in their zones because DCC has a permanent structure at the zone level.

Suggestions for strengthening the committee activities

Almost all the respondents of the committees having TA had suggestions to strengthen the committee activities. Almost half (10/22) of the respondents mentioned, ward commissioners should be oriented and involved with the zonal committee activities. Fourteen percent (3/22) stated that committee activities should be distributed among members. Table 4 shows distribution of suggestions for better functioning of committee activities.

Table 4. Suggestions for strengthening the committee activities

Suggestions	(N=22)
Ward commissioners should be well-oriented about the committee	10
Distribute committee activities among the members	3
Committee should have the authority to solve problems	2
Monitoring of committee activities should be established	2
Improve zonal MIS	1
Involve all organizations of the zone in the committee	1
Organize orientation session for new ZEO	1
Others	2

Eighty-two percent of the respondents from the committee without TA mentioned that they did not feel that any changes or modifications are required for better functioning of committee activities. Those who felt that some changes or modifications were needed, mentioned that the committee activities need to be increased; GoB participation should be ensured; ward commissioners should be involved at the zone level activities; and ward-wise activities should be initiated. The reasons for the above changes or modifications mentioned by the respondents were as follows:

- Ward commissioners were not aware of the committee activities.
- Activities/plans of the ward committee need to be strengthened because a ward is a small unit, and the services of NGOs focus at the ward level.

Participants in the in-depth interviews from the zonal committees receiving TA suggested the following for better functioning of the committee:

- Committee should follow-up on the workplan
- Participation of the members needs to be ensured
- Meetings need to be organized regularly
- All NGOs at the local level should be members of the committee
- Funds should be ensured.

The participants also suggested some changes/modifications for better functioning of committee activities. They mainly suggested that directives from the concerned authorities should be circulated, and committees should organize bi-annual workshops with field-level workers to identify the field problems.

Influence of new health initiatives

The findings revealed that three-fourths (75%) of the members were aware of the new initiatives of the health and family planning programme (NIPHP, selected services to ESP, UPHCP, and UDC). However, when the committees are segregated into committees with TA and those without TA, there appears difference in awareness level. Figure 6 shows the differences in awareness of new initiatives among committees receiving TA and those not receiving TA.

The Fig. 6 indicates that zonal committees may have an impact in increasing awareness of the committee members on new health initiatives.

The findings revealed that 63 percent of the committee members were aware of ESP; more than half were aware of the NIPHP; 42 percent were aware of UPHCP; 50 percent were aware of UDC; and 65 percent were aware of the fact that current strategy of health services focused on clinic-based services.

Eighty-three percent of the members from zonal committees having TA mentioned that new initiatives had an impact on the committee activities. Almost one-fifth of the respondents mentioned that due to new initiatives, there were more clinics in the zone; almost 10 percent mentioned that, through this committee, they planned to organize satellite clinics. More than half of the respondents mentioned that all the new

NGOs were not involved with the committee; that's why the committee had less control on those organizations. Another one-fourth mentioned that the new clinic-based programme started to work in the zone without informing the committee created duplication of and confusion about services.

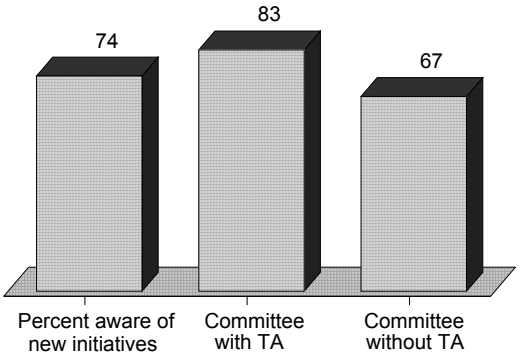


Fig. 6. Awareness of zonal committee members (committees with and without TA) on new health initiatives

Most of the participants in in-depth interviews were aware of new health initiatives. More than half of the respondents knew about the changes in service delivery strategy from doorstep to clinic-based and almost 40 percent knew about the UPHCP and UDC projects. Regarding the impact of this initiative on the committee activities, they mentioned that the people from new initiatives are participating in the committee since incorporation of new initiatives, e.g. UDC. So, the scope of committee activities can be expanded and strengthened.

Ward Health and Family Planning Coordination Committee

This section presents the perceptions of the participants of ward health and family planning coordination committees on committee activities. It also describes the barriers to operationalization of committee activities, perceived usefulness of the committee, and participants' suggestions on how to strengthen and functionalize the ward health and family planning coordination committee activities.

a. Formation history of the committee

Of the 62 ward committee members, 73 percent knew how the ward committee was formed. Eighteen percent mentioned that they could not recall. Of the 45 who were aware about the committee, half mentioned that the committee was formed through following the instructions of the zone/ward authorities. Fifty-eight percent mentioned that it was formed through organizing meetings, and 22 percent mentioned through following the circular of MOLGRDC.

b. Problems encountered in the operationalization of the committee activities

Meeting

Of the 42 respondents, one-third (14/42) indicated that the ward committee had organized the committee meetings. Among those who mentioned the committee had organized the meetings, almost 77 percent stated that the committee organized the meeting for the purpose of observing NID, and 8 percent mentioned the purpose was disease surveillance. Table 5 shows the reasons given for not holding ward committee meetings.

Table 5. Reasons for not holding the ward committee meetings

Reasons	(N=27)
Ward commissioners office did not call the meeting	15
Support from ICDDR,B was absent	7
Committee members did not get benefit from the committee	3
NGOs do not have enough manpower to organize ward committee meetings	2

About two-thirds of the members expected that ICDDR, B would provide TA in organizing the committee activities.

Perceptions of the usefulness of the committee

More than half of the respondents mentioned, they found that the committee was useful for coordinating health and family planning services at the ward level. More than one-fourth of the respondents mentioned, they found that the committee was useful in improving coordination with stakeholders and in providing coordinated services. More than one-third mentioned, they found that the committee was useful because it was then possible for them to know surrounding organizations at their ward level and their activities. Another 27 percent mentioned that problems could be identified and solved through the committee. Nine percent stated that they found that the committee was supportive to the community.

The respondents who found that the committee was not useful mentioned that the committee did not organize regular meetings because committee members did not get any support from each other.

Regarding the question on which areas the committee could play an important role in the health and family planning programme 40 percent of the respondents mentioned improving coordination among different stakeholders. Almost one-third mentioned that the committee could identify local health-related problems and take initiatives to solve the problems. Fifteen-percent indicated that the committee could strengthen the organizations through monitoring and supervising the organizations activities; 10 percent mentioned that the committee could help the organization in selecting areas; and a small number (5%) mentioned the committee could play an important role in ensuring logistics supplies to implement health and family planning services.

Facilitation role

Almost 95 percent of the ward committee members indicated that they were aware of the facilitator of the ward committee. More than 80 percent mentioned that the DCC facilitated the committee activities. Almost two-thirds mentioned a major NGO, and more than 40 percent mentioned ICDDR, B.

Thirty-five percent of the respondents mentioned that continued external facilitation was required for committee activities. Half of the respondents thought of organizing regular bi-monthly meetings, and another half thought, to make the committee effective, external facilitation was required. The members identified the following to be appropriate as external facilitators for committee activities:

- Fifty-seven percent mentioned a health officer of DCC
- Almost 60 percent mentioned a major NGO
- Local elite was mentioned by 57 percent of the respondents
- Forty-three percent mentioned the name of ICDDR,B.

Suggestions for strengthening the ward health and family planning committee activities

Of the 20 respondents, almost 85 percent (17/20) had suggestions for strengthening the committee activities. Table 6 shows the suggestions of the respondents.

Table 6. Suggestions for strengthening and functionalizing the ward committee activities

Suggestions	(N=17)
Activities of the committee should be distributed among the members	5
Ward commissioners should be well-oriented/involved	4
Monitoring and supervisory system should be established	3
Committee should have authority to solve problems	2
Include new issues in the workplan	1
Involve all existing NGOs in ward committee activities	1
Member-Secretary should play the main role	1

Of the 20 respondents, one-fifth (4/20) thought, some changes or modifications were necessary to strengthen the ward committee activities. The committee members were also asked why they felt these changes were needed. Fifty percent mentioned that ward problem could not be solved without the involvement of ward commissioners. One-fifth mentioned that existing ward committees were not able to implement decisions, and another one-fifth mentioned that all the members of the committee were not responsive to the committee. The members also suggested changes or modifications to strengthen committee activities. One-third suggested that the involvement of the ward commissioner in the ward committee activities needs to be ensured, and two-thirds suggested for involving all relevant organizations of the ward in the ward committee activities.

All respondents thought that the activities of the ward committees need to be continued. The committee members were asked about reasons why the committee activities need to be continued. They mentioned:

- Able to better know the working areas of the surrounding organizations
- Flow of ward committee activities will be maintained
- Establishing and maintaining coordination among different stakeholders
- Better implementation of workplans
- Solve local health problems
- Select uncovered and overlapping working areas.

Thirty-four percent mentioned that they thought some changes/modifications were necessary for better functioning of committee activities. More than 90 percent of the respondents indicated that ward committee activities need to be increased and ward level planning should be introduced. Some respondents mentioned that ward commissioners should be involved with ward committee activities. These changes/modifications were seen as necessary for the following reasons:

- To ensure that NGOs perform their task properly
- To ensure that committee members are active in implementing their activities
- Ward commissioners were not aware of all activities of the committees
- A ward is a small unit, so it would be easier to plan and implement ward-level activities.

Influence of new health service initiatives

Forty percent of the ward committee members were aware of new health service initiatives, (NIPHP, UPHCP, Urban Development Centre (UDC) and ESP). Sixty percent of them were aware of the UDC; 47 percent were aware that the service-delivery strategy changed from doorstep to clinic-based; and almost one-fourth were aware of ESP services. About 43 percent mentioned that these new initiatives had an impact on the ward health and family planning coordination committees. The impact they mentioned was that there are more clinics in the wards which is encouraging, but in some areas, it also creates problems. Because NIPHP assigned NGOs in some areas for delivery of ESP services where non-NIPHP NGOs were already working (e.g. in Zone 4, a non-NIPHP NGO Anirban Sangsad is working for more than a decade) where currently PSTC, an NIPHP NGO) is assigned, which creates duplication of services. NGOs were taking less initiative in organizing the ward meetings, as they had a shortage of manpower after withdrawal of the field workers.

Managers and Officers from the Organizations were not included in the Zonal Committees

Respondents from organizations delivering health and family planning services in the area not included as members in the committees were interviewed. This section presents their views regarding the zonal and ward health and family planning coordination committee activities. The section also describes their views regarding the need for the committee.

a. Perceptions on the committee

Of the 27 respondents who were not included as members of the zonal committee from GoB and NGO, more than 90 percent had not heard anything about the zonal committee. Of the 3 who had heard about the committee, indicated that the committee organized bi-monthly meetings, coordinated among different stakeholders, and they also organized the committee meetings with all stakeholders to respond to special activities, e.g. floods and NID. All the respondents mentioned that they were not contacted by the DCC to become a member of the committee.

b. Usefulness of the committee

Of the 26 respondents, almost one-third thought that the coordination committee was needed at the ward level; one-fifth of the respondents thought that the coordination committee was needed at the zone level; and 46 percent thought that the coordination committee was needed both at the zone and ward level. Figure 7 shows distribution of responses on the reasons for existence of the committees

Figure 7 shows, more than half of the respondents thought that the coordination committee is required for better coordination among stakeholders and for providing coordinated services. One-fifth mentioned that the coordination committee was required to avoid duplication of services in the zone, and another one-fifth thought that, through this committee, it would be possible to be aware of working areas of other organizations and their activities.

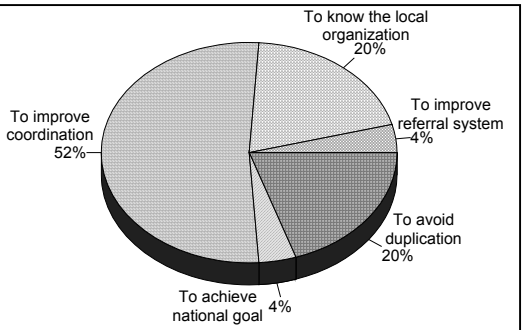


Fig. 7. Perceptions of zonal service providers (non-committee members) regarding the need for committees

Discussion on Key Findings

The purpose of this intervention was to develop mechanisms for strengthening coordination, planning of primary healthcare services among the providers of health and family planning services in urban areas. The intention was to identify appropriate mechanisms for planning and coordination of services in urban areas and assess the effects of zonal and ward committees on coordination among organizations delivering ESP.

The findings of this operations research have an important implication for strengthening planning and coordination of urban health services in urban Dhaka. Coordination is a process by which multiple organizations share their experiences and responsibilities and work together with a set of guidelines to achieve common objectives. The findings of the study strongly suggest that establishment of coordination committees at zone level is a positive move, and through the committee, it is feasible to: (a) improve coordination among different stakeholders, (b) identify and resolve common health issues and problems (e.g. NGOs of Zone 7 were asked to reorganize the schedule of their satellite clinics to solve the problems of duplication of services, in Ward 11 of Zone 7, an ORT corner was established to handle the diarrhoea epidemic, the committee also planned special meetings at the ward level to solve the problems of declining EPI coverage, and Zone 3 and 8 reorganized health and family planning service facilities to make them more accessible to urban poor and slum dwellers); and (c) plan and implement national and local health promotion activities (World Population Day and National immunization Day, etc). It was observed that following the success of the coordination process at the zone level of DCC, the Local Government Division instructed all city corporation/municipalities to form health and family planning coordination committees. Most of the municipalities have formed municipal coordination committees.

The Operations Research Project of ICDDR, B: Centre for Health and Population Research facilitated the zonal committee activities. It was observed that the absence of external facilitation affected the activities of the coordination committees, e.g. 80 percent of the routine meetings were held in the intervention areas, whereas none of the routine meetings was held in the non-intervention areas where ORP of ICDDR, B did not offer facilitation. This finding was also supported by the views expressed by almost all the participants in the in-depth interview. The study also showed that since DCC health personnel, who are supposed to support and coordinate these committee activities, are busy with other priority work (e.g., mosquito control and birth registration), external facilitation is required to run the committee activities smoothly. So, any attempt (to build on the experiences of committee and to scale-up) must take into consideration the need to have a facilitating agency supporting the committees. This support may include facilitation of meetings through assistance in organizing meetings e.g. in preparing invitation lists and invitation letters, meeting agenda, minutes, and assisting in follow-up meeting decisions.

The findings revealed that almost 90 percent of the ward committee members found that the ward committees were useful in improving coordination among different stakeholders in providing coordinated services and in identifying and solving local problems. More than half of the respondents reported that they faced problems in organizing the ward committee meetings because the ward commissioners were involved in other priority work. It was also found that most NGOs could not be made responsible for organizing the ward committee due to limited manpower. Nevertheless, most perceived that activities/plans of the ward committees need to be strengthened to improve the delivery of ESP at the ward level, because the ward is a small administrative unit, and the services of NGOs are focused at the ward level. Strategies need to be developed for the ward committees to improve the delivery of ESP services at the ward level.

The intervention introduced zonal Management Information System (MIS). The zonal MIS is a prerequisite for the effective delivery of ESP services for the city dwellers. The findings revealed that most of the participants in the in-depth interviews perceived that the zonal MIS helped know zonal performance and helped identify duplications and overlapping of services. This indicates that the zonal MIS needed to plan, monitor, and evaluate the zonal committee activities. Participants in the consensus-building workshop as well as in the in-depth interviews mentioned that overall zonal performance could not be assessed as all providers did not submit information regularly. They suggested for the development of a unified zonal MIS to ensure better planning of health services at the zone level.

The findings also revealed that decision-making authority was not delegated to all participants of the zonal committee meetings, and all partners were not equally responsible for zonal committee activities. The participants in both the consensus-building workshop and in-depth interviews also identified the same problem. It seems that all the members of the committee are not accountable to the committee. Some respondents commented to make the committee more effective: directives from the concerned authorities should be circulated, e.g. to ensure the participation of DGHS and DFP, the directives from the MOHFW are needed and to ensure NGOs participation, directives from the NGO Bureau is needed. The consensus was that the circular from MOLGRDC was not enough for organizing zonal and ward committee activities, and that a circular from other sources was needed.

Involvement of all stakeholders in the committee activities is needed to expedite the implementation of zonal committee activities. It was observed that most managers and officers of the organizations delivering health and family planning services, who were not included in the memberships of the zonal committees, were not aware of the committee activities and they were not even contacted by DCC about becoming a member of the committee. Most of the respondents commented that this type of forum is needed at the zone and ward level to ensure health services for the city dwellers, especially for the urban poor. Almost all of them showed interest in becoming a member of the committee. This indicates how important the zonal committees are for ensuring health services in urban areas.

The zonal committee members and the participants in the consensus-building workshop on planning and coordination of health services in Dhaka City, held in November 1998, also identified some of the limitations of the intervention. The identified limitations were: inadequate manpower of the DCC Health Department in terms of number and skills to implement the newly-designated role of the DCC in urban health, lack of timely financial support, and inadequate support from the DCC to the zone level for implementing zonal committee activities. The participants commented that responsibilities were given to the Health Department of DCC to coordinate the urban health services without developing the appropriate infrastructure and capabilities of DCC. The participants in the consensus-building workshop and in-depth interviews recommended that the provision of necessary resources and skills (human and logistics) of DCC's Health Department should be ensured to implement the new role of DCC in urban health.

Lessons Learned and Recommendations to Improve Coordination of Urban Health Services

1. The Zonal Health and Family Planning Coordination Committee was found to be an effective forum for improving coordination among different stakeholders, identifying and resolving common health issues and problems (e.g. reorganization of service delivery points and improving the organization of health promotion events, such as immunization campaigns, improve referrals across organizations working in the same area, installation of incinerator to dispose clinical waste)

2. Absence of external facilitation affected the activities of the zonal health and family planning coordination committees. For example the committees had ceased to meet after ORP withdrew from some zones. Therefore, facilitation from a recognized agency is needed to expedite the activities of the committees. As part of the Health and Population Sector Programme (HPSP), the Ministry of Health and Family Welfare proposed a collaboration of GoB and NGO, and secretarial support from local NGOs to the FP/Population committee to strengthen the committee activities. According to HPSP, the major NGO in the zone and ward would be the potential external facilitator for the committee.

3. A mechanism to support and monitor zonal committees at the DCC level needs to be established.

4. Some activities and decisions of the zonal committees needed approval from the central offices of the agencies providing services in the area; this delayed decision making and impaired the efficiency of the committees. Zonal committee participants need to gain appropriate decision-making authority to make the committee more effective.

5. Additional funds need to be assigned to the zones for organizing committee meetings and implementing action plan activities.

6. DCC needs to strengthen its monitoring capacity on issues related to coverage and performance of organizations involved in the delivery of ESP. Inadequate information at the zonal level reduced the effectiveness of the committees.

7. NGOs responsible for facilitating the activities of the ward committees have limited manpower to organize the committee's activities. According to HPSP, major NGOs would be the potential facilitators of the committee activities.

8. All service providers of the concerned zone/ward need to be involved with committee activities for developing effective coordination in urban areas in order to support the provision of ESP services.

Policy Implications

1. The role of municipal health departments in the planning, organization, delivery, monitoring , and promotion of ESP services need to be clarified.

2. Improving coordination among urban services-delivery organizations at local level requires the existence of well defined coordination mechanisms at higher levels and agreed policies.

3. Activities of the ward committees need to be strengthened because the NGOs are assigned at the ward level, and NGOs have a key role in the delivery of ESP in urban area.

4. The role of ward commissioners in the coordination of Essential Services Package (ESP) activities needs to be well defined. As HPSP already focused on the involvement of elected representatives in the health and population sector programme, and the city corporations are mandated to ensure the health services to the city dwellers, mechanisms need (like involvement of ward commissioner in construction of roads, street lighting, and mosquito control, etc.) to be developed to involve ward commissioners in the planning and implementation of the health programmes at the local level to ensure the health services for its city dwellers.

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