



Health Needs of the Needy, Answered

Beauty was expecting her third baby, this time a son, after having two daughters, now 15 and 8 years of age. A resident of nearby Meerbagh area, she visited a *nagar matri sadan* (urban maternity center) in Dhaka city's Noyatola area on 10 August 2016 for her final checkup before her expected delivery date on 25 August.

"I hope I will not need an operation (surgery) in giving birth. Even if it is needed, I don't worry; it's simple," she said, quoting advice from doctors.

In her early 30s, Beauty had received prenatal care throughout her pregnancy. Her husband Samad, a garment worker, could not accompany her during her consultation, but she stated, "he is confident about care and services here."

Rani, a younger mother, had brought her 2-month old son Rifat to Noyatola as he was suffering from colds and indigestion. During

her childbirth, Rani, who is the wife of a rickshaw puller from Faridpur, was relieved that she did not have to pay a single taka (Tk) for her delivery, which needed surgery.

"We offer a variety of suggestions to patients apart from the most needed health care services before and after a mother gives birth," explained Konika Biswas, a counselor. She said that poor patients who hold red cards are not required to pay any amount for treatment and medicine. Others pay only Tk1,000 for normal childbirth and Tk10,000 for caesarean.



An expectant Beauty visits a *nagar matri sadan* for a health checkup before her due date.

One Step Forward

The poor who live in urban slums are provided not only with reproductive health care, but also limited curative care at their doorstep under the Urban Primary Health Care Services Delivery Project (UPHCSDP). Every month, around 500,000 patients receive such services, which have also created a demand for basic health care services.

Koli was not a patient when she met the counselor at Noyatola center close to her slum house. A mother of three, she had sought advice on family planning.

Mohammad Jewel, who was seeking a manual labor job, came to the center to consult with a doctor after he had caught colds.

"We don't send back anyone without listening to his or her problem. Caregiving to those who need it most is a major success here," shared Munira Hossain, a physician.

Masuda Begum, a manager of the nongovernment organization (NGO) Nari Maitree, which runs the Noyatola center, is happy that they have contributed to saving many lives.

"We have the satisfaction of making many people aware of health care, especially preventive health care," she enthused.

Bangladesh has reduced its maternal mortality ratio by 56% in 15 years, from 399 per 100,000 live births in 2000 around



For Munira Hossain, care is the mantra in serving patients.



Patients waiting to consult with physicians at the Noyatola center.

the time when the first Urban Primary Health Care Project was launched in 1998, to 176 per 100,000 by 2015. The third phase UPHCSDP (2012–2018) is being undertaken with technical and financial assistance from the Asian Development Bank, Government of Bangladesh, the Government of Sweden, and the United Nations Population Fund.



To project officials such as Masuda Begum, the key to success is partnership.

Model of Partnership

The Government of Bangladesh has engaged 12 NGOs to deliver day-to-day health care services, especially to mothers and children, in 25 partnership areas.

“Almost 90% of the women in the covered areas are receiving prenatal services,” said Masuda Begum, speaking about the success of the partnership that is now widely acclaimed as “GO–NGO Partnership.”

The city corporations and municipalities that once had no exposure to health services delivery are implementing the UPHCSDP by building partnerships with NGOs.

“This is an excellent example of GO–NGO partnership that has filled the gap in the once neglected area of urban health care services for the slum people,” Zahirul Islam, program officer (health), Embassy of Sweden observed, adding that this platform can also be used as a referral system to improve overall health care services.

Platform for the Next Stage

Given the project’s significant progress and the sociocultural changes they have witnessed, stakeholders believe that after three phases of the project, it is time to enter yet another phase. The partners have underlined the need for a permanent institutional framework to carry forward the program and make it sustainable.

“The solid platform provided by the project gives us an opportunity to introduce new initiatives and innovations to reach the unreached, and help achieve greater equity in urban health care,” said Sathyanarayanan Doraiswamy, Chief, Health, United Nations Population Fund.

“One of the key successes of the project is providing health care services to mother and child. The future objective of the project is to ensure sustainability by strengthening the capacity of the city corporations and municipalities,” project director Abdul Hakim Majumder explained.



UPHCSDP Project Director Abdul Hakim Majumder expected to uphold the image of this flagship project and work hard for the success in providing health care services for the poor.

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Project data sheet: <https://www.adb.org/projects/42177-013/main#project-pds>

Project website: <http://uphcp.gov.bd>



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