AN ARISE IMPACT CASE STUDY

A "SYSTEMS APPROACH": BUILDING TRUSTWORTHY RELATIONSHIPS BETWEEN URBAN MARGINALISED PEOPLE AND SERVICE PROVIDERS TO IMPROVE HEALTHCARE SERVICES IN BANGLADESH

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ARISE
Accountability in Urban Health

BACKGROUND

In Bangladesh, equitable access to good quality health services is an urgent public health concern for urban informal settlements that are characterised by poor housing conditions, high population density, lack of basic essential services and tenure insecurity. Residents of these settlements live with continuous structural and spatial vulnerabilities and marginalisation. The most vulnerable groups (MVGs) include daily wage earners, single female household heads, pregnant women, elderly people, persons with disability (PWD), ethnic minorities (e.g. Bihari, Harijan, Muchi, etc.) and climate-vulnerable people. MVGs face the greatest disparities in accessing public services, particularly health services. Power imbalances and inequalities play a significant role in perpetuating these gaps. This case study focuses on how elements of a "systems approach" the facilitated active participation and empowerment of informal and low-income settlement communities[1] and established more trusting relationships with health service providers and duty-bearers.[2]

THE CONTEXT

Rangpur City Corporation (RpCC) is a rapidly growing city in Northern Bangladesh. Since it was established in 2012 RpCC has attracted an internal migrant population from different districts of the Rangpur Division to its 57 informal settlements. While there are many public and private health centres in RpCC - three tertiary-level public hospitals, four private hospitals and 186 small private clinics - a 2023 survey conducted by ARISE found less than one-fifth (17.3%) of the surveyed households in the Rangpur project area sought healthcare from formal healthcare providers. Despite the physical proximity of public health centres to informal settlements and their relatively low cost, facilities nonetheless remain socially and financially inaccessible to residents because of disparities in knowledge, social standing, financial circumstances and a lack of trust in public service providers. Prior to ARISE, there was limited evidence of efforts by public-private health service providers and decision-makers to improve the situation.

ARISE Bangladesh's lead partner BRAC James P Grant School of Public Health (JPGSPH), partnered with the NGO Forum for Public Health (referred to as the NGO Forum), to implement a Responsive Fund project to hold service providers in Rangpur City Corporation (RpCC) more accountable for providing better health services.[3] The Responsive Fund project focused on engaging and empowering marginalised communities in 15 wards (Ward 16-30) where they had an established presence, a strong existing working relationship with the city authority and previous experience of implementing social accountability tools to improve water, sanitation and hygiene (WASH) services.[4]

THE STORY OF CHANGE

A localised adaptation of a systems approach was used to build trusting relationships between service recipients, providers and key governance actors, and to improve health service delivery and utilisation. The process challenged existing power dynamics and allowed poorer, marginalised residents to share their frustrations and use their voice and agency to request improvements to

SUMMARY OF KEY LESSONS:

- Residents of informal settlement are not always aware of the public health services that are available at an affordable cost around them and have little to no awareness about their health rights. As a result, residents cannot access these quality services.
- When the community is provided with contextualised information and a trusted platform to hold service providers accountable, service utilisation will increase, and the quality of services can improve.
- Service providers are often unaware of the expectations and needs of people living in marginalised urban communities. The development of trusting relationships with communities, along with a platform for exchanging opinions may enhance the services of willing providers.
- The involvement of the duty bearers and pressure groups can play an effective role in holding service providers accountable, minimising system loopholes and improving the service quality within a short time.
- Building trustworthy relationships is not an instant fix, it requires years of dedicated effort, experience and expertise. Working with an experienced partner like the NGO Forum, which already possessed a strong relationship with the target community and has access to key stakeholders is crucial.

their health services. The NGO Forum and JPGSPH teams ensured representation of diverse and vulnerable residents from communities, engaging them in scorecard exercises and giving them an opportunity to raise issues in meetings with authorities and providers. Participants included men and women from the extremely marginalisesd Bihari, Harijan, and Muchi minority ethnicities, for whom this was an unprecedented opportunity to freely voice their challenges and have their demands heard, since they have previously been invisible to duty bearers and providers.

BUILDING TRUST AND IMPROVING SERVICES THROUGH A SYSTEMS APPROACH

The NGO Forum applied elements of a system approach to actively engage and seek to understand the perspectives of three key stakeholder groups. These three groups were: diverse community residents including MVGs; representatives of health service providers in RpCC, Nagar Matri Sadan and Chest Disease Clinic and Hospital; and duty bearers including the City Corporation, Civil Surgeon Office, and local councillors. Other relevant stakeholders, including local NGOs and civil society organisations (e.g. SHUJAN) and pressure groups such as local print and electronic media were also engaged.

Figure 1 presents an overview of the four overlapping interconnected steps of the systems approach:

- Initiating the connection
- Maintaining continuous interactions
- Building trust
- Continuing collaboration to build trusting relationships

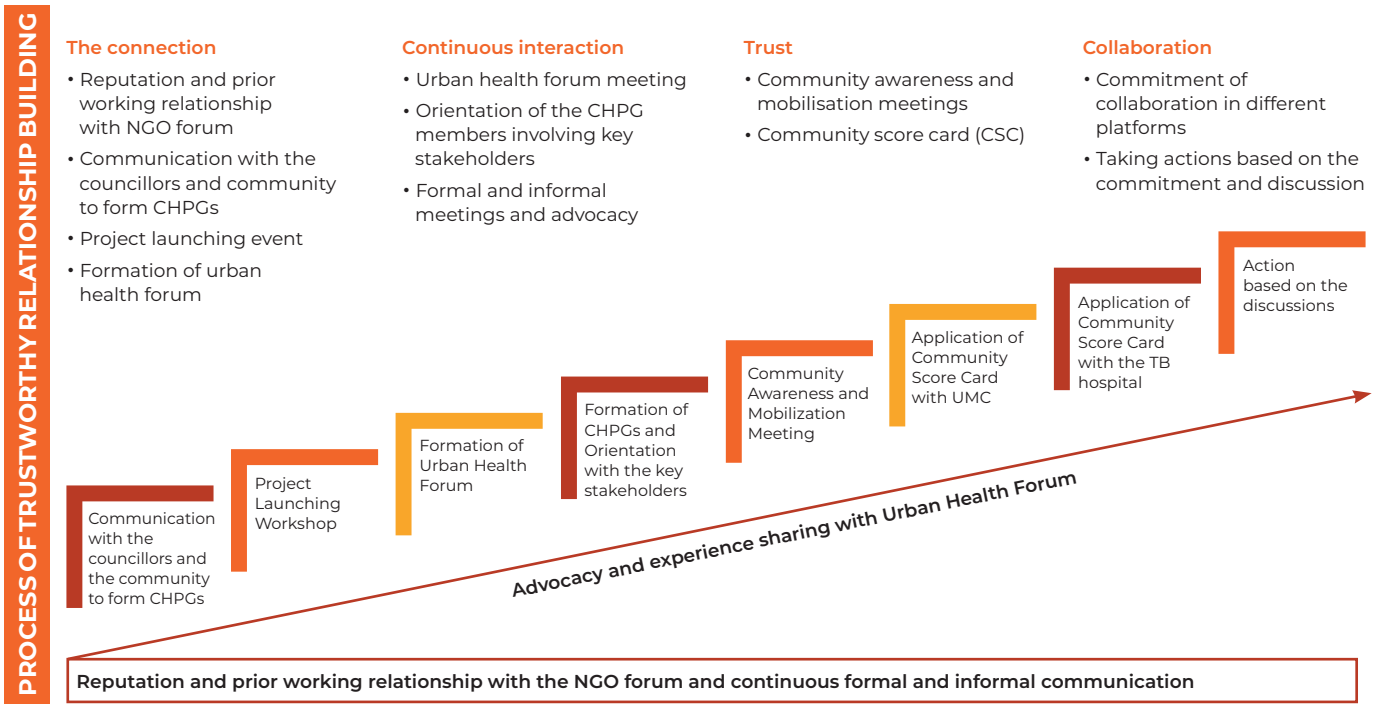

Figure 1: The process of building a trustworthy relationship between the community and the stakeholders through a systems approach by the NGO Forum

INITIAL CONNECTIONS WITH KEY STAKEHOLDER GROUPS

The NGO Forum's ongoing formal and informal communications with different stakeholder groups were an important catalyst and causal driver in gaining their positive participation in the initiative. This was key to delivering incremental changes in attitudes and behaviours as the process progressed. This built upon the NGO Forum's good reputation and long-term relationships with RpCC, communities and the respective ward councillors at the project sites. However, there was also some initial wariness and distrust of the NGO Forum among both service users and providers; some users saw the NGO Forum as a broker for the maternity clinic seeking to earn money by referring patients to this facility, while the service providers believed that the NGO Forum was trying to ruin their reputation.

The initial project launch in March 2023, brought health-service providers and community representatives together to build a shared understanding of the project objectives and activities. The presence of the mayor also provided legitimacy, which helped to build trust and convince more hesitant councillors to engage with community groups.

At the community level the NGO Forum established 15 Community Health Promotion Groups (CHPG) to create a platform to improve healthcare access. Each group consisted of 15 people living in the selected informal urban settlements, including widows, destitute women, day labourers, PWDs, Harijan and Bihari people, youth and old people as well as local councillors' representatives and community leaders. A total of 225 people (141 men, 84 women) participated across the CHPGs, which provided fellow community members with health information and represented their interests in events and discussions.

Ward councillors took an active role in the selection of CHPG members. In some instances, new ward councillors made attempts to exert influence over the selection of CHPG members, and demonstrated bias towards male representatives. This was addressed by explaining project objectives, emphasising the absence of financial benefits for members, and restating the selection criteria, which focused on representatives of vulnerable and marginalized groups and achieving a gender balance.

INTERACTIONS BETWEEN STAKEHOLDER GROUPS

CHPGs were oriented by the NGO Forum and supported to arrange a series of 45 health awareness sessions (three in each ward, in different locations) between June and August 2023. Local ward councillors were involved in the planning to purposively reach 900 marginalised people. The sessions focused on raising awareness of, and prompting discussions about, available local healthcare services, community health rights, complaint procedures and the process of asserting rights. Participants had an opportunity to hear directly from the service providers and were also able to share their concerns about health services with them. Information education communication (IEC) and behaviour change communication (BCC) materials were co-produced in collaboration with ARISE community researchers to ensure relevance to community needs and context.[5]

A range of healthcare service providers participated in the orientation and awareness-raising sessions, including ward councillors, service providers, RpCC representatives and representatives from various relevant departments and organisations. The NGO Forum clarified and answered any questions by participants, and placed a strong strategic focus on facilitating interaction between the community and appropriate stakeholders.

Figure 3: Community awareness and mobilisation meeting at Rangpur City Corporation.

Figure 2: Project launching event at the NGO Forum office at Rangpur City Corporation

Following awareness and orientation meetings, health service providers noted an increase in patient flow. Meeting participants revealed a low level of awareness of available health services and expressed their intention to visit them as a direct result of the orientation. Although data on patient flow before and after these meetings is not available, service providers' observations suggest that many did subsequently seek services.

SUSTAINING INTERACTIONS TO BUILD TRUST

At the city level connections between these different stakeholder groups were sustained through the establishment of an Urban Health Forum which proved critical for strengthening relationships between government actors. Quarterly meetings were chaired by the mayor or panel mayors of RpCC, and brought together 25 key healthcare stakeholders to advocate for health service improvement, learning and sharing.[6] From March 2023 onwards, these meetings created a space to discuss progress, provide feedback and guidance on the project's future direction, discuss community health challenges, understand different perspectives, explore ideas to strengthen collaboration and troubleshoot emerging challenges. For example, NGO Forum shared the difficulties of getting approval from local ward councillors to form CHPGs in the presence of the mayor, which put pressure on the ward councillors to extend their support. Representatives of informal urban settlements experienced these meetings as a place where their voices could be heard and were able to witness other key stakeholders listening to their challenges and working together to explore solutions, establishing an environment of trust.

USING COMMUNITY SCORECARDS TO INFORM ACCOUNTABILITY

The NGO Forum engaged two direct service providers, Nagar Matri Sadan and Rangpur Chest Disease Clinic and Hospital, to implement a community scorecard to create

accountability for improving service quality. The community scorecard was implemented in three stages, starting with separate Focus Group Discussions (FGDs) with service users from the community, and hospital management, followed by an interface meeting to bring the two groups together, alongside relevant duty bearers.[7] This interface meeting also created a space to voice any resentments and helped residents understand some of the challenges faced by service providers in the facility. This process created an enabling environment of mutual understanding and collaboration and a desire to work together, helping service providers to actively address community demands and providing informal settlement residents with a mechanism to hold service providers and governance actors to account.

"This is also an achievement for us that the hospital is valuing our opinions and asking about our challenges. We could not share our experiences before in such a way. They arranged chairs for the patients after hearing from us... We, the service receiver and the service providers sit together to know the facts and limitations and could agree or disagree on something. We know what we didn't know before."

Female Participant, Interface FGD, Nagar Matri Sadan

"After hearing from the community, we motivated the child specialist, and he now stays from 11 am to 2 pm every day except the holidays, if there are patients, he stays longer. If there is any emergency patient at night, he gives consultations at night too. And the gynaecologist comes now three days a week instead of two days. She remains on on-call duty. She comes if there is any emergency. We can't afford more because of our budget limitations... we are trying to improve the service and fix our gaps. We took the community's feedback positively and will try to improve the quality of service."

Project Manager, Nagar Matri Sadan and Shasthya Kendra, Interface FGD

The scorecard also uncovered issues around basic infrastructure. The community explained that there were no hand-washing facilities at the maternity centre, leading to a basin being built. The community also raised the issue of a faulty elevator in Nagar Matri Sadan and learned about budget constraints to fix this from the service manager. On the suggestion of UPHCSDP-II project officer the Matri Sadan authority submitted an application to the city corporation for funds for the elevator maintenance, which is under consideration. Additionally, the programme officer committed to providing an ultrasonogram machine at Nagar Shasthy Kendra.

A 2024 survey among 178 people who visited the facilities post-community awareness and community scorecard implementation (47.1% at Nagar Shasthya Kendra, 43.8% at the TB hospital and 16.3% at the Maternity Hospital), revealed that 70.2% (125) of recent visitors observed positive changes in hospital management. They reported notable improvements in the sincerity of medical staff (74.4%), cleanliness (72.0%), and service quality (55.2%), with almost one-third of respondents highlighting better service availability, affordability, infrastructure and staff behaviour.

Figure 4: A new satellite health camp has been organised by the Urban Maternity Centre at Nachniya Palli (an informal settlement) as per the demand at the community level discussion and interface meeting of the community scorecard implementation.

Figure 5: Implementing community scorecard at the community level for Nagar Matri Sadan

"They critically analysed our service and it's a lesson for us to improve the service by taking into consideration the service receiver's view positively. There is no end to improving services. However, in addition to service providing, we will have to focus on the satisfaction of people. This kind of discussion will help to achieve that."

Project officer of UPHCSDP-II, RpCC

"Having sympathy and empathy between service providers and service receivers is necessary and that is what I think has been achieved through this meeting. We need more discussions like this to discuss the existing services to improve the quality and enhance the service area."

Medical Officer, representative from the civil surgeon's office

At the TB clinic, hospital authorities were initially reluctant to engage in this process, but repeated visits by the NGO Forum's field staff helped to gain trust and an understanding of the need for, and benefits of, this process. Once they had agreed to participate, hospital staff talked openly about their own challenges and limitations, including a shortage of human resources and facilities and lack of proper infrastructure. However, the TB hospital authority remained reluctant to participate in a face-to-face meeting with the community, especially in the presence of representatives from civil surgeons, their higher reporting authority and journalists. Continued communication with the hospital authority and the strategic involvement of the civil surgeon's office in issuing a letter of permission for arranging the interface meeting convinced them to agree to meeting with community residents. Whilst this meeting did eventually take place, the six-month delay in negotiating the process meant there was insufficient time to follow up on whether commitments made in the meeting had been implemented. This experience highlighted the limitations of relatively short-term projects. It also demonstrates the challenges in building trust and overcoming institutional constraints to constructive engagement.

REFLECTIONS

This case study shares important lessons for researchers, NGOs, health service providers and city authorities on applying elements of a systems approach to build trusting relationships among service users, providers and key governance actors, to improve health service delivery and utilisation.

The community scorecard process helped all parties to better understand each other's perspectives, priorities, limitations and challenges. This was a crucial element of building trusting relationships that led to jointly identifying practical solutions to improve existing health service weaknesses. Service providers reported how the community scorecard activities helped them to understand communities' perspectives, creating a previously unavailable opportunity to reevaluate their service delivery in light of this feedback. Consequently, they were able to take action to improve and align their services more effectively with community demands. Duty bearers also appreciated the initiative to strengthen communication between service providers and communities to strengthen the quality of services. They also identified the value of the community scorecard reports for their own advocacy with higher-level authorities to work towards more people-centric service provision.

The experience illustrates the benefit of working with NGOs and other powerful actors to support communities in having their needs recognised by government authorities and other key stakeholders. ARISE's financial contribution through the Responsive Fund enabled the engagement of all stakeholders in testing social accountability tools with a view to sustaining support for the improvement of services. BRAC JPGSPH supported the development and implementation of the accountability tools, providing technical input into the development of community scorecard indicators, communication materials (IEC/BCC) and scorecard reports to communicate findings to different stakeholders, ensuring communities and city corporations were able to engage with this information at the interface meeting. BRAC JPGSPH also supported NGO Forum to document the process in line with ARISE's broader goals and timelines.

Alongside the funding, ARISE's goal of strengthening relationships provided a framework that guided the NGO Forum to adopt a Community Based Participatory Research approach, which ensured involvement of the most marginalised people in the discussion and enabled their voices to be heard and counted. The NGO Forum is now seeking funding to extend this approach across other interventions. The activities, led by the NGO Forum, created a platform for stakeholders to understand the gaps in existing services and the needs of the community residents, and this also encouraged stakeholders to be responsive and accountable. ARISE researchers played an important intermediary role by jointly developing tools, communication materials and documenting the process. Existing trust, familiarity, the accessibility of the NGO Forum, and repeated follow-ups with all stakeholders ensured active participation in the process that led to the improvement of services.

Overall, this case study reveals that despite their multiple challenges, communities living on the margins can demand and vocalise their needs, if given the space to do so. The entire process increased awareness of human rights among residents and gave them an opportunity to assert their health rights and communicate their demands to health service providers, highlighting the significance of their voices. Concurrently, it motivated service providers to heed the community's input, enabling them to adapt and improve their service delivery accordingly. Community residents and stakeholders have cultivated greater empathy by recognising each other's challenges and limitations. They have collaboratively endeavoured to devise solutions to address gaps in health services. These developments signify a gradual strengthening of the relationship between the community and stakeholders.

ENDNOTES

1. A systems approach to healthcare improvement is a way of addressing health delivery challenges that recognises the multiplicity of elements interacting to impact an outcome of interest and implements processes or tools in a holistic way (Komashie et al., 2021).
2. A duty-bearer is the person(s) or institution(s) which have obligations and responsibilities in relation to the realisation of a right (e.g. to health or education). In this context, the Mayor, Panel Mayors, Councillors, Chief Health Officer, Project Officer of the Urban Primary Health Care Services Delivery Project (UPHCSDP), or Slum Development Officer bear responsibility for ensuring quality services for the citizens of Rangpur City Corporation and the Civil Surgeon's office bear responsibility for ensuring quality health services for Rangpur District.
3. The ARISE Responsive Fund project was a small grant given to the NGO Forum to implement some social accountability tools to improve the quality of the health service-providing facilities while improving the accountability of the providing authorities. BRAC JPGSPH provided the research and technical support.
4. In Bangladesh, a ward is an optional division of a city or town, especially an electoral district, for administrative and representative purposes.
5. Community researchers are research assistants who live in the informal urban settlements where ARISE works and contribute to the research and project implementation, acting as a bridge between the researchers and communities.
6. Panel mayors are two elected members of the local Council, one male and one female who provide support and act as proxies for the Mayor.
7. A widely used social accountability tool, for mutual understanding and collaboration between service providers, recipients and duty-bearers and improving healthcare service delivery (Hanifi, 2020, Kiracho, 2020, Post, 2014, Wild, 2015).

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