National Integrity Strategy Support Project Phase 2

(NIS 2)

Mr. Md. Mizanur Rahman (NIS promoter) talking with the youth group about the NIS

NIS Promoters in Action to Promote Good Governance in the Local Government Institutions and society

Background

The National Integrity Strategy (NIS) was formulated in 2012 to promote good governance and prevent corruption in state institutions and society. The NIS calls for the enhancement of the Right to Information (RTI) Act 2009 and the operationalization of Grievance Redress System (GRS). However, ordinally people are not so aware of such good governance tools which they can utilize to demand better public services or due public information. As one of the activities to raise public awareness about the NIS and NIS-related good governance tools, the Cabinet Division asked the UNOs of eight pilot Upazilas to select 15 NIS promoters from those who can effectively promote the practice of integrity and good governance tools voluntarily at the grass-root level, such as representatives of the local media, NGOs, educational institutions, Union Digital Centers, Tottho Apa, field officers, elected representatives, and any others in November 2020.

Actions Taken

Eight pilot Upazila Parishads organized seminars for potential NIS promoters in 2020 and follow-up seminars in 2021-2022. NIS promoters were briefed on the NIS, NIS-related good governance tools, and the expected roles of NIS promoters at the
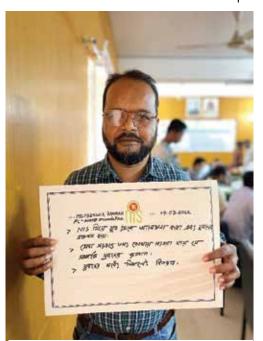
seminars. They also participated in a group work, practicing to fill the official formats of GRS and RTI with the given cases and presenting the filled formats. NIS promoters also wrote and presented an action statement, a voluntary commitment of how they will carry out the activities.

To facilitate activities of NIS promoters and disseminate information about NIS-related tools, the Project also developed and distributed NIS leaflets to NIS promoters.

Key Results

Some NIS promoters reported their voluntary actions as NIS promoters, and here are some examples.

Mr. Md. Mizanur Rahman holding his action statement as a NIS promoter

- Mr. Md. Mizanur Rahman, a Project Coordinator of WAVE Foundation in Bakerganj

He has been informing youth groups and local people about the NIS and good governance tools, as promised in his action statement as a NIS promoter.

- Mr. Md. Zia Ur Rahman, a journalist in Chougachha Upazila

He has published news articles about the NIS seminar and Citizen's Charter installed in the different offices in the online news portal.

- Ms. Nazbin Akhter, Tottho Apa (Information Sister) of Golapganj Uapzila

She informs the general people, especially local women, about RTI, GRS, and Citizen's Charter through yard meetings, door-to-door services, and the information center. She is also distributing NIS leaflets to her clients.

- Mr. Golam Rasul Khan, an entrepreneur of Dhakadakshin Union Digital Center, Golapganj Upazila

He decorated his Digital Union Center with the NIS poster and is informing his clients about the NIS, RTI, and GRS.

- Dr. Jonaid Kabir, Upazila Livestock Officer

He has been discussing the NIS, Citizen's Charter, and RTI with local farmers and other stakeholders through meetings, training, and distributing NIS leaflets.

- Ms. Khadija Khatun, Upazila Women's Affairs Officer

She informs the local women about good governance tools through the mass gatherings such as the International Women's Day Celebration.

- Mr. Md. Alamin Miraz, President of Bakerganj Upazila Press Club

He has been sharing information about good governance tools with the people in his community. He also succeeded in the grievance redressal on the issue of public concern. He noticed a problem with the Project under the Local Government Engineering Department (LGED), in which a contractor was supposed to hire female workers for excavation while constructing a road in the village; however, a contractor was using a machine to excavate soil instead. To protect the rights of female workers to earn income, he complained about the issue as a NIS promoter to Chief Engineer, LGED, who took immediate action to resolve the issue.

Local people reading NIS leaflet

The presence of NIS promoters in the communities helps local people access information of public interest, lodge complaints or grievances about public service when necessary, and get solutions.

HIGHLIGHTS

■ 8 pilot Upazila Parishads have been nurturing NIS promoters with the support of the Cabinet Division and National Integrity Strategy (NIS) Support Project Phase 2.

■ NIS Promoters are the local volunteers to raise public awareness of the NIS and NIS-related good governance tools, such as the Citizen's Charter, Right to Information (RTI), and Grievance Redress System (GRS).

■ NIS promoters, who are sensitized through the NIS seminars, are actively raising public awareness of the NIS, Citizen's Charter, RTI, and GRS in their news articles, meetings, training, and workplaces, especially in Bakerganj Upazila (Barishal District), Chougachha Upazila (Jashore District) and Golapganj Upazila (Sylhet District).

■ Such actions taken by NIS promoters are expected to contribute to enhance transparency, accountability, and responsiveness of the LGIs in their public service delivery and build citizens' trust in the LGIs.

Project Name: National Integrity Strategy Support Project Phase 2 (NIS 2)

Areas: 8 pilot Upazilas: Bakerganj Upazila (Barishal District), Chougachha Upazila (Jashore District), Golapganj Upazila (Sylhet District), Bhaluka Upazila (Mymensingh District), Hathazari Upazila (Chattogram District), Gajaria Upazila (Munshiganj District), Paba Upazila (Rajshahi District), Nilphamari Sadar Upazila (Nilphamari District)

Relevant SDG Targets: SDG 16

Implementing Entity: NIS promoters (local volunteers)

Implementation Period: 2020-2022

Beneficiaries: Community people in pilot Upazilas

Service seekers with the token

The Introduction of the Token System Made the Service Seekers Satisfied in Chougachha Upazila

---

Background

Chougaccha Upazila has a population of 211,065 people, and an average of 200-250 people visit the UNO's Office every day for various services. Like all the other Upazilas, many people come directly to the UNO's Office to seek solutions to their concerns. Ms. Erufa Sultana started working as the UNO of Chougaccha Upazila in December 2021. She is also the acting Assistant Commissioner, Land, of Chougaccha Upazila. Therefore, the service seekers from the Upazila Land Office as well as other offices often come to her directly with their service-related complaints, which results in an overwhelming number of people coming to her officer regularly. This large gathering of individuals seeking service frequently led to chaos and disorder. Sometimes, influential local people (politically or financially) attempted to get services as soon as they arrived at the UNO's Office, ignoring other people who had been waiting longer. The majority of the people couldn't speak up for their rights.

Actions Taken

To ensure fair and systematic service delivery to everyone, the UNO initiated a token system at her office in February of 2022. All service seekers who come to the UNO's Office now get a token and are served according to the serial number of their token. One Office staff is assigned to distribute the tokens to the service seekers. In case the UNO is not available at her office or absent to work in the field, the

54

Service seekers with the token

service seekers are informed about it when they come to collect the token. They are also informed of the expected available time of the UNO, enabling them to decide whether to wait or come back later.

Key Results

The results of implementing the token system have been remarkable, and service visitors who came to the UNO's Office to seek services, said to a local newspaper, "It takes time to receive services in government offices. Often, the designated officer is not present, so we fail to receive the service even after visiting the office multiple days. But with the introduction of the token system, it is becoming possible to get services in a short and scheduled time." Previously, influential local individuals would frequently arrive and demand to be served first, ignoring other people who had been waiting for a long time. People are usually afraid to speak out against such lawlessness. But, after introducing the token system, now the service is delivered according to one's token number. Whoever comes first is served first according to the serial of their token. As an outcome, the service delivery is now less chaotic and more disciplined, resulting in shorter wait times for the service seekers.

All service seekers are now treated equally regardless of their socioeconomic status. After the successful implementation of the token system at the UNO's Office, the Assistant Commissioner's (land) Office also adopted the token system for service delivery at their office. Furthermore, the Upazila Sub-register Office is also on its way to introducing the token system.

HIGHLIGHTS

- Due to the large volume of visitors to the UNO's office, serving them in a systematic way was difficult, and service delivery was hindered.
- The UNO's Office in Chougachha Upazila introduced a token system for the service seekers.
- Introducing a date-based token system is one of the activities implemented in the NIS workplan 2021/2022 of Pilot Upazila Parishads to promote integrity in public service delivery.

Project Name: National Integrity Strategy Support Project Phase 2 (NIS 2)

Areas: Chougachha Upazila, Jashore District

Relevant SDG Targets: SDG 16

Implementing Entity: The UNO's Office, Chougaccha Upazila

Implementation Period: 2022

Beneficiaries: Service seekers from the UNO's Office, AC Land Office and other offices of the Upazila

Participants in the NIS training

NIS training through Capacity Development Sub Project of UGDP: A case of Fakirhat Upazila

Background

The NIS has been gradually expanded to the local level and the localization of the NIS at the Upazila level is ongoing. For the case of 8 pilot Upazilas of the NIS Support Project, an Upazila Ethics Committee has been formed, and an annual NIS workplan for the Upazila Parishad has been developed, implemented, and updated to establish good governance and enhance integrity in the public service delivery. However, Transferred Line Department (TLD) officers' and elected representatives' awareness and understanding of the NIS are still low, especially in non-pilot Upazilas, without having enough access to orientation or training on the NIS.

Actions Taken

Fakirhat Upazila Parishad decided to enhance the implementation of the NIS and submitted a CDSP proposal to UGDP to organize NIS training for TLD officers and elected representatives of Upazila for the first time on 20th March 2022. UGDP

immediately approved the proposal with the estimated training cost of 160,000 BDT on 27th March. Fakirhat Upazila Parishad organized NIS training from 31st May to 2nd June 2022.

Key Results

As a result, a total of 28 TLD officers, staff, and Upazila Vice-Chairpersons were trained on the NIS on 30th and 31st May, while a total of 30 elected representatives from 8t different unions were trained on 1st and 2nd June. As for elected

UNO presiding and facilitating the Training

representatives, UP Chairman, UP Secretary, and one female and one male UP member were invited from each union and participated in the training. The training program included sessions such as on moral values, discipline, and the importance of integrity, the NIS and NIS workplan at the field level, the Anti-Corruption Act, the Right to Information Act, using the Citizen's Charter, and web portals for better implementation of the NIS, among others. The sessions for the officers were mostly conducted by UNO, Mr. Md. Monwar Hossen, and Upazila Chairman, Mr. Swapan Kumar Das. Also, the sessions for elected representatives were mostly conducted by DDLG, Khandoker Mohammad Rezaul Karim, UNO, and Upazila Secondary Education Officer, Debashish Kumar Biswas. The participants of the training showed a strong commitment to implementing the NIS, and some of them had already started the work such as by updating the information of the Citizen's Charter and web portals to provide useful information to service recipients.

It is commendable that Fakirhat Upazila, the non-pilot Upazila of the Project, organized NIS training for their officers and elected representatives. UGDP also approved another 10 Upazilas' CDSP proposals to organize NIS training for their TLD officers, elected representatives, and NGOs, and these training have been conducted or are underway. Therefore, Upazila Parishads of being eligible and interested can apply for CDSP to organize NIS training for the next sixth round of UGDP, and may seek support for the content of the training or resource persons from the Integrity section of the Cabinet Division.

HIGHLIGHTS

- Fakirhat Upazila Parishad organized NIS training for their Transferred Line Department (TLD) officers and elected representatives through the Capacity Development Sub Project (CDSP) of the Upazila Governance Development Project (UGDP).

- Fakirhat Upazila submitted a CDSP proposal to UGDP with the estimated training cost of 160,000 BDT on 20th March 2022, and UGDP approved the proposal on 27th March.

- As a result, a total of 28 TLD officers, staff, and Upazila Vice-Chairpersons were trained on the NIS on 30th and 31st May 2022 while a total of 30 elected representatives from 8 different unions were trained on 1st and 2nd June.

- Another 10 Upazilas' CDSP proposals were approved for the fifth round of CDSP to organize NIS training for TLD Officers, elected representatives, and NGOs.

Project Name: National Integrity Strategy Support Project Phase 2 (NIS 2)

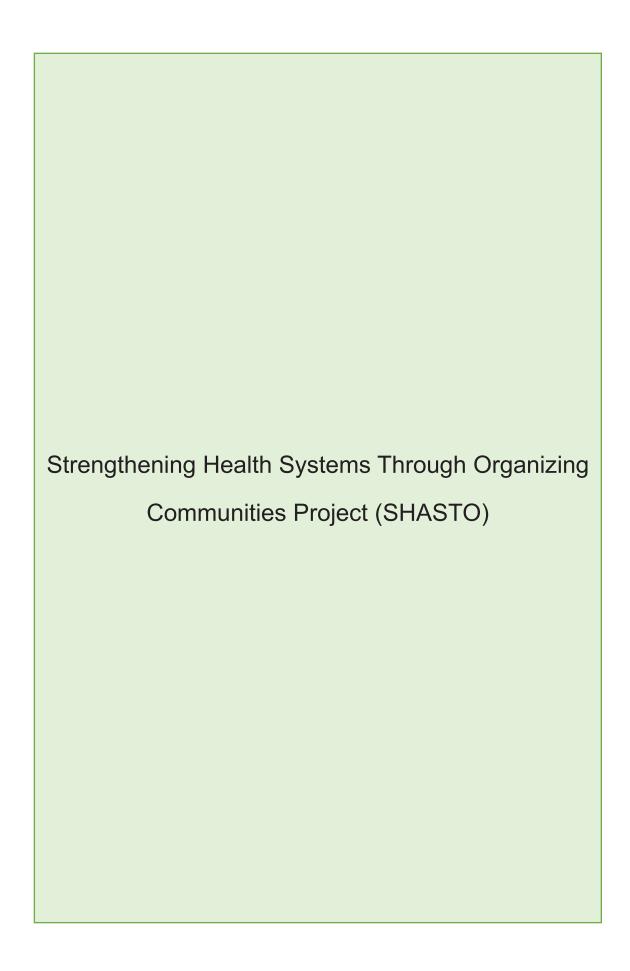Areas: Fakirhat Upazila, Bagerhat District (non-pilot Upazila)

Relevant SDG Targets: SDG 16

Implementing Entity: Fakirhat Upazila Parishad

Implementation Period: 30th May to 2nd June 2022

Beneficiaries: 28 TDL officers (of which 7 were female), and 30 elected representatives (of which 11 were female)

Strengthening Health Systems Through Organizing

Communities Project (SHASTO)

Patients' queue in front of NCD Corner

An Ideal Non-Communicable Diseases (NCD) Management Model in Shibpur Upazila, Naringdi District

Background

SHASTO Project, JICA is a technical project that works with the Government of Bangladesh, focusing on the integrated management of Non-Communicable Diseases, particularly Hypertension and Diabetes. Before the starting of SHASTO Project in 2017, the main focus of the Government of Bangladesh was on communicable disease control and maternal and child health. It didn't have sufficient data on the prevalence of Hypertension and Diabetes and other NCDs as well. It came to know with WHO's (2016) report that NCDs are really the major health challenge for Bangladesh. There after it was also revealed in WHO's technical and financial supported STEPS survey, 2018, conducted by National Institute of Preventive and Social Medicine (NIPSOM).

In addition, there were significant challenges on NCD control in the Upazilas level. For example, Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MOHFW) didn't have any national guideline, management model, management protocol, job aids, training of the staff (doctors, nurses,

paramedics and field staff) on NCDs based on WHO's PEN. Community was not aware at all on the NCDs, its complications and means of prevention through Life Style modification. There was no NCD Corner, necessary equipment and logistics.

Actions Taken

For the implementation of the NCD Management model in Bangladesh, following WHO PEN[1] and considering its own context and capability, the SHASTO Project provided technical and financial support to Non-Communicable Disease Control (NCDC), DGHS, other counterparts, and partners in the development of the national protocol, guidelines and training manuals, job aids,and so on. The Project also supported in capacity building of NCD Corner and relevant field staff-Health Assistant (HA) & Community Health Care Provider (CHCP), renovation of NCD Corners at Upazila Health Complexes and District Hospitals, and supply of necessary equipment, furniture, logistics, etc.

In Shibpur Upazila, Naringdi District, the NCD management model is ideally implemented in the following way:

a) The target people ≥ 30 and pregnant mothers are counseled at the household level by Health Assistant (HA), Community Support Group, Multipurpose Health Volunteers and advised them to attend Community Clinic (CC) for screening of Blood Pressure, Blood Sugar, Height, Weight by Community Health Care Provider;

b) The patients having high Blood Pressure and or high Blood Sugar are referred to NCD Corner at Upazila Health Complex with a referral form;

HA welcomes the patients at CC for screening   After screening, the patient with high Blood Pressure and Blood Siger referred to NCD Corner

[1]Package of Essential Non-Communicable (PEN) Diseases Interventions for Primary Health Care in Low-Resource Settings

c) At NCD Corner, the referred patients are re-examined for Blood Pressure, Blood Sugar, Height, Weight, and Calculation of Body Mass Index (BMI) properly by Senior Staff Nurse (SSN) and Sub-Assistant Community Medical Officer;

SSN screening patient for Blood Pressure & Blood Sugar at NCD Corner

d) The patients having high Blood Pressure and or High Blood Sugar are r (trained & dedicated to the NCD Corner). MO reviews all the documents, then she/he diagnoses and prescribes drugs in the patients' book as per National Protocol (**In case of too high Blood Pressure and/or Blood Sugar, the patients are referred to Secondary/Tertiary Level Hospital on an emergency basis with a referral form**);
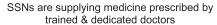

Medicine consultant & MO counseling patients on NCDs

SSNs are entering information in Tab as per Apps & in Register

e) Then, the patients again come to SSN for counseling and supply of the drugs for 1 month prescribed by MO;

f) When the patients become well controlled (usually within 3 months) by using drugs supplied from NCD Corner and adopting lifestyle modification, they are back referred to attend Community Clinic to receive the same drugs prescribed by a physician of NCD Corner (refilling). The Community Clinic follows up on Blood Pressure, Blood Sugar, Height, and Weight and counsels them on drug adherence and continuation of practicing Lifestyle modification. It is very convenient for the patients & cost-effective. Whenever necessary (raised Blood Pressure/Blood Sugar), patients are referred to NCD Corner again.

SSNs are supplying medicine prescribed by trained & dedicated doctors

Community Health Care Provider is refilling the drugs as per prescription of MO of NCD Corner

The NCD activities of NCD Corner at Shibpur Upazila Health Complex and of CCs are supervised and monitored by Upazila Health and Family Planning Officer (UHFPO), Dr. Farhana Akhter, regularly in person and through her colleague-doctors and supervisors. It's the key to Shibpur's success. She regularly visits NCD Corner whether everything is going on smoothly or not, discusses her own findings and shares with the findings of the supervisors who visit field, CC and field staffs in the monthly meeting for further improvement, keeps vigilance on the stock position of drugs and other logistics at NCD Corner, store and CC, maintains close communication with Civil Surgeon, NCDC DGHS, Upazila parishad and SHASTO Project for any support/advice. Shibpur, Narsingdi is considered as a model in respect of the implementation of NCD management. Line Director, NCDC, DGHS, is very happy to visit and see the performance of Shibpur. It is being replicated in other Upazilas run by GOB and in the areas where partners are supporting in the improvement of NCD status of Bangladesh.

UHFPO is supervising & monitoring NCD Corner's services

Key Results

The technical and financial support of SHASTO Project includes the following items.

a) Introduction of NCD management model and national protocol in management of Hypertension & Diabetes

b) Renovation of NCD Corner and its further extension

c) Supply of all necessary equipment, logistics, furniture and communication materials,

d) Training of NCD Corner doctors, staff, supervisors and field staff

e) Hands on training of NCD Corner staff and field staff on NCD related e-MIS through an apps by icddr,b

f) Training of secondary schools and madrasa (religious education institute) management committee and teachers on NCDs so that the teachers would train the students and ultimately, they would disseminate the messages to their families and relatives to attend CC for screening, referral to NCD Corner at Upazila Health Complex for treatment, and on practicing healthy life style for prevention of NCDs and its complications

g) Continual necessary support from District Manager of SHASTO project

h) Partnering CARE staff through facilitating District and Upazila Core Team and by activating Community Group, Community Support Groups, etc.

i) Enhancing commitment and ownership of the program by UHFPO and her team members

As a result, with the quality NCD services from NCD Corner and Community Clinics, people of Shibpur are satisfied and the service providers as well. As shown in the below table, the number of patients treated at Upazila Health Complex in Shibpur Upazila rapidly increased during the project implementation period.

Report of NCD: Hypertension (HTN) and Diabetes Mellitus (DM) at Upazila Health Complex, Shibpur, Narsingdi

Year	New patient (HTN & DM)	Follow up of patients (HTN & DM)	Online Entry (HTN & DM)	Remarks
2018	450	520	0	
2019	654	1,344	0	
2020	738	1,545	0	
2021	8,640	15,018	0	
2022 till May	4,520	14,893	4,229	Online entry started in 2022

HIGHLIGHTS

- Non-Communicable Diseases are major causes of death now in Bangladesh. The SHASTO Project provided technical and financial support for the implementation of the NCD Management model.
- The number of new patients with Hypertension and Diabetes Mellitus increased/diagnosed by 19.2 times from 2018 to 2021 in Shibpur Upazila Health Complex.
- The key to success in Shibpur Upazila was regular supervision and monitoring of the Upazila Health and Family Planning Officer to the NCD Corner of the Upazila Health Complex and Community Clinics.

Project Name: Strengthening Health Systems Through Organizing Communities (SHASTO) Project
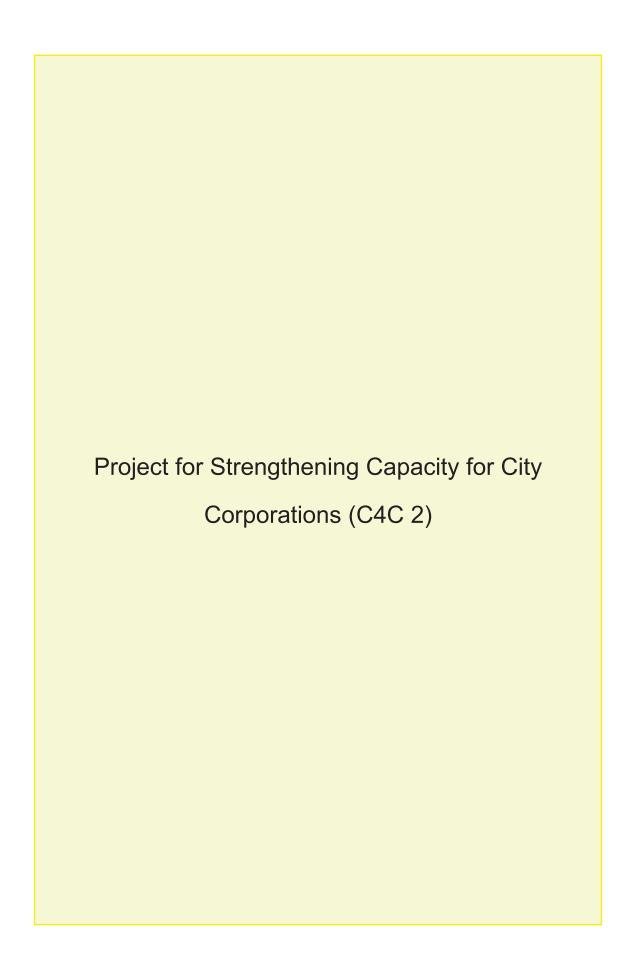
Areas: Shibpur Upazila, Narsingdi District

Relevant SDG Targets: SDG 3

Implementing Entity: NCDC, DGHS

Implementation Period: January 2017 to July 2022

Beneficiaries: 52,551 (the total number of HTM & DM patients treated in Shibpur Upazila Health Complex)

Project for Strengthening Capacity for City

Corporations (C4C 2)

Rangpur CC - SGI Committee Meeting (30 June 2022)

12 City Corporations embarking on governance improvement under a common strategic umbrella

Background

As rapid urbanization in Bangladesh progresses at an unprecedented rate, the Government has articulated its commitment to institutional capacity strengthening of urban local governments in the 8th Five-Year Plan (2020/21 – 2024/25) and other key policy documents. With the aim of detailing out concrete results to be achieved, LGD prepared and adopted the Strategy for Governance Improvement of City Corporations (SGI 2030). The SGI 2030 sets out common directions and targets for all CCs on four dimensions: (i) legal instruments, (ii) organizational development, (iii) fiscal foundations and budget management and (iv) human resource development. The importance of such a common "umbrella" is more imminent than ever, as the CCs are in the frontline of addressing urbanization challenges, and governance, which is not immediately visible unlike infrastructures, needs conscious attention.

In 2016 – 2021, the Project for Capacity Development of City Corporations (C4C for "Capacity for Cities") assisted LGD on the SGI 2030 and about a dozen of

guidelines to implement the SGI.   C4C also provided hands-on support to four newly established CCs: Narayanganj, Cumilla, Rangpur and Gazipur CCs.   The four CCs managed the annual PDCA cycle of budget management, revenue (holding tax) management, work process improvement for several identified functions, citizen engagement and annual reporting.   The four CCs were also guided on the CC's legal framework and deliberation of their own Regulations in accordance with the City Corporation Act, 2009 (CC Act).   The CCs spearheaded the SGI implementation through these activities.
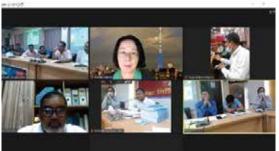

Narayanganj CC – Refresher
(10 April 2022)

Gazipur CC – Refresher
(19 April 2022)

Cumilla CC – Refresher
(16 April 2022)

Actions Taken

The Project for Strengthening Capacity for City Corporations (C4C 2) supports all CCs across the board for the SGI 2030 implementation.   In March – May 2022, each of the CCs was guided on the SGI, guidelines for the SGI implementation and establishment of the SGI Implementation Committee, an executive organ headed by Chief Executive Officer (CEO) at CC level.   The CCs are also guided on SGI Action Planning for the medium term of FY 2022/23 – 2025/26 with focus on core governance systems and practices.   In parallel, training needs assessment (TNA) for CC officers and elected representatives is being carried out for developing a 5-Year Training Plan to be managed by LGD and implemented by National Institute of Local Government (NILG) in partnership with other government training providers.

Rajshahi CC – TNA with Female
Councillors (9 June 2022)

Khulna CC – SGI Committee Meeting
(3 July 2022)

Mymensingh CC – TNA with Female
Councillors (14 June 2022)

From FY 2022/23 onwards, all the CCs will be required to prepare the Annual Administrative Report and Annual Financial Statements as provided in the CC Act and following formats provided by LGD.   LGD will conduct annual city governance assessment based on these key documents as part of its monitoring and evaluation function.   C4C 2 will support the governance improvement cycle centring on these key steps with a view to embedding the cycle within the regular businesses of the CCs and government and instilling intrinsic motivation within the CCs.

Key Results

The four CCs assisted by C4C continue with many of the C4C-introduced good practices, most notably, following the updated forms for budget and annual financial statements preparation and for annual administrative reporting.   Also, as part of work process improvement, the four CCs introduced a standardized contract for the management of all CC-owned public toilets, spelling out responsibilities for the CC and the consigned operator. As a result, most of the public toilets are kept clean. Narayanganj CC initiated Regulations for addressing street encroachment on its own, making use of C4C-imparted knowledge gained on legal instruments. Capitalizing on the C4C experience as well as ongoing good efforts, all the CCs will now embark on governance improvement under the common umbrella of the SGI.

Dhaka South CC – Introduction
(3 April 2022)

Dhaka North CC - Introduction
(6 April 2022)

Chattogram CC – Introduction
(20 April 2022)

Sylhet CC – Introduction
(12 April 2022)

Barisal CC - Introduction
(31 May 2022)

HIGHLIGHTS

- Local Government Division (LGD) launched a Strategy for Governance Improvement of City Corporations (SGI 2030) in 2020 for addressing governance challenges with consistency, continuity and appropriate prioritization and sequencing leading up to the SDGs target year of 2030.   JICA C4C Project assisted LGD on the SGI 2030 and other policy documents, while providing hands-on support to four recently established City Corporations (CCs).

- In early 2022, a successor project, C4C 2nd Phase, started to support all the 12 CCs to implement the SGI.   The four CCs maintain good practices introduced through C4C.   The eight other CCs have now joined on board for concerted improvement of core governance systems and practices, learning from the four CCs' experience as appropriate.   All the CCs will be assessed against a set of common, specific governance indicators as part of annual Plan-Do-Check-Action (PDCA) cycle.

Project Name: Project for Strengthening Capacity for City Corporations (C4C2)
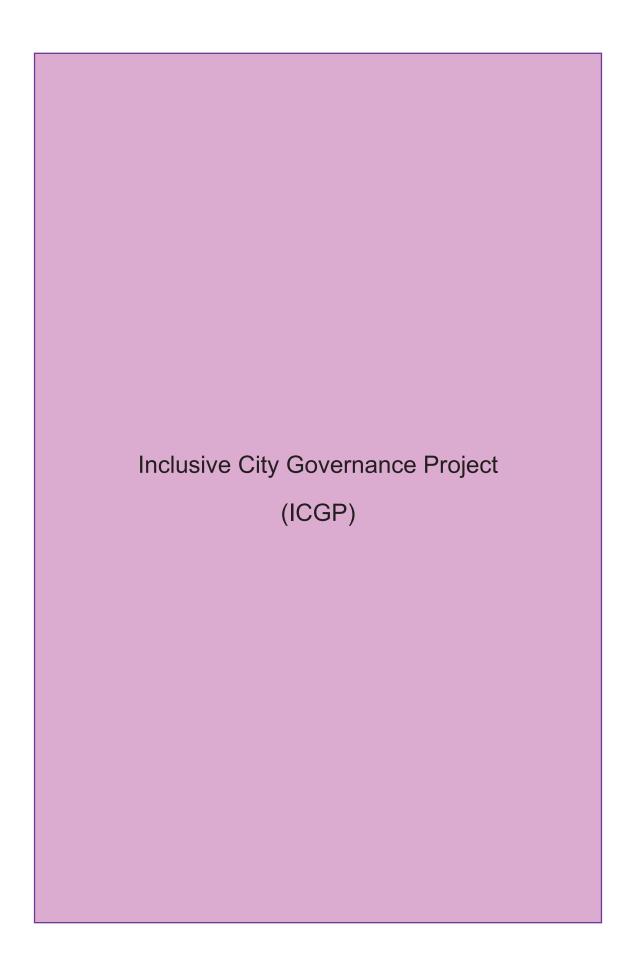
Areas: 12 City Corporations

Relevant SDG Targets: SDG 11 and 16

Implementing Entity: LGD and NILG

Implementation Period: February 2022 – February 2025

Beneficiaries: Officers and elected representatives of the 12 City Corporations (including female reserved seat Councillors, who constitute one fourth of the total number of Councillors in each City Corporation) and through them citizens of the 12 City Corporations

Inclusive City Governance Project

(ICGP)

Training on Primary Health Care

Governance Improvement and Capacity Development (GICD)

Background

The involvement of a huge number of public institutions in the management of city affairs has resulted in overlapping functions and insufficient coordination. The independent institutions sometimes generates plurality in the planning, implementation, and development approaches, and this plurality results in uncoordinated activities, which in fact, create more problems than solve them.

In considering such a situation, the Government of Bangladesh has a policy to enhance the function of city corporations, which were newly promoted/to be promoted from Pourashava to become inclusive city government.

Institutional development is the most critical factor of inclusiveness of city governance. However, the target cities of ICGP: Narayanganj, Cumilla, Rangpur, Gazipur, and Chittagong, are very young and have not completed their establishment described in their organograms. Thus, very few had been achieved until the project started. In other words, it was the best timing to enhance inclusiveness in these CCs. Therefore, the preparatory study of ICGP 2013 has arranged blueprints of prospective inclusive city governance.

For facility, each target CC needs to set up its organization in a functional way. Appropriate infrastructure development needs systematic revenue collection,

development planning that reflects the voices of all major stakeholders, procurement, construction, maintenance, and operation. This investment project consistently developed all these capacities required for CCs.

Actions Taken

Governance Improvement and Capacity Development (GICD) activities that include various training and the formation of different committees aim to enhance the CC's inclusiveness.

One of the most important components of the ICGP project is Inclusive City Governance Improvement Action Program (ICGIAP). With support from the ICGP project, ICGIAP identified 7 priority areas for city governance which includes Area-1: Improvement of Openness and Information Dissemination, Area-2: Administrative Reform, Area-3: Tax Reform, Area-4: Financial Reform, Area-5: Citizen's Awareness and Participation, Area-6: Urban Planning and Environment Improvement, Area-7: Coordination System for Law Enforcement. In these 7 areas, a total of 42 activities and 260 tasks have been performed. Activities were categorized in 2 groups: trigger activities (13) and non-trigger activities (29). Trigger activities were mandatory and designed to enhance the effects of other non-triggered activities. So far, all targeted CCs completed all 13 triggered activities at full satisfactory level. Furthermore, among 260 tasks, each target CC performed at least 75% of tasks; 206 were performed by Narayanganj City Corporation (NCC), 205 by Cumilla CC (CuCC), 208 by Rangpur CC (RpCC), 196 by Gazipur CC (GCC), and 219 by Chattogram CC (ChCC), respectively.

Training on KAIZEN

In addition, the ICGP project also conducted activities under Poverty Reduction Action Plan (PRAP). Each target CC conducted a survey on poverty situation, prepared the PRAP, and implemented the following poverty reduction activities with support from ICGP.

✓ **Community mobilization and organization**

- Selection of poor community areas in each CC
- Conducted baseline survey
- Formation of primary groups
- Formation of community development committee
- Selection of community workers
- Savings collection and record keeping (Initially 20 Taka per member per week)

Training on Income Generating Activities (IGA) (Tailoring)

✓ **Micro credit operation (Funds managed by CCs)**

- Primary Group assessed need for micro-credit
- Revolving fund micro-credit for poor women
- Loan distribution of Taka 10,000 and repayment at Taka 200 per week plus 15% service charge
- Record keeping of credit activities

✓ **Primary healthcare education**

- Selection of community health workers
- Training on primary health care and education
- Provide health education for mothers and children
- Monitoring for diabetes, hypertension, underweight children

Furthermore, various training programs were also implemented under GICD. They are ICGIAP Implementation, PRAP Activities, E-Governance, Contract Management, Transport, and Drainage & Solid Waste Management.

Key Results

GICD activities improved and developed the capacities of the target 5 City Corporations. The City Corporations implemented governance improvement activities proposed as Inclusive City Governance Improvement Action Program (ICGIAP). Performance-based fund allocation was applied for this project so that the City Corporations had an incentive to achieve the 13 selected targets in ICGIAP. As a result, the project could enhance the CC's inclusiveness. Furthermore, the training program from GICD have an effective influence on people's life. Such as:

Skill Up Training (A total of 147 batch for 4,730 participants)**:**

- Improvement in administrative capacity as well as their own knowledge
- Help to check design, prepare scheme, manage labor in Urban sector
- Introduced to digital tendering system and how to handle contact properly different pros and cons of contract
- Learn how to ensure sustainable construction method along with site preparation, health safety issues, time management

Although enhanced their skill and leading capacity and inspired to apply KAIZEN in their life.

ICT Enhancement Training (A total of 28 batch for 850 participants):

- People Briefly know about electrical governance system and working successfully with this SMS system
- Introduced to e-nothi system and interested to work on it
- Tax assessment & billing software
- E-GP for procurement

Establishment of Community Resource Centre Training (A total of 138 batch for 4,340 participants):

- Raised Awareness of Gender Equality
- Learnt about Micro credit, Savings, and Small Infrastructure Development.
- Helped Women to become self-dependent by starting their own business platforms. (e.g.: Beauty parlor, Tailor, and clothing shops)

ICGIAP Extension Training (A total of 40 batch for 1,350 participants):

- Raised Awareness of the Vision & Mission of Department / Section Heads
- Gathered knowledge about infrastructure Data Preparation and Management
- Introduced to different Rules for Taxation & license process

Solid Waste Management Training (A total of 30 batch for 6,550 participants):

- Create awareness about reduce, reuse & recycling (3R strategy) of waste materials
- Environmental compliance during construction
- Environment pollution free and management of sewage materials

HIGHLIGHTS

- The Governance Improvement and Capacity Development (GICD) activities consist of four key areas: transparency, accountability, participation, and predictability.
- The activities are supported by the Project Coordination Unit through training facilitation and intensive monitoring to assess the performance.
- Performance-based fund allocation was applied for this project, particularly government-funded component, so that the target 5 City Corporations have an incentive to achieve the 13 triggered targets in Inclusive City Governance Improvement Action Program (ICGIAP).
- The target City Corporations took the initiative to bring administrative reform-based facilities as a part of their Administrative Reform Plans .

Project Name: Inclusive City Governance Project (ICGP)

Areas: 5 City Corporations: Narayanganj, Cumilla, Rangpur, Gazipur, and Chattogram

Relevant SDG Targets: SDG 1,4,5,6,8,9&15

Implementing Entity: LGED

Implementation Period: FY2014-2022

Beneficiaries: 17,820 Peoples

Constructed School Building Cum Cyclone Shelter

Urban Infrastructure Development

Background

In Bangladesh, cities and towns are playing an important role in the national development resulting from rapid growth in these urban centers. Bangladesh has experienced increased urbanization since independence. The estimated total population of the country was 150.00 million which 28% was urban in 2011. The population growth in urban areas has been high at 3.1% per annum, which is two-fold of 1.1% annual growth rate of the entire population (BBS, 2012 population and housing census). The development of urban infrastructure has not kept pace with rapid urbanization, causing an acute shortage in urban infrastructure and public services that limited access to economic opportunities and social services. Rapid urbanization is largely attributed to immigration from rural areas. Rapid urbanization has been posing adverse environmental and social consequences.

The sixth five-year plan (2011-2015) of the state has focused on job creation, promotion of industries, enhancement of good governance, and extension of social services provision under the objective of "Accelerating Growth and Reducing Poverty" to realize the society where all citizens will be able to enjoy lives at the level of the middle-income country by 2021.

The National Urban Sector Policy, originally drafted in 2006 and revised in 2011 by the Committee on Urban Local Governments, has objectives to ensure regionally balanced urbanization through decentralization of hierarchically structured urban system which develops authorities at the local urban level and strengthens local governments by appropriate powers, resources, and capabilities so that they can take necessary responsibilities for a wide range of functions.

Actions Taken

To address the immediate needs for urban infrastructure development, the target CCs implemented the small-scale infrastructure works, which could be managed by target CCs without support from the project consulting services in 1st batch of the project. All sub-projects (both 1st and 2nd batch) were proposed by target CCs and approved by the project after project coordination office's reviews. The urban infrastructures constructed by the project were handed over to respective CCs.

Urban Infrastructure Development activities consist of the following 6 components. This project achieved the works mentioned below so far.

Component	City Corporation					Total
	Rangpur	Narayanganj	Gazipur	Chattogram	Cumilla	
Roads & Highways (Urban Transport/Roads) (Km)	204.30 Km	43.41 Km	124.68 Km	120.76 Km	116.25 Km	609.40 Km
Bridges (Urban Transport/ Bridge/Overpass)	2.00	16.00	2.00	12.00	8.00	40.00
Drainage Structures (Drain Structure/Drain/Canal/Khal) (Km)	75.27 Km	19.68 Km	24.92 Km	-	44.52 Km	164.39 Km
Sinking of Tube well (Sinking/Installation of Tube well)	10.00	-	3.00	-	9.00	22.00
Sanitation & Water Supply (Sanitation & Water Supply /Pipeline/Overhead Tank) (Km)	42.00 Km	-	33.60 Km	-	-	75.60 Km
Mast & Aerials (Street lights) (Electrical Installation) (Km)	133.04 Km	112.50 Km	-	77.87 Km	101.55 Km	424.96 Km
Non-Residential Buildings (School cum Cyclone Shelter/Bus Terminal)	1.00	-	-	8.00	-	9.00

Constructed Port Connecting Road at ChCC

Constructed Bus Terminal at RpCC

Key Results

This project made a linkage between governance and infrastructure development by setting up more sophisticated inclusive planning systems. This project also contributed to regionally balanced urbanization process through decentralized development process and urban infrastructure development considering the level of importance.

By constructing **road and bridges,** the project improved road networks in the cities, which contributed to mitigating traffic congestion as well as reducing transportation time and costs. Besides, investing in basic urban infrastructures and services increased the labor market and employment opportunities which helped to eradicate extreme poverty and hunger. For example, now, children can go to school easily through improved road networks, which directly helps to create educated folks. In short, the project contributed to build efficient road access between economically and socially important locations, such as Export Processing Zone, markets, hospitals, and schools.

The project also protected, preserved, and enhanced the urban environment, particularly water bodies. By constructing **drainage structures**, it contributed to reducing inundation and waterlogging of rainwater, sewage, and wastewater, and ultimately it provided improved hygienic environments in the city area. By installing **water supply system,** such as tube well, the project helped to get pure arsenic-free water. It improved citizens' access to safe water. **Bus terminals** improved efficiency of passenger and freight transport, enhanced economic potential, and mitigated traffic congestion by reducing the number of stops and parking of buses at the roadside. **Streetlights** enhanced road safety and public security. **School cum cyclone shelters** will help during a natural disaster. This school can be used

for study as well as rehabilitation purposes.

This project provided sustainable urban facilities (road, bridge/overpass, streetlight, footpath, roadside drain, etc.), which increase the efficiency of urban management. Also, the project helped to improve the city environment by reducing human exposure to pollutants through the improved water supply, sanitation, and drainage improvement. The ICGP contributed to the city governance improvement and infrastructure development to a significant extent.

HIGHLIGHTS

- To address the immediate needs for urban infrastructure development, the target CCs could implement the small-scale infrastructure works, and the CCs managed them without support from consulting services in 1st batch of the project.
- At the same time, the target CC conducted feasible Study (F/S), Detailed Design (D/D), and Environment Impact Assessment (EIA) preparation for the 2nd batch sub-projects after completion of procurement of consulting services in 1st year of 1st batch.
- After verifying the progress of 1st batch construction works and preparation for 2nd batch sub-projects by the project coordination office, capable target CC s entered 2nd batch activities ahead of schedule.
- During the 2nd batch, the targeted CCs implemented the middle-scale infrastructure works, which required feasibility studies and detailed designs with support from consulting services.

Project Name: Inclusive City Governance Project (ICGP)

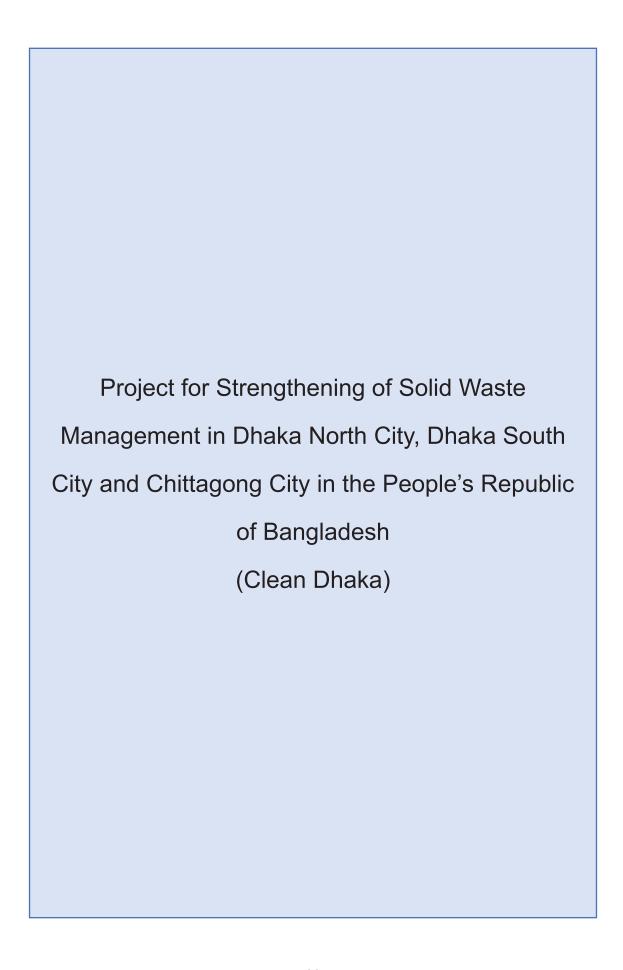Areas: 5 City Corporations: Narayanganj, Cumilla, Rangpur, Gazipur, and Chattogram

Relevant SDG Targets: SDG 1,4,5,6,8,9&15

Implementing Entity: LGED

Implementation Period: FY2014-2022

Beneficiaries: 8.4 million people (Total population of 5 CCs)

Project for Strengthening of Solid Waste Management in Dhaka North City, Dhaka South City and Chittagong City in the People's Republic of Bangladesh

(Clean Dhaka)

Medical Waste Management Training for Proper Segregation in Model Hospital

Improvement of Medical Waste Management System in Chattogram City

Background

In Chattogram City, the medical waste was rarely separated at the source. Most of them were openly burned at designated sites or directly dumped in a landfill site without any treatment. Medical waste has been collected by private companies licensed by Chattogram City Corporation since 2005; however, many Health Care Establishments (HCEs) are yet to have contracts with the collection service provider for medical waste disposal. In addition, due to the spread of COVID-19 infection, infectious waste increased rapidly in early 2020. As a result, workers had a high risk of injury or illness during handling contagious wastes due to lack of proper segregation and safety precautions. Also, open dumping outside the HCEs led to inappropriate re-use and negative impacts on the surrounding environment. Therefore, the introduction of sanitary disposal methods of medical waste was an urgent issue in Chattogram City.

Supported by the project, Chattogram City Corporation tried to build the basis of the medical waste management system by the three approaches: 1) Installation of a medical waste incinerator at the Halishahar Landfill site, 2) Establishment of an appropriate medical waste collection and treatment system, and 3) Awareness raising on proper management of medical waste at the source.

Actions Taken

1) Installation of the medical waste incinerator

After discussing with Chattogram City Corporation (CCC), JICA decided to provide an environment-friendly, smokeless medical waste incinerator at the Halishahar Landfill site. To establish the Medical Waste Incinerator Operation and Maintenance System in the City Corporation, CCC issued the notice as "Personnel Assignment for Operation and Maintenance of Medical Waste Incinerator" to carry out medical waste treatment appropriately and continuously, and introduced a daily incineration operation recording system. In addition, to build the capacities of persons relating to the incineration plant, the JICA project conducted online training on safe operation and maintenance.

Installation of small incinerator
(4, January 2022)

Operation of Incinerator
(11, January 2022)

Operation of Incinerator
(16, January 2022)

Handover Ceremony
(11, January 2022)

2) Establishment of an appropriate medical waste collection and treatment system

The project supported to establish "Sustainable Medical Waste Management System in Chattogram City, utilizing the Ward Based Approach", in cooperation with Chattogram City Corporation and the Department of Environment (DoE).

To strengthen the monitoring system for medical waste segregation, DoE, CCC, and Civil Surgeon issued notices to all the HCEs in the area of CCC, requesting proper

Monitoring of Segregation Status of Medical Waste by Chattogram City Corporation and Department of Environment (20, February 2022)

segregation of medical waste. In addition, the Conservancy Inspector (CI), assigned to each ward, monitors the status of medical waste segregation of HCEs on a weekly basis, and provides guidance for improvement based on the checklist. The monitoring results are submitted to the CCC CEO and the DoE Director, who issues administrative guidance to HCEs that do not improve their segregation status. To ensure effective regular monitoring utilizing the ward-based approach, group training was conducted to improve CIs' knowledge of proper medical waste management. Also, extra inspections by DoE inspectors were conducted, which contributed to the improvement of medical waste segregation.

Also, HCEs were to pay a collection fee at a fixed price, based on the type of hospital and bed number, but the fee was eventually determined by negotiation between the waste collection service provider and HCEs. Therefore, in 2021, the Medical Waste Management Committee discussed and reconfirmed the setting of medical waste consignment fees. This facilitated HCEs to make contracts with the collection service provider at reasonable prices.
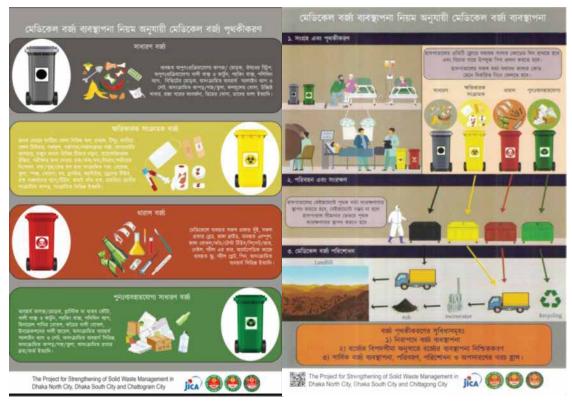
Furthermore, the project conducted a follow-up on improving the in-hospital waste management system. To enable HCEs to improve their waste management status at each stage, the target goals of achievements were set at the following 5 stages: Segregation at Source, Collection and Transportation, Storage Room, Recording and Monitoring System, and Awareness Raising. Based on these stages, action plans were developed at respective HCEs, and individual achievement targets were formulated. After consultation with each HCEs, deadlines for achieving the targets were determined, and activities were initiated for those with the highest priority. The pilot project for proper medical waste segregation and discharge was implemented in one model ward and two model hospitals and later expanded to eight large HCEs with more than 100 beds.

Investigation of illegal extraction site of medical waste by Director of Department of Environment (30, March 2022)

3) Awareness raising on proper segregation and disposal of medical waste

In order to raise awareness regarding medical waste management at HCEs,

promotion through the media was actively conducted. Training videos introducing the importance of medical waste management and sorting rules were published on YouTube, and project activities were regularly updated on Facebook. For example, 5 minutes educational video for proper segregation and disposal of medical waste was publicized on YouTube, and awareness-raising leaflets with QR codes linking to the video were distributed. Notably, Ward Commissioner in Ward 8 took the initiative to participate in distributing notices and awareness leaflets, resulting in a

Awareness Raising Leaflet with QR code to Appeal for Proper Waste Segregation to all HCEs in Chattogram City
[*QR code for 5 min training video]

significant awareness-raising effect.

In addition, the Medical Waste Management Training was featured on TV news, and the activities in the model ward were reported in newspapers. The training was designed to be visually accessible and conducted in a participatory manner. It was divided into two sections, with the first part consisting of a lecture on the necessity and methods of proper waste management and the proper use of safety equipment. In the second part, participants were quizzed on the color codes of medical waste. They were asked to use colored paper to answer the question of what color code corresponds to the illustration of the waste shown on the screen. At first, the percentage of correct answers was low, but after repeated questions and

explanations, the percentage of correct answers eventually rose to nearly 100%.

Key Results

The introduction of appropriate color codes and efforts for segregation & collection gradually spread at each HCEs.

Relocated Color Bin (Max Hospital)

Before the training
(3, November 2021)

After the training
(17, January 2022)

Chattogram City Corporation and the Collection Service Provider made a contract in April 2022 at a consignment fee agreed upon by both parties, considering the monthly operation and maintenance costs of the incinerator. As a result, the Collection Service Provider will be responsible for the proper collection and transportation of medical waste, while the Chattogram City Corporation will operate and maintain the incinerator and bear the administrative costs.

Before the project started in 2021, only 119 HCEs out of 240 HCEs had contracts with the Collection Service Provider. Due to the effectiveness of public awareness activities, as of the end of May 2022, 196 HCEs had signed contracts, and 3 HCEs

Area sorting at the storage (Parkview Hospital)

Before the training
(3, November 2021)

After the training
(17, January 2022)

Area sorting at storage room (Chattogram International Medical College Hospital)

Before the training
(15, December 2021)

After the training
(13, January 2022)

were in the process of signing procedures.

In addition, the amount of incinerated medical waste increased from approximately 300 kg/day at the beginning of incinerator operation to 1,100 kg/day as of May 2022.

Lessons learned from this good practice are:

1) Official notices issued by the CCC, DOE, and Civil Surgeon mandated HCEs to proper segregation of medical waste at source and incineration. It encouraged and facilitated HCEs to make efforts in medical waste management, while the training and regular monitoring itself did not directly motivate all HCEs to improve their work.

2) The sluggish growth in "the number of contracts with private collectors" and "the amount of waste delivered to the incinerator" was recognized at the Medical Waste Management Committee, where all the concerned stakeholders gather. As the participants could share common understandings of issues and challenges at the Medical Waste Management Committee, the committee can take necessary actions to provide solutions and build a new system in a timely manner.

HIGHLIGHTS

- New medical waste management system was introduced in the medical waste management committee meeting.
- Small scale Incinerator with an incineration capacity of 200kg/hour was installed for medical waste treatment.
- 1 model ward and 2 model hospitals were selected to promote the awareness-raising for medical waste.
- 787 participants from 8 large Health Care Establishments (HCEs) participated in the Medical Waste Management Training.
- 550 sheets of awareness-raising leaflets were distributed to appeal for proper waste segregation.
- Medical waste incineration amount increased from 300 kg/day to 1,100 kg/day as of the end of May 2022.

Project Name: Project for Strengthening of Solid Waste Management in Dhaka North City, Dhaka South City and Chittagong City in the People's Republic of Bangladesh

Areas: Chattogram City Corporation

Relevant SDG Targets: SDG 3, 9, 11, and 12

Implementing Entity: Chattogram City Corporation, Department of Environment

Implementation Period: March 2021 – May 2022

Beneficiaries: Citizens who live in metro area of Chattogram City (5.2 million), 240 HCEs (Especially in Cleaners), Waste Management Officials (82), Primary Collectors (1,818), Cleaners (1,688)

*Source: Waste Collection and Transportation Plan (2021)