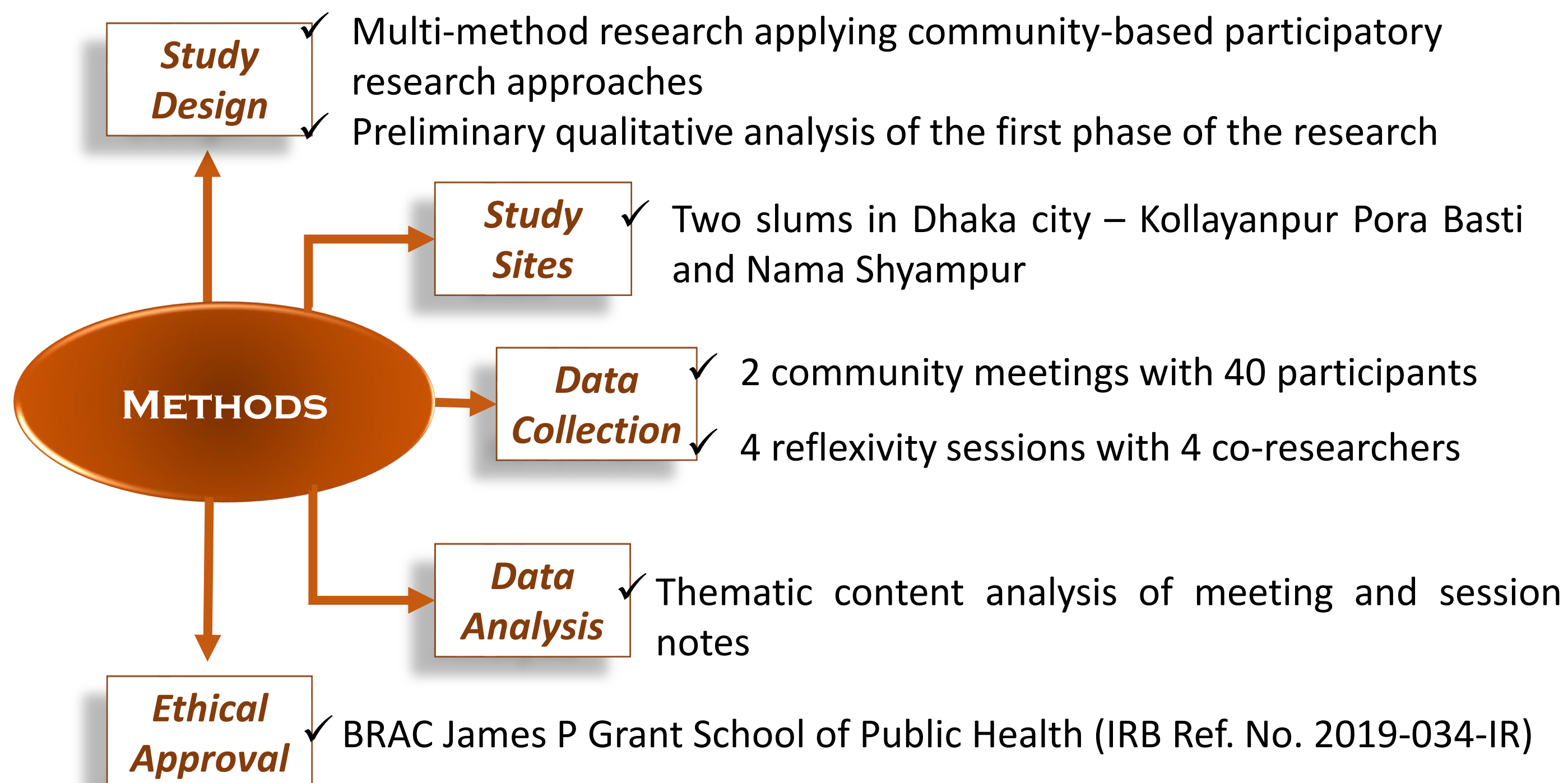# Formal vs Informal : Health Governance in Urban Slums in Dhaka City, Bangladesh
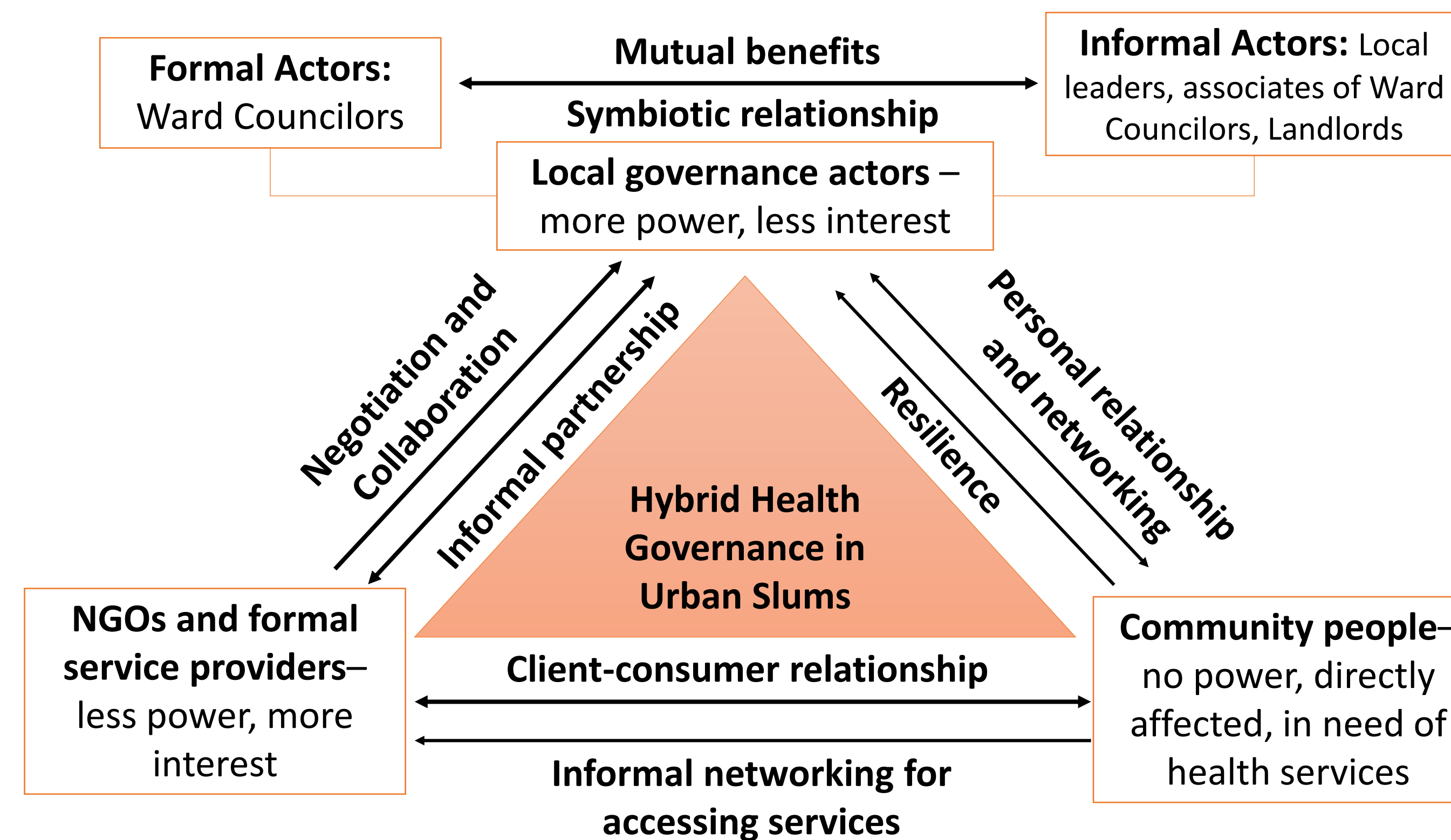
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Background

☑ One-third of the population of Dhaka city, the capital of Bangladesh, live in slums (BBS, 2015) which are often left out of urban planning and development (Banks, 2011).

☑ There is a lack of government stewardship in urban slums because of Bangladesh's complex urban health systems.

☑ Unrecognized by the government and in policy frameworks limits access to basic facilities and healthcare services (Banks, 2011).

☑ The weak health governance leads to the emergence of hybrid governance systems in urban slums (Hackenbroch & Hossain, 2012; Hossain, 2013).

☑ Health systems actors depend on local informal governance actors to provide health services in urban slums in Dhaka city (Hossain, 2013).

☑ This research aims to study the hybrid governance arrangements in urban slums in Dhaka city and how these influence the health and wellbeing of the residents.

☑ This is the first phase of a PhD research that is embedded in a large research project named ARISE (www.ariseconsortium.org).

Methods

Study Design
✓ Multi-method research applying community-based participatory research approaches
✓ Preliminary qualitative analysis of the first phase of the research

Study Sites
✓ Two slums in Dhaka city – Kollayanpur Pora Basti and Nama Shyampur

Data Collection
✓ 2 community meetings with 40 participants
✓ 4 reflexivity sessions with 4 co-researchers

Data Analysis
✓ Thematic content analysis of meeting and session notes

Ethical Approval
✓ BRAC James P Grant School of Public Health (IRB Ref. No. 2019-034-IR)

Findings

Formal Actors: Ward Councilors — Mutual benefits / Symbiotic relationship — Informal Actors: Local leaders, associates of Ward Councilors, Landlords

Local governance actors – more power, less interest

Negotiation and Collaboration / Informal partnership — Personal relationship and networking / Resilience

Hybrid Health Governance in Urban Slums

NGOs and formal service providers– less power, more interest — Client-consumer relationship — Community people– no power, directly affected, in need of health services

Informal networking for accessing services

Case Study: COVID-19 mass vaccination

✓ Ward Councilors were responsible for vaccine distribution.
✓ Local elites and leaders prioritized their families and acquaintances.
✓ Many poor elderly people, not affiliated with local leaders, could not get vaccines.

"Many people went to Councilor office at 10 am (on the pre-announced date) to get COVID vaccine. But they (Councilor office) told that they already finished giving 500 vaccines allocated to them. So, those people left without getting vaccines."
(Female, community meeting, Nama Shyampur)

☑ NGOs are the primary formal health service providers.

☑ Health services in urban slums function through a **mutual hybrid arrangement system**.

☑ NGOs and other formal health service providers must **negotiate and collaborate with local community gatekeepers** to provide services.

  ✓ NGOs establish local committees with local elites, leaders and gatekeepers to operate their activities.

  ✓ Maintain good relationships with local politicians for smooth service delivery.

☑ People having **personal relationships** with local governing actors and NGO workers have more access to services.

☑ Local leaders with political affiliations control resources, aid distributions, and access to services.

"People who work for the Councilor are very clever. To show off, they spray (referring to spraying mosquito repellent) on the higher areas (entrance/roadside areas), and they don't come inside the slum." (Female co-researcher, Kollayanpur, Reflexivity session)

☑ Local politicians and government representatives are less interested in healthcare services.

Conclusion

☑ Personal relationships, local fluid power dynamics, and negotiation skills are the key drivers of health governance in urban slums.

☑ The unwillingness of formal governance actors is a constant challenge for providing healthcare services to the poor.

References

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