The Chittagong Healthy City Project

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The Healthy Cities Project in the second city of Bangladesh is encouraging local people to use existing resources to the maximum and to mobilize themselves to seek complementary resources. This makes all their endeavours far more sustainable and more likely to have a real effect than if the populace were "spoon-fed" with top-down projects.

The ancient city of Chittagong remained small until about 1960. Then in a few decades its area soared from just over ten square kilometres to 183 square kilometres, and its population from 300,000 to between 1.5 and 2.5 million. Today the city is the second largest in Bangladesh, the country's main seaport and its main industrial centre.

This rapid growth has been accompanied by increasing urban problems. Poverty abounds, and it is estimated that there are 110 slum areas where about one million people live. The provision of most urban services has been inadequate, and the fabric of buildings shows significant signs of decay. The city-dwellers face numerous health problems including diarrhoea, acute respiratory infections, injuries resulting from accidents, diseases derived from malnutrition such as anaemia, and skin diseases such as scabies. This situation stems from a combination of urban hazards including contaminated water, lack of sanitary facilities, overcrowding, constant flooding, unsafe roads, unemployment and under-employment, and poor housing. The net result is that the health conditions of the population of Chittagong will only be substantially improved through comprehensive action aimed at tackling these urban problems.

It was in an attempt to address this situation that the Chittagong Healthy City Project was launched. It started with a series of meetings and workshops held in late 1993 and coordinated by WHO. The organizational framework of the project has followed the general structure suggested by WHO. It consists of: (i) a steering committee, responsible for major decisions concerning the project (chaired by the mayor and formed by representatives from all sectors of society and all types of organizations involved with the development of Chittagong); (ii) a project office to coordinate all activities, headed by a staff member of the city corporation (and physically based in that authority); (iii) zonal task forces, responsible for specific plans and actions in the different geographical areas of the city; and (iv) sectoral task forces, responsible for specific plans and actions in the different sectors of activity in the city (for instance, housing, water and sanitation).

City health plan

By integrating the plans of the zonal task forces with those of the sectoral task forces, the overall City Health Plan was formulated. The guidelines for the Chittagong Plan were drawn up during the workshops held in October and November 1993. From that point onwards, the organizational structure of the Chittagong Project was set in motion, and WHO has taken up the roles of enabling and monitoring progress.

A seminar organized in 1993 to finalize the Chittagong Healthy City Plan in Bangladesh.
The take-off phase of the Chittagong Project was anything but a smooth process, mainly due to the traditional way in which local institutions have worked and the lack of integration between different people and different sectors. The Healthy Cities concept entails strong popular participation and a partnership between the various institutions working in different sectors of urban development.

Yet it is the very existence of these problems that has enhanced the importance of the Healthy Cities Project in Chittagong. By working with the local people and through the urban institutions, the project has helped to build local capacity and strengthen participation at various levels. Major features of the Chittagong Project have included reinforcing the coordinating role of the local government authority (which had previously lacked the necessary support to liaise with other agencies) and stepping up support for the participation of the poorer inhabitants — hitherto traditionally left out of major urban development decisions. Support for the poor has even resulted in the establishment of a Slum Dwellers’ Forum.

The Chittagong Project is now in its second year, and it is still too early to witness tangible improvements in the health profile of the population. Nevertheless, the ground is being prepared; local institutions have gradually absorbed the project’s concept, and the degree of participation and integration of activities is much greater today. The task forces have been working hard to identify and define the most pressing needs of the city, thus leading to the drawing up of a list of priorities for action. Such priorities include a few city-wide projects, among them the construction of eight new maternal and child health centres. In addition, one of the 41 wards of Chittagong was chosen as a pilot Healthy Ward to concentrate action and to set the pattern for other wards to follow.

Although the initial “take-off” friction is now past and gone, it is true to say that the Chittagong Project still faces serious problems, such as a shortage of funds to implement activities and ongoing conflicts in the decision-making process between local participants. However, it goes without saying that a shortage of funds has always been a chronic problem for developing countries. Under such circumstances, the Healthy Cities Project makes a significant contribution by encouraging local people to use existing resources to the maximum and to mobilize themselves to seek complementary resources. This makes all their endeavours far more sustainable and more likely to have a real effect than if the populace were “spoon-fed” with top-down projects. Furthermore, conflict in decision-making is in no way a unique feature of Chittagong, and has always existed throughout the world. Healthy Cities did not suddenly create new tensions in Chittagong out of the blue. Rather, it provided a forum for hitherto repressed conflicts to surface — and only through this process will it become possible for such conflicts to be overcome.

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