

Joint Work Programme for Equitable Economic Growth in Cities

Cities Alliance
Cities Without Slums

Hosted by:  **UNOPS**



Figure 1:
Campaign Cities map



Campaign City Brief

Sylhet, Bangladesh

Population

672,000

Medical waste
generated per day

9,127kg

Working age population
not in employment,
education or training

41%

Urbanisation rate
(sub-district-level data)¹

64%

A recognition of the importance of equitable economic growth (EEG), and the need to understand how EEG can be effectively promoted in secondary cities, led to the establishment of Cities Alliance's Joint Work Programme (JWP) on EEG in cities.

A trademark component of the JWP-EEG programme has been the Campaign Cities Initiative (2016–2020). This initiative began by creating local partnerships in eight secondary cities in Bangladesh, Uganda, Ghana, and Kenya. For each city, a diagnostic assessment of constraints to EEG was produced, resulting in the selection of a particular public good or service in the city that should be prioritised.

In Bangladesh, the Campaign Cities Initiative was implemented from December 2016 to December 2018 by the BRAC Institute of Governance and Development (BIGD).

The initiative assisted the secondary cities of Sylhet and Narayanganj (see Figure 1) prepare evidence-based policy recommendations concerning how municipal public goods and services could be delivered in a manner that directly contributes to EEG. In Sylhet, the focus was on Medical Waste Management (MWM)² and the Vocational Training Centres (VTCs).

Sylhet context

With a population of 672,000, Sylhet is a secondary city in north-eastern Bangladesh famous for its spiritual sites and tea gardens. During the last two decades, the city has experienced remarkable growth, driven by the hospitality and real estate sector, and flows of foreign exchange from its large diaspora community.

However, the metropolitan government, Sylhet City Corporation (SCC), is now facing the challenges of unmanageable urban growth, coupled with the pressure of an ever-increasing population.

The growth of the health sector has led to improper medical waste management. Sylhet counts 88 Healthcare Establishments (HCE), including medical colleges, hospitals, clinics, health service centres, and dental and diagnostic centres. These HCEs generate a daily average of 9,127 kg of medical waste, 30% of which is hazardous. This hazardous medical waste is handled, transported and disposed along with other solid waste generated in the city. This represents a risk not only for sanitary workers and waste-pickers, but also to the wider population because of its disposal in unsanitary landfills and consequent percolation of contaminants to ground water.

In addition, Sylhet's job market is struggling to absorb its fast-growing population. About 41% of the working age population is not in employment, education or training. The worst affected population segment is young women, whose inactivity rate reaches 69%. In addition, 95% of women are employed in the informal economy, which is typically associated with unskilled jobs and low wages. Although access to education has increased, a large proportion of the working population still lacks general education and skills training. In particular, 23 per cent of students tend to drop out at the primary school level. There is thus a particularly high demand for vocational training.

Approach and methodology

Each Campaign City initiative took around 24 months to complete, and consisted of the establishment of a City Level Partnership (CLP), followed by the preparation of three consecutive reports and associated workshops:

1. Establishment of a City-Level Partnership (CLP):

The Campaign City process began by establishing a CLP that used existing local multi-stakeholder fora. The CLP consisted of representatives from local government, chambers of commerce, the informal economy and the broader community, as well as the JWP facilitator. Members of the CLP debated issues and were responsible for the preparing the reports throughout the process.

2. Preparation of an Institutional Enabling

Environment Report (IEER): A description of the institutional parameters under which SCC operates was presented in the IEER.

3. Preparation of a Local Assessment Report (LAR):

Based on the outcome of a workshop reviewing the IEER, the CLP identified two priority interventions to be further explored within the LAR: (i) medical waste management and (ii) vocational training centers. In order to investigate the feasibility and nature of each of the two projects, the team conducted interviews and Focus Group Discussions with women entrepreneurs, a field and GIS survey of healthcare establishments (HCEs), key informant interviews with MWM and vocational center stakeholders, and reviewed secondary data including official statistics, relevant acts, rules and policies to explore and assess the situation, feasibilities and outcomes of the two projects.

4. Policy Briefs and the Recommendations:

Two respective Action Plans were then developed based on the recommendations of the stakeholders and on an assessment of the investment requirements of each project.

The Campaign Cities initiative collaborated closely with the Sylhet City Corporation (SCC), the Ministry of Local Government, Rural Development and Cooperatives, and other relevant government and non-government stakeholders, as well as with the JWP members in Bangladesh including Cities Alliance, DFID and the World Bank.



Findings

Governance fragmentation

As highlighted in the IEER, while the enactment of the Local Government Act (City Corporation) 2009 theoretically provided SCC with greater functional mandates and responsibilities to provide public goods and services efficiently, the city remains largely dependent on the central government for development works, both in terms of funding and decision-making. There is also a functional fragmentation in the delivery of public goods and services, which creates problems in both coordinating their delivery and maintaining their quality.

Medical Waste Management

In terms of standards for MWM, a survey by BRAC Institute of Governance and Development in 2017 revealed that two-thirds of hospitals and clinics in Sylhet do not segregate the medical waste. The survey team observed that even the HCEs segregating the waste were not following the Government of Bangladesh guideline of using seven different colours bin for different types of wastes.

Most of the HCEs surveyed have no specific storage system in their institutions. They store their waste in colour-coded bins and large drums. During disposal, cleaners and SCC sanitary workers carry the bins or drums from the HCEs. In most of the cases, these bins and drums are stored in bathrooms, under stairs, and in open spaces beside buildings of HCEs. After collecting the waste from the HCEs, trucks transport it to the landfill site in Lalmatia, a place owned by SCC and located about seven kilometres away from the city centre. Drivers dump the waste using the truck's automatic unloading system, but they do not have an excavator to move the waste. The broker, who is an informal worker in landfill site, gets verbal permission from SCC to recycle the waste from the landfill based on their mutual interest. Under the direction of the broker, male and female workers primarily segregate the valuable materials and keep the waste in bowls.

The broker sends the sacks to wholesalers in the local market and gets a price according to the products. Wholesalers further segregate the waste to ensure the quality of the specific product and try to get the highest market price for the product by selling to local factories or other wholesalers outside Sylhet. The value added for recyclable materials at various stages (from landfill to factory) indicates that these materials have a large market at the local and national level.

Vocational training

The importance of skilled labour force is very evident as Bangladesh's economy has been growing for the last few years, which is creating a huge demand for skilled labour force internally. At the same time, increasing labour immigration from Bangladesh

to abroad has increased, further enhancing the demand for skill development.

About 371,000 people are of working age but less than half (159,000) are in the labour force. About 212,000 people aged 15 or older are not in the labour force, the majority of which are women. Although access to education has increased, a large proportion of the working population still lacks general education and skills training.

Women and youth who are pre-dominant in Sylhet will be able to contribute highly in the economy with proper skills training. This group, in particular, needs training, because some of them dropped out from formal education or others do not feel any urgency to do something as they depend on foreign remittance earned by someone else for livelihood.

The SCC Mayor and other stakeholders also emphasized the need for vocational training centres to provide job-oriented training to the youth and women from marginalized groups. This can potentially reduce both unemployment levels and the gender gap in the labour force, while increasing labour productivity and economic growth through skills training.

The 2030 Agenda for Sustainable Development considers a skilled labour force as the key to achieving productive employment, gender equality and inclusive sustainable economic growth. To achieve the SDG goal, different ministries of Bangladesh, including education, foreign, labour and employment, have taken necessary skills-based trainings and programmes.



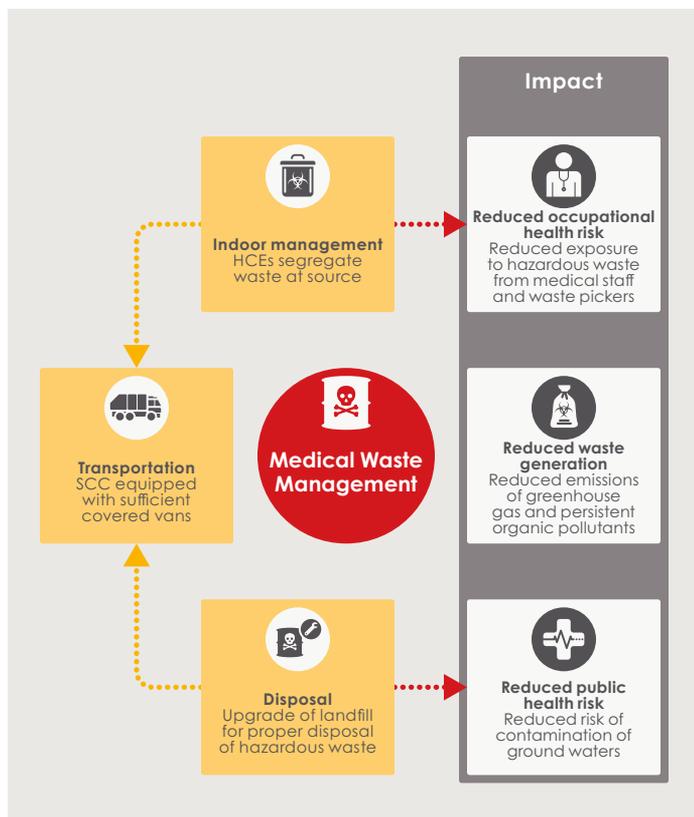


Figure 2: Medical Waste Management impact pathway

Recommendations

Medical Waste Management

The Campaign Cities reports and consultations identified measures to improve MWM, including:

- **Adopting waste segregation at source.** Every HCE should use four colour-coded bins and SCC ensure that segregation is maintained during the transportation and treatment stages
- **Renovating the Lalmatia landfill.** Modern Infrastructure and equipment such as incinerators, burial pit and autoclaving should be made available to adequately dispose of hazardous and infectious waste.
- **Acquiring covered vans for waste transportation.** Existing vehicles should be replaced and the number of vans increased to adequately meet the daily demand.
- **Building the capacity of all waste workers.** Training is required for the safety and effectiveness of MWM.

Endnotes

- 1 Bangladesh Bureau of Statistics, 2015, Bangladesh Population and Housing Census 2011: Zila Report: Sylhet, <http://203.112.218.65:8008/WebTestApplication/userfiles/Image/PopCenZilz2011/Sylhet.pdf>
- 2 Medical waste includes all waste generated within healthcare facilities, research centres and laboratories related to medical procedures (WHO, 2014).

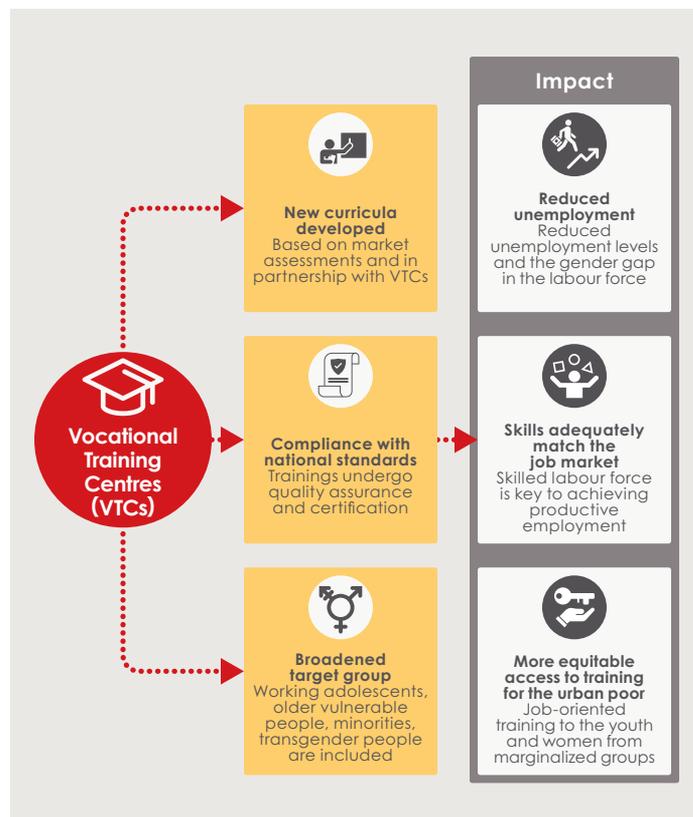


Figure 3: Vocational training centres impact pathway

Vocational training

The recommendations that were proposed for the vocational training centers include:

- **Developing new employment-centric curricula covering general training skills.** SCC should conduct frequent training needs assessments to ensure relevance to the job market, and partner with existing VTCs to develop and deliver the new curricula.
- **Broadening the target group.** Population segments such as working adolescents, middle-aged men and women, middle-aged distressed women, elderly men or women, transgender people and minor ethnic groups should be considered.
- **Ensuring compliance with national standards.** SCC should play an active role in certification and quality assurance.