



**কোভিড-১৯ টেস্টিং নিয়ে
মুক্ত আলোচনায় অংশগ্রহণ করবেন**

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প্রাচীন-পরিচালক, জাতীয় স্বাস্থ্যসেবা এবং আইসিটিবিডিবি, ডিডিএইচএস, ফনস, বাংলাদেশ মেডিক্যাল কলেজ

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সম্প্রদায়িক স্বাস্থ্য সেবা

মুক্তবাক



ANNUAL REPORT

December 2019–December 2020



Publisher

Bangladesh Health Watch

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First published: March 2021

Annual Report December 2019–December 2020

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OVERALL PROJECT BRIEF

Bangladesh Health Watch (BHW), a citizens' platform for improved accountability of the country's healthcare system through evidence-based policy review and citizens' feedback, was established in 2006. BHW is implementing the three-year project, 'Making Bangladesh's Healthcare Systems More Responsive and Participatory,' with the Swedish International Development Cooperation Agency (Sida)'s financial assistance since December 1, 2019.

The Project Goal:

To strengthen the healthcare system to be more responsive to people's needs and demands.

The specific objectives of the project are:

- To enable civil society platforms/individual voices to hold government and other stakeholders accountable to significant health sector commitments
- To carry out evidence-based advocacy to improve the situation of quality of care, transparency, and equity, especially in hard-to-reach, impoverished areas, particularly for women and young girls
- To enhance understanding of duty bearers on issues related to the quality of care, accountability, and equity

The project has three-pronged strategies to achieve the ultimate result, which are as follows:

1. The first stream of work is planned-activities to hold the government accountable in three specific areas:
 - Meeting the promises of the published manifesto of the political party in power;
 - Allocation for health in the annual national budget; and
 - Incorporating health care users, especially feedback from women and girls in program planning and reviews of the national sector-wide health program

2. Generating evidence on quality of care, transparency, and equity, followed by evidence-based policy advocacy. It will entail research, reviews, and analysis of media reports and reporting from health systems seen through the lens of poverty, vulnerability, equity, human rights, participation, and voice.
3. The third stream of work entail disseminating the findings of various research/reviews to program planners and managers and the general public with the intent of generating debate and discussion. BHW uses print, electronic and social media, and events for this purpose. Development of three short courses on 'Transparency for Good Governance,' 'Participation and Accountability,' 'Equity in Accessing Services' is being developed.

The ultimate beneficiaries of the project

- The citizens of Bangladesh, especially the poor and people living in hard-to-reach areas and girls and women who are even more marginalized, will be a priority group.

The target group of the project

- Government/NGO policy planners, program managers, service providers, and CSOs both at central and local levels.

The beneficiaries of the project

- The health care users, especially the marginalized and poor, live in hard-to-reach areas.




Reporting Period: This is the annual report for this project, and as per discussion with the Sida representative, covering the period from December 2019 – December 2020.


ACHIEVEMENT CONCERNING THE PROJECT OBJECTIVES



The project objectives and results were hugely impacted by the COVID-19 pandemic, which hit Bangladesh in March 2020, at about the mid-point of the first six months of project implementation. During the first four months (December-March), project implementation was in line with the plan proposed originally. Given the dire situation of the Covid pandemic in the country following community transmission, the country-wise semi-shutdown during April-May 2020. The project implementation had to change gears and find new ways and areas of work, including immediate emerging health sectors, to understand the disease better and devise ways of combatting the pandemic.


This annual report covers the period from December 2019 to December 2020. The project had set three objectives, and the achievements during this reporting period are reported objective-wise in the following table. Further details of these activities are presented in the subsequent section (Indicator-wise details of activities Section).

The following table summarizes implementation progress against various indicators.




-  On track/Completed as per plan
-  Slightly behind; needs special attention to re-coup
-  Could not be completed as per plan




Objectives	Indicator	Activity	Achievement	Comments
Objective 1: Civil society platforms/individual voices enabled to hold government (and other actors) accountable to significant health sector commitments	1.1 Client feedback on GoB services informs MTR and annual reviews	Conducted an assessment on 'Users' Perspective of Public Health Services in Bangladesh' and share the findings to MTR Team.	Conducted the assessment and shared the findings with the MTR team.	 Given the short gap between project approval and MTR, BHW could not set up systems to collect client feedback from the field; this exercise is about to start with the establishment of Regional Chapters.





Objectives	Indicator	Activity	Achievement	Comments
	1.2 Areas of under-investment/underspend in improving quality of care, participation, equity (including gender-related equity) in health service delivery in the health sector budget identified and public concern raised	<p>- BHW conducted a rapid analysis focusing on resource allocation of government and private sectors to COVID response to understand how efficiently the grants had been made and the existing gaps.</p> <p>- RFP was floated in October 2020 for reviewing and analyzing the national budget FY 2020-2021 and election manifesto of the present ruling party dated October 24, 2020</p> <p>- Four agencies submitted the proposal. The Technical and Financial Evaluation was made following the BRAC University central procurement unit guideline. Working Group members of BHW were involved in the evaluation process.</p>	<p>An analysis titled 'Understanding Different aspects of Health Financing of COVID 19 Response' was conducted. BHW shared the assessment results through a webinar.</p> <p>Unnayan Shamannay was selected through the BRAC University central procurement unit's open bidding process. The first dissemination meeting of the analysis results will be held at the end of March 2021.</p>	 <p>BHW will focus during the second year to advocate more effectively based on the commissioned studies results.</p>
	1.3 Progress on implementing political government's election manifesto reviewed and assessed; public informed about progress	The analysis in FY 2019-20 was not possible due to the COVID situation, and it was agreed with Sida to push this activity to 2020–21 and subsequent years.	Please see section 1.2	
		Secretariat Set-up		
	1.4 BHW strengthened to work as a compelling civil society voice to influence policy	Recruit secretariat team	Chief Coordinator, Coordinator, Programme Officer – Research and Knowledge Management and Programme Officer – Media and Communication recruited. Programme Officer – Networking and Liaison has been	


Objectives	Indicator	Activity	Achievement	Comments
			selected and will join on January 10. Recruitment of 2nd Programme Officer - Networking and Liaison is underway.	
		Detailed job description	Developed and shared	
		Induct team and orient on project	Developed and shared	
		Develop a process for coordination with JPGSPH	Developed and shared	
		Develop a detailed work plan for the project.	Developed and shared	
		Set-up office facilities	Achieved	
		P-R event to launch secretariat	Due to COVID, the plan was canceled.	
		Set-up Regional Chapter		
		Formative research,	The formative research is completed. The agency has already submitted the final draft report after incorporating the feedback of BHW. Following the report's findings, BHW selected SOLIDARITY in Kurigram and Efforts for Rural Advancement-ERA in Sunamganj districts as the Host Organization. Developed the Regional Chapter manual/SOP, and following the manual selection of members is underway. The launch event is planned for the end of March 2021 in both districts.	 <p>The regional chapter formation has been delayed as travel was difficult during Covid. However, the formative research has been completed in two divisions, and two Regional Chapters in these two divisions will be launched shortly.</p>
		Develop the manual/SOP to select Regional Chapter members, orient participants, and start regular meetings.		
		Select Host Organization, Select members for Regional Chapter and launch Regional Chapter.		
		Hold regular meeting		
		Regional chapter adopts an Upazila and Union; linkage developed and nurtured.		
		Develop and formalize formal pathways for channeling pathways to peoples` voices to policy tables.		


Objectives	Indicator	Activity	Achievement	Comments
			The process to form Regional Chapter in 6 other divisions has started in March 2021.	
		Advisory Group strengthened		
		BHW secretariat circulated a few proposed names to include in the Advisory Group.	The WG members suggested names to include in the advisory group based on their skill, knowledge, contribution, and willingness. BHW secretariat sent a formal letter to the selected nominees, and upon their final approval, the following members were attended the Advisory Group meeting held on December 23, 2021 - Professor Dr. Rashid- E-Mahbub, Former President, BMA and - Barrister Rashna Imam	
		Advisory Group Meeting on December 23, 2021	The Chair of AG, Professor Rounaq Jahan welcomed the participants, including two newly joined AG members; Professor Dr. Rashid-E-Mahbub and Barrister Rashna Imam. She hoped that with necessary human resources at the secretariat and with the committed funds, BHW would regularly take up effective advocacy work. For effective advocacy besides relevant	


Objectives	Indicator	Activity	Achievement	Comments
			research, she also pointed out the importance of having allies inside the government, which might convey the BHW messages and demands to appropriate authorities. She advised BHW to identify the bottlenecks of why the government could not ensure quality health services and do advocacy accordingly.	
		Meetings of AG, WG, Steering Committee, Thematic Group, and Team Meetings.	Advisory Group – 1 Working Group – 06 Thematic Group – 03 Project Steering meeting – 02 and Project Team meeting - 16	On track 
	-1.5 Bangladesh Health Watch Report published and launched		The activity is planned for 2021, and the Planning process started.	
Objective 2: Evidence-based advocacy carried out to improve the situation related to the quality of care, accountability, and equity	2.1 Priority advocacy areas identified and evidence generated	Regular Advocacy		
		Commission and undertake research on government manifesto; disseminate results. Commission and undertake a review of health sector budget allocation; disseminate result.	Please see section 1.3	
			Please see section 1.2	
		Identifying advocacy forums/platforms: ToR floated in November for the policy forums' inventory at the national and local level. Three agencies/independent	Dr. Atiqul Haque, Ph.D., an independent consultant, was selected for the assignment. . The assignment's initial draft report	


Objectives	Indicator	Activity	Achievement	Comments
		Identifying advocacy forums/platforms: ToR floated in November for the policy forums' inventory at the national and local level. Three agencies/independent consultants submitted the reviewed proposals as per JPGSPH's rules, and a consultant was finally selected.	has been shared with BHW; the final report is being prepared.	
		CSO representation achieved at identified forums.	BHW included in RCCE pillar of Health Emergency Response and Preparedness Platform and its M&E sub-group. BHW facilitated the design and funding of a study on COVID-related risk factors among slum and non-slum populations. The study is being carried out by ICDDR, B with funds from FCDO, which is also funding through UNFPA a role for BHW to carry out advocacy based on study results. BHW and UNICEF have agreed to collaborate in promoting the agenda of Urban Health, UHC and effectiveness of health sector governance.	
		Hold BHW Working Group meeting with new ToRs and membership.	Meeting held regularly.	
		- BHW website development and maintenance. - BHW has developed a website to create public awareness about its activities.	Website development is completed and was launched on November 17, 2020 by Prof. Rounaq Jahan, Chairperson	

Objectives	Indicator	Activity	Achievement	Comments
			<p>BHW's Advisory Committee.</p> <p>BHW keeps the website updated regularly with contemporary health research, reports, documents, and other important information. (https://bangladeshhealthwatch.org/)</p>	
	2.2 Evidence-based advocacy on topical areas carried out	Topical advocacy initiatives		
		Identify advocacy topic, carry out research/ desk review.	BHW has Completed seven types of research during this reporting period, and the findings were shared through webinars with different stakeholders and media.	
		Set-up thematic groups as required.	BHW formed a thematic group on COVID 19. This thematic group guided BHW to undertake much research and dissemination during the March-December 2020 period.	
		Carry out advocacy as per strategy.	Research dissemination through webinars, policy brief, social media have undertaken.	
			- BHW Facebook page (Bangladesh Health Watch-BHW) has been created, which is active since March 2020 and is updated regularly.	

Objectives	Indicator	Activity	Achievement	Comments
			<p>- A total of 10 media scanning reports have been submitted (March 2020 – December 2020).</p> <p>- 59 media reports were generated; social media campaigns on fear and stigma launched through Facebook, YouTube, and TikTok. Content included videos and posters. Through Facebook, it reached 3673 people (till Dec 2020), 121 viewed on YouTube, and 24 viewed in TikTok. Arranged 4 TV talk shows on COVID pandemics.</p>	
<p>Objectives 3: A better understanding of duty-bearers on quality of care, accountability, and equity</p>	<p>3.1 Duty-bearers engaged in debate/discussion on project advocacy issues</p>	<p>Arrange meetings, share findings and recommendations with duty bearers.</p>	<p>- Two policy briefs had been developed in 2020. Both the policy briefs were produced in two versions of Bangla and English to reach different audiences. The first policy brief on Fear and Stigma in the context of Corona Epidemics in Bangladesh was sent to 271 individuals by email on June 15, 2020, including DCs, SPs, CSs, law enforcement agencies, journalists, and NGOs. No hard copy was distributed of the first policy brief. An online-based survey monkey software was used with five basic questions regarding the policy brief and was sent to the 271 to assess the first policy brief's impact,</p>	

Objectives	Indicator	Activity	Achievement	Comments
			<p>people to who had sent the copy of the policy brief. Altogether, we received 24 responses. The majority (79%) of the respondents reported that this policy brief would help to mitigate the fear and stigma related to Covid-19. The second policy brief on Bangladesh's Evolving Response to the Covid Challenge was distributed in both Bangla and English versions to different stakeholders on December 29, 2020. The second policy brief was distributed in both ways, hard and soft, through email and by post to 723 people.</p> <p>- 36 op-eds were published by BHW Working Group members.</p>	
	<p>3.2 Social media interface between duty bearers and end-users help to identify problems and seek solutions</p>	<p>Launch BHW Facebook page.</p>	<p>- Created a Facebook page for BHW in March 2020. uploaded different contents; work needs to be done to develop the interface between duty bearers and end-users.</p> <p>- One of the main objectives of Bangladesh Health Watch is to raise citizen's voices through its platform. With this objective, BHW is planning to create a new tab called "Citizen's</p>	

Objectives	Indicator	Activity	Achievement	Comments
			<p>Voice" in its website in 2021. Another tab will also be created called "Covid-19 Research" in January 2021 to bring all covid related research in public health under one platform to form a ready repository to carry out evidence-based advocacy.</p>	
	<p>3.3. Increased understanding and commitment of duty bearers to quality, participation and equity of health care, especially for the vulnerable (including women and girls) populations through short courses</p>	<p>Three short course</p>	<p>An agreement has been signed between BRAC James P Grant School of Public Health (JPGSPH), and Bangladesh Health Watch (BHW) on November 28, 2020, on three short courses.</p> <p>As per the contract, BRAC JPGSPH will be responsible for:</p> <ol style="list-style-type: none"> 1. Conducting training needs assessment (TNA) to finalize and streamline course content and teaching-learning methodology 2. Conducting a validation workshop with key stakeholders 3. Designing and streamlining short course contents 4. Executing 13 Short Courses (12 Short Courses and 1 Pilot Course on Covid-19) <p>JPGSPH will undertake 12 short courses and one pilot course for Bangladesh Health Watch between 2021 and 2022. Four short courses to be held in 2021.</p>	<p>On track</p> 

Objectives	Indicator	Activity	Achievement	Comments
	3.4 Understanding of 'participation' and 'equity' enhanced among the national and international scientific community, academia, and policy planners	International Conference on health sector's achievement in the past fifty years looking especially at Participation and Equity	After adapting and refining, each of those four courses will be repeated twice in 2022. A feedback session will be held after the completion of each course. During in-person training, after the Covid threat is under control, there will be a field visit for experiential learning.	
			Work is going on publishing a book on the health sectors' achievement in the past 50 years of Bangladesh's independence.	On track 

INDICATOR WISE DETAILS OF ACTIVITIES

1.1: Client feedback on GoB services informs MTR and annual reviews:

To provide inputs into the Annual Programme Review (APR) of the sector-wide national health program, BHW conducted an assessment of User's Perspective of Public Health Services in Bangladesh'. The study aimed to understand how these factors vary across districts with high and low performance in other health and family planning indicators and among communities that have been left behind and face difficulties in accessing services, including people with special needs. BHW shared the study's findings with the MTR team on March 5 2020. Besides the MTR team members, government officials, donor representatives, and BHW working group members were present. The assessment findings were included in the 4th Health, Population and Nutrition Sector Program (HPNSP) 2017-2022, Mid-Term Review (MTR) 2020 final report submitted on April 2020.



1.2: Areas of under-investment/underspend in improving quality of care, participation, equity (including gender related equity) in health service delivery in the health sector budget identified and public concern raised:

BHW considered the particular crisis created by the COVID-19 pandemic and its impact on the national budget and conducted a rapid analysis focusing on various resource allocation of government and private sectors to COVID response known as

“Stimulus Package.” The assessment's objective was to understand how efficiently the allocations had been made and the existing gaps in May - June. The study findings were disseminated through a webinar meeting on June 20, 2020, to Government of Bangladesh appointed Regional Advisors on COVID-19, Working Group members, journalists, and JPGSPH colleagues.

BHW already floated an RFP to analyze the National Health Budget Allocation and Expenditures. The analysis will assess the overall allocations and spending of the government's national Health budget through different ministries, mainly the Ministry of Health and Family Welfare and Ministry of Local Government, Rural Development and Cooperatives (MoLGRDC) on Urban Health care. The report will be divided into three cycles.

RFP floated for reviewing and analyzing the national budget FY 2020-2021 and election manifesto of the present ruling party dated October 24, 2020 (Annex - 1: Request for Proposal (RFP) on Analysis of Health Budget Allocation and Expenditure). Four agencies submitted the proposal. The Technical and Financial Evaluation was made following the BRAC University central procurement unit guideline. Working Group members of BHW were involved in the evaluation process.

Unnayan Shamannay was selected through the BRAC University central procurement unit's open bidding process. The first output would be on next March 2021 where the report will present the expenditure trend of July-December period of the running budget year and suggestions for the next budget. The assessment will also analyze the expenditure trend of the running budget year, implementation status of Annual Development Plan, other development plans, COVID budget etc.

1.3: Progress on implementing political government’s election manifesto reviewed and assessed; public informed about progress:

The election manifesto will also be reviewed as part of the national budget review assignment (please see above). Intensive media reporting and discussions will ensure based upon the review’s findings.

1.4: BHW strengthened to work as a compelling civil society voice to influence policy:

Institutional functions have been maintained through (a) re-energizing the Working Group (a process which had started before the inception of the project), (b) establishment of a Project Steering Committee and (c) establishment of BHW Secretariat.

BHW is governed by a Working Group (WG) led by a Convener; the members are all stalwarts of the health sector. The group sits on regular basis and during the reporting period.

Given the exigency of the COVID pandemic, a Thematic Group formed as envisaged in the proposal to contribute to the COVID situation. Two meetings of the Thematic Group were held during the reporting period. The decisions taken by the Thematic Group had led to the holding of 3 webinars, one on sharing findings of Fear and Stigma in the Context of Corona Epidemic in Bangladesh: A Rapid Assessment and an NGO platform meeting to collect NGOs’ voice and concern to respond to COVID-19.

BHW meeting during December 2019 – 2020 period			
Group/Committee	Number of meetings held	Date	Meeting Minutes
Advisory Group	1	December 23, 2020	All meeting minutes are available
Working Group	7	February 20, 2020	
		May 21, 2020	
		June 23, 2020	
		July 29, 2020	
		September 5, 2020	
Thematic Group	3	April 6, 2020	
		April 28, 2020	
		May 10, 2020	
Steering Committee	2	February 19, 2020	
		April 9, 2020	
Team Meeting	16	December 2020	

A pluralistic and fragmented, unregulated health care system, coupled with weak governance and administration of the sector, high out-of-pocket expenditure by households, and a culture of impunity stand in the way of maximizing the health potential of Bangladesh’s citizens. Small incremental measures will not be enough to rise above this situation- a more holistic and thorough overhaul of the system is needed. UNICEF, which has a well-standing reputation and influence among the government’s external stakeholders. BHW, a citizens’ platform with a broad base of experts in various health-related fields, has the potential to advance debate and discussion on the need for health sector reform and create a demand for action. UHC and urban health are seen as two critical topics for this.

To make the demand stronger for achieving UHC, including urban health, BHW collaborates with UNICEF. The specific goals of this collaboration are: to Creating ‘noise’ (debates, discussions, opinions) in mainstream and social media on the topics of UHC and urban health to catalyze demand for quick action; mobilizing citizens opinion on UHC and urban health; and Facilitate the development of consensus on ‘how-to’ for UHC and urban health. There was a number of meetings between BHW and UNICEF during this period to take these issues forward (Annex – 2: Meeting minutes).

icddr,b, a well-known international research agency in Bangladesh. Icddr,b has recently embarked on research to explore the somewhat baffling question of why the prevalence of COVID-19 is lower in the city slums of Bangladesh, which contain all the risk

factors associated with the rapid spread of an infectious disease like COVID 19. The living condition of the city slum, e.g., congested living, close sharing of space, unhygienic environment, limited civic services, etc.), compared to non-slum areas with the funding support from FCDO with the collaboration of UNFPA. BHW, in its advocacy role, submitted a proposal on Optimizing Utilization of Results of a Research to Identify Factors Associated with COVID-19 Prevalence in Slums and Non-slum Areas of Two Cities of Bangladesh and received 80,000 USD to support the advocacy component. An 11-member expert Technical Advisory Committee (TAC) headed by Professor Dr. Mahmudur Rahman, former Director IEDCR was formed under the advocacy component with the eminent citizens of Bangladesh having unique knowledge and expertise in the health sector. The committee's objective was to provide inputs to strengthen data collection and study execution, make suggestions on data analysis, overview interim results, and finalize and interpret results and support the involved agencies in reaching the policymakers' study findings. The committee met to update the research work in a regular interval, e.g., every month (meeting minutes). The study's results will be disseminated in the 3rd week of March 2021 with the TAC members.

1.4.1: Secretariat fully established: BHW secretariat is located at James P Grant School of Public Health at Mohakhali, Icdrr, b building. Recruitments have been made according to the organogram of the project. A Chief Coordinator has been recruited to lead the secretariat team, consisting of a Coordinator and two Programme Officers (Research and Knowledge Management and Media and Communication). Recruitment of another Programme Officer – Networking and Liaison are underway; one other recruitment will be completed after Regional Chapters' formation. The

Convener of the Working Group and an Adviser provide strategic guidance and oversight to the team to accomplish its functions. The team has successfully mobilized itself to complete the multitude of actions needed to complete the work plan for year one and the rush of activities related to COVID response.

1.4.2: Regional Chapters in place and working:

BHW had kept this activity on hold due to the pandemic; however, BHW has started selecting a research agency for the Formative Research, which will help develop the design and process of forming the Regional Chapters. On September 20, 2020, RFP for the Formative Research for Regional Chapter was floated, and four organizations and one individual applied. A three members' evaluation committee evaluated both the financial and technical proposals, and after completion of the process, the agreement with an agency has been signed on October 29, 2020. The formative research has been completed. The agency has already submitted the final draft report after incorporating the feedback of BHW. Following the report's findings, BHW selected SOLIDARITY in Kurigram and Efforts for Rural Advancement-ERA in Sunamganj district as the Host Organization. BHW has been developed a manual/SOP for the Regional Chapter. Following the manual selection of members are underway. The kickoff event is planned for the end of March 2021 in both districts. The process to form Regional Chapter in 6 other divisions will start in March 2021. According to the project proposal, for year 1, since the Regional Chapters will not yet be fully active, a structured round of qualitative research will be carried out with the help of the Regional Chapters to feed into the Mid Term Review of the sector program. The methodology will set up in consultation with Working Group/thematic group meeting.

OBJECTIVE 2: EVIDENCE-BASED ADVOCACY CARRIED OUT TO IMPROVE THE SITUATION RELATED TO THE QUALITY OF CARE, ACCOUNTABILITY, AND EQUITY

Two indicators have been set in the project proposal to understand the impact of this objective which are:
2.1: Priority advocacy areas identified and evidence generated and

2.2: Evidence-based advocacy on topical areas carried out. During this reporting period, BHW has completed activities that aligned with the two indicators and hit the result accordingly.

Activities that contributed to this objective:

2.1: Priority advocacy areas identified and evidence generated:

Seven important research were carried out to identify gaps regarding the management of COVID. The measurements for analysis were determined in WG/Thematic Group meetings and included:

2.1.1: 'Front Line Health Workers' (FLWs) perceptions and opinions on their personal safety while attending suspected or confirmed COVID-19 patients in Bangladesh' released on April 18 through virtual press dissemination. This was groundbreaking research as it highlighted the issues with the quality and distribution of PPE among frontline workers. The mainstream and electronic media widely reported the findings. The following day, The Additional Director General of DGHS went on television to brief media on COVID-19 situation mentioned that the study findings on PPE are baseless. The topic was also an important discussion point in a meeting of the Prime Minister with administrative and health division senior officials of the government in Dhaka and

Mymensingh division on April 20, 2020, where she officially committed to investigating the issue. The government also took several measures to respond to the PPE issue, including a change in the Drug Administration Directorate's leadership.

2.1.2: Fear And Stigma In The Context Of Corona Epidemic In Bangladesh:

A Rapid Assessment: The research conducted by Dr. Shahaduz Zaman of Suusex University, UK and Dr. Sumon Rahman of University of Liberal Arts, Dhaka, to assess the nature of fear and stigma related to COVID; to investigate the source of fear, stigma, and rumor and to recommend possible culturally informed and socially relevant recommendations to mitigate the fear, stigma, and discrimination towards Corona victims or associates. The research work was undertaken from April 15 to April 30, 2020. The report was disseminated through a virtual multi-stakeholder meeting on May 2, 2020.

Based on these research findings, a social media campaign was organized to increase the sensitivity and awareness of target groups towards empathy and support for COVID victims, the frontline care providers, and other community groups providing support to the victims (please see section 2.2).

A policy brief was published on the research findings and circulated electronically to 271 individuals. The intent of the policy brief was similar to the social media campaign but was targeted to government and NGO officials at national and district levels, including DCs, SPs, Civil Surgeons, members of law enforcing agencies, journalists and NGOs (please see section 3.1 for further details).



The second policy brief was published in December 2020 and distributed on December 29, 2020, to 723 different stakeholders in Bangladesh, including government and NGO officials at national and district levels, Civil Surgeons, parliamentary committee



members, journalists, and NGOs. Both in Bangla and English versions and both in soft and hard copies were sent to them by email and by postal mail. (Annex – 3: Policy Brief)

2.1.3: Analysis of financial allocations for COVID 19 Response: This is described in the previous result area, indicator 1.2.

A follow-up study, 'Re-visiting the Front-Line Health Workers' (FLWs) working with COVID-19 patients, was undertaken in June 2020 to examine how far has the situation had improved in a month since the last survey. This survey's results were also shared on June 20, 2020, through a virtual multi-stakeholders meeting. Both mainstream and electronic media picked up on the two research.

2.1.4: Opportunities and Challenges of COVID-19 Overall Case Handling in Bangladesh: Testing- Isolation- Contact Tracing- Quarantine- Hospitalization: The research led by Palash Chandra Banik, Assistant Professor, Bangladesh University of Health Sciences. This study was conducted from June to August involving different COVID-dedicated health care facilities across the country. A total of 51 in-depth telephone and in-person interviews were conducted with service users, service providers and experts. This study found that testing has been

inadequate from the very beginning (Annex – 4: The Research Report).

2.1.5: COVID-19 +ve Cases Home Treatment & other Measures taken in Bangladesh: Dr. Muntasir Faisal led the research. The study was conducted by in-depth telephone interviews (IDI) of confirmed COVID-19 positive patients' post-recovery. They were interviewed between June 4, 2020, to August 30, 2020. Thus, the study's recommendations were that the government should have a thorough review of how and what +ve patients are doing while staying at home. This study's findings will help the government take the next step of doing the national level review and develop future guidelines (Annex- 5: The Research Report).

2.1.6: Sample collection and sample testing for SARS-Co-2 in Bangladesh: A descriptive qualitative study: Dr. AM Zakir Hussain, Former Director, Primary Health Care, Directorate General of Health Service, led the research. This survey was carried out using information from 24 Directorate General of Health Services officials and four daily newspapers and four TV channels. The real-time RT-PCR technique is highly sensitive and specific and can deliver a reliable diagnosis as fast as three hours. Compared to other available virus isolation methods, real-time RT-PCR is significantly faster and has a lower potential for contamination or errors as the entire process can be done within a closed tube. It continues to be the most accurate method for detecting the coronavirus, although the samples taken from the nasopharynx or the oropharynx, practiced in Bangladesh is 67% sensitive only (Annex – 3: The Research Report).

The above three studies' findings were published through a webinar on October 15; with different sector representatives. Health experts, Civil Society leaders, academicians, NGO leaders, journalists, and donor representatives were present. The event was covered by four renowned newspapers, including Prothom Also, The Daily Star, The Observer, and The Business Standard. The audience appreciated the findings and urged the government to take necessary action against the excessive pricing of medicine and proper testing initiatives (Annex- 6: The Research Report).

2.17: Media Scan: To generate evidence for topical issues, BHW has contracted out an external agency to track health-related news published on six mainstream leading daily newspapers (3 Bangla, 3 English). The media house develops monthly analytical reports based on the media scanning. It also carries out a media synthesis report on different aspects of health issues as per BHW's

request. The monthly media scan report is posted on BHW's Facebook page. These monthly reports are used to identify research issues; in the future, the reports will be beneficial as historical records of how the COVID pandemic evolved in Bangladesh and can be used as background material for a scientific publication.

2.2: Evidence-based advocacy on topical areas carried out:

The webinars mentioned in section 2.1 have been a successful strategy for advocacy. The discussions have been picked up by the media, particularly in the PPE studies, resulting in definitive actions.

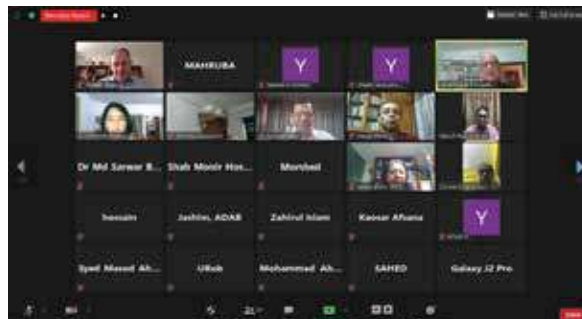


‘Jeete Jabo Aamra’ a Facebook campaign launched was by BHW on June 12, 2020, to sensitize the broader population against fear and specifically stigma-related COVID-19. The campaign’s effort is to generate support for victims of COVID-related stigma, increase the sensitivity/empathy of those who stigmatize COVID victims, and generate support for COVID support groups like frontline providers, local administration, law enforcing agencies, etc.

2.2.1: Articles published in the newspapers by BHW Working Group members: To raise demand on different issues, the Convener of BHW Working Group and its members have published articles on COVID19 concerning health and economic issues in the newspapers/online media. Up to the December 2020 a total of 38 articles/op-Ed’s both in Bangla and English have been published in the leading newspapers which are, The Daily Prothom Alo; The Daily Star; The Daily New Age; The Daily Bonik Barta; The Business Standard; and The Daily Sun Please see section 2.2.5.

2.2.2: Create demand on Universal Health Coverage (UHC): BHW organized a webinar on ‘Bangladesh’s health system and its commitment to achieving universal health coverage’ on June 5 2020. The panelists were Mr. Md. Ashadul Islam, Senior Secretary, MoHFW, Dr. Hossain Zillur Rahman, the Advisor of the former caretaker government also Chairperson, BRAC and Executive Chairman, Power and Participation Research Centre (PPRC), Professor Dr. Mohammad Shahidullah, the

lead of National Technical Advisory Committee for COVID-19 and President of BMDC; Robert Yates, Executive Director, Centre for Universal Health at Chatham House; UK, Dr Fahmida Khatun, Executive Director of CPD. The webinar moderated by Dr. Ahmed Mushtaque Raza Chowdhury, Convener, Bangladesh Health Watch. Other participants were public health experts, academicians, journalists, NGO and civil society members.



At the meeting, the discussants focused on political commitment, allocating more funds, forming a health commission, and instead of piecemeal basis. A total health sector reform immediately, decentralized the public sector, capacity development of health ministry and departments, equitable health care system are essential for UHC in Bangladesh. To convey these concerns to the policymakers and create demand among the wider population, the Convener of BHW has written an article in the Daily Star on June 14 titled ‘More money, thanks. But what’s next?’ and in Banik Barta on June 16 titled ‘বড়তি টাকা পেলাম, এখন কী করব?’.

2.2.3: Strengthen network: In Bangladesh, over 2000 registered NGOs are working, and they have an excellent network up to the village level. These NGOs play a decisive role in economic development, health and nutrition, education, human resource development, awareness-raising initiatives, violence against women, and ensuring women's rights, guaranteeing human rights, social development, disaster response, etc. But in the COVID pandemic, NGOs have not been much visible like in other disasters. BHW organized a virtual NGO coordination meeting to discuss what NGOs are doing during the COVID19 pandemic and what advocacy initiatives can be taken jointly. The meeting was organized virtually on May 14, where 25 national and international organizations were present. The NGO representatives mentioned that though there is good coordination among NGOs and government at the district level, this is missing at the national level. The NGO representatives requested to BHW to raise the demand to involve NGOs within government initiatives. The Convener of BHW tried to convey the policy makers' need through a commentary article.

This article was published in the first page of the renowned daily Bangla newspaper Prothom Alo on June 7 titled 'করোনা মোকাবিলায় দরকার পুরো সমাজের অংশগ্রহণ' in English "to tackle corona a whole of society approach is needed".

BHW has been actively promoting on 'whole of society' approach to fight against the COVID pandemic; community engagement is an important prerequisite for this. There are examples where community engagement in COVID operations were praiseworthy. To share these brilliant examples with the broader audience, BHW arranged a webinar meeting on August 31 2020, to share BRAC experiences, The Hunger Project and SAJIDA Foundation on the community engagement in the ongoing COVID-19 pandemic. (Annex- 7: Webinar on Community Engagement in COVID - 19 pandemic: Lesson Learned from BRAC, Hunger Project and SAJIDA Foundation/ Event Report).

To strengthen the regional network and get lessons from the successful state and countries on COVID, BHW organized a webinar on 'Success with COVID-19: learning from Kerala (India), Thailand and Vietnam' July 20, 2020 (Annex- 8: Event Report).

BHW engaged with the Risk Communication and Community Engagement (RCCE) pillar of the health emergency preparedness and response platform in Bangladesh. This platform supports risk communication, community engagement, staff, and responders working with national health authorities. And other partners to develop, implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners, and other stakeholders to help prepare and protect individuals, families, and the public's health in response to COVID-19 in partnership with bilateral donors, INGOs, NGOs and civil society platforms. BHW is an active member of RCCE's M & E sub-group and has taken the lead in developing the instrument for collecting information on mask-wearing, social distancing, and hand sanitizing across the country through direct observation.

Since March 2020, The Hunger Project has supported committed, trained community leaders in a comprehensive approach to fighting the pandemic - organizing as Coronavirus Resilient Villages. The Hunger Project successfully organized Coronavirus Resilient Villages in 8 divisions, 21 districts, 37 unions, and 1209 villages. BHW advocated to include The Hunger Project in the RCCE Community Engagement Pillar to get the learning to maintain essential health services and systems.

WEBINARS ORGANIZED BY BHW IN 2019-2020 PERIOD

Sl.	Date	Title
1.	April 18, 2020	COVID-19 related research findings of studies conducted by BRAC JPGSPH and BHW
2.	May 02, 2020	Rapid assessment on fear and stigma associated with the covid-19 pandemic in Bangladesh
3.	May 14, 2020	A stocktaking and brainstorming virtual meeting with selected NGOs working in the health sector.
4.	June 05, 2020	Future health systems for Bangladesh: the case for universal health coverage (UHC)
5.	June 20, 2020	Webinar on Research Findings Dissemination
6.	July 07, 2020	COVID-19 in Bangladesh: Transmission Dynamics, Health System Preparedness and Financing
7.	July 20, 2020	Success with COVID-19: learning from Kerala (India), Thailand and Vietnam
8.	August 31, 2020	Community Engagement in COVID - 19 pandemics: Lesson Learned from BRAC, Hunger Project and SAJIDA Foundation
9.	October 15, 2020	Webinar on Research Findings Dissemination (three research findings sharing)
10.	October 21	COVID-19 and the Future of Healthcare Systems for Bangladesh” joined collaboration with BUP
11.	November 17, 2020	Virtual Website launching programme of BHW
12.	December 20, 2020	Access to Covid-19 Vaccine in Bangladesh: Who, When and How?

The Bangladesh Unnayan Parishad (BUP) is a non-profit research organization devoted to promoting basic and action research on the environment, development, and socioeconomic sector. In independent development research and dialogue activities, the BUP has played a pioneering role in this country. When it was established in 1980, it was virtually the first of its kind in the country and represented a new vision. It has conducted much seminal research on critical national development issues and played a key role in popularizing roundtable discussions and dialogues on important issues of policy relevance. On October 31, 2020, BUP organized a webinar titled “COVID-19 and the Future of Healthcare Systems for Bangladesh” in collaboration with BHW. The Key notepaper has been presented by Dr. Ahmed Mushtaque Raza Chowdhury, Convener, Bangladesh Health Watch.

2.2.4: TV talk show: For better management of COVID- 19 BHW as a citizens’ platform, shared recommendations and concern through TV talk shows. Four talk shows were arranged in the renowned private channel- Channel 24.

The issues which were discussed in the talk show are:

a. Vaccination for COVID; the panel discussants were Professor Dr. Md. Sayedur Rahman Khasru, Professor and Head, Department of Pharmacology, BSMMU and Member of WG-BHW, Hamidul Islam, Former National Cold Chain Engineer, Professor Dr. Rumana Haque, Department of Economics, Dhaka University and Member of WG-BHW.



b. COVID-19 testing; panel discussants were Professor Dr. Liaquat Ali, Former Vice-Chancellor, BUHS, Dr. Sadaf Sazz, Eskegen Clinical Research Organization, and Molecular Biologist, and Dr. A M Zakir Hussain, Former Director, Primary Health Care, and IEDCR, DGHS and Member of WG-BHW.

c. The whole of society approach/community engagement; the panel discussants were Dr. Badiul Alam Majumdar, Country Representative, The Hunger Project, Samia Afrin, Naripokkho and Member of WG-BHW, and Dr. Abu Jamil Faisal, Advisor COVID-19, Sylhet Division, MOHFW and Member of WG-BHW.

d. Pandemics: public health system and management; the panel discussants were Dr. AMR Chowdhury, Adviser James P Grant Scholl of Public Health and Convener BHW, Dr. Md. Zahirul Islam, Senior Programme Officer/ Health Adviser, Development Cooperation Section, Embassy of Sweden and Dr. Malabika Sarker Professor and Associate Dean, JPGSPH.

The talk shows were aired on August 26, August 30, September 6, and September 10. A supplementary was published each day of the talk show on the relevant topic in the daily Samakal, which are available on the BHW Facebook page (Bangladesh Health Watch-BHW) (Annex 9: YouTube recording of the talk shows).

2.2.5: Newspaper article publication: December 2019-2020

During the reporting period, BHW members wrote a number of articles in different newspapers to raise demand on health issues, maximum of which were focused on covid 19. However, other health and related contemporary topics were covered too. These articles can be found both on the BHW Facebook page (Bangladesh Health Watch-BHW) and under the ACTIVITIES tab of the website (<https://bangladeshhealthwatch.org/publications>).

Name of Author	Number of publications
Dr. Ahmed Mushtaque Raza Chowdhury	14
Dr. AM Zakir Hussain	16
Dr Abu Jamil Faisal	2
Dr. Khairul Islam	1
Dr. Rumana Haque	2
Dr. Ubaidur Rab	1
Dr Syed Masud Ahmed	1
BHW Group	1

OBJECTIVE 3: A BETTER UNDERSTANDING OF DUTY-BEARERS ON QUALITY OF CARE, ACCOUNTABILITY, AND EQUITY

Four indicators under this result area, which are:

3.1: Duty-bearers engaged in debate/discussion on project advocacy issues

3.2: Social media interface between duty bearers and end-users help to identify problems and seek solutions

3.3: Increased understanding and commitment of duty bearers to quality, participation, and equity of health care, especially for the vulnerable (including women and girls) populations through short courses and

3.4: Understanding of 'participation' and 'equity' enhanced among the national and international scientific community, academia, and policy planners have been set to understand the objective.

Activities that contributed to the objective:

3.1: Duty-bearers engaged in debate/discussion on project advocacy issues:

BHW engaged duty-bearers as part of advocacy in all the activities carried out so far. BHW undertook well-designed research to capture users' perspectives on public health services on the eve of MOHFW's APR. In this review, duty bearers were interviewed both at the field and national level. The results were shared with the consultants who undertook the APR and NGOs, MOHFW officials, and other civil society members.

BHW developed a research brief on 'Front Line health Workers' (FLWs) perceptions and opinions on their personal safety while attending suspected or confirmed COVID-19 patients in Bangladesh' and was shared among with different government authorities including DGHS, Directorate of NIPORT, IEDCR, NIPSOM, BSMMU, CPD and PPRC for their information and further action.

The First Policy brief prepared based of the study findings of "Fear and Stigma in the Context of Corona Epidemic in Bangladesh" and shared with the Secretary of MOHFW; Home Ministry; Directorate General of Health Services (DGHS); all Deputy Commissioner (DC), Superintendent of Police (SP),

Civil Surgeon (CS) for their information and necessary action. The brief was also sent to different NGOs and Civil Society Organizations for their understanding and broader dissemination among the beneficiaries.

To assess the policy brief's impact, an online-based survey monkey software was used with five basic questions regarding the policy brief and was sent to the 271 people to whom the copy of the policy brief had been sent earlier by email. Among them a total of 24 responses were received. Majority (79%) of the respondents reported that this policy brief will help to mitigate the fear and stigma related to Covid-19. As per the plan, the second policy brief was developed in December 2020 on a series of studies conducted during the covid period. The brief policy objective was to provide an overview of the evolution of COVID-19 testing and management in the country, including the state and perception of frontline health workers, COVID-19 testing, overall case management, and trends in home-based care for patients. ID-19 testing, general case management, and home-based care trends for patients. Both in English and Bangla version was distributed widely to 723. the people Bangladesh includes government and NGO officials at national and district levels, Civil Surgeons, parliamentary committee members, journalists, and NGOs. Both in Bangla and English versions and both in soft and hard copies were sent to them by email and by postal mail.

Duty bearers (GoB policy makers, officials) were involved in research findings dissemination through various webinars. This activity will be strengthened over the coming months through the short courses and as BHW continues to engage duty bearers through publication, events, and advocacy platforms.

3.2: Social media interface between duty bearers and end-users help to identify problems and seek solutions:

BHW launched its Facebook page (Bangladesh Health Watch-BHW) and blog (bhw2020.blogspot.com) in April 2020. BHW first launched COVID19 prevention and protection awareness messages, and subsequently, articles, media scanning news, and awareness posts are regularly uploaded. The webinar on 'Fear and Stigma in the context of Corona pandemic in Bangladesh: A rapid assessment' and 'Bangladesh's health system and its commitment to achieving universal health coverage' was also live broadcasted through the Facebook page. Over one thousand people viewed these events through Facebook and commented and liked spontaneously. Through its Facebook page, BHW has started a campaign titled '**Jeete Jabo Aamra**' (see section 2.2). The materials are shared in different platforms, including RCCE, GUK, ADAB, Youth Ending Hunger, a2i - digital Bangladesh Platform.

BHW has developed its website <https://bangladeshhealthwatch.org/> and has made it live since October 2020; the website has been visited 300 times already. This website has given the further opportunity to engage with duty bearers. This would be a perfect tool for sharing information and updates of BHW to anyone interested. Besides research, advocacy, report, and media statement, it would be accessible to anyone to know the background of BHW and who are working with the platform by a click.

3.3. Increased understanding and commitment of duty bearers to quality, participation, and equity of health care, especially for the vulnerable (including women and girls) populations through short courses:

Three short courses on 'Transparency for Good Governance', 'Voice and Participation', and 'Equity for Accessing Services' will be developed under the Sida project. Each of 5 days, the courses will be targeted at programme planners and managers of government, NGO and private sectors and increase their understanding of and commitment to these areas.

The objectives of the courses are to provide participants with the knowledge and skills to enable them to incorporate the elements of these two areas in their programmes. Approximately 25-30 participants will be enlisted per course and GoB senior official from each division will participate in the trainings. BHW developed a concept note and submitted to BRAC JPG School of Public Health to set the course content as the school will conduct the courses as per the agreement. Each of the terms will

have a unique section course on COVID to understand the training topics from experience during COVID challenge.

An agreement has been signed between BRAC James P Grant School of Public Health (JPGSPH), and Bangladesh Health Watch (BHW) on November 28, 2020, on three short courses.

As per the contract, BRAC JPGSPH will be responsible for:

1. Conducting training needs assessment (TNA) to finalize and streamline course content and teaching-learning methodology
2. Conducting a validation workshop with key stakeholders
3. Designing and streamlining short course contents
4. Executing 13 Short Courses (12 Short Courses and 1 Pilot Course on Covid-19)

JPGSPH will undertake 12 short courses and one pilot course for Bangladesh Health Watch between 2021 and 2022. Four short courses to be held in 2021. After adapting and refining, each of those four courses will be repeated twice in 2022. A feedback session will be held after the completion of each course. When they do in-person training, there will be a field visit (one or two days) for experiential learning.

3.4 Understanding of 'participation' and 'equity' enhanced among the national and international scientific community, academia, and policy planners:

A webinar on UHC has organized on June 5 titled 'Bangladesh's health system and its commitment to achieving universal health coverage'. Mr. Md Ashadul Islam, Senior Secretary, Health Services Division, MOHFW has chaired this session. The other distinguished speakers included Dr. Hossain Zillur Rahman, the former caretaker government advisor, Chairman, BRAC, and Executive Chairman, Power and Participation Research Centre (PPRC). Dr. Fahmida Khatun, Executive Director, Centre for Policy Dialogue (CPD), Robert Yates, Executive Director, Centre for Universal Health at Chatham House, UK, and Professor Dr. Mohammad Shahidullah, President of BMDC and Lead of National Technical Advisory Committee for COVID-19. The webinar was moderated by Dr. Ahmed Mushtaque Raza Chowdhury, Convener of BHW. Apart from Bangladesh Health Watch members, representative of the Bangladesh government, members of civil societies, NGOs, media, academics, and development partners were present.

Three short courses for duty-bearers outline in the project proposal, 'Transparency for Good Governance,' 'Voice and Participation,' and 'Equity for Accessing Services' will be developed under the sida project. Each of 5 days, the courses will be targeted at programme planners and managers of government, NGO and private sectors and increase their understanding of and commitment to these areas. The courses' objectives are to provide participants with the knowledge and skills to enable them to incorporate the elements of these two areas in their programmes. Approximately 25-30 participants will be enlisted per course and GoB senior official from each division will participate in the pieces of training.

A collaboration with UNICEF on promoting UHC is planned to take off by the end of this year. UNICEF and BHW have agreed to collaborate to push three crucial agenda in the health sector-

- accelerating achievement of UHC and as part of that
- facilitating the development of an urban health structure that meets the needs of the growing urban population meager income and poor
- improving efficiency and effectiveness of the present health structure and systems through better governance, transparency, and accountability.

RISKS MITIGATION

SI	Risk Factors	Risk faced	Risk mitigated
A	POLITICAL RISK		
1	The project will be viewed negatively by MOHFW and its offices	<p>After release of the research findings of the study on 'Front Line Health Workers' (FLWs) perceptions and opinions on their personal safety while attending suspected or confirmed COVID-19 patients in Bangladesh' on April 18, the findings were widely reported by the mainstream and electronic media. On the following day the findings created reparations among the policy makers of MOHW and DGHS and rejected the findings.</p> <p>BHW is more careful in controlling the agony and pessimistic view of the MOHFW and its offices for any of its activities.</p>	<p>BHW briefed DG-HS about the study's objectives and how the study can help the policy makers ensure the safety of the FLWs to ensure their safety. There was no subsequent adverse reaction.</p> <p>- A Planning Meeting on formation of an Expert Advisory Committee for ICDDR, B study on COVID 19 in Slums was held on November 12, 2020 at 09 - 10:30 am to form an Experts Advisory Committee to support the study technically and help advocate for the study results.</p> <p>The meeting was chaired by Additional Director General, Dr. Meerjady Sabrina Flora, of Directorate General of Health Services (DGHS). Dr. Ahmed Mushtaque Raza Chowdhury, Convener, Bangladesh Health Watch moderated the discussions.</p> <p>- An eleven-member expert Technical Advisory Committee (TAC) headed by Professor Dr. Mahmudur Rahman,</p>

SI	Risk Factors	Risk faced	Risk mitigated
			former Director IEDC,R was formed under the advocacy component with the eminent citizens of Bangladesh having unique knowledge and expertise in the health sector. The committee's objective was to provide inputs to strengthen data collection and study execution, make suggestions on data analysis, overview interim results, and help in finalizing and interpreting results and support the involved agencies in reaching the study findings to the policymakers. At a regular interval, the committee met to get update of the research work e.g. every month. The study's results will be disseminated in the 3rd week of March 2021.
2	Vested interest groups may see BHW as adversary	A single instance of a senior GoB official expressed displeasure at the initial PPE study. The study was also later discredited on mass media through a senior official's statement. BHW engaged in a constructive dialogue with the former official, and there was no subsequent repercussion.	BHW has been mindful and careful in carrying out its advocacy in a non-confrontational way. Thus, government agencies are being regularly invited to its events; special efforts are made to include GoB senior policymakers in discussions, collaboration with GoB agencies is being explored actively.
B	REPUTATIONAL RISK		
	Harmful social media comments may cause shutdown of campaigns	Comments in social media are being carefully scrutinized to detect any harmful comments. So far, none has been identified.	Careful scrutiny of such comments will continue and early damage control will be initiated based on the nature of comments(s). So far comments have been positive and appreciative of BHW's efforts.

SI	Risk Factors	Risk faced	Risk mitigated
4	Media may misrepresent BHW findings	After each event BHW prepared press releases are provided to the media to ensure an accurate representation of facts. This has worked so far, and all reporting has been correct.	The strategy of providing written briefs for mass media representatives will be followed for all future events; other techniques may also be introduced as needed.
C	SAFEGUARDING RISKS		
5	Staff security and safety:	During the reporting period, the primary safety risk was COVID infection risk. BHW team members have been working from home since end of March, and all events/discussions are taking place using online platforms. All travels, including those for establishing Regional Chapters, have been postponed until the situation is safer.	BHW will carefully monitor the COVID situation and continue working mostly from home and through online platforms, with limited office attendance.. Safety protocols put in place by JPGSPH will be followed when team returns to office and/or undertakes travels.
D	DELIVERY/OPERATIONAL RISKS		
6	Natural calamities may hamper timely setting up and running of Regional teams:	Timely set up of the Regional Chapters has been hampered by the COVID pandemic (see above).	The setting up of Regional Chapters was delayed due to f COVID; work on this has resumed but may be hampered again if the present upturn in Covid cases become more serious.
7	The host organization of Regional Chapters may later lose interest	Discussions with potential host organizations during pre-COVID era were positive. However, the situation may have changed due to the pandemic's advent, with organizations being stretched in either responding to the pandemic or accommodating to funding constraints.	Potential host organizations' interest varies from one organization to the other depending on their financial situation. This is being taken into account in selection.
E	FIDUCIARY		
8	Contractors may not deliver timely or with quality:	All contracts have been issued as per JPGSPH procurement policy with adequate cover to guard against delays, non-delivery, and quality of the product. Payments have been made to contractors in installments, based on delivery of agreed outputs.	Future contracts will be issued with the same safeguards.

ANNEX

Annex #	Description	Output
Annex – 1	REQUEST FOR PROPOSAL (RFP) on Analysis of Health Budget Allocation and Expenditure https://docs.google.com/document/d/1fWfPjI4GkTfycA0djmeNc5UENfwmJTcN/edit#heading=h.gjdgxs	TOR
Annex – 2	Virtual Meeting with UNICEF on Urban Health https://docs.google.com/document/d/1F0pnbronJv6AlpUYLsw7OVMdkTVIbgS5/edit	Meeting minutes
Annex – 3	Bangladesh’s Evolving Response to the COVID Challenge https://bangladeshhealthwatch.org/front/assets/files/report/BERC-ovidChallenge.pdf	Policy Brief
Annex – 4	Opportunities and Challenges of COVID-19 Overall Case Handling in Bangladesh: Testing- Isolation- Contact Tracing- Quarantine- Hospitalization https://bangladeshhealthwatch.org/single-research/5	Research report
Annex – 5	COVID-19 +ve Cases Home Treatment & other Measures taken in Bangladesh https://bangladeshhealthwatch.org/single-research/6	Research report
Annex – 6	Sample collection and sample testing for SARS-Co-2 in Bangladesh: A descriptive qualitative study https://bangladeshhealthwatch.org/single-research/11	Research report
Annex – 7	Webinar on Community Engagement in COVID – 19 pandemic: Lesson Learned from BRAC, Hunger Project and SAJIDA Foundation https://bangladeshhealthwatch.org/single-event/10	Event report
Annex – 8	Webinar on Success with COVID– 19: learning from Kerala (India), Thailand and Vietnam https://bangladeshhealthwatch.org/single-event/9	Event report
Annex – 9	TV Talk Show 1. Talk show on COVID Vaccination: https://youtu.be/rksOIHTFfnY	Video
	2. Talk show on COVID Testing: https://youtu.be/AYulDoeLIZ4	
	3. Talk show on Whole of society approach/ Community Engagement https://youtu.be/AOJSiOxjhoE	
	4. Talk show on Pandemic: Public health system and management https://youtu.be/CmYX3uxTclk	







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 Facebook: Bangladesh Health Watch-BHW
 Youtube: www.youtube.com/channel/UCOUf5r2je-CQG-506n0l5_g

জনস্বাস্থ্য ব্যবস্থা ও ব্যবস্থাপনা | মুক্তবাক | Muktobaak | 6 September 2020

24
 LIVE
 শ্রুতি
 আজকের বিদায়
 জনস্বাস্থ্য ব্যবস্থা ও ব্যবস্থাপনা
 COVID-19
 বাংলাদেশের সর্বমুখ
 6 সেপ্টেম্বর 2020

