

Making Bangladesh's Healthcare Systems More Responsive and Participatory (2019-23)

PROJECT COMPLETION REPORT



APRIL 2024

Bangladesh Health Watch (BHW)
a multi-stakeholder civil society platform

TABLE OF CONTENTS

TABLE OF CONTENTS	1
ACKNOWLEDGMENTS	2
EXECUTIVE SUMMARY	3
LIST OF ACRONYMS	9
Background	10
Theory of Change	11
Overall Project Design	12
The Project Goal and Objectives	12
Purpose	12
Project Beneficiaries	13
Project Activities	13
Stream One	14
Stream Two	24
Stream Three	35
MAJOR PROJECT ACHIEVEMENTS	49
MAJOR CHALLENGES	52
LESSONS LEARNED	53
RECOMMENDATIONS	54

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Thanks to the SIDA for their continued trust and collaboration. We look forward to continuing our journey together in the next phase of our project.

Ahmed Mushtaque Raza Chowdhury, PhD

Convener

Bangladesh Health Watch (BHW)

EXECUTIVE SUMMARY

The public health system in Bangladesh has been able to achieve good progress concerning many indicators with low levels of investments as a share of GDP. Unfortunately, however, the public health system has no consistent and credible system to empower citizens to demand and realize improved health outcomes. This is especially true for the hard-to-reach, poor and marginalized groups. Although the Community Clinic Groups established under HPSP and later expanded nationally under subsequent sector-wide programmes are strong in some places and play a role in ensuring accountable services for their catchment communities, their number is too small to have a substantive impact on the entire health system. Thus, an effective process that increases people's participation and voice in health sector development, ensures better transparency and accountability, thus making the system more responsive to the needs of its citizens is missing.

The Voice and Accountability (V&A) approach works to ensure citizens' rights to health. Citizens need to be able to claim improvements in services; providers and policy-makers need to be accountable for their decisions and actions; and services need to respond to the ideas, concerns, and suggestions of clients. However, knowing how, when, and where to intervene to strengthen citizens' voice and accountability within the health sector is challenging in the context where health systems are very weak and many issues require urgent attention.

The project Making Bangladesh's Healthcare Systems More Responsive and Participatory (2019-23) in its four-year life span undertook a large number and range of activities to achieve the stated project goal. The major achievements from these activities can be grouped into three categories:

- Establishing a potentially sustainable model for generating local-level accountability
- Bringing about improvements in health service delivery through indigenous local-level initiatives
- Contribution to knowledge and understanding of specific issues in health
- Strengthening BHW's capacity and image as a health sector advocate

The Regional Chapters, through forums at district, upazila, and union levels along with the youth forums have emerged as a model for instituting local-level accountability of government health facilities. These forums, with well-capacitated members drawn from different segments of society and having a sizeable representation of women have by now developed processes to systematically review non-technical aspects of service delivery in their respective government facility, identify the priority problems and raise them with the local level facility management through periodic 'authority meetings' to seek solutions to those issues. These meetings which bring together the facility managers and providers on one hand, and the healthcare users and forum members on the other, have emerged as a new collaborative way to work together to mitigate some of the problems. Given previous experiences of similar projects which have shown successes during the project period but whose successes wore away very soon after the project ended, this project had taken a number of initiatives to instill sustainability:

Mobilizing a local NGO as the focal point to support forums:

A well-respected local NGO (host NGO) was selected for each of the forums to support the forum members in secretarial and organizational work; this NGO was paid only a token minimal honorarium to support the part-time payment of designated staff to support the forums. The NGO CEOs and focal points subsequently got involved in delegations to meet senior government officials,

the NGO's name appeared side by side with that of the forums and BHW, increasing its credibility and reputation, and focal points were given different types of capacity-building inputs. These measures gave a degree of ownership of the local NGO to the forum activities. During evaluations and in conversations with third parties the NGOs have expressed their serious intent of continuing to work under this arrangement, as they see it as a contributor to their image and experience.

Selection of motivated members imbued with spirit of voluntarism:

The forum members give considerable time to the initiative and are not remunerated in any way. BHW introduced this arrangement to screen in individuals who were interested in bringing about changes, rather than being motivated by the allure of fees/honoraria. Over the years, the dropout rate of the members has remained at around 30 percent which is not a drastic fall; the members who remain in the forums continue to take on their responsibility with enthusiasm.

Developing ownership of the RCs among members:

Members are given a lot of autonomy to develop their work plans by themselves. They actively participate in meetings with the health facility management and other local authorities which helps to elevate their social status. They are also provided with training, the topics of which are identified by the members themselves and vetted by BHW. All of these measures together create a sense of ownership for the initiative, as recognized by the members themselves. In addition, the reward of seeing some of their work positively impact service delivery provides a lot of satisfaction and encourages them to remain attached to the forums, as reported by forum members.

Bringing about improvements in health service delivery through indigenous local-level initiatives:

The role of the forums in bringing about improvements in service delivery in their assigned facility has been mentioned above, and examples of such improvements are cited in Section 2.1. Since the forum members are on the ground and constantly in touch with their centers, they can ensure that changes continue to hold, and are not lost soon afterward. Thus, in the concerned facilities, the additional chairs organized for waiting patients are still there, the solar panels and tube wells installed in two community clinics are working, separate ticket counters for males and females are functioning, and so on; some initiatives however require regular re-enforcement through the authority meetings, e.g. restricting the time of visit to facilities by medical representatives of pharmaceutical companies. There has been some impact of the forums' work on hospital attendance of service providers- attendance of doctors in community clinics has been initiated and absenteeism has been reduced at least in one district hospital of Bagerhat District.

RC Model analysis:

The BHW commissioned a study on its Regional Chapters (RCs) to generate evidence for advocacy. The study was conducted by the Centre of Health Systems and UHC/BRAC JPGSPH, BRAC University, led by Prof. Syed Masud Ahmed. This study was conducted in two phases during the reporting period, titled of which are as follows:

Phase I: "Formative research to elicit the voices of health service users at the grassroots: the early months of the formation and functioning of the regional forums of Bangladesh Health Watch"

Phase II: "Formative Research to Elicit Voices of Health Service Users at the Grassroots: Experiences from Phase-II Activities of The Regional Forums, Bangladesh Health Watch"

The first phase of the study aimed to document and analyze the processes involved in the early formative stages of the regional forums. It also focused on examining the mechanisms and tools used to record grassroots/citizens' voices on accessing and using healthcare services, including how host organizations are selected and utilized. Additionally, the study aimed to explore the underlying dynamics of interactions to develop a platform for this purpose, including identifying barriers faced and coping mechanisms adopted. The first phase of the formative study was conducted in 2022, which documented and analyzed the processes involved in the inception phase, summarized learnings, and made recommendations to improve the program in the second phase. In the second year 2023, activities from the inception phase were consolidated and fine-tuned based on recommendations from the first phase. Additionally, some additional interventions were implemented to address identified barriers and enhance health system responsiveness with future sustainability in mind. The second phase of the study also continued to track the program's transformative journey. It assessed the effects of learning from the inception phase on capacity-building and multistakeholder meetings, reviewed compliance with recommendations from Phase I, explored and assessed Phase II activities, and generated evidence for sustainable forum development.

Contribution to knowledge and understanding of, and action on specific issues in health:

The project made important contributions to existing knowledge through research and reviews. Thus quick research undertaken at the beginning of the Covid pandemic helped to raise the issue of low-quality PPE being provided to government doctors which kick-started a number of actions by the government to address the situation. The Citizens Voice tab on BHW's website addressed concerns and questions from 2150 citizens on Covid-related issues. The repository on Covid-related research and the ongoing work on a

repository on equity provides/will provide easy access to reliable, vetted information in the two areas. BHW for the first time compiled all the health-related policies, directives and strategies in a compendium which serves as an easy guide for those researching for related information.

The three cycles of budget analysis carried out under the project have helped to establish evidence that the health sector is massively under-budgeted and PHC more so. The more recent study and video documentation of the mental health of climate-challenged communities are important tools that can be used to raise awareness about the scale and depth of climate change impact among vulnerable communities and the need to address these areas. The much-lauded book on 50 years of advances in health has not just chronicled the successes and resulting changes in Bangladesh's health situation since independence, it provides an analytical and evidence-based glance into future challenges for the sector and the way forward. The protocol for emergency services for road traffic victims is the first of its kind guideline to be developed which has the potential to transform emergency services in Bangladesh. BHW not only published its reviews and research, but it also ensured proper dissemination of these to the target audience through events, policy briefs, newsletters, websites, and social media. Every publication/information is uploaded to its website so that it can be easily accessed.

Strengthening BHW's capacity and image as a health sector advocate:

Several initiatives taken under the project have helped BHW to emerge as a strong voice in the health sector:

- Although BHW had existed since 2006, it was for the first time under this project that a full-fledged secretariat was set up and BHW engaged in systematic, active advocacy. The 11-person strong secretariat manned by

individuals with rights skills and motivation delivered the project mandate with success, as evidenced by the two evaluations.

- Partnerships were established, e.g. with the local NGOs acting as Host Organizations, with individual organizations (e.g. BSMMU's Health Informatics Department, Health Economics Institute, Unnayan Sammanay) and individuals (CHT Zila Parishad Chair, District Commissioners and UNOs and other local government officials of the eight regions).
- An important partnership with the journalists' community also evolved in the course of the project which resulted in strong media coverage of most BHW events and a number of catalytic investigative stories by journalists.
- BHW's relationship with its host, JPGSPH evolved and strengthened as it was for the first time that BHW was executing a project within the administrative and financial framework of JPGSPH. The two organizations established effective collaboration, smooth communication channels, and a better understanding of each other's culture, leading to the smooth execution of the project.
- BHW successfully refreshed its brand by updating its website, and social media presence- especially Facebook, YouTube, and twitter, press coverages of its events, stronger branding of its publications, etc.

BHW's passionate about UHC acceleration in Bangladesh:

Universal Health Coverage (UHC) is considered as a broad and ambitious healthcare system concept that aims to ensure that all individuals and communities have access to a full range of quality healthcare services they need without facing financial hardship. Achieving UHC is a multifaceted endeavor due to several complex factors, including tailoring it to the specific needs of each nation, providing comprehensive healthcare services, allocating resources effectively, promoting equity, garnering political commitment, and engaging communities.

Bangladesh has committed to achieving UHC by 2030, a timely goal built into the Sustainable Development Goals (SDGs). The government's dialogue on UHC has been recurrently emphasized in various official documents, demonstrating the state's dedication to the cause. However, a notable challenge lies in the lack of clarity among a diverse array of stakeholders, encompassing both government and non-government entities, regarding the practical implications of achieving UHC within the stipulated period in the context of Bangladesh.

The Bangladesh Health Watch (BHW), a civil society platform has been actively involved in initiatives to address these questions and accelerate progress toward UHC. BHW advocated by developing a 'white paper' that summarizes focusing on goals for 2030, the ideal UHC vision, and health service delivery improvement through strengthening the healthcare system. This work in progress aims to provide valuable insights and recommendations for advancing UHC in Bangladesh, ultimately benefiting the health and well-being of its citizens.

In awe of our collective efforts "The book "50 Years of Independence: Advances in Health":

Bangladesh has inspired the rest of the world over the past 50 years because of its achievements in the implementation of the science and art of public health – saving lives and overcoming poverty, thereby bringing dignity and hope to millions of people. The book "50 Years of Independence: Advances in Health" is one document that provides an overview of the government's health system or that pulled together in one easily accessible source the many specific extraordinary achievements that Bangladesh has made in the health sector. The book is "a labor of love and a token of affection for the people of Bangladesh – especially the women and children." The most important lesson was that the foundation of much of the country's progress was produced by

partnerships among the government, non-governmental organizations, and the people themselves – communities, civil society, and inspired leadership at all levels. The 370 pages of the amazing book whose English and Bangla versions are in awe at our collective action produce this book describes in awe at the extraordinary achievements in this book. Collectively, they are the product of so many individuals, institutions, organizations, and programs who dedicated themselves to improving the health and well-being of the 170 million people who inhabit Bangladesh.

The Understanding and Capacity Building of the Stakeholders:

Three short courses were developed and delivered to enhance the understanding and commitment of duty-bearers to the quality, participation, and equity of healthcare, particularly for vulnerable populations, including women and girls. The objective was to equip the duty-bearers with the knowledge and skills necessary to integrate these core values into their programs. The courses were attended by policy planners, program managers from the government, NGOs, and private sectors, healthcare practitioners, university faculty (especially in public health), and journalists. A diverse team of resource persons was actively involved, comprising former and current government policymakers and program managers, academicians, and researchers. This approach allowed trainees to gain a deeper understanding of the subject matter while bridging the gap between the specific and broader contexts in which government resource persons were operating.

JPGSPH was tasked to complete the three short courses. Throughout the project duration, each course provided three training sessions, and an additional course addressing COVID-19 was included. In total, ten batches were successfully concluded last month, supported by the project fund.

BHW disperses its focus on emerging public health concerns:

Study on Linking the Voice of the Poor to the 5th Sector Program: Climate change impact on health:

Recognizing the significant impact of the present emerging global and national climate situation on livelihoods and health, BHW commissioned a research assignment to collect the voices of climate-affected communities. The research was conducted by Eminence Associates for Social Development Agency and covered 8 districts, including Kurigram, Sirajganj, Netrakona, Sunamganj, Satkhira, Chittagong, Barguna, and Dhaka in 2023.

The study highlighted health trends in various climate-vulnerable areas. These trends included an increase in stroke rates in river-erosion-prone areas and a heightened risk of preeclampsia among pregnant women in southern regions due to high salinity. Additionally, prevalent health issues such as skin diseases, fatigue, eyesight problems, reproductive health problems, diabetes, hypertension, jaundice, and diarrhea were identified.

Study on Climate Change induced Mental Health Problems in the coastal area of Bangladesh:

Several pieces of literature revealed that Bangladesh faces significant challenges from climate change due to its vulnerable location and socio-economic conditions. Climate-related health issues are increasing, including heat-related mortality and mental health disorders. Natural disasters like cyclones and floods lead to traumatic experiences and mental health concerns such as depression, anxiety, and PTSD. The lack of post-disaster mental health support and gender disparities exacerbate the situation. The healthcare system struggles to provide adequate care, particularly in remote and climate-vulnerable areas. To address these issues, BHW aimed to conduct collaborative research on climate change's impact on mental health with the

famous research Centre for Climate Change and Environmental Research (C3ER) at BRAC University to strengthen evidence generation and advocate for robust mental health policies.

The study was conducted in Shyamnagar, a sub-district located in the Satkhira district of Bangladesh from August to December 2023. This location is known for its high susceptibility to natural disasters such as cyclones, coastal flooding, sea-level rise, and coastal erosion, particularly Shyamnagar Upazila stands out as one of the most disaster-affected areas in the southwestern coastal region of Bangladesh due to its low-lying geography.

The Project Mid-term and End-term Evaluation:

The midterm review (MTR) has been conducted to review the progress of the project during the initial nineteen months (December 2019 - June 2021) of implementation. The MTR was conducted to support BHW:

- To revisit the information on selected indicators in the performance framework to track the project's progress and provide evidence for comparing with the end-line of the project; and
- To make recommendations on how the activities can be improved based on the findings of the assessment.

The reviewer highlighted the Project of BHW is a unique one in the Bangladesh context and it is also a catalyst for a 'quantum jump' in the overall activities of BHW itself. The initial implementation

period of the Project was highly challenging due to the global crisis created by the COVID-19 Pandemic and, understandably, the substantial capacity of the secretariat (which has already been organized within a short period) geared to address the demanding and deserving issues related to the pandemic. The crisis, however, has also created the opportunity for relatively higher levels of understanding of the socio-economic, environmental, and political determinants of health among all segments of people. The Project now needs to transform this opportunity into a 'Citizen's Voice' through the creation and activation of effective civil society platforms in the health sector.

The project also conducted an end evaluation aimed to evaluate the project with five specific objectives. The objectives include assessing progress against all indicators and assessing the project's effectiveness, relevance, efficiency, and sustainability. It also aimed to identify key lessons and practices for a potential following phase, potential areas for civil society advocacy and donor collaboration in the lens of governance, equity and quality of care of the health systems in Bangladesh. Alongside it is intended to assess the challenges and document the best practices and outcomes for possible future interventions. The evaluation followed the Organisation for Economic Co-operation and Development (OECD/DAC) criteria.

The study concluded the project was very successful in most of the evaluation criteria. However, to achieve the project's aim, further

LIST OF ACRONYMS

BHW	Bangladesh Health Watch
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CPD	Centre for Policy Dialogue
CS	Civil Surgeon
CSO	Civil Society Organization
DAC	Development Assistance Committee
DC	Deputy Commissioner
DG	Director General
DGHS	Directorate General of Health Services
DHRF	District Health Right Forums
FGD	Focused Group Discussion
HNPSP	Health Nutrition and Population Sector Program
HO	Host Organizations
ICT	Information Communication and Technology
JPGSPH	James P Grant School of Public Health
KII	Key informant interviews
MOHFW	Ministry of Health and Family Welfare
MP	Members of Parliaments
MTR	Mid-Term Review
NGO	Non-Government Organization
OECD	Organisation for Economic Co-operation and Development
PPE	Personal Protection Equipment
RC	Regional Chapter
SDG	Sustainable Development Goal
SIDA	The Swedish International Development Cooperation Agency
SIP	Strategic Investment Plan
SP	Superintendent of Police
UHRF	Upazila Health Right Forum
WHO	World Health Organization
YHRF	Youth Health Right Forums

BACKGROUND

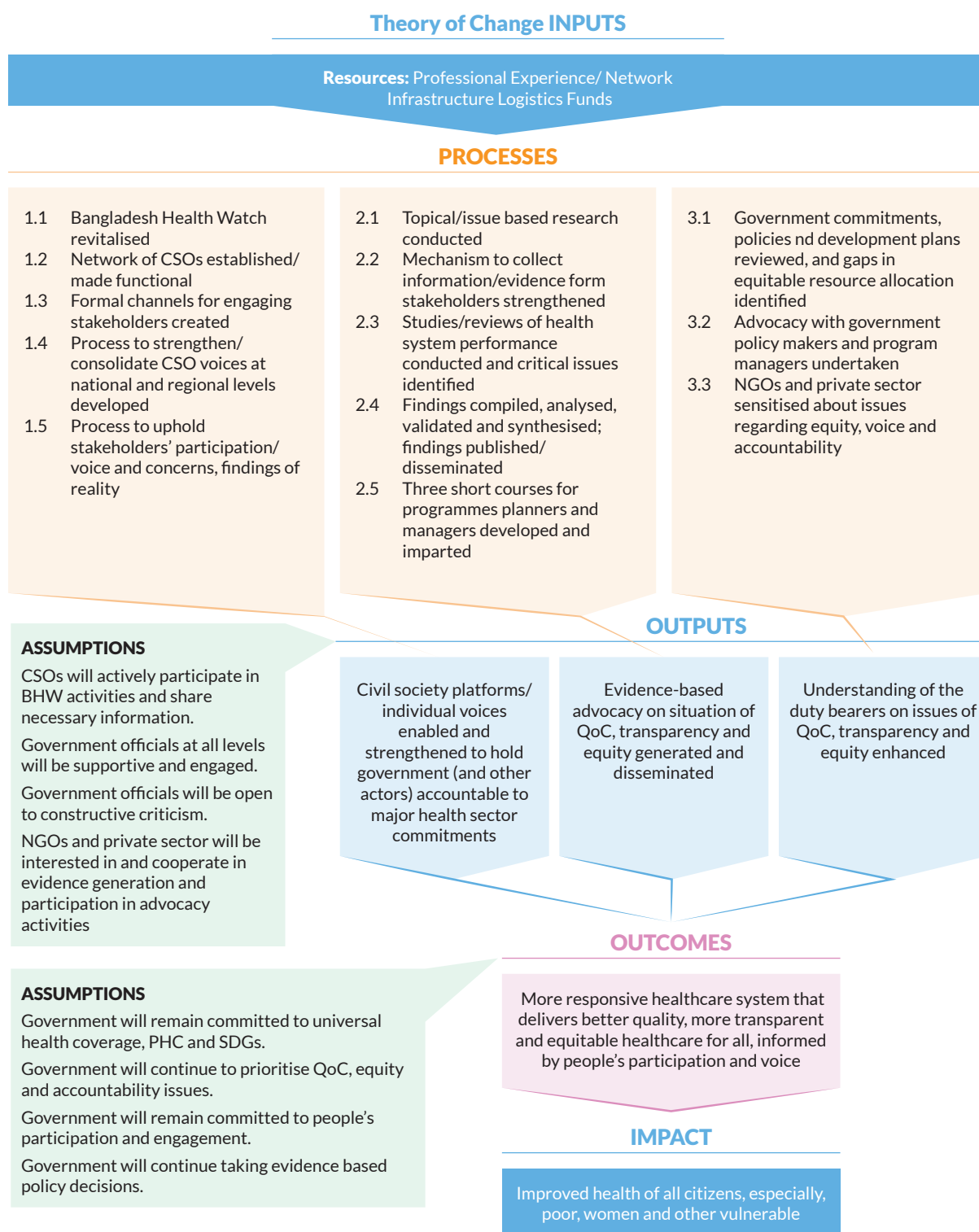
BHW was officially established in 2006 as a multi-stakeholder civil society body committed to enhancing Bangladesh's health system by critically reviewing policies and programs based on evidence and recommending appropriate changes. BHW began its journey by publishing a series of biannual reports, the Bangladesh Health Watch Reports. These reports have highlighted the most pressing challenges of the health sector at specific times and have provided insightful situation analyses leading to practical recommendations based on evidence from existing and primary research.

In December 2019, BHW decided to undertake more active advocacy to make a deeper impact on the country's health situation in addition to the publication of the biannual reports. The Swedish International Development Cooperation Agency (SIDA) funded project "Making Bangladesh's Healthcare Systems More Responsive and Participatory" was an expansion of the advocacy efforts of BHW in order to address accountability, transparency, equity, and quality of care in the health sector through civil society platforms. The project has covered the duration of its operation from December 2019 to December 2022. However, the project was extended up to December 2023 in a no-cost extension manner.

For more information, please visit the Bangladesh Health Watch website: <https://bangladeshhealthwatch.org>.

THEORY OF CHANGE

The following diagram explains the Theory of Change for this project.



OVERALL PROJECT DESIGN

Project “Making Bangladesh’s Healthcare Systems More Responsive and Participatory”

The project design consisted of three distinct work streams, each contributing to specific objectives and outputs. The Secretariat, operating under the guidance of the Working Group and Steering Committee, served as the hub for all activities. It established the Regional Chapters, convened thematic groups as needed, and conducted extensive targeted advocacy activities. Additionally, it disseminated research findings through media channels and facilitated public discussions and debates on these issues. The Secretariat also outsourced several research and review exercises, playing a central role in project implementation.

THE PROJECT GOAL AND OBJECTIVES

The project was being guided by a central goal and specific objectives designed to address this goal.

The project's overarching goal was to enhance the health sector's accountability, transparency, and equity, particularly in hard-to-reach, impoverished areas, with a special focus on women and young girls.

To achieve this goal, the project set the following specific objectives:

- Empower civil society platforms and individual voices to hold the government and other stakeholders accountable for major health sector commitments.

- Conduct evidence-based advocacy to improve the quality of care, transparency, and equity, especially in hard-to-reach, poor areas, with a particular emphasis on women and young girls.
- Improve the understanding of duty bearers regarding issues related to the quality of care, accountability, and equity. This objective aimed to ensure that those responsible for upholding and enforcing health sector commitments were well-informed and equipped to address these critical issues effectively.

PURPOSE

BHW, through this project, was aiming to attain the following change (outcome/purpose):

“A more responsive healthcare system delivering better quality, more transparent and equitable healthcare for all, being informed by people’s participation and voice”.

The outcome contributed to the health of all citizens, especially marginalized, hard-to-reach, poor populations, particularly women and young girls.

The following outputs were leading to the outcome mentioned above:

- Civil society platforms/individual voices were enabled to hold the government (and other actors) accountable to significant health sector commitments.
- Changes in policy/practices resulted from evidence-based advocacy carried out to improve the situation related to quality of care, transparency, and equity.
- The understanding of duty bearers on quality of care, transparency, and equity was being enhanced.

In order to achieve the above three outputs, three main sets of activities were carried out:

- Planned advocacy was conducted to enable civil society platforms/individual voices to hold the government accountable to major health sector commitments.
- Evidence-based, topical advocacy on the situation of quality of care, transparency, and equity in the health sector was being carried out.
- A multi-pronged approach was used to improve awareness and understanding of duty-bearers on quality of care, accountability, and equity.

In light of the above Theory of Change, the project's ultimate goal is to improve all citizens' health, especially the poor, women, and other vulnerable groups.

PROJECT BENEFICIARIES

The primary beneficiaries of this project were the citizens of Bangladesh, with a particular emphasis on the impoverished and those residing in hard-to-reach areas. Within this group, girls and women, who often faced additional marginalization, were being given priority. The direct target group encompassed government and NGO policy planners, program managers, service providers, and civil society organizations at both central and local levels. Indirect beneficiaries included all healthcare users, particularly the marginalized and impoverished living in hard-to-reach areas. The project was expected to disproportionately benefit women and girls due to its specific focus on highlighting and improving their situation.

The project was operating at both national and regional levels. It was prioritizing activities in eight

regions characterized by their inaccessibility and high poverty rates. The project was to establish and strengthen Regional Chapters of BHW in these areas. Tentatively, these chapters were set up in eight districts, each representing one of the eight divisions. Four of these districts were hard-to-reach with predominantly rural catchment areas (e.g., Sunamganj, Kurigram), while the other four were small towns with largely peri-urban characteristics (e.g., Borguna, Munshiganj). This diverse selection allowed the project to gain a representative understanding of the differing dynamics between urban and rural areas. The locations were initially selected in the Project Steering Committee meeting (refer to section 6) and finalized following a feasibility study conducted at the project's commencement.

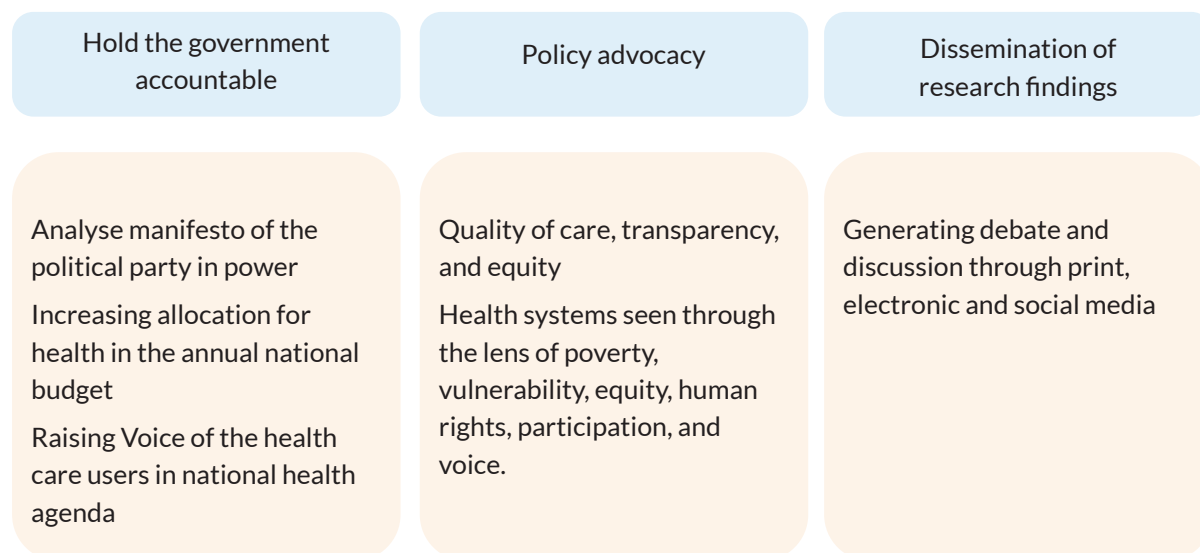
PROJECT ACTIVITIES

Until 2018, the Bangladesh Health Watch (BHW) primarily published its widely recognized biennial BHW Reports. It also plays a role in policy advocacy, bringing pertinent healthcare service issues to the attention of policymakers, planners, and implementers. In late 2019, BHW initiated a more proactive advocacy approach to effect more profound changes in the country's health situation and publish biennial reports.

Starting in December 2019, BHW implemented this three-year project with a year no cost extension titled "Making Bangladesh's Healthcare Systems More Responsive and Participatory" with financial support from the Swedish International Development Cooperation Agency (Sida). This project was unique in the context of Bangladesh and also acted as a catalyst for a significant leap in BHW's overall activities. BHW was expanding from policy advocacy to grassroots advocacy to foster inclusiveness and resilience. The work was carried out under three streams of activities to achieve the project goal.

BHW employed three-pronged strategy to achieve the project outcome:

Three-pronged strategy of the Project



STREAM ONE

The first stream of work consisted of a series of regular, planned activities aimed at holding the government accountable in three specific areas:

- fulfilling the promises outlined in the published manifesto of the political party in power
- allocating funds for health in the annual national budget, and
- incorporating feedback from healthcare users—especially women and girls—during program planning and reviews (both annual and mid-term) of the national sector-wide health program.

This stream of work included initiatives to strengthen civil society's participation and

influence in policy forums and national-level strategic program decisions by channeling the voices of end users to the policy table through citizens' platforms. Strengthening the Bangladesh Health Watch secretariat was a crucial component of this work, as the secretariat drove most of the activities. Additionally, eight Regional Chapters of Bangladesh Health Watch were established under this stream of work to amplify the grassroots voices of healthcare users and providers at the national level, particularly from areas with marginalized populations.

Output - 1: Civil society platforms and individual voices were empowered to hold the government (and other actors) accountable for major health sector commitments.

1.1 Client feedback on GoB services informs MTR and annual reviews

The Government of Bangladesh convenes an annual review of its national health sector programme regularly. In addition, mid-term and final reviews/evaluations are also commissioned. Although the terms of reference of the review/evaluation committee envisages collecting feedback from end-users, in the absence of an organized way to do so, the feedback is at best perfunctory. The same is true about feedback from grass-root level workers and their managers. To contribute inputs to the Annual Programme Review (APR) of the sector-wide national health program, BHW conducted an assessment titled 'User's Perspective of Public Health Services in Bangladesh'. The study aimed to comprehend how these factors varied across districts with high and low performance in other health and family planning indicators and among communities that had been neglected and encountered difficulties in accessing services, including people with special needs. BHW shared the study's findings with the MTR team on March 5, 2020. In attendance were government officials, donor representatives, and BHW working group members, besides the MTR team members. The assessment findings were incorporated into the 4th Health, Population and Nutrition Sector Program (HPNSP) 2017-2022, Mid-Term Review (MTR) 2020 final report, which was submitted in April 2020.

BHW aimed to provide evidence-based, structured feedback to the appraisal/review process. BHW pursued various initiatives to assist the Government of Bangladesh in strengthening the health system and health service delivery. Consequently, client feedback research was conducted at its 8 Regional chapters to create tools for exploring trends in 'equity' and 'quality of care' at the Primary Health Care (PHC) level health facilities. The report/findings were shared with DGHS on November 10 and November 14, 2022. Through this research, tools for collecting

citizens' feedback on the quality of services at PHC facilities were developed for the regular monitoring of healthcare services by regional chapter members. The second round of client feedback survey was completed in 2023 using these tools.

The study underscored the urgent need for a holistic and coordinated approach, involving improvements in infrastructure, service provision, and healthcare provider conduct to enhance the overall healthcare landscape. Moreover, the identified shortcomings in information dissemination and feedback mechanisms, as well as diagnostic facilities and cleanliness, further emphasized the need for systemic reforms to address these aspects and ensure a more effective and patient-centered healthcare system.



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

The project reviewed the national budget of the country. In 2020, BHW considered the crisis created by the COVID-19 pandemic and its impact on the national budget and therefore conducted a rapid analysis to assess the budgetary allocation in the health sector (including water and sanitation) on COVID-19 response by the government, private (for profit and not-for profit) organizations

and development partners in terms of equity, transparency/corruption, efficiency and effectiveness. The study was titled, “Analysis of financial allocations for COVID 19 Response.”

In 2021, BHW floated an RFP to analyze the National Health Budget Allocation and Expenditures. The objectives of the analysis were to 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. Unnayan Shamannay, a reputed research organisation was selected through a bidding process. Unnayan Shamannay did a desk review of

the health sector allocations & expenditures in the National Budget (FY 20-21). Moreover, a pre-budget virtual webinar titled "Public Expenditure for Health Sector: Proposals for FY2021-22" and a post-budget online press conference titled "Budget 2021: Reviewing the Health Allocations" were organized. The activity details are stated in the table below.



Table -1: Advocacy Initiatives on Health Sector Budget Analysis

SL #	Year	Activity	Title	Remarks
1	2020	Research	Analysis of financial allocations for COVID-19 Response conducted by Professor Rumana Haque	Dissemination of “Analysis of Financial Allocations for COVID-19 Response” through webinar
2	2021	Research	Analysis of National Health Budget Expenditures for the FY2020-21	Conducted by Unnayan Shamannay
3	2021	Webinar	Public Expenditure for Health Sector: Proposals for FY2021-22	Findings shared with the Policymakers, MPs, politicians, govt high officials.
4	2021	Talk Shows	আলোচ্য বিষয়ঃ বাজেট ও স্বাস্থ্য ভাবনা আলোচ্য বিষয়ঃ বাজেট ও স্বাস্থ্য ভাবনা(পর্ব-০২)	The talk show aired in private Channel DBC.
5	2021	Policy Briefs published in both Bangla and English.	Public Expenditure for Health Sector: Reviewing Budget 2021-22	Distributed among 300 stakeholders, MPs, policymakers, journalists, academics, etc.
6	2022	Research	Analysis of National Health Budget Expenditures for the FY2021-22	Conducted by Unnayan Shamannay

SL #	Year	Activity	Title	Remarks
7	2022	Webinar	Pre-Budget Online Dialogue Session: Speakers for Increasing Health Budget	Findings are shared with the Policymakers, MPs, politicians, govt high officials.
8	2022	Roundtable at Daily Star	স্বাস্থ্য বিষয়ক প্রাকঃ বাজেট জাতীয় সংলাপ	Policy makers, MPs, politicians, govt high officials participated.
9	2022	Webinar	Post Budget Discussion	Policymakers, MPs, politicians, govt high officials participated.
10	2022	Policy Brief in both Bangla and English.	Reviewing Health Sector Allocation Budget 2022-23	Distributed among 300 stakeholders, MPs, policymakers, journalists, academics, etc.
11	2023	Roundtable in CIRDAP	Opinion Exchange on National Health Budget	
12	2023	A total of Seventeen Op-eds were published on the National Health Budget over the period	Different topics have been selected for Op-Ed writing budget allocation, shortage of manpower, PHC allocation, Out-of-pocket expenditure, etc.	Leading Bangla and English News Paper

1.3: Outcome of Advocacy Initiatives of National Health Health Budget Analysis

GoB is mandated to provide healthcare for citizens from all walks of life regardless of their socio-economic status and geographic location. There are multiple ministries/divisions/directorates/ departments through which GoB spends/invests the budgetary allocations for healthcare.

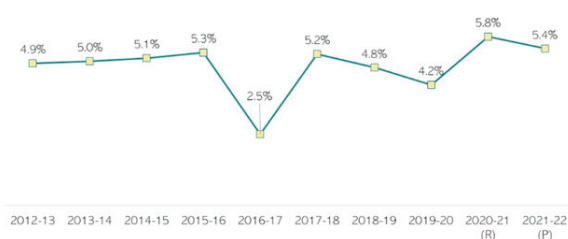
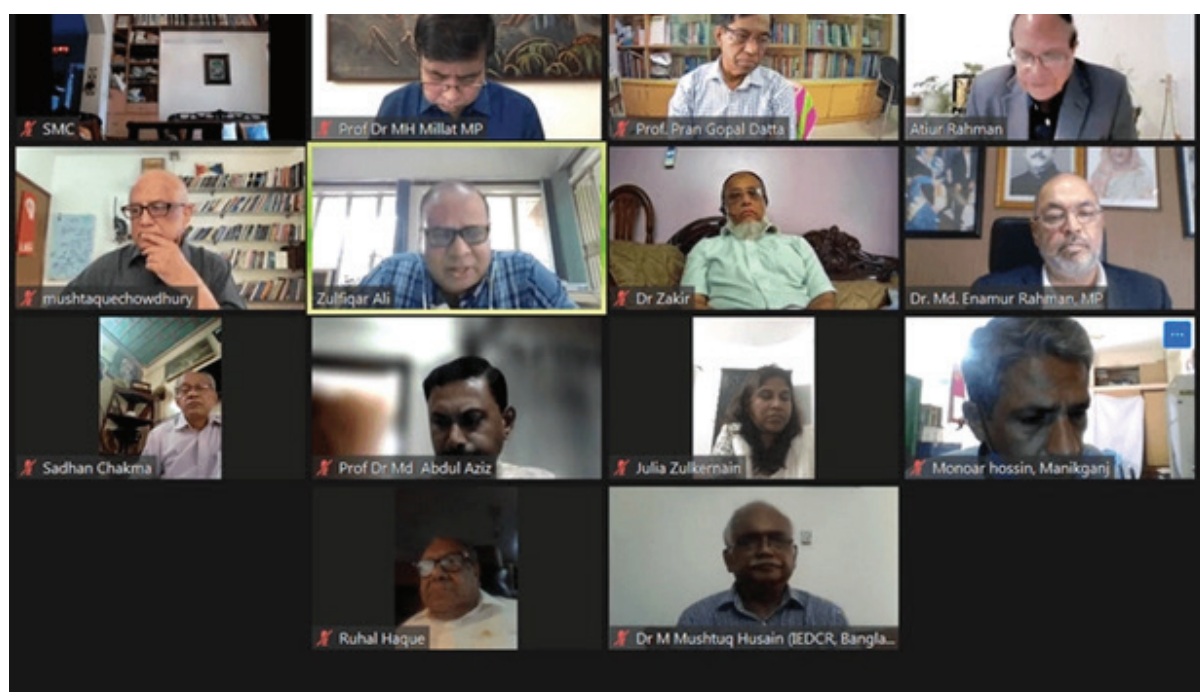


Figure 1: MoHFW expenditure/budget as a share of the total National Budget between FY 2012-13 and FY 2021-22

The BHW commissioned a survey from Unnayan Samanya – a local consulting organization experienced in this area to focus on the primary healthcare situation in rural areas of Bangladesh. The survey attempted to analyze the trends of public expenditure in the health sector of Bangladesh with a specific focus on the National Budget for FY 20221-22. Based on the analyses of these trends and the overall situation of the health sector, the survey put forward a set of recommendations regarding improving public spending/investment for healthcare in Bangladesh.

Bangladesh Health Watch and Unnayan Shamannay jointly organized an online dialogue on Saturday, 12th May, insert which year on different health sector-related issues that came to light through the survey and which needed to be

addressed in the coming budget. Among honorable Parliamentarians- Dr. Samil Uddin Ahmed Shimul (Chapai Nawabganj-1), Dr. Habibe Millat (Sirajganj-2), Dr. Pran Gopal Dutta (Comilla-7), Dr. A. F. M. Ruhul Haque, MP (Satkhira-3), Dr. Md. Abdul Aziz (Sirajganj-3), and honorable State Minister for the Ministry of Disaster Management and Relief- Dr. Md. Enamur Rahman (Dhaka-19) were present as discussants. Expert panelists at the online session were- Dr. Mushtaque Raza Chowdhury (Convener, Bangladesh Health Watch), Dr. S. M. Zulfiqar Ali (Senior Research Fellow, BIDS), and Dr. Syed Abdul Hamid (Professor, Dhaka University). Unnayan Shamannay Chair and former Governor of Bangladesh Bank- Professor Dr. Atiur Rahman presented the keynote paper. Bangladesh Health Watch Budget Thematic Group Chair- Professor Dr. Rumana Haque moderated the session.



While presenting the keynote paper- Dr. Atiur Rahman, former Governor of Bangladesh Bank urged to come out the practice of allocating 5 to 6 percent of the total national budget for the health sector. He also pointed out that usually, 25 percent

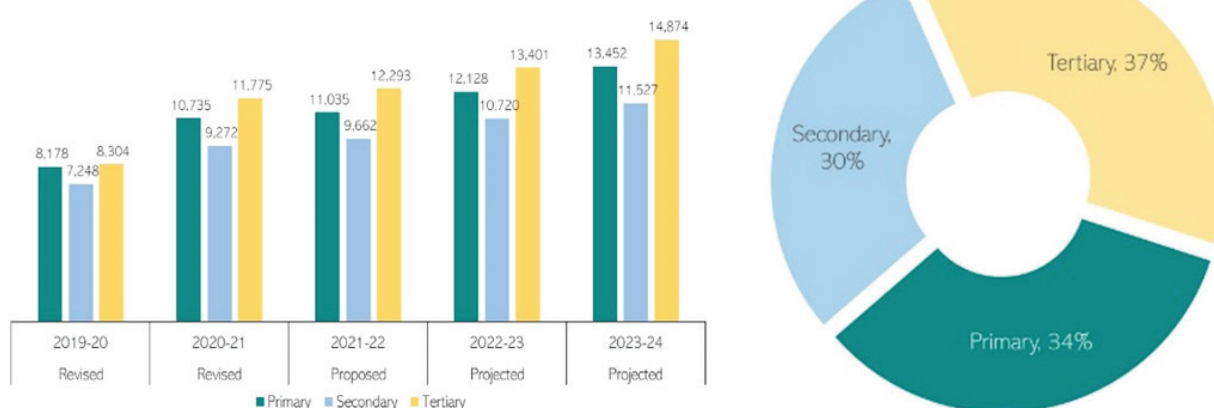
of the health sector allocations go to primary healthcare. This should be increased to 30 percent in the coming fiscal year and 35-40 percent within the medium term. Dr. Atiur further added that if the allocations for providing free-of-cost medicine

for the people can be tripled then the out-of-pocket health expenditure can be reduced from 68 percent to 58 percent. Dr. Ahmed Mushtaque Raza Chowdhury suggested establishing a national commission to ensure quality primary healthcare.

Dr. S. M. Zulfiqar Ali, stating that the income-poor segments of Bangladesh's population are being forced to spend 33 percent of their income on healthcare, emphasized developing a health insurance program for these people. He said, 'Health Shock' (high health expenditure) is a burden for marginalized populations. Therefore, it is high time we start a health commission, health insurance, and collaboration with government, private, and NGO partnerships."

The figure below shows that over the years, allocations for primary, secondary, and tertiary healthcare have increased proportionately. That is, shares of the three sub-sectors in the total GoB allocations for healthcare have remained almost unchanged. The largest share of GoB health allocations is going for tertiary healthcare and the second largest share is going for primary healthcare.

Allocations by GoB for primary, secondary, and tertiary healthcare in the medium term (figures are in BDT crore) show a 34% increase in Primary Health Care



Source: MTBF 2021-22 Finance Division, Ministry of Finance, GoB

1.4 Progress on implementing political government's election manifesto reviewed and assessed; public informed about progress

The project conducted an extensive assessment of the health-related election manifesto of the ruling party. The major assessment findings were shared in a roundtable discussion later in 2023. The primary objective was to provide informed insights into the government's commitment progress.

In 2020, The election manifesto was also reviewed as part of the national budget review assignment. No significant work has been done in that year. Later in 2021 BHW appointed Unnayan Shamannay, a reputed research organization, to review the health sector allocations in the National Budget and the existing ruling party's Election Manifesto in 2021.

Based on the desk review to assess the progress towards the health-related election commitment of the present ruling party, BHW and Unnayan

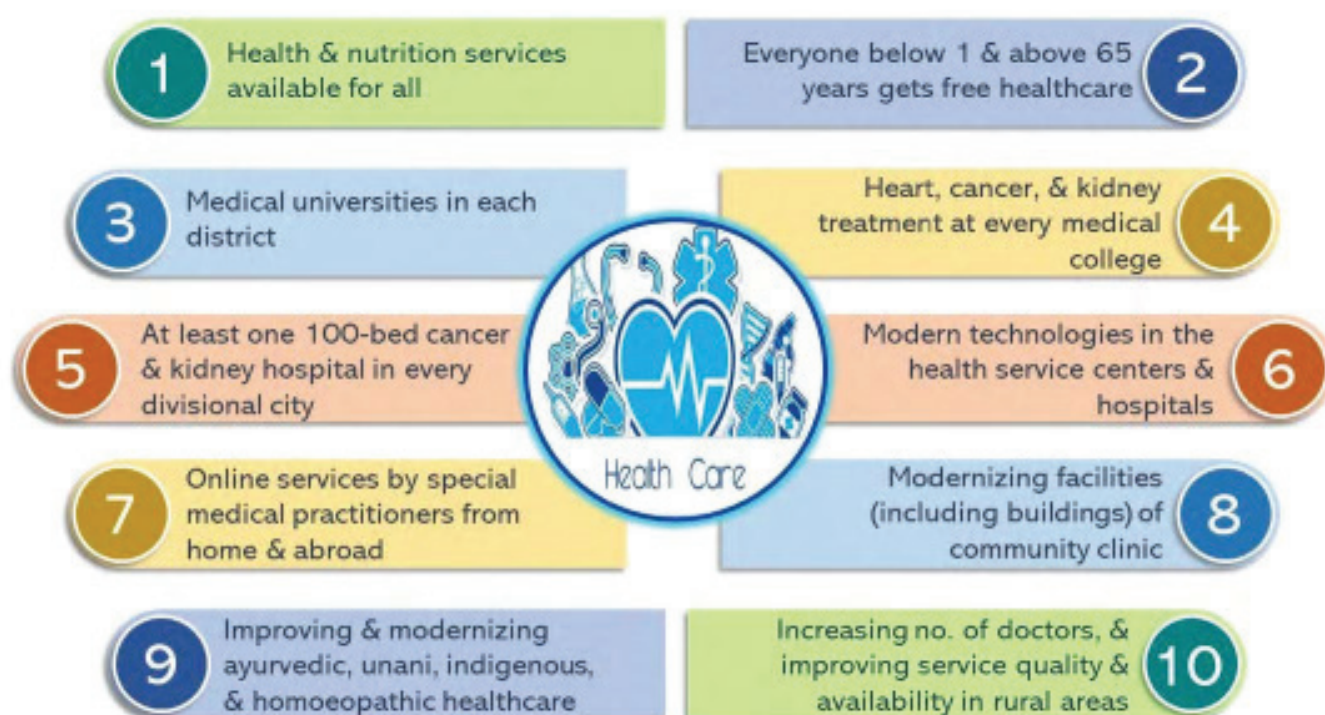
Samannay jointly organized a virtual dialogue where discussants opined on the current situation of public healthcare following the election manifesto 2018.

The recommendations from the discussion were sent to the parliament members as a reference for their party meeting agenda for inclusion in the next election manifesto. BHW followed up on the recommendations of the study and webinar before the budget 2022-2023

In 2022, a study titled “Analysis of Health Budget Allocation and Expenditure, and Reflection of Election Manifesto Commitment in the Health Budget” conducted by Unnayan Samanay included an assessment of the extent to which the ruling party’s election manifesto commitments were reflected in FY budget 2022-23. Based on the findings of this study, a policy brief was developed

on ‘Increasing Health Budget to Translate Political Commitments to Action’ with recommendations for increasing health spending. Following were the findings from the research which were disseminated widely.

- Under section 3.19 of the Election Manifesto of Bangladesh Awami League (which they publicized before the National Elections of 2018), the party presented their ‘objectives and plans’ for ‘healthcare and family welfare’ for the next five years (i.e., from 2019 to 2023). There were 10 specific milestones set to measure positive changes they committed to making over the said duration. It was asserted that these milestones if attained, would “ensure health and nutrition service for all” in the country. The objectives and/or milestones mentioned in the said election manifesto were as given below:



In 2023 BHW suggested a 6-point agenda for election manifesto of 2024 for the political parties who participated in the election. In order to promote this, BHW met the designated persons of selected political parties and presented these to the ruling party Awami League and two opposition parties, Bangladesh Nationalist Party and Jatiya Party. Later, a roundtable titled “স্বাস্থ্যখাতের আগামী ভাবনা” (Future thoughts for the Health Sector) was organized by the renowned daily newspaper Prothom Alo, which helped to disseminate and draw attention to BHW’s recommendations and influence public opinion.



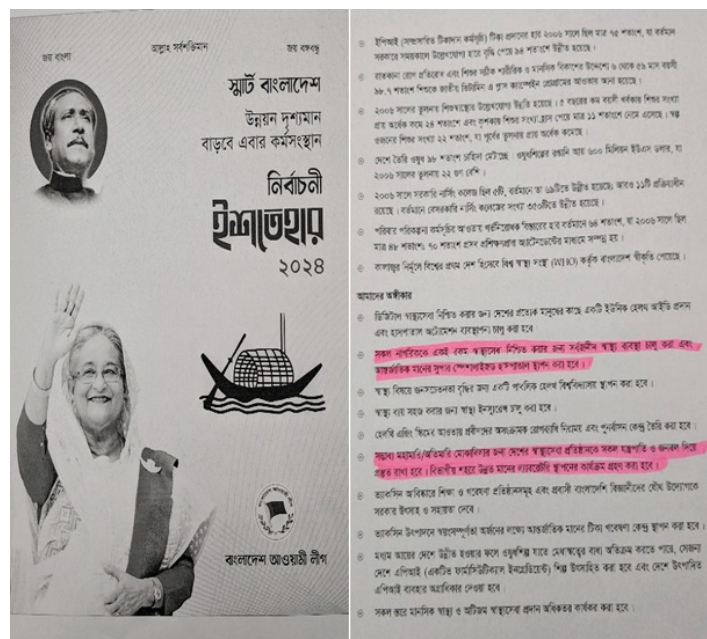
Table – 2: Advocacy initiatives on Election Manifesto

SL #	Year	Activity	Title	Remarks
1	2020	Desk Review		Unnayan Samannay was hired
2	2021	Webinar	Assessing progress towards realization of health-related commitments of Election 2018	
3	2022	Research	Analysis of Health Budget Allocation and Expenditure, and Reflection of Election Manifesto Commitment in the Health Budget	
4	2022	Policy Brief	Translating political commitments to actions: revisiting health sector related commitments of election 2018	
5	2023	Preparing a Six points agenda	The Six point agenda was send to political party leaders	
6	2023	Roundtable with Prothom Alo	স্বাস্থ্যখাতের আগামী ভাবনা	

1.5: Outcome of Advocacy Initiatives of Election Manifesto Review of Political Parties:

It is worth mentioning that two major parties participated in the January 2024 national election the Awami League and the Jatiya Party. The Jatiya Party (JaPa) announced a 24-point election

manifesto for the forthcoming January 7, 2024, parliamentary polls with the slogan "Change for Peace, Jatiya Party for Change". The Jatiya Party declared manifesto included 'Health Policy will be formulated with setting the target of bringing down the population growth rate below one percent and health services will be ensured for all'.



BANGLADESH HEALTH WATCH

বাংলাদেশে যেখানে ওয়ার্ড একটি স্বাধীন স্বাস্থ্য সংগঠন, যা ন্যায্যিক সমাজের প্রতিদ্বন্দ্বি ও স্বাস্থ্য বিশেষজ্ঞদের সমন্বয়ে ২০০৬ সালে প্রতিষ্ঠিত হয়েছে। এই সংগঠনের মূল লক্ষ্য স্বাস্থ্য উন্নয়নে বাংলাদেশ সরকারের কাঙ্ক্ষিত সহায়তা করা। বিচ্ছিন্নিত জ্ঞানকে ডিজিটাল কন্ডন <https://bangladeshhealthwatch.org/> স্বাস্থ্যখাতের বিশালমান ঘাটতি পূরণের লক্ষ্যে কিছু তত্ত্বাবধি চ্যালেঞ্জ মোকাবেলার রূপরেখা প্রস্তুত করে একটি সুবর্ণ সুযোগ আসন্ন স্বাস্থ্য সংসদ নির্বাচনের জন্য তৈরি ইশতেহার। বাংলাদেশে যেখানে ওয়ার্ড মনে করে স্বাস্থ্যখাতের এই চ্যালেঞ্জ মোকাবেলার বিষয়গুলো রাষ্ট্রপতি প্রার্থিত্ব হিসাবে মানুষের সামনে থাকা প্রয়োজন।

নিম্নে বিষয়গুলো সুনির্দিষ্ট আকারে তুলে ধরা হয়েছে। আমরা চাই, এই বিষয়গুলো আপনার দলের নির্বাচনী ইশতেহারে অন্তর্ভুক্ত হোক:

১. **সর্বজনীন স্বাস্থ্য সুবর্ণা** নিশ্চিত করার পক্ষে স্বাস্থ্য খাতে বরাদ্দ বৃদ্ধি করা হবে এবং স্বাস্থ্য খাতে জনগণের স্বাধীনতা স্বাধীনতা (আইটি অর পকেট এনালিসিস) কমানোর জন্য **কোয়ালিটি উন্নয়ন** গ্রহণ করা হবে।
২. স্বাস্থ্যসেবার গুণগত মান বৃদ্ধির লক্ষ্যে প্রতিযোগিতার স্বাস্থ্য শক্তিশালী করা এবং অসুস্থজনকে রোগ প্রতিরোধের উপায় জোর দেওয়া হবে। প্রাথমিক স্বাস্থ্য খাতে বরাদ্দ বিশেষভাবে বৃদ্ধি করা হবে যাতে প্রতিক ও সুবিধাবঞ্চিত মানুষ বিশেষ করে নারী ও বিশেষায়িত সেবার সকল জনগোষ্ঠীর ক্ষেত্রে স্বাস্থ্যসেবা থেকে বাদ না পড়ে।
৩. তালিকাভুক্ত ও অনসম্পূর্ণ ঔষধ জনস্বাস্থ্যের কাছে বিনামূল্যে পৌঁছে দেওয়া হবে। এ জন্য সরকারের একমাত্র গুরুত্বপূর্ণ প্রতিষ্ঠান এসএনসিএল ড্রাগ কোম্পানি লিমিটেডের (ইউসিএল) সক্ষমতা বাড়ানো হবে।
৪. বর্তমানে দেশের ৪০ জন মানুষ পরমাণুশক্তি বসবাস করে যা ২০৩০ সালের মধ্যে ৫০ জনে উন্নীত হবে। এই পক্ষে প্রতিটি শহরে সরকারি-বেসরকারি যৌথ উদ্যোগে প্রাথমিক স্বাস্থ্য অবকাঠামো গড়ে তোলার কথা হবে।
৫. কোভিড-১৯ মহামারির অভিজ্ঞতার মধ্য দিয়ে আমরা যাচি। **পাঠন কোনো মহামারি মোকাবেলার প্রকৃতি হিসাবে বিনু স্বাস্থ্য সংস্থা** নির্দেশনা অনুসারে নীতি তৈরি করা হবে। অতি **অল্প সময়ে সমগ্র সরকার বাধ্যতাকর** কোন মহামারির মধ্যে **জরুরি পরিদৃষ্টি মোকাবেলায় সক্রিয় ও সম্পৃক্ত** করা যায় তার জন্য **কৌশলগত তৈরি করা হবে।**

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The Awami League declared that the Health Care and Family Welfare In continuation of Vision-2021, including the basic health, and family welfare services will be enhanced and expanded under the programs of Vision-2041. The Primary health care and medicine distribution free of cost will be continued through community clinics. To ensure digital healthcare, a unique health ID will be provided to every person in the country and hospital automation management will be introduced. A Universal Health System will be established to ensure equal health care for all citizens. A super-specialized hospital of international standards has been set up in Dhaka. Special grants have been allocated to health science research.

Health Insurance will be introduced, and Centers for Non-communicable Disease Treatment and Rehabilitation of Senior Citizens will be set up under the Healthy Aging Scheme. The country's API (Active Pharmaceutical Ingredient) industry will be encouraged. The use of antibiotics will be controlled. Mental health and autism healthcare facilities at all levels will be made more effective. Both parties considered BHW's suggestion and incorporated a couple of suggestions, A Universal Health System will be established to ensure equal health care for all citizens and Health and Human Services funding options to help address immediate needs of a public health emergency or threats like COVID-19 and Ebola. The fund can't be used for other types of health threats that arise, for example, from floods in their election manifesto (copy highlighted).

1.6 BHW strengthened to work as an effective civil society voice to influence policy

In order to achieve the project objectives, BHW has, over the project period made substantive efforts to position itself for influencing the government especially at the local level to ensure quality health services for citizens in Bangladesh. In order to achieve that, a secretariat was established and other arms of BHW were strengthened. The Secretariat serves as the administrative hub and backbone of the organization, ensuring smooth operations, effective communication, and coordinated efforts toward achieving the organization's mission and objectives. Here are some key achievements the project made to strengthen BHW to work as an influential civil society voice.

- The Advisory Group (AG) was more actively engaged to provide overall direction, guidance, and support to the Working Group (WG) during the implementation of BHW activities. The members of the Advisory Group are eminent citizens of Bangladesh, possessing unique knowledge and skills across various sectors, including health. The AG is chaired by a Convener, with the assistance of a Co-Convener. The Advisory Group convenes biannually and was expanded from 6 to 9 members to strengthen its focus and influence.
- BHW is governed by a Working Group (WG). The WG is led by a Convener, and has ten members, all stalwarts of the health sector in Bangladesh. Through regular meetings, the group approves plans, provides direction and guidance, and reviews the progress of implementation. During the project period, the WG identified BHW's priority issues for advocacy and publications, approved and monitored the annual work plan and implementation, formed thematic groups and regional chapters, and established links with the Advisory Committee. The Convener of the WG also had additional responsibilities: overseeing performance, providing support and guidance to the BHW Secretariat, and negotiating with JPGSPH on various issues.
- Establishing a strong Secretariat: The primary task within the initial workstream was focused on setting up and fortifying the BHW's Secretariat. This was done so that it could serve as a catalyst in not only organizing and bolstering its own operations but also in aiding the wider civil society. The following organogram depicts the structure of the Secretariat. Financial and administrative support, including project support staff, was derived from JPGSPH.
- The BHW Secretariat was formed with a group of highly motivated and skilled team members to carry out the activities as per the approved plan. The Secretariat was the hub of all activities and performed under the guidance of the Working Group and Project Steering Committee. It is housed within JPGSPH premises. The Program Director led the Secretariat with the support of ten other full-time members. An adviser provided support, and the WG convener led the Secretariat's overall performance.
- BHW developed a Strategic Plan for 2022-2026 under the project. Following expiry of its previous plan, and in response to the need for revisiting its existing strategy given the changed circumstances. This SP document was formulated by implementing a "Strategic Planning Framework" collaboratively designed by external consultants and BHW's senior management. Several steps were taken to shape the SP into its final form. As part of the planning process, a two-day workshop was conducted on December 26 to 27, 2021. The secretariat staff conducted a SWOT analysis to

comprehend the internal and external environment in which BHW operated. All aspects of SWOT were reevaluated from both organizational and programmatic perspectives.

- In the course of the process, BHW's Vision, Mission, and Core Values were revisited and rearticulated. Strategic issues, objectives, directions, and major activities were identified for both organizational and programmatic aspects. A Strategic Planning Implementation Committee was to be established to monitor the progress of the SP periodically.

BHW demonstrated a strong commitment to investing in the capacity building of its staff. In 2022 a three day long staff capacity building was organized in Balishira Resort Sreemangal. The four-day long training incorporated different issues; such as Project Management, Advocacy and communication and Civic engagement.

The secretariat staffs also received a gender training from Working group member Samia Afrin. Later in 2023 BRAC JPGSPH organized a training

on gender and safeguarding and all BHW staff received the training. Some of the staff individuals took training in different issues, such as Bushra Mahjabin took training from BCCP on Behavioral and Communication Strategy, Imrul Sifat took training in MEAL etc.

1.5 Bangladesh Health Watch Report

Bangladesh Health Watch published eight reports; the first report was published in December 2006. Under this project, two reports were developed: Humanitarian Crisis in Rohingya Camps: A Health Perspective (2018-2019), which was the eight report in the series, and was completed and disseminated. BHW diligently completed ninth biennial report, titled "State of Public Health Education in Bangladesh 2023-24". The contents of the reports have been developed and the report is in its final stages of printing. This comprehensive report consists of nine chapters, covering various aspects of public health education, including graduate and undergraduate programs, quality of education, employability prospects, and more.

STREAM TWO

The second stream of work consisted of generating evidence on topical issues in the areas of quality of care, transparency and equity, followed by evidence-based policy advocacy.

Output 2: Evidence-based advocacy carried out to improve the situation related to quality of care, accountability, and equity

2.1 Priority advocacy areas identified and evidence generated

2.1.1 Regional Chapters

BHW established eight Regional Chapters (RCs) across the eight divisions in Bangladesh. The aim was to elevate the voices of grassroots healthcare users and providers, particularly from areas with vulnerable populations. The RCs were composed of diverse stakeholders, including local influential, NGO and civil society activists and members, including a Health Rights Forum (HRF) and a Health Rights Youth Forum (HRYF) from the chosen districts. Participation in local-level advocacy by RC members was voluntary. In the eight RC areas, 18 'health rights forums' were formed at district, upazila, and union levels. The goal was to bring service providers and recipients' concerns and voices to policymakers. Forum

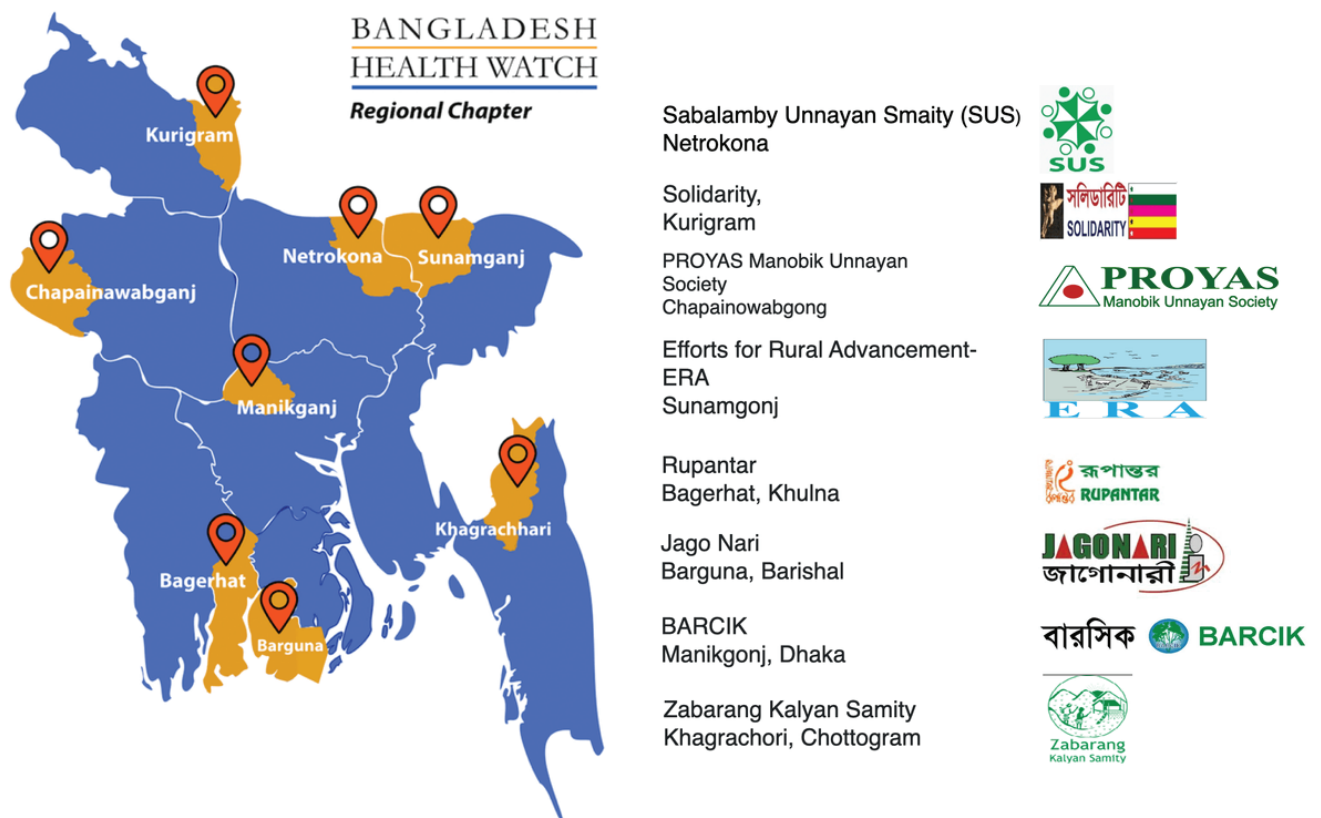
members were trained to monitor the health service situation as a watchdog body and identify specific issues in healthcare services related to quality of care, accountability, and equity in their catchment areas. The health rights forums gained a reputation as change agents to improve accountability in the health sector.

The RCs aimed to give local-level communities a voice to project their problems and facilitate solutions within the jurisdiction of local healthcare services. The inception phase in the first year involved selecting a local organization to host the programme with minimum financial support, create demand for better healthcare services, groom and empower participants involved in the forums to put forth their views, facilitate access to healthcare services by bringing about changes in service delivery, build forum capacity for healthcare advocacy; and document community voices for healthcare services and lobbying at

higher levels. To disseminate the advocacy and campaign-related activities of the RCs, a bulletin, “Swashta Odhikar Barta” was introduced with contributions from forum members.

Additionally, Health Rights Youth Forums were established as an auxiliary force, comprising active and enthusiastic youths involved in various social activism initiatives. These forums operate at both district and Upazila levels to facilitate broader community engagement, gather data or information for BHW’s research initiatives, and conduct mass campaigns on health rights and public services. Each Youth Forum comprises 15 to 25 youth members, with a provision to include one-third female members.

According to the project's end-term evaluation report, the formation of YHRF is found very effective, with the majority of volunteers having previous experience in volunteerism.



During the three years of their existence, the Regional Chapters have emerged as strong bodies at the local level to identify problems in the government centres in their assigned areas and negotiate with the healthcare authorities successfully for changes.



Table - 3: Distribution of Health Rights Forums and Health Rights Youth Forums by the RCs and gender

SL	Regional Chapters (Districts under the Division)	Health Rights Forum					
		Health Right Forums			Youth Health Right Forums		
		Male	Female	Total	Male	Female	Total
1	Kurigram - (Rangpur)	13	9	22	38	22	60
2	Sunamganj - (Sylhet)	19	11	30	26	19	45
3	Manikganj - (Dhaka)	16	11	27	23	19	42
4	Bagerhat - (Khulna)	17	10	27	28	17	45
5	Khagrachhari - (Chattogram)	17	11	28	17	15	32
6	Chapainawabganj - (Rajshahi)	18	8	26	25	15	40
7	Netrokona - (Comilla)	17	10	27	17	22	39
8	Barguna - (Barishal)	14	7	21	26	12	38
Total		131	77	208	200	141	341

2.1.2 RC success stories

In a meeting, District Health Rights Forum Parbatya Zilla Parishad Chairman Mangsuiproo Chowdhury informed about the plight of community clinics without electricity. The chairman said that he would arrange for the solar panel. The members of the District Health Rights Forum later held a follow-up meeting with the Chairman of the Hill District Council regarding this matter. In the meeting, the Chairman installed one solar panel each in Dhumnighat Community Clinic and Kerenganala Community Clinic with a capacity of 50 watts through Mahalachari Upazila Parishad Vice-Chairman Md. Jasim Uddin.

Nachol Upazila Hospital Authority, for the first time in collaboration with Upazila Health Rights Forum, celebrated Safe Motherhood Day on 28 May 2023. On that day, 64 pregnant mothers were

diagnosed with maternal health care and blood group. The majority of whom belonged to minority groups. The active participation of small ethnographic groups of Nachol Upazila was one of this year's highlights. The general micro-ethnic population is highly dependent on traditional medical services, but some practical change is being seen through their active participation in various activities of the Upazila Health Rights Forum.

Through RCs advocacy, separate ticket counters are opened for women and pregnant women at Netrakona District Hospital. So that women and pregnant women are getting services more easily than before. As a result of the advocacy of Zilla Health Rights Forum and Health Rights Youth Forum, the Orthopedics Department of Netrakona Sadar Hospital has been shifted from

the second floor to the ground floor. The cleaning operation has become more vigorous than before. Dates and times fixed for hospital visits by pharmaceutical company representatives. Sadar Hospital's ticket counter was computerized. The ECG machine, which was activated by our observation, was broken. With the collaboration of local administration, the Health Rights Forum took campaign initiatives to prevent Dengue.

There were no separate ticket counters in Bagerhat District Hospital. As a result of HRF's advocacy, the District Hospital has taken measures for gender-sensitive initiatives, ensuring separate toilets, tickets, and medicine counters. Data were collected from 23 health institutions on six broad results indicators.

Health Rights Forums are actively organizing regular advocacy meetings with authority to share the findings of health services delivery institutions. These meetings are making a positive impact on various service centres and hospitals. Overall, these initiatives reflect a proactive mutual approach by the forum and the authority to

improve the delivery of health services and offer to the specific needs of patients and healthcare facilities. By continuing to hold regular authority meetings and implementing constructive changes, the local health service institutions can witness extensive advancements in patient care and overall health service quality. There are many substantial changes and improvements that came through the initiatives of the health authorities.



Table – 4: Case stories in the following lings

SI	Regions	Institutions	Changes
1	Barguna	District General Hospital	The New Hospital building started its operation partially through repeated advocacy works.
2	Netrakona	Kendua Upazilla Health Complex	- Improved cleanliness at the hospital premises, Aprons are provided for cleaning workers. - Patients are getting the total dose of hospital-supplied antibiotics free of cost as per the prescription. - The ultrasonogram machine has been shifted from the diarrhoea ward to the pathology room. - Ensure a separate ticket counter for children, women and challenged people.
3	Khagrachacchi		The district hospital has arranged chairs for the waiting patients to sit in waiting time.
4	Manikganj	Ghior Upazila Health Complex	Cleanliness of the hospital has significantly improved.
5	Kurigram	Ulipur Health Complex	Improved cleanliness, Doctor nurses and staffs are positive to the service recipients. Disclosed information for people's awareness at the hospital premises.

2.1.3 Introducing Citizen's Voice Tab in the Website

BHW introduced a tab on its website called "Citizens' Voice". The tab was created with a view to providing citizens a platform to share their feedback, and opinions on the health system. BHW worked as a bridge and transmitted questions posted in the tab to the concerned government health authorities collected answers from a designated expert of DGHS answers within 72 hours. This was made possible through a collaboration with '333', a national helpline for citizens' better access to information. 333 is also a part of A2i (Aspire to Innovate), a special programme of the government's Digital Bangladesh agenda, supported by ICT division and the Cabinet Division of the Government of Bangladesh.

In course of the project 1275 questions were answered actively through Citizens Voice Tab from the website. However as BHW campaigned relevant questions were received from social media as well. From Bangladesh Health Watch Facebook page Messenger around 1201 requestions received. In addition, 2150 Questions were answered to 333. As there was a collaboration between BHW and 333, health-related questions asked through 333 were directly came to the citizen's voice tab and the questions were sent to the designated expert of DGHS and the person provided the answer.

A quick survey conducted in 2022 among the people who ask questions in citizen's voice. It was found that 95 % of people are satisfied with the answers they received. Later a dashboard created in the website. Link dashboard: <https://bangladeshhealthwatch.org/citizenvoice-dashboard>

2.1.4 Developing system for collecting clients' feedback on health services

BHW conducted client feedback research at its 8 Regional Chapters, utilizing developed tools to explore challenges faced by both service providers

and recipients, and to identify trends in 'equity' and 'quality of care' at the Primary Health Care (PHC) level. The findings of the first round, conducted in 2022, were shared with DGHS on November 10th and November 14th, 2022.

Through this research initiative, tools were designed to collect citizens' feedback on the quality of services at PHC facilities, facilitating regular monitoring of healthcare services by regional chapter members. Following the plan, the client feedback survey continued in 2023 using the same tools, with data collection carried out by Health Right Youth Forum members and Health Right Forum members from each RC.

The study report has been finalized, showing the completion of this phase. Notably, two rounds of surveys were conducted during this reporting period to thorough assessment and improvement in service provision.

2.1.5 RC Model analysis

As part of its planned activities, BHW commissioned a study on its Regional Chapters (RCs) to generate evidence for advocacy. The study was conducted by the Centre of Health Systems and UHC/BRAC JPGSPH, BRAC University, led by Prof. Syed Masud Ahmed. This study was conducted in two phases during the reporting period, titled of which are as follows:

Phase I: "Formative research to elicit the voices of health service users at the grassroots: the early months of the formation and functioning of the regional forums of Bangladesh Health Watch"

Phase II: "Formative Research to Elicit Voices of Health Service Users at the Grassroots: Experiences from Phase-II Activities of The Regional Forums, Bangladesh Health Watch"

The first phase of the study aimed to document and analyze the processes involved in the early

formative stages of the regional forums. It also focused on examining the mechanisms and tools used to record grassroots/citizens' voices on accessing and using healthcare services, including how host organizations are selected and utilized. Additionally, the study aimed to explore the underlying dynamics of interactions to develop a platform for this purpose, including identifying barriers faced and coping mechanisms adopted. The first phase of the formative study conducted in 2022, which documented and analyzed the processes involved in the inception phase, summarized learnings, and made recommendations to improve the program in the second phase. In the second year (2023), activities from the inception phase were consolidated and fine-tuned based on recommendations from the first phase. Additionally, some additional interventions were implemented to address identified barriers and enhance health system responsiveness with future sustainability in mind.

The second phase of the study also continued to track the program's transformative journey. It assessed the effects of learning from the inception phase on capacity-building and multistakeholder meetings, reviewed compliance with recommendations from Phase I, explored and assessed Phase II activities, and generated evidence for sustainable forum development.

2.2 Evidence-based advocacy on topical issues carried out

2.2.1 Thematic Groups

Thematic groups, assembled to address technical

issues on specific health themes as needed, were formed to offer expert advice and guidance in the development and execution of advocacy initiatives. These groups, comprised of members from civil society, professional associations, and individual experts, identified major advocacy issues in their respective areas and devised ways of addressing them. The Thematic Groups also participated in carrying out extensive targeted advocacy activities and supported BHW in disseminating research/review findings through media, and engage in public discussions and debates on specific issues.

BHW establishes various area-specific Thematic Groups. These thematic groups are 'Thematic Group on Vaccination', 'Thematic Group on National Budget', 'Thematic Group on Health Law and Policy', and 'Thematic Group on Covid-19 Research, Vaccination'. The group members voluntarily work and are accountable for developing appropriate advocacy strategies and support to implement the strategies. These thematic groups are working parallelly. These groups involve multiple stakeholders, including governmental bodies and UN agencies, to incorporate a broader range of perspectives and dimensions.

a. Covid-19 Research Thematic Group

During the Covid-19 period, this group was formed to identify priority areas where information was missing and which was impacting the national response to the pandemic. This group also initiated a Covid-19 research repository on the BHW website.

Table – 5: Covid – 19 Research

Research Topic	Key findings	Results
Front Line Health Workers' (FLWs)	Highlighted the issues with the quality and distribution of PPE among frontline workers	The topic was 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 20 April 2020, where she officially committed to investigate the issue. Several measures were

		also taken by the government to respond to the PPE issue. Two journal articles were published
Fear And Stigma In The Context Of Corona Epidemic In Bangladesh	The study investigated the source of fear, stigma and rumor and recommended possible culturally informed and socially relevant recommendations to mitigate the fear, stigma and discrimination towards Corona victims or associates	Removing red flags, alienation of people has been reduced.
Analysis of financial allocations for COVID 19 Response	The study found that despite COVID-19 crisis, health sector remained neglected as a national priority. Out of the 18 stimulus packages announced by Bangladesh government (BDT 1,01,117 crore, 3.6% of GDP) the stimulus package for health (BDT 850 crore) represents 0.08% of total stimulus package.	
Opportunities and Challenges of COVID-19 Overall Case Handling in Bangladesh	This study found that testing has been inadequate from the very beginning.	
COVID-19 +ve Cases Home Treatment & other Measures taken in Bangladesh	The recommendation thus coming out of the study is that the Government should have a thorough review of how and what +ve patients are doing while staying at home.	The findings of this study helped the Government in taking the next step of doing the national level review and developing future guidelines. • A journal article was published;link: https://globaljournals.org/GJMR_Volume23/2-Management-of-COVID-19-Positive.pdf
Sample collection and sample testing for SARS-Co-2 in Bangladesh: A descriptive qualitative study	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.	RT-PCR techniques were widely expanded throughout Bangladesh.

b. Thematic Group on Vaccination

During the Covid-19 period vaccination was a prime concern for common people; many of them were confused about whether to take vaccination or not. Also, inequity in delivery of vaccines, lack of systems to track, know, and follow up on the vaccination campaign by the GoB, led to the formation of this thematic group comprising of experts from different areas such as pharmacology, microbiology, infectious diseases, key GOB officials/policy makers etc. The COVID-19, the following areas were of special interest:

- Morale and role of health sector frontline providers providing covid treatment
- Providing proper information, protection, training and facilities for prevention to frontline workers
- Progress in operationalizing an insurance scheme for frontline providers
- Covid 19 treatment facilities- use, equipping, overall results,
- Transparency, corruption, equity in procurement and distribution of types of equipment, tests, gears, etc.
- Disposal of PPE

Table – 6: Advocacy Initiatives by Thematic Group of Covid Vaccination

Advocacy Initiatives	Outcome
BHW requested for ensuring vaccination for the marginalized populations under the country-wide vaccination program. Thus BHW sent a letter to Director MIS, DGHS.	Govt later took the initiatives for marginalized people's vaccination.
BHW sent letter to the DG of DGHS for recommending a 3-month gap between the two doses of the Oxford AstraZeneca (AZD1222) Vaccine.	The AstraZeneca vaccine however was discontinued subsequently
Ensuring vaccination for marginalized populations BHW commissioned for investigative journalist reports in mainstream media.	Five fellowships were given to journalists and five investigative report were published.
A letter has been sent to DGHS for the efficacy of the first dose and second dose match and mix of Covid-19 vaccines.	

c. Thematic Group on National Health Budget

The Thematic Group on the national health budget has been formed to analyze the expenditure of the healthcare sector and the election manifesto. In this group, experts from different NGOs, academics and members of CSOs were involved. Unnayan Samannay was hired to carry out the technical analysis (please see section 1.2: page 15 for more details).

BHW organized several events under the

guidance including online and in-person events. Some of the event was titled, স্বাস্থ্য বাজেট বিষয়ক অনলাইন জাতীয় সংলাপ. Assessing progress towards realization of health-related commitments of Election 2018, আলোচ্য বিষয়ঃ বাজেট ও স্বাস্থ্য ভাবনা, আলোচ্য বিষয়ঃ বাজেট ও স্বাস্থ্য ভাবনা (পর্ব-০২), Budget 2021: Reviewing the Health Allocations etc. Also policy briefs were developed; such as “Public Expenditure for Health Sector: Reviewing Budget 2021-22”. (Ref: please see 1.2 for more details).

d. Thematic Group on Law and Policy

The Health Law and Policy Thematic Group was formed to utilize legal mechanisms to contribute to the objectives of BHW's project. The focus was on enhancing transparency, equity, and accountability, ultimately leading to an improvement in the quality of health services in Bangladesh. Members of this group were lawyers, public health experts, development professionals etc.

Under this Thematic Group following activities were accomplished during this reporting period:

i. Medically unnecessary C-sections in Bangladesh

The prevalence of medically unnecessary Caesarean sections (C-sections) is alarmingly increasing in Bangladesh (BDHS 2022 report), particularly in private and NGO-based facilities compared to public health centers. Recognizing the urgency to address this issue, Barrister Rashna Imam, an advocate of the Supreme Court of Bangladesh, filed a petition in 2019. She is an active member of this thematic group (Health Law and Policy) and also a member of the Advisory Committee of BHW.

In response to the petition, the Hon'ble High Court issued an interim order, directing the formation of a committee comprising relevant stakeholders within one month to formulate guidelines for preventing medically unnecessary C-sections. The court mandated that these guidelines be submitted within six months.

To further address this pressing issue, BHW organized a roundtable discussion on the Prevention of Medically Unnecessary C-Section at the CIRDAP Auditorium in the capital on September 17th, 2023. During the discussion in the event, Barrister Rashna Imam emphasized the avoidable nature of C-sections and advocated for strict enforcement in the private sector. The importance of disseminating guidelines and enhancing capacity was underscored, aligning

with the High Court directive prompted by public interest litigation.

Following the event, the guidelines were submitted to the honorable High Court and the Court endorsed the guidelines, marking a significant step forward in addressing the issue. Subsequently, these guidelines were translated into Bangla, with ongoing efforts aimed at nationwide dissemination to raise awareness at all levels of society.

ii. Emergency medical services for road crash victims

The inadequacy, under-resourcing, and insufficient equipment of Bangladesh's post-crash care system are evident. The pre-hospital post-crash care system is nearly non-existent. The readiness of health facilities to treat trauma victims, including those from road traffic accidents, varies across different tiers of health service facilities due to shortages in trained staff, equipment, and supplies. The scarcity of skilled healthcare professionals at all levels is a major hurdle in establishing a quality trauma care system.

This situation highlighted the urgent need to enhance the entire post-crash response system, from scene management to rehabilitation services. To advocate for this cause, BHW organized a roundtable discussion on 'Guidelines and Implementation of Emergency Medical Services.' Barrister Rashna Imam presented the keynote paper, and special guests included Dr. Sheikh Daud Adnan, Director (Hospitals and Clinics) at the DGHS, and Dr. A B M Harun, Senior Vice President of Bangladesh Private Clinic and Diagnostic Owner's Association.

Responding to a high court order emphasizing the need for immediate and effective emergency services for road crash victims, BHW took steps to establish a collaborative effort with BSMMU and Centre for Injury Prevention and Research,

CIPRB, to develop a comprehensive protocol. This protocol would be crucial for the swift and safe recovery and transportation of road crash victims to the nearest hospital within the critical 'Golden Hour' for trauma care. The protocol has been developed and endorsed by the Ministry of Health.

Although the guideline was prepared during the project's lifetime, endorsement from the government took long. As such, the guideline will be disseminated through a roundtable event with relevant stakeholders during the next phase of the project and also, placed in the honorable high court as per its directive. It is expected that the High Court will then instruct the government to implement the guidelines through its healthcare apparatus, as appropriate.

2.2.2 Repository Development

Amid the COVID-19 pandemic, numerous research studies were conducted by various institutions, both nationally and internationally, with a special focus on public health. However, these valuable resources were dispersed across multiple sources, making them challenging to locate. Recognizing this issue, BHW took the initiative to make a hub where all the research will be found through one click. Thus, a COVID-19 research repository is established. This repository is a credible source of information on COVID-19 research for all of them. Three types of articles are uploaded:

- Research done by BRAC, BRAC University (BRACU) and institutes under BRACU or where one of the authors is from BRAC programmes;
- Research done beyond BRAC family but within Bangladesh and authored by a Bangladeshi researcher;
- Research done outside Bangladesh but using data from Bangladesh and authored/co-authored by a Bangladeshi researcher.

Total of 1009 research are available in the repository hosted by BHW website: After launching of Covid-19 repository, Bangladesh Health Watch (BHW) has undertaken the initiative to establish repositories focusing on Equity and Governance, with the aim of collecting articles related to health equity and good governance in health systems. Articles are sourced from various platforms such as Google Scholar, Scopus, and PubMed. There are currently 262 articles housed in the hub.

The knowledge repositories, both the Covid-19 and Equity repositories facilitate instant availability of information in the field, benefiting government agencies, civil society organizations, academicians, researchers, and donors.

Using the data from this Research Repository, BHW's last Biennial report titled "Bangladesh Health Watch Report 2020-21: COVID-19 in Bangladesh: The First Two Years and Looking Ahead" was generated and published. Link: https://app.bangladeshhealthwatch.org/docs/reports_pdf/bhw-reports/bangladesh-health-watch-report-2020-2021-1647851297.pdf

Additionally, a scientific article was also published in a peer-reviewed journal, the link to which is: https://app.bangladeshhealthwatch.org/docs/reports_pdf/bhw-reports/bangladesh-health-watch-report-2020-2021-1647851297.pdf

2.3 Evidence-based advocacy on the situation of Quality of Care, transparency and equity generated and disseminated

2.3.1 Health policy inventory

BHW conducted a study to develop an inventory of policies formulated in the country's health sector since its independence. The study also aimed to explore the degree of citizen and policy forum participation in health policy processes. The findings were disseminated at a roundtable meeting and through an Op-Ed in a newspaper.



2.3.2 Dialogue for cross-learning on Universal Health Coverage (UHC)

On 14th September 2022, BHW hosted a roundtable discussion in Dhaka in collaboration with the Chatham House (an independent policy institute based in London, also known as the Royal Institute of International Affairs) and UNICEF. This discussion engaged civil society actors who were working towards the improvement of the health sector. The focus of the discussion was on the perspectives regarding opportunities, challenges, and priorities in health financing and human resources for health at the primary healthcare level in relation to universal health coverage.



2.3.3 Launching of "Fifty Years of Bangladesh: Advances in Health"

In commemorate the Golden Jubilee of Independence in Bangladesh and to document the country's health sector achievements over the past five decades, Bangladesh Health Watch (BHW) recently published a book. The book was titled "স্বাধীনতার ৫০ বছর: বাংলাদেশের স্বাস্থ্যখাতের বিকাশ" in

Bengali and "Fifty Years of Bangladesh: Advances in Health" in English. The Bengali version, launched in April 2022, involved the voluntary contributions of 103 prominent academics, public health experts, researchers, doctors, health rights experts, and journalists from home and abroad. BHW presented the book to the Honorable Prime Minister Sheikh Hasina on 26th April 2022, and received appreciation for this significant contribution to documenting the country's health history.

In a separate event on 27th May, 2023, Bangladesh Health Watch officially launched also the English version of the book, "50 Years of Bangladesh: Advances in Health," at the International Mother Language Institute Auditorium in Dhaka. The book, consisting of 20 chapters contributed by 103 renowned health experts, researchers, academics, and journalists, documented the health sector's measurable progress since the country's liberation in 1971. The book was published by The University Press Limited (UPL).

The launch event featured Dr. A K Abdul Momen, MP, Hon'ble Minister for Foreign Affairs, Government of the People's Republic of Bangladesh, as the Chief Guest. Special Guests included Her Excellency Alexandra Berg von Linde, Ambassador of Sweden to Bangladesh, and Mr. Kazi Faisal Bin Seraj, Country Representative, The Asia Foundation, Bangladesh. Dr. Henry Perry, MD, PhD, Senior Associate, Department of International Health, Johns Hopkins Bloomberg School of Public Health, Maryland, USA, delivered a keynote speech expressing gratitude to Bangabandhu Sheikh Mujibur Rahman, Sir Fazle Hasan Abed, and Dr. Zafarullah Chowdhury for their remarkable contributions to the health sector. The book served as a crucial document, shedding light on the successes, failures, and lessons learned in Bangladesh's health sector, promoting public awareness, and guiding future policy decisions.

The book 50 Years of Independence: Advances in Health is has served as a ready reference for policymakers and public health practitioners in the Government of Bangladesh (GoB). Many policymakers have collected copies of the book to inform the formulation of new policies and programs. The Honorable Health Minister and other high-ranking GoB officials frequently consult the book for country presentations and when submitting country papers. Bangladesh Health Watch (BHW) has received numerous requests from various GoB entities and individuals

for copies of the book. Notably, the Bangla version has been printed twice, with all copies now exhausted. The English version has also been printed twice, and an electronic version has been launched. A copy of the book was handed over to the Prime Minister of Bangladesh and a copy has been shared with a regional WHO office representative. BHW distributed a copy of the book to MOHFW both the Health Services and Medical Educations wing, including the Director General of Health Services, Family Planning, and other GOB high officials.



STREAM THREE

The third stream of work entailed disseminating the findings of various research/review to programme planners and managers as well as the general public with the intent of generating debate and discussion. Print, electronic and social media and events were used for this purpose. In addition, development of three short courses on 'Transparency for Good Governance', 'Participation and Accountability', 'Equity in

Accessing Services' will be developed and delivered. These courses, which targeted tmid-level policy makers and implementers in the government, NGOs and private sector networks, contributed to developing the knowledge and skills of programme planners and managers so that they could build the elements of the three topics in their programmes/ projects.

Output 3: Better understanding of duty-bearers on quality of care, accountability, and equity

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

3.1.1 BHW's Views and Recommendations" shared with consultants developing the Strategic Investment Plan (SIP) for 5th health sector plan.

BHW engaged duty-bearers in all its activities as part of its advocacy efforts through publication, dissemination, events, and advocacy platforms. The purpose was to communicate policy gaps and possible solutions to meet health commitments and create demand among the wider population. BHW had engaged duty-bearers in webinars, gathered views and insights from duty-bearers, published newspaper articles, and shared policy briefs. The Rcs were also an important avenue of engaging with duty bearers at local level.

BHW had contributed to the evaluation of the current health sector plan (4th HPNSP). It undertook a study to capture users' perspectives on public health services on the eve of MOHFW's Annual Program Review (APR) (please see 1.1: page 15). In addition, duty-bearers had been interviewed both at the national and field levels. The results were shared with the consultants who undertook the APR, MOHFW officials, and other policy stakeholders.

Recommendations of Bangladesh Health Watch on Fifth Sector Plan, Issue were on:

- Issue 1: Climate change impact on health
- Issue 2: Non-Communicable Diseases
- Issue 3: Universal health coverage and health financing
- Issue 4: Health workforce
- Issue 5: Health Governance

Recommendations on the issues are:

a) Integrated Surveillance

Integrated surveillance involves the integration of multiple surveillance systems (e.g., disease

surveillance and weather surveillance) to improve the use of information for detecting, investigating and responding to public health threats.

b) Decentralized disease surveillance and diagnosis

National and sub-national health facilities should be well-equipped to test and report climate-sensitive diseases. The 8th FYP recommended establishing a country-based referral laboratory network by utilizing the existing functional labs in the identified medical colleges and other major centers in the country and linking them with adjoining districts and Upazilas for providing diagnostic services for epidemic-prone diseases during outbreaks. The capacity of all hospitals will be strengthened to assist in disease surveillance and diagnosis. 15 The decentralized disease surveillance and diagnosis approach should be included in the 5th sector plan.

c) Health Workforce

Integration of climate risks and management measures into pre-service training is needed so that future healthcare providers are appropriately trained to respond to climate-sensitive diseases.

d) Institutional capacity

The government needs to formulate a "national climate and health strategy". Health and nutrition services in coastal, char, and flood-prone areas need to be reconfigured and strengthened.

e) Health and climate research

Research on climate change and health should be promoted at the national level by (a) developing the capacity of researchers and health care professionals, (b) introducing curriculum into public health teaching programs, and (c) making available financial resources.

f) Environmental health: Medical waste management

Urgent action is needed to form divisional authorities and establish specialized disposal zones.

Coordination and collaboration between DGHS, the Department of Environment, city corporations, and municipal authorities is needed for a healthy medical waste disposal system.

For more details, please visit the Bangladesh Health Watch website
https://app.bangladeshhealthwatch.org/docs/recommendations_from_bhw_to_5th_sip/bhws_recommendation_to_5th_SIP.pdf



Final DRAFT



Strategic Investment Plan (SIP) for 5th Health, Population and Nutrition Sector Program (2024 – 29)

Towards a healthier and happier Bangladesh

February 2023

PLANNING WING
HEALTH SERVICES DIVISION
MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Policy makers, academics, donor community appreciated BHW's efforts during the process of 5th SIP development.

Strategic Implementation Plan (SIP) for the 5th Health, Population and Nutrition Sector Program (2024-2029) documents used the data and information from the book on 50 years of Independence : Advances in Health.

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95

3.1.2: Study on Linking the Voice of the Poor to the 5th Sector Program: Climate change impact on health.

Recognizing the significant impact of the present emerging global and national climate situation on livelihoods and health, BHW commissioned a research assignment to collect the voices of climate-affected communities. The research was conducted by Eminence Associates for Social Development Agency and covered 8 districts, including Kurigram, Sirajganj, Netrakona,

Sunamganj, Satkhira, Chittagong, Barguna, and Dhaka in 2023.

In July 2023, BHW organized a dissemination seminar at BRAC University Auditorium. Md Shamim Hayder Talukder, Principal Investigator of the study and CEO of Eminence, presented findings from the study, which highlighted concerning health trends in various climate-vulnerable areas. These trends included

an increase in stroke rates in river-erosion-prone areas and a heightened risk of preeclampsia among pregnant women in southern regions due to high salinity. Additionally, prevalent health issues such as skin diseases, fatigue, eyesight problems, reproductive health problems, diabetes, hypertension, jaundice, and diarrhea were identified.

Recommendations from the study emphasized the need to improve grassroots health services, reduce out-of-pocket healthcare costs for vulnerable communities, enhance diagnosis and treatment for climate change-related diseases, and establish public-private partnerships for effective healthcare delivery. Experts at the event suggested further studies on climate change-related health impacts, warned about the health risks associated with rainwater harvesting

in salinity-prone areas, highlighted the contribution of climate change to air pollution, and emphasized the need for further research in this area.

The seminar, chaired by BHW Working Group Member AJ Faisel, included participation from various stakeholders including BHW Convener, Naripokkho, BHW team, representatives from the Directorate General of Health Services, and journalists.



The event garnered media responses, as detailed in the table below.

Table – 7: Media Coverage

Sl	Media Name	Links	Type
1	Amader Somoy	‘জলবায়ু পরিবর্তন রোগ ও স্বাস্থ্যঝুঁকি বাড়ায়’ Link: https://www.dainikamadershomoy.com/post/454540	Print
2	Prothom Alo	জলবায়ু পরিবর্তনে নারীর প্রজননস্বাস্থ্য হুমকিতে Link: https://www.prothomalo.com/bangladesh/jribkxh0mo	Print
3	The Business Standard	Experts recommend improving primary healthcare amid climate hazards Link: https://www.tbsnews.net/bangladesh/health/experts-recommend-improving-primary-healthcare-amid-climate-hazards-670102	Print
4	Jagonews.com	‘জলবায়ু পরিবর্তন রোগ ও স্বাস্থ্যঝুঁকি বাড়ায়’ Link: https://www.jagonews24.com/national/news/871375	Online
5	Daily Aker Potrika	জলবায়ু পরিবর্তনে স্বাস্থ্য বিপর্যয়ে গ্রামীণ জনপদ	Print

3.1.3 Study on Climate Change induced Mental Health Problems in the coastal area of Bangladesh

Several pieces of literature revealed that Bangladesh faces significant challenges from climate change due to its vulnerable location and socio-economic conditions. Climate-related health issues are increasing, including heat-related mortality and mental health disorders. Natural disasters like cyclones and floods lead to traumatic experiences and mental health concerns such as depression, anxiety, and PTSD. The lack of post-disaster mental health support and gender disparities exacerbate the situation. The healthcare system struggles to provide adequate care, particularly in remote and climate-vulnerable areas. To address these issues, BHW aimed to conduct collaborative research on climate change's impact on mental health with the famous research Centre for Climate Change and Environmental Research (C3ER) at BRAC University to strengthen evidence generation and advocate for robust mental health policies.

The study was conducted in Shyamnagar, a sub-district located in the Satkhira district of Bangladesh from August to December 2023. This location is known for its high susceptibility to natural disasters such as cyclones, coastal flooding, sea-level rise, and coastal erosion, particularly Shyamnagar Upazila stands out as one of the most disaster-affected areas in the southwestern coastal region of Bangladesh due to its low-lying geography.

The final report of the study emphasized the significant burden of mental health challenges within the studied population, highlighting the urgent need for targeted interventions and support services to address these issues effectively. Additionally, the study revealed that disaster management officials and volunteers, alongside the surveyed population, are also at risk due to climate change-induced disasters.

3.1.4 Universal Health Coverage (UHC): Engaging Duty Bearers

Bangladesh Health Watch took an initiative, which is called "Roadmap to Universal Health Coverage (UHC) in Bangladesh". Bangladesh Government's one of the key agenda was to ensure UHC in 2030. During the initial phase, the BHW team presented their initial ideas on how we should proceed in identifying pathways to accelerate UHC achievement to the participants. Based on the feedback, the team identified several key intervention areas and formed three working groups accordingly.

- Working Group 1: Health Service Design & Service Delivery
- Working Group 2: Healthcare Financing
- Working Group 3: Community Engagement

At the onset of our collaborative efforts, small group sessions were conducted with 'Working Group 1', with a specific emphasis on Health Service Design and Service Delivery. These sessions led to the crucial conclusion that prioritizing health system strengthening can effectively encompass all essential health services. The sessions laid a framework for future endeavors by starting with case studies on maternal and neonatal care and noncommunicable diseases.

Moving forward, similar group sessions will be conducted for 'Working Group 2', centred on Healthcare Financing. These forthcoming sessions will delve into the complexity of financing healthcare systems, exploring topics such as public and private funding sources, insurance models, and innovative financing strategies.



Furthermore, 'Working Group 3', dedicated to Community Engagement, will also undergo separate small group sessions. These discussions will highlight the pivotal role communities play in shaping healthcare systems, emphasizing community participation, health education, and collaborative decision-making processes.

In the end, this structured process seeks to promote, within each working group, comprehensive knowledge of healthcare difficulties while upholding a common emphasis on the broader idea of health system strengthening to accelerate progress towards UHC.

Bangladesh Health Watch hosted a plenary session titled "Accelerating Progress towards Universal Health Coverage (UHC) in Bangladesh" on September 13, 2023. This session was part of an International Health Economics Conference themed "Progress towards Universal Health Coverage," which took place on September 12 and 13, 2023, organized by the Institute of Health Economics (IHE), University of Dhaka. The event was held at the Nabab Nawab Ali Chowdhury Senate Bhaban Auditorium (2nd floor), University of Dhaka.

Key Recommendations of the session were:

- Focus on system-wide solutions. WHO's "Building blocks" for health system monitoring can be a useful framework in this regard.
- Utilize the Essential Service Package (ESP) to

expedite progress towards Universal Health Coverage (UHC), covering a wide range of health elements and service levels.

- Establish of a robust primary healthcare system, including essential services like Antenatal Care (ANC) and Non-Communicable Disease (NCD) screening, delivered at local healthcare facilities to alleviate the burden on both individuals and the healthcare system.
- Explore and harness the potential of General Practitioners (GPs) as gatekeepers and essential contributors to healthcare delivery, despite challenges in implementing a GP-based system.
- To address the significant fragmentation and organizational challenges in Bangladesh's healthcare systems, improve coordination among various healthcare Directorates and streamline the roles of medical professionals to enhance service delivery, while also addressing issues like coordination between health services and family planning.
- Prioritize the development and implementation of an effective General Practitioner (GP) network, emphasizing GPs' essential role as gatekeepers in healthcare delivery.
- Initiate comprehensive healthcare system reforms, considering the distinct challenges of urban areas, including improving access to quality public healthcare services, reducing reliance on private providers, and exploring innovative financing models to alleviate out-of-pocket expenditures for urban residents.



- To improve efficiency and equity in healthcare, consider decentralizing its healthcare system to the district level, empowering local administration for resource management and allocation, as a strategic move towards achieving Universal Health Coverage (UHC).
- Implement comprehensive regulation and oversight measures within the private sector, including a regulated procurement mechanism for qualified doctors, clear guidelines for staffing levels, training and certification for non-formal healthcare providers, and stringent enforcement of regulations for pharmacists and drug shops.
- Prioritize empowering civil society organizations for transparency and accountability, involve active stakeholders in decision-making, and establish hospital committees with civil society members, possibly led by doctors. Additionally, address absenteeism, promote local-level planning, engage politicians, and optimize resources to ensure effective healthcare delivery at the district level.

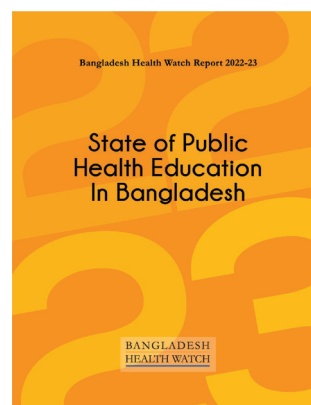
3.1.5 The publication of the biennial report

The publication of Bangladesh Health Watch Reports is one of its flagship activities, aiming to bring important contemporary health and health system-related issues to the forefront and pave the way for Universal Health Coverage (UHC) for all citizens. During this reporting period, BHW published two biennial reports. The first, in 2022, focused on COVID-19, titled *"COVID-19 in Bangladesh: The first two years and looking ahead."* The second report examined public health education, acknowledging the increasingly complex challenges faced by the health sector globally and in Bangladesh. Given the crucial role of strong public health programs in addressing these challenges, it is imperative to assess the public health education infrastructure and quality in the country. Public health education plays a critical role in developing professionals and

experts who are essential in designing and managing programs that impact public health. Therefore, a critical analysis of the existing state and necessary improvements is a pressing priority. In this context, the ninth report in the series for the year 2023, titled *"Public Health Education (PHE) in Bangladesh,"* sheds light on this vital issue, particularly relevant in the post-COVID era.

With a total of nine chapters, this report sheds light on formal education programmes that impart education (and training) on public health in Bangladesh. These include the following:

- Master and Doctoral level education programmes
- Undergraduate programmes such as BSc in Public Health
- Public health components of medical, dental, nursing and midwifery education programmes (MBBS, BDS and BSc Nursing and Midwifery)
- Public health components of various diploma and other programmes
- Public Health in School Education



The report also sheds light on the eco-system which supports PHE including:

- Governance
- Role of Associations and
- Employability

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

3.2.1 Media reports scanning and analysis

BHW scanned health-related news published in six mainstream daily newspapers (three in Bangla and three in English). The aim was to capture health-related news items and create a resource from which issues could be identified for future research and advocacy. The scanning process was being carried out thematically i.e.. Monthly analytical reports were being developed on different aspects of health issues and were being posted on BHW's Facebook page considering the important emerging issues through static contents, video contents etc for raising awareness.

Simultaneously, BHW was tracking newspapers and social media to generate evidence on topical issues in the areas of quality of care, the voice of the marginalized/vulnerable, transparency, and equity (hard to reach areas/ groups, people affected by climate change/natural disasters, gender, etc.) in the health sector of Bangladesh. The evidence from media reports was being used by BHW to carry out evidence-based policy advocacy.

News Repository: In its commitment to providing valuable health-related information, Bangladesh Health Watch has successfully established a Health News Repository, serving as an invaluable resource for the dissemination of health-related information. The primary objective of the Health News Repository was to gather and consolidate health-related news articles from various national dailies in Bangladesh. This initiative aimed to create a centralized platform, allowing individuals, healthcare professionals, policymakers, and other stakeholders to access up-to-date and relevant health news in one place.

Journal Article Publication: From this repository, articles spanning one year (March 2020 to March 2021) were extracted, focusing on health-related topics. Subsequently, news reports about the theme of 'corruption' were identified and analyzed. Based on the analysis of these news

reports, a scientific article was published in an international peer-reviewed journal. Title of the article, "Health sector corruption in the times of COVID-19 pandemic in Bangladesh: Newspapers as mirrors of society." Link

3.2.2 Media advocacy and capacity building

The media was recognized as an effective advocacy channel. BHW had been actively involved in media activities, spanning both mass media and social media. This included participation in television talk shows, press events, and media coverage of BHW's activities. The objective was to raise awareness among a wide range of stakeholders and to spark interest in bringing about much-needed changes using the media for wider reach. Following strategies were employed to nurture a partnership with the media and make more effective use of this resource:

- Journalists' Capacity Building (Local and Regional)
- Journalists' Fellowship
- Journalists' Mentorship for District Journalist for producing investigative reports

3.2.3 Journalists' Capacity Building

a) Workshop with Press Institute of Bangladesh (PIB)

Bangladesh Health Watch and Bangladesh Health Reporter's Forum jointly organized a workshop titled 'Effective Health Reporting' at the Press Institute of Bangladesh (PIB), on December 12, 2021.

The key presenter of the workshop was Dr. Shahaduz Zaman, a Prominent litterateur, Academician, and Public Health Specialist. Mr. Shishir Moral, Special Correspondent, Prothom Alo discussed the use of research in health reporting.

Mr. Zafar Wazed, Director General, Press Institute of Bangladesh was the Chief Guest and Dr. A.M Zakir Hussain member of the working group of

Bangladesh Health Watch was the Chair of the workshop. And around 25 health journalist attended the event.

b) Regional Journalist training

The media is often viewed, or can serve, as an extension of civil society and, as such, can be a useful adjunct to several Community Engagement instruments. Both print media, television and radio through news, articles, talk shows and interviews can work to motivate greater citizen engagement. When the media report on poor performance or irregularities by health services, it serves in more of a social accountability role. BHW and DHRFs of all regional chapters jointly organized training titled 'Effective Health

Reporting' at their areas for reporters working at regions. The objectives of the programme were to improve understanding of the reporters on medical terminology and enhance their ability to interpret medical research reports. Eight training programmes were held at different times from 29 June to 9 November 2022. Mr. Shishir Moral, a renowned health Journalist working with Prothom Alo as a special correspondent conducted these trainings.



Table – 8: Journalists for Capacity Training by region

Date	Region	Male Participants	Women Participants
26.06.22	Manikganj	19	1
06.07.22	Bagerhat	18	1
20.07.22	Barguna	19	5
27.07.22	Khagrachhari	21	1
03.08.22	Kurigram	22	1
10.08.22	Netrokona	20	0
12.10.22	Chapainawabganj	17	1
09.11.22	Sunamganj	16	0

Fellowships for Journalists: Back in Covid-19 pandemic time, BHW offered fellowships to four journalists from four different types of media platforms. BHW facilitated and trained them for producing investigative reporting. Four journalists from print and electronic media were selected for this purpose. They were facilitated by BHW's thematic group of vaccination.

The published reports are as follows:

- Vaccine drive loses steam
- টিকার বাইরে গোরখোদকেরা
- টিকায় পিছিয়ে পরিচ্ছন্নতাকর্মীরা
- জাতীয় পরিচয়পত্র না থাকায় টিকাদানে পিছিয়ে সেন্স ওয়ার্কাররা

- Sex workers missing Covid jabs over lack of NID
- Unjabbed motor workers find vaccine sign-up complicated
- টিকার আওতায় নেই হিজড়ারা
- Vaccination poor in haor areas due to weak communication

c) Mentorship for district level journalists for producing investigative reports:

Bangladesh Health Watch and MRDI implemented the project 'Journalists' Capacity Building on Health Reporting to help journalists develop the capacity to look at health issues in a

broader policy perspective, along with skills to deal with evidence-based information, research analyzing capacity, and also a great hold on how to interpret medical jargons easily to public.

residential training and two months of mentorship by experts in health journalism. The training was facilitated by public health experts, investigative journalism experts and government officials etc.

One of the major objectives were, due to a lack of focus and initiatives to improve their skills, many district correspondents of national news outlets in Bangladesh do not have this understanding. The mentorship process started with 4 days of

After completion of the mentorship process, each of the mentees produced 1 investigative story in their reputed media house. Sixteen stories have been published including one editorial.

Table – 9: Investigative Reports published after the mentorship program

SL#	Location	Report Title	Media House
1	Bagerhat	• বাগেরহাটের স্বাস্থ্যসেবা: গ্রামে চিকিৎসক নেই, শহরে রোগীর চাপে হিমশিম • Bagerhat healthcare in a shambles	Prothom Alo The Daily Star
2	Khagrachhri	• ক্যান্সার রোগীর সংখ্যা অজানা, নেই চিকিৎসাও • খাগড়াছড়ির ছড়ার পানিতে ব্যাকটেরিয়া	Prothom Alo Mashranga TV
3	Sunamganj	• জনবল, ওষুধ সংকটে এখন উপ-স্বাস্থ্যকেন্দ্রগুলোই রুগণ	Kaler Kantho
4	Kurigram	• কুড়িগ্রামে চিকিৎসা সংকটে অর্থ, জীবন দুই-ই যাচ্ছে • নাওত চড়ি যাইতে যাইতে মানুষ বাঁচে না	Kaler Kantho Daily Samakal
5	Chapainawabganj	• প্রসূতিদের জন্য নেই চিকিৎসা সেবা	Channel 24
6	Netrokona	• স্বাস্থ্যসেবা বঞ্চিত নেত্রকোনার প্রত্যন্ত অঞ্চলের রোগীরা • দেখলেই বোঝা যায় অপুষ্টিতে ভুগছে এই শিশুরা!	Channel 24 Jamuna TV
7	Manikganj	• অপুষ্টিতে ভুগছে ‘পুষ্টি কর্ণার’ • C-section: When exception becomes a norm	Jamuna TV The Daily Star
8	Barguna	• প্যাথলজি পরীক্ষা করছে কারা • বরগুনায় কমিউনিটি ক্লিনিকে সেবার মান নিয়ে নানা অভিযোগ • পর্যাপ্ত স্বাস্থ্যসেবা পান না বরগুনার সমুদ্রগামী জেলেরা	Samakal DBC News Mashranga

3.2.4 Social media for promoting project objectives: A collaborative initiative between Bloodman and Bangladesh Health Watch driven by a shared commitment to enhancing public engagement and understanding regarding health issues was undertaken to use social media to promote project objectives and foster participation of social media users in discussions/debates on contemporary health issues. The initiative utilized a diverse range of content formats, including static visuals, videos, op-eds, polls, Facebook Live sessions, and a Hashtag Campaigns. More than 151 static contents were developed and posted to build

awareness among the general mass. Video contents on various emerging health issues were developed and posted. Facebook lives were organized with the engagement of subject experts and was attracted many policy makers and people who raised questions and remedy.

From the BHW and Bloodman collaboration, 151 static contents including monthly graphics, live banners, campaign banners and 26 Video contents were posted for promotional purposes of citizens’ voice and for branding BHW. Also. three Op-eds, 8 polls, and 1 Hashtag Campaign were conducted last three years.

Table 10: Social Media Awareness Contents

Topic of Campaign	Activity	Platform
Dengue	4 Static Content, 1 video content, 1 webinar, 1 poll	Facebook
Mental Health	4 static Content, 1 video content, 1 webinar	Facebook
Safe Motherhood	4 static contents , 1 video , 1 webinar	Facebook
Universal Health Coverage	4 static content , 1 video , 1 webinar	Facebook
Drug Pricing	4 static content , 1 video , 1 webinar	Facebook

Photo Story Competition: Youth voice is important in activism as it helps to raise awareness about their problems. Nowadays, young people have access to internet and smartphone and by using a smartphone, they can capture photos depicting the current situation of the health sector. BHW envisaged that such an activity would not only encourage them to engage in social activism but also help them to understand real-life scenarios in the health services of their respective areas. Hence, BHW organized a “Photostory Competition” from 17th November- 10th December 2022. On 1st January through an online meeting the winner’s name will be announced. Several topics were provided for the photostory:

- Health equity (Are men and women or rich and poor get equal health care services)
- Women and Children in the lens of healthcare
- Ensuring equal healthcare in Community clinics
- Ensuring adolescent healthcare facility
- Good rapport/relation with the healthcare provider and receiver

Around 44 entries have been received from the competition and 5 entries have been selected as winner.

Digital technology for the next phase

Current trends in social media engagement and mobile app usage present valuable opportunities for Bangladesh Health Watch (BHW) to expand its reach and promote health rights. BHW’s Health Rights Forum members and Health Right Youth

Forum members are equipped to develop tailored digital media content addressing the concerns and needs of health rights across eight regional chapters. These initiatives have led to increased engagement and awareness among digital media audiences. Moving forward, BHW aims to utilize various digital media formats, including videos, infographics, interactive webinars, and written content, to amplify their voices and advocate for specific health issues beneficial to society as a whole. By leveraging these platforms strategically, BHW endeavors to inspire action and foster meaningful change.

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 were developed and delivered to enhance the understanding and commitment of duty-bearers to the quality, participation, and equity of healthcare, particularly for vulnerable populations, including women and girls. The objective was to equip the participants with the knowledge and skills necessary to integrate these core values into their programs. The courses were attended by policy planners, program managers from the government, NGOs, and private sectors, healthcare practitioners, university faculty (especially in public health), and journalists. A

diverse team of resource persons was actively involved, comprising former and current government policymakers and program managers, academicians, and researchers. This approach allowed trainees to gain a deeper understanding of the subject matter while bridging the gap between the specific and broader contexts in which government resource persons were operating.

JPGSPH was tasked to complete the three short courses. Throughout the project duration, each course provided three training sessions and an additional course addressing COVID-19 was included. In total, ten batches were successfully concluded last month, supported by the previous project fund.

Table 11: A summary of the short course

SL	Name of the course	Completion Status	Participant attended		Total parti.	Total Certificate Awarded	SDIP Report Submitted (No.)	Category of Facilitators
			Male	Female				
1	Responding to the Pandemic: Voice, Equity and Governance (Pandemic Course)	14 September to 2 October, 2021	19	11	30	17	3	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer
2	Good Governance in Health Sector (Governance Course)	13 December to 29 December, 2021	16	10	26	22	2	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer
3	Equity in Accessing Healthcare Services	14 March -13 April 2022	23	15	38	28	2	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer
4	Voices & Participation of Stakeholders In Health Service Delivery	25 August-22 September 2022	28	24	52	52	2	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer

5	Good Governance in Health Sector (Governance Course)	12-30 January 2023	30	19	49	36	2	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer
6	Equity in Accessing Healthcare Services	1-22 March 2023	17	15	32	32	2	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer
7	Voices & Participation of Stakeholders In Health Service Delivery	2 - 24 May 2023	17	11	28	28	2	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer
8	Good Governance in Health Sector (Governance Course)	4-27 July 2023	47	30	77	25	3	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer
9	Voices & Participation of Stakeholders In Health Service Delivery	Equity in Accessing Healthcare Services	14	11	25	8	2	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer
10	Voices & Participation of Stakeholders In Health Service Delivery	13-27 December 2023	15	12	27	10	2	Public Health Specialist, Health Advisor, Additional Director General, Additional Secretary, Program Specialist Health Sector, Health Advisor, Anthropologist, Consultant, Professor (Health Economics), Joint Secretary Scientific Officer
			226	158	384	258	22	

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

3.4.1 International launching of 50 years of Bangladesh: Advances in Health

The Convenor of Bangladesh Health Watch, Ahmed Mushtaque Raza Chowdhury organised several events as part of the launching of BHW book 50 Years of Bangladesh: Advances in Health. The first international launch of the book, "Bangladesh at 50: Advances in Health", was held at the Bangabandhu Lounge of the Bangladesh High Commission in London on 8 June 2023. Hosted jointly by the Bangladesh High Commission and the South

Asia Centre of the London School of Economics (LSE).

Later, different launching events took place in the USA and Canada. Some important in-person launching were, i) Nore Dame University, Indiana ii) Consulate General of Bangladesh in Miami, Florida International University and Hope Foundation iii) Columbia University Mailman School of Public Health.

One of the hybrid programmes was; i) O.P. Jindal University, India ii) Bangladesh Development Initiative (BDI) in USA and Chowdhury Center on Bangladesh Studies at UC Berkeley, iii) McGill University iv) SickKids Hospital.



3.4.2 International Conference

On 3rd December 2022, BHW organized a day-long international conference in Dhaka. The conference was focused on the emerging challenges to sexual and reproductive health and

rights (SRHR) in Bangladesh. It brought together leading global and national experts, policymakers, civil society activists, and other stakeholders. (mention the names of the international participants). This gathering discussed and debated the emerging challenges in SRHR within Bangladesh and helped to bring forward the existing challenges in this field in the context of a situation where SRHR has fallen off the priority list of the government.



3.4.3 Global Learning Collaborative For Health System Resilience Launches

Global Learning Collaborative for Health System Resilience along with partner organizations, philanthropists, patrons, and other stakeholders gathered for the launch of Bangladesh Country Chapter. The launching event happen in a Zoom platform on 26th July. The Bangladesh Chapter is a voluntary body of prominent & respected individuals with proven leadership abilities in health systems and philanthropy, coming together to represent GLC4HSR and help build strong and sustainable partnerships to address health systems resilience. The country chapter is being co-driven by renowned development sector organizations Bangladesh Health Watch and the James P Grant School of Public Health, BRAC University.

Prof. Mushtaque Chowdhury, Adviser, Brac James P Grant School of Public Health, BRAC University, Bangladesh in his welcome remarks thanked ACCESS Health International for this initiative. The Chapter will leverage collaborative solutions to make health systems responsive and galvanize the outreach and impact in the country by bringing in deeper engagements and large-scale impact in policy advocacy.

MAJOR PROJECT ACHIEVEMENTS

The project in its four-years life span undertook a large number and range of activities to achieve the stated project goal. The major achievements from these activities can be grouped into three categories:

- Establishing a potentially sustainable model for generating local level accountability
- Bringing about improvements in health service delivery through indigenous local level initiatives
- Contribution to knowledge and understanding of specific issues in health
- Strengthening BHW's capacity and image as a health sector advocate

Establishing a model for generating local level accountability

The Regional Chapters, through forums at district, upazila and union levels along with the youth forums have emerged as a model for instituting local-level accountability of government health facilities. These forums, with well-capacitated members drawn from different segments of the society and having a sizeable representation of women have by now developed processes to systematically review non-technical aspects of service delivery in their respective government facility, identify the priority problems and raise them with the local level facility management through periodic 'authority meetings' to seek solutions to those issues. These meetings which bring together the facility managers and providers on one hand, and the healthcare users and forum members on the other, have emerged as a new collaborative way to work together to mitigate some of the problems. Examples of such successes are provided in Section 2.1.

Given previous experiences of similar projects which have shown successes during the project

period but whose successes wore away very soon after project ended, this project had taken a number of initiatives to instill sustainability.

Mobilizing a local NGO as the focal point to support forums:

A well-respected local NGO (host NGO) was selected for each of the forums to support the forum members in secretarial and organizational work; this NGO was paid only a token minimal honorarium to support the part-time payment of designated staff to support the forums. The NGO CEOs and focal points subsequently got involved in delegations to meet senior government officials, the NGO's name appeared side by side with that of the forums and BHW, increasing its credibility and reputation, and focal points were given different types of capacity building inputs. These measures gave a degree of ownership of the local NGO to the forum activities. During evaluations and in conversations with third parties the NGOs have expressed their serious intent of continuing to work under this arrangement, as they see it as a contributor to their image and experience.

Selection of motivated members imbued with spirit of voluntarism

The forum members give considerable time to the initiative and are not remunerated in any way. BHW introduced this arrangement to screen in individuals who were actually interested to bring about changes, rather than being motivated by allure of fees/honoraria. Over the years, the drop out rate of the members have remained at around 30 percent which is not a drastic fall; the members who remain in the forums continue to take on their responsibility with enthusiasm.

Developing ownership of the RCs among members

Members are given a lot of autonomy to develop their workplans by themselves. They actively participate in meetings with the health facility management and other local authorities which helps to elevate their social status. They are also

provided with training, the topics of which are identified by the members themselves and vetted by BHW. All of these measure together create a sense of ownership for the initiative, as recognized by the members themselves. In addition the reward of seeing some of their work actually positively impact service delivery provides a lot of satisfaction and encourages them to remain attached to the forums, as reported by forum members.

Bringing about improvements in health service delivery through indigenous local level initiatives The role of the forums in bringing about improvements in service delivery in their assigned facility has been mentioned above, and examples of such improvements are cited in Section 2.1. Since the forum members are on the ground and constantly in touch with their centers, they are able to ensure that changes continue to hold, and are not lost soon afterward. Thus in the concerned facilities, the additional chairs organized for waiting patients are still there, the solar panels and tube-wells installed in two community clinics are working, separate ticket counters for males and females are functioning, and so on; some initiatives however require regular re-enforcement through the authority meetings, e.g. restricting the time of visit to facilities by medical representatives of pharmaceutical companies. There has been some impact of the forums' work on hospital attendance of service providers- attendance of doctors in community clinics has been initiated and absenteeism has been reduced at least in one district hospital of Bagerhat District.

Besides work of the forum members, local journalists have played a role in bringing about other changes. A news report গ্রামে চিকিৎসক নেই, শহরে রোগীর চাপে হিমশিম (No doctors in villages, patients crowd in city) by local journalist published in Prothom Alo last October stated the dire situation of absenteeism and awful infrastructural condition of the healthcare facilities at the upazila

and union level of Bagerhats. While highlighting absenteeism, the story narrates villagers are deprived of basic healthcare needs as no qualified doctors are available in healthcare facilities. After publishing the report, it has been perceived that at Shoronkhola Upazila health complex designated doctors are regularly visiting and treating patient. Absenteeism has been reduced in the particular area. Journalists trained under the mentorship programme have continued to follow up on their previous reporting even after the expiry of the mentorship period and published follow-up reports; one such report resulted in an editorial in the Daily Star, an influential English Daily even three months after the project end.

Contribution to knowledge and understanding of, and action on specific issues in health

The project made important contributions to existing knowledge through research and reviews. Thus quick research undertaken at the beginning of the Covid pandemic helped to raise the issue of low-quality PPE being provided to government doctors which kick-started a number of actions by the government to address the situation. The Citizens Voice tab in BHW's website addressed concerns and questions from 2150 citizens on Covid-related issues. The repository on Covid-related research and the ongoing work on a repository on equity provides/will provide easy access to reliable, vetted information in the two areas. BHW for the first time compiled all the health-related policies, directives and strategies in a compendium which serves as an easy guide for those researching for related information. The three cycles of budget analysis carried out under the project have helped to establish the evidence that health sector is massively under-budgeted and PHC more so. The more recent study and video documentation of the mental health of climate-challenged communities are important tools that can be used to raise awareness about the scale and depth of climate change impact among vulnerable communities and the need to address these areas. The much lauded book on 50

years of advances in health has not just chronicled the successes and resulting changes in Bangladesh's health situation since independence, it provides an analytical and evidence based glance into future challenges for the sector and way forward. The protocol for emergency services for road traffic victims is the first of its kind guideline to be developed which has the potential to transform emergency services in Bangladesh. BHW not only published its reviews and research, it also ensured proper dissemination of these to the target audience through events, policy briefs, newsletters, website and social media. Every publication/information about the publication is uploaded in its website so that these can be easily accessed.

Strengthening BHW's capacity and image as a health sector advocate

Several initiatives taken under the project has helped BHW to emerge as a strong voice in the health sector:

- Although BHW had existed since 2006, it was for the first time under this project that a full fledged secretariat was set up and BHW engaged in systematic, active advocacy. The 11 person strong secretariat manned by individuals with rights skills and motivation delivered the project mandate with success, as evidenced by the two evaluations.
- A number of important partnerships were established, e.g. with the local NGOs acting as Host Organisations, with individual organisations (e.g. BSMMU's Health Informatics Department, Health Economics Institute, Unnayan Sammanay) and individuals (CHT Zila Parishad Chair, District Commissioners and UNOs and other local government officials of the eight regions).
- An important partnership with the journalists' community also evolved in course of the project which resulted in strong media coverage of most BHW events and a number of catalytic investigative stories by journalists.
- BHW's relationship with its host, JPGSPH evolved and strengthened as it was for the first time that BHW was executing a project within the administrative and financial framework of JPGSPH. The two organisations established effective collaboration, smooth communication channels and better understanding of each other's culture, leading to smooth execution of the project.
- BHW successfully refreshed its brand through updating of its website, social media presence- especially facebook, youtube and twitter, press coverages of its events, stronger branding of its publications, etc.

MAJOR CHALLENGES

Disruptions due to Covid pandemic: The global pandemic hit Bangladesh just as the project had completed preparatory activities and was about to initiate field implementation. As the country went into a lockdown followed by a situation where pandemic management became the first priority for almost all agencies, travelling was curtailed and holding meetings, interviews etc. were considered high risk, the groundwork to set up the RCs was impaired along with all other activities which required face to face interactions and travels. The project overcame some of these hindrances by working online. It also contributed to pandemic management through the Citizens Voice, commissioning of research to answer urgent questions around pandemic management, participating in forums set up on different aspects of the issue. Almost a year's worth of efforts was lost due to the pandemic which was compensated over the subsequent years by going on an overdrive.

On-boarding the HOs: HOs were selected through a systematic process. However, the modest compensation offered by the project for their inputs and the lack of understanding of the value of their role to promote the image of their organization led to lack of ownership and interest in the project during the initial months of the project. Thus extra efforts had to be put in from BHW secretariat to fill in the gaps. However, with time, as the HOs saw the value of their association with the project there was greater interest and ownership.

Learning by doing: The RC model as envisaged in the project proposal had never been attempted before, although there were field experiences with one element- setting up citizens' groups. Therefore the project had to adopt an

experimental approach, constantly learning and adjusting the model, based on the learnings. The constant adjustments in implementation was challenging for the team which had to bring along multiple stakeholder groups in change management. This slightly slowed the progress of activities for the first three years of the project.

Challenges of coordination: BHW involved a large range of individual stakeholders in many of its activities- e.g. Advisory and Working Group members, Thematic Group members, the 101 authors involved in publication of the book on 50 years of advances in health, authors involved in publication of BHW Reports. It also worked collaboratively with a number of agencies e.g. MRDI, US, various research agencies, communication agencies and JPGSPH. Coordinating such a large number of individuals and agencies was a constant challenge and created a large volume of workload which the rather modest team at the secretariat struggled with.

Shrinking civil society space: Governance in Bangladesh is highly centralized and both politicians and bureaucrats are driven by central policies and directives. As a result there is less interest in listening to civil society voices at the central level. BHW found it hard to influence decisions emanating from the centre- e.g. the call to increase health sector budget allocation and allocation for PHC went completely unheeded. On the other hand, it was easier to bring about implementation level changes at the local level where there was more openness by the authorities.

LESSONS LEARNED

At local levels, there is recognition and willingness for change:

The RCs were successful to varying extents in identifying needs for changes and bringing about those changes- improved service hours in community clinics, reinstatement of temporarily suspended services, infrastructure enhancements, and positive changes in healthcare providers' behavior to mention a few. These changes happened not just because of the work of the RC forum members, but also because of the willingness of facility management authorities to bring about changes, as evidenced by the holding of the 'authority meetings' where they had to face the service users and community representatives and hear critique of their work, and subsequent measures undertaken by them based on meeting discussions (e.g. restraining visiting hours of medical representatives, instituting separate waiting lines for females and males etc.). The participation and commitment of the community was evident from individual and group efforts to invest in improving the infrastructure (e.g. tubewell and solar panel installations), improve support services (e.g. allotment of cleaners from local government resources), holding regular meetings (e.g. holding of CSG meeting, union level meetings).

Deep-rooting social accountability takes time:

The project lost two years due to Covid related lockdown and slow down. The secretariat was established, RCs were formed and galvanized into action, HOs were oriented and trust was established with the health management authorities all within the short span of a couple of years. Previous similar projects – e.g. TFIPP, UHSS were for 5 years. While this was made possible due to the intense hard work of all the three sets of stakeholders- the secretariat, RC forums, and HOs, and at the end of the project, project

activities were still being continued, another couple of years would have helped to consolidate the RC model further. The forums, consisting of as disparate group of individuals coming together for the first time with no previous similar experience and taking on a complicated objective, would have benefitted largely if they had additional time to bond together, understand the health system more in-depth and gather more confidence in knowing and dealing with the local health authorities. A follow on phase of two years will hopefully provide that opportunity of consolidation.

Small is beautiful: The ten-member secretariat established for implementing the project under an able project director, supported closely by BHW's WG played a key role in achieving project results. The team members were well experienced, motivated and hard working. Being a relatively small team, intra-team coordination and communication worked well. Most importantly, the small team size made the team nimble and effective in bringing about changes in the working approaches based on lessons learned.

Journalists are important partners and enablers:

Given the lack of interest of central level policymakers to listen to and act on BHW's voice, involving the journalist community closely was found to be an alternate pathway of reaching them. Articles and news items in front ranking dailies, investigative reports and post editorials all were helpful to raise the profile of specific issues and in some cases resulted in action. Government's steps to control the damage from distribution of low quality PPE, the expedited opening of one district hospital following publication of a report in a national daily, targeted vaccination of 400 marginalized people based on investigative reports are some examples.

Voluntarism is still upheld: BHW tip-toed into the RC model where none of the forum members are paid and the HO is only reimbursed for direct costs and paid part time salary of a mid-level staff member, with a lot of trepidation. Most projects of similar nature pay fees/reimbursement for time to forum attendees and NGOs involved usually are paid overhead along with direct costs. It was

therefore a pleasant surprise to experience the dedication and seriousness of the forum members and HOs inspite of their voluntary/semi-voluntary role. The stakeholders attribute this to the sense of achievement they gain from contributing to an important cause alongside increase in social status that they achieve from their association with the forums.

RECOMMENDATIONS

Based on the project learnings, the following recommendations are proposed:

- Adequate time should be built in into a project of this kind to allow consolidation of the people, systems and proceses involved
- More serious investment in capacity building of both forum members as well as secretariat and HO staff would enhance project effectiveness. This project had adopted an experimental approach from the start and in course of learning by doing, a number of important training areas and learning-sharing opportunities were identified, some of which could be addressed while others had to be sidelined due to lack of resources
- In the absence of a healthy, adequate space to discuss and debate with the policy-makers, alternate ways to raise voices must be found. This project found media involvement and partnership with journalists to be such an avenue. In addition, collaboration with other influential Civil Society Organizations (CSOs) and strong links with influential members of the society is recommended to reach policy-makers
- Inclusivity of membership of forums must be planned from the start. Thus groups of primary interest to the project should be identified at the beginning so that representatives of marginalised groups can be included from project start and benefit from start-up activities. This also allows them the space to gel well with other group members, leading to more effective contributions to the group
- Regional variations need to be considered during the development of advocacy and project strategies. Services at health care facilities are influenced by the local ecosystem- geography, community characteristics, environment playing large roles. Therefore identification of issues and strategies to address those, are best identified at the local level rather than trickling down from the centre
- Developing deep local level community connections is important for advocacy startegies to be successful. Such connections raises profile of the advocacy agency, draws in community support and thus empowers the agency to put forward its recommendations more strongly. Similarly, connecting with the government authorities and other civil society bodies/platforms at the local level helps to make advocacy initiaitves stronger, and solve some problems at the local level.

A cluster of seven squares in various shades of blue and teal, arranged in a stepped pattern in the top right corner.

BANGLADESH HEALTH WATCH

A cluster of five squares in various shades of blue and grey, arranged in a stepped pattern in the bottom left corner.A single square in a medium blue-grey shade located in the bottom right corner.