SEMI-ANNUAL REPORT

February-July 2025

BANGLADESH HEALTH WATCH

Sweden Sverige

BANGLADESH
HEALTH WATCH



Sweden
Sverige

List of Acronyms

AG	Advisory Group
BDHS	Bangladesh Demographic and Health Survey
BHW	Bangladesh Health Watch
BLAST	Bangladesh Legal Aid and Services Trust
BRAC	Bangladesh Rural Advancement Committee
BSMMU	Bangabandhu Sheikh Mujib Medical University
CS	Civil Surgeon
CHCP	Community Healthcare Provider
C-sections	Caesarean Section
CSO	Civil Society Organization
CIRDAP	Centre on Integrated Rural Development for Asia and the Pacific
CIPRB	Centre for Injury Prevention and Research
DG	Director General
DGDA	Directorate General of Drug Administration
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DHRF	District Health Rights Forum
DHRYF	District Health Rights Youth Forum
ED	Executive Director
FCDO	Foreign, Commonwealth & Development Office (UK)
FDA	Food and Drug Administration (USA)
EPI	Expanded Programme on Immunization
FWA	Family Welfare Assistant
FGD	Focus Group Discussion
FY	Fiscal Year
GoB	Government of Bangladesh
HA	Health Assistant
HRF	Health Rights Forum
HO	Host Organization
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICT	Information and Communications Technology
IEDCR	Institute of Epidemiology, Disease Control and Research
INGO	International Non-governmental Organization
JPGSPH	James P Grant School of Public Health
KII	Key Informant Interview
KPI	Key Performance Indicator
LMIC	Low and Middle-Income Countries
MOHFW	Ministry of Health and Family Welfare
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MP	Member of the Parliament
MPG	Medical Practice Group
MTR	Mid-Term Review
NGO	Non-governmental Organization
NID	National Identity Card
OGSB	Obstetrical and Gynaecological Society of Bangladesh
PhD	Doctor of Philosophy

RC	Regional Chapter
SIDA	Swedish International Development Cooperation Agency
TG	Thematic Group
TOR	Terms of Reference
UHC	Universal Health Coverage
UHRF	Upazila Health Rights Forum
UHRYF	Upazila Health Rights Youth Forum
UNICEF	United Nations International Children's Emergency Fund
WG	Working Group
WHO	World Health Organization

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Executive Summary

Bangladesh Health Watch (BHW) has been implementing the two-year project "Institutionalizing Accountability in Health Systems to Improve Access to Services" since February 2024, with financial support from the Swedish International Development Cooperation Agency (SIDA). This project is the continuation of the last project. This project's initiatives are built upon previous efforts to enhance health system responsiveness and local-level accountability.

The project has three objectives 1) Strengthened Local-Level Accountability 2) Enhanced Media Engagement and Capacity and Objective and 3) Strengthened Advocacy for UHC

1. Strengthening Local-Level Accountability

BHW has established eight Regional Chapters (RCs) in in 8 divisions to strengthen local-level accountability in the health sector by amplifying the voices of healthcare users and service providers. These Regional Chapters (RCs) continued to drive citizen-led accountability through public hearings, authority meetings, citizen monitoring, and awareness campaigns. Health Rights Forums (HRFs) and Youth Forums were capacitated through targeted training on social accountability tools, social audits, and community mobilization, engaging over 330 members. Regular coordination meetings, day observances (World Health Day, World Population Day, Safe Motherhood Day), SRHR school campaigns, and installation of hospital information boards enhanced community participation. Independent initiatives, such as dengue awareness and hospital support in Barguna, further demonstrated local ownership and impact. A total of 145 events has been accomplished at 8 RC during the reporting time as mentioned in the following table:

SL.	Activities in 8 Regional Chapters	No
1	Yearly planning meeting at Regional Chapters	08
2	Health Rights Forum regular meeting (Districts and Upazila)	21
3	Health Rights Youth Forum regular coordination meeting	21
4	Meeting with Health Authority	08
5	Multi-stakeholder meeting (Face the public)	01
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2. Strengthening Media Engagement and Social Accountability

BHW worked closely with national and local journalists to amplify citizen voices and highlight systemic health issues. Journalists were trained on health reporting and accountability, resulting in several investigative reports in national dailies and broadcast media. District-level journalists also received specialized training, enabling more effective local health coverage. Youth forums expanded their use of digital and social media to increase visibility, while webinars and IEC materials broadened outreach on health reforms and SRHR.

3. Strengthening Advocacy for UHC and Health System Reform

Evidence-based advocacy remained a basis of BHW's work. Key initiatives include Study and Dissemination findings on primary health care (PHC) budget analysis in Kurigram and at DGHS to influence policy and budget allocation, Advancing policy advocacy on unnecessary caesarean sections in collaboration with OGSB, supporting the Anti-Corruption Coalition on drug pricing and absenteeism, including participation in a BAPI-led pharmaceutical workshop and 8 regional dialogues on health workforce retention and preparations for piloting an emergency medical services protocol for road crash victims though currently on hold due to timeline constraints.

BHW continued developing its flagship 10th Biennial Report on "Corruption in the Health Sector," published a book on emerging SRHR challenges, and organized policy dialogues on women's health recommendations. These initiatives engaged policymakers, civil society, and researchers to strengthen the accountability and responsiveness of the health system.

This elaborate description of the activities, outputs, and results of BHW's planned research, policy advocacy, media campaign and civil society movement is in line with the set three result areas and various activity indicators of the project's result framework (RFW) in the following part of this report.

Project Brief

Bangladesh Health Watch (BHW) has been implementing the two-year project, “Institutionalizing Accountability in Health Systems to Improve Access to Services,” with the financial support from the Swedish International Development Cooperation Agency (SIDA) since February 2024. This two-year initiative builds upon BHW's earlier project, "Enhancing Responsiveness and Participation in Bangladesh's Healthcare Systems," which was also supported by Sida and lasted three years. While maintaining the emphasis on creating a responsive health system, the new project places a stronger focus on accountability, especially at the local level. It aims to improve citizens' health and productivity in alignment with the objectives of the Bangladesh government's 5th Health Sector Plan.

Goal

The purpose of the project is to transform the local health system in Bangladesh by fostering a positive policy environment, leading to improved and accountable health care access for citizens. The initiative operates at both local and national levels to enhance service delivery, accountability, and policy support, contributing to the acceleration of Universal Health Coverage (UHC) in Bangladesh, which is also the Vision of the 5th health sector plan of the government.

Objectives

The project is designed to meet three strategic objectives:

1. **Strengthened Local Level Accountability:** Improve the responsiveness and accountability of local health facilities through grassroots engagement and monitoring.
2. **Enhanced Media Engagement and Capacity:** Equip local and national media to effectively report on and advocate for health service issues, increasing public awareness and pressure on policymakers.
3. **Strengthened Advocacy UHC:** Influence national health policies and practices through targeted advocacy and legal actions to accelerate UHC implementation.

Major Activities

Objective 1: Strengthened Local Level Accountability

- Public Hearings: Organize bi-annual public hearings to facilitate dialogue between communities and health authorities, holding health facility authorities accountable for service quality.
- Facility Readiness Meetings: Host regular meetings between Regional Chapters (RCs) and health facility authorities to address service readiness and improvement needs.
- Service Monitoring: Conduct annual reviews of health facilities by RC members to assess and address service quality issues.
- Youth Forum Engagement: Enhance Youth Forum capabilities to monitor facilities, gather feedback, and conduct awareness campaigns on health rights.
- Awareness building and Campaigns: Implement local campaigns and advocacy initiatives to address absenteeism, service quality, and other pressing health sector issues.

Objective 2: Enhanced Media Engagement and Capacity

- Local Media Training: Train journalists in health reporting and advocacy, enhancing their ability to cover health issues and engage in investigative reporting.
- Media Coverage Expansion: Increase media coverage of health service issues at local levels through consistent reporting and public engagement.
- National Media Alliance: Build strong alliances with national media to report on absenteeism, drug pricing, and Primary Health Care (PHC) funding, and engage journalists in policy dialogues and forums.

Objective 3: Strengthened Advocacy for UHC

- Evidence-Based Advocacy: Conduct advocacy for increased PHC funding by presenting

evidence on budget needs versus allocations and proposing policy adjustments.
- Legal Advocacy: Utilize Public Interest Litigation (PIL) to address critical health issues such as antimicrobial resistance and immediate treatment for accident victims, and engage legal experts for effective court enforcement.

Expected Outputs

1. Local Level Accountability: Improved facility management, enhanced public engagement, and better service quality through active citizen involvement and oversight.
2. Media Engagement: Increased and impactful media coverage of health issues, raising public awareness and driving policy changes.
3. Advocacy for UHC: Effective policy changes and legal reforms supporting increased PHC funding and quality improvements in the health system.

Beneficiaries

- Direct Beneficiaries: Citizens of Bangladesh, especially in the eight target districts.
- Indirect Beneficiaries: Health authorities, service providers, RC members, government policymakers, healthcare planners, and media representatives.

Target group of the project

- Government/NGO policy planners, programme managers, service providers, and Civil Society Organizations (CSOs) at central and local levels.

Theory of Change

The project posits that by strengthening local accountability, enhancing media engagement, and advancing advocacy efforts, the health system in Bangladesh can become more responsive and accountable. This will lead to improved healthcare services and contribute to the broader goal of a productive and healthy population in line with Bangladesh's health sector vision.

Progress of Project Activities

This report provides an update on half yearly progress of all the three streams of work accompanied with a financial report for the reporting period, from February to July 2025. At the beginning of the year, BHW had an approved Annual Work Plan by Sida for 2025. However, except some internal forum meetings and SRHR awareness campaign the target of the plan was accomplished.

It is noteworthy that during the reporting period, Bangladesh Health Watch (BHW) faced several contextual challenges that delayed the timely implementation of planned field-level activities. Firstly, political unrest and regime change in the previous year created challenges in Bagerhat and Chapainawabganj district. Safety concerns led some District Health Rights Forum members to withdraw from public activities. BHW had to fully restructure the Health Rights Forum in Bagerhat and partially in Chapainawabganj. Despite delays, new forum members have presently been onboarded and field activities have resumed there. Implementation is continuing at full pace under a revised timeline. Secondly, the month of March coincided with Ramadan, limiting opportunities for community events and meetings due to fasting, reduced working hours, and limited stakeholder availability. Additionally, an unexpected month-long school holiday declared by the government disrupted SRHR campaigns, a core part of BHW's school-based interventions. As a result, several activities of SRHR campaign were either postponed or modified, causing deviations from the original work plan. BHW has revised the schedule and planned to complete the campaign in August-September 2025 to ensure the completion of this year's targets.

Objective 1: Strengthened local-level accountability

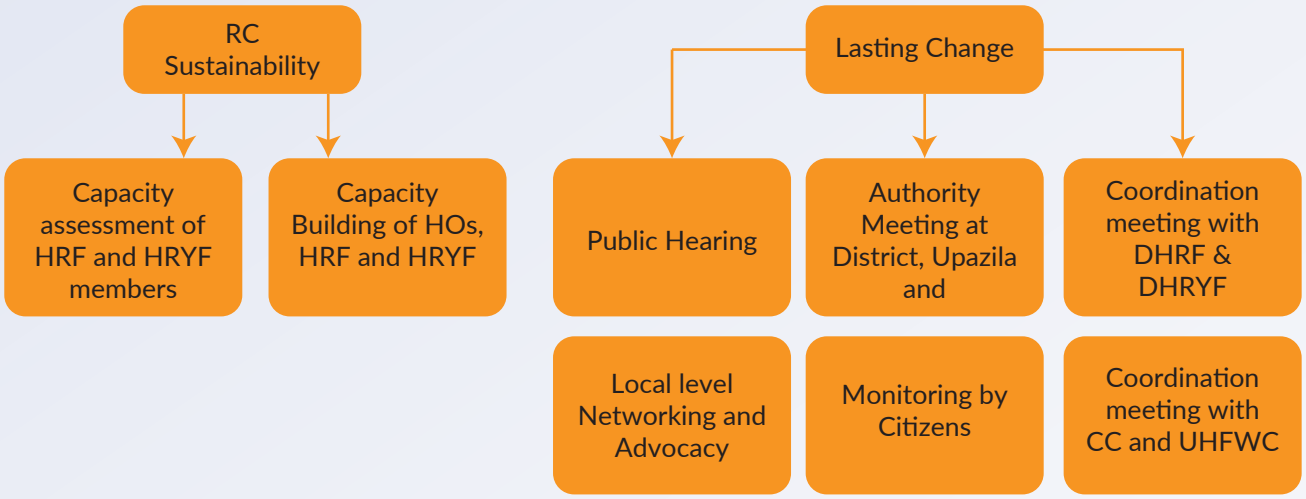
Regional Chapters (RCs) are designed to function as the main vehicle for instituting stronger local level accountability, with policy advocacy at the central level playing a supportive role. BHW has eight RCs in eight districts in Bangladesh to bring the grassroots voices and concerns of healthcare users and service providers to policymakers. Citizen's forum namely Health Rights Forums (HRFs) and Health Rights Youth Forums work to strengthen the local level accountability process in health institutions. These forum with the secretarial support by Host Organizations are furthered capacitated for sustainability. To utilize RC's capacity to systematically claim local level health accountability, the project undertakes six sets of strategies to contribute to the outcome of influencing health systems to be more responsive and accountable to people (lasting changes).

1. **Multi-stakeholder "public hearing" meetings.** Grassroots people get an opportunity to express and discuss issues related to health services with the government health authority. RCs follow up with concerned government officials on the recommendations and the commitments made during the public hearing.
2. **Authority meeting.** Host Organisations, along with HRFs, arrange a sharing meeting with district and upazila hospital authorities to discuss respective facility readiness issues and needs and what could be done to improve their facilities, including resource mobilization for facility maintenance/improvement.
3. **Citizen monitoring.** Trained RC members along with the Youth volunteers monitor the health service situation and carry out an periodic systematic assessment of facility performance at different tiers and identify specific problems of healthcare services regarding quality, and follow up with relevant authorities to implement recommendations.
4. **Campaign.** RCs implement a well-structured programme for awareness building and campaign at the local level, engaging HRF and Youth Forum members. With strengthened capacity, Youth Forums are able to better support RCs through their participation in local level health initiatives, e.g., campaign, rallies, and human chains to improve awareness of local populations and support the process to claim accountability of government health facilities at the local level.
5. **Networking and advocacy.** RCs develop

partnerships with key stakeholders in the health sector and engage with local Civil Society Organizations network to amplify the voices of marginalized communities. RCs also build network with facility management committees to improve non-clinical aspects of health services.

6. **Media engagement.** BHW engages both local and national level media. RC's partnership with local journalists has been strengthened and expanded and journalists' skills for health reporting and advocacy enhanced with the purpose to voice and publicize citizen's concerns about government services. It also supports national news outlets in publishing investigative reports on the health sector, and producing health-related news and opinion pieces to inform and engage the broader public. The project also facilitates active participation of journalists at different communication platforms, including policy dialogues, discussion forums, and roundtables.

The two-pronged strategies for RC sustainability: Figure 1:



Outcome 1: Strengthened local level accountability

1.1. Enhanced capacity and ownership of RCs to demand local-level accountability

Activity 1.1.1. Health Rights forum regular coordination meeting (District and Upazila)

Planning Workshop for the year 2025:
In 2025, each Regional Chapter convened a Planning Workshop involving members from both the District Health Reform Forum (DHRF) and the District Health Youth Reform Forum (DHYRF) at the district and upazila levels separately. The primary objective of these workshops was to collaboratively identify challenges in service delivery and to develop a comprehensive work plan for 2025 aimed at improving the quality of the healthcare delivery system through targeted advocacy and campaigns. The key agendum of this planning meeting is reviewing previous years accomplishment and, if needed, include new member or exclude inactive members of the forum. A total of 51 activities are planned to be accomplished this year in each regional chapter.

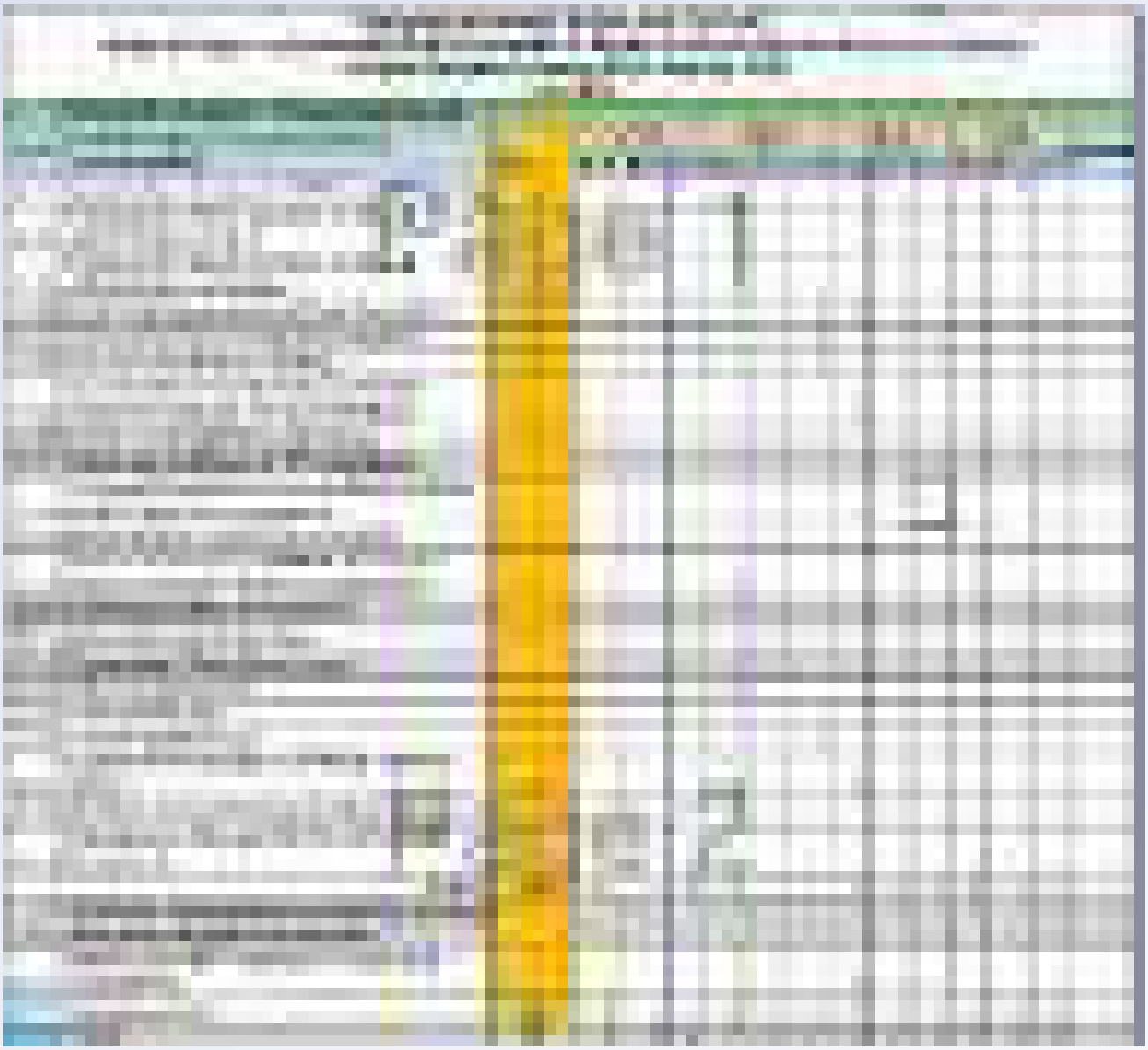


Image: Planning workshop in Barguna Regional Chapter on 19 April 2025

The planning meetings were structured into following main segments:

- Assessing Existing Conditions: Analyzing the current realities, capacities, and deficiencies within the district healthcare system based on regular health facility monitoring and facility assessment.
- Prioritizing Expectations and Problem Identification: Highlighting key issues and determining locally solvable problems.
- Drafting an annual work plan for 2025

An example of the yearly planning schedule 2025 for Chapainawabganj Regional Chapter is detailed below.



DHRF Regular Meeting:
District Health Rights Forums conducted quarterly meetings with the support of host organizations that provides secretarial assistance. These meetings, held on a scheduled basis, offer a formal setting for members to assess progress, deliberate on upcoming events, and address any challenges or opportunities. In the reporting period, 21 regular coordination meetings were convened at Regional Chapters.

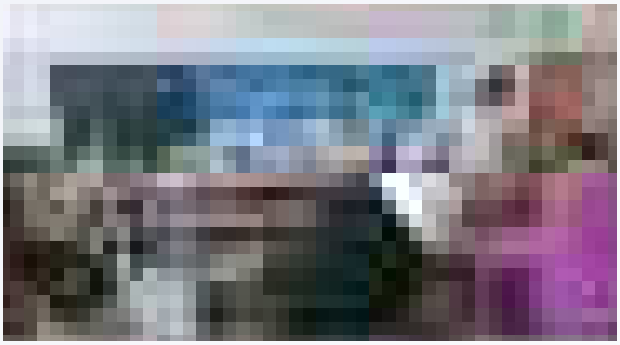




Image: Regular Coordination Meetings at Kendua, Netrakona

Activity 1.1.2. Health Rights Youth forum regular coordination meeting (District and Upazila)

DHRF Regular Meeting:
Like DHRF, DHRYF also conducted quarterly meetings on a scheduled basis. 21 forum coordination meetings were held at Regional Chapters.

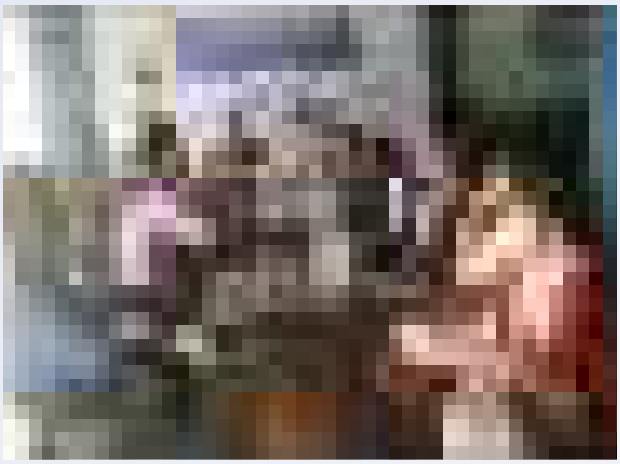


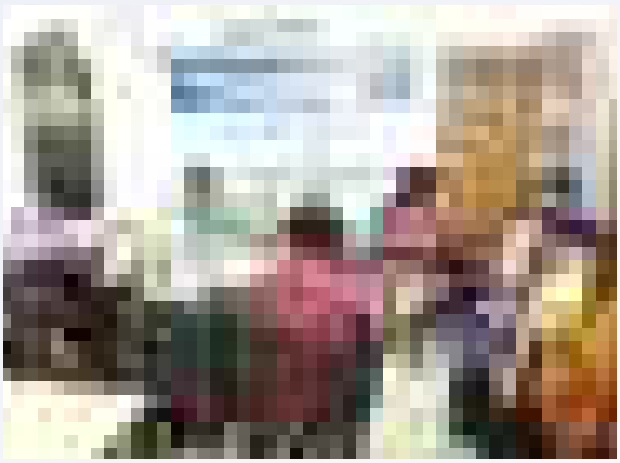


Image: Regular Coordination Meetings at Khagrachhari and Netrakona

Activity 1.1.3. Meetings with facility authorities at local level

The Forum meets formally with the hospital authority where different service-related issues are raised. In the reporting period, 8 such meetings took place at the district and upazila levels. At the meetings, facility readiness issues, the needs of the health facility, and decisions to solve these problems are usually discussed.

At these advocacy meetings, Local citizens shared their firsthand experiences and suggestions for improvement of services while the hospital officials presented their current initiatives, limitations and plans. Concerns about waiting times, communication, and accessibility were highlighted by the community members, leading to a productive exchange of ideas. The hospital authorities expressed their commitment to addressing these issues. The meetings concluded with a collaborative action plan, emphasizing the importance of ongoing feedback and regular updates to ensure that the hospital services align with the needs and expectations of the community.



Activity 1.1.4. Public hearing (PH) meetings organized by Regional Chapters

The multistakeholder meeting is one of the important activities of RC. In all regional chapters, the District and Upazila Health Rights Forums organize multi-stakeholder meetings at corresponding facilities like the District Hospital and the Upazila Health Complex. This is also known as public hearing where government representatives are questioned on specific facility-related problems,

and solutions are sought. In the reporting period, 1 such

In 21 July 2025, Upazila Health Rights Forum organised a multistakeholders' meeting at Ghior Upazila Health Complex in Manikganj where UHFPO, Resident Medical Officer of the hospital, other service providers, service users, and local journalists were present.



Public Hearing Meeting in Ghior Upazila Health Complex, Manikganj RC

Activity 1.1.5. Community clinic coordination meeting

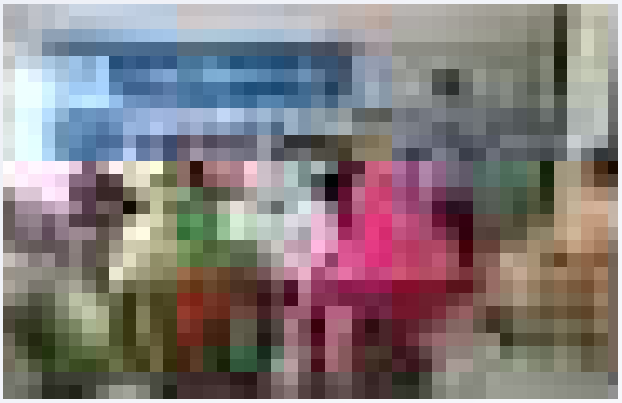
The Forum also tries to activate the management committee of Community Clinics by organizing coordination meetings with the facility management. In the reporting time, 8 coordination meetings were held at Community Clinics. These meetings are a vibrant exchange of ideas and concerns, which underscored the commitment to enhancing healthcare delivery at the community level. The session also provided a platform for community members to voice their needs, ranging from improved access to essential medical services to better sanitation facilities within the clinic. The Health Rights Forum members engage the local government representatives in the meeting.





Activity 1.1.6. Union Health and Family Welfare Center Coordination meeting

The Forum organized coordination meeting at Union Health and Family Welfare Centre-UHFWC to activate the their management committee. In the reporting time, 6 coordination meetings were held at Union health Centres. As a result of the persistant effort of the community, in Khagrachhari, normal delivery has been started in regular basis in Kayanghat Union health and family welfare center at Mohalchhai Upazila.



Activity 1.1.7. Coordination meeting with Local government, CSO and NGOs representatives

The project's advocacy and networking strategy, particularly through partnerships with key stakeholders in the health sector and engagement with local Civil Society Organizations, was highly effective in amplifying the voices of marginalized communities. The project focused on three key advocacy pillars like a) sensitizing health facility authorities through regular meetings with them along with annual multi-stakeholder meetings to foster collaboration; b) engaging citizens through enhancing their participation in the health sector,

ensuring that the voices of local communities were heard in decision-making processes and c) media advocacy that include several activities, including capacity building for local journalists, supporting national news outlets in publishing investigative reports on the health sector, and producing health-related news and opinion pieces to inform and engage the broader public.

In the reporting period, District Health Rights Forums organized 03 meetings titled "Role of Civil Society to Improve Health Service" in collaboration with local NGOs and CSOs. These meetings aimed to develop local-level partnerships, encourage collaboration, and initiate joint efforts to enhance healthcare services. By bringing together key stakeholders, the Forum facilitated discussions on pressing health issues, resource mobilization, and community engagement strategies. These efforts strengthened collective advocacy for better healthcare policies and service delivery, ensuring a more inclusive and responsive health system at the grassroots level.



Activity 1.1.8. Online based meeting with RCs

The BHW secretariate team, responsible for managing and supporting its eight regional chapters, regularly organizes coordination meetings with the focal persons from each region. These meetings serve as a vital platform for discussing the progress of ongoing activities, identifying any challenges encountered, and sharing best practices among the chapters. In the reporting period, 5 focal coordination meeting was held. By fostering open communication and collaborative problem-solving, these meetings strengthen the overall effectiveness and cohesion of BHW's regional operations.

Activity 1.1.9. Awareness and campaign programmes at local level Knowledge on SRHR at selected school

To enhance Sexual and Reproductive Health and Rights (SRHR) awareness among adolescents, in collaboration with the technical assistance of respective local family planning office, DHRFs have organized SRHR training and awareness sessions in schools across two regions, in the reporting time. This initiative intended to equip students with essential knowledge on reproductive health, family planning, and gender-sensitive issues, empowering them to make informed decisions about their health and well-being. The training sessions have played a crucial role in addressing knowledge gaps and breaking stigmas surrounding SRHR topics among young students. The active involvement of family planning officers has ensured that students receive accurate, evidence-based information, fostering a culture of awareness and responsibility. A total of 6 campaigns took place, and approximately 420 students actively received the training.





Picture 13: Awareness session on SRHR in Khagrachhari RC

Day Observance

The Regional Chapters organized a series of day observance events. These events were dedicated to celebrating significant global and national health days including World Health Day, World Population Day and Safe Motherhood Day. The initiative aimed to enhance community awareness and drive positive change, particularly focusing on youth, children, and women.

Observe Safe Motherhood Day

On 27 May 2025, District Health Rights Forums of seven districts observed Safe Motherhood Day with the primary goal of enhancing awareness among expectant mothers regarding the importance of pregnancy care and improving the accountability of Community Clinic service providers. The events featured active participation from government officials, including representatives from the Upazila Health Complex.

This year's theme was "Make baby delivery in hospitals, save mothers' and newborns' lives". The day's activities included rallies, discussion sessions, and campaigns focused on women's nutritional services during pregnancy. Family Welfare Assistants (FWAs), Health Assistants (HAs), and Community Healthcare Providers (CHCPs) conducted antenatal check-ups for over 175 pregnant women. Additionally, the District Health Rights Youth Forums organized awareness rally at each RCs.

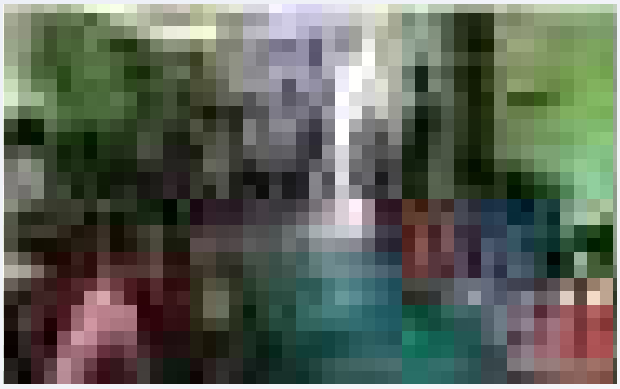




Image: Discussion meeting and awareness rally on safe motherhood day at Khagrachhari and Barguna

Furthermore, attendees received flyers on safe motherhood developed by the BHW Secretariat. The campaigns effectively raised awareness among pregnant and lactating women about safe motherhood practices and encouraged them to attend regular antenatal care at Community Clinics. Service providers committed to ensuring consistent and reliable services to these women.

World Health Day celebration

World Health Day was celebrated on the occasion of World Health Day 2025 on the 7th April at Regional Chapters. This year's theme was "**Healthy Beginnings, Hopeful Futures**", focusing on maternal and newborn health. This was a joint initiative of District Civil Surgeon's Office and District Health Rights Forums. The various activities in the program included rally, discussion meeting etc. The campaign advocates for the long-term health and well-being of women, highlighting the importance of addressing mental health, noncommunicable diseases, and family planning services. It also aims to raise awareness and mobilize effective investments in healthcare systems to ensure that mothers and newborns receive the care they need. Equipping individuals and communities with accurate information about healthy pregnancies, safe childbirth practices, and essential postnatal care is central to creating healthier beginnings and hopeful futures for families around the world.



Image: Awareness rally on World Health Day 2025 in Khagrachhari and Barguna

World Population Day

AT seven regional chapters, District and Upazila Health Rights forum in collaboration with district and upazila health administration observed World Population Day on 11 July 2025 to raise awareness about global and national population issues. The theme for 2025 is "**Empowering young people to create the families they want in a fair and hopeful world**." The theme of this year very much aligns with regional chapters' youth forums' mission. Forum members along with doctors, nurses and youth volunteers attended the events.

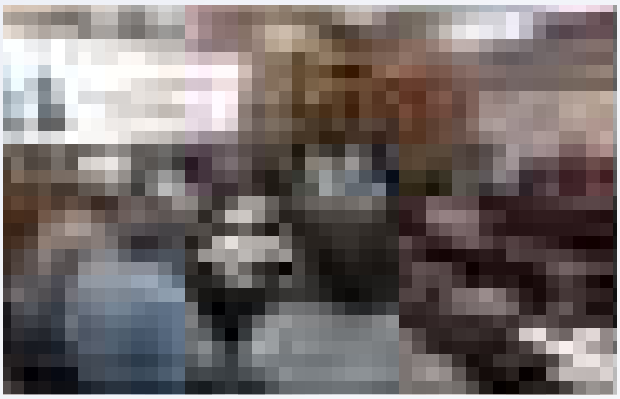


Image: Seminar on World Population Day 2025 in Manikganj

Additional Initiatives of RCs

Apart from the planned activities, Health Rights Forums across various districts have undertaken some initiatives independently, beyond the planned activities, showcasing their commitment to improving healthcare services at the grassroots level.

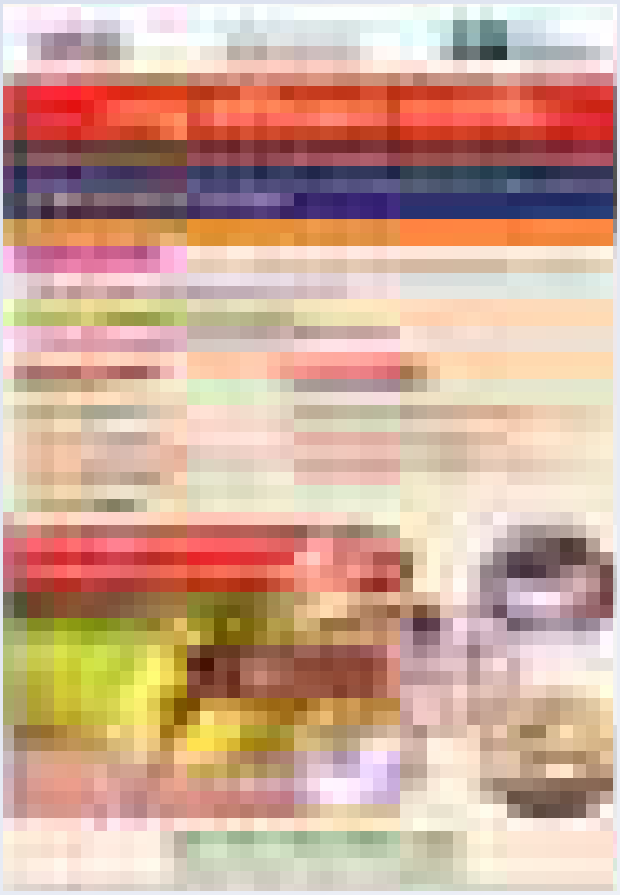
Dengue Awareness Campaign and Hospital Support Initiatives in Barguna

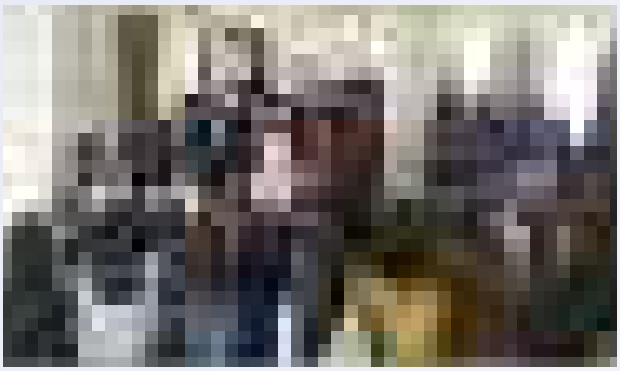
Barguna emerged as the epicenter of Bangladesh's 2025 dengue outbreak, driven by high larval density and poor water hygiene. However, rapid interventions—including awareness campaigns, hospital support, and coordinated mosquito control—led by the Volunteers of Barguna Health Rights Youth Forum played a vital role in mitigation efforts.

In response to the alarming rise in dengue cases in Barguna Sadar Upazila—which accounted for nearly a quarter of the national cases in 2025—DHRF and DHRYF organized a comprehensive health campaign focusing on public awareness and prevention. A promotional slogan was used throughout the campaign: "**Clean your yard, build a dengue-free Barguna**."

Dengue Prevention Campaign: From June to July 2025, forum members and volunteers conducted health campaigns at 10 key locations, including schools, markets, ferry ghats, and public fields. These areas included Barguna Fish Market, Town Hall, Keorabunia Market, Purakata Ferry Ghat, and six other locations. Key campaign activities included distribution of leaflets on dengue prevention, dissemination of informative materials, miking for public announcements, community pledges to maintain yard cleanliness.







Hospital Helpdesk Initiative: to improve hospital discipline and cleanliness, a helpdesk was established at the main gate of Barguna Sadar Hospital from 23 June to 19 July 2025. Twenty volunteers (10 per shift), working from 8:00 AM to 8:00 PM, provided assistance voluntarily. They guided visitors, monitored cleanliness, and assisted nurses. The helpdesk activities were inaugurated by Dr. Md. Rezwanur Alam, Superintendent; Dr. Taskia Siddika, RMO; along with the president and secretary of DHRF and youth forum members.





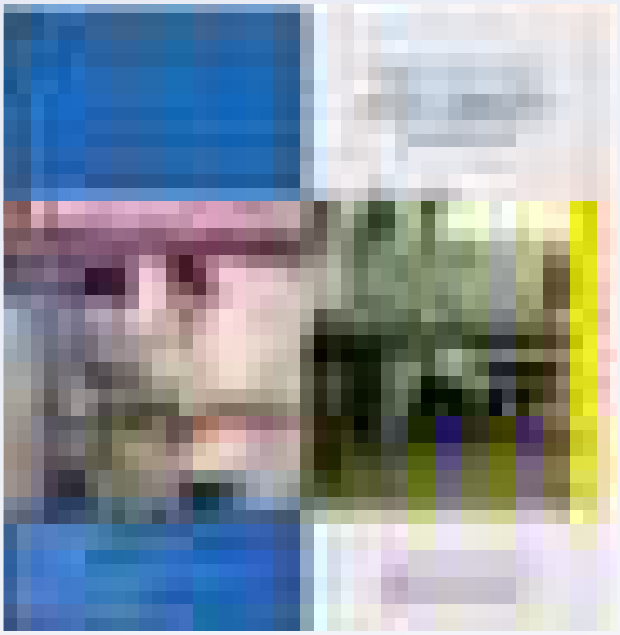
Outcome: The campaign significantly raised awareness across diverse social groups, resulting in improved hygiene practices and a notable decline in dengue incidence in Hospital. Through this help desk, more than 180 dengue patients, who were admitted in the hospital in a day, were directly benefited. The helpdesk also enhanced hospital operations and visitor management. Impressed by the volunteers' performance, hospital authorities expressed interest in long-term volunteer involvement and later organized a learning-sharing meeting. These independent initiatives demonstrate the commitment and proactive approach of the Forums in addressing local healthcare challenges.

The BHW team visited the campaign program twice. During one visit, the team was accompanied by a group of journalists led by Mr. Shishir Morol, Special Correspondent of Prothom Alo. The newspaper later published an investigative report on the outbreak. In addition, a media-based campaign was carried out by local journalists who had received BHW's training on investigative reporting

previously. They published a series of news reports in the local media.

Activity 1.1.10 Study on Clients' Feedback and Satisfaction

Since 2022, Bangladesh Health Watch (BHW) has been implementing a multi-phase study titled "**Collecting feedback from the community on primary health care services**" across eight Regional Chapters (RCs). The study assesses service availability, financial accessibility, resource adequacy, and patient satisfaction in Community Clinics, Upazila Health Complexes, and District Hospitals. The third phase, completed in December 2024, revealed persistent challenges—especially in access and financial barriers—though some improvements were noted, such as shorter waiting times at Community Clinics. These findings provide a solid foundation for BHW's collaboration with government and local partners to strengthen equity and efficiency in healthcare.



One-pager of research findings for each Regional Chapter

In the reporting time, between February and July 2025, BHW focused on disseminating the findings and analyzing trends across the study phases. Short summary reports and brochures were prepared for each RC to ensure the evidence reached both community members and policy actors. It is planned that these reports will be shared in field level at DHRF periodic meetings.

Activity 1.1.11 Installation of Information Board at Hospital Premeses

As part of the project activities, BHW has installed information boards at District Hospitals, Upazila Health Complexes, and Community Clinics to enhance transparency and patient awareness. During the reporting period, three regional chapters implemented this initiative to inform service recipients about the availability and entitlements of healthcare services. The primary rationale behind this activity is to bridge the information gap between patients and providers, ensuring that people are aware of the services they are entitled to receive. By making this information publicly visible, the boards help empower patients, promote transparency, and encourage accountability within health facilities, ultimately contributing to more equitable and responsive healthcare delivery.

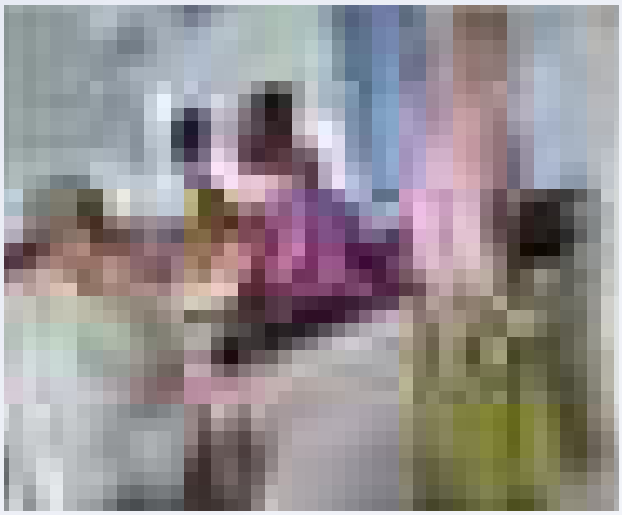


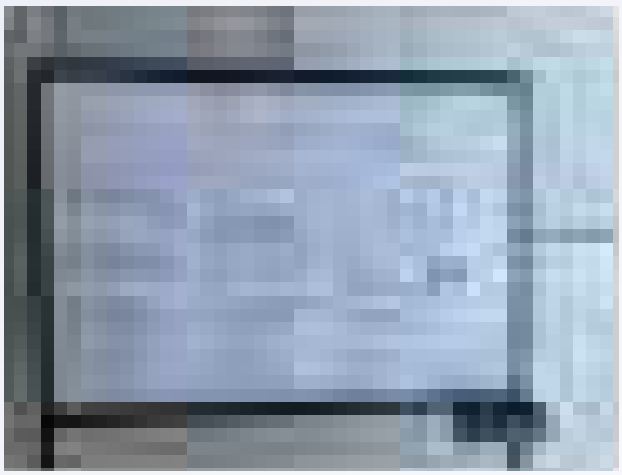
Picture: Information Board at District Hospital and Rayer Tabak CC, Barguna

Activity 1.1.12 Capacity Assessment of DHRF and dissemination of assessment study

BHW completed a qualitative study across seven Regional Chapters to better understand how citizen-led Health Rights Forums are improving local health services titled "**Citizen-Led Health Initiatives to Improve Local Health Services: Lessons from Regional Chapters in Selected Districts of Bangladesh**" The study highlighted how community members—women, youth, persons with disabilities, and local leaders—are actively monitoring healthcare, voicing concerns, and working with authorities to improve medicine supply, staff accountability, and access to services for all groups.

The findings show that these Forums are giving citizens a stronger voice, improving patient-provider relationships, and helping ensure health services reach those most in need. While challenges remain—such as limited resources and lack of formal recognition—there is strong potential for scaling up this model across Bangladesh.





1.2. Improved local level citizen-led facility monitoring and public hearing

Activity 1.2.1. Independent monitoring of facilities conducted by RCs

The regional Chapter has taken a significant initiative to visit health facilities across the region on a quarterly basis. These visits are designed to directly observe the current state of healthcare services, interact with the patients and healthcare staff, and assess the general functioning of the health system at the grassroots level. The goal is to identify key service-related issues that need immediate attention and work toward sustainable solutions. During their visit, the Forum members assess the facilities including the infrastructure, equipment, staffing levels, and availability of medicines and medical supplies. Based on the observations made during these visits, various concerns are raised and discussed at meetings with hospital authorities and during public hearings.

Activity 1.2.4. Workshops to train HO and HRF members on social accountability methods and tools A key finding of the Forum assessment was that the members realized that they need enhancing their capacity in different advocacy and community mobilization process. In this reporting period, BHW organize a day-long capacity building training for Health Rights Forum (HRF) members on Social Accountability tools like Social Audit, and Community Advocacy' at all of its 8 regional chapters. The trainings were held from May to July of this year.





Image: Training for Health Rights Youth Forum at Barguna and Kurigram

It is expected that the participants would understand the importance of social accountability tools, social audits, and community engagement in promoting equitable access to health services. They will also gain skills in using social audit tools, identifying local health sector issues, applying effective dialogue strategies, and advocating for good governance through participatory practices and communication techniques.

The major sessions include social accountability & tools, public hearing implementation process, social audit implementation process and issue-based advocacy methodology. A number of 156 forum members and attended the trainings.

Activity 1.2.5. Capacity building for youth forums

Workshop on social audit and community mobilization

Currently, eight District Health Rights Youth Forums (DHRYFs) and eight Upazila Health Rights Forums (UHRFs) are working in eight RCs. To enhance their capacity as well as building ownership, several capacity-building initiatives have taken place in the reporting period.

In this reporting period, BHW organized a day-long capacity building training for Youth Forum members on social audit and community mobilization at all 8 Regional Chapters. The trainings aim to empower the younger generation with the knowledge and skills necessary to effectively carry their different youth-based awareness and campaign activities.



Image: Training for Health Rights Youth Forum at Barguna and Chapainawabganj

After this training, the participants are expected to gain a comprehensive understanding of volunteering, including its significance, essential characteristics, and ethical code of conduct. They will explore the usage of social accountability tools such as social audits and community engagement in promoting equitable access to public services. Equipped with social audit techniques, youth forum members will be able to identify key challenges in the local health sector and act as auxiliary actor for appropriate dialogue and advocacy. Furthermore, participants will understand the importance of building strong local platforms that foster good governance and participatory practices.

A total of 180 youth members attended the workshops.

1.3. Increased strategic activities by CSO and other interest groups to reduce absenteeism and increase gender equity in the health service

Activity 1.3.1. Advocacy events on absenteeism organized by RCs

As part of local level advocacy, BHW conducted regional dialogues with local-level programme stakeholders in eight districts (Bagerhat, Barguna, Chapai Nawabganj, Kurigram, Khagrachari, Manikganj, Netrokona, Sunamganj) where BHW implements its Regional Chapter model, between January and May 2025, to discuss how to address the issue of rural retention and absenteeism of doctors, and discuss possible options for addressing the problem. More than 200 participants attended eight dialogues, which included district- and upazila-level health managers, consultants and medical officers from district- and upazila-level facilities, medical officers from union-level facilities, and professionals from BHW and local civil society organisations. A report has been prepared and shared with Sida.

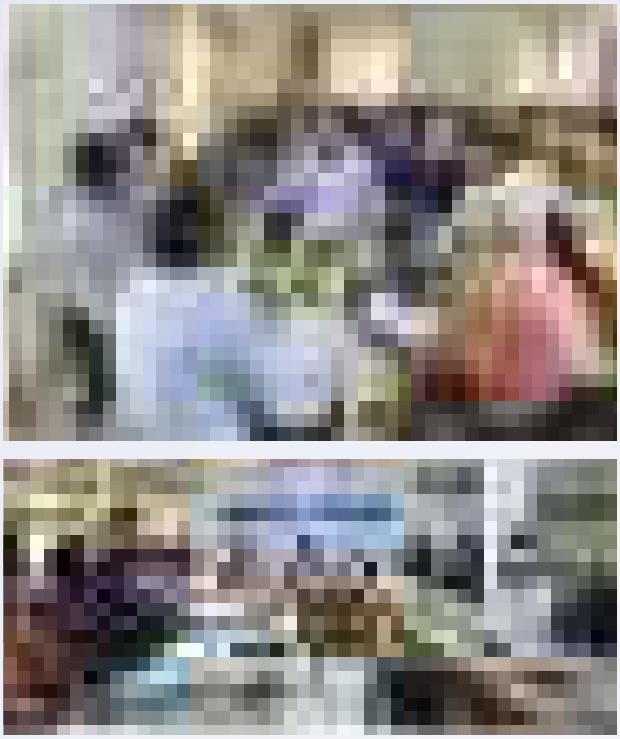


Image: Regional Workshop on Doctors Retention at Khagrachari and Sunamganj

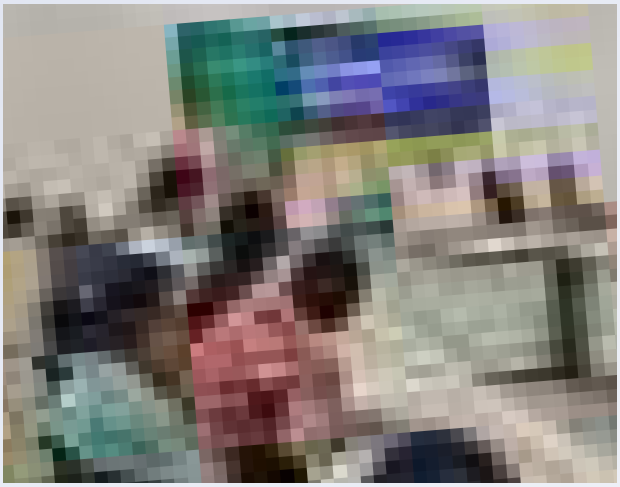
Outcome 2: Strengthened media engagement and capacity to promote social accountability in health

2.1. Increased role of local journalists to voice and publicize citizen's concerns about services in government health facilities

Activity 2.1.1. Journalist Training at National Level

Bangladesh Health Watch organized a workshop titled "What's in the Health Commission Report" on 12 May 2024 at Brac Tower, in collaboration with the Health Reporters Forum. The event aimed to train journalists on health accountability and the implications of the Health Sector Reform Commission's recent report. Members of National Health Reforms Committee Dr. Zakir Hossain and Dr. Ehshanur Rahman presented the reform points.

The workshop was attended by 30 members of the Health Reporters Forum. Sessions focused on key areas such as medical education, health governance, and health financing. Speakers highlighted that while the recommendations in the report are extensive and necessary, their implementation will require significant time—ranging from several months to over a decade. They emphasized the need for an interim government to initiate the process through ordinances and regulatory orders, supported by a dedicated technical committee and secretariat. It was noted that changing demographics, particularly increased urbanization, call for a revised approach to health financing. Concerns were raised about the low level of government spending on health, which must be increased.



An open discussion followed the presentations, where journalists engaged with the content of the report. Experts pointed out that changes to numerous laws and policies are needed and that political commitment will be critical. It was also acknowledged that a phased and pragmatic implementation strategy is necessary to prioritize the most urgent reforms.

The workshop concluded with a consensus on the importance of journalist engagement in holding the health sector accountable and reporting accurately on reforms and challenges.

Activity 2.1.2. Investigative reports and newspaper articles published at national dailies

After the capacity-building workshop for national journalists, several participants have produced and published reports. These are as follows.

Sl	Title and link	Media Name	Types
1	Cross-sector collaboration key to health reforms	The Daily Star	Print
2	'স্বাস্থ্যের কোনো কোনো সুপারিশ বাস্তবায়নে লাগতে পারে ১০ বছর'	Daily Dhaka Mail	Online
3	স্বাস্থ্য কমিশনের সুপারিশ বাস্তবায়নে লাগবে ছয় মাস থেকে ১০ বছর	Daily Jugantor	Print
4	স্বাস্থ্যের উন্নতিতে ৩২ আইন সংস্কারের প্রস্তাব	Daily Prothom Alo	Print
5	যে বাস্তবতায় শঙ্কায় স্বাস্থ্যখাত সংস্কার	Mashranga	Electronic
6	স্বাস্থ্যখাত সংস্কার কমিশনের সুপারিশ বাস্তবায়ন নিয়ে শঙ্কায় জনস্বাস্থ্যবিদরা	Ekattor TV	Electronic
7	রাজনৈতিক সদিচ্ছা ছাড়া বাস্তবায়ন সম্ভব না	Daily Amar Desh	E-paper
8	সুপারিশ বাস্তবায়ন সময় সাপেক্ষ	Ajker Potrika	https://epaper.ajkerpatrika.com
9	Long road ahead for health reform: experts	The business standard	https://epaper.tbsnews.net/

Activity 2.1.3. Capacity building training of local journalists

Local level journalists and media have made important contributions to highlight health issues in their locality. In this reporting period, BHW successfully organized a journalist training program for district correspondents across its 4 RC areas. The training sessions were held on 23–24 July 2025 at the BRAC Learning Center, Niketan, Gulshan, Dhaka. 40 persons attended the training from Manikganj, Sunamganj, Khagrachhari and Netrakona.





It brought together forty district-level journalists from all regional chapters of BHW with an aim of enhancing their understanding of the health system and strengthening their capacity to report on critical health issues. The training was structured with expert-led sessions that combined theoretical knowledge with practical insights, highlighting the role of journalists in promoting accountability and equity in the health sector.

The two-day training equipped district journalists with knowledge and skills to report on health issues more effectively. Day 1 included an orientation by BHW WG member Mr. Faruque Ahmed, followed by sessions on upazila health administration by Dr. Mainul Ahsan and the Health Sector Reform Commission report. A case study from Chaugachha highlighted health system gaps and inequalities. Dr. A M Shamim discussed the functioning of non-government hospitals. The day ended with a session on health reporting techniques. Dr. Ahmed Mushtaque Raza Chowdhury and Mr. Felix Helgessan of Sida attended an opinion sharing session. Day 2 focused on medicine pricing (led by Dr. Ahmed Ehsanur Rahman) and the economic burden of chronic diseases (presented by Dr. Suzana Karim). Journalists developed district-specific story ideas through group work, guided by journalist Shishir Moral. The training concluded with action plans, certificate distribution, and a call to pursue impactful health journalism.

Through these workshops, journalists have been equipped with the knowledge and skills to investigate and highlight pressing health issues that directly affect communities. As an outcome, the correspondents will produce in-depth reports on critical topics such as the absenteeism of doctors in rural health facilities, maternal and child health challenges, and gaps in health governance. These reports aim to bring greater accountability and amplify community voices.

The training enhanced journalists' capacity to critically report on health issues, advocate for accountability, and influence policy through informed storytelling.

2.2. Strengthened digital media usage and increased social media presence to showcase RC activities and achievements

Digital media has become the predominant form of media, particularly favored by young people for sharing their experiences, thoughts, ideas, and activities. In light of this trend, it has been decided that members of the Health Right Youth Forum will utilize social media to showcase their activities. In their Facebook and WhatsApp groups, they have shared their experiences and works within their networks. Some of the glimpse are-





Activity 2.2.1. Orientation/training/ workshops on social media platform usages for HRF and HRYF

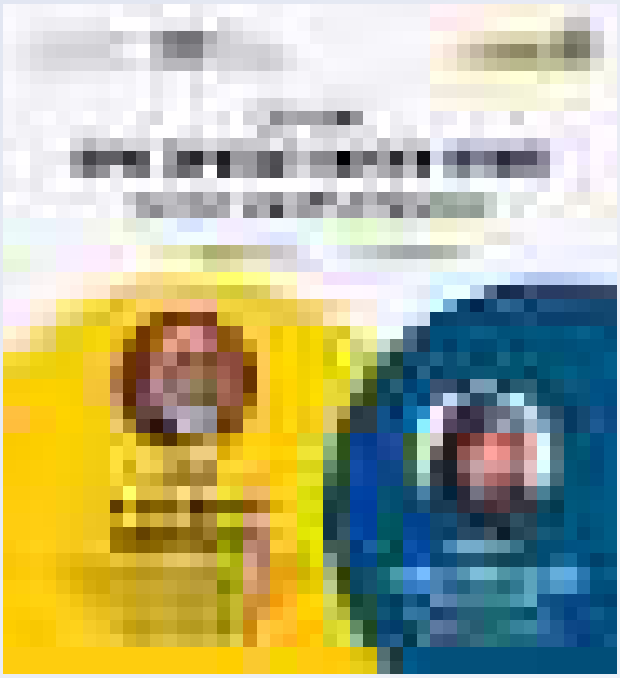
BHW has planned to organize online workshop on Social media platform usage for youth volunteers by the 2nd half of the year.

Activity 2.2.2. Webinars on Absenteeism, Health Governance, High price of Medicines, Anti-microbial resistance etc.

Webinar on health reform: Youth Dialogue
BHW hosted youth dialogue on 2nd February 2025 via the Zoom platform, bringing together Youth Forum members from Borguna, Chapainawabganj, and Bagerhat. The event was honored by the presence of Dr. Abu Muhammad Zakir Hussain, a member of the Health Reform Commission of the Interim Government, and also Chair, the Community Clinic Trust, along with members of the Youth Forum. This virtual gathering provided an opportunity for the youth to share their experiences and perspectives on local health issues while engaging directly with key decision-makers and experts in the field.

During the dialogue, the participants candidly discussed several pressing challenges within their communities, notably the persistent absenteeism of

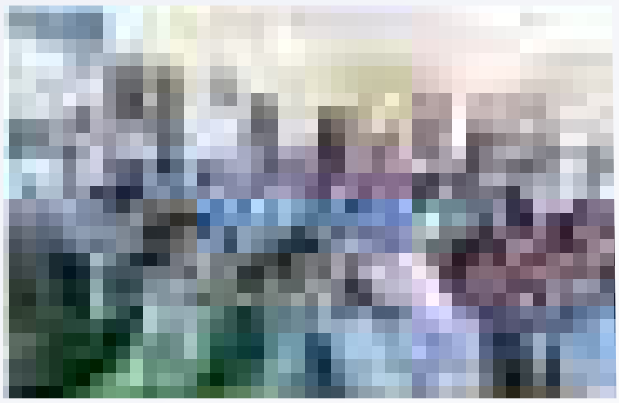
doctors and other health professionals at local health facilities. They also brought to light concerns regarding the underutilization of available medical equipment, which remains idle due to the lack of efficient manpower to operate it. These discussions underscored the urgent need for improved health service delivery and resource management. The insights shared during this session are expected to inform future reforms and policy adjustments aimed at enhancing the overall effectiveness and accessibility of healthcare in these regions. The total view of the Facebook Live/webinar was 500.



Activity 2.2.4: IEC materials development

Bangladesh Health Watch (BHW) has initiated a School-based campaign on **Sexual and Reproductive Health and Rights (SRHR)** across 24 schools under its regional chapters. As part of this initiative, an IEC (Information, Education and Communication) material was developed to raise awareness among adolescents on key SRHR issues. The material was carefully designed to be youth-friendly, informative, and engaging, ensuring that students can easily understand and relate to the messages. The IEC materials were widely distributed to the students attending in SRHR campaign at schools of Regional Chapters with an aim to enhance their knowledge and promote positive attitudes towards SRHR.





Outcome 3: Strengthened advocacy work to accelerate the implementation of Health Care, improve quality of health and reduce corruption

3.1. Public opinion created, and policy makers mobilized to accelerate UHC implementation

Activity 3.1.1. High level consultative meeting on PHC allocation

BHW, in collaboration with ARK Foundation, Begum Rokeya University, Rangpur, and SOLIDARITY, a local partner organization, conducted a comprehensive analysis of local health budget allocation in Kurigram district. The study reviewed allocation, disbursement, expenditure trends, and equipment utilization across various facility levels. This evidence also incorporated field-level insights highlighting how facilities generated revenue through family planning programs, ticket fees, and services at Upazila Health Complexes. The findings were involved in shaping public opinion and mobilizing policymakers, directly supporting advocacy efforts for increased PHC funding. A key recommendation emphasized the importance of better utilizing allocated budgets instead of returning unspent funds, emphasizing the need for more flexible budget management to enhance service delivery. A high-level consultative meeting was convened to discuss these findings and recommendations, marking a significant step toward securing stronger policy commitment to equitable PHC financing.



Findings Sharing Workshop Kurigram Civil Surgeon Office

The study's findings were disseminated in two targeted events — on 22 June 2025 with DGHS and high-level officials, and on 1 June 2025 with local health authorities in Kurigram. In addition, the findings were also shared in an in-house seminar at BRAC James P. Grant School of Public Health (JPGSPH), BRAC University, on 23rd July, 2025 organized by the JPGSPH. These sessions sensitized national-level and local-level stakeholders to inequities in PHC budgets and expenditures through the gap analysis, such as the upgrading of district hospitals to 250 beds while related costs and healthcare provider allocations remained based on a 100-bed capacity. As a result, services were impacted and inequalities in healthcare delivery were exacerbated. This process strengthened policy dialogue at both tiers, building momentum for improved allocation and utilization of PHC resources.



Findings Sharing Workshop at DGHS on 22 June 2025

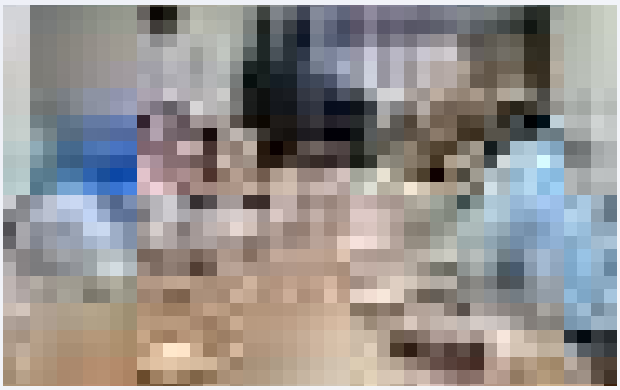
Post-dissemination, feedback from DGHS and local authorities was incorporated into the final report, enhancing methodological clarity, ensuring budget source transparency, and validating data. This enriched evidence base is now positioned to further advocacy efforts, enabling BHW and partners to present a robust case for equitable PHC allocation

to decision-makers at both national and local levels.
Activity 3.1.3. Round table discussion on PHC allocation with national level stakeholders
As reported in 3.1.1

3.2. Use of legal provisions for improving quality of health services

Activity 3.2.1. PIL issues and pending judgments and committed to influence process into action

C-Section Guidelines-Health law and policy
The prevalence of medically unnecessary caesarean sections (C-sections) in Bangladesh is increasingly concerning, with private and NGO-based facilities reporting higher rates compared to public health centers, as highlighted in the BDHS 2022 report. Recognizing the critical nature of this issue, on behalf of BHW, Barrister Rashna Imam, a Supreme Court advocate and active member of the Health Law and Policy thematic group, filed a petition in 2019. She also serves on 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, comprised of relevant stakeholders, to develop guidelines aimed at curbing unnecessary C-sections. The Court mandated that these guidelines be submitted within six months. The guidelines were subsequently submitted and endorsed by the Hon'ble High Court, marking a significant advancement in addressing this issue. During a thematic group meeting on Health Law and Policy and in follow-up meetings with BLAST, a collaborative partner of BHW, it was decided to translate the guidelines into Bangla to facilitate better understanding among the general public.



Meeting at OGSB

The translation has been completed and endorsed by BLAST. Now, it is decided that BHW will start advocacy activities in collaboration with OGSB (Obstetrical and Gynaecological Society of Bangladesh). A meeting was held on 28 May 2025 at OGSB office. They wanted to work in this issue. Besides, a detailed concept note has been shared with them. They have requested some time to get fully operational. Later, they will contact BHW to discuss the operational activities.

Piloting of Road Crash Victims

BHW, in collaboration with partners (BMU, CIPRB), earlier developed a government-endorsed Emergency Medical Services Protocol for Road Crash Victims to strengthen timely care for accident victims. During this period, BHW initiated preparations for piloting as per the advice of the government. A Terms of Reference (ToR) was developed and shared within the BHW network, targeting organizations with proven capacity in similar fields. Two proposals were received, and after careful review, BRAC Road Safety programme was selected for the assignment. However, the proposed pilot required at least eight months of implementation, which does not align with the current BHW project timeline ending in February 2026. Considering this mismatch, and upon donor's advice, the pilot project has been placed on hold for the time being.

Activity 3.2.2. Increase in number of issues on which court judgements sought

Will be reported in the final progress report if any new PIL is lodged.

Activity 3.3. Increased commitment of policy stakeholders to address corruption issues related to absenteeism and medicine prices

Coordinating activities to reduce absenteeism and medicine prices
To promote access to affordable and quality healthcare for all, and reduce out-of-pocket expenditure on health, a number of development partners, including USAID, FCDO, Sida, Global

Affairs Canada (GAC) and the EU, have formed an 'Anti-corruption (AC) coalition' to address this. This initiative has been coordinated by the Swedish Embassy and British High Commission in Dhaka in collaboration with other key development partners in the health sector, including BHW. The purpose of the partnership is to develop and test new ways of working on health governance in the country. Two specific problems have been identified for work:

1. **Drug pricing:** Promoting fair medicine pricing in the public interest and for the sustainability of businesses.
2. **Healthcare staff absenteeism:** Reducing absenteeism amongst healthcare staff so that poor and marginalized citizens have access to good quality health care.

The AC coalition decided to work first on Drug Pricing and then on Absenteeism. To drive progress on Drug Pricing, a small working group has been formed. On the other hand, the work on Absenteeism stream is currently in the ideation stage, with activities yet to be finalized. Effective from June 2024, BHW hired a consultant to provide support to SIDA in developing, coordinating and implementing the activities on 'Drug Pricing' and 'Absenteeism' of AC coalition.

Drug Pricing: Networking with the pharmaceutical sector

To ensure the quality standards in drug manufacturing and reduce out-of-pocket expenditure on drugs, a number of development partners, including USAID, FCDO, Sida, GAC and the EU, have formed an 'Anti-corruption (AC) coalition' to address this. This initiative has been coordinated by the Swedish Embassy in Dhaka in collaboration with other key development partners in the health sector, including BHW.

To advance the agenda on drug pricing of AC Coalition, a high-level meeting with DGDA was held on December 10, 2024. The meeting was attended by the Director General and directors from DGDA, along with AC coalition members. BHW consultant coordinated with the DGDA to arrange this meeting.

For the past eight years, the DGDA worked to upgrade its regulatory and lab capacity, primarily with the support from USAID-funded PQM+ programmme. Dr Umar Khyyam was the Chief of Party of the PQM+ programme. The current situation for investing to proceed with AC Coalition's drug pricing initiatives is challenging after the cessation of USAID operations in the country.

In the context of the unexpected closure of USAID operations, BHW had a meeting with Dr Khyyam in April 2025 to discuss the feasibility of drug pricing intervention of AC Coalition and scope for BHW to work on drug pricing. BHW also explored engagement with the activities to establish a network with the pharmaceutical sector and to popularise ethical medical promotion. BHW expressed its interest in becoming a part of such networking and promotional activities.



BAPI workshop

In June 2025, Dr Khyyam invited BHW to become a partner in a training workshop for API experts. The Bangladesh Association of Pharmaceutical Industries (BAPI) organised the training on August 3-4, which was attended by more than 40 participants from Bangladeshi API manufacturing companies and DGDA officials. Emeritus Professor Joseph Fortunak from Howard University led and conducted the two-day training programme in collaboration with one renowned expert, Dr Tai-Yuen Yue, Director of Process Chemistry, Wilmington Pharmatech, DE, USA. Dr Khyyam coordinated the training programme, and BHW Consultant coordinated with him to facilitate BHW's engagement with the training programme.

Absenteeism: Regional Workshop and Policy Advocacy on Health Workforce Retention

Health workforce shortages and doctor absenteeism are critical challenges in Bangladesh, particularly in rural areas. A 2017 survey found that 51% of physician positions at Upazila Health Complexes and 89% at Union Sub-Centres were vacant. Despite sincere intention and efforts of the government, absenteeism remains a barrier to achieving Universal Health Coverage. Addressing this requires evidence-based solutions and insights from frontline doctors.



Regional Workshop on Doctors' Retention at Sunamganj

Given these challenges, Bangladesh Health Watch (BHW) aims to address health workforce issues locally as well as nationally. As part of local level advocacy, BHW conducted regional dialogues with local-level programme stakeholders in eight districts (Bagerhat, Barguna, Chapai Nawabganj, Kurigram, Khagrachari, Manikganj, Netrokona, Sunamganj) where BHW implements its Regional Chapter model, between January and May 2025, to discuss how to address the issue of rural retention and absenteeism of doctors, and discuss possible options for addressing the problem. More than 200 participants attended eight dialogues, which included district- and upazila-level health managers, consultants and medical officers from district- and upazila-level facilities, medical officers from union-level facilities, and professionals from BHW and local civil society organisations.

For the regional dialogue, BHW Consultant contributed to developing the concept note, keynote presentation, and group work guideline. At all eight workshops, the Consultant facilitated the event, presented the keynote, moderated group work, and summarized workshop discussions.

In addition, BHW Consultant prepared a report synthesising the proceedings of eight workshops. He shared the report with SIDA, and had a report review meeting with SIDA Bangladesh and HQ officials. SIDA recommended to enrich the report by gathering perspectives from national-level policy stakeholders and making a regional comparison on peripheral retention of doctors. The Consultant will construct the tool for key informant interview (KII) with policy stakeholders and train BHW team for data collection. He will also undertake literature review on global and regional policies and interventions on doctor retention. The consultant will revise the report utilising findings from literature review and KIIs, and submit the revised version to SIDA for onward action.

BHW's Core Activities

BHW's flagship programme: Update on 10th Biennial Report

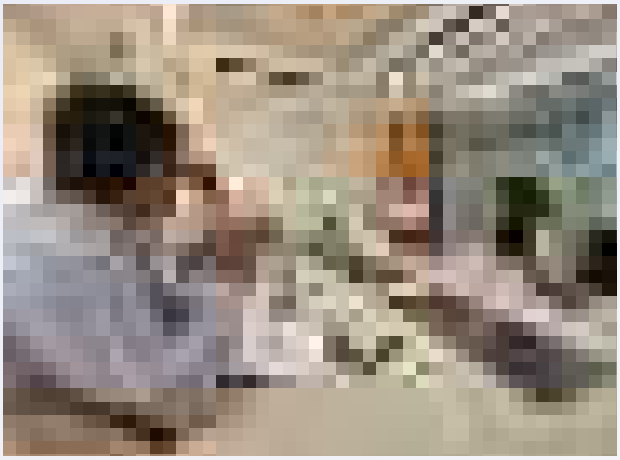
BHW has been publishing reports on the important contemporary issues related to our health sector. These reports are well known and disseminated in the name," Bangladesh Health Watch Report". Nine such reports have been published until now. The next 10th report is planned to be published in 2025 titled"Corruption in the Health Sector", which is being prepared. This initiative operates as a civil society effort, with many individuals contributing their time and expertise on a pro bono basis. The detailed framework outlines numerous sections including Background, Methodology, various Findings subsections (covering micro-transaction levels, meso-level issues like medical practice commissions, HR management, absenteeism, and macro-level aspects such as procurement, medical education, and data manipulation), Ethics and Corruption, Regulatory and Statutory Institutional Analysis, and Recommendations, the budget refers to seven chapters. The report involves approximately 25 authors and team members. Their backgrounds are diverse, encompassing doctors, professors, researchers, academics, and professionals from international organizations (such as WHO and USAID), as well as journalists. The tentative deadline for the submission of the zero draft of the report is August 31, 2025.

Working Group meetings

BHW Working Group (WG) led by a Convener sits quarterly and approves the plan, provides direction and guidance, and reviews the progress of implementation. Besides, WG members attend events like sharing meetings, press meets, and webinars. During the reporting period, WG meetings were held on 02 July 2025

Donor meetings: Meeting with Sida

During the reporting period, A meeting was held between BHW and the representatives of Sida Mr. Felix Helgesson, Second Secretary/Health Officer, Embassy of Sweden, Bangladesh. BHW advisor Dr. Yasmin H Ahmed attended the meeting. Shaikh Masudul Alam welcomed the participants and started the meeting with a presentation detailing the annual progress report of the project from February 2024 to January 2025.



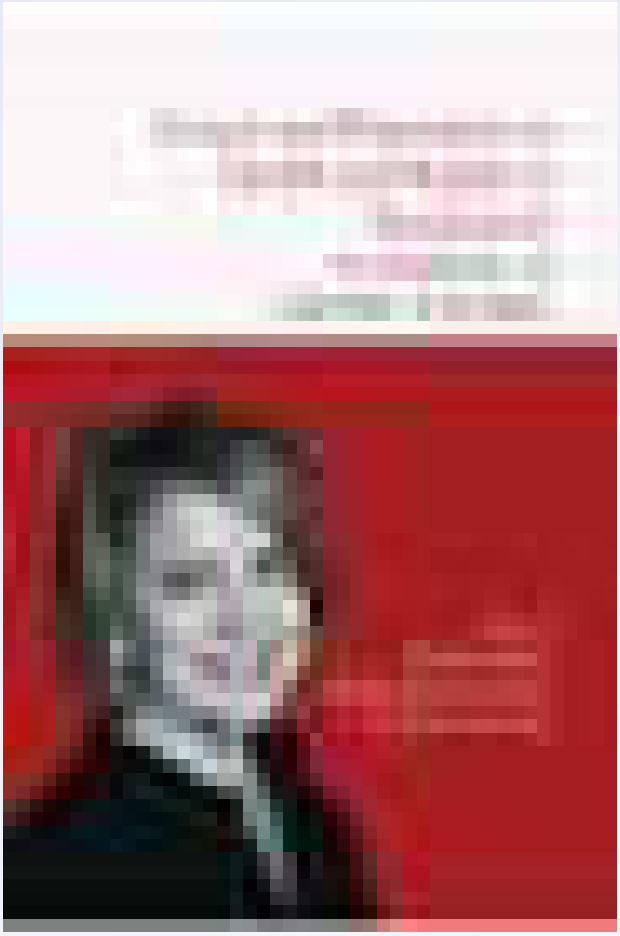
Publication on Emerging SRHR Challenges in Bangladesh

During this reporting period, BHW published a book titled 'Sexual and Reproductive Health and Rights in Bangladesh: In memory of Adrienne Germain' documenting the proceedings of the December 2022 conference, "The Emerging Challenges to Sexual and Reproductive Health and Rights (SRHR) in Bangladesh," held in Dhaka in honor of Adrienne Germain. The book features insights from national and international experts, policymakers, and advocates on key SRHR issues, including maternal health, adolescent rights, climate change, and legal barriers to care.

The book is structured in two parts: the first

captures expert discussions, presentations, and recommendations from the conference, while the second part offers a tribute to Adrienne Germain, celebrating her lifelong contributions to women's health and rights in Bangladesh and globally.

BHW has widely disseminated this publication—sharing copies across its national networks, with academic and policy stakeholders in Bangladesh, and internationally, including distribution among Adrienne Germain's friends and family in the United States. The book is also available on https://www.rokomari.com/book/471032/sexual-and-reproductive-health-and-rights-in-bangladesh-in-memory-of-adrienne-germain ensuring that it serves as a resource for researchers, academics, policymakers, and advocates committed to advancing SRHR.



Discussion on recommendations for women's health proposed by the Women's Affairs Reform Commission

Bangladesh Health Watch organized a discussion meeting on 29 June 2025 at the conference room of BRAC Tower, Mohakhali, focused on the women's health recommendations proposed by the Women's Reform Commission. The event brought together public health experts, researchers, and academicians to disseminate and review key policy recommendations aimed at improving healthcare for women, particularly those in marginalized and remote communities. Dr. Halida Hanum Akhter presented the keynote paper, highlighting actionable recommendations, including the regulation of unnecessary caesarean sections, improved maternal and reproductive health services, and implementation of the National Menstrual Health Management Guidelines and Strategy 2001. The session also addressed healthcare access for urban and marginalized women, the role of community clinics, and cancer care for women. The closing session was chaired by Dr. Ahmad Mushtaque Raza Chowdhury, and the overall program was moderated by Dr. Yasmin Ahmed. At the end of the event, Shireen Parveen Huq, Head of the Women's Affairs Reform Commission, delivered the vote of thanks.

The meeting generated a set of prioritized policy recommendations categorized for implementation by both the interim and upcoming elected governments. It fostered stakeholder consensus on urgent reforms needed in women's healthcare and strengthened advocacy for improved service delivery and accountability in line with the Women's Reform Commission's recommendations.

Monitoring and Evaluation Framework

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
Overall Outcome: More responsive health system that delivers accountable health care to citizens of Bangladesh to achieve Universal Health Coverage								
Outcome 1: Strengthened local level accountability								
1.1. Enhanced capacity and ownership of RCs to demand local-level accountability.	1.1. Number of lasting changes (6 months) brought about by advocacy/activism events. Evidence of strengthened regional chapters Number of initiatives taken up by the forums Changes through collaborations with similar organizations. Evidence of strengthened ownership of project activities by RC and HO - Number of independent initiatives deployed by RC - Reduced turnover of the members A strategy for the sustainability of initiatives at the local	1.1.1. Health Rights forum regular coordination meeting (District and Upazila)	Baseline: 32	Year 1: 16	16	Year 2: Original target: 16 Revised target: 64	31	Not achieved. Proportional target is estimated as 32, 31 completed. The remaining one was scheduled on 6 August.
		1.1.2. Health Rights Youth forum regular coordination meeting (District and Upazila	Baseline: 32	Year 1: 16	19	Year 2: Original target: 16 Revised target: 64	21	Not achieved. Volunteers are of age between 18 to 30. Due to their higher education, work opportunity and relocation, some volunteers could not continue actively in forum activities. Forums underwent restructuring at the second half of 2024 by including new members, some from student movement in July 2024. Hence, a few meetings could not be held during the initial

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
1.1. Enhanced capacity and ownership of RCs to demand local-level accountability.								months of the year. These meetings will be conducted along with the scheduled for the latter half of the year, as planned.
		1.1.3. Number of meetings with facility authorities at local level organized by RCs	Baseline: 48	Year 1: Original target: 32 Revised target: 16	16	Year 2: 32	6	Not achieved. There was a significant turnover of the health authorities due to regime change. The DHRF built rapport with the new authority, oriented them about the BHW programme. Authority meetings started in May 2025 onward. Hence, the half yearly target could not be achieved. Now the meetings are held as planned.
		1.1.4. Number of public hearing (PH) meetings organized by Regional Chapters (RCs)	Baseline: 24	Year 1: 16	10	Year 2: 18	1	Not achieved. Public hearing meetings are scheduled to be held in August 2025 and onward, as outlined in the annual plan, following the facility assessments and

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
								meetings with facility authorities
		1.1.5. Community clinic coordination meeting	Baseline: 08	Year 1: 24	21	Year 2: 16 Original target: 24 Revised target: 16	8	Achieved. Half yearly target met.
		1.1.6. Union Health and Family Welfare Center Coordination meeting	Baseline: 08	Year 1: 16	15	Year 2: 16	6	Not achieved. Two meetings could not be arranged in Bagerhat and Chapainawab ganj in time but were completed in August 2025.
		1.1.7. Coordination meeting with civil society/local government organizations/ NGOs	Baseline Original Baseline: 08 Revised: TBD	Year 1: 16	12	Year 2: 16	3	Not achieved. Most Regional Chapters have scheduled these events between August and December
		1.1.8. Online based meeting with RCs	Baseline: Original Baseline: 16 Revised: 08	Year 1: Original target: 16 Revised target: 04	5	Year 2: 8 Original target: 16 Revised target: 8	4	Achieved. Half yearly target met.
		1.1.9. Number of awareness and campaign at local level assisted by HOs (1.4.1) Knowledge on SRHR at selected school	Baseline: 16	Year 1: 16	29 12	Year 2: Original target: 16 Revised target: 48	28	Achieved. Half yearly target met.
		1.1.10. An Action Plan for post project sustainability at the local level was developed (1.5.1)	Baseline: XX	---	----	Year 2: One Action Plan	6	Will be prepared in the end of the year.

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
1.2. Improved local level citizen-led facility monitoring and public hearing.	1.2. Lasting changes from recommendations captured during public hearing (gender desegregated data) Number of health facilities that use recommendations from RC monitoring. Lasting changes from monitoring recommendations identified	1.2.1. Number of independent monitoring of facilities conducted by RCs	Baseline: 00	Year 1: 08	8	Year 2: 08		Will be conducted in the end of the year as per the annual plan
		1.2.2. Independent facility monitoring of 8 DHs and 08 UHSs is biannually conducted by youth volunteers	Baseline: 16	Year 1: Original target: 32 Revised target: 08	8	Year 2: 32	6	Not achieved. Reason explained in 1.1.3
		1.2.3. Percent of surveyed citizens who report overall satisfaction in healthcare	Baseline: 00	Year 1: 60%	97%	Year 2: 80%		Will be conducted in the end of the year as per annual plan
		1.2.4. Number of workshops to train HO and HRF members on social accountability methods and tools (1.3.1)	Baseline: 08	Year 1: Original target: 16 Revised target: 08	5	Year 2: 16	7	**Not achieved.** 7 out of 8 training events (half yearly target) completed. The remaining one training event was conducted on 6 August at Chapainawab ganj.
		1.2.5. Capacity building for youth forums in 8 RCs on (Volunteerism, Rights to Information, Gender etc.) (1.3.2)	Baseline: 32	Year 1: Original target: 32 Revised target: 08	8	Year 2: Original target: 32 Revised target: 16	7	**Not achieved.** 7 out of 8 training events (half yearly target) completed. The remaining one training event was conducted on 6 August at Chapainawab ganj.

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
		1.2.6. Capacity development workshop for DHRF and YHRF on social accountability methods/RTI tools (1.3.3.)	Baseline: --	Year 1: 60%	8	Year 2: 80%		**Achieved,** in the first year.
		1.2.7. Percent increase in retention rate of Forum members (1.3.4.)	Baseline: 70%	Year 1: Original target: 80% Revised target: 90%	85%	Year 2: Original target: 90% Revised target: 95%		Will be conducted at the end of the year
		1.2.8. Percent of surveyed citizens who know about activities/roles and impact of Regional Chapters (1.3.5.)	Baseline: 70%	Year 1: 80%		Year 2: 90%		**Not applicable.**
1.3. Increased strategic activities by CSO and other interest groups to reduce absenteeism and increase gender equity in the health service	1.3. Evidence of increased capacity and knowledge of CSO and interest groups to work on absenteeism and gender equity Number of scalable mechanisms to reduce absenteeism identified and publicized. Evidence of changes towards more gender friendly health services.	1.3.1. Number of awareness and advocacy events on absenteeism organized by RCs (1.6.1.)	Baseline: XX	Year 1: 08	08	Year 2: Revised Target: 16	03	**Not Achieved. Plan in August – October Quartet**

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
	Increased percentage of women in the Forums.							
		1.3.2. Number of actionable recommendations transmitted (through multiple channels) with facility authorities and policy stakeholders (1.6.2.)	Baseline: XX	--	05	XX	XX	**Achieved.** Developed a set of recommendations for policy advocacy
		1.2.7. Percent increase in retention rate of Forum members (1.3.4.)	Baseline: 70%	Year 1: Original target: 80% Revised target: 90%	85%	Year 2: Original target: 90% Revised target: 95%		Will be conducted at the end of the year
Outcome 2: Strengthened media engagement and capacity to promote social accountability in health								
2.1. Increased role of local journalists to voice and publicize citizen's concerns about services in government health facilities	2.1. Number of media reports on health issues at the local and national levels published Number of events covered by media to engage and report on citizen's concerns Number of actions instigated by health reports	2.1.1. Number of journalists trained on health accountability and reporting at National Level	Baseline: 25 (Person)	Year 1: Original target: 25 Revised target: 27	27	Year 2: 25 (Person)	30	Achieved. As the annual plan. BHW invited all 30 Health Reporters forum members and everyone attended the workshop
		2.1.2. Number of investigative reports and newspaper articles published at national dailies	Baseline:16 (Number of Reports)	Year 1: 10	21 (Reports have been published)	Year 2: 10	7	Achieved. Half yearly target met.
		2.1.3. Capacity building training of local journalists	Baseline: 08	Year 1: 08	8 (40 journalists were trained)	Year 2: 08 RCs (40 person)	4 (20 journalists were trained)	Achieved. Half yearly target met.

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
		2.1.4. Number of media reports publish in two years.	Baseline: 96	Year 1: 10	Original Submitted: 21 Revised: 37 reports have been published	Year 2: 15	15	**Achieved.** Half yearly target met.
2.2. Strengthened digital media usage and increased social media presence to showcase RC activities and achievements	2.2. Evidence of improved social media engagement. Evidence of increased use of digital media (webinar). Evidence of improved social media engagement by females.	2.2.1. Orientation/ training/ workshops on social media platform usages for HRF and HRYF (2.1.5.)	Baseline: Original Baseline: XX Revised: 04	Year 1: 02	2	Year 2: 02	0	Not achieved. Training is planned for Sept - Oct.
		2.2.2. Webinars on Absenteeism, Health Governance, High price of Medicines, Anti-microbial resistance etc. (2.1.6.)	Baseline: 03	Year 1: 04	03	Year 2: 04	1	**Not achieved.** The remaining 03 are scheduled in the Sept-Oct Quarter.
Outcome 3: Strengthened advocacy work to accelerate the implementation of Health Care, improve quality of health and reduce corruption								
3.1. Public opinion created, and policy makers mobilized to accelerate UHC implementation	3.1. Number of commitments of policy stakeholders for increased allocation in Primary Health Care (PHC)	3.1.1. High-level consultative meeting on PHC allocation	Baseline: 0	Year 1: 1		Year 2: 1	1	**Achieved,** Yearly target met. Planned two more in Sept - Oct
		3.1.2. Number of policy stakeholders at national levels that are aware of equity issues related to PHC budget and expenditure	Baseline: 0	Year 1: 50 (Person)		Year 2: 50 (Person)	35	**Achieved.** Half-yearly target met.

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
		3.1.3. Round table discussion on PHC allocation with national level stakeholders	Baseline: 0	Year 1: 02		Year 2: 02	15	**Achieved.** Half yearly target met.
		3.1.4. Number of policy stakeholders at local levels that are aware of equity issues related to PHC budget and expenditure	Baseline: 0	Year 1: 100 (Person)		Year 2: 100 (Person)	50	**Achieved.** Half yearly target met.
3.2. Use of legal provisions for improving quality of health services	3.2. Evidence of better awareness of High Court directives on the reduction of unnecessary Caesarean Section and emergency medical treatment facilities. At least one Public Interest Litigation (PIL) lodged, written petition and follow-up in partnership, e.g., with a legal organization.	3.2.1. Number of policy stakeholders that are aware of PIL issues and pending judgments and committed to influence process into action	Baseline: x	Year 1: 60 (Person)		Year 2: 60 (Person)		**Not achieved.** Plan in August - September
		3.2.2. Increase in number of issues on which court judgements sought	Baseline: 2	Year 1: 02		Year 2: 02		**Not achieved** Will be reported in the final progress report if any new PIL is lodged.
3.3. Increased commitment of policy stakeholders to address corruption issues related to absenteeism and medicine prices	3.3. Discussions on the two issues in national and local media and at policy levels							BHW aims to conduct advocacy on absenteeism at both local and national levels. At the local level, BHW held regional dialogues with health

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
								managers, consultants, and medical officers in eight districts across eight divisions from January to May 2025. At the national level, a policy dialogue is scheduled for the last quarter of 2025. Regarding the drug pricing issue, BHW's activities are guided by the Anti-corruption (AC) Coalition, which is coordinated by the Swedish Embassy in collaboration with key development partners. Additionally, BHW explored a network with the pharmaceutical sector. In August 2025, BHW held a planning meeting with SIDA officials to determine the next steps for policy advocacy. As part of its media engagement plan, BHW organized a

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
								two-day, in-person knowledge-building workshop for local journalists from eight districts in Dhaka, conducted in two batches. The first batch took place on July 23-24, 2025, and the second on August 6-7, 2025.
	Policy recommendations in the area of absenteeism and medicine pricing.							After completing advocacy at the national level, a policy brief will be prepared on absenteeism with actionable recommendations. Further advocacy activities will be decided in consultation with SIDA. Policy advocacy and recommendations on medicine pricing are subject to AC coalition initiatives and guidance from SIDA.

Outcome	Outcome Indicators	Output indicator	Baseline	Target: 2024 Year 1	Year 1 Achievements: 1st Feb 2024 to 31st Jan 2025	Target: 2025 Year 2	Achievements: 1st Feb 2025 to 31st July 2025	Remarks: (Include reasons for any deviations, why not achieved)
	A possible accountability platform formed on absenteeism and collaborations reducing medicine prices strengthened.							Will be decided in the last quarter of 2025.

Risk Assumptions

Several categories of risks impacted on the project execution and deliverables during the reporting period. These risks were closely monitored by the BHW Secretariat team during their periodic team meetings and the activity plan rescheduled. Opinions from the forum members and HOs were also collected through coordination meetings. In case of this unanticipated risk, or a risk which the Program Director informed the Convener and the Working Group members and actions taken accordingly. The risks and mitigation strategies are listed below:

	Risk Factors	Level	Probability	Impact		Mitigation strategies
				Financial	Performance	
A	**Political Risk**					
1	Upcoming election and/Elected political government's approach may slow down or hamper government response to BHW efforts	High	High	Low	Medium	(i) The political situation has now improved. However, it is anticipated that the announcement of an election date could present challenges to the implementation of field activities. However, BHW planned to arrange a coordination meeting at Dhaka with core stakeholders in 31 August and address the issue.
2	Upcoming election and/Elected political government's approach may slow down or hamper government response to BHW efforts	High	High	Low	Medium	(ii) BHW is optimistic that there are a significant number of advisors who are from CSO community in the interim government. BHW will continue to highlight Bangladesh's commitment to SDGs through national and social media. Activism will be undertaken to remind new government of its commitment to SDGs. BHW will forge partnerships with key influential civil society stakeholders to re-build interest in SDGs.

	Risk Factors	Level	Probability	Impact		Mitigation strategies
				Financial	Performance	
B	**Reputational Risk**					
3	**Negative mainstream and/or social media coverage/ comments may damage the trust of local and national level stakeholders:** Media reports on BHW activities may attract irresponsible/unprofessional/ untruthful comments or may be used to spread misinformation about BHW/the project which in turn may result in local/national level repercussions	Low	Medium	Low	Medium	(i) No such risk is found.
C	**Safeguarding Risks**					
4	**Staff security and safety:** Travels by BHW team members and regional chapter members may be affected by adverse weather/travel conditions or political disturbances. Special measures may need to be taken to ensure the security of team members while traveling and during their stay at a particular place	Low	Low	Low	Medium	No such risk is found. During the political unrest situation, staff especially the females did not make any field visit. BHW Secretariat used online facilities to ensure field activities run as planned.
D	**Delivery/Operational Risks**					
5	**Vested interest groups may see BHW as an adversary:** Topics taken up through the project, including absenteeism, PIL-related activities etc. may hurt vested interest groups which may undermine/ negatively influence BHW's position by mobilizing powerful quarters within/outside the government.	Medium	High	High	Medium	(i) No such risk is yet to be faced. If it is found, BHW will take measures with the assistance of local administration and the civil society forum members who are influential at their community.
6	**The Host Organization of Regional Chapters may later lose interest:** Each Regional Chapter is hosted by an organization in the region that has a mandate similar to the project objectives. However, the organization may later lose interest, which could adversely affect the work of the corresponding Regional Chapter(s) to fall apart.	Medium	Low	Low	Medium	(i) BHW always recognises the contributions of the HO. The project activities added values to the other programmes and portfolios of the HO at their region. Hence, till today, The HOs are very much interested to the programmes of BHW.

	Risk Factors	Level	Probability	Impact		Mitigation strategies
				Financial	Performance	
E	**Fiduciary Risks**					
7	**Contractors may not deliver timely or with quality:** The project will outsource a number of activities, e.g., research, campaign design etc. The contractors may in some cases fail to deliver the products in time and/or with quality.	Low	Medium	Medium	High	(i) No such risk is found yet in this reporting time.
F	**Natural Disasters**					
8	Bangladesh is a flood prone area as it is situated two large river deltas. Each year, large part of its areas flooded during the monsoon. Three of the Eight Regional chapters are prone to flood eg Netrakona, Kurgram and Sunamganj. This situation may hinder regular project activities.	High	High	Low	Low	Two areas of BHW's Regional chapters are flood prone, such as Kurigram and Sunamganj. But, In this year's monsoon, during this reporting time, there was no flood situation in this ares.

BANGLADESH HEALTH WATCH

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